**Behavioral Health Homes Initiative**

**Service Code Crosswalk**

The following DDaP and WITS codes can be used to capture BHH services provided to any person with a BHH insurance payor code.

| DDaP Code | WITS Code* | Current Service | Standard Description | Units | BHH Service | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Care Management | Care Coordination | Health Promotion | Patient and Family Support | Comprehensive Transitional Care | Referral to Community Support Services |
| TCM01 | 2023T1 | TCM with Client Face to Face | The continuum of activities with a client concerned with assessment, planning, linkage support and advocacy. Includes assisting and enabling a client to gain access to needed medical, clinical, social, educational, wellness and other services.[1] | 8-15 minute increment | X | X | | X | | X |
| TCM02 | 2023T2 | TCM with Client By Telephone | The continuum of activities with a client concerned with assessment, planning, linkage support and advocacy. Includes assisting and enabling a client to gain access to needed medical, clinical, social, educational, wellness and other services. Reflects phone contacts with the client. | 8-15 minute increment | X | X | | X | | X |
| TCM03 | 2023T3 | TCM with Collateral | The continuum of activities with a collateral contact on behalf of a client concerned with assessment, planning, linkage support and advocacy. May include phone contacts. Includes assisting and enabling a client to gain access to needed medical, clinical, social, educational, wellness and other services. | 8-15 minute increment | X | X | | X | | X |
| TCM04 | 2023T4 | TCM with Client Audio and Visual | The continuum of activities with a client concerned with assessment, planning, linkage support and advocacy. Includes assisting and enabling a client to gain access to needed medical, clinical, social, educational, wellness and other services. Reflects audio and visual (virtual) contact with the client. | 8-15 minute increment | X | X | | X | | X |
| T1016 | T1016 | Case Mgmt with Client Face to Face | The continuum of activities provided to assist and support clients in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational, and other services essential to meeting basic human services.[2] | 8-15 minute increment | X | X | | X | X | X |
| T116A | T1016A | Case Mgmt with Client Audio and Visual | The continuum of activities provided to assist and support clients in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational, and other services essential to meeting basic human services. Reflects audio and visual (virtual) contact with the client. | 8-15 minute increment | X | X | | X | X | X |
| T116B | T1016B | Case Mgmt with Collateral | Interaction with a collateral contact on behalf of a client to assist and support clients in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational, and other services essential to meeting basic human services. | 8-15 minute increment | X | X | | X | X | X |
| T116C | T1016C | Case Mgmt with Client By Telephone | The continuum of activities provided to assist and support clients in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational, and | 8-15 minute increment | X | X | | X | X | X |

| DDaP Code | WITS Code* | Current Service | Standard Description | Units | BHH Service | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Care Management | Care Coordination | Health Promotion | Patient and Family Support | Comprehensive Transitional Care | Referral to Community Support Services |
| | | | other services essential to meeting basic human services[1]. Reflects phone contact with client. | | | | | | | |
| H2027 | H2027 | Psycho-Education Individual Face to Face | The educational process for mental health, addictive disorders, wellness and medical conditions to provide insight and promote lifestyle changes. Manner of contact is face to face with client.[3] | 8-15 minute increment | | | X | X | | |
| H2027B | H2027B | Psycho-Education Individual By Telephone | The educational process for mental health, addictive disorders, wellness and medical conditions to provide insight and promote lifestyle changes. Manner of contact is always by phone with client. | 8-15 minute increment | | | X | | | |
| H227A | H2027A | Psycho-Education Group | The educational process for mental health, addictive disorders, wellness and medical conditions to provide insight and promote lifestyle changes. Manner of contact is face to face in a group setting. | 8-15 minute increment | | | X | | | |
| H227V | H2027V | Psycho-Education Individual Audio and Visual | The educational process for mental health, addictive disorders, wellness and medical conditions to provide insight and promote lifestyle changes. Manner of contact is always audio and visual (virtual) with client. | 8-15 minute increment | | | X | | | |
| H227G | H2027G | Psycho-Education Group Audio and Visual | The educational process for mental health, addictive disorders, wellness and medical conditions to provide insight and promote lifestyle changes. Manner of contact is audio and visual (virtual) in a group setting. | 8-15 minute increment | | | X | | | |
| G8431 | G8431 | Positive Screen for Depression** | Positive screen for clinical depression using a standardized tool and follow-up plan is documented on the date of the screen | 8-15 minute increment | X | | | | | * |
| G8510 | G8510 | Negative Screen for Depression | Negative screen for clinical depression using a standardized tool | 8-15 minute increment | X | | | | | |

**WITS codes displayed are the codes a staff member would choose when documenting a service. This code may be different than the code that displays on reports in the EDW for the same service. Example: a staff person will choose 2023T1 for Face-to-Face TCM, but the BHH client summary report will show 2023T for Face-to-Face TCM.*

*[1]The definition of targeted case management is from the CT Department of Mental Health and Addiction Services (DMHAS) TCM training materials: https://portal.ct.gov/DMHAS/Initiatives/DMHAS-Initiatives/TCM*

*[2]The definition of case management was created by the National Association of State Mental Health Program Directors (NASMHPD): https://www.nasmhpd.org/node/1394#C*

*[3]The updated definition of Psycho-Education was approved by DMHAS and created by the Behavioral Health Homes Health Literacy Committee*

***All clients who screen positive for depression should have a referral for follow-up clinical services documented and coded according to the type of case management or TCM service provided.*

**Behavioral Health Homes Initiative**
**Service Definitions**

**Comprehensive Care Management**-starts with the initial engagement with individuals, providing them with information, education, and support necessary to make fully informed decisions about their care options, so they may actively participate in their care planning. Comprehensive care management services also involve ongoing assessment and monitoring of the recovery plan goals and objectives.
Key comprehensive care management activities include: assessing needs, recovery/care planning, assigning roles, and monitoring progress.

**Care Coordination**-is the implementation and monitoring of the individual's individualized, person-centered care, with active involvement through linkages, referrals, coordination, and follow-up to needed services and supports.
Key care coordination activities include: linking to services, coordinating care, and assisting with making sure referrals to appropriate services are in place.

**Health Promotion**-services encourage and support healthy living concepts to motivate individuals to adopt healthy behaviors and promote self-management of health and wellness.
Key health promotion activities include: informing and educating to promote health, intervening to promote healthy lifestyles, and assisting individuals with improving social networks to support and promote healthy living.

**Patient and Family Support**-services help individuals achieve their goals, increase their advocacy skills, and improve their overall health outcomes.
Key patient and family support activities include: support to overcome barriers, coaching and other supports to increase self-management skills, support to help individuals access technology and other networks of support, and involving family members, as appropriate, to assist the client in achieving recovery plan goals.

**Comprehensive Transitional Care**-specialized care coordination services that ensure seamless transitions of care for individuals. Services are aimed at streamlining plans of care, reducing unnecessary hospital admissions, interrupting patterns of frequent use of the emergency department for urgent or routine care, and preventing gaps in services which could result in readmission to a higher level of care. Key comprehensive transitional care activities include: coordination of care between inpatient settings and community care, monitoring access to follow-up care after discharge, and maintaining collaborative linkages with hospitals and inpatient facilities.

**Referral to Community Support Services**-ensure individuals have access to a myriad of formal and informal resources which address social, environmental, and community factors, all of which impact overall health.
Key referral to community support services activities include: requesting services and information needed to ensure individuals have access to formal and informal resources outside of the BHH, and confirming individual linked with referred service by calling to see if the appointment was kept.