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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1500 – Clinical: Coordination of Care with External Health Care Providers

Authorizing Source: WAC 246-341

Approved by: Executive Director Date: 5/3/2022 Signature:

POLICY # 1517.00

SUBJECT: COORDINATION OF CARE WITH EXTERNAL HEALTH CARE PROVIDERS

PURPOSE

To define the process utilized by Behavioral Health Agencies (BHAs) in referring individuals receiving behavioral health services to appropriate healthcare providers. Such individuals may present with health conditions that may result from or contribute to the individual's behavioral health or other conditions which are clearly evident or reported by the individual. These conditions may need medical attention but cannot or should not be treated by behavioral health providers.

POLICY

North Sound BH-ASO encourages timely communication and coordination of care between BHAs and other health care providers, including but not limited to primary care providers (PCP), regarding an individual's behavioral health and medical care and treatment.

BHAs shall refer individuals to their PCP or other appropriate providers when, through the assessment and treatment process, the need for health care services beyond the scope of behavioral health services are identified. Examples of health care services other than behavioral health may include, but are not limited to:

1. Dental
2. Medical/Surgical
3. Optical
4. Reproductive Services, including family planning and/or treatment and prevention of sexually transmitted infections (STIs)
5. Developmental Disabilities

PROCEDURES*

During the initial intake assessment, BHA's shall inquire about the existence of co-morbid conditions and document PCP's contact information, to include provider name and phone number. The PCP's contact information shall be reviewed and updated at least annually or as changes occur.

The individual's consent for collaboration between the BHA and the PCP, as well as other health care providers as applicable, shall be obtained in writing as soon as it is therapeutically appropriate. The attempt to obtain the authorization for Release(s) of Information (ROI) shall be documented in the individual's clinical record. If the individual refuses to sign the ROI, the issue should be revisited at least every six months or as clinically indicated.

If the individual and/or BHA identify need for additional services and supports for health care, the BHA will address that need on the Individual Service Plan (ISP), make appropriate referrals, and provide assistance in access and linkage. Referrals and assistance will be documented in the individual's clinical record.

If the individual provides consent, BHA's shall communicate with the individual's PCP to coordinate physical and behavioral health care needs or attempt to link individuals to a PCP for medical care. Communication may be in writing or by telephone and shall be documented in the individual's clinical record. BHAs are expected to only release information authorized by the individual and/or as allowed by state and federal confidentiality laws.

The level of disclosure that an individual may indicate may include but not be limited to:

1. Release of any applicable information to and from the PCP;
2. Release of medication information only to and from the PCP; or
3. No release of information to or from the PCP.

Applicable information might include, but not be limited to:

1. Diagnosis;
2. Individual Service Plan (ISP);
3. Medication and its effects;
4. Results of lab tests and consultations;
5. Psychological testing results and consultations;
6. Information on how the PCP can contact the North Sound BH-ASO network provider;
7. HIV/AIDS or STDs;
8. Alcohol or drug abuse treatment by federally assisted alcohol or drug abuse programs; and/or
9. Behavioral Health interventions focused on physical health conditions and healthy behaviors.

To facilitate continuity of care, if consent is given, BHA's are expected to communicate with the PCP when any of the following occur:

1. Initiation of care and services;
2. Initial prescription of medications;
3. Changes in prescribed medications that might impact health care;
4. Changes in the individual's clinical condition that potentially impacts his/her overall medical care; and/or
5. Any concern the BHA has about the individual's health condition(s).

*While most of the procedures reference coordination with the PCP, these procedures also apply to other health care providers under applicable circumstances

ATTACHMENTS

None