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North Sound Behavioral Health Organization

Section 1500 – Clinical: Coordination of Care with External Health Care Providers

Authorizing Source: WAC 388-877A-0135; North Sound BHO, 42 CFR Part 2

Cancels:

See Also:

Providers must comply with this policy & may develop individualized implementation guidelines as needed unless unnecessary

Approved by: Executive Director

Responsible Staff: Quality Manager

Signature:

Date: 7/20/2017

POLICY #1517.00

SUBJECT: COORDINATION OF CARE WITH EXTERNAL HEALTH CARE PROVIDERS

PURPOSE

To define the process utilized by clinicians in referring behavioral health individuals with health conditions that may result from or contribute to the individual's behavioral health status, or other conditions, clearly evident or reported by the individual, that may need medical attention, but cannot or should not be treated by behavioral health providers.

To define expectations and guidelines for ongoing interface and collaboration with North Sound Behavioral Health Organization (North Sound BHO) provider network behavioral health agencies (BHAs) and external health care providers to maximize coordination of care for North Sound BHO individuals.

DEFINITIONS

Individual

A person who applies for, is eligible for, or receives BHO-authorized behavioral health services from an agency licensed or certified by the Department as a behavioral health agency. In the case of a minor, the Individual's parent or, if applicable, the Individual's custodian.

Health Care

Per WAC 246-15-010 health care means any care, service, or procedure provided by a health care facility or a health care provider: (a) to diagnose, treat, or maintain a patient's physical or mental condition; or (b) that affects the structure or function of the human body.

Health Care Provider

Per WAC 246-15-010 a health care provider, health care professional, professional, or provider means a person who is licensed, certified, registered or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession.

Behavioral Health Agency (BHA)

A clinical staff member of a North Sound BHO network provider, licensed through the Division of Behavioral Health and Recovery, assigned with the primary responsibility to implement an individual's behavioral health individualized service plan and serve as point person for continuity of care.

Primary Care Provider (PCP)

Health care provider designated to oversee a person's primary medical needs.

POLICY

North Sound BHO is committed to ensuring that timely communication and coordination of care occurs between North Sound BHO's provider network BHAs and other health care providers external to the behavioral health system, including but not limited to primary care providers (PCP), regarding an individual's behavioral health and medical care and treatment.

North Sound BHO's provider agencies shall refer individuals to their PCP or other appropriate providers when, through the assessment and treatment process, the need for health care beyond the scope of behavioral health services are identified. Examples of health care services other than behavioral health may include, but are not limited to:

1. Auditory
2. Dental
3. Developmental Disabilities
4. Medical/Surgical
5. Optical
6. Reproductive Services, including family planning and/or treatment and prevention of sexually transmitted infections (STIs)

PROCEDURES*

At the initial intake evaluation, individuals shall be asked about the existence of any co-morbid conditions. In addition, the clinician will request the name and telephone number for each individual's PCP and will record them in the appropriate fields on the screening and intake evaluation documents. The PCP's contact information (name and contact numbers) shall be reviewed and updated at least annually or as changes occur.

The individual's consent for collaboration between the North Sound BHO network provider and the PCP, as well as other health care providers as applicable, shall be obtained in writing as soon as it is therapeutically appropriate during the intake evaluation process, or as early in the treatment episode as possible, preferably during the first face-to-face contact. The attempt to obtain the Authorization for Release(s) of Information (ROI) will be documented in the individual's clinical record. If the individual refuses to sign the ROI, the issue should be revisited at least every six months, or as clinically indicated.

If the individual and/or provider identify need for additional services and supports for health care, the BHA will address that need on the Recovery and Resiliency Plan/ Individual Service Plan (RRP/ISP), make appropriate referrals, and provide assistance in access and linkage. Referrals and assistance will be documented in the individual's clinical record. Please refer to North Sound BHO Policy #1550.00 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) regarding specific requirements for referrals to and from PCPs for individuals under age 21.

For adults, if consent is given, the North Sound BHO network providers are required to communicate with the individual's PCP to coordinate physical and behavioral health care needs, or attempt to link individuals to a PCP for medical care. Communication may be in writing or by telephone and shall be documented in the individual's clinical record. The North Sound BHO network providers' BHAs are expected to only release information authorized by the individual and/or as allowed by state and federal confidentiality laws.

The level of disclosure that an individual may indicate may include but not be limited to:

1. Release of any applicable information to and from the PCP;
2. Release of EPSDT screening findings only (for youth);
3. Release of medication information only to and from the PCP; or
4. No release of information to or from the PCP.

Applicable information might include, but not be limited to:

1. Diagnosis;
2. Recovery and Resiliency Plan/ Individual Service Plan (RRP/ISP)
3. Medication and its effects;
4. Results of lab tests and consultations;
5. Psychological testing results and consultations;
6. Information on how the PCP can contact the North Sound BHO network provider
7. HIV/AIDS or STDs; and/or
8. Alcohol or drug abuse treatment by federally assisted alcohol or drug abuse programs.
9. Behavioral Health interventions focused on physical health conditions and healthy behaviors.

To facilitate continuity of care if consent is given, the North Sound BHO network providers' BHAs are expected to communicate with the PCP when any of the following occur:

1. Initiation of care and services;
2. Initial prescription of psychotropic medications;
3. Changes in prescribed medications that might impact health care;
4. Changes in the individual's clinical condition that potentially impacts his/her overall medical care.
5. The BHA has a concern about the individual's health condition

The North Sound BHO Quality Management Plan monitors network providers through on-site clinical record reviews to ensure that documentation of coordination activities is evident in individual's clinical records and communication occurs within the scope of the consent and release(s) given by the individual. Specific monitoring activities may include, but not be limited to:

1. If health care is identified in the intake or in the course of service delivery, it has been addressed in the individual plan;

2. Presence of individual-signed ROIs to the PCP and other health care providers or documentation of the individual refusing to sign ROIs;
3. Presence in the clinical record of a letter, completed EPSDT form or other treatment notification form to the PCP or other health care provider; and/or
4. If authorized, inclusion of documentation in the individual's clinical record of communication with health care providers including when communication took place, a general description of information shared and method of communication.

*While most of the procedures reference coordination with the PCP, these procedures also apply to other health care providers under applicable circumstances.

ATTACHMENTS

None