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| Requirement | Description | Recommendation | Resources | Does Practice Meet?  Yes | No | | Description of Practice Workflow |
| **TIER 2** | | | | | | |
| **Brief Interventions for BH Conditions** | Treat patients with identified BH needs-  **Methods:** Screening, Brief Intervention, and Referral to Treatment (SBIRT), brief Cognitive Behavioral Therapy (CBT), or an equivalent model  **Example Providers:** Front-line clinical provider (e.g., psychiatrist), integrated member of the clinical team (e.g., LICSW, MH Counselor) | *Patients must be able to access this requirement onsite, although BH interventions may be offered virtually.*  Educate PCPs around SBIRT  Sites with onsite BH clinicians- ensure clinicians use brief intervention methods  Sites without onsite BH clinicians- train a non-BH clinician on SBIRT and CBT for brief counseling after a positive screen for SUD to meet this requirement | * [WellSense BH Overview](https://www.bilhpn.org/wp-content/uploads/2023/05/Brief-BH-Interventions.pdf) |  |  | Method for delivering brief BH intervention: |
| **Telehealth-capable BH referral partner** | Include at least 1 BH provider who is capable of providing telehealth services. | Verify that the BH referral list includes at least 1 provider that offers telehealth via synchronous audio-video modality who is within the MassHealth network. | * [WellSense BH Referral Overview](https://www.bilhpn.org/wp-content/uploads/2023/05/BH-Referrals.pdf) * [Massachusetts BH Roadmap](https://www.bilhpn.org/wp-content/uploads/2023/03/MassBHRoadmap-One-Pager.pdf) * [MCSTAP OnePager](https://www.bilhpn.org/wp-content/uploads/2023/05/New-MCSTAP-summary.docx)   [MA BHA Access Guide](https://www.bilhpn.org/wp-content/uploads/2023/05/MABHA-Overview.pdf) |  |  | Provide list of telehealth capable BH Provider(s) for referrals: |
| **E-consults available in at least 3 specialties** | Offer asynchronous, consultative, provider-to-provider communications within a shared EHR or web-based platform between primary care and specialist providers over a secure electronic medium. | Rely on the specialty network that already exists within your organization so that you can take advantage of communicating within the same EMR. | * [WellSense e-Consults Overview](https://www.bilhpn.org/wp-content/uploads/2023/05/Tier-2-and-3-E-Consults-Overview.pdf)   *Update as of May 2023- MCSTAP is not yet active and therefore will NOT count towards this requirement until further notice* |  |  | Specialty 1:  Specialty 2:  Specialty 3:  Secure Method of Communication: |
| **After-hours or weekend session (1+ session)** | Offer at least 4 hours for in-person or telehealth after-hours visits with regular practice providers at least once per week. | Hours may fall within any of the following timeframes-  M-F: Outside the hours of 8:00 a.m.-5:00 p.m.  Weekend: During any period | * [WellSense After Hours Overview](https://www.bilhpn.org/wp-content/uploads/2023/05/After-Hours-Information.pdf) |  |  | After Hours Schedule: |
| **Team-based staff role (>0.3FTE)** | Maintain at least 1 team-based staff role dedicated to the specific primary care site. This role may conduct a portion of its activities virtually and must be available for >=three 4-hour sessions. | **Example Providers:** CHW, Certified Peer Specialist, Recovery Coach, Family Partner, Family Navigator, Social worker, or Nurse CM  **Responsibilities:** Conduct team-based huddles and patient-facing activities; be involved with pre-visit planning, population health management, and process improvement, etc. | * [WellSense Staffing Overview](https://www.bilhpn.org/wp-content/uploads/2023/05/MassHealth-ACO-Tier-2-Team-Based-Staff-Overview-1.pdf) |  |  | Name of Team Based Staff: |
| **Requirement** | **Description** | **Recommendation** | **Resources** | **Does Practice Meet?**  **Yes | No** | | **Description of Practice Workflow** |
