INDEX

8.306.9 COORDINATION OF BENEFITS

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TITLE 8 SOCIAL SERVICES
CHAPTER 306 STATE COVERAGE INSURANCE (SCI)
PART 9 COORDINATION OF BENEFITS

8.306.9.1 ISSUING AGENCY: Human Services Department
[8.306.9.1 NMAC - N, 7-1-05]

8.306.9.2 SCOPE: This rule applies to the general public.
[8.306.9.2 NMAC - N, 7-1-05]

8.306.9.3 STATUTORY AUTHORITY: New Mexico Statutes Annotated, 1978 (Chapter 27, Articles 1 and 2) authorize the state to administer the medicaid program. The State Coverage Insurance (SCI) program is authorized under a health insurance flexibility and accountability (HIFA) waiver under section 1115 of the Social Security Act for the parent population and a medicaid demonstration waiver under section 1115 for the childless adult population, both subject to special terms and conditions.
[8.306.9.3 NMAC - N, 7-1-05; A, 6-1-10]

8.306.9.4 DURATION: The SCI program is operated subject to continuation of the state's HIFA waiver and the medicaid demonstration waiver, and subject to availability of funds.
[8.306.9.4 NMAC - N, 7-1-05; A, 6-1-10]

8.306.9.5 EFFECTIVE DATE: July 1, 2005, unless a later date is cited at the end of a section.
[8.306.9.5 NMAC - N, 7-1-05]

8.306.9.6 OBJECTIVE: The objective of these regulations is to provide policies for the service portion of the New Mexico state coverage insurance program.
[8.306.9.6 NMAC - N, 7-1-05]

8.306.9.7 DEFINITIONS: See 8.306.1.7 NMAC.
[8.306.9.7 NMAC - N, 7-1-05]

8.306.9.8 MISSION STATEMENT: The mission of the medical assistance division is to ensure access to quality and cost-effective health care.
[8.306.9.8 NMAC - N, 7-1-05]

8.306.9.9 COORDINATION OF BENEFITS:

A. The MCO shall develop and implement policies and procedures to ensure access to care coordination for individuals with special health care needs (ISHCN) as defined in 8.306.15.9 NMAC. Care coordination is defined as a service to assist clients with special health care needs, on an as needed basis. It is member-centered, family-focused when appropriate, culturally competent and strength-based. Care coordination can help to ensure that the medical and behavioral health needs of the SCI population are identified and services are provided and coordinated with all service providers, individual members and family if appropriate. Care coordination operates within the MCO with a dedicated care coordination staff functioning independently but is structurally linked to the other MCO systems, such as quality assurance, member services and grievances. Clinical decisions shall be based on the medically necessary covered services and not fiscal considerations. If both physical and behavioral health conditions exist, the care shall be coordinated between both physical and behavioral health staff, and the responsibility for the care coordination shall be based upon what is in the best interest of the member.

B. The MCO shall use the following primary elements for care coordination:

(1) identify proactively the eligible populations;

(2) identify proactively the needs of the eligible population;

(3) provide a designated person as primarily responsible for coordinating the health services furnished and to serve as the single point of contact for the member;

(4) communicate to the member the care coordinator's name and how to contact him/her;

(5) ensure access to a qualified provider who is responsible for developing and implementing a comprehensive treatment plan as per applicable provider regulations;

(6) ensure the provision of necessary services and actively assist members and providers in obtaining such services;

(7) ensure appropriate coordination between physical and behavioral health services and non-managed care services;

(8) coordinate with designated case managers and/or medical/behavioral health care service providers;

(9) monitor progress of the members to ensure that services are received, assist in resolving identified problems, and prevent duplication of services; and

(10) be responsible for linking individuals to case management when needed if a local case manager/designated provider is not available.

