

# PCC Plan Quarterly

MassHealth's Primary Care Clinician (PCC) Plan Newsletter ■ [www.mass.gov/masshealth](http://www.mass.gov/masshealth) ■ [www.masspartnership.com](http://www.masspartnership.com)

## Beyond MCPAP and Behavioral Health Screening: MassHealth Home- and Community-Based Services for Children and Families

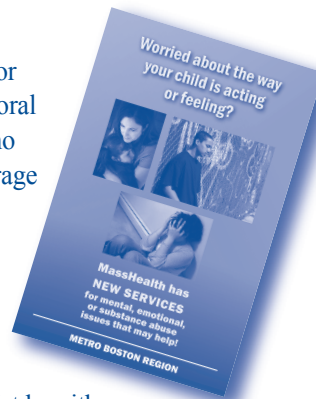
More than four years after implementation of the behavioral health screening requirement at all MassHealth well-child visits, screening rates continue to rise. When faced with a young patient who may have mental health needs, most PCCs know they can contact the Massachusetts Child Psychiatry Access Project (MCPAP), a system of regional children's mental health consultation teams, to receive advice and consultation on next steps. But what pediatricians and other primary family providers may not know is that MassHealth pays for a broad array of behavioral health services, including home- and community-based behavioral health services

These home- and community-based behavioral health services fall into two basic sets. The first set consists of clinical "hubs": Outpatient Therapy, In-Home Therapy (IHT), or Intensive Care Coordination (ICC). A child may access one or more of these services. Clinical hub services provide a comprehensive behavioral health assessment and act as the central point of communication and coordination when the child is involved in more than one behavioral health service. Outpatient Therapy, IHT and ICC do not require a referral. The other set consists of "hub-dependent" services: Family Support and Training (FS&T, provided by Family Partners), In-Home Behavioral Health Services (IHBS), and Therapeutic Mentoring (TM). These services require a referral from Outpatient, IHT, or ICC. A list of providers of all of these services can be found through the MA Behavioral Health Access (MABHAccess) website at [www.mabhaccess.com](http://www.mabhaccess.com).

MassHealth also pays for Mobile Crisis Intervention (MCI), a short-term service providing mobile, onsite, face-to-face, therapeutic response. A Mobile Crisis team goes to any location to help stabilize the child or youth. If PCCs have a youth in crisis in their office, they can have the MCI team come to the office rather than sending the family to the ED. Previously, the MCI service was available for up to 72 hours as needed to help stabilize the crisis. As of May 31, 2012, the team can remain involved up to seven days as medically necessary and will help the family to connect or re-connect to ongoing behavioral health services. A list of local MCI teams can be found on the MBHP website at [www.masspartnership.com](http://www.masspartnership.com), in the "For BH Providers" section under "Important Contacts."

While families do not require referrals to access MCI, Outpatient Therapy, IHT or ICC, PCCs play an important role in informing families of MassHealth's behavioral services and encouraging them to contact a provider of one of these services, who can then refer them for FS&T, IHBS, or TM. For ICC or IHT, PCCs can encourage the child's parent or caregiver to contact local providers directly. Provider staff will determine if the child or youth meets medical necessity criteria for the service. Providers delivering Outpatient Therapy, as well as other behavioral health services, can be found by calling MBHP Community Relations at 1-800-495-0086.

The child's parent or caregiver can contact a provider directly, or PCCs may assist by either providing contact information or by calling the provider on behalf of the Member. To guide a conversation with families about services, PCCs can refer to the MassHealth brochure "Worried About the Way Your Child is Acting or Feeling?" which can be ordered for free through MassHealth Customer Service or by visiting [www.mass.gov/masshealth/cbhi](http://www.mass.gov/masshealth/cbhi); click on CBHI Brochure and Companion Guide on the right-hand side. The five regional versions of the brochure describe the services in family friendly language, are available in English, Spanish, Portuguese, and soon, Haitian Creole, and list contact information for the MCI, ICC and IHT providers in each region.



### Important Numbers

#### PCC Plan Hotline 1-800-495-0086, ext. 3

For PCC and office staff information and assistance, Plan information, member outreach assistance, and health education materials

#### PCC Plan Community Service Provider Program 1-617-790-5633

For assistance with engaging members in their treatment plans

#### Provider Services Dept. 1-800-841-2900

For questions about billing and claims payment

Requests for assistance with MassHealth billing issues may be faxed to 617-988-8974 or mailed to: MassHealth  
Attn: MassHealth Customer Services  
PO Box 9118, Hingham, MA 02043  
Or visit the MassHealth web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

#### MassHealth Provider Enrollment and Credentialing 1-800-841-2900

For questions about PCC Plan provider applications and enrollment issues

#### Behavioral Health 1-800-495-0086, ext. 3

For behavioral health (mental health and substance use disorder treatment services) for PCC Plan members

#### Member Services 1-800-841-2900

For members to call about PCC Plan enrollment, member services, and transportation

#### MassHealth EVS 1-800-841-2900

Automated voice response to verify a member's MassHealth eligibility and managed care enrollment



# The New Designer Drugs: What Physicians Need to Know

Many physicians are aware of the more common drugs (cocaine, heroin and marijuana) that appear on drug screens. But what about drugs that aren't detected on conventional toxicology screens? What are the new "designer drugs," and what do you need to know about them?