| **Maintain a consulting independent BH clinician** | Maintain a dedicated consulting BH clinician available to assist the practice with cases of moderate complexity. This resource may be available virtually or asynchronously but should respond within 2 business days. | **Examples Providers:** Psychiatrist, psychologist, psychiatric clinical NP, LICSW, LHMC, LMFT  This requirement may be fulfilled via a single licensed provider meeting both this requirement and the team-based staff role requirement above. | * [WellSense BH Clinician Overview](https://www.bilhpn.org/wp-content/uploads/2023/05/MassHealth-ACO-Consulting-BH-Clinician-Overview.pdf) |  |  | Name of Consulting BH clinician: |
| **LARC provision, at least one option** | Onsite ability to place at least 1 type of long-acting reversible contraceptive (intrauterine device or subdermal implant). | This service must be available onsite during normal business hours at least 1 session every other week.  This can occur within the primary care office or in a co-located provider’s office at the same site. | * [WellSense LARC Provisions](https://www.bilhpn.org/wp-content/uploads/2023/05/MassHealth-ACO-LARC-Overview.pdf) * [LARC Implementation Guide](https://www.bilhpn.org/wp-content/uploads/2023/03/LARC-Implementation-Guide_vF.pdf) |  |  | Type of contraception:  Typical hours:  *(e.g. Nexplanon, 1st and 3rd Wednesdays of each month)* |
| **Active Buprenorphine Availability** | At least 1 provider actively prescribes or is willing to prescribe buprenorphine for the management of opioid use disorder to patients with opioid use disorder as clinically indicated.  **Buprenorphine Availability**: BILHPN was notified of a potential disruption in Buprenorphine access.  Please see updated resources below as well as our [Frequently-Asked-Questions (FAQs)](https://www.bilhpn.org/wp-content/uploads/2023/05/5.8.23-Tiering-FAQs.pdf). | This must be available onsite or virtually at least once weekly.  Providing referrals to SUD care or maintaining agreements with other providers that require the Enrollee to present at a different location does not meet this requirement. | * [WellSense Buprenorphine Overview](https://www.bilhpn.org/wp-content/uploads/2023/05/Buprenorphine-Availability.pdf)   **Updated SUD Support Resources**  - [Overview of SUD supports for PCPs](https://www.bilhpn.org/wp-content/uploads/2023/03/3.2.23-Overview-of-SUD-supports-for-PCPs-updated.pptx)  [SUD Treatment Support Resources by MA Region]  [Central](https://www.bilhpn.org/wp-content/uploads/2023/03/Med-for-Opioid-Use-Disorder-Community-Resource-Central.pdf)  [MetroWest](https://www.bilhpn.org/wp-content/uploads/2023/03/Med-for-Opioid-Use-Disorder-Community-Resource-Metro-West.pdf)  [Western](https://www.bilhpn.org/wp-content/uploads/2023/03/Med-for-Opioid-Use-Disorder-Community-Resource-Western.pdf)  [Southeast](https://www.bilhpn.org/wp-content/uploads/2023/03/MEDICA1.pdf)  **General Resources**  <https://www.mcpap.com>  <https://www.mcstap.com/>  [Grayken Center Addiction Trainings](https://www.addictiontraining.org/training/register/)  [The Nuts and Bolts of Buprenorphine](https://www.mcstap.com/Docs/MCSTAP%20New%20Prescriber%20Guide%20Bup-Nal%207.19.22.pdf)  [Opioid Use Disorder CME Opportunities](https://www.bilhpn.org/wp-content/uploads/2023/03/Opiod-Use-disorder-CME.pdf) |  |  | Name of prescriber: |
| **Active Alcohol Use Disorder (AUD) Treatment Availability** | At least 1 provider actively prescribes or is willing and able to prescribe relevant medications for the management of alcohol use disorder. | Ensure that PCPs are educated on Alcohol Use Disorder (AUD) medications such as naloxone and acamprosate. | * [WellSense AUD Treatment Overview](https://www.bilhpn.org/wp-content/uploads/2023/05/AUD-Overview.pdf) * <https://www.mcstap.com/> * [MCSTAP Addressing Alcohol Use: Strategies for Primary Care](https://www.mcstap.com/Docs/MCSTAP%20Webinar%203.16.22%20Alcohol_Rachel%20King.pdf) |  |  | Name of prescriber: |