



Section: Clinical Practices	Procedure Name: Integrated Care Team Procedure	Procedure #: P12.02.01
Overarching Policy: 12.02 Integrated Healthcare		
Owner: Director of Clinical Quality	Reviewed By: Alena Lacey, MA, LPC and Jeannette Bayyapuneedi, MA, LPC, CAADC	Total Pages: 6
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: <i>Alena Lacey</i> <i>Jeannette Bayyapuneedi</i> <small>Jeannette Bayyapuneedi (Mar 3, 2023 14:07 EST)</small>	Date Approved: Mar 3, 2023
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan 1115 Waiver <input type="checkbox"/> Specialty Waiver (B/C) <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: 6/29/2020

Policy: 12.02 Integrated Healthcare

Purpose: The purpose of the Integrated Care Team meeting is to improve health outcomes by providing care coordination between behavioral and physical health providers while promoting patient centered care to reduce high Emergency Department (ED) use and inpatient (IP) admissions for members identified for Integrated Healthcare Team (ICT) enrollment in compliance with the Michigan Department of Health and Human Services (MDHHS) 1915 Waiver Program contract requirements.

Scope: The scope of this procedure includes all aspects of ICT Meetings to include meeting preparation, conduct and follow up on action items. SWMBH ICT staff may include a Registered Nurse (RN), Integrated Healthcare Specialist, Case Manager II or Case Manager III.

Responsibilities: Southwest Michigan Behavioral Health (SWMBH) ICT Staff i.e. Registered Nurse (RN), Integrated Healthcare Specialist, Case Manager II or Case Manager III are responsible for ICT meeting preparation and conduct, however as the pre-eminent Prepaid Inpatient Health Plan (PIHP), SWMBH staff will facilitate ICT meetings with a proactive approach to integrated care and when applicable, patient centered planning. SWMBH ICT staff will attend the designated Workgroup meetings and follow directives agreed upon by the workgroup to the extent that they are aligned with SWMBH policies and mission statement. ICT staff will work toward a resolution of differences between



MHP and the Workgroup and seek to clarify differentiation between Workgroup suggestions and State mandated activities.

All ICT activities will adhere to CFR 42, Part 2, Michigan Mental Health Code, and HIPAA, and will aim to direct coordinated care utilizing best practices, and as directed by the SWMBH P12.02.01 ICT Procedure, and other SWMBH policy as applicable.

Definitions: Integrated Care Team (ICT): The Integrated Care Team may include staff from, but is not limited to SWMBH, Michigan Health Plan (MHP), Community Mental Health (CMH) and primary care physician (PCP) staff participating in monthly care coordination with a shared goal of person-centered planning toward improved health outcomes. Accommodations may be made to include a member as part of their own ICT meeting upon request or can be facilitated if needed to improve an individual's health outcomes.

Procedure:

A. ICT Staff Responsibilities for ICT Meeting Preparation:

1. Run the risk stratification list utilizing Care Connect 360 for each MHP two weeks prior to the ICT meeting date. If no MHP member is identified on the Easy Tab, refine the member search using the Filter Tab.
2. Adjust the Filtered Tab options as needed to identify one new member per MHP, per month in the following order:
 - a. Reduce chronic conditions
 - b. Reduce ED visits
 - c. Increase number of months to six months
3. Prioritize member selection based on Workgroup priorities.
 - a. High emergency room (ER) use and high IP admissions
 - b. Non-emergent ED use
 - c. SPMI diagnoses
 - d. Active with PIHP
 - e. Recent behavioral health (BH) claims and physical health (PH) claims
4. Share selected member with MHP via encrypted email to seek agreement on member selection.
5. Consider adding more than one member per month:
 - a. If both PIHP and MHP have identified a high use member
 - b. If the total number of active members is ≤ 4 .
 - c. If more than one high use member was identified (≥ 6 ED use in three months).
6. Will email or call Community Mental Health (CMH) contact for Behavioral Health Consent assistance and for member updates regarding member individuals who are active in treatment, one week prior to ICT meetings.
 - a. Enter CMH informational updates in the next meeting minutes.
 - b. Enter the date of CMH contact and CMH response date on the Member Tracker.
7. Mail a consent letter for members not in active BH treatment. The consent will include SWMBH, MHP, and any other known treatment providers, or reasonably anticipated treatment providers entered on the form.



