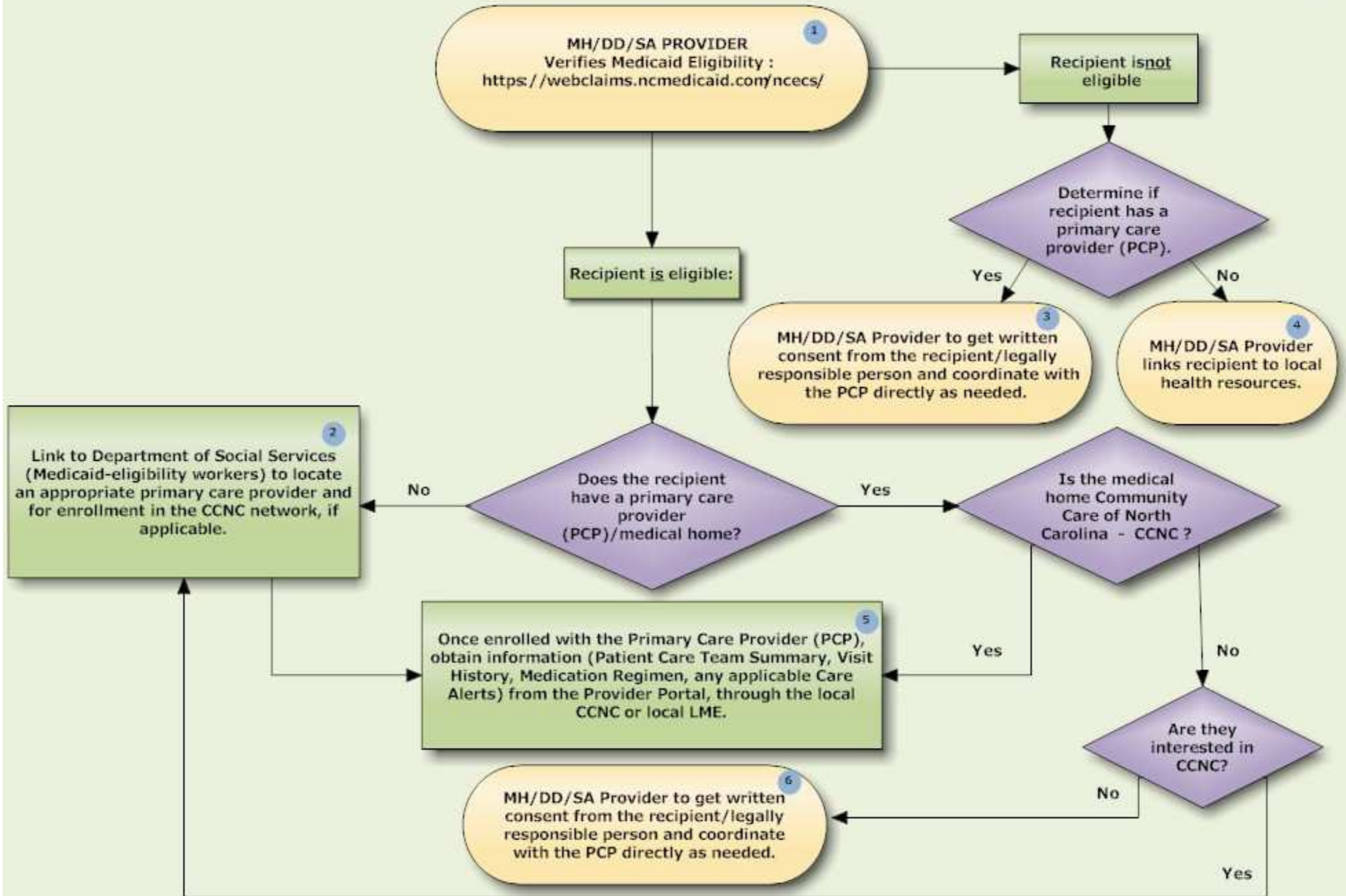


MH/DD/SAS INTEGRATED CARE FLOWCHART

(To be used in conjunction with the Four Quadrant Care Management Model Responsibilities document)
8/1/11

FOR ALL CONSUMERS RECEIVING SERVICES BY A MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND/OR SUBSTANCE ABUSE PROVIDER:



MH/DD/SAS INTEGRATED CARE FLOWCHART

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Continued:

- (1). Recipient Eligibility Verification Web Tool information, as well as alternative methods to verify eligibility can be found in Appendix F of the Basic Medicaid Billing Guide at: <http://www.ncdhhs.gov/dma/basicmed/AppendixF.pdf>

- (2). **Not all Medicaid recipients are enrolled in a CCNC medical home.** Some are not eligible. Others may have a relationship with their current primary care provider who is not a part of the CCNC network. Information will still be available from the Provider Portal.

- (3,6). With written consent from the consumer/legally responsible person, coordinate with the Primary Care Provider (PCP) as needed. Coordination can take the form of doctor to doctor communication regarding medications, diagnoses, etc.; one-way communication to the PCP (informing the doctor that the consumer is being seen by a MH/DD/SA Provider letting them know of any significant changes in behavior and functioning, etc.); and through reciprocal sharing of health records if necessary.

Examples of when coordination should occur include but are not limited to the following: when information gathered from the Provider Portal indicates a recent hospitalization, Emergency Department visit, medication concern, or that the consumer has not had an annual physical; when a consumer has an identified chronic physical health condition; when the MH/DD/SA Provider has noted a significant change in behavior or functioning; when a consumer is prescribed a psychotropic medication; when the consumer has been identified by the LME and/or CCNC Network as meeting criteria for Quadrant III (high physical, low behavioral) or Quadrant IV (high physical, high behavioral), etc.

The coordination efforts should increase based on the person's functional status and the severity of health conditions. For someone with a low functional status, even if physically healthy, it is important to communicate with the PCP to make sure that preventive care/healthy lifestyle counseling were provided, and to provide information to the PCP about how the mental health, developmental disabilities and/or substance abuse issues might affect overall health.

MH/DD/SA INTEGRATED CARE FLOWCHART

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Continued:

- (4). Local health resources include, but are not limited to: free clinics, rural health clinics, health departments, etc.

The following web links should help with basic understanding of Rural Health Clinics, Federally Qualified Health Centers and Free Clinics.

NC Community Health Center Association: <http://www.ncchca.org/>

NC Association of Free Clinics: www.ncfreeclinics.org/

National Rural Health Association: <http://www.ruralhealthweb.org/>

National Association of Rural Health Clinics: <http://www.narhc.org/>

Centers for Medicare & Medicaid Services Rural Health Clinics Center: <http://www.cms.gov/center/rural.asp>

List of CMS Certified Rural Health Clinics by State: <http://www.cms.gov/MLNProducts/downloads/rhclistbyprovidername.pdf>

- (5). **If going through the local CCNC Network**, contact the Network Administrative Manager (NAM) and/or the Targeted Case Management Liaison and explain that you would like to obtain the following information from the Provider Portal (Patient Care Team Summary, Visit History, Medication Regimen, and applicable Care Alerts). A request form will be sent to you. Submit the completed request form along with a list of all of the individual recipients (name, MID, DOB) whose information is being requested.

If going through the Local Management Entity explain that you would like to obtain the following information from the Provider Portal (Patient Care Team Summary, Visit History, Medication Regimen, and applicable Care Alerts). A request form will be sent to you. Submit the completed request form along with a list of all the individuals (name, MID, DOB) whose information is being requested.