

SWMBH MI Health Link Operating Policy 4.8

Subject: Communication and Coordination of Care		Accountability: Utilization Management	Effective Date: 1/1/2014	Pages: 3
REQUIRED BY: BBA Section _____ PIHP Contract Section _____ NCQA Standard _____ Other _____			Last Reviewed Date: 4/27/17	Past Reviewed Dates: 7/16/15
LINE OF BUSINESS: <input type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> Healthy Michigan Plan <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____		APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____	Last Revised Date: 4/27/17	Past Revised Dates: 7/14/15
Approved: <i>[Signature]</i> 5.10.17			Required Reviewer: Chief Clinical Officer Director of UM and ME	
Date:				

I. Purpose

To establish the Southwest Michigan Behavioral Health (SWMBH) standards and guidelines to ensure that communication and coordination occurs (a) at the system-level between the SWMBH, the Integrated Care Organizations (ICO's), Medicaid Health Plans (MHPs), SWMBH Providers and other Community Mental Health Service Providers (CMHSP)/Prepaid Inpatient Health Plans (PIHP); (b) at the service-level between the Integrated Care Team (ICT), primary care physicians, SWMBH, the Integrated Care Organization (ICO) and the SWMBH and ICO provider networks; and (c) in and among the SWMBH staff/functional areas as indicated.

II. Policy

It shall be the policy of the SWMBH to assure that service collaboration and effective communication occurs between the physical, Substance Use Disorder (SUD) and behavioral healthcare systems, including with the integrated care team, SWMBH staff, ICO staff, primary care physician and the respective provider networks. Service coordination and collaboration is viewed as essential to adequately addressing each member's needs. Service coordination shall occur to meet the identified needs and requests of the member, assure proper and adequate medically necessary treatment and referrals, ensure implementation of the integrated care plan and plan of services, and to avoid unnecessary duplication of services all which shall occur in compliance with regulatory requirements of the Michigan Department of Health and Human Services (MDHHS) Contract, accreditation standards (National Council of Quality Assurance (NCQA)), and the Balanced Budget Act of 1997.

III. Standards and Guidelines

A. SWMBH Supports Coordinator (Integrated Care Specialist) shall ensure that:

1. SWMBH funded services are coordinated with the services the member may receive from the ICOs, Mental Health Providers (MHP), and/or CMHSP's, including their primary care physicians and other primary practitioners.

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2. The results of assessments of members served performed by SWMBH or any of its network providers are shared with the ICOs, MHPs and the ICT serving the member in order to prevent duplication of services.
- B. All practitioners serving the member shall be responsible to ensure that the SWMBH Integrated Care Specialist is aware of relevant health information, in order for appropriate coordination to occur.
- C. For members receiving ongoing services, coordination with the SWMBH Integrated Care Specialist is generally the responsibility of the primary practitioner, unless otherwise indicated in the member's person-centered plan of service or IICSP (Individual Integrated Care and Supports Plan).
- D. The primary practitioner shall ensure that any health issues are identified and addressed during the assessment and planning processes. If needed, due to the medical needs of the member served, the primary practitioner will assure input of the SWMBH Integrated Care Specialist and/or members of the ICT in the assessment and development of the plan of service. This includes identification of alternative linkages with the primary-care physician or any other specialty services provider as appropriate. It is also the ongoing responsibility of the primary practitioner to inform the ICT including the primary-care physician of any changes in the member's perceived health status within 72 hours, if the member served is unable to do so themselves.
- E. The primary practitioner shall secure a release of information for communication with the ICO/MHP, primary care physician and all other members of the ICT.
- F. The SWMBH Integrated Care Specialist shall ensure that the communication amongst the ICT will minimally include the following types of information:
 1. The Level II assessment into the SWMBH provider network system.
 2. Changes in the type and/or level of care.
 3. A psychiatric inpatient admission or discharge.
 4. Psychotropic medications that are added or discontinued by the SWMBH provider network system (i.e., lab results, service notes, etc.) based on specific occurrence.
 5. Other relevant psychiatric/medical information.
 6. Request for information regarding any new developments affecting health (example: x-ray/lab results, information on recent hospitalizations, information on specific health concerns/conditions, etc.) of the member served.
- G. The Integrated Care Specialist or primary practitioner shall facilitate coordination between the primary care physician and specialists if the member served is unable to do so themselves. When a member requires occupational or physical therapy the prescription will be obtained from the primary care physician. Speech therapy only requires a referral.
- H. The Integrated Care Specialist shall ensure that all relevant behavioral and medical information and documentation regarding efforts to coordinate with the primary care physician and any other specialists are entered into the EHR for upload thru the Carebridge to the ICT.
- I. Behavioral health service determination disagreements between the ICO/PIHP shall be worked through in the following manner:
 1. Referred to the ICT by either the Integrated Care Specialist or the ICO Care Coordinator for discussion and resolution.
 2. If the ICT is unable to reach resolution or the disagreement is regarding service determination, the issue will be passed to the PIHP and ICO Clinical Supervisors responsible for UM Determinations.

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3. Should the clinical supervisors be unable to reach agreement, the PIHP/ICO Medical Directors will make the final determination which shall be binding.

J. SWMBH shall employ a “no wrong door” philosophy, assuring cross collaboration amongst and within departments to minimize the burden for members and providers and ensuring that calls/communications are directed and re-routed to the department appropriate to handle them. Whenever possible, calls that need to be re-directed to a different department or external entity shall be done whenever possible through a “warm transfer.” Care Management Specialists, while they may utilize a clinical consult with a supervisor or team leader, shall handle all calls beginning to end. The only service determination calls that will be passed on are those requiring a review for denial of service. In those cases, the caller will either be placed on hold or will be called back within applicable determination timeframes while the physician or the fully licensed psychologist is consulted/reviews the case. The SWMBH and the ICO shall share member and provider communication materials to assure a consistent message and application of standards.

IV. Definitions

A. See NCQA glossary

V. References

A. None

VI. Attachments

A. None

