



Policy Title: Coordinating Behavioral Health Care Services for Duals		POLICY #: 90.2.11	
		Line of business: CMC	
Department Name: Utilization Management	Original Date 12/13	Effective Date 6/19	Revision Date 12/18
Department Head: UM Senior Director, Mirela Albertsen 			Date: 3/21
Medical Services/P&T Committee: (If Applicable) CMO, James Cruz, MD 			Date: 3/21

PURPOSE

To facilitate a seamless integrated process for screening, referring, and coordinating member behavioral health (BH) services for all levels of mental health (MH) treatment and substance use disorder (SUD) as covered by Medicare and Medi-Cal; the integration of physical, behavioral and social services as appropriate.

POLICY

Blue Shield of California Promise Health Plan (Blue Shield Promise) is responsible for providing beneficiaries seamless access to all medically necessary covered behavioral health services (MH and SUD) as covered by Medicare and Medi-Cal, including the Cal MediConnect (CMC), which has integration of services as a primary goal.

Services that are beyond the scope of the PCP but are within the Blue Shield Promise benefit responsibility shall be provided by the Blue Shield Promise contracted Managed Behavioral Health Organization (MBHO).

Services that fall under Specialty Mental Health Services shall be referred to the County Mental Health Plan (CMHP) for specialty mental health services.

Blue Shield Promise’s contracted MBHO will coordinate with County agencies to ensure members have seamless access to these services.

Blue Shield Promise shall cover and ensure the provision of primary medical care and other services unrelated to the specialty mental health treatment and coordinate care between the primary care provider and the CMHP providers as clinically indicated.

Communication and coordination of MH and SUD services is done through the following process elements:

- Screening
- Assessment
- Referral
- Evaluation
- Care coordination
- Case Management

DEFINITIONS:

Cal MediConnect (CMC) – a voluntary three-year demonstration for dual eligible beneficiaries to receive coordinated medical, behavioral health, long-term institutional, and home-and community based services, through a single organized delivery system.

Coordination of Care – the processes of management of an enrollee’s services in order to ensure that the enrollee receives medically necessary services that are integrated, as appropriate. Coordination of care is carried out as required by an appropriate governmental agency. (Coordination of Care is a key priority of the CMC Pilot).

Interdisciplinary Care Team (ICT) - a team comprised of physical, behavioral and social service providers who collectively manage the biopsychosocial services for enrollees with complex needs.

Program Administration Team (PAT) – a team comprised of representatives from the Health Plan, County Behavioral Health Services, who provide program oversight as appropriate.

MBHO – Managed Behavioral Health Organization contracted with Blue Shield Promise that provides behavioral health services using managed care techniques.

BHP – Behavioral health providers

Behavioral Health Care Plan – a comprehensive plan developed with the enrollee/by the enrollee that addresses the enrollee’s behavioral health care services need.

Specialty Substance Use Disorder Treatment Services are outpatient, residential, prevention, recovery, and support services which are made available to persons with substance use disorders. Services are directed towards alleviating and/or preventing substance use among individuals. Types of services, as described in Title 22, Section 51341.1, Drug Medi-Cal Substance Abuse Services ; the California Health and Safety Code, Section 11752.1 (1) and the State of California Alcohol and/or other Drug Program Certification Standards, include assessment, screening, evaluation, crisis intervention, individual group, family counseling, collateral, vocational, detoxification, medication assisted treatment services, aftercare, and education services on tuberculosis and sexually transmitted diseases.

Specialty Substance Use Disorder Treatment Services Provider means an entity/organization contracted with Los Angeles County, Department of Public Health Substance Abuse Prevention and Control and is certified or licensed to provide specialty substance use disorder treatment services. Individuals providing counseling services must be registered, certified or licensed in accordance with the California Code of Regulations, Title 9, Division 4, Chapter 8 commencing with Section 13000.

DMH- County Department of Mental Health

DPH – County Department of Public Health

Specialty Mental Health Benefits and Services – are mental health services provided by licensed mental health professionals whose scope of practice permits the practice of psychotherapy at the independent practice level and summarized as meeting the following criteria as described in Title 9, California Code of Regulations (CCR), Sections 1820.205, 1830.205 and 1830.210:

1. Diagnosis – one or more of the specified Medi-Cal included diagnosis and Statistical Manual of Mental Health Disorders.

