

SUGGESTED FREQUENCY OF SCREENING / MONITORING MEASURES
AMHA *ConnectingCare* FEEDBACK INFORMED THERAPY (FIT)

SYMPTOMS KEY	MEASURE (TOOL)	MEASURE (FREQUENCY)
Initial Screen	MH Comprehensive Screening	Before or At Visit 1
Indication of Adverse Childhood Experiences	ACE (recommended) ²	At or Between Early Sessions
Mild to Moderate Depression and/or Anxiety Scores	MH Brief Progress & Alliance	Visit 2 or 3 through Visit 6 Every Other Session
	MH Brief Progress & Alliance; MH Comprehensive Progress (optional if Bi-Polar symptoms)	After Visit 6 through treatment duration: At least Once a Month or Every Session if Visits Are Less Frequent Than Monthly
Severe Depression and/or Anxiety Scores	MH Brief Progress & Alliance; MH Comprehensive Progress (optional)	Every Session (until severity drops to moderate, then according to moderate)
Severe Scores with The Risk of Suicide		
Severe Scores and Bipolar Disorder Diagnosis		

- Clients can at any time elect to not participate in FIT. Each ScreeningWare survey reminds of that option. (In the circumstance of a client regularly seeing more than one AMHA-NW provider. That client only needs to complete surveys for one.) **Document these choices in CarePaths EHR.**
- MH Comprehensive Screening, MH Brief Progress & Alliance, and MH Comprehensive Progress may be administered to all able clients 14 years and over.
- Therapists who screen patients before treatment begins and use Progress and Alliance measures frequently throughout treatment will demonstrate improved outcomes according to research.¹
- The ACE study by Kaiser Permanente and CDC has demonstrated that use of ACE “reveals staggering proof of the health, social, and economic risks that result from childhood trauma.”² ACE results provide important overall health information for discussing risk.
- Therapists may measure less or more than the Suggested Frequency based on clinical judgment.
 - **NOTE:** Some payer contracts require screening frequency minimums. Please be fully aware of payer expectations. The schedule above ensures compliance with current contract requirements.
- For General ScreeningWare access: <https://www.screeningware.com>
- To give ScreeningWare live in the office:
 - Use: <https://www.screeningware.com/takescreening.aspx>
 - Obtain the client-specific access key code from your ScreeningWare dashboard.
- Help: Admin Guide, upper right corner, ScreeningWare administrator dashboard.

¹ Brown, G. S. (Jeb) & Minami, Takuya (2010). Outcomes management, reimbursement, and the future of psychotherapy In B. L. Duncan, S. D. Miller, B. E. Wampold & M. A. Hubble (Eds.), The heart and soul of change: Delivering what works in therapy (2nd ed., pp 267-297). Washington, DC: American Psychological Association. doi:10.1037/12075-004

² <http://www.acestudy.org/home> for the survey, study reports, and information on use.

See Exhibit B of the MODA contract 12/2015: pages 22-27 from which these definitions and incentives are excerpted:

"Performance Incentive Reporting Period, means March 1, 2016 through August 31, 2016. ...

"Outcome Informed Treatment" means:

- Members with two visits to the same provider in the measurement period have one or more completed screening or outcome assessments documented in the EHR during the measurement period;
- Members with three to five visits to the same provider in the measurement period have two or more completed screening or outcome assessments documented in the EHR during the measurement period;
- Members with six to eight or more visits to the same provider in the measurement period have three or more completed screening or outcome assessments documented in the EHR during the measurement period.

"Requesting urgent outpatient services, means a member or member's representative (including family member, caregiver, school representative, healthcare provider, health plan representative, or other responsible party) contacts the AMHA-NW telephone access line requesting outpatient mental health services and waiting more than 48 hours to receive services either:

- Could seriously jeopardize the life, health or safety of the member or others, due to the member's psychological state, or
- In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

"Standard #1" means 75% of members (excluding members under age 18, non-English speaking members, members with Intellectual Disability, and those who decline to be screened) seen for two or more visits with the same AMHA-NW Participating Provider within the Performance Incentive Reporting Period receive Outcome Informed Treatment.

"Standard #2, means 90% of members requesting urgent outpatient services within the Performance Incentive Reporting Period are offered an appointment within 48 hours of requesting services during the measurement period.

Reimbursement for licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists and licensed psychologist associates is set according to the following formula:

1. IF AMHA-NW collectively achieves or exceeds the metrics specified in Standard# 1 and Standard #2 during the Performance Incentive Reporting Period:

- a. Reimbursement for individual AMHA-NW Participating Providers who individually meet or exceed Standard #1 is set at the greater of:
 - i. 110% of fee schedule specified in Exhibit 8.1 "Reimbursement Effective Date 12/15/2015" or
 - ii. 100% of fee schedule specified in Exhibit 8.1 "Reimbursement Effective Date 12/15/2015" plus an adjustment equal to the Medical Consumer Price Index change from September, 2015 through August, 2016
- b. Reimbursement for individual AMHA-NW Participating Providers who individually do *not* meet the metrics specified in Standard#1 is set at the greater of:
 - i. 105% of fee schedules specified in Exhibit 8.1 "Reimbursement Effective Date 12/15/2015"; or
 - ii. 100% of fee schedule specified in Exhibit 8.1 "Reimbursement Effective Date 12/15/2015" plus an adjustment equal to the Medical Consumer Price Index change from September, 2015 through August, 2016
- c. Individual AMHA-NW Participating Providers who have zero patients meeting criteria to be counted in Standard #1 are deemed to meet Standard # 1.

2. If AMHA-NW collectively fails to achieve the metrics specified in Standard #1 **or** Standard #2 during the Performance Incentive Reporting Period:

- a. Reimbursement for individual AMHA-NW Participating Providers who individually meet or exceed Standard #1 is set at the greater of:
 - i. 105% of fee schedule specified in Exhibit 8.1 "Reimbursement Effective Date 12/15/2015"; or
 - ii. 100% of fee schedule specified in Exhibit 8.1 "Reimbursement Effective Date 12/15/2015" plus an adjustment equal to the Medical Consumer Price Index change from September, 2015 through August, 2016
- b. Reimbursement for individual AMHA-NW Participating Providers who individually do *not* meet the metrics specified in Standard# 1 is set at 100% of fee schedules specified in Exhibit 8.1 "Reimbursement Effective Date 12/15/2015."
- c. Individual AMHA-NW Participating Providers who have zero patients meeting criteria to be counted in Standard #1 are deemed to meet Standard #1.