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Owner:	*Harriett Siddiqui*
Policy Area:	*Integrated Health Care*
References:	

Level I and Level 2 Assessments and Integrated Care Teams

POLICY

It is the policy of the Detroit Wayne Mental Health Authority (DWMHA) to promote the development of meaningful Integrated Individualized Care Supports Plans for individuals receiving integrated care; taking into account the individual's wishes and including natural supports in addition to the standard physical and behavioral health options.

The Detroit Wayne Mental Health Authority (DWMHA) is dedicated to the development and implementation of a standardized biopsychosocial assessment that will identify the needs of the individual with regard to physical and behavioral health as well as more basic needs including educational/vocational, housing, economic, health and wellness (safety) and relationship-building.

PURPOSE

To provide clear guidelines for the development of an Integrated Individualized Care Supports Plan utilizing information obtained from a comprehensive standardized biopsychosocial assessment to address an individual's needs to support quality of life and encourage the individual's independence – regardless of physical and/or behavioral health issues.

APPLICATION

1. This policy applies to the DWMHA, the MCPNs and their contracted or subcontracted behavioral health providers as well as the ICOs and their contracted or subcontracted physical health providers who are all involved in providing services to individuals with behavioral and/or physical health concerns.
2. The policy is directed towards adults with SMI, I/DD, and/or SUD concerns who are enrolled in MI Health Link

KEY WORDS

1. Access Center
2. American Society of Addiction Medicine (ASAM)
3. Biopsychosocial Assessment
4. Co-Occurring Disorders (also known as Co-occurring Issues or Conditions)

5. Consent to Share Information
6. Coordination of Care
7. Cultural Competence
8. Integrated Care Organization (ICO)
9. Integrated Health Care
10. Integrated Individualized Care Supports Plan (IICSP)
11. Integrated Care Team (ICT)
12. Level I Assessment
13. Level II Assessment
14. Linguistic Competence
15. Level of Care Utilization System (LOCUS)
16. Manager of Comprehensive Provider Networks (MCPN)
17. Medicaid Health Plan (MHP)
18. Pre-Paid Inpatient Health Plan
19. Primary Health Care
20. Supports Intensity Scale (SIS)

STANDARDS

The ICOs and their subcontractors will:

1. Complete the Level I assessment or Health Risk Assessment within 45 days of enrollment.
2. Based on assessment results, a determination will be made whether the individual would benefit from behavioral health services.
3. Individual will be offered an option to accept behavioral health services.
4. If he/she accepts, then the ICO Care Coordinator will contact the Access Center to initiate a referral for Level II assessment by one of the PIHP contracted service providers.
5. The Access Center will respond to electronic or telephonic referrals for PIHP services. The Access Center staff will complete a general screening of the referral to link the individual to the appropriate services-mental health, intellectual/developmental disabilities, and/or substance use disorder services.
6. Access Center staff will then refer to a calendar of intake appointment made available by the various contracted service providers.
7. Upon receipt of the referral providers are expected to do the following:
    a. The Level II assessment should be completed and sent to the ICO within 15 days of referral (Integrated biopsychosocial and appropriate level of care assessment). If the provider is unable to reach the member there need to be 3 documented outreach attempts in MH WIN and the provider needs to request the case be administratively closed. Emails requests should be sent to pihpcarecoordination@dwmha.com.
    b. After the assessment is complete an ICT meeting will be scheduled. If the individual is identified as having mild to moderate behavioral health concerns, then the ICO will facilitate the ICT meeting.

c. If the individual is identified as having severe mental illness (SMI), intellectual/developmental disabilities (I/DD), or substance use disorder (SUD), the PIHP will take the lead in facilitating the ICT meeting.

