

KALAMAZOO COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ADMINISTRATIVE POLICY 40.02

Subject: Coordination with Primary Care Physician	Section: Services Coordination	
Applies To: <input checked="" type="checkbox"/> KCMHSAS Staff <input checked="" type="checkbox"/> KCMHSAS Contract Providers	Page: 1 of 4	
Approved: ----- (Jeff Patton, Chief Executive Officer)		
Revised: 01/17/2018	Supersedes: 03/02/2016	First Effective: 01/01/2014

PURPOSE

To establish guidelines to ensure that coordination occurs (a) at the system-level between the KCMHSAS providers and Medicaid Health Plans (MHPs) and other CMHSP/PIHPs; and (b) at the service-level between primary care physicians and the KCMHSAS provider network.

DEFINITIONS

Medicaid Health Plan (MHP)

The Managed Care Organization (MCO) as defined by 42 CFR § 438, for the State of Michigan that manages all Medicaid primary health care services, and that has primary care physicians (PCPs) on their provider panel that provide or authorize all physical health care for a Medicaid beneficiary.

Primary Care Physician

The primary healthcare physician (PCP), usually an internist, pediatrician or family physician, devoted to general medical care of patients. Most Medicaid Health Plans require members to choose a primary care physician, who is then expected to provide or authorize all physical health care for that patient.

Primary Practitioner/Clinician

The behavioral health professional practitioner within the KCMHSAS provider network who is responsible for conducting the person-centered planning process, developing the Individual Plan of Service (IPOS) and/or for coordinating and monitoring specialty benefit services for the person served. Examples of a primary practitioner include, but are not limited to the following: Case Manager, Supports Coordinator, Primary Therapist

(e.g. Social Worker, Psychologist, Professional Counselor), and in some settings, Nurse Practitioner, Psychiatric Nurse, and other related health professionals.

POLICY

KCMHSAS shall ensure that service collaboration and effective communication occurs between the physical and behavioral healthcare systems, including with the primary care physician. Service coordination is viewed as essential to adequately addressing each individual's needs. Service coordination shall occur to meet the identified needs of the individual, ensure implementation of the plan of services, and to avoid unnecessary duplication of services.

STANDARDS

- I.** KCMHSAS shall ensure that:
 - A.** KCMHSAS funded services are coordinated with the services the person may receive from other MCOs, MHPs, and/or PIHPs, including their primary care physicians and other primary practitioners/clinicians.
 - B.** The results of assessments of individuals served performed by KCMHSAS or any of its network providers may be shared with other MCOs, MHPs, and PIHPs serving the person in order to prevent duplication of services.
- II.** All service provider staff serving the individual shall be responsible to ensure that the primary practitioner/clinician is aware of relevant health information, in order for appropriate coordination to occur.
- III.** For individuals receiving ongoing services, coordination with the primary care physician is generally the responsibility of the primary practitioner/clinician, unless otherwise indicated in the individual's person-centered plan of service. If an individual served does not have an identified primary care physician, it is expected that the primary practitioner/clinician provides the individual with resources and assists the individual in enrolling with one.
- IV.** Coordination may also be appropriate between designated professionals involved in specialty care, such as between a psychiatrist and a primary care physician.
- V.** The primary practitioner/clinician shall ensure that any health issues are identified and addressed during the assessment and planning processes. , The primary practitioner/clinician will assure the promotion of health and wellness throughout the Person Centered Planning process, and included in the assessment and the plan of service, as needed. It is also the ongoing responsibility of the primary practitioner/clinician to inform the primary-care physician of any changes in the individual's perceived health status within 72 hours, if the person served is unable to do so themselves.

- VI.** The primary practitioner/clinician shall secure a release of information for communication with the MCO/MHP primary care physician through the use of the MDHHS Consent to Share Behavioral Health Information for Care Coordination Purposes.
- VII.** The primary practitioner/clinician shall ensure that the communication of KCMHSAS provider network system with the primary care physician will minimally include the following types of information:
- A. An intake into the KCMHSAS provider network system
 - B. Significant changes in the type and/or level of care (i.e. moving into or from Specialized Residential setting and independent living setting; addition of Substance Use Disorder treatment/services, etc.)
 - C. A psychiatric inpatient admission or discharge
 - D. Psychotropic medications that are added or discontinued by the KCMHSAS provider network system (i.e., lab results, service notes, etc) based on specific occurrence.
- VIII.** The primary practitioner/clinician may also communicate the following information to the MCO/MHP primary care physician:
- A. Other relevant psychiatric/medical information.
 - B. Request for information regarding any new developments affecting health (example: x-ray/lab results, information on recent hospitalizations, information on specific health concerns/conditions, etc.) of the person served.
- IX.** The primary practitioner/clinician may use the sample letter to communicate key assessment and other information to the primary care physician, or utilize a similar letter, containing the same elements, on their organization's own letterhead (see exhibit A).
- X.** The primary practitioner/clinician shall facilitate coordination between the primary care physician and specialists if the person served is unable to do so themselves. When an individual requires occupational or physical therapy the prescription will be obtained from the primary care physician. Speech therapy only requires a referral.
- XI.** The primary practitioner/clinician shall ensure that all relevant medical information and documentation regarding efforts to coordinate with the primary care physician are entered into the central clinical record. The primary practitioner will ensure that reports regarding the status of occupational, physical and/or speech therapy are mailed to the primary care physician.

EXHIBITS

- A. [Coordination of Health Care Sample Letter to PCPs](#)

REFERENCES

- Southwest Michigan Behavioral Health Policy
 - [Physical Health Communication](#)