Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy Coordination of Integrated Healthcare***
Committee: Clinical Performance Team	**Local Policy Number (if used)**
Implementation Date 12/31/2021	**Regional Approval Date 12/17/2021**

Reviewed by:	**Recommendation Date:**
ROC	09/27/2021
CMH Board:	**Approval Date:**
Lenawee	11/17/2021
Livingston	11/30/2021
Monroe	11/17/2021
Washtenaw	12/17/2021

I. PURPOSE

To establish standards for staff to follow in the integration/coordination of behavioral health (mental and substance use disorders) and physical health (primary care and specialty healthcare) services.

II. REVISION HISTORY

DATE	MODIFICATION
10-28-2013	Revised to reflect the new regional entity effective January 1, 2014. Policy was formerly known as Coordination of Primary Care.
10-03-2016	Change title from Coordination of Healthcare to Coordination of Integrated Healthcare. Update language and include coordination with the Medicaid Health Plans
02/20/2020	Standard 3-year review. There were no content changes.
12/17/2021	Updates to reflect HIPAA permitted uses and disclosures

III. APPLICATION

This policy applies to all staff, students, volunteers and/or contractual agencies within the regional provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

The CMHPSM views and serves consumers/individuals served holistically, making no artificial separation between mind and body. All services shall be coordinated, collaborative and integrated.

V. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Covered Entity: A health care provider, a health care plan, and or a healthcare clearinghouse. For the purposes of this policy this includes mental health providers.

Health Care Operations: Any of the following activities: (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities of the entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the covered entity.

Integrated Care: Bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency (World Health Organization).

Medicaid Health Plan (MHP): A licensed health plan selected by the Michigan Department of Health and Human Services to manage the physical healthcare benefits for Medicaid Recipients in Michigan who are enrolled in a Health Maintenance Organization (HMO) as allowed under the Michigan Managed Care Waivers approved by the Center for Medicare and Medicaid Services (CMS).

Payment: Encompasses activities of a health plan to obtain premiums, determine or fulfill responsibilities for coverage and provision of benefits, and furnish or obtain reimbursement for health care delivered to an individual[21] and activities of a health care provider to obtain payment or be reimbursed for the provision of health care to an individual.

Primary Care: Services provided by general practitioners or general clinics.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

Specialty Health Care: Services provided by medical specialists to treat a specific disease, condition or symptom. Examples may include pediatricians, surgeons, oncologists, cardiologists, podiatrists, OB/GYNs, pain management specialists, addictionologists, and rehabilitation specialists.

Treatment**:** The provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.

VI. STANDARDS

A. Under HIPAA laws, providers are permitted, but not required, to use and disclose personal health information (PHI) orally, on paper, by fax, or electronically, for certain activities without first obtaining an individual's authorization. These activities including for the purpose of treatment, payment, and for health care operations of the disclosing entity or the recipient entity when the appropriate relationship exists. This permissible use of information exchanges applies to mental health information.
B. Any sharing of substance use information in relation to care integration services with Primary Care and Specialty Care Providers (PCPs and SCPs) is protected separately under 42CFR Part 2 and **does** require the completion of current and 42CFR Part 2 compliant release of information obtained from the consumer/individual served/or legal guardians in accordance with the Confidentiality and Access to Consumer/individual served Records policy.
C. In sharing information that is permissible by HIPAA without a consumer/individual served/guardian's authorization, staff will consider what is in the consumer/individual's best interest for meeting their care needs, goals, and assuring their health and safety, and ensure this reason and the permissible disclosure is documented in the consumer/individual's record.
D. While the consumer/individual's written consent is allowed, it is not to be used as a barrier to coordination of care that is permissible by HIPAA and in the best clinical interest of the consumer/individual served. In cases where a consumer/individual served/guardian objects to such disclosure, staff will discuss these concerns with the consumer/individual served/guardian, explain the clinical allowable reason for recommending the sharing of such information, and ensure the consumer/individual served/guardian is aware of the decision the entity has made on whether to share the HIPAA permissible information.
E. The appropriate relationship for permissible disclosures of PHI includes:
    1. Both covered entities must have or have had a relationship with the patient (can be a past or present patient)
    2. The PHI requested must pertain to the relationship.
    3. The discloser must disclose only the minimum information necessary for the health care operation at hand. Under HIPAA's minimum necessary provisions, a provider must make reasonable efforts to limit PHI to the minimum necessary to accomplish the purpose of the use, disclosure or request. (45 CFR 164.502(b)).
F. Providers receiving the permissible PHI are responsible for safeguarding that PHI and otherwise complying with HIPAA, including with respect to subsequent uses or disclosures or any breaches that occur.
G. All refusals of written consent to release information will be documented in the recipient's clinical record.
H. Information shared for coordination of care that is permissible by HIPAA will be

documented in the consumer/individual's record.

I. HIPAA permitted uses and disclosures must be addressed in all Notice of Privacy Practices used by providers in the CMHPSM region.

