



Section: <b>Clinical Practices</b>	Procedure Name: <b>Physical Health Communication</b>	Procedure #: <b>P12.02.03</b>
Overarching Policy: <b>12.02 Integrated Healthcare</b>		
Owner: <b>Director of Quality Management and Clinical Outcomes</b>	Reviewed By: <b>Alena Lacey, MA, LPC and Jeannette Bayyapuneedi, MA, LPC, CAADC</b>	Total Pages: <b>4</b>
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 (May 17, 2024 13:57 EDT)</small>	Date Approved: <b>May 17, 2024</b>
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 type="checkbox"/> Other (please specify): _____ <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link <input type="checkbox"/> CCBHC	Effective Date: <b>04/16/2018</b>

**Policy:** 12.02 Integrated Healthcare

**Purpose:** The purpose of physical health (PH) communication is to facilitate coordination of care between behavioral health and physical health providers, and to promote compliance with the requirements of the Michigan Department of Health and Human Services (MDHHS) - Southwest Michigan Behavioral Health (SWMBH) Master Contract and the Three-Way Contract between the Centers for Medicare and Medicaid Services (CMS), the Integrated Care Organizations (ICOs), and MDHHS. Coordination of care aims to eliminate duplication of services, reduce Emergency Department (ED) use and inpatient (IP) admissions for members, and reduce healthcare costs.

**Scope:** SWMBH and its Provider Network, including CMHSPs and all contracted and subcontracted providers, will work to eliminate barriers to communication and coordination of care between Mental Health providers, Substance Use Disorder (SUD) providers and PH providers. Providers will seek to secure executed Consent to Share Behavioral Health Information for Care Coordination Purposes (MDHHS-5515) forms from members, listing the member’s behavioral health provider(s), physical health provider(s) (including Primary Care Physician (PCP)), SWMBH, and any other applicable payers (Medicaid Health Plan, Integrated Care Organization, etc.). Providers will document if the member refuses to give such consent.

A valid Consent form must be obtained prior to sharing any SUD information.<sup>1</sup> Mental health information may be shared without a signed Consent form if it is shared for the purpose of treatment, payment or coordination of care.<sup>2</sup> Providers are ultimately responsible for ensuring uses and disclosures of members’ Protected Health Information (PHI) comply with applicable privacy rules and regulations including but not limited to HIPAA, MI Mental Health Code, and 42 CFR Part 2.



**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:**

- A. Integrated Healthcare: Improve health outcomes by providing care coordination between behavioral and physical health providers while promoting patient centered care.
- B. Significant: Important or of consequence, unlikely to occur by chance and therefore indicates a systemic cause.
- C. SWMBH Providers: Reference to all SWMBH Providers includes the following:
  - 1. Community Mental Health Service Provider (CMHSP)
  - 2. Mental Health and/or Intellectual & Developmental Disability Provider (MH/IDD Provider)
  - 3. Substance Use Disorder Treatment Provider (SUD Provider)

**Procedure:**

- D. All Providers (CMHSP, MH/DD and SUD Providers) shall have a process in place for the communication of behavioral health information for all members to each members' primary care physician (PCP).
- E. In accordance with applicable privacy rules and regulations, Providers will send behavioral health information to the member's PCP at intervals necessary to coordinate care, including but not limited to the following occasions:
  - 1. Intake assessments
  - 2. IP admission or IP discharge
  - 3. Change in Level of Care
    - a. Medication changes or significant adverse events
    - b. Significant change in services
    - c. Termination of services or death
- C. Format of Communications.
  - 1. SWMBH Form. Providers may use the attached SWMBH Communication Form to



- communicate with members' PCPs for the purpose of coordinating care.
  - 2. Provider Specific Form. Providers may develop their own form to use to communicate with members' PCPs for the purpose of coordinating care. It should include at least the elements listed above in Section B.
  - 4. Form Letter. Providers may utilize a form letter to communicate with members' PCPs and attach paper medical records as necessary to coordinate care.
- D. The initial communication to PCP for each member should include the elements listed below as necessary to coordinate care for the member.
- 1. Client Identifiers (name, date of birth (DOB), Medicaid ID)
  - 2. BH Providers names and phone numbers
  - 3. Medical Health Providers' names and phone numbers if known
  - 5. Reason for PH communication
  - 6. Behavioral health medication list
  - 7. CMHSP only- Physical Health Assessments (if no PCP visit in the past 12 months) to include:
    - a. Blood pressure
    - b. Blood sugar (including date, time, result and time of last meal)
    - c. Body Mass Index (BMI)
  - 8. Requests for physical health information as needed.
  - 9. Subsequent communications should include any significant changes as necessary to coordinate care for the member.

