

SUBJECT Collaborative Work between Health Care		CHAPTER 06	SECTION 02	SUBJECT 01
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I. APPLICATION:

- PIHP Board CMH Providers SUD Providers
 PIHP Staff CMH Subcontractors

II. POLICY STATEMENT:

It shall be the policy of the Region 10 PIHP that its Provider Network will collaborate with local public and private community-based organizations and health care providers to address prevalent human conditions and issues that relate to a shared customer base to provide a more holistic health care experience for the individual.

III. DEFINITIONS:

Beneficiary: An individual who is eligible for Medicaid and who is receiving or may qualify to receive services through the PIHP.

Care Coordination: A set of activities designed to ensure needed, appropriate and cost-effective care for beneficiaries. As a component of overall care management, care coordination activities focus on ensuring timely information, communication, and collaboration across a care team and between Responsible Plans. Major priorities for care coordination in the context of a care management plan include:

- Outreach and contacts/communication to support patient engagement,
- Conducting screening, record review and documentation as part of Evaluation and Assessment,
- Tracking and facilitating follow up on lab tests and referrals,
- Care Planning,
- Managing transitions of care activities to support continuity of care,
- Address social supports and making linkages to services addressing housing, food, etc., and
- Monitoring, Reporting and Documentation

Collaboration: Formal partnered agreements among service providers/practitioners that result in coordinated systems of care, as detailed within a person’s comprehensive plan of service.

Continuity of Care: The quality of care over time, including both the beneficiaries’ experience of a ‘continuous caring relationship’ with an identified health care professional and the delivery of a ‘seamless service’ through integration, coordination and the sharing of information between different providers.

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Provider: CMHSP and SUD providers, individual or corporation; any CMHSP subcontracted provider/practitioner, individual or corporation.

IV. STANDARDS:

- A. Primary care and specialty behavioral health specialty services shall be integrated for Medicaid beneficiaries with focused care coordination efforts.
- B. The PIHP and Providers shall, during the process of coordinating care, ensure beneficiary's privacy in accordance with the privacy requirements found in 45 CFR parts 160 and 164 subparts A and E.
- C. PIHP shall ensure:
 1. Contract agreements with identified Medicaid Health Plans (MHPs) are up to date and ongoing.
 2. Its Quality Assessment and Performance Improvement Programs (QAPIP) Performance Improvement Projects (PIPs) address continuity and coordination of care.
 3. Care coordination and continuity of care are addressed (e.g. procedures, Provider contracts, oversight / monitoring).
 4. The standard release form, Michigan Department of Health and Human Services (MDHHS) 5515, is used, accepted, and honored.
- D. Providers shall ensure:
 1. Care coordination and continuity of care are incorporated into beneficiary planning, service provision and service discontinuation.
 2. Coordination with Primary Care Physicians (PCPs), MHPs, or any other healthcare provider, agencies, natural or community supports are identified in the beneficiary's plan.
 3. Beneficiaries shall have access to an ongoing source of primary care appropriate to his/her needs and a person or entity formally designated as primarily responsible for coordinating services.
 4. Initial screenings of each beneficiary's needs are conducted within 90 days of the effective date of enrollment for all new beneficiaries, including subsequent attempts if the initial attempt to contact the beneficiary is unsuccessful.
 5. Behavioral health records are maintained and shared in accordance with professional standards.
 6. Clinical information is shared with those identified in the person's plan of service to thereby facilitate care and avoid duplication of services.
 7. Individuals who do not have a primary care medical practitioner will be provided 1) a service goal to obtain a primary care medical practitioner or 2) a risk v. choice goal to educate the consumer about health risks associated with his/her behavioral health condition and the advantages of having a primary care medical practitioner.
 8. Responsibility for contract requirements as identified by the PIHP, including delegated functions.
 9. The standard release form, MDHHS-5515, is used, accepted, and honored.
- E. PIHP and CMHSP Providers shall ensure:
 1. Coordination between MHPs, the PIHP, and CMHSP Providers will occur for shared members with appropriate severity/risk (i.e. frequency of emergency department visits, PCP visits, and

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number of chronic conditions) during the monthly Interactive Care Plan (ICP) meetings, per the MDHHS requirement to implement joint care management processes.

2. CareConnect360 (CC360) shall be used for secure data sharing and storage of ICPs. CMHSP Provider responsibilities are more specifically outlined in the PIHP / CMHSP Provider contract agreement.

3. Local standards and monitoring mechanisms are in place delineating the contingencies under which behavioral health practitioners communicate with the primary care medical practitioner.

V. PROCEDURES:

A. **The PIHP will:**

1. Maintain written coordination agreements with each MHP serving within the PIHP region.
2. Include PIPs addressing continuity and coordination of care in the QAPIP.
3. Take appropriate steps to ensure care coordination and continuity of care is addressed (e.g. procedures, Provider contracts, oversight / monitoring).
4. Use, accept, and honor the standard release form, MDHHS-5515, and will maintain the PIHP Behavioral Consent Form Policy 03.03.03 and form on the PIHP website.
5. Coordinate with entities through participation in multi-purpose collaborative bodies.

B. **Providers will:**

1. Incorporate care coordination and continuity of care into beneficiary planning, service provision and service discontinuation.
2. Identify coordination with PCPs, MHPs, or any other healthcare provider, agencies, natural or community supports in the beneficiary's plan.
3. Provide beneficiaries access to an ongoing source of primary care appropriate to his/her needs and a person or entity formally designated as primarily responsible for coordinating services, and information on how to contact the designated person or entity.
4. Make a best effort to conduct initial screenings of each beneficiary's needs within 90 days of the effective date of enrollment for all new beneficiaries, including subsequent attempts if the initial attempt to contact the beneficiary is unsuccessful.
5. Maintain and share, as appropriate, a beneficiary health record in accordance with professional standards.
6. Share clinical information, as appropriate, with those identified in the person's plan of service to thereby facilitate care and avoid duplication of services.
7. Provide 1) a service goal to obtain a primary care medical practitioner or 2) a risk v. choice goal to educate the beneficiary about health risks associated with his/her behavioral health condition and the advantages of having a primary care medical practitioner, if a beneficiary does not have a PCP.
8. Generate written coordination agreements with primary care/health care providers.
9. Identify coordination with PCPs, MHPs, or any other healthcare provider, agencies, natural or community supports in the beneficiary's plan.
10. Develop service coordination agreements with each of the pertinent public and private community-based organizations and providers to address issues that relate to a shared consumer base.
11. Coordinate with entities through participation in multi-purpose collaborative bodies.

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C. PIHP and CMHSP Providers will:

1. Coordinate and participate in monthly ICP meetings with the MHPs, PIHP, and CMHSP Providers.
2. Utilize CC360 for secure data sharing and storage of ICPs, and in accordance with requirements outlined in the PIHP / CMHSP Provider contract agreement.
- 4.3. Implement and abide by local standards and monitoring mechanisms which delineate the contingencies under which behavioral health practitioners communicate with the primary care medical practitioner.

VI. REFERENCES

42 CFR 438.208
45 CFR Part 160, Subparts A and E
42 CFR Part 164, Subparts A and E

VII. EXHIBITS: N/A

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