2. Impairment – significant impairment or probability of deterioration in an important area of life functioning, or for children a probability the child won't progress appropriately.
3. Intervention – services must address the impairment, be expected to significantly improve the condition, and the condition is not responsive to physical health care based treatment.

Medicare Part A and Part B Covered Mental Health Services-Medicare Benefits

1. Part A covers mental health care services in a hospital for members admitted as an inpatient.
2. Part B covers mental health services on an outpatient basis when provided by a doctor, clinical psychologist, clinical social worker, nurse practitioner, clinical nurse specialist, certified nurse-midwife, or a physician assistant in a doctor or other health care provider's office or hospital outpatient department.
3. Partial hospitalization services: Part B covers partial hospitalization services. Partial hospitalization services are provided under a partial hospitalization program, furnished by a hospital to its outpatients or by a community mental health center.
4. Medicare covers treatment of alcoholism and drug abuse in both inpatient and outpatient settings meeting certain conditions.

Medi-Cal Managed Care Plan Behavioral Health Benefits and Services

It is the responsibility of Blue Shield Promise Health Plan to provide Medi-Cal Managed Care Plan (MMCP) Behavioral Health Benefits for members defined by the current Diagnostic and Statistical Manual of Mental Disorders DSM resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning.

Role of Primary Care Physicians

The Primary Care Physician is responsible for:

1. Initial Health Assessment and IHEBA using an age appropriate DHCS approved assessment tool
2. Screening for Mental Health Conditions
3. Administration of required screening instruments, including but not limited to the "Screening and Brief Intervention, Referral and Treatment" (SBIRT) for substance use conditions.
4. Referrals for additional assessment and treatment

Primary Care Physicians appropriately provide significant amounts of mental health care that fall within their scope of practice, including the prescribing of psychotherapeutic drugs.

Blue Shield Promise is responsible for outpatient behavioral health services for members defined by the current DSM resulting in mild to moderate distress or impairment of mental health, emotional, or behavioral functioning provided by Blue Shield Promise contracted MBHO.

MBHO Behavioral Health Services

Behavioral services will be provided by independent practice level licensed mental health care providers acting within the scope of their license. The services include:

1. Individual/group mental health evaluation and treatment (psychotherapy)
2. Psychological testing when clinically indicated to evaluate a mental health condition.
3. Outpatient services for the purpose of monitoring drug therapy
4. Psychiatric consultation for medication management
5. Outpatient laboratory, medications, supplies, and supplements.

Benefits and Services are those required under the current Duals Demonstration Pilot and Medicare

Emergency Services

Professional services as described in Title 22, CCR, Section 53855, hospital emergency departments or emergency physicians for medical screening examinations necessary to determine the presence or absence of an emergency medical condition and, if an emergency medical condition exists, for all services medically necessary to stabilize the plan member. No prior authorization is required.

Pharmaceutical Services and Prescribed Drugs (excluding anti-psychotic drugs which are covered by Medi-Cal FFS)

Outpatient Laboratory and Radiological Services

All laboratory and radiology services when these services are necessary for the diagnosis, monitoring, or treatment of a member's mental health condition.

Medical Transportation Services

Emergency medical transportation services necessary to provide access to all Medi-Cal covered services, including emergency mental health services, as described in Title 22, CCR, Section 51323.

Non-emergency medical transportation services (NEMT), as provided for in Title 22, CCR, section 51323, required by members to access Medi-Cal covered mental health services, subject to a written prescription by a Medi-Cal specialty mental health provider, except when the transportation is required to transfer the members from one facility to another, for the purpose of reducing the local Medi-Cal mental health program's cost for providing services.

Home Health Agency Services

Home health agency services described in Title 22, CCR, Section 51337 when medically necessary to meet the physical health and CMHP behavioral health care needs of homebound Blue Shield Promise members. A homebound member is one who is essentially confined to home due to illness or injury, and if ambulatory or otherwise mobile, is unable to be absent from his home, except on an infrequent basis or for periods of relatively short duration (Title 22 Section 51146)

Hospital Outpatient Department Services

Professional services and associated room charges for hospital outpatient department services consistent with medical necessity and Blue Shield Promise's contract with its subcontractor and DHCS.

Psychiatric Inpatient Hospital Services

Initial health history and physical examination required on admission and any consultations related to medically necessary services and room and board charges for psychiatric inpatient hospital stays by members depending upon the benefit group.

Nursing Facility Services

Room, board, and all medically necessary medical and other covered services provided to a Blue Shield Promise member in a nursing facility, in accordance with the terms of Blue Shield Promise's contract for coverage of long-term care and CMC requirements.