J. Care Coordination activities between the MHPs and the CMHPSM/CMHSPs will occur using the MDHHS Care Connect 360 (CC360) which contains healthcare information concerning mutually served individuals.
    a. MDHHS manages the HIPAA requirements of CC360. Information that is available in CC360 may be used for MHP/PIHP Care Coordination activities as required in the MDHHS PIHP and MHP contracts.
    b. HOWEVER, data/information not readily available in CC360, such as information related to substance abuse diagnoses and/or treatment, require that the appropriate releases of information obtained from the recipient and/or legal guardians in accordance with the Confidentiality and Access to Consumer Records policy. All refusals of release will be documented in the consumer/individual's clinical record.
    c. The CMHPSM and the CMHSP will coordinate obtaining necessary releases and the development of the agenda for each Care Coordination meeting with the individual MHPs. In addition, any plans for follow up regarding a mutually served individual shall be included on agendas.
    d. MHP/PIHP/CMHSPs will occur at least monthly and mutually served individuals who meet the MDHHS definition as a high risk/high utilizer will be discussed during MHP/PIHP/CMHSP care coordination meetings. An action plan to assist the mutually served individual shall be recorded in CC360.
    e. Ongoing monitoring and follow-up shall be incorporated into the Individual Plan of Service (IPOS) including goals and objectives resulting from Care Coordination meetings with the individual's MHP. Progress Notes shall document the steps and activities taken by the PIHP/CMHSP in accordance with the Care Coordination Plan developed with the MHP.

Primary Care Standards

K. The CMHPSM shall ensure that integration with primary care will include the following:
    1. Staff will notify primary care physicians (PCPs) when a consumer/individual served starts services.
    2. Staff shall contact the PCP when a consumer/individual served ends services.
    3. Staff, when aware, shall inform the PCP when a consumer/individual served has an inpatient psychiatric admission.
    4. Staff shall notify the PCP of any significant medication changes or lab results when determined to be necessary by a CMHSP physician, nurse practitioner, or nurse.
    5. Staff shall initiate and maintain ongoing collaboration with the PCP as part of the treatment planning process in order to ensure coordination of care.
    6. Staff shall encourage consumers/individuals served to make optimal use of their primary care services by sharing all medical concerns, both major and minor. If a consumer/individual served has a PCP but is not utilizing the PCP, staff shall encourage the consumer/individual served in making the appropriate contact(s) with the PCP.
    7. When a consumer/individual served does not have a primary care physician (PCP), staff shall make ongoing efforts to assist in linking the consumer/individual served with one.

L. Staff will ensure that the consumer/individual's need for primary care services is incorporated into person centered planning and assessments. Any identified need for primary care shall be documented in the consumer/individual's individual plan of services. Consultation with physicians and nurses will be made to assist in identifying any medical issues to be addressed by the PCP.

M. If assessed to be potentially beneficial to the consumer/individual served, staff shall initiate communication with the PCP when the consumer/individual served:
   1. Has behavioral health, substance use, co-occurring and/or physical health concerns. The sharing of substance use information will require a 42CFR Part 2 compliant written release of information.
   2. Requires access to specialized medical assessments and services.
   3. Has difficulty accessing either or both of the mental and physical healthcare systems.
   4. Is referred by their primary care physician or vice-versa.
   5. Requires ongoing direct care / home help support for physical conditions.

N. As necessary and where allowable by law, staff shall make efforts to ensure that relevant behavioral health and physical health records are shared by CMHSP and PCP/SCP staff

O. Any physicians, nurse practitioners, or nurses within the CMHSP system may also engage in the following coordination efforts when deemed necessary:
   1. Provide consultation to nurses and others regarding the coordination of care between the CMHSP and primary care physicians
   2. Provide consultation to nurses and others regarding specific cases in which there are questions regarding medication interactions, interactive effects between psychiatric and physical symptoms and / or changes in status.
   3. Assist in the development, review and revision of this policy
   4. Provide consultation/training/education to physical healthcare providers in the community as needed or requested

<u>Specialty Medical Healthcare Coordination</u>

P. The need or involvement of specialty care shall be incorporated into the CMHSP assessment and re-assessment process. Where those needs exist, CMHSP staff will communicate with the primary care physician to determine who will take the lead in coordinating care with specialty health care practitioners.

Q. In those instances when CMHSP takes the lead, coordination, collaboration, and integration shall be an integral part of the IPOS.

<u>Coordination between Mental Health and SUD providers</u>

R. The CMHPSM shall ensure that integration between Mental Health and SUD services will include the following:
   1. For the exchange of SUD-related information, staff shall ensure an active signed release of information is secured from the consumer/individual served that meets all 42CFR Part 2 requirements for the exchange of SUD information. If the consumer/individual served refuses to sign a release, then encouraging this type of coordination will be addressed as part of ongoing treatment.
   2. For the exchange of physical or mental health related information, such information sharing between providers is permissible under HIPAA for the purposes of

treatment or healthcare operations without signed consent.

3. Staff will notify all involved treatment providers when a consumer/individual served starts services.
4. Staff shall contact all involved treatment providers when a consumer/individual served ends services.
5. Staff, when aware, shall inform all involved treatment providers when a consumer/individual served has a significant change in level of care, e.g. hospitalization, residential placement.
6. Staff shall notify all involved treatment providers of any significant medication changes or lab results.
7. Staff shall initiate and maintain ongoing collaboration with all involved treatment providers as part of the treatment planning process in order to ensure coordination of care.
8. Staff shall ensure that the consumer/individual's needs for Mental Health or SUD services are incorporated into service planning and assessments. These needs shall be addressed on an ongoing basis in accordance with the consumer/individual's readiness for change.

VII. EXHIBITS

None

VIII. REFERENCES

A. Medicaid Managed Care Rules, 42 CFR Part 438, Sub-Part D Coordination and Continuity of Care Standards 438.208 (b)(c)
B. Health Information Portability and Accountability Act (HIPAA): Privacy of Individually Identifiable Health Information: 45 CFR Part 164
C. Health and Human Service resource documents: https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/permitted-uses/index.html
D. 42CFR Part 2, Confidentiality of Substance Use Disorder Patient Records
E. Michigan Mental Health Code
F. The Joint Commission Standards
G. MDHHS/ PIHP Contract
H. CMHPSM/CMHSP/SUD Provider Contracts