[8.306.9.9 NMAC - N, 7-1-05]

8.306.9.10 COORDINATION OF PHYSICAL AND BEHAVIORAL HEALTH SERVICES BENEFITS:

A. **Coordination of physical and behavioral health services:** Physical and behavioral health services must be provided through an integrated, clinically coordinated system. Both physical and behavioral health care providers need access to relevant medical records of mutually served members to ensure maximum benefits of services to the member. Confidentiality and HIPAA laws apply during this coordination process.

B. **Coordination mechanisms:** The MCO shall implement policies and procedures designed to maximize the coordination of physical and behavioral health services and address the medical and behavioral health needs of the member.

C. **Referrals for behavioral health services:** The PCP shall identify behavioral health needs of members, and encourage and assist members in accessing behavioral health services.

D. **Referrals for physical health services:** The behavioral health provider shall encourage and assist the member in accessing needed physical health services.

E. **Referral policies and procedures:** The MCO shall develop and implement policies and procedures that encourage PCPs to refer members to behavioral health services in an appropriate and timely manner with the member's documented permission. A written report of the outcome of any referral containing sufficient information to coordinate the member's care shall be forwarded to the PCP by the behavioral health provider within 7 calendar days after screening and evaluation.

F. **Indicators for PCP referral for behavioral health services:** The following are common indicators for referral to behavioral health services by a PCP:

(1) suicidal/homicidal ideation or behavior;

(2) at-risk of hospitalization due to a behavioral health condition;

(3) trauma victims including possible abused or neglected members;

(4) serious threat of physical or sexual abuse or risk to life or health due to impaired mental status and judgment, mental retardation, or other developmental disabilities;

(5) request by member for behavior health services;

(6) clinical status which suggests the need for behavioral health services;

(7) identified psychosocial stressors and precipitants;

(8) treatment compliance complicated by behavioral characteristics;

(9) behavioral and psychiatric factors influencing medical condition;

(10) victims or perpetrators of abuse and neglect;

(11) non-medical management of substance abuse;

(12) follow-up to medical detoxification;

(13) an initial PCP contact or routine physical examination indicates a substance abuse problem;

(14) a prenatal visit indicates substance abuse problems;

(15) positive response to questions indicates substance abuse, observation of clinical indicators or laboratory values that indicate substance abuse;

(16) a pattern of inappropriate use of medical, surgical, trauma or emergency room services that could be related to substance abuse or other behavioral health conditions; and

(17) the persistence of serious functional impairment.

G. **Referrals for medical consultation and treatment:** The MCO shall educate and assist behavioral health providers to make appropriate referrals for physical health consultation and treatment.

H. **Independent access:** The MCOs shall develop and implement policies and procedures that allow member access to behavioral health services directly and without referral from the PCP. These policies and procedures shall require timely access to behavioral health services.

I. **Behavioral health plan of care:** A behavioral health provider or the PCP will take responsibility for developing and implementing the member's behavioral health plan of care, in coordination with the member, parent and/or legal guardian and other providers when clinically indicated. With the member's documented permission, multiple behavioral health providers will coordinate their treatment plans and progress information to provide optimum care for the member. Care coordinators and case managers will be responsible for monitoring the coordination of the plan of care and information sharing for members receiving behavioral health care from multiple providers.

J. **On-going reporting:**

(1) With the member's documented permission, the behavioral health provider shall keep the member's PCP informed of the following:

(a) drug therapy;
(b) laboratory and radiology results;
(c) sentinel events such as hospitalization, emergencies, and incarceration;
(d) discharge from a psychiatric hospital or from behavioral health services; and
(e) transitions in level of care.

(2) With the member's documented permission, the PCP shall keep the behavioral health provider informed of the following:

(a) drug therapy;
(b) laboratory and radiology results;
(c) medical consultations; and
(d) sentinel events such as hospitalization and emergencies.

K. **Psychiatric consultation:** The PCP and other behavioral health providers are encouraged to obtain consultations and assistance with psychopharmacotherapy and diagnostic evaluations from a psychiatrist or other behavioral health specialist with prescribing authority when clinically appropriate.

[8.306.9.10 NMAC - N, 7-1-05]

HISTORY OF 8.306.9 NMAC: [RESERVED]