

## 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 member. All providers are expected to coordinate mental health care with a member's Primary Care Physician (PCP) and should have a policy and procedure in place regarding this coordination of services. Almost all Medi-Cal beneficiaries are enrolled in one of the Medi-Cal Managed Care Plans (MCPs) that are part of Healthy San Diego (HSD).

To find a list of included MCPs go to the *Healthy San Diego* website. The "[Healthy San Diego Medi-Cal Managed Care Plan Contact Card](#)" is a helpful tool to use for coordination of care and is located on the Optum Website

Contracted providers are required by the BHP to complete the [Coordination with Primary Care Physicians and Behavioral Health Services](#) form with the member to facilitate coordination with the client's PCP. For members that do not have a primary care physician, provider shall connect them to a primary care facility. The Coordination with PCP form should be introduced at intake and completed no later than thirty (30) days upon opening client to program services. Users of the form shall check the appropriate box at the top of the form noting the nature of the referral. Requesting member /guardian authorization to exchange information with primary care physicians is mandatory. Please see the *Coordination with PCP Explanation Sheet* on the Optum Website> UCRM tab for more information.

### 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 BHP as well as organizational providers and County operated programs shall make clinical consultation and training, including consultation and training on medications, available to a member's health care provider for beneficiaries whose mental illness is not being treated by the BHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving specialty mental health services from the BHP. 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.

## Pharmacy and Lab Services

Each MCP 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 member's MCP to refer the member to the appropriate pharmacy or lab. HSD website lists all the contracted pharmacy or lab services for each Medi-Cal MCP. Additionally, the client's MCP enrollment card has a phone number that providers and clients can call to identify the contracted pharmacy or lab. Providers must use the health plans contracted 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 member's MCP Member Services Department or Primary Care Physician to determine which lab test(s) require authorization from the member's Primary Care Physician.

## Enhanced Care Management (ECM)

Enhanced Care Management (ECM) is a statewide Medi-Cal benefit available to eligible members with complex needs often engaged with several systems of care. Enrolled members receive comprehensive care management from a single lead care manager who coordinates all their health and health-related care, including physical, mental, and dental care, and social services. While this benefit is provided by the member's Managed Care Plan (MCP) – it may include engagement and collaboration with our BHP system of care providers to refer members and coordinate care. BHP providers should be familiar with the basics of ECM and the Populations of Focus (described below) that are eligible for this benefit and make the appropriate referral to the member's Managed Care Plan for ECM services, when appropriate.

Enhanced Care Management is available to specific groups (aka “Populations of Focus”):

- Adults and families experiencing homelessness
- Adults, youth and children at risk for avoidable hospital or emergency department care
- Adults, youth and children with serious mental health and/or substance use disorder needs
- Adults living in the community and at risk for long-term care institutionalization.
- Adults transitioning back to the community from a residential nursing facility
- Children and youth enrolled in California’s Children’s Services (CCS) or CCS Whole Child Model with additional needs beyond their CCS condition(s).
- Children and youth involved in child welfare (foster care)
- Adults and youth transitioning back to the community after incarceration
- Pregnant and post-partum individuals, birth equity population of focus

For additional information and definitions, please see: [ECM Policy Guide Updated August 2024.pdf \(ca.gov\)](#)

### Managed Care Plan (MCP) Enhanced Care Management (ECM) Referral Forms / Contacts

Providers should utilize the below links for ECM referrals and contacts – all referrals should be directed to the MCP using the below forms/email contacts:

Medi-Cal Managed Care Plan	Referral Form	Email Address
Blue Shield Promise	<a href="#">ECM Referral Form (blueshieldca.com)</a>	Email: <a href="mailto:ECM@blueshieldca.com">ECM@blueshieldca.com</a>
Community Health Group	<a href="#">ECM Referral Form (chgsd.com)</a>	Email: <a href="mailto:ecm-cs@chgsd.com">ecm-cs@chgsd.com</a>
Kaiser	<a href="#">ECM Referral Form (kaiserpermanente.org)</a>	Email: <a href="mailto:RegCareCoordCaseMgmt@KP.org">RegCareCoordCaseMgmt@KP.org</a>
Molina	<a href="#">ECM Referral Form (molinahealthcare.com)</a>	Email: <a href="mailto:MHC_ECM@Molinahealthcare.com">MHC_ECM@Molinahealthcare.com</a>

Medi-Cal beneficiaries who are not members of an Medi-Cal MCP 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 members 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 members in low cost or free medication programs available through pharmaceutical companies or obtain free samples to offset the cost of medication.

## **Physical Health Services in a Psychiatric Hospital**

### Healthy San Diego Recipients

The member's HSD Medi-Cal MCP is responsible for the initial health history and physical assessment required for admission to a psychiatric inpatient hospital. The member's MCP 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 BHP 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 member's MCP 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 member's MCP. For those Medi-Cal eligible members who are not members of a HSD Medi-Cal MCP, 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 member to a medical hospital to address a client's medical problems. Except in an emergency, the psychiatric hospital must consult

appropriate MCP staff to arrange such a transfer for physical health treatment. It is the responsibility of the MCP to pay for transportation in such cases. The Optum Health Medical Director or Liaison and the MCP Medical Director or Liaison will resolve any disputes regarding transfers.

## **Medical Transportation**

HSD Medi-Cal MCPs 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. MCP members who call the ACL for medical transportation are referred to the Member Services Department of their MCP to arrange for such services.

## **Home Health Care**

Beneficiaries who are members of one of the HSD Medi-Cal MCPs must request in-home physical health services from their Primary Care Physician. The MCP 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 BHP will pay for services solely related to the included mental health diagnoses. The MCP Case Manager and the Primary Care Physician coordinate on-going in-home treatment. The MCP is responsible for lab fees resulting from in-home mental health services provided to Medi-Cal members of the MCP.