



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Office of Rural Health

NORTH CAROLINA DEPARTMENT OF
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OFFICE OF RURAL HEALTH

**PRIMARY CARE ACCESS AND
BEHAVIORAL HEALTH ACCESS
PLAN
MANUAL**

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Introduction

The goal of the Primary Care Access Plan (PCAP) and Behavioral Health Access Plan (BHAP) are to help residents of North Carolina access primary health care services and integrated behavioral health care services when they meet financial criteria and do not have affordable primary health care coverage. The plan is funded through state appropriations authorized starting in 1973 by the NC General Assembly. In 1977, the first Rural Health Center opened its doors. To date, the NC Office of Rural Health has supported the development of many rural primary care sites. Many are operating today as federally qualified health centers, rural health clinics or private physician offices.

As the healthcare landscape has changed, rural residents continue to find accessing primary care and behavioral health services difficult. To address this need, ORH established the State Designated Rural Health Center (SDRHC) Program. Through the establishment of SDRHC, ORH partners with local communities to provide funding to improve ability to serve underserved populations who would otherwise be unable to access needed primary and behavioral health care services due to geographic, economic, or other barriers. Thus, SDRHCs have become an integral part of the health care safety net for North Carolina’s rural and underserved residents.

SDRHC provides support for the patients who are not eligible for Medicaid, Medicare or other affordable private insurance options. The plans cover in-house Primary and Behavioral Health services. Practices participating in PCAP/BHAP are expected to provide the services of a primary care “home” for their patients’ needs. This manual is intended to help practices understand how to administer both the PCAP and BHAP programs.

Primary Care Access Plan and Behavioral Health Access Plan Program Overview

Reimbursable Amounts:

Primary Care Access Plan (PCAP) = \$100.00 per encounter/visit.

Behavioral Health Access Plan (BHAP) = \$75.00 per encounter/visit.

Group visits are now approved and will be reimbursed based on the number of participants in the visit. Maximum of 10 participants. Example: A group visit of 10 people will be reimbursed at a rate of \$75.00 per person totaling \$750.00.

PCAP services include, but are not limited to:

- **Services performed by practice providers:**
 - Evaluation and management services considered medically reasonable and necessary
 - Physical examinations performed with a specific sign, symptom, or patient complaint
 - Chronic Disease Management
 - Vaccinations and Preventive Services
- **On-site x-rays:** Both technical and professional components
- **In-house labs:** Chemical examination of urine by stick or tablet method or both; hemoglobin or hematocrit; blood sugar; examination of stool specimens for occult blood; pregnancy tests; and primary culturing for transmittal to a certified laboratory
- **Surgical procedures:** Only minor procedures provided in the office are covered
- **Prophylaxis:** For high-risk patients recommended by the Centers for Disease Control as a standard protocol (including but not limited to Flu & Pneumonia).
- **Telemedicine:** On-site visits using telemedicine. “Telemedicine” is a modality for treating patients using electronic communication, information technology, or other means between a physician in one location and a patient in another location with or without an intervening healthcare provider.

BHAP services include, but are not limited to:

- **Psychiatric and biopsychosocial assessment:** Assessments are culturally and linguistically appropriate administration of standardized tests to assess a beneficiary's psychological or cognitive functioning. Testing results must inform treatment selection and treatment planning.
- **Medication management:** Appointment to gather your physical and mental health history, review diagnoses, analyze past and current medications, and together with your provider make a treatment plan.
- **Individual, group, and family therapies:** Provision of direct diagnostic, preventive, and treatment services where functioning is threatened or affected by social and psychological stress or health impairment. Group visits are now covered under the BHAP program and will be reimbursed based on number of participants in group.
- **Crisis therapy:** A crisis is defined as an acute disturbance of thought, mood, behavior or social relationships that requires an immediate intervention, and which, if untreated, may lead to harm to the individual or to others or have the potential to rapidly result in a catastrophic outcome. The goal of Psychotherapy for Crisis is

stabilization, mobilization of resources, and minimization of further psychological trauma. Psychotherapy for crisis services is restricted to outpatient crisis assessment, stabilization, and disposition for acute, life-threatening situations

- **Psychological testing:** Can include numerous components such as norm-referenced psychological tests, informal tests, surveys, and interviews.
- **Eligible providers:** Behavioral health professional including, but not limited to: Licensed Psychologist (LP), Licensed Psychological Associate (LPA), Licensed Professional Counselor (LPC) or Licensed Clinical Mental Health Counselor (LCMHC), Licensed Professional Counselor Associate (LPCA) or Licensed Clinical Mental Health Counselor Associate (LCMHCA), Licensed Clinical Social Worker (LCSW), Licensed Clinical Social Worker Associate (LCSWA), Licensed Marriage and Family Therapist (LMFT), Licensed Marriage and Family Therapist Associate (LMFTA), Licensed Clinical Addiction Specialist (LCAS), Licensed Clinical Addiction Specialist Associate (LCASA), Licensed Physician Assistant (PA)

***If there are any additional services that you would want covered and are provided by your clinic, please contact your Operations Specialist with any questions or concerns. ***

Patient Eligibility & Enrollment Process

To determine whether a patient is eligible for the PCAP/BHAP program, you will need to determine the patient's eligibility through the following checklist:

() Review Medicaid/ Medical Financial Assistance Eligibility: If patient eligible for Medicaid, they are not eligible for PCAP/BHAP Program. You can visit the Medicaid website to help determine eligibility by visiting here: <https://medicaid.ncdhhs.gov/eligibility>

() Patient must reside in North Carolina.

