



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Care Coordination and Care Management				POLICY #: 21.02-P	
DEPARTMENT: Behavioral Health					
Effective Date:	Review/Revised Date: 1/12/2024	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
 Emily Duran
 Chief Executive Officer

_____ Date _____
 Chief Medical Officer

_____ Date _____
 Chief Compliance and Fraud Prevention Officer

_____ Date _____
 Senior Director of Provider Network

_____ Date _____
 Senior Director of Claims

_____ Date _____
 Senior Director of Member Services

_____ Date _____
 Director of Behavioral Health

POLICY

Kern Health Systems (KHS) is committed to high quality care management of all member’s mental and physical health care, which includes, but is not limited to, medication reconciliation and the coordination of all medically necessary, contractually required Medi-Cal-covered

services, including mental health services, both within and outside the KHS provider network. KHS care management aims to individualize whole health care to meet each member's needs, ensure equitable access to high quality, integrated, and outcome-driven health care.

The Behavioral Health (BH) Care Coordination and Care Management policy and procedures will conform to requirements outlined in the following statutory, regulatory, and contractual sources:

1. 2024 DHCS (Department of Health Care Services) Contract, Exhibit A, Attachment III, 22-20201, pages 235-236 of 611
2. 2024 DHCS Contract, Exhibit A, Attachment III, 22-20201, page 395 of 611
3. 2024 DHCS Contract, Exhibit A, Attachment III, 22-20201, page 397 of 611
4. DHCS All Plan Letter, 22-005 (March 30, 2022): No Wrong Door for Mental Health Services
5. DHCS All Plan Letter, 22-006 (April 8, 2022): Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services
6. DHCS All Plan Letter, 22-028 (December 27, 2022): Adult and Youth Screening and Transitions of Care Tools for Medi-Cal Mental Health Services
7. DHCS Adult Screening Tool for Medi-Cal Mental Health Services
8. DHCS Youth Screening Tool for Medi-Cal Mental Health Services
9. DHCS Transition of Care Tool for Medi-Cal Mental Health Services
10. California W&I Code section 14184.402(h)

A. Parity with physical health care management

KHS Behavioral Health Department (BHD) performs the care coordination, care management and utilization management functions requiring behavioral health expertise and experience. KHS integrates behavioral health into its Utilization Management (UM), Case Management (CM), Quality Improvement (QI), and Population Health Management (PHM) program descriptions, work plans and annual evaluations to ensure parity and enable the KHS efforts to provide integrated whole person healthcare services.

B. Behavioral health department specific care coordination and complex care management responsibilities

The KHS Behavioral Health Department provides care management and utilization management for mental health and autism services. KHS BHD ensures care coordination between their Primary Care Physician (PCP) network and their BH provider's network. The Behavioral Health Department is overseen by the Director of Behavioral Health and the Medical Director of Behavioral Health. The Director of Behavioral Health is a licensed marriage and family therapist (LMFT), and the Medical Director of Behavioral Health is

a board-certified psychiatrist. Together, they are responsible for Behavioral Health Care Management and Utilization Management processes and level of care determinations. The Behavioral Health Department Care Management team is staffed by licensed mental health clinicians including Licensed Clinical Social Worker (LCSW)s and LMFTs, bachelors level care coordinators. The Behavioral Health Team will expand to include Certified Medical Assistant (CMA), Psychiatric Registered Nurse (RN)s, and Board-Certified Behavior Analyst (BCBA)s.

C. Commitment to No Wrong Door

KHS is committed to ensuring all KHS members receive coordinated care and timely care across all mental health delivery systems in order to improve their health outcomes. In order to help achieve the goal of providing members with the right care, in the right place, at the right time, KHS will use the DHCS approved Screening and Transition of Care Tools for youth and adults^{i, ii, iii} and offer timely access to screening for all members. See KHS Policy Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

The KHS BHD has specific responsibilities for care coordination and/or care management with Kern County’s Mental Health Plan, the Kern Behavioral Health, and Recovery Services (KernBHRS) with a focus on:

1. Members experiencing eating disorders.
2. Members who are transitioning from services provided by KHS for mild to moderate behavioral health conditions to services provided by KernBHRS for more serious mental health conditions or from KernBHRS specialty mental health services (SMHS) to KHS non-specialty mental health services (NSMHS).
 - a. Timely provision of NSMHS is required for Members consistent with the No Wrong Door policies even when:
 - i. NSMHS were provided:
 - A. During the assessment process
 - B. Prior to determination of a diagnosis
 - C. Prior to determination of whether NSMHS criteria set forth in W&I Code section 14184.402(b)(2) are met
 - ii. NSMHS were not included in a Member’s individual treatment plan.
 - iii. Member has a co-occurring mental health condition and SUD.
 - iv. NSMHS are provided to a Member concurrently with SMHS, if those services are not duplicative and coordinated between Contractor and the Mental Health

Plan (MHP).

