



United Behavioral Health

Coordination Among Primary Care Physicians, Emergency Rooms and other Health Care Providers			Policy Identifier/Number: CM-08
Annual Review Completed Date: February 2018			
Policy Category: Government – Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: Bea Dixon, Executive Director		Signature: 	

Policy Statement and Purpose

Optum Pierce Behavioral Health Organization (BHO) is committed to ensuring that timely communication and coordination of care occurs among Optum’s Behavioral health care provider network with primary care providers and other health care providers to facilitate an enhancement of the quality of care received by BHO-funded individuals. Optum Pierce BHO recognizes that complex needs may occur with BHO-funded individuals, and that in order to achieve an effective plan of care coordination and support recovery and resiliency, a plan among multiple providers must occur.

To describe coordination of care among Optum Pierce BHO, the behavioral health care provider network including mental health and substance use disorder providers, primary care providers (PCPs), and other health care providers.

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

Policy Definitions

N/A

Policy Provisions

1. The following methods are used to facilitate and improve coordination among behavioral health care providers, primary care providers (PCPs) and other health care providers:

- 1.1. Signed Releases of Information

- 1.1.1. Optum Pierce BHO’s Behavioral health care providers attempt to obtain a signed *Authorization for Release of Information* (ROI) as soon as it is clinically appropriate during the intake evaluation process or as early as possible in the

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

treatment episode so that they can communicate with PCPs and other health care providers.

- 1.1.2. This practice allows for cooperative service planning, crisis planning, facilitating safe prescribing of medications and other information sharing to support an individual's recovery.
- 1.1.3. The attempt to obtain the ROI is documented in the individual's clinical record.

1.2. Referral for Care

- 1.2.1. If the individual and/or network provider identifies needs for additional services and supports for health care, the behavioral health care provider makes appropriate referrals and provides assistance in access and linkage.
- 1.2.2. Referrals and assistance are documented in an individual's clinical record.

1.3. Memorandum of Understanding (MOU)

- 1.3.1. Optum Pierce BHO establishes signed *MOUs* with allied partners, including health plans, as necessary to ensure continuity of care for those individuals funded by the BHO.
- 1.3.2. *MOUs* detail the respective roles and accountabilities of Optum Pierce BHO and the allied partners in coordination of care and preferred methods of communication.
- 1.3.3. *MOUs* are edited over time to accommodate new technologies and more efficient methods of communication.

1.4. Referral to PCPs

- 1.4.1. Optum Pierce BHO providers make referrals to PCPs when an individual is in need of medical care and referrals to specialists (such as for Medication Assisted Treatment ((MAT)) and to other health care providers.
- 1.4.2. This process includes assistance in locating a PCP for individuals who do not currently have one.
- 1.4.3. Optum Pierce BHO providers also assist individuals in scheduling appointments as necessary.

1.5. Referral to Emergency Services

- 1.5.1. Optum Pierce BHO behavioral health care providers and Care Managers refer individuals who are currently in service to an emergency service when they have a medical condition that needs immediate attention or is potentially life-threatening.
- 1.5.2. Optum Pierce BHO providers and Care Managers are also to respond to requests for information from a hospital emergency room treating an individual who is experiencing a life-threatening emergency, and receive referrals from the emergency room.

1.6. Sharing of Information during Ongoing Treatment

- 1.6.1. Communication with PCPs occurs at intake and on an ongoing basis which may include:
 - 1.6.1.1. During treatment;
 - 1.6.1.2. At initial prescribing of psychotropic medication;
 - 1.6.1.3. When changes in psychotropic medications are made;

- 1.6.1.4. If there are changes in condition that might adversely impact a medical condition; and
- 1.6.1.5. At hospital admissions and discharges.
- 1.6.2. Each episode of communication is documented in the individual's clinical record.
- 1.6.3. This process helps the behavioral health provider understand any ongoing medical conditions the individual has and helps the PCP understand how the individual is progressing in behavioral health treatment.
- 1.6.4. This process is particularly important in terms of prescription medications and screening for drug interactions and drug-seeking behaviors.
- 1.6.5. Communication occurs with the consent of the individual.
- 1.7. Providing Consultation
 - 1.7.1. Behavioral health providers provide consultation on enrolled individuals when requested to PCPs and documents these activities in the clinical record. Such consultation occurs only with the individual's consent unless allowed by HIPAA or *RCW 71.05.390 and RCW 71.05.630*.
- 1.8. Outreach During Significant Events
 - 1.8.1. Behavioral health care providers attempt outreach to PCPs (which may include phone contact) when clinically indicated, and with appropriate signed releases, during critical events that may occur with the shared enrollee including, but not limited to:
 - 1.8.1.1. Initiation of care and services
 - 1.8.1.2. Initial prescription of psychotropic medications or changes in prescriptions related to psychotropics;
 - 1.8.1.3. Hospital admissions and discharges; and
 - 1.8.1.4. Changes in the individual's clinical condition that could potentially impact his or her medical care.
- 1.9. Primary Care Physician Contact for Children
 - 1.9.1. Optum Pierce BHO behavioral health care providers contact the individual's PCP for children and adolescents through age 12 when clinically indicated and when consent is provided by the parents or legal guardians or by the individuals over age 13:
 - 1.9.1.1. For results of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) exam
 - 1.9.1.2. During the intake process and on an ongoing basis which may include:
 - 1.9.1.2.1. Initial prescription of psychotropic medications or changes in prescriptions;
 - 1.9.1.2.2. Hospital admissions and discharges; and
 - 1.9.1.2.3. Changes in the child's clinical condition that could potentially impact his or her medical care.
- 1.10. Providers and EPSDT Screening
 - 1.10.1. Optum Pierce BHO providers are responsible for:
 - 1.10.1.1. Obtaining signed Releases of Information to determine if an EPSDT screening has been completed by the individual's PCP;