() Eligibility is based on patient's income and Family Size. ***Family Size must be at or under 200% of the Federal Poverty Level*** Please reference the most up-to-date FPL by viewing the link here: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>. **Family size to follow Medicaid guidelines :** <https://medicaid.ncdhhs.gov/eligibility#Whotoincludeinyourfamilysize-2490>

Family Size

- You
- Your spouse
- Your children under 21 including stepchildren
- Any other person on the same federal income tax return (including any children over age 21 who are claimed on a parent's tax return). You don't need to file taxes to get health coverage.

- If someone in your family is pregnant, do not include the unborn child in your family size on this page

Do not include

- Your parents who live with you, but file their own tax return (if you are over 21)
- Other adult relatives who file their own tax return

Income Verification Sources

- Signed and dated past year's completed tax form(s) that were submitted to the IRS OR
- Past year's W-2 form(s) OR
- Three most recent consecutive paycheck stubs OR
- Letter(s) from individual or employer(s) (preferred) stating annualized income.

Other types of income, benefits, or deductions (if applicable) that must be proven

- Child Support (verified by court order, checks, or bank statement)
- Alimony (verified by court order, checks, or bank statement)
- Unemployment
- Unearned Income (including housing and farm rentals, capital gains, dividends)
- Social Security
- Social Security Disability
- Any other source of income

Patient Eligibility Determination

- Determine whether the individuals/ family is eligible for PCAP/BHAP Program based on the completed application.
- Fill in the renewal date and year. The renewal date is normally one year from the completion date of the PCAP/BHAP application. Be sure to check for changes in insurance status and/or income.
- Have the patient sign the PCAP/BHAP Application Form.
- Give the patient a copy of the Rights and Responsibilities document, place both documents in the patient file.
- Maintain all PCAP/BHAP enrollment records for at least the last three completed state fiscal years (July 1st – June 30th). This means each site should have at least three (3) years' worth of information on hand at any given time.

PCAP/ BHAP Eligibility Exceptions

- Patients with insurance with high copays and/ or high deductibles may be eligible for the PCAP/ BHAP program. Organizations are advised to follow sliding fee scale policy.

- All PCAP/BHAP exception justification must be documented on the application in the dialogue box by the screening provider and approved by the ORH Operations Team for processing.

Clinic Flow Guidance Suggestions

Designing an efficient patient clinic flow involves organizing the steps a patient goes through from arrival to departure to ensure a smooth and efficient process. Here's a general patient clinic flow for a PCAP/ BHAP visit:

Front Office Reminders

- If there has been a change, the patient must see the PCAP/BHAP coordinator/contact person in the practice before making a copayment. If there have been no changes, record and collect the correct copayment or charges.
- Pre- Registration: Allow patients to complete registration forms before their visit to reduce wait times and/ or paperwork at the clinic.
- Appointment Confirmation: Prior to patient coming in for visit. Send reminders via email, text, or phone call to confirm appointments and pre-registration details. Remind them to bring in paperwork and supporting documentation.

Check-in

- Use clear and easy-to-understand signage to guide patients to the check-in area to raise awareness of the program.
- Have all staff trained in PCAP/ BHAP to expedite the process and increase access to care for patients.
- Implement tablets or other method of efficient patient information collection for check-in to reduce queues and streamline.

Appointment

- Provide necessary medical services, being sure to address holistic needs of patients where possible paying special attention to social determinants of health and other relevant health needs.

Billing and Checkout

- Billing and co-payments are handled.
- Future appointments are confirmed.
- The patient receives any necessary documentation, such as receipts and medical reports.
- The patient leaves the clinic with a clear understanding of their treatment plan and any follow-up steps.

Additional Best Practices

- Emergency Protocols: Ensure a process for handling emergency cases without disrupting the regular flow.

- **Privacy and Confidentiality:** Maintain patient privacy at all stages, particularly during check-in and consultations.
- **Accessibility:** Make sure the clinic is accessible to patients with disabilities.
- **Feedback Mechanism:** Provide a way for patients to give feedback about their experience. Methods such as patient surveys may support this.
- **Appointment Scheduling Software:** Implement online scheduling to reduce check-in times and manage appointments effectively.
- **Automated Reminders:** Use automated systems to send appointment reminders via text or email.

Going Paperless Guideline Suggestions

All sites are encouraged to go paperless as much as possible with this program.

Needed Capabilities

- Data will be entered directly into a computer. Therefore, ensure there is a computer in a private area that can be used while determining eligibility of family members. Excel software must be installed on the computer to use the enrollment worksheets.
- Ensure the computer is password protected and otherwise complies with HIPAA requirements.
- Ensure that all PCAP/BHAP information (including all family folders and files) are secured and regularly backed up.
- Ensure the computer is connected to a working printer.
- Ensure the PCAP/BHAP coordinator can enter, save, retrieve, and print PCAP/BHAP information and reports. This person must be able to manage the information electronically.

Create electronic PCAP/BHAP folders and files

- At a minimum, consider developing folders for each year under which additional folders and files may be maintained for that year's PCAP/BHAP materials and PCAP/BHAP recipients.
- For example, a folder may be labeled PCAP/BHAP FY 2024 under which each of the following folders exists: PCAP/BHAP materials, PCAP/BHAP patients, and monthly PCAP/BHAP expense reports. Individual files may be created and maintained within each folder.
- Each year, a new folder can be created under which additional folders and files may be located.