

### E. INTEGRATION WITH PHYSICAL HEALTH CARE

#### COORDINATION WITH PRIMARY CARE PHYSICIANS

Coordination of care between physical and behavioral health providers is necessary to optimize the overall health of a client. All providers are expected to coordinate mental health care with a client's Primary Care Physician and should have a policy and procedure in place regarding this coordination of services. Almost all of Medi-Cal beneficiaries are enrolled in one of five Health Maintenance Organizations (HMOs) that are part of Healthy San Diego. Care1st Health Plan, Community Health Group, Health Net, Kaiser Permanente, and Molina Health Care are the HMOs providing health care for Healthy San Diego. The "Healthy San Diego Health Plan Contact Information" (*Appendix A.E.2*) is a helpful tool to use for coordination of care. Included as an Attachment to this handbook is the Coordination and/or Referral of Physical & Behavioral Health Form and Coordination of Physical and Behavioral Health Update Form (*Appendix E – A.E.1*). Contracted providers are required by the MHP to complete the Coordination with Primary Care Physicians and Behavioral Health Services form with the client within 30 days of assignment opening to facilitate coordination with the client's Primary Care Physician. For clients that do not have a primary care physician, provider shall connect them to a medical home. Users of the form shall check the appropriate box at the top of the form noting the nature of the referral. If there are significant changes like an addition, change, or discontinuation of a medication, the Coordination of Physical and Behavioral Health Update Form shall be completed. The Coordination of Physical and Behavioral Health Update Form shall also be completed when the client is discharged from services in order to notify the primary care physician. Requesting client/guardian authorization to exchange information with primary care physicians is mandatory. County QM staff and/or COR will audit to this standard beginning fiscal year 2013-2014.

#### NOTE!

See the "Healthy San Diego Health Plan Contact Information" (*Appendix E – A.E.2*) for information on the Healthy San Diego Health Plans.

**Note:** The Coordination and/or Referral of Physical and Behavioral Form and Coordination of Physical and Behavioral Health Update Form in the threshold languages are included in *Appendix E* (A.E.4-A.E.7)

#### Pharmacy and Lab Services

##### *HMO Medi-Cal Beneficiaries*

Each HMO has contracts with specific pharmacies and laboratories. Providers prescribing medication or lab tests need to be aware of which pharmacy or laboratory is associated with each client's HMO in order to refer the client to the appropriate pharmacy or lab. (See the chart of such affiliations in the Attachment Section of this Handbook (*Appendix E – A.E.3*). The client's

HMO enrollment card has a phone number that providers and clients can check in order to identify the contracted pharmacy or lab. Providers must use the health plans contacted lab vendor.

Psychiatrists may order the following lab studies without obtaining authorization from the client's Primary Care Physician:

- CBC
- Liver function study
- Electrolytes
- BUN or Creatinine
- Thyroid panel
- Valproic acid
- Carbamazepine
- Tricyclic blood levels
- Lithium level.

All other lab studies require authorization from the client's Primary Care Physician. It is recommended that each provider contact the client's HMO Member Services Department or Primary Care Physician to determine which lab test(s) require authorization from the client's Primary Care Physician.

### ***Medi-Cal Beneficiaries Not Enrolled in an HMO***

Medi-Cal beneficiaries who are not members of an HMO may use any pharmacy or lab that accepts Medi-Cal reimbursement.

### **Non-Medi-Cal Beneficiaries**

Non-Medi-Cal beneficiaries who meet financial eligibility requirements being seen at County operated clinics may have their prescriptions filled at little or no cost at a county mental health clinic, or the Health and Human Services Agency Pharmacy at the Health Services Complex, 3851 Rosecrans Street, San Diego, California, 92110.

Contracted providers shall provide medications to non-Medi-Cal clients who meet financial eligibility requirements. Contractor shall comply with the Medi-Cal Drug Formulary for Mental Health Services. Providers shall make every effort to enroll clients in low cost or free medication programs available through pharmaceutical companies or obtain free samples to offset the cost of medication.

### PHYSICAL HEALTH SERVICES WHILE IN A PSYCHIATRIC HOSPITAL

#### Healthy San Diego Recipients

The client's Healthy San Diego HMO is responsible for the initial health history and physical assessment required for admission to a psychiatric inpatient hospital. The client's HMO also is responsible for any additional or ongoing medically necessary physical health consultations and treatments. The health plans do not require prior authorization for the initial health history and physical assessment. All other physical health services provided while a member is in a psychiatric hospital require authorization from the health plan.

The MHP contracted psychiatrist is responsible for obtaining the psychiatric history upon admission and for ordering routine laboratory services tests. If the psychiatrist identifies a physical health problem, he or she contacts the client's HMO to request an evaluation of the problem. If the psychiatrist determines further laboratory or other ancillary services are needed, the contracted hospital must obtain the necessary authorizations from the client's HMO. (See *Appendix E – A.E.1– Coordination and/or Referral of Physical & Behavioral Health Form*)

#### Medi-Cal Beneficiaries Not Enrolled in Healthy San Diego Health Plans

For those Medi-Cal eligible clients who are not members of a Healthy San Diego HMO, physical health services provided in a psychiatric hospital are reimbursed by Medi-Cal.

### TRANSFERS FROM PSYCHIATRIC HOSPITAL TO MEDICAL HOSPITAL

Psychiatric hospitals may transfer a client to a medical hospital to address a client's medical problems. Except in an emergency, the psychiatric hospital must consult appropriate HMO staff to arrange such a transfer for physical health treatment. It is the responsibility of the HMO to pay for transportation in such cases. The Optum Health Medical Director or Liaison and the HMO Medical Director or Liaison will resolve any disputes regarding transfers.

#### Medical Transportation

Healthy San Diego HMOs will cover, at the Medi-Cal rate, all medically necessary emergency and non-emergency medical transportation services to access Medi-Cal covered mental health services. HMO members who call the ACL for medical transportation are referred to the Member Services Department of their HMO to arrange for such services.

### HOME HEALTH CARE

Beneficiaries who are members of one of the Healthy San Diego HMOs must request in-home physical health services from their Primary Care Physician. The HMO will cover at the Medi-Cal rate home health agency services prescribed by a Plan provider when medically necessary to meet the needs of homebound members in accordance with its Medi-Cal contract with the State DHCS. The MHP will pay for services solely related to the included mental health diagnoses. The HMO case manager and the Primary Care Physician coordinate on-going in-home treatment. The HMO is responsible for lab fees resulting from in-home mental health services provided to Medi-Cal members of the HMO.

### Clinical Consultation with Primary Care

Beneficiaries with less severe problems or who have been stabilized shall be referred back to their Primary Care Physician for continuing treatment. To help support treatment by the Primary Care Physician, the MHP as well as organizational providers and county operated programs shall make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving specialty mental health services from the MHP. Efforts shall be made to provide consultation and training to Medi-Cal Managed Care Providers, Primary Care Providers who do not belong to a Medi-Cal Managed Care Plan and to Federally Qualified Health Centers, Indian Health Centers, or Rural Health Centers.