

# **BEHAVIORAL HEALTH COORDINATION STANDARDS**

## **California Coordinated Care Initiative (CCI)**

**Updated February 15, 2013**

### **Background**

These Standards, in conjunction with the companion Care Coordination Standards, are part of the requirements that the Centers for Medicare/Medicaid (CMS) and the California Department of Health Care Services (DHCS) will use to assess health plan readiness for the duals demonstration.

Behavioral health coordination is an essential component of a successful demonstration. DHCS expectations around coordination of behavioral health with medical care and long-term services and supports are captured in the more expansive Assessment and Care Coordination Standards released for public comment in late November.

The standards in this document are specific to the coordination of the behavioral health services carved out of the duals demonstration – Medi-Cal specialty mental health and Drug Medi-Cal services. These standards will be incorporated into the contract requirements for health plans, the health plan readiness assessment checklist, and used for ongoing monitoring of participating health plans.

### **Proposed Standards**

Prior to enrolling beneficiaries into the demonstration, health plans will be required to meet the following standards:

### **Provider Contracting**

Health plans shall demonstrate evidence of the following:

1. An executed or updated Memoranda of Understanding (MOUs) with county Mental Health Plan (MHP) and the county department responsible for alcohol and drug services (if the entities are separate). The MOU should reflect broader care coordination standards required for the duals demonstration, as well as at a minimum include at least the following four areas:
  - a. Delineation of roles and responsibilities, including agreement on covered services, medical necessity criteria, assessment and referral process, process for ensuring member participation and consent in the development, update and implementation of care plans;
  - b. Policies and procedures for sharing information;
  - c. Policies and procedures for care coordination; and

- d. A financial accountability strategy based on the specific performance measures described in the three-way contracts between DHCS, CMS, and the health plans.

### **Shared Financial Accountability Strategies**

Health plans shall demonstrate evidence of the following:

Strategies agreed upon with county behavioral health agencies on how funds earned back through the quality withhold metric will be shared back with the county mental health and substance use agencies (pending further detail that will be included in the three-way contracts between health plans, CMS and DHCS).

### **Assessment Processes**

Health plans shall demonstrate evidence of the following:

1. Policies and procedures for performing a health risk assessment (HRA) that assesses a Member's current health and functional risks, including medical, LTSS, and behavioral health elements. This assessment will serve as the basis for further assessment needs that may include, but are not limited to, mental health, substance use, chronic physical conditions, incapacity in key activities of daily living, dementia, cognitive status, and the capacity to make informed decisions.<sup>1</sup>
2. These policies and procedures shall be updated and attached to the MOU no later than 12/31/2013 to reflect agreement with the county regarding screening and assessment for enrollees of both systems.

### **Referral Processes**

Health plans shall demonstrate evidence of the following:

Policies and procedures for referral processes that include, at a minimum, a description of a coordinated, bidirectional referral process between the health plan and county department(s), and process for obtaining member participation and informed consent. It should include the designated points of contact at the health plan and county department(s) and various communications processes to address issues related to coordination including, but not limited to, the availability of clinical consultation, and consultations on medications for beneficiaries who are receiving services from both the health plan and the county department(s).

### **Coordination of Care**

Health plans shall demonstrate evidence of the following:

---

<sup>1</sup> Refer to CCI Care Coordination Standards available here: <http://www.calduals.org/wp-content/uploads/2013/01/CC-Standards-Updated-1.22.13.doc>

1. Policies and procedures for coordinating behavioral health care for enrollees. These policies and procedures shall be updated and attached to the MOU no later than 12/31/2013 to reflect agreement with the county on care coordination for enrollees of both systems. These shall, at a minimum, include:
  - a. A written description of the activities and responsibilities that are part of the care coordination process with the county.
  - b. One or more identified points of contact who will initiate communication between the plan and county and maintain ongoing communication for care coordination.
  - c. For members receiving county behavioral health services and identified as needing an Interdisciplinary Care Team (ICT), a description of how the member's county behavioral health provider(s) may participate as members of the ICT.
  - d. A process for coordinating the development and updates of members' individual care plans (maintained by the plan) with the members' county behavioral health providers. The individual care plans (maintained by the plan) shall include the evidence of collaboration with the member's principal behavioral health provider at the county or contracted with the county.
  - e. A schedule for regular meetings with the county (at least quarterly) to review the care coordination process, such as the effectiveness of exchange of patient health information.
  - f. Policies and procedures for the oversight and review of care coordination activities delegated to a subcontractor or delegated medical group.
  - g. Policies and procedures to ensure that:
    - a. The member and the member's authorized legal representatives are made aware of and informed of community service options, including community living options;
    - b. The health plan facilitates access to appropriate community-based services, including community living, as detailed in the broader care coordination standards<sup>2</sup>;
    - c. Care coordination is provide for transitions among levels of care and between service locations, with an emphasis on placement in the most inclusive settings available, as described in the broader care coordination standards.

### **Exchanging Information for Behavioral Health Coordination**

Health Plans shall demonstrate evidence of the following:

1. Have an agreement with the relevant county department(s) for roles and responsibilities for sharing personal health information (PHI) for the purposes of coordinating medical and behavioral health care services pursuant to Title 9, CCR,

---

<sup>2</sup> Refer to CCI Care Coordination Standards available here: <http://www.calduals.org/wp-content/uploads/2013/01/CC-Standards-Updated-1.22.13.doc>

Section 1810.370(a)(3) and in compliance with HIPAA and other state and federal privacy laws.

2. These policies and procedures shall be updated and attached to the MOU no later than 12/31/2013 and should include specific milestones over the three years to improve the timeliness and quality of the data shared. They should also include, to extent possible under existing state and federal privacy laws, a process for creating and maintaining a list of demonstration enrollees who are receiving Medi-Cal specialty mental health and/or Drug Medi-Cal services to track their care coordination and service delivery.

### **Quality Improvement System**

Health Plans shall demonstrate evidence of the following:

Policies and procedures for an annual review, analysis and evaluation of the effectiveness of the plan's care management program and coordination of behavioral health services to identify actions to implement and improve the quality of care and delivery of services.

### **Stakeholder Process**

Health Plans demonstrate evidence of the following:

Local stakeholders, including mental health and substance use providers, consumers and family members, have been meaningfully engaged in the planning process related to behavioral health coordination, including, but not limited to the development, implementation, and continued operation of the MOUs with the county.