

CHELAN-DOUGLAS CDRSN/PHP/PHP POLICY AND PROCEDURE MANUAL		Chapter:	1.10.2
Title:	INTRODUCTION AND ADMINISTRATIVE POLICIES	Page:	1 of 4
		Date Effective:	July 1, 2004
Subject:	ACCESS STANDARDS: COORDINATION AND CONTINUITY OF CARE	Date Revised:	July 1, 2004
		Authorizing Signature:	

AUTHORITY: Guiding Principle(s): Effectively Managed
WAC 388-865-0340
DSHS/MHD – CDCDRSN/PHP/PHP contract
42 CFR 438.208(b)(1)(2)(3)(4);(c)(1)(2)(3)(4)
And 45 CFR parts 160 and 164 subparts A and E
State of Washington Quality Strategy Doc Sec X

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Health Plan (CDCDRSN/PHP/PHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: This policy describes the process for coordination with medical care for consumers of mental health services within the CDRSN/PIHP.

DEFINITIONS: “Primary Care” used in this context refers to the services and care delivered to the enrollee by their primary treating clinician, or case manager within the CDRSN/PIHP and/or its provider network.

“Primary Care Provider (PCP), “Primary Care Provider Mental Health (PCPMH) means: The professional with primary responsibility for implementing an individualized plan for outpatient mental health rehabilitation services and/or community psychiatric inpatient care to be provided to the service recipient. (WAC 388-865)

“Primary Care” within the MCO can also be construed to refer to the Primary Care Physician the enrollee is assigned to in the MCO or Health Plan in which they are enrolled. The CDRSN/PIHP determines how this term is used in the service area.

“Enrollees with special health care needs” refers CDRSN/PIHP enrollees and users of services within the CDRSN/PIHP service delivery network. (NOTE: Reference clarified by Judy Gosney on 03/03/04)

“Collaborative/Coordinated Services” means: The services from one service provider are planned in concert with another agency. Care

plans are complimentary between agencies. Ideally, there is one care plan per family that is shared amongst the providers service the family.

“Medical Necessity” means: see RSN Contract 2003-2005 Definitions page 4 of 7

POLICY: CDRSN/PIHP has implemented procedures to both deliver medically necessary care to and coordinate mental health care for all CDRSN/PIHP enrollees, including those enrollees with special health care needs. The State of Washington MHD defines all mental health recipients as qualified for the term...”enrollees with special health care needs.” The CDRSN/PIHP honors this designation as well.

CDRSN/PIHP has implemented procedures to assure mechanisms are in place which address the following functions of coordination and continuity of care, according to 42 CFR: identification; assessment; treatment plans; and direct access to specialists. These four functions are addressed in the procedures section of this policy and procedure.

CDRSN/PIHP has implemented procedures to fulfill its duty to the Healthy Options program as follows: Since the CDRSN/PIHP does not meet the federal definition of “PCP,” the CDRSN/PIHP is expected by the State to coordinate when asked, but are not required to be the person responsible for the coordination. Thus, CDRSN/PIHP does make a commitment to coordinate with Healthy Options program to better serve our enrollees.

The CDRSN/PIHP assures that these procedures meet State requirements as well as 42 CFR BBA regulations.

PROCEDURE: The CDRSN/PIHP accomplishes the following functions and services and collaborative efforts for enrollees with special health care needs, which the State MHD defines as all mental health recipients:

- o Works with the State to implement mechanisms to identify persons with special health care needs to CDRSN/PIHP, as those persons are defined by the State. Some identifications mechanisms used are as follows: State staff, the State’s enrollment broker, or the State’s MCOs, or PIHPs.
- o Implements mechanisms to assess each Medicaid enrollee identified by the State and to the CDRSN/PIHP as having special health care needs in order to identify any ongoing special conditions of the enrollee that require a course of treatment or regular care monitoring. The assessment mechanisms use

appropriate health care professional(s) who are capable to assess the specific needs of the enrollee.

- o Produces—or monitors contracted providers to produce—a treatment plan for enrollees with special health care needs, if required by the State, who are determined through assessment to need a course of treatment or regular care monitoring, the treatment plan does include attention to the following:
 - Developed by the enrollee’s mental health care primary care provider with enrollee participation, and in consultation with any specialists caring for the enrollee;
 - Approved by the CDRSN/PIHP in a timely manner, if this approval is required by the CDRSN/PIHP, and,
 - In accord with any applicable State quality assurance and utilization review standards.
- o CDRSN/PIHP has a mechanism in place to allow enrollees direct access a specialist, ie through a standing referral or an approved number of visits, as appropriate for the enrollee’s condition and identified needs. This BBA requirement is tailored to the realm of mental healthcare delivery, such as referral to psychiatrist; biofeedback; a special treatment program which the CDRSN/PIHP determines falls within the covered services of the benefit package; facility based services such as ECT; etc. The enrollee’s special health care needs are determined through an assessment by appropriate health care professionals consistent with need for a course of treatment or regular care monitoring.
- o The CDRSN/PIHP’s provider contracts, manuals, orientation and training materials, and clinical practice guidelines reflect the CDRSN/PIHPs mechanisms to assess enrollee’s special needs and conditions and require a course of treatment or regular care monitoring. This is inserted within provider chart review protocols, and who on staff is responsible. Contracted provider procedure manuals also reflect how they establish an ongoing relationship between provider staff and care providers in related allied agencies from which the enrollee may be receiving services, such as addictions services.
- o Ensure that each enrollee has an ongoing source of mental health primary care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the health care services furnished to the enrollee.
- o Coordinate the services the CDRSN/PIHP furnished to the enrollee with the services the enrollee receives from any other plans, such

as MCO, CDRSN/PIHP, or PAHP. Share with other MCOs, CDRSN/PIHPs, and PAHPs who may service the enrollee the results of its identification and assessment of that enrollee's needs to prevent duplication of those activities.

- o The CDRSN/PIHP requires contracted providers to ensure optimal service integration in meeting the enrollee's needs, especially the complex needs of enrollees with special health care needs, chronic illnesses, or functional disabilities, and addictions services. The results of the CDRSN/PIHP's identification and assessment of enrollee needs are shared—with appropriate consents in place—with other health care entities from which the enrollee may be receiving services, so that these activities need not be duplicated, especially with respect to prescribed medications.
- o Contracted providers are to ensure that in the process of coordinating care, each enrollee's privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E, to the extent they are applicable.

SEE ALSO: Glossary of Terms and Acronyms