- a. All new or anticipated treatment providers added to the BH consent form should be identified in the consent cover letter.
 - b. Print the letter to mail and save E-signature letter to scan file.
 8. Call members as needed for:
 - a. Member notification of mailed consent letter.
 - b. Offer BH services and warm transfer if indicated.
 - c. Identify unmet needs such as housing and transportation.
 9. Complete member call attempts as follows:
 - a. A minimum of three attempts each month (between monthly ICT meetings)
 - b. On three different days of the week
 - c. At three different times of day
 - d. For three consecutive months for members with a substance use disorder (SUD) history, until the consent with all care coordinating agencies, is signed.
 10. Process the receipt of signed consent forms by:
 - a. Review signed consent to ensure completeness including a marked check box.
 - b. Fax signed consent to MHP, CMH as indicated and any other providers included on the form.
 - c. Scan and save signed consent in the Utilization Management (UM) Scan file for uploading to SmartCare.
 11. Prepare the ICT meeting minutes as follows:
 - a. Save last meeting minutes with new version date
 - b. Move completed action items to previous action items
 - c. Add CC360 updates since the last ICT meeting, enter as "per claims".
 - d. Add member call attempts and/or member contact updates.
 - e. Add CMH contact attempts and updates by date
 - f. Add follow up on all action items from previous month
 - g. Add new member and enter all available information.
 - h. Review SmartCare for SUD updates for members with a signed SUD consent.
- B. Responsibilities for ICT Meeting Conduct:
1. ICT Staff will prioritize members and adhere to the scheduled ICT meeting time.
 - a. If there are more than six members on the agenda ICT Staff will decide along with the MHP if there is flexibility to meet longer than the scheduled time, or quickly identify members with currently met needs, reduced ED use and continuing ICT for 3 months of ED use reduction, to table until the next month's meeting.
 2. ICT Staff will provide ICT meeting facilitation to ensure the identification of members' needs and any barriers to meeting those needs with a focus on improved health outcomes.
 - a. The SWMBH facilitator will confirm the previous month's meeting minutes are approved, or document requested edits or updates.
 - b. The SWMBH facilitator will be watchful of the time spent on each member and keep the conversation focused on primary ICT goals to include but not limited to:
 - i. Adherence to SWMBH, Michigan Mental Health Code and 42CFR, Part 2, protected health information guidelines. No SUD information will be shared during the ICT meetings without a signed SUD consent form.



- ii. Active connection to CMH and CMH updates
 - iii. Active connection with Primary Care Provider (PCP) and PCP and medical updates
 - iv. Need for and completion of HRA
 - v. Housing and transportation needs
 - vi. Reasons for continued ED use or IP admission and facilitation of referrals to specialists as needed.
 - vii. Follow up on the previous months action items to document completion or the identification of barriers
 - viii. Discuss any newly identified barriers to care and potential action items to address barriers.
 - ix. Identify high ED users with frequent narcotic Rx claims for potential Medication Adherence Program (MAP) monitoring
 - x. Identify members for potential patient management referral and / or Complex Case Management (CCM) referral.
3. ICT meeting minutes will be documented to reflect accurate descriptions and timing of all items discussed.
 - a. Meeting minutes will be taken to document the status of all items listed above as well as any other identified physical or behavioral health needs, and planned MHP and PIHP action items.
 4. Decisions to close Care Coordination Plan (CCP) for completion will be made based on the following criteria.
 - a. Stable for 3 months, meaning no chronic ED or IP visits
 - b. Active and/or stable with BH care or discharged from BH treatment.
 - c. Active with PCP
 5. Closing CCP criteria for difficult to reach members will include inability to contact or engage the member after the required phone and U.S. Mail contacts.
 - a. Phone contact attempts will meet the minimum requirements:
 - i. A minimum of three call attempts will be made each month for three months (between monthly ICT meetings)
 - ii. Member calls will be made on three different days of the week.
 - iii. Member calls will be made at three different times of day.
 - iv. U.S. Mail attempts will be completed for unable to reach members with one mailed letter per month for three consecutive months. All mailed member letters will include an E-signature and be uploaded into SmartCare as noted above.
- C. Responsibilities for ICT Meeting Conclusions:
1. Confirm the next meeting date and time is still acceptable to all ICT Staff. Review action items if not documented or are unclear.
 2. Send ICT Meeting Minutes for internal review within 5 days to allow time for review and edits and send to the MHP within 7 days.
 3. Send email approval for meeting minutes to be uploaded to SmartCare.
 4. Enter notes and tasks into CC360 CCP for each member discussed within 3 business days of the ICT meeting date.



5. Follow up on all PIHP action items within 5 business days of the ICT meeting date.
6. Send communications to MHP as needed (i.e., for dis-enrollments, relocated members, SNF placements, and updated contact information).

Effectiveness Criteria: SWMBH will use metrics established in the contract to measure effectiveness. In addition, SWMBH will analyze ED and IP utilization pre-ICT meetings, during ICT meetings and post-ICT meetings.

References:

- A. SWMBH 12.02 Integrated Healthcare
- B. SWMBH 12.11 Clinical Documentation
- C. MHL 12.7 Complex Case Management
- D. SWMBH 19.2 Protected Health Information -Minimum Necessary
- E. HIPAA
- F. 42CFR, Part 2

Attachments:

- A. ICT Meeting Minutes Template
- B. MDHHS-5515, Consent to Share Behavioral Health Information



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	8/22/2017	N/A: New Template	N/A: New Template	
1	TBD	Formatted Integrated Collaborative Care to New Template; added Scope and Responsibilities	Annual Review	Moira Kean Doug Stewart Sarah Green
2	9/23/2022	Updated name of overarching policy and referenced policies	Annual Review	Alena Lacey Jeannette Bayyapuneedi










P12.02.01 Integrated Care Team

Final Audit Report

2023-03-03

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