3. Members who are receiving mental health services from both KHS and KernBHRS that are clinically appropriate, coordinated, and not duplicative.
4. Members who are receiving services from the KernBHRS Drug Medi-Cal Organized Delivery System (DMC-ODS).

For youth and adult members not currently receiving mental health services when they contact KHS, the Adult and Youth Screening Tools for Mental Health Services will be used to determine whether they should be served by the KHS or by the specialty mental health services system known as Kern Behavioral Health and Recovery Services Department (KernBHRS) and/or contracted providers. KHS maintains staff who speak the Threshold Languages and provide, at no cost to the Member, access to interpreter services. If, upon completing the brief screening, the member meets threshold criteria for Medi-Cal Specialty Mental Health Services from KernBHRS, KHS will provide the coordination to KernBHRS for SMHS. KHS Behavioral Health Care Management Team will coordinate with members who request services within the KHS network who also meet criteria for care within the KernBHRS network in order to ensure members receive appropriate services in either system consistent with the No Wrong Door All Plan Letter (APL).^{iv}

KHS will also use DHCS required Transition of Care Tool for all members when service needs change and they need to be transitioned to KernBHRS. KHS clinicians will engage Members in this process and gain appropriate consents for transition.

D. Specialty Mental Health Services to Non-Specialty Mental Health Services Transition – Continuity of Care for Approved Provider Types

KHS will provide Continuity of Care with an Out of Network (OON) SMHS provider in instances where a member's mental health condition has stabilized such that the member no longer qualifies to receive SMHS from the MHP and instead becomes eligible to received NSMHS from the MCP.

KHS will allow, at Member's request, authorized representative, or provider, up to 12 months Continuity of Care with the OON MHP provider in accordance with the requirements in the APL 22-032.

The Continuity of Care requirement only applies to psychiatrists and/or mental health provider types that are permitted, through California's Medicaid State Plan, to provide NSMHS.

E. The KHS BHD has specific care coordination responsibilities for

1. Members who are pregnant or postpartum and screen positive for perinatal depression.
2. Members requiring referrals for alcohol, tobacco cessation or substance abuse treatment services that cannot be accessed through their primary care doctor.

Definitions

Emergent	A need for immediate evaluation due to a mental disorder, is a current danger to self or others, or immediately unable to provide for or utilize food, shelter, or clothing. Treatment for an emergency psychiatric condition.
Urgent	A need for timely evaluation due to a mental health situation that, without intervention is certain to result in an immediate emergency psychiatric condition.
Routine	A need for standard evaluation due to mental health concerns.

PROCEDURES:

A. Screening, Triage, and Referral

1. All Members access KHS Behavioral Health services and care management through the KHS Member Services Phone Line or through other member facing departments (Community Support Services, Enhanced Care Management, PHM, etc.).
2. Call Center Staff will link member to BHD. BHD will determine if Member’s requires a Routine, Urgent or Emergent appointment. BHD will screen with DHCS approved screening tool.
3. If a Member’s needs are indicated as requiring Emergent or Urgent Services including when a Member presents as potentially a danger to self or others, KHS BH Care Management Team will perform safety screening and resource coordination and/or warm transfer County’s Crisis Response services without delay to prevent further deterioration of the Member’s condition;
4. Emergent calls to the KHS Behavioral Health Care Management Team (Clinician) will be handled immediately, and initiate wellness check to emergency services.
5. Urgent calls for services to the KHS Behavioral Health Care Management Team (Clinician) immediately refer provider and request urgent appointment within 48 hours.
6. BHD staff should obtain confirmation and document that any caller assessed as requiring Emergent or Urgent Services has been appropriately screened by BH Care Manager (Clinician), evaluated, and connected to crisis response as indicated and prescribed follow up established and:
7. After completing the approved DHCS Screening Tool BHD staff will determine

the delivery system member will be referred for clinical assessment based on score. If Member scores a five (5) or lower, the BH Staff will schedule appointment to a provider in the BH Network. If Member scores a 6 or higher, BH Team will link member to KernBHRS Care Coordination Unit (CCU) for assessment appointment.

