LAPEER COUNTY COMMUNITY MENTAL HEALTH **Date Issued** 05/28/2009
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CHAPTER Health/Medical	**CHAPTER** 03	**SECTION** 002	**SUBJECT** 15
SECTION Health Care	**DESCRIPTION** Coordination with Health Care		
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APPLICATION:

☒CMH Staff	☐Board Members	☐Provider Network	☒Employment Services Providers
☐Employment Services Provider Agencies	☒Independent Contractors	☒Students	☒Interns
☒Volunteers	☒Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) coordinates services with health care providers to ensure integrated care.

STANDARDS:

A. Primary care and behavioral health care/substance use disorder services are coordinated and integrated to support person centered care, continuity, and individual needs.

B. LCCMH has service coordination agreements with providers and public and private organizations to address needs of a shared population of persons served.

C. The primary case holder is responsible for annual coordination of care with health care providers, and this is incorporated in the Individual Plan of Service (IPOS). The Integrated Health Liaison can provide assistance with coordination of care throughout the year, as needed.

D. Coordination with Medicaid Health Plans (MHPs) or any other health care providers identified is incorporated into the plan of service.

E. Care Connect 360 (CC360) is used for secure data sharing and storage of Interactive Care Plans with the MHPs for shared persons served with identified severity/risk conditions in accordance with the Michigan Department of Health and Human Services (MDHHS) joint care management requirements.

F. LCCMH and its provider network, in accordance with MDHHS and Region 10 Pre-paid Inpatient Health Plan (PIHP) contracts, use, accept, and honor the standard consent form MDHHS-5515 and the Coordination of Care form in the electronic health record (EHR) to serve as a valid consent and release to share certain types of health information.

1. MDHHS- 5515 Consent Form and the Coordination of Care form in the OASIS electronic health record are the two standard consent forms used for sharing specially protected health information related to mental health and substance use disorder.

2. Privacy is maintained in accordance with 45 CFR parts 160 and 164, subparts A and E.

3. Public and private agencies, departments, corporations, or individuals listed on the consent form can share information with each other.

4. These forms may be used to allow disclosure of behavioral health and/or substance use disorder information by listing members and friends of the individual on the form.

5. A minor may not complete form MDHHS-5515 and consent to the sharing of information without parental consent under Michigan law unless emancipated. MCL722.1-722.6.

6. LCCMH staff ensures persons served or their guardians renew the form MDHHS-5515 and Coordination of Care forms are completed

annually.

7. Persons served or their guardians have the right to revoke their consent through verbal or written means at any time.

PROCEDURES:

A. LCCMH ensures an initial screening of the persons needs is completed within 90 days of the enrollment date for new person served, and document if attempts to contact the person served are unsuccessful (42 CFR. 438.208).

B. The primary care physician (PCP) of the person served is identified at intake and throughout services. If no PCP is identified, the primary case holder offers assistance with establishing care, unless the person served declines. Individuals who decline receive continued education about benefits of PCP while honoring their decision.

C. The primary case holder ensures coordination occurs between PCP or specialty care physicians and LCCMH whenever possible and obtains the signatures for consent to coordinate care.

D. The primary case holder ensures the MDHHS 5515 consent and Coordination of Care forms are completed correctly, copied, and given to the appropriate parties. The originals are electronically signed or signed and scanned into the electronic health record. Follow the work instructions for External Referrals attached.

E. Primary case holders assist persons served with scheduling appointments with the PCP. When requested or needed, case managers may accompany persons served to appointments with a PCP to provide support preferences and privacy.

F. For persons served recently discharged from the hospital, physical examinations are obtained and reviewed by LCCMH prescribers at the time of the psychiatric evaluation.

G. LCCMH notifies the PCP on record whenever a person is prescribed psychotropic medication, when there is a change in psychotropic medication, or

when a person is admitted to a psychiatric inpatient unit.

H. A nurse completes a Nursing Assessment, documented in the Nursing Progress note, at the time of the psychiatric evaluation and at medication reviews.

I. LCCMH nurses monitor blood work ordered by prescribers. The nurse and prescriber review the results of the requested blood work.

J. Any results from the Nursing Assessment or blood work found outside of accepted parameters are shared with the person served (guardian and/or parent if applicable), the primary case holder, the PCP, and the LCCMH prescriber. If other medical concerns arise throughout treatment, the PCP is contacted and efforts made to coordinate care.

K. The Integrated Health Liaison coordinates with Primary Care Physician's (PCPs), Medicaid Health Plans (MHPs), any specialty healthcare provider, agencies, or natural/community supports in the IPOS. The Integrated Health Liaison participates in monthly joint meetings with the Medicaid Health Plans (MHPs), Hamilton Healthcare, and the Prepaid Inpatient Health Plan (PIHP) for coordination of care.

L. Primary case holders share clinical information, as appropriate, to those identified in the IPOS, to facilitate care and prevent duplication of services.

DEFINITIONS:

Coordination of Care: a set of activities designed to ensure needed, appropriate, and cost-effective care for persons served. As a component of overall case management, care coordination activities focus on ensuring timely information, communication, and collaboration across a care team and between responsible services providers. Major priorities of coordination of care include:

- Outreach and contacts/communication to support engagement of the person served
- Conducting screening, record review, and documentation as part of the 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
- Addressing social supports and make linkages to services
- Monitoring, reporting, and documentation

Consent: Michigan Department of Health and Human Services Consent to Exchange Health Information Form 5515.

Integrated Health Liaison: – LCCMH Staff that promoted integrating care between behavioral health and medical services. The staff works with insurance plans, Hamilton Healthcare and the Prepaid Inpatient Health Plan. They assist in the coordination of care with the primary care physicians.

REFERENCES:

Michigan Department of Health and Human Services Consent to Exchange Health Information Form 5515.

42 FR. 438.208 Coordination and Continuity of Care

45 FR Part 160 Subparts A and E

45 FR Part 164, Subparts A and E

LCCMH Policy 02.003.50 Referrals to Other Resources

LCCMH External Resources Procedure

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