ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 09/24

CHAPTER Utilization Management		**CHAPTER** 03	**SECTION** 001	**SUBJECT** 0020
SECTION Service Delivery	**SUBJECT** Coordination of Care			
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I. APPLICATION:

☐ SCCCMH Board
☒ SCCCMH Providers & Subcontractors
☒ Direct Operated Programs
☒ Community Agency Contractors
☒ Residential Programs
☒ Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health (SCCCMH) must ensure that coordination of care is occuring between the individual's SCCCMH provider, primary care, and other health care providers to address prevalent health conditions and issues and provide a more inclusive, holistic, and communicative service experience. Note: Coordination of Care does **not** pertain to individuals receiving services from a Substance Use Disorder Services Program.

III. DEFINITIONS:

A. Care Coordination: Means a set of activities designed to ensure needed, appropriate, and cost-effective care for individuals served. As a component of overall care management, care coordination activities focus on ensuring timely information, communication, and collaboration across a care team and between primary care or other health care providers. Major priorities for care coordination include supporting engagement of individuals served through outreach and communication; conducting screenings, record reviews, and documentation as part of evaluation and assessment; tracking and facilitating follow-up on lab tests and referrals; care planning; managing transitions of care activities to support continuity of care; addressing social supports and making linkages to services addressing housing, food, etc.; and monitoring, reporting, and documentation.

B. Community Mental Health Services Program (CMHSP): SCCCMH is a Community Mental Health Services Program, and acts as the operational manager of the local sub-panel service network, as delineated within its contract agreement with Region 10 PIHP.

C. Coordination of Care: An agreement between SCCCMH, its service providers, and primary care or other health care providers that results in improved care coordination for individuals served.

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D. Enrollee: An individual who is receiving or may qualify to receive Medicaid services through PIHP/SCCCMH provider network.

E. Fee-for-Service (FFS) Health Plan Provider: Means the Medicaid enrollee is not enrolled in a Managed Care Organization (MCO) managed Medicaid Health Plan (MHP) and receives their primary care from a physician that is enrolled by the Michigan Department of Health and Human Services in its direct-pay FFS primary health plan.

F. Managed Care Organization: As it pertains to this administrative procedure, is the State's designated entity that is responsible for managing the MHP for a designated regional catchment area that meet the requirements specified in 42 CFR § 438.

G. Medicaid Health Plan: Means a Medicaid enrollee's assigned or chosen physical health plan contracted by the Michigan Department of Health and Human Services to manage the Medicaid medical and non-specialty behavioral healthcare plan benefits. MHPs are also referred to as Qualified Health Plans (QHP).

H. Primary Care: Means all health care services and laboratory services customarily furnished by or through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, pediatrician, or other specialist to the extent the furnishing of those services is legally authorized in the State in which the practitioner furnishes them.

I. Primary Caseholder: The designated professional who is responsible for delivery of services including case coordination and continuity of care for an individual enrolled in services. 42 CFR 438.208.3(b)(1).

J. Significant Medication Dosage Change: A significant medication dosage change is one that is identified as such by the medical practitioner, as noted on the medication evaluation or medication review note. This includes the addition of medication or discontinuation of medication.

IV. STANDARDS:

A. SCCCMH has designated the Central Intake Unit (CIU) as its central program responsible to conduct all initial comprehensive intake assessments that determine admission eligibility for entry into the SCCCMH mental health system and to determine service eligibility for any PIHP/SCCCMH managed benefit plan (e.g., Medicaid, GF, Healthy Michigan, MI-Child, and CCBHC.) The CIU calls a person discharged from inpatient hospital care within 24 hours and an individual ordered by a court to obtain services two days after referral if the individual has not contacted SCCCMH. CIU makes a good faith effort to conduct a comprehensive intake assessment within 14 days of all new potential beneficiaries, within (7) days for all referrals of individuals discharged from a psychiatric hospital and documents all subsequent attempts if the initial attempt to contact the individual is unsuccessful. 42 CFR 438.208(b)(3).

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B. Healthcare Coordination

SCCCMH and its provider network shall make a good faith effort to ensure healthcare coordination among healthcare providers. The parties shall provide appropriate medical and clinical information when consent has been obtained or without consent with the approval of a supervisory level staff member.

Note: Coordination of Care does **not** pertain to individuals receiving services from a Substance Use Disorder Services Program. Without the prior written consent of an individual served by a Substance Use Disorder Services Program, information and records can only be shared as follows:

1. To medical personnel during a medical emergency
2. To an auditor during a state audit at the site of the Substance Use Disorder Services Program
3. To a researcher conducting scientific research (de-identifying information only)
4. To a party identified on a court order when subpoena also has been issued.

