

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

POLICY AND PROCEDURE MANUAL

Section: Clinical
Policy Number: 39

Subject: **Coordination of Care**

Effective Date: 8/27/07
Last Revision Date: 7/8/08
Page: 1 of 6

Policy

It is the policy of Shiawassee County Community Mental Health Authority (SCCMHA) to coordinate the health care services it provides to beneficiaries with other services they receive. This will include at a minimum all consumers expected to be in services for an extended period of time and those receiving psychotropic medications.

Purpose

The purpose of this policy is to identify and implement responsibilities in the coordination of care among SCCMHA, the Medicaid Health Plan and the Primary Healthcare Provider.

Applicability

This policy is applicable to all SCCMHA primary care providers as well as all contracted entities and providers.

Definitions

1. Coverage Eligibility: refers to the financial / economic / developmental condition of the consumer, which indicates the type of coverage, i.e., Medicaid eligibility, which may or may not be available to cover the consumer for the provision of specialty mental health supports and services.
2. Medicaid Health Plan (MHP): an organization that is responsible for health care services and non-specialty level mental health services of its beneficiaries.
3. Prepaid Inpatient Health Plan (PIHP): an organization that manages Medicaid specialty services under the state's approved concurrent 1915 (b) / 1915 (c) Waiver Program, on a prepaid, shared-risk basis, consistent with the requirements of 42 CFR part 401 et al., June 14, 2003, regarding Medicaid managed care.
4. Access Alliance of Michigan (AAM): an entity of the Bay-Arenac PIHP, which determines consumer eligibility for services.

5. Primary Behavioral Healthcare Provider: the primary organization (SCCMHA or contract entity / provider) responsible for coordination of the person-centered planning process and completion of the treatment planning documentation.
6. Primary Physical Healthcare Provider: the licensed physician who oversees a person's health and wellness, provides counsel on ways to stay healthy and coordinates healthcare services. The Primary Physical Healthcare Provider provides basic medical care that a person may require for routine physicals and minor physical health problems.
7. Protected Health Information: refers to the information about the current and historical treatment of any physical or mental health condition of a consumer.
8. Service Eligibility: the clinical criteria necessary to be met for a consumer to be considered appropriate for specialty mental health services and supports.

Procedure

A. Coordination between the PIHP and SCCMHA

1. This procedure covers all populations; including consumers who receive mental health, developmental disability and substance abuse services. The PIHP and SCCMHA shall adhere to all HIPAA guidelines. HIPAA guidelines delineate conditions for disclosure to Medicaid and other health plans.
2. The AAM staff will obtain the appropriate consumer demographic / eligibility information relating to consumer appropriateness for services through the PIHP. This includes the documentation of the consumer's MHP, if the consumer is enrolled with an MHP.
3. AAM will obtain information related to the consumer's mental health needs during the consumer's initial screen. Responses will be recorded in the consumer "Access Screening." This includes a determination as to whether the consumer meets eligibility criteria for mental health services through the PIHP (cf. Service Selection Guidelines in the Medicaid Provider Manual).
4. If the consumer meets eligibility criteria, the PIHP is responsible for providing specialty mental health services and supports.
5. AAM will forward a letter of coordination to the consumer's MHP in the following situations: all new eligibility assessments and, all services denials resulting in a notice of adverse action. The coordination letter shall include a summary of the decision, approved services and the treating provider organization.

