



Policy Title:	Behavioral Health Home Coordination
Business Unit:	Markets Growth & Retention
Department:	State Public Programs
Approved By:	Director, Medicaid SNP Member Solutions & Innovation
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PRODUCTS AFFECTED

- Minnesota Senior Health Options (MSHO) – Medica DUAL Solution®
- Minnesota Senior Care Plus (MSC+) – Medica Choice CareSM MSC+
- Special Needs BasicCare (SNBC) – Medica AccessAbility Solution®
- Special Needs BasicCare (SNBC) Special Needs Plan – Medica AccessAbility Solution Enhanced

DEFINITIONS

Behavioral Health Home (BHH): A care coordination model that focuses on the behavioral, physical health, and social service and support needs of populations with serious mental illness. BHH comprises the following services delivered by an interprofessional team: comprehensive care management; care coordination; health promotion services; comprehensive transitional care; referral to community and social support services; and individual and family support services. A set of services designed to integrate primary care, behavioral health, and social/community services and supports to assist adults with serious mental illness (including serious and persistent mental illness). BHH utilizes a multidisciplinary team to deliver person-centered services designed to support a person in coordinating care and services while reaching his or her health and wellness goals.

BHH Covered Services: Comprehensive Care Management, Care Coordination, Health and Wellness Promotion, Comprehensive Transitional Care, Individual and Family Supports and Referral to Community and Social Services.

PURPOSE

To assure a Medica Care Coordinator (CC) working with members that are receiving Behavioral Home Health Services understand the general description of what the Behavioral Health Home service is, how this service will interact with Medica CC's and the expectation around a CC's involvement when a member is receiving Behavioral Health Home services.

POLICY:

Care Systems, Agencies, and Counties that provide Care Coordination for Medica members are required to have procedures in place to guarantee that CC's are aware of the benefits of Behavioral Health Homes, BHH Services & the expectations around CC involvement.

PROCEDURE:

1. A member who is in need of additional coordination around their behavioral health needs that meets BHH criteria may be referred to a BHH through a variety of avenues, including by their assigned CC. Medica prefers that members receive their BHH services through a Medica in network provider whenever possible. CC's refer directly to the BHH provider. See DHS Behavioral Health Homes website for current list of certified BHH service providers.
2. Certified BHH service providers will determine a member's eligibility for BHH services through conducting of a diagnostic assessment (DA) or through the review of a previously completed DA.
3. Upon determination that the member is eligible for BHH services, within 30 days the BHH provider will fax the completed BHH consent form to Medica Behavioral Health (MBH) at 1-855-454-8155.
4. If it is determined the member is eligible for BHH services:
 - a. Medica will notify the assigned CC of the BHH service start date, provider and other information provided by the BHH via secure email.
 - b. CC's are responsible to contact the BHH provider within 10 business days of receiving notification that the member is receiving BHH. During this call, the CC will:
 - i. Provide the BHH staff with the CC's contact information,
 - ii. Share information related to the members care plan,
 - iii. Discuss with the BHH the contact frequency they can expect from the CC.
 - iv. Discuss what the preferred method of communication will be between the CC and the BHH staff.
 - c. BHH staff and CC's are to work cooperatively and collaboratively, to ensure that services and activities are coordinated to most effectively meet the goals of the person and to ensure that duplication is avoided. In the communication between CC's and BHH staff, conversations are to occur related to what activities and services the BHH are supporting members through.
 - d. CC's are responsible to notify the BHH within 2 business days of learning of a member utilizing the Emergency Room or hospital admission.
 - e. CC's are responsible to notify the BHH within 2 business days of learning of a member transition of care, such as discharge from a hospital stay or a transition from a nursing home/institution setting. CC's are responsible to share with the BHH any post discharge plans.
 - f. BHH providers will alert Medica if a member is no longer interested in receiving BHH services within 30 days of that determination. Medica will alert the assigned CC via email or phone.
 - g. CC's are to include BHH service on a member's plan of care/service agreement.
 - h. CC's are to document all contacts they have with BHH staff in the members file.

Required Contacts:

Activity	BHH Service Provider	Care Coordinator
Assessment, Care Plan and Monitoring	BHH must record the CC's name and contact information on the members records and a schedule for frequency of contact with the CC	CC must record the BHH name and contact information on the members care plan and a schedule for frequency of contact with BHH team.

Emergency Room Visit	BHH to notify Medica or individuals CC (if know) of any known Emergency Room Visits.	CC to notify BHH of any known Emergency Room Visits
Hospitalization (Admission and/or Discharge)	BHH to alert Medica or individuals CC (if known) of any hospitalization admission and/or discharge.	CC to alert BHH of any known hospitalization admission and/or discharge. Note: If the hospitalization is an inpatient mental health stay, this notification will go directly from MBH to the BHH.
Transitions of Care	BHH to contact member to ensure that the member is able to access all needed services and supports at the time of discharge or other transition BHH to notify Medica or individuals CC (if know) if the member requires assistance to ensure access to needed treatment or services upon discharge.	CC to notify BHH of any transitions of care, post discharge plans, follow-up plans
Change of Condition	BHH to be in contact with the members individual CC to discuss a members change of condition and current plan of care	CC to be in contact with the members BHH to discuss the members change of condition and current plan of care
Documentation	BHH will document in their own internal system per their agencies policies	CC will document contacts with BHH service providers as they normally would document provider contacts.

Per DHS, members are not eligible for BHH services if they currently receive the following services:

- Adult Mental Health Targeted Case Management (AMH-TCM)
- Children’s Mental Health Targeted Case Management (CMH-TCM)
- Assertive Community Treatment (ACT)
- Vulnerable Adult/Developmental Disability Targeted Case Management (VA/DD-TCM)
- Relocation Service Coordination Targeted Case Management (RSC-TCM)
- Health Care Homes (HCH)Care Coordination Services

A person who meets the eligibility criteria for one or more of these covered services must choose which service best meets his or her needs.

CROSS REFERENCES
DHS BHH MCO Roles and Responsibilities worksheet

DHS Behavioral Health Home Services website
DHS MSHO/MSC+ Contract
DHS SNBC contracts
DHS eDoc # 6307, Behavioral Health Homes Overview
DHS eDoc # 6766, Behavioral Health Home Certification Standards

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