C. Confidentiality

Prior to disclosing confidential information, form #MDHHS-5515 Consent to Exchange Health Information for Care Coordination Services (found in OASIS and Forms Index) must be completed by the individual served and/or their guardian or parent. If an individual served consent is refused, the individual and/or their guardian/parent shall be informed that the confidential information of the individual served may be disclosed without their consent for the purpose of coordination of care. Providers may disclose information to the extent allowed by law in accordance with privacy requirements. See Administrative Procedure #03-002-0025 Consent Forms, Administrative Procedure #08-002-0005 Protected Health Information – Privacy Measures, and 42 CFR 438.208(b)(5)(6) and 45 CFR parts 160 & 164 subparts A and E, to the extent that they are applicable. Providers must share clinical information with those identified on applicable consent and release of information forms and/or in the individual's plan of service to facilitate care coordination and avoid duplication of services. 42 CFR 438.208(b)(4).

D. No Primary Care Provider

The SCCCMH provider must, if desired by the individual served and/or their guardian, link the individual to an appropriate community physician or if appropriate, to the People's Clinic, when the individual served has no primary care provider. If an individual is receiving services from a Substance Use Disorder Services Program, the individual served and/or their guardian must provide written consent prior to SCCCMH staff contacts a health care provider. For individuals requesting a link to a primary care provider, a service intervention to obtain a primary care physician may be added to the individual's plan of service, or a goal to educate the individual associated with risk versus choice will be addressed in their treatment plan.

E. Provider Responsibilities

SCCCMH and its network providers must have procedures to ensure that services to enrollees are coordinated:

1. Between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays,

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2. With the services the enrollee receives from any other Managed Care Organizations (MCOs) or Prepaid Inpatient Health Plans (PIHPs).
3. With the services the enrollee receives in Fee for Service (FFS) Medicaid.
4. With the services the enrollee receives from community and social supports providers.
5. When a medication change occurs (e.g., initiation/discontinuation of medications; significant dosage change is documented/ordered by the prescribing practitioner).
6. At the time of the individual's annual review (i.e., new assessments/treatment plan). 42 CFR 438.208(b)(2)(i-iv).

F. Care Coordination

SCCCMH and its network providers shall coordinate services to the Medicaid enrollee with other MCOs, PIHPs and Community Mental Health entities serving the enrollee in order to prevent duplication of services. 42 CFR 438.208(b)(4).

1. Should SCCCMH refer a Medicaid enrollee to another PIHP for out-of-network covered services, SCCCMH must have a County of Financial Responsibility (COFR) Agreement with the local PIHP/entity regarding service coordination, data submission, and payment coordination.

2. Conversely, if a necessary service covered under the PIHP contract is unavailable within SCCCMH's sub-network, SCCCMH shall adequately and timely cover the service out-of-network for as long as SCCCMH is unable to provide the medically necessary service. SCCCMH shall then require the out-of-network PIHP provider to coordinate with SCCCMH regarding service coordination. Moreover, payment shall ensue to the out-of-network provider so that any cost to the beneficiary is no greater than it would be if the services were furnished within SCCCMH's sub-network.

3. Likewise, should SCCCMH render Medicaid services on behalf of an enrollee that are the responsibility of another PIHP, then the provider must have a service contract with that PIHP so that no charges are made for the provision of these services.

G. Provider Procedures

SCCCMH and network providers shall have internal procedures for their practitioners regarding coordination of care linkage with primary care physicians and the PIHPs that are consistent with this administrative procedure.

V. PROCEDURES:

A. An applicant enters treatment services, changes their primary care provider, or changes their MHP.

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Primary Caseholder

1. Explains to individuals served the rationale and benefit of allowing the exchange of information with their Medicaid Health Plan, primary care, and other health care providers.

2. Does the following:
   a. obtains signed form #MDHHS-5515 Consent to Exchange Health Information For Care Coordination (in OASIS and Forms Index) to share and release specialty benefit plan medical record information with the individual's primary care or other health care providers, **or**
   b. provides documentation in the individual's electronic health record that the individual or their guardian/parent refused to provide consent or that the individual served does not have a primary care or other health care provider.

   If an individual served and/or their guardian/parent refuses to provide consent, information may be disclosed by the holder of the record as necessary for treatment, coordination of care, or payment for the delivery of mental health services.

   Note: Coordination of Care does **not** pertain to individuals receiving services from a Substance Use Disorder Services Program. See Board Policy #05-003-0055, Recipient Rights in Substance Use Disorder Services Programs.

3. Adds primary care and other health care provider information into the individual's electronic health record.

4. Coordinates care with the individual's primary care and other health care providers as required. 42 CFR 438.208(b)(2)

5. Reviews and updates each form #MDHHS-5515 Consent to Exchange Health Information For Care Coordination on an annual basis and provides the caseholder's contact information to the beneficiary. 42 CFR 438.208(b)(1)

6. Notifies the primary care or other health care providers within 30 days of an individual's admission into treatment utilizing the Coordination of Care letter in OASIS.

