KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: CB-CME Health Homes Behavioral Health Referral Management				POLICY #: 18.04-P	
DEPARTMENT: Health Homes					
Effective Date: 08/08/2019	Review/Revised Date:	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward
Chief Executive Officer — Date 8/8/19

Chief Medical Officer — Date 8/8/19

Chief Operating Officer — Date 8/8/19

Senior Director of Health Services — Date 8/7/19

Administrative Director Health Homes Program — Date 8/5/19

PURPOSE
To define the process for coordinating the provision of assisting behavioral health service for Health Homes Program (HHP) enrolled patients.

POLICY
KHS shall ensure the coordination of behavioral services for HHP members through effective communication between physical and behavioral health providers.

Provision of services for Kern Health Services (KHS) members with diagnosis of severe mental health diagnoses is carved out to Kern County Behavior and Recovery services (KBHRS). KHS has an MOU with KBHRS to ensure coordination of behavioral services for all KHS member including HHP members who need mental health services.

PROCEDURE

KHS has a network of mental providers for the management of members with mild to moderate mental diagnosis.

The KHS mental health providers also provide services for severe mental health diagnosis under the direction of KBRS.

1. The Interdisciplinary Care Team (ICT) at the CB/CME will identify member with mental health diagnosis and initiate a referral to the appropriate mental health provider based on the diagnosis.

2. The care coordinator at the CB/CME will be responsible for assisting the member to get and keep the appointment and will ensure that all required member consents are obtained and documented in the member's medical records. The consent will allow the transfer of metal health and physical health providers in compliance with the State and Federal regulations.

3. The Behavioral health provider will perform an initial assessment and confirm the diagnosis and develop a care plan for the member. If the members is mild or moderate diagnosis, provider will continue to provide services under their contract with KHS. If the patient has a diagnosis of severe mental health diagnosis, the same provider will provide appropriate services for severe mental health diagnosis in compliance with his/her agreement with KBRS. The member does not have to change providers, no matter the diagnosis.

4. The care coordinator will continue to assist the member and make sure all appointments to see the provider or participate in therapies as ordered by the mental health provider are kept and helps identify services needed to help the patient be compliant with treatment plan.

5. The CB-CME shall maintain a behavioral health service provider directory, which includes information about providers within the plan, contact information, languages served, alternatives and other cultural options, geographical locations the types of services provided and the populations served.

6. The CB-CME Care Coordinator shall ensure the member receives information on how to contact the behavioral health provider

7. The CB-CME shall ensure onsite protocols are in place that include assisting HHM immediate access to behavioral health help lines and other triage and referral functions to support timely support and/or urgency of patient's clinical circumstances, including crisis situations and emergencies.

8. The CB-CME medical team will assess the need, determine the appropriate level of service and connect patients who have behavioral health needs with the necessary services in a timely manner. i.e., emergency, urgent or clinic.

9. When a primary care physician or CB-CME medical provider identifies a member who is in need of specialty mental services, the member will be referred to an appropriate provider. The CB-CME will work with the behavioral health organization (BHO) in coordinating the care and providing a link between these specialty care services and the CB-CME for medical record information and the necessary follow-up care.

10. The provider or appropriate care team member discusses the referral with the HHM and completes the referral, which includes pertinent information about the patient's medical condition, reason for referral, the provider's assessment and the request for treatment / services.

11. HHMs may also call and get direct access to the BHO for services. Typically behavioral health services do not require a formal referral. Members are afforded multiple access points. The CB-CME will provide the member with the 800 number so members can self-refer as needed

12. The Care Coordinator coordinates the requested care, treatment or services within a time frame that meets the needs of the HHM, as well as the recommendations of the provider and schedules appointments with the "referred to" behavioral health provider or behavioral health community center when at all possible.

13. The Referral Coordinator coordinates and/or notifies the HHM of the appointment and tracks the status of the referral until completed.
    a. Completed is defined as the care or service was received or all communication attempts with the provider and/or HHM have been exhausted yet the care or service was not received.
    b. The Behavioral Health care plan is shared with the ICT at the CB/CME in compliance with regulation on sharing of sensitive information. The information is stored in the patient's medical records at the CB/CME

14. At each HHM visit the Care Coordinator of clinical will inquire with member and/or families, as appropriate if they have scheduled or received care or services outside of the CB-CME health center. If the member/family indicates care has been scheduled or received since the previous office visit CB-CME center the information is entered in the medical record and the Care Coordinator is tasked with obtaining information from the provider in which the member received care or services, when appropriate.

Revision 2019-07: Policy created to comply with the Medi-Cal Health Home Program Guide. Previously approved by DHCS.