

SUBJECT Collaborative Work between Health Care		CHAPTER 06	SECTION 02	SUBJECT 01
CHAPTER Health and Medical		SECTION Health Care		
WRITTEN BY Thomas Seilheimer & Lauren Tompkins		REVIEWED BY		AUTHORIZED BY PIHP Board

I. APPLICATION:

- PIHP Board CMH Providers SUD Providers
 PIHP Staff CMH Subcontractors

II. POLICY STATEMENT:

It shall be the policy of the Region 10 PIHP that its Provider Network will collaborate with local public and private community-based organizations and health care providers to address prevalent human conditions and issues that relate to a shared customer base to provide a more holistic health care experience for the individual.

III. DEFINITIONS:

Beneficiary: An individual who is eligible for Medicaid and who is receiving or may qualify to receive services through the PIHP

Collaboration: Formal partnered agreements among service providers/practitioners that result in coordinated systems of care, as detailed within a person’s comprehensive plan of service.

IV. STANDARDS:

- A. Primary care and specialty behavioral health specialty services shall be integrated for Medicaid beneficiaries.
- B. Beneficiaries shall have access to an ongoing source of primary care appropriate to his/her needs and a person or entity formally designated as primarily responsible for coordinating services.
- C. Providers shall share clinical information with those identified in the person’s plan of service to thereby facilitate care and avoid duplication of services, while also ensuring the beneficiary’s privacy in accordance with privacy requirements.
- D. Individuals who do not have a primary care medical practitioner will be provided 1) a service goal to obtain a primary care medical practitioner or 2) a risk v. choice goal to educate the consumer about health risks associated with his/her behavioral health condition and the advantages of having a primary care medical practitioner.

SUBJECT	CHAPTER	SECTION	SUBJECT
Collaborative Work Between Health Care	06	02	01
CHAPTER	SECTION		
Health and Medical	Health Care		

V. PROCEDURES:

PIHP/CMHSPs will:

1. Coordinate with entities through participation in multi-purpose collaborative bodies.
2. Generate written coordination agreements with each MHP serving within the PIHP region and with primary care/health care providers.
3. Develop service coordination agreements with each of the pertinent public and private community-based organizations and providers to address issues that relate to a shared consumer base.
4. Ensure that local standards and monitoring mechanisms are in place delineating the contingencies under which behavioral health practitioners communicate with the primary care medical practitioner.

VI. REFERENCES

42 CFR 438.208 Coordination and Continuity of Care

Medicaid Managed Specialty Supports and Service Contractual Service Terms and Conditions 6.4.4

Medicaid Managed Specialty Supports and Service Contractual Service Terms and Conditions 6.4.5.1

Medicaid Managed Specialty Supports and Service Contractual Service Terms and Conditions 6.4.5.2

Medicaid Managed Specialty Supports and Service Contract Attachment P 6.4.5.1

VII. EXHIBITS: N/A

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