B. Assessment and Planning

1. For Members meeting the threshold criteria for Specialty Mental Health Services, BH CM will transfer/refer Member to KernBHRS Care Coordination Unit for further mental health and/or substance use services assessment.
2. If, upon further assessment, the Member requests services within the KHS BH Network and also meet criteria for care within the KernBHRS Network, assign a KHS BH Care Manager to coordinate care, make appropriate referral to KernBHRS, and ensure members receive appropriate services in either system consistent with the No Wrong Door APL.
3. KHS will use assessment criteria, to determine when a Member is assigned a BH CM for care management and/or care coordination. When a Member only needs assistance with care coordination or system navigation, they will be referred to a BH Care Coordinator (CC). Criteria will include but not be limited to Members with complex physical and behavioral health needs, Members receiving services in KHS and KernBHRS networks, Members with eating disorders, Members with a history of inpatient psychiatric hospitalizations, Members who are pregnant or post-partum and score positive on a maternal mental health screen, and Members needing substance use disorder services and scoring level .5 on the American Society of Addiction Medicine (ASAM).
4. BH CM will work with the Member, their natural supports, and other participants in their Care Team to develop a comprehensive care management plan with clear goals using a process of shared decision-making. All BH care management plans will emphasize increased patient engagement and self-efficacy.

C. Coordinating Care between KHS and BH Providers:

1. All KHS contracted BH Providers shall complete a Care Coordination Form with KHS Members and send to treating PCP to assist with coordination of care. The Care Coordination form will include data elements such as client demographics, list of problems/symptoms, diagnosis, and prescribed psychotropic medication. KHS BHD will monitor that the Care Coordination form was completed and sent to treatment PCP.

D. Coordinating Care for Maternal Mental Health

1. All KHS PCPs are required to screen pregnant and post-partum patients for depression using a KHS accepted measurement tool.
2. When a patient screens positive, the PCP sends the screening results and a

referral to KHS via the Provider Portal. The screens and referrals are sent to BH Department Care Coordinator and the BH CC follows up with Member to ensure they access provider resources they were referred to and determine if other services are needed.

E. Coordinating Care with KernBHRS and Commitment to No Wrong Door

1. KHS shall ensure care coordination with KernBHRS is addressed in interagency KHS/KernBHRS Collaboration Meetings to ensure:
 - a. Provision of all Medically Necessary Covered Services; and
 - b. Identification and referral of eligible Members to Long-Term Services and Support (LTSS) based on Member's Plan of Care.
 - c. When KHS is determined to be responsible for covered Behavioral Health Services, KHS BH CCs shall initiate, provide, and maintain ongoing care coordination as mutually agreed upon in the Memorandum of Understanding with the KernBHRS.
 - d. Transition of care is provided for Members transitioning to or from KHS or KernBHRS mental health services in compliance with APL 22-005 (No Wrong Door for MHS) requirements.
 - e. KernBHRS clinical consultation, including consultation on medications, shall be provided to KHS PCPs who are treating Members with mental illness.
2. Member can also initiate services by self-referring to a KHS contracted provider. When the KHS behavioral health provider after clinical assessment determines that the member needs services provided within the KernBHRS network (Specialty Mental Health Services), the provider is to complete the Care Transition Tool approved by DHCS and submit it to KHS and the KernBHRS Access Team. The KernBHRS Care Coordination Unit will initiate the appropriate behavioral health services and the KHS Behavioral Health Department will facilitate any additional services indicated.
3. Members who are in a course of behavioral health treatment within the KHS network will be referred to the KernBHRS Care Coordination Unit when the behavioral health provider and/or KHS Behavioral Health Care Manager (licensed clinician) determines that Specialty Mental Health Services are needed.
4. If during treatment provided by a KHS behavioral health provider or during clinical review with an KHS Behavioral Health Care Manager, it is determined that member meets criteria for Specialty Mental Health Services through the Mental Health Plan (KernBHRS), the BH Provider and/or KHS BH Case Manager will coordinate with member and current provider to complete the DHCS approved Care Transition Tool, provide it to the KHS Access Unit to initiate appropriate services within the KernBHRS network. The KHS BH Case Manager will ensure successful linkage to KernBHRS for services consistent with the closed loop referral requirements specified in the applicable DHCS No Wrong Door APL. If clinically appropriate, the member may also continue to receive behavioral health services within the KHS network simultaneously with

the services provided within the KernBHRS network as long as such services are not duplicative pursuant to the No Wrong Door policy.

REFERENCE

Revision 2023-10: Policy revised per Director of Behavioral Health. On 10/19/2023 policy received minor edits by the Member Services Department. DHCS accepted File and Use on 10/26/2023. **Revision 2023-08:** Policy revised per Director of Behavioral Health. **Revision 2023-03:** Policy revised by Director of Behavioral Health to comply with DHCS 2024 Operational Readiness, policy was submitted on 3/30/2023 and received approval on 5/22/2023.

KHS P&P, 21.05-P, Scope of Services

KHS P&P 4.30-P, Accessibility Standards

KHS P&P 21.01-P, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services

ⁱ <https://www.dhcs.ca.gov/Documents/DHCS-8765-A.pdf>

ⁱⁱ <https://www.dhcs.ca.gov/Documents/DHCS-8765-C.pdf>

ⁱⁱⁱ <https://www.dhcs.ca.gov/Documents/DHCS-8765-B.pdf>

^{iv} <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-005.pdf>