8. Each contracted service provider will ensure that:
    a. Upon referral for Level II assessment completion, the individual will receive an integrated biopsychosocial assessment and other pertinent assessments – LOCUS, SIS, or ASAM – by appropriately trained staff to identify holistic needs of the individual being assessed.
    b. All individuals will receive information regarding their rights and protections under the Mental Health Code, 42 CFR, Part 2 and HIPAA as necessary – provided by appropriately trained staff.
    c. All individuals will be provided with the revised behavioral health Consent to Share Information form on which they will identify the physical health and behavioral health providers that they would like to have access to protected health information. The consent form will also include any family members and/or natural supports of an individual's choosing. It will be explained that the individual can revoke that authorization at any time should circumstances for care change.
9. Following completion of the biopsychosocial assessment and other appropriate assessments, the ICO will be provided a copy for their review via electronic transfer through the MHWIN system or via secure email.
10. If the individual is deemed to be SMI, I/DD, or have SUD concerns, the PIHP provider will take the lead in facilitating the ICT meeting.
    a. The individual will decide who will be involved in the ICT meeting and who will be involved in the development of the IISCP. The physical health and behavioral health care case managers/providers listed on the Consent to Share Information form would be part of the ICT meeting.
    b. The individual will identify the best time and place for the meeting to be held and request any specific accommodations that would be important to developing a meaningful IICSP.
    c. The PIHP case manager would notify the family members/natural supports/physical health and other behavioral health professionals chosen by the individual of the date, time and place of the ICT meeting – all pertinent information and/or topics of discussion will also be provided to members of the team.
    d. Using a person-centered approach, the identified staff member will facilitate the development of a holistic, recovery-focused IICSP using the integrated biopsychosocial assessment and other assessments – LOCUS, SIS, and ASAM - as guides.
    e. Following the ICT meeting, the PIHP staff member will participate in the development of the IISCP identifying the services, supports, and/or clinical treatment that are identified as best practice or evidence-based practices to facilitate positive, recovery-focused outcomes for the individual receiving care. The ICO Care Coordinator will develop the IICSP.
    f. The IICSP will include goals that are overarching, including but limited to: physical and behavioral health concerns, SUD needs, social supports, housing, and employment/educational needs.
    g. The IICSP will include services that are community-based and/or out-of-network, if the individual chooses these as options and if they are deemed to be necessary for the individual's recovery and well-being.
    h. The IICSP is time-limited and will include scope, frequency, duration and amount of services to be provided – it will clearly state the treatment modalities, community resources to be utilized and what

the responsibility of each team member will be.

i. Based on the IICSP and the individual's physical health needs, the PIHP case manager will coordinate service referrals to the ICO.

j. The IICSP will be reviewed on a regular basis by the ICT members and adjustments will be made as the individual's needs change – an addendum to the plan can be added whenever such changes occur. At a minimum, the IICSP should be reviewed annually.

k. The IICSP may include services that require prior authorization by the appropriate utilization management staff – some of these services may include, but are not limited to: supported employment, and Psychosocial Rehabilitation Services (clubhouse).

    1. The appropriate staff will send a request for the services requiring authorization via electronic transfer through MHWIN or secure email after completing the appropriate forms.

    2. Utilization management staff will provide their decision in a timely fashion so that services can be initiated.

l. The PIHP case manager will participate in the review of the IICSP with the ICO Care Coordinator, the individual. The ICO Care Coordinator will make any changes, as requested by the individual, and then obtain the individual's signature and/or the signature of the guardian as appropriate.

m. The final plan will be entered into the individual's electronic record.

    1. A signed copy of the plan will be provided to the individual and/or guardian, natural supports, PIHP case manager (via secure email or through the electronic transfer of protected health information), and to all those identified by the individual by the ICO Care Coordinator.

n. Appropriate staff will arrange for provision of services, supports, clinical treatment and all other areas of the holistic, recovery-focused treatment plan.

QUALITY ASSURANCE/IMPROVEMENT

The Authority shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

Authority staff, MCPNs, contractors and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

RELATED POLICIES

Referral, Integration and Coordination of Care

RELATED DEPARTMENTS

1. Integrated Health Care
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Quality Improvement
6. Recipient Rights
7. Substance Use Disorders

CLINICAL POLICY

Yes

INTERNAL/EXTERNAL POLICY

EXTERNAL

EXHIBIT(S)

Attachments: No Attachments

Approval Signatures

Approver	Date
Dana Lasenby: Chief Clinical Officer	07/2018

Approver	Date

Applicability

Detroit Wayne Mental Health Authority