

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 09/23

Page 1

CHAPTER Utilization Management	CHAPTER 03	SECTION 001	SUBJECT 0020
SECTION Service Delivery	SUBJECT Coordination of Care		
WRITTEN BY John Sharkey	REVISED BY Latina K. Cates, Cheri Jessup, Telly Delor, and Rebecca Moore		AUTHORIZED BY Tracey Pingitore

I. APPLICATION:

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) is to ensure that coordination of care is occurring between the individual’s SCCCMHA provider, primary care, and other health 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 providers. Major priorities for care coordination include outreach and contacts/communication to support individual’s served engagement, conducting screenings, record reviews, and documentation as part of evaluation and assessment. Also 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 Service Program (CMHSP): SCCCMHA 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 SCCCMHA, its service providers, and primary care or other health providers that results in improved care coordination for individuals served.

CHAPTER Utilization Management	CHAPTER 03	SECTION 001	SUBJECT 0020
SECTION Services Delivery	SUBJECT Coordination of Care		

- D. Enrollee: An individual who is receiving or may qualify to receive Medicaid services through PIHP/SCCCMHA provider network.
- E. Fee-for-Service (FFS) Health Plan Provider: Means the Medicaid enrollee is not enrolled in a Manage 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 designed 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 also includes the addition of medication or discontinuation of medication.

IV. STANDARDS:

- A. SCCCMHA 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 SCCCMHA mental health system and to determine service eligibility for any PIHP/SCCCMHA managed benefit plan (e.g. Medicaid, GF, Healthy Michigan, MI-Child and CCBHC.) Calls a hospital discharged person within 24 hours and a court ordered individual two days after referral if individual has not followed through. 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 psychiatric hospital discharged referrals and documents all subsequent attempts if the initial attempt to contact the individual is unsuccessful. [42 CFR 438.208(b)(3)].
- B. Healthcare Coordination: SCCCMHA and its provider network shall put forth a good faith effort to ensure healthcare coordination with healthcare providers. The parties shall provide the other party

CHAPTER Utilization Management	CHAPTER 03	SECTION 001	SUBJECT 0020
SECTION Services Delivery	SUBJECT Coordination of Care		

with appropriate medical/clinical information when consent has been obtained or without consent, but 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 signed by a judge as long as a subpoena has been issued.

- C. Confidentiality: Prior to disclosing confidential information, a Consent to Exchange Health Information for Care Coordination Services, form MDHHS-5515 (in OASIS and in the Forms Index) shall be requested of any individual served and/or their guardian/parent. If an individual served and/or their guardian/parent refuses to provide consent, 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. [Policies: #03.002.0025 Consent Forms, #08.002.0005 Protected Health Information – Privacy Measures and 42 CFR 438.208(b)(5)(6) 45 CFR 160 & 164subparts A and E, to the extent that they applicable.] Providers shall share clinical information with those identified on applicable consent forms/release of information and/or in the individual’s plan of service to facilitate care coordination and avoid duplication of services. [42 CFR 438.208 (4)]
- D. No Primary Care Provider: The SCCCMHA provider shall, if desired by the individual/guardian served, link the individual/guardian to an appropriate community physician or if appropriate, link 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/guardian must provide written consent prior to an employee’s contact with a health provider. For individuals needing/requesting a link to a primary care provider, a service intervention to obtain a primary care physician could 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: SCCCMHA and network provider’s procedures shall ensure that services to enrollees are coordinated in accordance with 42 CFR 438.208(2)(i-iv):
1. Between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays.
 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.

CHAPTER Utilization Management	CHAPTER 03	SECTION 001	SUBJECT 0020
SECTION Services Delivery	SUBJECT Coordination of Care		

5. A medication change occurs (initiation/discontinuation of medications; significant dosage change is documented/ordered by the prescribing practitioner); and/or
6. At the time of the individual's annual review (i.e. new assessments/treatment plan).

F. Care Coordination: SCCCMHA and its network providers shall coordinate services to the Medicaid enrollee with other MCOs, PIHPs and CMHs serving the enrollee in order to prevent duplication of services. [42 CFR 438.208(4)]

1. Should SCCCMHA refer a Medicaid enrollee to another PIHP for out-of-network covered services, SCCCMHA must have a 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 the SCCCMHA's sub-network, SCCCMHA shall adequately and timely cover the service out-of-network for as long as SCCCMHA is unable to provide the medically necessary service. SCCCMHA shall then require the out-of-network PIHP provider to coordinate with SCCCMHA 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 the SCCCMHA's sub-network.
3. Likewise, should SCCCMHA render Medicaid services on behalf of a enrollee that is 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: SCCCMHA and network providers shall have internal procedures for its practitioners regarding coordination of care linkage with primary care physicians and the PIHPs that are consistent with this administrative procedure guideline.

