

HEALTH PLAN POLICY

Title: Behavioral Health Care Coordination

Number: MCM03

Revision: I

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 remaining products to Product Lines. | Board of Directors |
| B | 06/01/2017 | Annual Review. Changed signatory from Anita Leal, Executive Director to Nancy Horstmann, CEO. | Board of Directors |
| C | 09/20/2018 | Annual Review. Product lines updated | Executive Leadership |
| D | 11/25/2019 | Annual review. Updated Definitions and Acronyms. Made changes to sections A and D. | Executive Leadership |
| E | 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 A, changed "Utilization Management" to "Medical Management" | Executive Leadership |
| H | 05/22/2023 | Policy update. Minor changes made to update policy for NCQA standards. | Executive Leadership |
| I | 04/04/2024 | Annual review. Minor verbiage updates to section B. 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. | P & P Committee |