



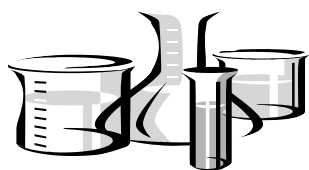
Coordinating Behavioral Health with Social Services

As a key component of the Department of Behavioral Health (DBH) managed by the City of Philadelphia, Community Behavioral Health (CBH) is uniquely equipped to facilitate cooperation between behavioral health and other key social services. DBH exists within the city structure as part of the overarching Department of Social Services. As a result, the DBH is connected to the Departments of Human Services, Aging, Adult Services, Recreation and the Prison System. These ongoing structural relationships allow for unified planning, sharing of common resources and the development of a social service delivery system so that a Philadelphia citizen only needs to walk through one door to obtain service. In addition, an agreement is held between the DBH and the Philadelphia School District to coordinate the provision of behavioral health services to children in schools. Providers are also responsible for coordinating care for clients with the appropriate social service agencies as necessary and as directed by CBH, OMH/MR and CODAAP.

Coordinating Laboratory Services

CBH is financially responsible for laboratory work, allowed by the Department of Public Welfare (DPW), ordered by its behavioral health providers. Providers should refer all routine lab work to a CBH contracted laboratory, while emergency lab work should be referred to a participating hospital. The participating laboratories will bill CBH for all lab work ordered by its providers.

DBH/CBH currently has contracts with the following commercial laboratories:



Atlantic Diagnostic Laboratories, LLC.....	(267) 525-2479
Parkway Clinical Laboratories.....	(215) 245-5112

In addition to these commercial labs, CBH participating hospitals may also use their on-site laboratories.

Laboratory Authorizations

Commercial and hospital laboratories are not required to call CBH for authorizations, except for alcohol testing, but should submit a claims form for payment. When completing the claims form, laboratories should use a Blanket Authorization Number (BAN) in the authorization number field. However, labs must insure that the individuals for whom they conduct tests are CBH clients at the time the service is performed and that all tests performed are listed as reimbursable services in the CBH Laboratory Fee Schedule. Claims will reject if the client is not eligible on the date of service and/or if the test performed is not a CBH reimbursable service. The process for requesting alcohol testing authorization can be found on Page 3.20

Coordinating Physical and Behavioral Health Services

In Philadelphia County, there are currently three physical health Managed Care Organizations (MCOs) participating in HealthChoices: Health Partners Plan of Philadelphia, Inc., AmeriChoice of Pennsylvania, and Keystone Mercy Health Plan. Coordination with these HMOs allows for the creation of a seamless system of physical and behavioral healthcare for clients and the cost-effective use of resources. It is essential that there be collaboration, cooperation, interaction, identification and resolution of problems between and among the HMOs, DBH/CBH and the provider network. This section outlines the primary areas of coordination.

Coordination of Medical/Primary Care Physician and Behavioral Health Care

Behavioral health treatment providers are expected to coordinate care with the Primary Care Physician (PCP). This includes but is not limited to the following:

- ⇒ Identifying the client's PCP and obtaining appropriate releases to share relevant clinical information
- ⇒ Assessing the patient's needs for care, coordinating with the client's PCP and making appropriate referrals
- ⇒ Providing health records to each other as requested
- ⇒ Notifying each other of all prescriptions and, where deemed advisable, checking with each other before prescribing medication
- ⇒ Making certain both behavioral health providers and PCPs have a complete, up-to-date record of medications
- ⇒ Being available for consultation
- ⇒ Participating in Interagency Team meetings when necessary

Confidentiality

Both physical and behavioral health providers are responsible for obtaining all releases, adhering to consensual and non-consensual guidelines and informing DBH/CBH of the status of the client's consent. DBH/CBH will monitor these responsibilities through chart audits.

Co-existing Physical and Behavioral Health Needs



Only a HMO can authorize and reimburse providers for medical services.

Only DBH/CBH can authorize and reimburse providers for behavioral services

Outpatient providers must report all medical needs to the PCP for follow-up. Inpatient providers must notify the PCP of admissions and any changes in the client's status. Routine inpatient medical services such as physical exams, pharmacy, radiology and lab services are included in the facility's per diem.

For emergency medical services, the provider should notify the client's HMO Utilization Management Department within 24 hours. If a medical consult is needed, prior authorization is not required for the initial consultation, but the HMO Utilization Management Department should be notified as soon as possible. Medical conditions not requiring immediate attention should be reported to the PCP.