V. PROCEDURES:

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

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 providers.
2. Obtains signed Consent to Exchange Health Information For Care Coordination, form MDHHS-5515 Form (in OASIS or on the Forms Index), to share/release specialty benefit plan medical record information with the individual's primary care or other health providers; 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 provider. If an individual served and/or their guardian/parent

CHAPTER Utilization Management	CHAPTER 03	SECTION 001	SUBJECT 0020
SECTION Services Delivery	SUBJECT Coordination of Care		

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 Recipient Rights in Substance Use Disorder Services Programs, policy #05-003-0055.

3. Adds primary care and other health provider information into the individual's electronic health record.
4. Coordinates care with the individual's primary care and other health providers when required by this administrative procedure. [42 CFR 438.208 (2)]
5. Reviews/updates "Consent to Share Behavioral Health Information for Coordination Purposes" forms on an annual basis and provides to the beneficiary his/her contact information. [42CFR 438.208(b)(1)]
6. Notifies the primary care or other health 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.

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 providers.
2. Ensures a Consent to Exchange Health Information for Care Coordination Services, form MDHHS-5515 (in OASIS or in the 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 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.

CHAPTER Utilization Management	CHAPTER 03	SECTION 001	SUBJECT 0020
SECTION Services Delivery	SUBJECT Coordination of Care		

Note; Coordination of Care does NOT pertain to individuals receiving services from a Substance Use Disorder Services Program. See Recipient Rights in Substance Use Disorder Services Programs, policy #05-003-0055.

3. Notifies program clerical staff of the individual's admission to a psychiatric hospital/unit.
4. Delivers "Hospital Discharge Packet" to program clerical staff so the primary care or other health providers can be notified of the individual's inpatient admission while the individual is in the hospital/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 providers while the individual is in the hospital/unit or no later than two weeks after the individual is discharged.
6. Attaches the medication sheet from the hospital/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.

Program Clerical Staff

2. Receives orange appointment slip from psychiatrist/nurse practitioner noting if a "Coordination of Care" letter should be sent to the individual's primary care and/or other health providers.
3. Reviews the individual's electronic health record to determine if a Consent to Exchange Health Information For Care Coordination, form MDHHS-5515 Form was completed (in OASIS or in the Forms Index), and is valid. If valid, completes and sends a "Coordination of Care" letter to the individual's primary care and/or other health providers within 30 days. If "Consent to Share Behavioral Health Information for Coordination Purposes" form is not valid, asks the individual's Primary Case Holder to obtain.

Note; Coordination of Care does NOT pertain to individuals receiving services from a Substance Use Disorder Services Program. See Recipient Rights in Substance Use Disorder Services Programs, policy #05.003.0055.

CHAPTER Utilization Management	CHAPTER 03	SECTION 001	SUBJECT 0020
SECTION Services Delivery	SUBJECT Coordination of Care		

Primary Case Holder

4. Obtains a Consent to Exchange Health Information-MDHHS-5515 Form (in OASIS or in the Forms Index) . 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 Recipient Rights in Substance Use Disorder Services Programs, policy #05-003-0055.

Program Clerical Staff

5. Completes “Coordination of Care” letter in OASIS and sends to the individual’s primary care and other health 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 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 provider” or “no consent available” status.
7. Informs psychiatrist/nurse practitioner if a “Coordination of Care” letter is not sent to the individual’s primary care or other health providers because the individual served does not have a primary care or other health provider or no consent was obtained/provided.

VI. REFERENCES:

- A. OASIS “Coordination of Care” Letter
- B. “Consent for Mental Health Treatment” (or OASIS form)
- C. Consent to Exchange Health Information (OASIS & Forms Index #MDHHS-5515)
- D. MDHHS GF FY 2021 Part II Statement of Work Contract 6.9.4
- E. 42 Code of Federal Regulations, 438.208
- F. 45 Code of Federal Regulations 160 and 164 Part A and E
- G. Michigan Mental Health Code, Section 330.1748

VII. EXHIBITS:

None Available

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.