- 1.10.1.2. Documenting their request for the results of the primary care provider's screening; and
- 1.10.1.3. Reviewing the findings, especially those that indicate the need for behavioral health services.
- 1.10.1.4. Referrals from primary care providers to behavioral health are acknowledged in writing, with at least the intake date and diagnosis.

1.11. EPSDT Screening

- 1.11.1. If an EPSDT screening has not been done, Optum Pierce BHO providers refer the individual/person responsible for the individual to the PCP or other health care professional as appropriate.
- 1.11.2. If the individual does not have a PCP, the provider is to provide a list of local physicians or referred to DSHS to request a PCP to conduct the EPSDT screening.
- 1.11.3. An EPSDT screening consists of four elements--health, dental, vision and hearing. These components need to be available in accordance with a routine schedule of physical exams sequenced as recommended by medical professionals. Screening components include:
 - 1.11.3.1. A comprehensive health and developmental history, updated at each screening examination;
 - 1.11.3.2. A comprehensive unclothed physical examination performed at each screening examination;
 - 1.11.3.3. Vision and hearing tests (can be obtained separately);
 - 1.11.3.4. Appropriate laboratory tests, including blood lead level testing;
 - 1.11.3.5. Immunizations according to age and health status;
 - 1.11.3.6. Maintaining records of the child's developmental process, significant physical findings, immunizations and any treatments or referrals;
 - 1.11.3.7. All children over three years of age are to be referred to a dentist. Children under three may be referred if a problem is suspected;
 - 1.11.3.8. Screening for behavioral health conditions;
 - 1.11.3.9. Other necessary health care to correct or ameliorate defects and physical illness discovered during the screening is to be provided.

1.12. Appointment for Physical Exam

- 1.12.1. If an individual has not had a physical exam by a PCP in the past year, Optum Pierce BHO behavioral health care providers recommend that the individual make an appointment with a PCP and document in the clinical record that the recommendation was made.

1.13. Documentation of Communication

- 1.13.1. Optum Pierce BHO behavioral health care providers document in the individual's clinical record all communication (by telephone or in writing) with PCPs or other health care providers (i.e., physician assistants, nurses, physical and occupational therapists, dentists).

1.14. Monitoring Care Coordination

- 1.14.1. Optum Pierce BHO monitors care coordination through on-site reviews to ensure that documentation of care coordination activities is evident in

individuals' clinical records and that communication occurs within the scope of the release of information provided by the individual.

- 1.14.2. Specific evidence in the clinical record includes, but is not limited to:
- 1.14.2.1. Individual signed releases of information to the PCP and other medical providers;
 - 1.14.2.2. A letter, completed EPSDT form, or other treatment notification form to the PCP;
 - 1.14.2.3. A current list of medications and conditions that might impact the individual's physical or behavioral level of function;
 - 1.14.2.4. If authorized, the documentation of the individual's communication with the PCP, including when communication took place, a general description of information shared, and the method of communication;
 - 1.14.2.5. Documentation of the individual's refusal to sign Release of Information forms, if applicable; and
 - 1.14.2.6. Documentation of coordination of care functions in the individual's Individual Service Plan (ISP) as needed.

Related Policies, Procedures & Materials

- Pierce Behavioral Health Organization policy: CM-01 - *Development of Service Plans*
- Pierce Behavioral Health Organization policy: CM-02 - *Crisis Plans*
- Pierce Behavioral Health Organization policy: CM-03 - *Timely Access to Care*
- Pierce Behavioral Health Organization policy: CM-04 - *Access to Care Standards for Adults, Older Adults, Children and Youth*
- Pierce Behavioral Health Organization policy: CM-05 - *UM/Resource Management Plan*
- Pierce Behavioral Health Organization policy: CM-06 - *Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services*
- Pierce Behavioral Health Organization policy: CM-07 - *Accessibility, Engagement and Utilization of Services for Individuals with High Risk*
- Pierce Behavioral Health Organization policy: CM-09 - *Engagement of Community Resources*
- Pierce Behavioral Health Organization policy: CM-10 - *UM/Authorization and Concurrent Reviews*
- Pierce Behavioral Health Organization policy: CM-11 - *Involuntary Evaluation and Treatment*
- Pierce Behavioral Health Organization policy: CM-12 - *Individual Access to Housing*
- Pierce Behavioral Health Organization policy: CM-13 - *Coordination with Rehabilitation and Employment Services*

Attachments

N/A

Approval History

- Policy created and effective: 07/2009
- Operational Procedures and Standards Committee reviewed and accepted: 09/28/2015
- Optum Pierce BHO reviewed and accepted: February 2018