HEALTH PLAN POLICY				
Title: Behavioral Health Care Coordination	Number: MCM03 Revision: I			
Department: Medical Management	Sub-Department: Care Management			
Applicable Lines of Business: □ Children's Health Insurance Plan ⊠ Medicare				
☐ Commercial	I Insured ☐ Non-Insured Business			
	rance Exchange 🛮 USFHP			
☐ Medicaid				
Effective Date: 04/01/2015				
Revision Date(s): 03/04/2016, 06/01/2017, 09/20/2018, 11/25/2019, 11/17/2020, 08/17/2021,				
08/25/2022, 05/22/2023, 04/04/2024				

PURPOSE:

The purpose of this policy is to provide guidelines for care coordination for Health Plan members with behavioral health conditions.

DEFINITIONS AND ACRONYMS:

• **Primary Care Provider (PCP)** – A health care practitioner (a physician, physician assistant, or nurse practitioner) chosen by or assigned to a member that provides primary care and provides other medical services.

POLICY:

The Health Plan provides behavioral health and substance abuse programs and services to eligible members. The Medical Management department will facilitate coordination of care among participating providers to promote collaboration between medical and behavioral health care services and ensure continuity of care for members with behavioral health conditions.

- A. Accessible Treatment and Early Intervention Medical Management staff will screen for members who may benefit from behavioral health services as a routine function of the medical management process. These screening activities include:
 - 1. Evaluation of data from health risk assessments, case and/or disease management assessments, and concurrent reviews to identify members with potential coexisting medical and behavioral problems.
 - 2. Review of pharmacy data to identify members on psychopharmacological medications, evaluation of appropriate use of medications prescribed by behavioral health and medical practitioner and identification of issues related to multiple-prescribing practitioners.
 - 3. Data provided by EMR reports and CareEverywhere HIE, Claims and Diagnosis Reports from Business Intelligence and/or other internal and external reporting and identification sources as applicable
- B. Health plan members may self-refer to participating behavioral health providers.

Behavior Health Crisis Calls

1. In the event a CHP representative receives a call from a member requiring emergent behavioral health intervention, the representative will alert another team member of the situation to ensure the correct crisis call actions are taken.

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- 2. The CHP representative will ask for consent to warm transfer the caller to the behavior health professional. The caller is at liberty to decline this transfer, in which they will stay on the line with the original CHP representative.
- 3. If the caller agrees, the health plan representative will conference the call with the behavioral health professional and disconnect after confirming the member has direct contact with the provided individual.
- 4. If the member refuses to be connected with the behavioral health professional, the CHP representative will maintain contact with the member and signal a team member to dial 911. The plan representative will attempt to maintain contact with the member until emergency medical personnel are present on site.
- 5. The CHP representative will notify the member(s) BH provider or PCP listed in the EMR.
- 6. A case will be assigned to the behavioral health social worker to complete a follow-up outreach attempt the following day.

C. Exchange of Information

- 1. Information is shared among Medical Management, the behavioral health vendor and participating behavioral health and medical health providers to ensure interactions with the member result in appropriate coordination between medical and behavioral health care.
- 2. A written medical record/release of information consent form is obtained by the medical or behavioral health provider from the member, parent of a member, or legal guardian of a member. The consent is maintained in the medical or behavioral health record.
- 3. The PCP and behavioral health care provider will share pertinent history and test results in a timely manner, based on the provider's assessment of the clinical urgency.
- 4. Medical and behavioral health providers are required to refer the member for services outside of their respective scope of practice. Providers will work collaboratively to coordinate the member's health care needs.
- 5. The Medical Management staff will assist in coordinating member needs and encourage members to access the behavioral health benefit at the time behavioral health issues are identified.
- 6. The Medical Management staff will monitor the behavioral health coordination activity for the health plan members from an oversight perspective.

