SWMBH Operating Procedure 12.2.3

Subject: Physical Health Communication	**Accountability:** Clinical Practices	**Effective Date:** 4/16/2018	Pages: 2
Overarching Policy: SWMBH 12.2 Integrated Healthcare policy		Last Reviewed Date: 4/16/18	Past Reviewed Dates: 12/7/17
LINE OF BUSINESS: ☒ Specialty Waiver (B/C) ☒ 1115 Waiver ☒ Healthy Michigan ☒ SUD Medicaid ☒ SUD Block Grant ☒ MI Health Link ☐ OTHER: _____	**APPLICATION:** ☒ SWMBH Staff and Ops ☒ Participant CMHSPs ☒ SUD Providers ☒ MH / DD providers ☐ Other:_____	Last Revised Date: 4/16/18	Past Revised Dates:
Approved : Date: 4/17/18		Required Reviewer: Chief Clinical Officer	

I. 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.

II. 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.[i] 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.[ii] 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.

III. Procedural Steps

A. 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).

B. 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.

IV. 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 Developmental Disability Provider (MH/DD Provider)
    3. Substance Use Disorder Treatment Provider (SUD Provider)

V. References

A. SWMBH_12.2_Integrated_Collaborative_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_19.2_Protected_Health_Information_Authority_and_Responsibility_of_Individual_Staff
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

VI. Attachments

A. SWMBH P12.2.3A Physical Health Communication Form

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[i] Alcohol and substance abuse records are afforded heightened confidentiality protections under 42 CFR Part 2.
[ii] 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).

Name:_____ **Care Coordination Form** MHP:_____

(New information or updates)

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 ☐)	**Dose**	**Frequency**	**Start Date** (or check for new med)	**Discontinued Date** (or check for recently discontinued)

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:_____ ☐ Fasting, or Time of last meal:_____		

Physical Health information requested (check all that apply)

	Medical Conditions			Test results			Medication List			Other:
	Medical Admissions			Medical services			Specialists:			Other:

☐ Consent for release of information attached