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| COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN/PIHP | <i>Policy Coordination of Integrated Healthcare</i> |
| Department: Clinical Performance Team | Local Policy Number (if used) |
| Regional Operations Committee Approval Date 03/11/2020 | Implementation Date 04/13/2020 |

I. PURPOSE

To establish standards for staff to follow in the integration/coordination of behavioral health (mental and substance use disorders) and physical health (primary care and specialty healthcare) services.

II. REVISION HISTORY

| DATE | REV. NO. | MODIFICATION |
|------------|----------|--|
| 10-28-2013 | 1 | Revised to reflect the new regional entity effective January 1, 2014. Policy was formerly known as Coordination of Primary Care. |
| 10-3-2016 | 2 | Change title from Coordination of Healthcare to Coordination of Integrated Healthcare. Update language and include coordination with the Medicaid Health Plans |
| 02/20/2020 | 3 | Standard 3-year review. There were no content changes. |

III. APPLICATION

This policy applies to all staff, students, volunteers and/or contractual agencies within the regional provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

The CMHPSM views and serves consumers holistically, making no artificial separation between mind and body. All services shall be coordinated, collaborative and integrated.

V. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Integrated Care: Bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency (World Health Organization).

Medicaid Health Plan (MHP): A licensed health plan selected by the Michigan Department of Health and Human Services to manage the physical healthcare benefits for Medicaid Recipients in Michigan who are enrolled in a Health Maintenance Organization (HMO) as allowed under the Michigan Managed Care Waivers approved by the Center for Medicare and Medicaid Services (CMS).

Primary Care: Services provided by general practitioners or general clinics.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

Specialty Health Care: Services provided by medical specialists to treat a specific disease, condition or symptom. Examples may include pediatricians, surgeons, oncologists, cardiologists, podiatrists, OB/GYNs, pain management specialists, addictionologists, and rehabilitation specialists.

VI. STANDARDS

- A. All care integration services with Primary Care and Specialty Care Providers (PCPs and SCPs) require the completion of current and appropriate releases of information obtained from the consumer/or legal guardians in accordance with the Confidentiality and Access to Consumer Records policy. All refusals of release will be documented in the recipient's clinical record.
- B. Care Coordination activities between the MHPs and the CMHPSM/CMHSPs will occur using the MDHHS Care Connect 360 (CC360) which contains healthcare information concerning mutually served individuals.
 - a. MDHHS manages the HIPAA requirements of CC360. Information that is available in CC360 may be used for MHP/PIHP Care Coordination activities as required in the MDHHS PIHP and MHP contracts.
 - b. HOWEVER, data/information not readily available in CC360, such as information related to substance abuse diagnoses and/or treatment, require that

the appropriate releases of information obtained from the recipient and/or legal guardians in accordance with the Confidentiality and Access to Consumer Records policy. All refusals of release will be documented in the consumer's clinical record.

- c. The CMHPSM and the CMHSP will coordinate obtaining necessary releases and the development of the agenda for each Care Coordination meeting with the individual MHPs. In addition, any plans for follow up regarding a mutually served individual shall be included on agendas.
- d. MHP/PIHP/CMHSPs will occur at least monthly and mutually served individuals who meet the MDHHS definition as a high risk/high utilizer will be discussed during MHP/PIHP/CMHSP care coordination meetings. An action plan to assist the mutually served individual shall be recorded in CC360.
- e. Ongoing monitoring and follow-up shall be incorporated into the Individual Plan of Service (IPOS) including goals and objectives resulting from Care Coordination meetings with the individual's MHP. Progress Notes shall document the steps and activities taken by the PIHP/CMHSP in accordance with the Care Coordination Plan developed with the MHP.