D. Prevention Programs

- 1. The Medical Management department will work with the behavioral health vendor and other participating behavioral health care practitioners, PCPs, medical/surgical specialists, organizational providers and other community and state resources to develop primary and secondary prevention programs for behavioral health.
- 2. These programs can include:
 - a. Educational programs to promote prevention of substance abuse
 - b. Parenting skills training
 - c. Developmental screening for children
 - d. Attention deficit hyperactivity disorder screening
 - e. Postpartum depression screening

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E. Staff Involvement

In aspects of the Medical Management program, there is a dedicated behavioral healthcare practitioner and behavioral health professional (Social Worker).

1. Behavioral Health Practitioner

- a. Dedicated to the Medical Management program with a focus on behavioral health
- b. Provides expertise and support in the clinical management of patients with mental and chemical health care needs
- c. Facilitates planning, organizing, and coordinating the behavioral health activities within the Medical Management department
- d. Participates in regular communication and coordination meetings with the Medical Management team
- e. Attends the Medical Management Committee Meetings to contribute insights on behavioral health aspects
- f. Contributes to and approves clinical practice guidelines for Behavioral Health within the Medical Management program
- g. Participates in the evaluation and approval process for new technology related to Behavioral Health
- h. Assists in the development and implementation of strategies to enhance the effectiveness of behavioral health care coordination
- i. Supports the Medical Management team in ensuring compliance with regulatory requirements
- j. Collaborates with the Medical Management team to monitor and address issues affecting members' behavioral health
- k. Participates in training and education initiatives for the Medical Management team related to behavioral health aspects of care coordination.

2. Behavioral Health Professional (Social Worker)

- a. Dedicated to the Medical Management program with a focus on behavioral health
- b. Provides social work expertise and support in the clinical management of patients within the Medical Management program with mental and chemical health care needs
- c. Facilitates planning, organizing, and coordinating the behavioral health activities within the framework of the Medical Management program
- d. Collaborates with the Medical Management team to enhance care coordination efforts specific to the program's goals
- e. Participates in the evaluation and approval process for new technology related to Behavioral Health, aligning with the goals of the Medical Management program
- f. Utilizes social work expertise to address social determinants of health impacting members enrolled in the Medical Management program
- g. Assists in the development and implementation of strategies to enhance the effectiveness of behavioral health care coordination within the program

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- h. Supports the Medical Management team in ensuring compliance with regulatory requirements specific to the program
- i. Provides insights and recommendations for continuous improvement in behavioral health care coordination within the Medical Management program
- j. Collaborates with the Medical Management team to monitor and address issues affecting members' behavioral health within the program
- k. Participates in training and education initiatives for the Medical Management team related to social work and behavioral health aspects within the scope of the program

REFERENCES:

• 2022 NCQA Quality Improvement 4, Element B & Utilization Management 1, Element A Standards

RELATED DOCUMENTS:

None

REVISION HISTORY:

Revision	Date	Description of Change	Approval Committee
New	04/01/2015	Initial Release	Board of Directors
A	03/04/2016	Yearly review - Updated to current template. Added	Board of Directors
		remaining products to Product Lines.	
В	06/01/2017	Annual Review. Changed signatory from Anita Leal,	Board of Directors
		Executive Director to Nancy Horstmann, CEO.	
С	09/20/2018	Annual Review. Product lines updated	Executive Leadership
D	11/25/2019	Annual review. Updated Definitions and Acronyms.	Executive Leadership
		Made changes to sections A and D.	_
Е	11/17/2020	Annual review. No change to policy content.	Executive Leadership
F	08/17/2021	NCQA update. Added Staff Involvement section.	Executive Leadership
G	08/25/2022	Annual review. Added bullet point 3 under section	Executive Leadership
		A, changed "Utilization Management" to "Medical	_
		Management"	
Н	05/22/2023	Policy update. Minor changes made to update policy	Executive Leadership
		for NCQA standards.	
I	04/04/2024	Annual review. Minor verbiage updates to section B.	P & P Committee
		Added section E to address staff involvement and	
		job responsibilities. UM1 A will not be addressed by	
		this policy. PHM5 C - not met, a procedure will be	
		created to address standards for assessing members	
		ability to communicate and understand instructions,	
		members ability to process information about an	
		illness, mental health conditions, and substance use	
		disorders.	