Special Needs Populations

Special needs populations are a high priority for both DBH/CBH and the HMOs. Providers may be asked to participate in Interagency Team meetings and in the development of specialized plans for clients with multiple needs such as:

- ⊙ persons with HIV
- ⊙ drug-addicted pregnant women
- ⊙ persons with mental retardation
- ⊙ persons with physical disabilities
- ⊙ persons with co-occurring disorders

Any concerns regarding the coordination of physical and behavioral health services should be referred to the CBH Chief Medical Officer.

>>> REQUIRED REPORTING OF COMMUNICABLE DISEASES <<<

In accordance with Pennsylvania Disease Prevention and Control Law of 1955 (35 PS sections 521.1 - 5.21.21), all providers, including physicians, licensed health practitioners and any other persons having knowledge or suspicion of a reportable disease or condition, shall report it promptly to the Disease Control Unit within the Philadelphia Department of Public Health at (215) 685-6740.

Providers having any questions regarding compliance with this law should call the Disease Control Unit directly.

Behavioral Health Services at Federally Qualified Health Centers and Health Care Clinics

The Philadelphia Department of Public Health operates eight Federally Qualified Health Centers throughout the City. These centers meet standards set by the Pennsylvania Department of Health, Bureau of Community Health and some of these centers also provide behavioral health services. DBH/CBH is committed to ensuring reasonable access to licensed behavioral health services provided by Federally Qualified Health Centers and clinics within 30 minutes for residents of urban areas. CBH Care Managers also work with clinic and center staff on client-specific issues. In addition:

⇒ Whenever possible, DBH locates assessment services in Federally Qualified Health Centers and health care clinics.

⇒ Health clinics and centers, which provide behavioral health services to clients, are required to follow procedures outlined in this Provider Manual.

Emergency Services

CBH is clinically and financially responsible for Emergency Room evaluations for voluntary drug/alcohol/mental health admissions, or involuntary mental health commitments pursuant to the 1976 Mental Health Procedures Act. However, if the patient is admitted, the per diem will include the payment for the evaluation. All other emergency services are the clinical and financial responsibility of the HMO. Disputes regarding the responsibility for emergency services must not delay services to the client.

Transportation



CBH does not generally pay for transportation.

The HMO is responsible for all emergency medical and/or non-emergency medically necessary ambulance transportation for clients receiving both physical and behavioral healthcare.

The provider is responsible for making transportation arrangements using the HMO's contracted transportation services.

Non-emergency transportation is the financial responsibility of the treatment provider that receives the client. If the receiving provider fails to pay the non-emergency fees for which it is responsible, DBH/CBH reserves the right to pay the service and then deduct the applicable amount from future claims submitted by that provider.

Logisticare, 1-(877) 835-7412, provides pre-arranged transportation for outpatient services within the Philadelphia County.

Pharmacy

All outpatient prescriptions must be filled at the client's HMO participating pharmacies. When DBH/CBH clients are denied or have difficulty acquiring prescribed medications by pharmacies contracted with their HMOs, prescribing physicians are requested to complete a Medication Problem Report form. (See next page.) This form should be faxed to Medical Director, DBHIDS, at (215) 685-5467.

PHILADELPHIA BEHAVIORAL HEALTH SYSTEM

Office of Mental Health
Office of Addiction Services
Community Behavioral Health

(TO BE FILLED OUT BY PRESCRIBING PHYSICIAN)
Please check all that apply, fill in the blanks as necessary, and please print

- Client unable to obtain medication because of HMO/pharmacy denial
- Keystone Mercy Health Plan Health Partners Americhoice of PA

Pharmacy name _____ Pharmacy phone _____

Pharmacy address _____

Name of medication _____

QUESTIONS TO PHYSICIAN

Were you aware of the need for preauthorization, if indicated? Yes No

Did the pharmacist call you? Yes No

Was the 72-hour supply provided to the client? Yes No

Did you speak to the HMO? Yes No

Time of day _____ HMO staff name _____

Were you able to obtain the prior authorization within 24 hours? Yes No

If no, why? _____

Name of physician _____

Agency _____

Phone _____ Fax _____

Signature _____ Date _____

PLEASE FAX THIS FORM TO: Medical Director, DBHIDS Fax: (215) 685-5467 Telephone: (215) 685-5460