



<b>Policy Title:</b>	<b>Coordination with Certified Community Behavioral Health Clinics</b>
<b>Business Unit:</b>	Government Programs
<b>Department:</b>	State Public Programs
<b>Approved By:</b>	Director of SPP Products
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### PRODUCTS AFFECTED

- Medica DUAL Solution<sup>®</sup> – for Minnesota Senior Health Options (MSHO) enrollees
- Medica Choice Care<sup>SM</sup> – for Minnesota Senior Care Plus (MSC+) enrollees
- Medica AccessAbility Solution<sup>®</sup> – for Special Needs Basic Care (SNBC) enrollees
- Medica AccessAbility Solution<sup>®</sup> Enhanced - for Special Needs Basic Care (SNBC) enrollees who are dually eligible

### DEFINITIONS

**Behavioral Health Home (BHH):** A set of services designed to assist individuals who have been determined by a mental health professional to meet the criteria for serious mental illness (SMI) or emotional disturbance (ED) to better manage their health. BHH services are provided by an interdisciplinary team. The Department of Human Services (DHS) has stated that the required BHH services are: care management, care coordination, comprehensive transitional care, health and wellness promotion, individual and family support and referral to community and social supports. It is important to note that a member can be in a Certified Community Behavioral Health Clinic (CCBHC) and receiving BHH services, so the CCBHC care coordinator and the BHH care coordination worker could be the same person.

**Certified Community Behavioral Health Clinic (CCHBC):** Certified Community Behavioral Health Clinic (CCBHC) is an integrated clinic and service delivery model that uses a cost-based reimbursement structure. Originally a federal demonstration project from 2017-2019, this new service delivery model aims to integrate mental health and substance use disorder service provision, coordinate care across settings and providers to ensure seamless transitions for individuals across the full spectrum of health and social services, increase consistent use of evidence-based practices, and increase access to high-quality care. CCBHC's provide outreach, increase access, improve services, and serve as a 'one-stop-shop' to those who are currently underserved.

The DHS CCBHC page will show the current CCBHC providers: <https://mn.gov/dhs/partners-and-providers/policies-procedures/adult-mental-health/ccbhc/>

## **PURPOSE**

To define the Care Coordination activities and actions of a Medica Care Coordinator (CC) when a member they are working with is receiving care, to include care coordination, from a CCBHC provider.

## **POLICY/PROCESS**

The six CCBHC's will provide a CC to work with the member in the CCBHC. This CCBHC CC will be working closely with the member to coordinate care across settings as well as with providers to ensure seamless transitions for individuals across the full spectrum of health and social services. The goal of CCBHC CC is to increase consistent use of evidence-based practices and improve access to high-quality care. The CCBHC CC does not replace the Medica CC, but is seen as someone the Medica CC will collaborate with to best serve the member.

CCBHC CC's who are made aware that they are working with a Medica member will be reaching out to the assigned Medica CC. During this initial contact, the CCBHC CC and Medica CC will discuss the following:

- How to contact each other with member related updates
- Share information related to the members care plan
- Discuss what the preferred method of communication will be between the Medica CC and the CCBHC CC

CCBHC's and Medica CC are to work cooperatively and collaboratively. The DHS document MCO/CCBHC Communication Protocol is an important tool for care coordinators. The communication between coordinators will include conversations on how to best support member for the best outcome possible.

## **SUGGESTED CONTACTS**

Per DHS, it is suggested that the following member activities result in communication between a CCBHC CC and a Medica CC.

- Member starts with a CCBHC
- Member starts BHH or Mental Health Targeted Case Manager (MH-TCM)
- Referral for new service provider
- Change in living situation/address
- Change in symptoms, decompensation requiring additional intervention
- Hospital admission/discharge
- Emergency Department (ED) admission/discharge
- Detoxification services admission/discharge
- Detoxification step-down services admission/discharge
- Residential treatment admission/discharge
- Home and Community Based Service (HCBS) referral/intake

## **Notes:**

- CCHBC members may also be receiving BHH or MH-TCM. These services may be delivered by the CCBHC provider, or different providers. Regardless of the provider of these services, the CCBHC CC would remain the primary contact.
- Releases of information are not needed in order to speak with CCBHC care coordination staff.
- Medica CC's are to include CCBHC CC's as part of a members care team on the members care plan/service agreement and document all contacts with the CCBHC in the member's record.

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## **CROSS REFERENCES**

DHS MSHO/MS+ Contract

SNBC Contract

DHS document: MCO/CCBHC Communication Protocol

DHS document: CCBHC Care Coordination Criteria to BHH and MH-TCM

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