Many of these designer drugs have been imported from Europe and are not detectable on conventional drug screens. Despite bans by the Drug Enforcement Administration (DEA), many of these drugs are available online and accessible to middle school children, teens and adults who are able to obtain them legally and get "high" without detection.

## Synthetic Marijuana

"K2, Spice, Aroma Spice, and Incense" are some of the street names for synthetic marijuana. These laboratory-made chemicals, known as JHW-018 and CP-47497, are mixed with plant-like materials to resemble marijuana. When smoked, these chemicals bind to cannabinoid receptors in the brain and reportedly produce a "high" similar to that of marijuana. Intoxication, withdrawal effects, psychosis and death have been associated with the use of K2 and Spice. Synthetic marijuana is not detected by conventional toxicology screens and is often used to "pass" monitored drug screens.



## "Bath Salts or Plant Food"

"White Rush, Vanilla Sky, Ivory Wave, Red Dove, and Cloud 9" are other names for these chemicals. The name "bath salts" was given to mephedrone and methylenedioxypyrovalerone (MDPV) so it could be sold legally over the Internet and in stores while avoiding detection by law enforcement. These chemicals are not actual "bath salts," and users know this. Packaging indicates that they are not for human consumption, again under the guise of protecting the sale of these products. A recent article in the January 23, 2011 issue of the Washington Post was titled "Officials fear bath salts becoming the next big drug menace."<sup>1</sup> The article cited cases of extreme paranoia, self-mutilation, and severe hallucinations associated with bath salt use. Other psychiatric manifestations include suicidal and homicidal ideation, severe agitation and anxiety. Cardiovascular changes such as palpitations, chest pain and elevated blood pressure are not uncommon. Bath salts are typically snorted, smoked or injected, creating a high that is reportedly similar to methamphetamine and produces intense cravings as well. The injection of bath salts has also been linked to necrotizing fasciitis.

Initially sold over the counter in convenience stores and gas stations, these designer drugs are now banned until August 2012 by the DEA pending further investigation, but are still obtainable via the Internet. Physicians should be suspicious in cases of acute or sudden onset of psychosis, extreme violence, or suicidal or homicidal ideation. Consider designer drugs in your differential diagnosis, and ask every patient from age 12 and older about his or her knowledge and/or contact with these agents.

<sup>1</sup> Sheila Byrd, "Officials fear bath salts becoming the next big drug menace." The Washington Post, January 23, 2011. <http://www.washingtonpost.com/wp-dyn/content/article/2011/01/22/AR2011012203854.html>

## Coming Soon: Online Vaccine Ordering - Register Now!

The Massachusetts Department of Public Health (MDPH) Immunization Program is transitioning to a new online system for vaccine ordering and annual provider enrollment by the end of 2012. This new online system will be part of a

comprehensive Vaccine Management Module that will be integrated into the Massachusetts Immunization Information System (MIIS). Benefits will include:

- Online ordering through a user-friendly interface – No more faxing vaccine order forms and usage reports
- Ability to view vaccine shipping information
- Online annual re-enrollment
- Ability to track vaccine inventory and usage of all vaccines, including privately purchased

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Notwithstanding any of the information appearing in this *PCC Plan Quarterly* newsletter, the rules governing the state's PCC Plan, behavioral health, and pharmacy programs are governed by state and federal law and regulation, and by the state's PCC, behavioral health, and pharmacy contracts. In the event of any conflict between any provision set forth in this *PCC Plan Quarterly* newsletter and any other provision of law, regulation, or contract, the legal and/or contractual provision shall take precedence over the provision in this *PCC Plan Quarterly* newsletter.

# Coming Soon: Online Vaccine Ordering - Register Now!

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- Full integration with the MIIS Vaccine Administration Module allowing for real-time vaccine decrementing from inventory and automatic vaccine usage tracking

The MDPH Vaccine Unit will still continue to review and approve all vaccine orders, and requirements for reporting of inventories and vaccine usage and submission of temperature logs will not change, but much of it will now be automated.

