

NORTHCARE NETWORK

POLICY TITLE: Coordination of Care/
Integrated Treatment

POLICY EFFECTIVE DATE: 04/23/03

BOARD ADOPTED: 04/23/03

BOARD ADOPTED REVISIONS: 10/06/04; 11/02/05

REVIEWED:

8/09/04; 9/14/05;

1/19/07; 3/15/07

TEXT REVISIONS:

7/2/08

PURPOSE

NorthCare requires that specialty mental health services and supports and substance abuse services provided to all Medicaid recipients shall be provided within the context of integrated treatment planning. Services are coordinated with primary health care providers (Physician, Nurse Practitioner, Physician's Assistant), and Medicaid Health Plans (MHP). Coordination and collaboration with other service agencies in the community relevant to a shared consumer base is also critical to provide quality care. In this regard, NorthCare will implement and/or monitor the agreements and practices necessary to achieve this goal.

POLICY

NorthCare will facilitate coordination of health care services across the region through participation on the Upper Peninsula Health Plan's Clinical Advisory Committee. However, most appropriate coordination of care for the individual occurs at the direct service level. CMHSPs and Substance Abuse (SA) Providers will make reasonable efforts to coordinate their services with other health care and community service providers. Information gathered will be included in the clinical record as authorized by the consumer and used to facilitate the development of an integrated treatment plan. NorthCare also requires evidence of coordination between the key agencies whose practices directly impact our consumers (e.g., FIA, law enforcement agencies, schools, and the judicial system). Medicaid beneficiaries may access specialists as deemed necessary in the person-centered/treatment plan, and/or as authorized by the MHP. As relevant to these policy requirements, NorthCare has delegated three areas of responsibility to the CMHSPs/SA Providers:

1. Coordination of services with primary health care providers
2. Coordination of Care/Collaboration Agreements with the MHP
3. Collaboration with local community agencies

NorthCare will determine areas requiring focused attention by analysis of stakeholder and consumer feedback as well as results from site reviews.

PROCEDURES

I. COMMUNICATION WITH HEALTH CARE PROVIDERS

Coordination of care is appropriate for all consumers/clients receiving specialty services and supports. It is essential to coordinate the care for individuals under the following circumstances:

- when there are identified health conditions,
- those who are receiving medications, and/or
- when there is a likely interaction between physical and behavioral health conditions.

Information shared must be done in accordance with Michigan's Mental Health Code

(Public Act 258 of 1974 as amended), 42 CFR part 2, Confidentiality of Alcohol & Drug Abuse Patient Records, 42 USC Section 290 dd – 2 Confidentiality of Records 2, and HIPAA Privacy Standards (45 CFR parts 160 and 164 subparts A and E) to the extent that they are applicable; keeping disclosures to a minimum amount of information necessary and only on a “need to know” basis, with proper authorization as required.

A. Primary Health Care Provider

1. The provider will ask for the consumer’s primary health care provider’s name, phone, and address at the time of intake and document this in the clinical record. If no primary health care provider is identified, the primary clinician shall make efforts to help the consumer/client obtain one, and if Medicaid eligible, will refer to the MHP for assistance in locating an appropriate primary care provider and document accordingly. If the consumer/client is covered by Medicaid they must have either selected a primary health care provider, or their MHP (Medicaid Health Plan) has or will assign one to them. Health care provider information for Medicaid beneficiaries can be obtained from the MHP.
2. The provider will make every effort to secure informed consent authorizing the release of specific information that may be shared/exchanged with primary health care providers. This document should become a part of the consumer/client’s designated clinical record. If a consumer/client, or guardian, declines consent to authorize the release of information or the consumer/client does not see a primary health care provider, this must be documented in the consumer/client’s record.
3. When there are significant health and safety factors of concern to the consumer/client and/or the clinician/provider, these concerns should be discussed and documented in the record. Documentation will be shared with other health care providers as deemed appropriate on a case by case basis.

B. Other Health Care Providers

When other health care providers are involved in the consumer/client’s care and it is appropriate to coordinate care with these providers (i.e., medical specialists or dental providers), a separate informed consent to authorize the exchange of information to and/or from the provider must be secured from the consumer/client or guardian.

C. Transition or Discharge from CMHSP/CA Services:

When specialty services are no longer medically necessary, as determined through the person-centered/treatment planning process and/or the Individual Plan of Service, consumers/clients will be transitioned/referred to their primary health care provider or another appropriate provider as necessary.

D. Documentation in the Clinical Record: (To include, but not limited to the following.)

1. The provider will document in the IPOS (Individual Plan Of Service)/Treatment Plan the name and contact information for consumer’s health care supports.
2. The IPOS/Treatment Plan shall contain the actual plan for how care will be coordinated.
3. The provider will document any refusal by the consumer to coordinate care.

II. COORDINATION OF CARE WITH THE MEDICAID HEALTH PLAN (MHP)

A. Local Agreements with the MHP

1. Each CMHSP/Substance Abuse Provider will enter into a collaborative agreement with the regional MHP. Attachment P.6.4.5.1 to the Master MDCH/PIHP contract provides a sample model agreement that contains the essential elements of agreements between the CMHSPs and local health plans.

III. COLLABORATION WITH COMMUNITY AGENCIES

The CMHSPs/SA Providers are required to work closely with local public and private community-based organizations and providers to address issues that relate to a shared consumer base. This work can be accomplished through a variety of ways including active participation on local Multi-Purpose Collaborative Bodies and with Early On and Strong Families/Safe Children. Formal linkages, pooled funding arrangements and/or joint-service ventures are also ways to demonstrate collaboration with other service agencies.

A. CMHSP participation on the local Multi-Purpose Human Services Collaborative Body (MHSCB) and with Early On and Strong Families/Safe Children.

1. Each CMHSP will have consistent participation at the county level on the local human services collaborative body. This participation will enhance shared knowledge regarding the services available throughout the community and assure up-to-date knowledge of any changes in programs, funding, eligibility or other parameters of service.
2. Each CMHSP will also have consistent participation at the county level in other collaborative enterprises involving children such as Early-On and Strong Families/Safe Children.
3. The director or his /her designee who is able to make commitments for the organization shall attend at least eighty percent (80%) of the local MHSCB meetings and Early On and SF/SC meetings.
4. Evidence of CMHSP involvement will be found in attendance records and meeting minutes.

B. Coordination agreements with local agencies

Each CMHSP/SA Provider shall have a written coordination agreement with the relevant service agencies in their community, including but not limited to: the family courts/juvenile justice system, child welfare system, local education system, Michigan Rehabilitation Services, nursing homes, and local district health offices. These agreements must describe the coordination of service arrangements that are in place and how potential disputes between the agencies will be resolved.

REFERENCES

- ✓ Balanced Budget Act (BBA), Subpart D, 438.208
- ✓ MDCH/PIHP Contract
- ✓ Michigan Mental Health Code, PA 258 of 1974 as amended
- ✓ HIPAA Privacy Standards, CFR 45 parts 160 and 164 subparts A and E
- ✓ 42 CFR 2, Confidentiality of Alcohol & Drug Abuse Patient Records, 42 USC Section 290 dd – 2 Confidentiality of Records 2