PROCEDURE

Service Access

There are multiple entry paths for Blue Shield Promise members to access behavioral health services. Referrals may be requested by primary care physicians (PCPs), specialty providers, County Departments, Community Based Organizations, case managers and member self-referrals. The Blue Shield Promise contracted MBHO has a toll free 800 number that is available 24/7 for behavioral health service authorization requests. The MBHO number is listed on the member's ID card. Blue Shield Promise also has a toll free 800 number that is available 24/7 for general injuries, member eligibility verification, business hour service authorization requests and after hour service authorization requests. After hour requests are coordinated by cross connecting callers to the afterhours Blue Shield Promise on call nurses. The nurses have 24-hour access to Blue Shield Promise physicians for assistance in making any medical necessity determinations that are beyond the nursing scope of practice. The after-hour nurses are educated and trained in coordinating behavioral health service referrals as for all levels of mental health treatment to the appropriate provider network for behavioral health care.

Referral Management and CoC for Behavioral Health Benefits

Blue Shield Promise has contracted with a MBHO for services that are beyond the scope of PCP and are within the Blue Shield Promise Behavioral Benefit responsibilities.

Members and PCPs can refer directly to the MBHO for behavioral health covered services without obtaining prior authorization. The 800 number to the Blue Shield Promise contracted MBHO is on the member ID Card.

In the event the MBHO provider determines that a Specialty Mental Health Services Diagnosis exists, the MBHO shall refer the member to the CMHP following the provisions of the MOU outlining the process for such referrals.

The member's PCP will continue to be responsible for the physical health of the member, referrals for non-psychiatric covered services and behavioral health services within his/her scope of practice.

Blue Shield Promise will be responsible for continued communication with specialty mental health provider for coordination of care where required.

Specialty mental health provider will be responsible for communicating with Blue Shield Promise behavioral health providers for coordination of care where required.

When required, the Blue Shield Promise Case Management Department will assist in coordinating services between the member's PCP, MBHO and the CMHP provider.

Under the Memorandum of Understanding (MOU) agreement, the CMHP will accept referrals from Blue Shield Promise Health Plan staff, providers, and member self-referrals for determination of medical necessity for specialty mental health services.

Referral Sources and Scenarios:

- Member goes to Blue Shield Promise PCP and is assessed and treated for behavioral health care within the scope of the PCP.
- Member goes to Blue Shield Promise PCP and is referred to Blue Shield Promise contracted MBHO for care

- Member goes to PCP and is referred to CMHP/DMH/DPH for behavioral health services (acute or emergency) as appropriate.
- Member goes to hospital emergency room and is referred to the CMHP directly by ED staff or assisted by Blue Shield Promise staff when contacted by ED in directing the ED with resource information to direct refer the member.
- Member goes to MBHO provider and is referred to the CMHP for specialty mental health services.
- Member is referred to MBHO provider back to PCP for services that are within the scope of PCP
- Member is referred from the CMHP to the MBHO for behavioral health services that are MMHP Medi-Cal benefit responsibility.
- Member self refers to the County Mental Health Plan by calling the CMHP 800 number.

Blue Shield Promise Provider Behavioral Health Referral Education

Blue Shield Promise will educate contracted providers regarding behavioral health referrals and services through the following methods:

- Posting Medi-Cal Managed Care behavioral health covered services on the Blue Shield Promise website
- Updating the Blue Shield Promise Provider Manual to include policies and procedures that outline processes to screen refer and coordinate behavioral health services.
- Provide provider trainings through webinars
- Provide one-to-one provider trainings upon request

Confidentiality

All requests for Protected Health Information (PHI) must be conducted in strict adherence to prevailing HIPPA confidentiality laws including the completion beneficiary release of information forms that allow treatment history, active treatment and health information. Data sharing agreements that address the coordination of information related to mental health services.

Informed written consent of the member must be obtained prior to any communication with another behavioral health clinician or facility or primary or referring physician except in emergency situations and as otherwise permitted by State or Federal law. The informed written consent of the member must also be obtained prior to any communication with any other third party.

REFERENCES

DHCS All Plan Letter (APL 13-018)
 Title 22, CCR, Section 52323
 Title 9, CCR, Section 1810.247
 Title 9, CCR, Section 1840.374
 California Senate Bill (SB) X1-1
 Los Angeles County Local Mental Health Plan