**References:**

- A. SWMBH\_12.02\_Integrated Care
- B. PIHP Specialty Services and Support Master Contract
- C. MHL, MDHHS, CMS, ICO Three-Way Contract
- D. MDHHS-5515, Consent to Share Behavioral Health Information
- E. 42CFR, Part 2
- F. HIPAA
- G. Michigan Mental Health Code
- H. SWMBH\_19.02\_Protected\_Health\_Information-Minimum Necessary
- I. NCQA Standard CC-1C Coordination of Behavioral Health Care Services and Communications.
- J. THE AMERICAN PSYCHIATRIC ASSOCIATION PRACTICE GUIDELINES FOR THE Psychiatric Evaluation of Adults, THIRD EDITION, GUIDELINE VI. Assessment of Medical Health

**Attachments:**

P12.02.03A Care Communication Form



**Revision History**

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	04/19/2024	N/A: New Template	N/A: New Template	Alena Lacey

<sup>i</sup> Alcohol and substance abuse records are afforded heightened confidentiality protections under 42 CFR Part 2.  
<sup>ii</sup> Permitted disclosure without consent under HIPAA's "Treatment, Payment, Healthcare Operations" (TPO) exception at 45 CFR §164.502, and Michigan Public Act 559 of 2017 amending the Michigan Mental Health Code, codified at MCL 330.1748(7) (b).










# P12.02.03 Physical Health Communication Procedure

Final Audit Report

2024-05-17

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-  Agreement completed.  
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Name: \_\_\_\_\_

**Care Coordination Form**  
(New information or updates)

MHP: \_\_\_\_\_

DOB: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

Date of Communication: \_\_\_\_\_ Completed by: \_\_\_\_\_

BH Provider			Medical Provider		
Agency:	(name)	(fax)	Clinic /Office:	(name)	(fax)
BH Psychiatrist	(name)	(phone)	PCP:	(name)	(phone)
BH Agency	(name)	(phone)	Specialist:	(name)	(phone)
Other:	(name)	(phone)	Other:	(name)	(phone)

**Reason for Communication**

Intake Notification		IP Admission	At:	Change in Level of Care (check one)	
Date Services Initiated:		Pre-Admission Screening (date):		Change in medications (new or adverse event changes)	
Assessment Date:		Continuing Stay Review (date):		Significant change in level or type of care	
Diagnosis:		Crisis Admission (date):		Termination of services	
Other:		Discharge (date):		Date:	

**BH Medication List**

Medication (see attached list <input type="checkbox"/> )	Dose	Frequency	Start Date <small>(or check for new med)</small>	Discontinued Date <small>(or check for recently discontinued)</small>

**Current BH Services** (check once for authorized and twice for attending, on all that apply)

Individual Therapy		Dialectical Behavior Therapy		SUD Tx (check only with ROI confirmed)	
Group Therapy		Cognitive Behavioral Therapy		Community Living Support	
Case Management		Assertive Community Tx		Wraparound	
Homebased		Supported Employment		Other:	

**Shared Physical and Behavioral Health Information**

Last PCP Visit Date: \_\_\_\_\_ or HSA completion date: \_\_\_\_\_ (if > 1 year, CMSP complete the table below), or  Client Refused

Assessment	Date	Result	Assessment	Date	Result
Blood Pressure			Hgb A1c, (or glucose level below)		
BMI			Blood glucose time: _____		
			<input type="checkbox"/> Fasting, or Time of last meal: _____		

Physical Health information requested (check all that apply)

<input type="checkbox"/>	Medical Conditions	<input type="checkbox"/>	Test results	<input type="checkbox"/>	Medication List	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Medical Admissions	<input type="checkbox"/>	Medical services	<input type="checkbox"/>	Specialists:	<input type="checkbox"/>	Other:

Consent for release of information attached

