Policy Title: Coordination with Certified Community Behavioral Health Clinics
Business Unit: Government Programs
Department: State Public Programs
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Revision Dates:

PRODUCTS AFFECTED
• Medica DUAL Solution® – for Minnesota Senior Health Options (MSHO) enrollees
• Medica Choice CareSM – for Minnesota Senior Care Plus (MSC+) enrollees
• Medica AccessAbility Solution® – for Special Needs Basic Care (SNBC) enrollees
• Medica AccessAbility Solution® 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 Behavior 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 Clinics are community clinics involved in this pilot that offer mental health and substance use disorder services as well as a range of other services to include care coordination. CCBHC’s provide outreach, increase access, improve services, and serve as a ‘one-stop-shop’ to those who are currently underserved.

This is currently a pilot program, beginning July 2017 through June 30, 2019. Six clinics in Minnesota were chosen to be the first CCBHCs during this demonstration period:
• Northwestern Mental Health Center
• Northern Pines Mental Health Center
• People Incorporated
• Ramsey County Mental Health Center
• Wilder Children and Family Services
• Zumbro Valley Mental Health Center

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:
  o How to contact each other with member related updates
  o Share information related to the members care plan,
  o 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 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:
- CCBHC 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.

CROSS REFERENCES
DHS MSHO/MSC+ Contract
SNBC Contract
DHS document: MCO/CCBHC Communication Protocol
DHS document: CCBHC Care Coordination Criteria to BHH and MH-TCM
DHS bulletin #17-52-02

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