BAY-ARENAC BEHAVIORAL HEALTH
POLICIES AND PROCEDURES MANUAL

Chapter: 4	**Care and Treatment**		
Section: 4	**Eligibility, Intake and Utilization Management**		
Topic: 43	**Coordination of Care**		
Page: 1 of 7	**(BABH) Supersedes: Pol: Proc: 5-19-15, 9-19-08, 12-(C11-S04-T06, 6-2-06)**	**(BABH) Date: Pol: 12-21-06 Proc: 6-8-18**	_____ *Board Chairperson Signature*
Affiliation CEO Approval Date:			_____ *Chief Executive Officer Signature*
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Policy

It is the policy of Bay-Arenac Behavioral Health (BABH) to coordinate the health care services it provides to beneficiaries with other services the beneficiary receives. This will include, at a minimum, all consumers expected to be in services for an extended period of time or those receiving psychotropic medications.

Purpose

This policy and procedure is established to ensure continuity and coordination of care for individuals served by the organization.

Applicability

☐ All BABH Staff
☒ Selected BABH Staff, as follows: All Clinical and Clinical Management; Nurse Team Leader, Clinic and Residential Nursing Staff, all prescriber staff.
☒ All Contracted Providers: ☐ Policy Only ☒ Policy and Procedure
☐ Selected Contracted Providers, as follows:
☐ Policy Only ☐ Policy and Procedure
☐ Other:

Definitions

Coverage Eligibility: The financial/economic/developmental condition of the individual which indicates the type of coverage, i.e., Medicaid eligibility, which may or may not be available to cover the consumer for the provision of specialty mental health supports and services.

Medicaid Health Plan (MHP): An organization responsible for health care services and non-specialty level mental health services of its beneficiaries.

Pre-paid Inpatient Health Plan (PIHP): An organization that manages Medicaid specialty services under the state's approved Waiver program, on a prepaid, shared-risk basis, consistent with the requirements of 42 CFR part 401 et al June 14, 2002, regarding Medicaid managed care.

Primary Case Holder: The primary clinician (Community Mental Health Services Program (CMHSP) or contract provider) responsible for implementation of the Individual Plan of Service and oversight of the consumer's Individual Plan of Service (IPOS).

Primary Physical Healthcare Provider (PHP): The licensed practitioner that oversees a person's health and wellness, provides counsel on ways to stay healthy, and coordinates healthcare services. The Primary Physical Healthcare Provider provides basic medical care that a person needs for routine physicals and minor problems.

Protected Health Information (PHI): Information about the current and historical treatment of any physical or mental health condition of a consumer.

Service Eligibility: The clinical criteria necessary to be met for an individual to be considered appropriate for specialty mental health services and supports.

Procedure

I. PIHP-Delegated to CMHSP Level

1. The procedure covers all populations; including individuals who receive services for individuals with mental illness and/or intellectual/developmental disabilities. The CMHSP shall adhere to all HIPAA guidelines. HIPAA guidelines delineate conditions for disclosure to Medicaid and other health plans.

2. The Emergency and Access Services (EAS) Staff will obtain the individual demographic/eligibility information relating to individual's appropriateness for service, including the documentation of the individuals MHP if the individual is enrolled with an MHP.

3. EAS will obtain information related to the individual's mental health, physical health, and substance use needs during the Access screening process within the electronic health record (EHR). This includes a provisional determination as to whether the individual meets eligibility criteria for specialty mental health services.

4. If the individual meets provisional eligibility criteria, EAS will send a referral to the appropriate internal or external assessment specialist who is responsible for completing an initial assessment to determine if medical necessity criteria are met for specialty mental health services and supports.

5. The service provider will send a letter of care coordination to the individuals PHP for all new individuals who, have met medical necessity criteria for specialty mental health services, and who are receiving active/ongoing specialty mental health services. Once the individual has received the initial assessment, the Individual Plan of Service has been complete, and the individual has attended two or more subsequent appointments (is open/active with specialty mental health services), the CMHSP sends a coordination letter to the individuals PHP.

6. The coordination letter shall include the individual's name, Medicaid ID number, specialty mental health services being provided to the individual, diagnosis, and the treating provider organization.

7. The Primary Case Holder agency will initiate coordination of physical health and substance use disorder services as needed.

8. Coverage eligibility changes and coordination of care activities (i.e. Primary Physical Healthcare Provider, substance use disorder services, etc.) shall be the responsibility of the Primary Case.

9. During site reviews, the clinical record will be reviewed to determine providers' compliance with coordination of care activities.