6. When SCCMHA receives the referral from the AAM, staff will complete the appropriate intake assessment for determination of service needs.
7. The AAM Customer Service department will keep a file database of consumers that have had a letter of coordination with the MHP sent and related date of same.
8. Collectively, all letters of coordination with MHP will be sent, at least monthly, to SCCMHA for all applicable consumers on a grouped basis rather than individually.
9. During subsequent case reviews for pre-authorized services, the AAM will obtain information related to ongoing service eligibility. This information will be documented in the "Authorization Request / Utilization Review Report." This activity will assist in the MCO CMHC data system.
10. The consumer handbook shall reference the Coordination of Care with the MHP procedure to communicate that each Medicaid enrollee is to have an ongoing source of primary behavioral healthcare provider appropriate to his / her needs and that there is a person formally identified as being primarily responsible for coordinating the consumer's healthcare services.
11. Coverage eligibility changes and coordination of care with the consumer's Primary Physical Healthcare Provider, and all associated functions contained within the process, shall be the responsibility of the Primary Behavioral Healthcare Provider and is further delineated below.

B. Primary Behavioral Healthcare Provider

Coverage Service Eligibility

1. If the consumer has no health insurance coverage at the start of treatment, the consumer's Primary Behavioral Healthcare Provider shall determine whether eligibility for Medicaid is a possibility and take the appropriate steps to assist the consumer.
2. If the consumer has been receiving services from SCCMHA and is subsequently covered by Medicaid, the Primary Behavioral Healthcare Provider shall contact the AAM for the purpose of coordination with the consumer's MHP.
3. If service eligibility changes for the consumer due to improved clinical presentation, the consumer's Primary Behavioral Healthcare Provider at SCCMHA or contracted provider will initiate appropriate referral and / or discharge / termination process along with proper documentation.

Further, the AAM shall be sent documentation delineating the change in clinical status of the consumer and that the level of severity no longer meets service eligibility guidelines.

4. If the consumer has been receiving services from SCCMHA and loses Medicaid coverage, the Primary Behavioral Healthcare Provider shall contact the AAM for the purpose of coordinating activity, fund source change and further service eligibility determination.

Coordination with Primary Physical Healthcare Provider

1. As applicable and possible, a Primary Physical Healthcare Provider will be identified for every consumer receiving SCCMHA services.
2. The consumer's Primary Behavioral Healthcare Provider shall ensure that the consumer is offered the opportunity and assistance (if appropriate) to obtain a Primary Physical Healthcare Provider, regardless of the fund source covering consumer services, (e.g., general fund, Medicaid).
3. Coordination of care with the Primary Healthcare Provider shall at a minimum be provided consumers for whom services and supports are expected to be provided for extended periods of time (e.g., case management or supports coordination) and those receiving psychotropic medications.
4. The Primary Behavioral Healthcare Provider will identify any relevant health issues in the consumer's assessment and / or the person-centered plan and coordinate with the consumer's Primary Physical Healthcare Provider as appropriate, to address common issues of health.
5. The Primary Behavioral Healthcare Provider will share at least annually (or upon significant change in condition or medication), as authorized by the consumer / parent / guardian, information regarding the consumer's mental health care, with the Primary Physical Healthcare Provider.
6. Whenever a consumer, receiving specialized residential treatment or in-home community living supports from a contract provider, presents with the need for follow up care or requires emergent treatment, it is the responsibility of the contract provider to facilitate timely contact between the consumer and his/her Primary Physical Healthcare Provider.
7. Staff attending consumers in a specialized residential treatment or in-home community living supports under a contract provider may contact SCCMHA staff to solicit assistance with the process of advocacy and

educating the Primary Physical Healthcare Provider and physical health care team.

8. Oversight in compliance with all of the above coordination of care processes shall be monitored through established PIHP performance improvement project data.

Attachments: None

Related Forms: None

Related Materials: None

Reference / Legal Authority

1. 45 CFR Parts 160, 162, and 164.
2. AAM Policy and Procedure 3.4, "Appeals and Grievance Procedural Processes."
3. AAM Policy and Procedure 4.3, "Enrollment, Screening and Referral."
4. AAM Policy and Procedure 4.6, "Continuity and Coordination of Care."
5. MI Medicaid Provider Manual, Mental Health and SA Chapters.

Approved by: *Jerry Walden*
Board Chairperson

7/8/08
Date

Scott Gilman
Chief Executive Officer

7/8/08
Date

