

VII. Service Coordination



A. Working with the Department of Family and Protective Services (DFPS)

1. Contractual Requirements for Providing Services to DFPS Clients

The State's requirements for *ValueOptions* regarding DFPS include the following:

- *ValueOptions* must include information on working with DFPS in provider manuals and training materials.
- *ValueOptions* must coordinate with DFPS when Enrollees are also clients of DFPS. Children who enter DFPS foster care placement may be disenrolled from the *ValueOptions* plan by the State.
- *ValueOptions* must provide all covered services to the child in foster care placement until the child is disenrolled by the State.
- *ValueOptions* must cooperate and coordinate with the State and DSHS, DFPS, THSteps regional program staff and agents to ensure prompt delivery of services to children served by DFPS.
- *ValueOptions* must designate a liaison with regional DFPS who works with the regional DFPS staff to develop written procedures to address:
 - How *ValueOptions* and DFPS coordinate care and services for Enrollees
 - The process for exchanging behavioral health information of Enrollees
 - Reporting requirements from *ValueOptions* to DFPS
- *ValueOptions* cannot deny, reduce, or controvert the medical necessity of any behavioral health services included in an Order. Any modification or termination of ordered behavioral health services must be presented and approved by the court with jurisdiction over the matter for decision.
- The State's requirements for the *ValueOptions* Provider Network regarding DFPS are as follows:
 - Providers that serve Enrollees in DFPS custody must provide periodic written updates on treatment status for Enrollees under their care to DFPS as required by DFPS.
 - Providers must participate, when requested by DFPS, in planning to establish permanent homes for Enrollees in DFPS custody to ensure that behavioral health care needs are accurately and thoroughly addressed in the Enrollee's permanency plan.
 - Children entering DFPS custody must have access, within 14 days of request by DFPS, to any medically necessary developmental evaluations and behavioral health evaluations to assess the child for out-of-home placement. If the *ValueOptions* Provider Network is unable to provide routine care within the network,

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ValueOptions must provide such care out of network, in accordance with the Contract.

- Network Providers must comply with all provisions of a court order or DFPS service plan with respect to a child in the conservatorship of DFPS ("Order") entered by a court of continuing jurisdiction placing a child under the protective custody of DFPS that relates to the behavioral health services to be provided to an Enrollee.

2. Recognition of Abuse and Neglect

Upon request, *ValueOptions* works with DFPS to provide additional training in the recognition of abuse and neglect to any of its Network Providers.

3. Referral of Suspected Abuse and Neglect to DFPS

Providers are required by law to report any child abuse and/or neglect. The Texas Family Code states that child abuse and/or neglect will be reported by “a person having cause to believe that a child’s physical or mental health or welfare has been or may be adversely affected by abuse or neglect by any person.”

The laws which include, but are not limited to, reporting of child abuse and neglect defined by Texas Family Law Code is as follows:

- Person’s requiring to report (34.01)
- Definitions (34.012)
- Failure to Report, Penalty (34.0)
- Confidentiality (34.08)

All forms of child abuse and neglect must be reported by the clinician within 48 hours to: Child Protective Services within the DFPS.

The provider must document in the member’s chart that DFPS was notified, the name of the person contacted and the date the call was made. Signs of abuse and relevant clinical information must be documented.

B. Interface with Primary Care Physicians (PCPs)

1. Referrals between PCPs and Mental Health and Substance Abuse Providers

- *ValueOptions* and each STAR HMO operating in the Dallas Medicaid service area have signed a Memorandum of Agreement (MOA), which includes specific standards for coordination of physical health and behavioral health.

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- The principles given to us by the State which guide these coordination of care discussions are as follows:
 - Coordinate medications
 - Coordinate care and avoid duplication
 - Measure/demonstrate medical cost offset
 - Contribute to greater access
- The MOA between the NorthSTAR behavioral health organizations and the STAR HMOs coordinate strategies that are necessary to implement the following policy guidelines:

a. Access and Referral:

- STAR and NorthSTAR enrollment materials instruct enrollees how to access medically necessary services for both physical health and behavioral health needs.
- STAR and NorthSTAR enrollee handbooks provided by HMO and BHO instruct members how to access services in both plans.
- STAR and NorthSTAR HMO and BHO are working to assure that provider education is implemented in multiple formats, including printed materials and forums, to promote knowledge among providers in both plans that would be useful in assisting Enrollees with understanding benefits, access to care, and access to necessary ER services. The cross training of STAR and NorthSTAR Providers also includes information on reimbursement procedures, with special emphasis on changes in the system as a result of the transition from Medicaid fee-for-service to Medicaid managed care. Special care is being taken to assure that providers understand that most Medicaid eligible persons in the Dallas service area are included in NorthSTAR, and that behavioral health referrals for NorthSTAR eligible persons are made to NorthSTAR organizations and providers.
- STAR and NorthSTAR MCOs are working to assure that Providers understand and demonstrate competency in referral strategies between the two plans.
- Special emphasis is placed on educating STAR primary care physicians (PCPs) and NorthSTAR providers on how to access the care coordinators in both plans to make appropriate referrals across plans.
- STAR and NorthSTAR plans require care coordinators in both plans to assist in the assessment of physical and behavioral health needs of enrollees, and to make appropriate referrals to PCPs and behavioral health providers. Special emphasis is being placed on the development of strategies that coordinate timely access to available services for appropriate treatment and follow-up for individuals with coexisting medical and behavioral health disorders, disabilities, special needs and complex conditions.

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b. Duty to Screen and Refer for Physical and Behavioral Health Needs

- STAR and NorthSTAR plans provide cross training to providers in both plans on how to recognize physical health and behavioral health problems. Educational opportunities are available for PCPs and THStep providers to promote the appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care.
- NorthSTAR plans ensure that providers assess the physical health needs of enrollees during intake, assessment, and treatment. Physical health assessment by behavioral health practitioners must include documentation that shows evidence enrollees were asked the approximate date of most recent physical exam, current physical health problems, and recent PCP contact. Special emphasis must be placed on addressing the medical needs of Medicaid enrollees age 21 and under. NorthSTAR practitioners must refer individuals with medical needs to primary care physicians, including those individuals who have never or who have not recently had a physical health check-up. Non-physician behavioral health providers are expected to use reasonable judgment and observation skills in assessing medical needs, similar to the prudence shown by schoolteachers in assessing and referring the unmet medical needs of students.
- As a result of findings from THStep screens, STAR and NorthSTAR MCOs ensure that referrals to behavioral health care coordinators are given special priority for timely access and follow-up.

c. Timely, Effective, and Confidential Exchange of Information

STAR and NorthSTAR MCOs exchange information in an effective, timely, and confidential manner, including patient-approved communications between behavioral health practitioners, providers, and PCPs. Each organization has written policies, procedures, and monitoring activities in place to ensure the appropriate exchange of confidential information between physical and behavioral health care plans.