Primary Care Standards

- C. The CMHPSM shall ensure that integration with primary care will include the following:
 - 1. Staff shall ensure an active signed release of information is secured from the recipient. If the consumer refuses to sign a release, then encouraging this type of coordination will be addressed as part of ongoing treatment.
 - 2. Staff will notify primary care physicians (PCPs) when a consumer starts services.
 - 3. Staff shall contact the PCP when a consumer ends services.
 - 4. Staff, when aware, shall inform the PCP when a consumer has an inpatient psychiatric admission.
 - 5. Staff shall notify the PCP of any significant medication changes or lab results when determined to be necessary by a CMHSP physician, nurse practitioner, or nurse.
 - 6. Staff shall initiate and maintain ongoing collaboration with the PCP as part of the treatment planning process in order to ensure coordination of care.
 - 7. Staff shall encourage consumers to make optimal use of their primary care services by sharing all medical concerns, both major and minor. If a consumer has a PCP but is not utilizing the PCP, staff shall encourage the consumer in making the appropriate contact(s) with the PCP.
 - 8. When a consumer does not have a primary care physician (PCP), staff shall make ongoing efforts to assist in linking the consumer with one.
- D. Staff will ensure that the consumer's need for primary care services is incorporated into person centered planning and assessments. Any identified need for primary care shall be documented in the consumer's individual plan of services. Consultation with physicians and nurses will be made to assist in identifying any medical issues to be addressed by the PCP.
- E. If assessed to be potentially beneficial to the consumer, staff shall initiate communication with the PCP when the consumer:
 - 1. Has behavioral health, substance abuse, co-occurring and/or physical health

- concerns.
 - 2. Requires access to specialized medical assessments and services
 - 3. Has difficulty accessing either or both of the mental and physical healthcare systems
 - 4. Is referred by their primary care physician or vice-versa
 - 5. Requires ongoing direct care / home help support for physical conditions
- F. As necessary, staff shall make efforts to ensure that relevant behavioral health and physical health records are shared by CMHSP and PCP/SCP staff
- G. Any physicians, nurse practitioners, or nurses within the CMHSP system may also engage in the following coordination efforts when deemed necessary:
- 1. Provide consultation to nurses and others regarding the coordination of care between the CMHSP and primary care physicians
 - 2. Provide consultation to nurses and others regarding specific cases in which there are questions regarding medication interactions, interactive effects between psychiatric and physical symptoms and / or changes in status.
 - 3. Assist in the development, review and revision of this policy
 - 4. Provide consultation/training/education to physical healthcare providers in the community as needed or requested

Specialty Medical Healthcare Coordination

- H. The need or involvement of specialty care shall be incorporated into the CMHSP assessment and re-assessment process. Where those needs exist, CMHSP staff will communicate with the primary care physician to determine who will take the lead in coordinating care with specialty health care practitioners.
- I. In those instances when CMHSP takes the lead, coordination, collaboration, and integration shall be an integral part of the IPOS.

Coordination between Mental Health and SUD providers

- J. The CMHPSM shall ensure that integration between Mental Health and SUD services will include the following:
- 1. Staff shall ensure an active signed release of information is secured from the consumer. If the consumer refuses to sign a release, then encouraging this type of coordination will be addressed as part of ongoing treatment.
 - 2. Staff will notify all involved treatment providers when a consumer starts services.
 - 3. Staff shall contact all involved treatment providers when a consumer ends services.
 - 4. Staff, when aware, shall inform all involved treatment providers when a consumer has a significant change in level of care, e.g. hospitalization, residential placement.
 - 5. Staff shall notify all involved treatment providers of any significant medication changes or lab results.
 - 6. Staff shall initiate and maintain ongoing collaboration with all involved treatment providers as part of the treatment planning process in order to ensure coordination of care.
 - 7. Staff shall ensure that the consumer's needs for Mental Health or SUD services are incorporated into service planning and assessments. These needs shall be addressed on an ongoing basis in accordance with the consumer's readiness for change.

VII. EXHIBITS

None

VIII. REFERENCES

- A. Balanced Budget Act; Coordination and Continuity of Care Standards 438.208 (b), (c)
- B. Health Information Portability and Accountability Act (HIPAA): Privacy of Individually Identifiable Health Information: 45 CFR Part 164
- C. Michigan Mental Health Code
- D. The Joint Commission Standards
- E. MDHHS/ PIHP Contract
- F. CMHPSM/CMHSP/SUD Provider Contracts