

<b>SUBJECT</b> Care Connect 360 User Guidelines		<b>CHAPTER</b> 03	<b>SECTION</b> 01	<b>SUBJECT</b> 09
<b>CHAPTER</b> Information Management		<b>SECTION</b> Technology		
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I. APPLICATION:

- PIHP Board                       CMH Providers                       SUD Providers  
 PIHP Staff                       CMH Subcontractors

II. POLICY STATEMENT:

Region 10 PIHP shall provide CMHSP program and practitioner guidance on the use of the CareConnect360 system. CMHSP programs and practitioners shall utilize CareConnect360 in compliance with this data system’s authorized use as well as the MDHHS-PIHP contract amendment requiring its use.

III. DEFINITIONS:

- A. **CareConnect360** is a State of Michigan (SOM), secure, web-based application designed to facilitate care coordination and care integration for persons who are Medicaid beneficiaries. Care coordination and care integration may be addressed at the practitioner, provider program, and network entity level, focusing on individuals, programs, and populations (clinical, community and regional). Based on medical services claims data, CareConnect 360 provides a comprehensive range of vital cross-systems clinical information pertaining to behavioral health, intellectual / developmental disability, physical health, long-term care, and home help. CareConnect360 also functions as a collaborative tool between Medicaid Health Plan (MHPs), Integrated Care Organization (ICOs), Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Service Providers (CMHSPs), thus to ensure beneficiary access to care, treatment planning, and care coordination.
- B. **Protected Health Information (PHI)** under US law is any information about health status, provision of health care, or payment for health care that is created or collected by a "Covered Entity" (or a Business Associate of a Covered Entity) and can be linked to a specific individual. PHI is interpreted rather broadly and includes any part of a patient's medical record or payment history.

IV. STANDARDS:

- A. Before allowing a user to access CareConnect360 data, CMHSPs shall ensure the user has received training on the sensitive and appropriate use of CareConnect360 information, including but not limited to: Health Insurance Portability and Accountability Act (HIPAA) privacy provisions, Mental Health Code confidentiality requirements, and disclosure of highly sensitive Protected Health Information (PHI); note - due to Federal confidentiality requirements, medical services claim with a primary diagnosis of Substance Use Disorder

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(SUD) are not included in CareConnect360.

- B. CMHSP Practitioners (case holders – case managers / clinicians, medical staff) shall utilize CareConnect360 on behalf of persons-served on their respective case-loads, primarily accessing information on a per-individual basis.
  - C. CMHSP program managers / administrators shall utilize CareConnect360 to provide a) supervisory oversight of practitioner utilization of CareConnect360, and b) program-level population analyses and case-finding activities, in part to ensure that consumers with health-related / care coordination issues are being identified and addressed.
  - D. PIHP/CMHSP program administrators shall maintain a CareConnect360 registration list to a) monitor agency use of the system, as well as to directly work within the system to conduct b) agency / community-based population analysis, and c) utilization management activities, in part to ensure effective program use and agency evaluation / planning activities on behalf of beneficiaries served by the PIHP/CMHSP.
  - E. Use of the Care Connection 360 My Messages and My Lists section is not endorsed.
  - F. MDHHS requires PIHP / MHP / CMH collaboration on behalf of persons-served across entities through the shared use of CareConnect360. Collaborative practice will take place in terms a) shared consumer lists, and b) strategic case-finding per risk stratification criteria, and c) joint care management meetings, thus to provide plan-to-plan coordination of services, i.e. joint care plans. Collaboration will take place across provider, manager and administrative levels as well as engage primary care. Referrals for joint care plans may also take place as per initiated at the practitioner level.
- V. PROCEDURES:
- A. PIHP/CMHSP staff shall individually obtain CareConnect360 access:
    - Complete the MILogin Request Application Process (Exhibit A – SOM CareConnect360 Application, CareConnect360 Quick Reference Guide)
    - Complete the applicable training modules
  - B. PIHP/CMHSP staff shall utilize CareConnect360 features as per within the:
    - CareConnect360 technical trainings
    - Ongoing Terms & Conditions for use
    - Intended level of use
- VI. EXHIBITS:
- A. SOM CareConnect360 Application, CareConnect360 Quick Reference Guide

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**ATTACHMENT A**

## CareConnect360 Applications Across Levels of Use

### Practitioner Level

Practitioners (clinicians, case managers, and allied professional staff) shall access CareConnect360 on a per-case basis within their respective case lists, to

- Inform the Biopsychosocial assessment process
- Inform the Person-Centered Planning process
- Inform the Periodic Review process
- Inform the Medication Review process
- Conduct strategic queries between assessments and reviews regarding medical services, to
  - o Identify overall medical services utilization
  - o Track health issues, including High Needs
  - o Track ED Utilization
  - o Identify prescription medication adherence / non-adherence / other use issues
- Facilitate case holder coordination of care and service partnering with primary care and MHP-PIHP integrated care plans (enter clinical information in the plan-to-plan care coordination tool)

### Provider Program (CMHSP) Level

Provider program (CMHSP) managers shall access CareConnect360 on a per-case basis, to

- Monitor and provide applicable supervisory oversight (e.g. ensuring practitioner follow-through with Care Alerts)

Provider program (CMHSP) managers and administrators shall access CareConnect360 on a population-served basis, to

- Identify
  - o Prevailing clinical issues (e.g. medication adherence / medication issues, co-morbidity)
  - o Prevailing service needs (e.g. psycho-education, links to community resources)
  - o Cases for targeted Utilization Review
- Inform service planning and evaluation (i.e. access CareConnect360 *Client Summary* to denote various health and treatment engagement issues, IP utilization, medication issues, High Needs, ED utilization, medical co-morbidity)
- Inform lethal case reviews and sentinel event reviews

### PIHP / CMHSP Level

PIHP / CMHSP administrators shall access CareConnect360 on a population-served basis, to

- Monitor network use of the system
- Conduct network and regional population analyses
- Inform Utilization Management functions

### PIHP Level

In addition to the above, PIHP staff shall access CareConnect360 on a population-served basis

- Access clinical staff inform the screening process
  - o Enter medical services utilization information

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- Facilitate case holder coordination of care and service partnering with primary care and MHP-PIHP integrated care plans (enter clinical information in the plan-to-plan care coordination tool)
- Access administrative staff
  - Monitor network use of the system
  - Conduct regional population analyses (e.g. prevention and service planning / impact)