

NORTHCARE NETWORK

POLICY TITLE: CMHSP Medical Services & Referral	CATEGORY: Clinical Practices	
EFFECTIVE DATE: 2/1/12	BOARD APPROVAL DATE: 2/1/12	
REVIEW DATE: 6/30/22	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RESPONSIBLE PARTY: Zakia Alavi, M.D., Medical Director	CEO APPROVAL DATE: 7/12/22 Dr. Tim Kangas, CEO	

APPLIES TO

NorthCare Network Personnel
Network Providers

POLICY

Persons eligible for mental health services under the Medicaid Specialty Services and Supports contract will receive their Member CMHSP specialty mental health medical services from the Member CMHSP Psychiatrist/ Physician, Physician's Assistant and/or Nurse Practitioner unless the consumer requests to receive these services from their primary care physician.

PURPOSE

To ensure coordination of care for individuals who are dually eligible for Medicare/ Medicaid and for Medicaid beneficiaries with mental illness, serious emotional disturbance and/or developmental disability, who meet criteria, receive and/or coordinate specialty mental health medical services.

DEFINITIONS

1. **CMHSP Medical Services** – Includes, but may not be limited to, Psychiatric Evaluation, Medical Services Evaluation, Intensive Crisis Stabilization, Crisis Intervention, Medication Administration, Medication Review, and Assertive Community Treatment.

REFERENCES

- Medicaid Provider Manual, Section 1.6 General Information/Beneficiary Eligibility
- NorthCare Network Psychotropic Medication Prescribing Policy
- NorthCare Network Psychotropic Medication Education and Consent Policy

HISTORY

REVISION DATE: 1/30/13, 11/7/14, 3/27/18

REVIEW DATE: 1/11/12, 1/30/13, 11/6/13, 11/7/14, 8/13/15, 6/8/16, 4/17/17, 3/27/18, 2/6/19, 1/5/20, 10/25/20, 8/24/21, 6/30/22

CEO APPROVAL: 1/30/13, 11/27/13, 11/7/14, 9/1/15, 7/5/16, 5/2/17, 3/27/18, 2/7/19, 1/7/20, 11/3/20, 9/7/21, 7/12/22

BOARD APPROVAL: 2/1/12

PROCEDURES

- A. All individuals who have been referred by a Member CMHSP for psychiatric services shall have an initial evaluation completed in accordance with the Medicaid Provider Manual (MPM), as amended and the MDHHS PIHP/CMHSP Provider Qualifications per Medicaid Services & HCPDS/CPT Codes Document, as amended.
 - 1. MPM, Section 6.4, Crisis Residential requires that treatment services be clinically-supervised by a psychiatrist; that a psychiatric evaluation or assessment be completed at the home by a psychiatrist; and allows for medication reviews at the home by a physician, physician's assistant or nurse practitioner under the clinical supervision of the psychiatrist.
 - 2. MPM, Section 4.3, ACT states that physician activities typically, though not exclusively, include team meetings, beneficiary appointments during regular office hours, psychiatric evaluations, psychiatric meetings/consultations, medication reviews, home visits, staging beneficiaries, phone consultations, and telemedicine. The physician may delegate psychiatric activities to a nurse practitioner but they must be supervised by that physician.
- B. Individuals who request psychotropic medication management by their Primary Care Physician (PCP) may be transferred upon consumer/guardian request and acceptance by their PCP. Requests must be documented in the clinical record.
- C. The Medicaid Health Plan (MHP) is responsible for ongoing routine medication management for individuals who no longer need specialized services and supports.