

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 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:

<https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/healthysandiego.html>

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 HSD website under Resources. The Coordination of Physical & Behavioral Health Form is available in the threshold languages and can be found on the Optum website in the UCRM tab:

<https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/smh-dmc-ods-health-plans.html>

Contracted providers are required by the MHP to complete the Coordination with Primary Care Physicians and Behavioral Health Services form with the client 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. The Coordination with Primary Care Physicians and Behavioral Health Services form should be completed within a clinically reasonable timeframe 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 client/guardian authorization to exchange information with primary care physicians is mandatory.

Pharmacy and Lab Services

Managed Care Plan Medi-Cal Beneficiaries

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 client's MCP in order to refer the client 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 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 MCP Member Services Department or Primary Care Physician to determine which lab test(s) require authorization from the client'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 MHP system of care providers to refer clients and coordinate care.

MHP providers should be familiar with the basics of ECM and the Populations of Focus 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

Organizational Provider Operations Handbook

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- 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 (starting 2024)
- Additional information and definitions can be found here: [ECM Policy Guide Updated September 2023.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	ECM Referral Form (blueshieldca.com)	Email: ECM@blueshieldca.com
Community Health Group	ECM Referral Form (chgsd.com)	Email: ecm-cs@chgsd.com
Kaiser	ECM Referral Form (kaiserpermanente.org)	Email: RegCareCoordCaseMgmt@KP.org
Molina	ECM Referral Form (molinahealthcare.com)	Email: MHC_ECM@Molinahealthcare.com

Medi-Cal Beneficiaries Not Enrolled in an MCP

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 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 HSD Medi-Cal MCP is responsible for the initial health history and physical assessment required for admission to a psychiatric inpatient hospital. The client'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 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 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 client's MCP. (*See Optum website for Coordination of Physical & Behavioral Health Form, UCRM tab*)

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

For those Medi-Cal eligible clients 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 client 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 MHP 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.

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.