MDPH is asking providers of state-supplied vaccine to register with the MIIS to ensure that you will be able to access the online Vaccine Ordering system when it goes live at the end of this year. We recommend that only the contact(s) placing vaccine orders for your site register with the MIIS now. Once the MIIS is fully functional at your site, more users will be asked to register.



Before proceeding with registration, if you:

- are part of a hospital or large provider network,
- have more than one Vaccine PIN for your practice,
- believe your site is already working with the MIIS, or
- believe your site is already a registered organization with the Virtual Gateway (VG), please contact the MIIS Help Desk at (617) 983-4335 or [miishelpdesk@state.ma.us](mailto:miishelpdesk@state.ma.us).

To register, please visit the ContactMIIS Resource Center ([www.contactmiis.info](http://www.contactmiis.info)), click the “Enrollment” tab, scroll down and click the black “Provider Enrollment” button, and complete the enrollment steps. Registration forms are generated once all required enrollment information is entered. Print these forms, complete as the cover instructional sheet describes, and send to the MIIS.

Training for Vaccine Ordering will be coming in late 2012/early 2013. For questions regarding registration, contact the MIIS Help Desk at (617) 983-4335 or [miishelpdesk@state.ma.us](mailto:miishelpdesk@state.ma.us). For questions regarding vaccine ordering, contact the Vaccine Unit at (617) 983-6828.

## What is New about Mobile Crisis Intervention?

Mobile Crisis Intervention (MCI) is a short-term crisis intervention service for youth under the age of 21. This service is for youth experiencing a mental health or substance use disorder crisis. The goal is to assist the youth and family in resolving the crisis and being able to continue to care for the youth at home, thereby preventing an out-of-home placement.

- MCI can work with the youth and his/her family to assess, treat, and stabilize the emergency situation and reduce the immediate risk of danger to the youth or others.
- MCI can be used as an alternative to calling 911 or going to a hospital emergency room in situations that are not life threatening or do not require emergency medical intervention.
- MCI can provide referrals and linkages to other mental health and/or substance use disorder services and supports.
- MCI is an active treatment service, and the parent/guardian must be present during treatment interventions, particularly when they are provided in the youth’s home. MCI is not a “respite” or “staffing” service.

### Where is Mobile Crisis Intervention provided?

MCI is primarily a mobile service that can travel to wherever the youth is experiencing the crisis - such as in the youth’s home, school, residential program, or on-site at the MCI provider’s location in your community. There is an MCI program that covers every city and town in Massachusetts.

### When is Mobile Crisis Intervention Available?

MCI is provided 24 hours a day, 7 days a week, 365 days a year.

### What is new about Mobile Crisis Intervention?

Previously, the MCI service was available for up to 72 hours as needed to help stabilize the crisis and assist the youth in remaining in his/her home. **As of May 31, 2012, MCI will be available for up to 7 days as medically necessary to achieve these goals.** The amount of time the MCI provider will actively work with the family during a period of up to 7 days will depend on the needs of each youth.

### How you can locate the Mobile Crisis Intervention provider near you?

Go to [www.masspartnership.com/esp](http://www.masspartnership.com/esp), or call the statewide ESP/MCI toll-free number (877) 382-1609 and enter your zip code.



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## Pharmacy Corner

# Another Valuable Tool - Department of Public Health Prescription Monitoring Program (PMP)

The Massachusetts Online Prescription Monitoring Program (Online PMP) was implemented in December 2010 and developed by the joint regulatory agencies of the Mass. Department of Public Health Drug Control Program and the Mass. Board of Registration in Pharmacy. The Online PMP collects data on controlled substances (Schedules II – V) filled in Massachusetts pharmacies or by a mail-order company doing business in Massachusetts. It is a secure, web-based gateway which provides prescription histories for the most recent 12 months and includes medicine, dosage, method of administration, amount, prescriber name and pharmacy where filled.

The Online PMP database is an additional clinical tool for you to use in monitoring and evaluating safe prescribing and dispensing of controlled substances for your patient population. By having access to the database, physicians can address prevention, dependence, and possible misuse or diversion of controlled substances (e.g., narcotics, stimulants, sedatives) with their patients. Physicians, PAs, APNs, dentists, and podiatrists with a valid license and current DEA number, as well as a current Mass. Controlled Substance Registration, are able to apply and be credentialed by the Online PMP in order to obtain access to the database. Dispensing pharmacists with a valid and current store DEA number may also apply. The system is easy to use, and we encourage your enrollment in this valuable program.

Please see the MA online PMP website for more information and application to apply:  
[www.mass.gov/dph/dcp/onlinepmp](http://www.mass.gov/dph/dcp/onlinepmp)