II. Primary Case Holder-Level

During the initial intake/assessment and thereafter, while the person served is receiving services through BABHA, the primary case holder (client services specialist or nurse as appropriate) or treating professional will be responsible for the coordination and problem-solving function

designed to maintain continuity of care services for the individual. The person served will be shown courtesy, respect, and cultural sensitivity.

Coordination of care will include linking the individual to services provided through BABHA and making referrals and transfers to other providers of services (e.g., housing, vocational, educational, medical, social, recreational, financial resources, Department of Health and Human Services (DHHS), and natural supports).

Coordination of care needs will be identified at intake, for any significant changes of services or care and during the annual review with the person served.

The processes below will require an appropriately signed consent form, but for situations involving a substantial probability of harm to the individual, a signed consent form is not needed to communicate with the primary health care professional or other concerned health care specialists (as referenced in the Michigan Mental Health Code, 330.1748, Sec. 748, 7c.)

A. Individuals receiving Core Services - Primary Case Holder:

1. If the consumer has no health insurance coverage at the start of treatment, the consumer's Primary Case Holder shall determine whether eligibility for Medicaid is a possibility and take the appropriate steps to assist the consumer.

2. As applicable, the Primary Physical Healthcare Provider (PHP) will be identified for every consumer receiving specialty mental health services.

3. The consumer's Primary Case Holder shall ensure that the consumer is offered the opportunity and assistance (as appropriate) to obtain a PHP, regardless of the fund source covering consumer services, e.g. general fund, Medicaid.

4. Coordination of Care with the Primary PHP shall, at a minimum, be provided to individuals for whom services and supports are expected to be provided for extended periods of time (e.g. case management or supports coordination) and those receiving psychotropic medications.

5. The Primary Case Holder will identify any relevant health issues or co-occurring issues in the consumer's assessment and/or the Individual Plan of Service (IPOS) and coordinate with the individuals PHP and/or co-occurring treatment providers as appropriate, to address common issues of health, safety, and related treatment issues.

6. The Primary Case Holder will share at least annually (or upon significant change in condition or medication), as authorized by the individual/parent/guardian, information regarding the individual's mental health care, with the PHP and/or co-occurring treatment providers.

B. Individual Receiving Medication Management Services:

After the initial psychiatric evaluation and thereafter, while the individual is receiving psychiatric services through BABHA, the primary prescribing professional (e.g., physician, physician assistant, nurse practitioner) will be responsible to ensure a Coordination of Care letter is sent to the individual's primary health care professional to maintain continuity of care for the individual.

1. After the initial psychiatric contact, the Coordination of Care letter from the prescribing professional will be generated by designated staff (e.g., secretarial support) at the service site. The letter will be completed, approved and signed by the prescribing professional before being sent to the primary health care professional.

2. A follow-up psychiatric contact Coordination of Care letter from the prescribing professional will be completed at least annually. A letter may also be sent with significant medical changes, based upon the prescribing professional's determination (e.g., changes in medication from one classification to another classification, adverse reactions to medications and/or with significant changes in doses).

III. Other Services

1. If the person served has contact with the Emergency and Access Services department and signs the appropriate consent, a copy of the pre-admission screening will be sent to the individual's primary health care professional.

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Attachments

N/A

Related Forms

Coordination of Care Consent Form (G:\BABH\Clinical Services\Master Clinical Files)

Related Materials

N/A

References/Legal Authority

1. 45 CFR Parts 160, 162 and 164
2. BABH Policy and Procedure C13-S01-T11, “Disclosures to Medicaid and Other Health Plans.”
3. MI Medicaid Provider Manual, Mental Health and Substance Use Disorder chapters.

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SUBMISSION FORM				
AUTHOR/ REVIEWER	**APPROVING BODY/COMMITTEE/ SUPERVISOR**	**APPROVAL /REVIEW DATE**	**ACTION (Deletion, New, No Changes, Replacement or Revision)**	**REASON FOR ACTION - If replacement list policy to be replaced**
J. Hahn	C. Pinter	09/19/08	Revision	Increased consistency with Medicaid requirements
J. Hahn	C. Pinter	05/19/15	Revision	Renumbered from C11-S04-T07 (AAM policy) and merged with C04-S01-T03 Coordination of Care (archived). Update to reflect current process
S. Krasinski K. Moore	K. Moore	6/8/18	Revision	Review: Update language and current processes.
S. Krasinski	J. Hahn	8/2/21	Revision	Triennial review and minor revisions
J. Hahn	J. Hahn	10-30-2024	Revisions	Triennial review: updates in process