

Policy Title:	<b>Coordination of Care with External Health Care Providers</b>	Policy No. 6006.00
Category:	Clinical	Date Adopted: 1/10/2020 Date Revised: Date Reviewed:
Reference:	Washington Health Care Authority (HCA) Contract	

## **PURPOSE**

- 1.1. 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, are clearly evident or reported by the individual, that may need medical attention, but cannot or should not be treated by behavioral health providers.
- 1.2. To define expectations and guidelines for ongoing interface and collaboration with Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO) provider network Behavioral Health Agencies (BHA) and external health care providers to maximize coordination of care for Great Rivers BH-ASO individuals.

## **DEFINITIONS**

### **Individual**

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

### **Health Care**

- 1.4. Per WAC 246-15-010, health care means any care, service, or procedure provided by a health care facility or 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**

- 1.5. 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)**

- 1.6. A clinical staff member of a Great Rivers BH-ASO network provider licensed through the Division of Behavioral Health and Recovery (DBHR), 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)**

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

### **POLICY**

1.8. Great Rivers BH-ASO is committed to ensuring timely communication and coordination of care occurs between Great Rivers BH-ASO provider network and other health care providers external to the behavioral health system. Great Rivers BH-ASO and its contracted network are required by contract to coordinate with other identified health care providers including but not limited to primary care providers (PCP), regarding an individual's behavioral health, medical care and individual service plan. In cases, where there is no BHA attached to the Individual, Great Rivers BH-ASO will provide the coordination with the physical health care provider, while the Individual is being established at a BHA.

1.9. Great Rivers BH-ASO and BHAs shall refer individuals to their PCP or other appropriate providers when, through self-identification, an assessment or 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:

- 1.9.1. Auditory.
- 1.9.2. Dental.
- 1.9.3. Developmental Disabilities.
- 1.9.4. Medical/Surgical.
- 1.9.5. Optical.
- 1.9.6. Reproductive Services, including family planning and/or treatment and prevention of sexually transmitted infections (STIs).

### **PROCEDURES**

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

For Great Rivers BH-ASO:

- 2.1 Great Rivers BH-ASO will address the Individual's needs as identified by the individual and assist in coordination with behavioral health resources and any other external healthcare or service providers.
- 2.2 Great Rivers BH-ASO s will ensure that a completed and signed release of information (ROI) has been obtained prior to providing assistance or coordination of services that involve protected health information Great Rivers BH-ASO will ensure that all GFT/FBG programs maintain coordination and continuity of care with all individuals, including those in alternative settings such as homeless shelters, permanent supported housing, nursing homes and group home settings.
- 2.3 In the absence of a BHA, Great Rivers BH-ASO will take the active role in providing assistance per the outline provided for BHA involvement, minus any

clinical assessments or service, until the time a BHA has been identified to providing ongoing assistance and coordination.

For BHA:

- 2.4 At the initial BHA intake evaluation, individuals shall be asked about the existence of any co-morbid conditions.
- 2.5 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.
  - 2.5.1 The PCP's contact information (name and contact numbers) shall be reviewed and updated at least annually or as changes occur.
- 2.6 The individual's consent for collaboration between the BHA 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.
- 2.7 The attempt to obtain the Authorization for Release(s) of Information (ROI) will be documented in the individual's clinical record.
  - 2.7.1 If the individual refuses to sign the ROI, the issue should be revisited at least every six (6) months, or as clinically indicated. The individual's refusal will also be documented in their clinical record.
- 2.8 If the individual and/or provider identify need for additional services and supports for health care, the BHA will address that need on the individual's treatment plan, make appropriate referrals and provide assistance in access and linkage.
  - 2.8.1 Referrals and assistance will be documented in the individual's clinical record and include the following information:
    - 2.8.1.1 Name of the provider the individual was referred to
    - 2.8.1.2 Rationale for the referral
    - 2.8.1.3 Response to the referral and any follow up
- 2.9 If a PCP, or other medical provider, refers an individual who is currently being treated for physical health conditions, for behavioral health services, the receiving BHA will
  - 2.9.1.1 Receive a referral form with the reason for referral.
  - 2.9.1.2 The receiving BHA will then contact the individual to set up an intake evaluation to determine if further behavioral health services are needed, and collect all required releases to report back to the referent,
  - 2.9.1.3 The outcome of the intake evaluation, if the appropriate releases are in place and valid.
- 2.10 For adults, if consent is given, the BHAs 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 BHAs are expected to only release information authorized by the individual and/or allowed by state and federal confidentiality laws.
- 2.11 The level of disclosure that an individual may indicate may include, but not be limited to:

- 2.11.1 Release of any applicable information to and from the PCP;
- 2.11.2 Release of EPSDT screening findings only (for youth);
- 2.11.3 Release of medication information only to and from the PCP; or
- 2.11.4 No release of information to or from the PCP.
- 2.12 Applicable information might include, but not be limited to:
  - 2.12.1 Diagnosis;
  - 2.12.2 Treatment Plan;
  - 2.12.3 Medication and its effects;
  - 2.12.4 Results of lab tests and consultations;
  - 2.12.5 Psychological testing results and consultations;
  - 2.12.6 Information on how the PCP can contact the BHA;
  - 2.12.7 HIV/AIDS or STDs;
  - 2.12.8 Alcohol or drug abuse treatment by federally assisted alcohol or drug abuse programs; and/or
  - 2.12.9 Behavioral Health interventions focused on physical health conditions and healthy behaviors.
- 2.13 To facilitate continuity of care if consent is given, the BHAs are expected to communicate with the PCP when any of the following occur:
  - 2.13.1 Initiation of care and services;
  - 2.13.2 Initial prescription of psychotropic medications;
  - 2.13.3 Changes in prescribed medications that might impact health care;
  - 2.13.4 Changes in the individual's clinical condition that potentially impacts his/her overall medical care.
  - 2.13.5 The BHA has a concern about the individual's health condition.

## **Monitoring**

- 3.1 The Great Rivers BH-ASO Quality Management Plan monitors network providers through on-site clinical record reviews to ensure 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:
  - 3.1.1 that there is a plan to coordinate care identified in the ISP
  - 3.1.2 Grievance and complaint trends
  - 3.1.3 community stakeholder feedback
  - 3.1.4 satisfaction survey responses
  - 3.1.5 Presence of individual-signed ROIs to the PCP and other health care providers or documentation of the individual refusing to sign ROIs;
  - 3.1.6 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
  - 3.1.7 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.
  - 3.1.8 Other requested or sent medical records from other treating entities

**ATTACHMENTS**

None.

POLICY SIGNATURE

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Edna J. Fund, Chair  
Great Rivers BH-ASO Governing Board

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Date