Program Clerical Staff

7. Sends copy of Coordination of Care letter to Data Management for scanning into individual's electronic health record or completes Coordination of Care letter in electronic health record.

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B. Psychiatric Inpatient Admission

Hospital Liaison

1. Explains to individuals served the rationale and benefit of allowing the exchange of information with their Medicaid Health Plan, primary care, and other health care providers.

2. Ensures form #MDHHS-5515 Consent to Exchange Health Information For Care Coordination (in OASIS or Forms Index) is valid. Obtains applicable consent form or provides documentation in the individual's electronic health record that the individual and/or their guardian/parent refused to provide consent or that the individual served does not have a primary care or other health care provider. If an individual served and/or their guardian/parent refuses to provide consent, information may be disclosed by the holder of the record as necessary for treatment, coordination of care, or payment for the delivery of mental health services.

   Note: Coordination of Care does **not** pertain to individuals receiving services from a Substance Use Disorder Services Program. See Board Policy #05-003-0055, Recipient Rights in Substance Use Disorder Services Programs.

3. Notifies program clerical staff of the individual's admission to a psychiatric hospital or unit.

4. Delivers Hospital Discharge Packet to program clerical staff so the primary care or other health care providers can be notified of the individual's inpatient admission while the individual is in the hospital or unit or no later than two weeks after the individual is discharged.

Program Clerical Staff

5. Completes the Coordination of Care letter in OASIS and sends letter to primary care and other health care providers while the individual is in the hospital or unit or no later than two weeks after the individual is discharged.

6. Attaches the medication sheet from the hospital or unit to the Coordination of Care letter and fills in the diagnosis from the inpatient admission.

7. Sends the Hospital Discharge Packet to Data Management for scanning into the individual's electronic health record.

C. Significant Medication Changes

Psychiatrist/Nurse Practitioner

1. Checks box on the orange appointment slip to alert program clerical staff of a discontinued medication, new medication, or significant medication change.

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Program Clerical Staff

2. Receives orange appointment slip from psychiatrist or nurse practitioner noting if a Coordination of Care letter should be sent to the individual's primary care and/or other health care providers.

3. Reviews the individual's electronic health record to determine if form #MDHHS-5515 Consent to Exchange Health Information For Care Coordination was completed and is valid. If valid, completes and sends a Coordination of Care letter to the individual's primary care and/or other health care providers within 30 days. If form #MDHHS-5515 Consent to Share Behavioral Health Information for Care Coordination Purposes is not valid, asks the individual's Primary Caseholder to obtain a valid form.

   Note: Coordination of Care does **not** pertain to individuals receiving services from a Substance Use Disorder Services Program. See Board Policy #05-003-0055, Recipient Rights in Substance Use Disorder Services Programs.

Primary Caseholder

4. Obtains form #MDHHS-5515 Consent to Exchange Health Information For Care Coordination. If an individual served and/or their guardian/parent refuses to provide consent, information may be disclosed by the holder of the record as necessary for treatment, coordination of care, or payment for the delivery of mental health services.

   Note: Coordination of Care does **not** pertain to individuals receiving services from a Substance Use Disorder Services Program. See Board Policy #05-003-0055, Recipient Rights in Substance Use Disorder Services Programs.

Program Clerical Staff

5. Completes Coordination of Care letter in OASIS and sends to the individual's primary care and other health care providers,

   Or

6. Completes Coordination of Care letter in OASIS by checking the box indicating the individual either does not have a primary care or other health care provider and/or consent was not obtained. The letter is then saved in the individual's electronic health record as "does not have a primary care or other health care provider" or "no consent available" status.

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7. Informs psychiatrist or nurse practitioner if a Coordination of Care letter is not sent to the individual's primary care or other health care providers because the individual served does not have a primary care or other health care provider or no consent was obtained.

VI. REFERENCES:

A. Coordination of Care Letter (located in OASIS)

B. Consent for Mental Health Treatment (form located in OASIS)

C. #MDHHS-5515 Consent to Exchange Health Information For Care Coordination

D. MDHHS GF FY 2021 Part II Statement of Work Contract 6.9.4

E. 42 CFR 438.208

F. 45 CFR parts 160 and 164 subparts A and E

G. Michigan Mental Health Code, MCL 330.1748

VII. EXHIBITS:

N/A

VIII. REVISION HISTORY:

Dates issued 03/04, 08/05, 05/08, 10/11, 01/13, 09/15, 09/16, 05/18, 07/19, 09/20, 09/21, 09/22, 09/23.