

		<b># 849</b>		<b>Screening and Intervention for Behavioral Health and Medical Conditions</b>			
				<input type="checkbox"/> Policy <input checked="" type="checkbox"/> <b>Standard Operating Procedure (SOP)</b>			
<b>Date of Inception:</b>		08-07-2023		<b>CEO Approval:</b>			
<b>Current Approval Date:</b>		08-07-2023		<b>CMO Approval (If Required):</b>			
<b>Operational Scope:</b>	Board Directors	Admin	People First	CC / QM	Rights	RCM	ERS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H/S	IHS	IT/IDS	Sec / Safety	Environmental	Facilities	Finance	Agency
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**849                    SOP Purpose:**

To establish standards, criteria, and methods for conducting screening of medical and behavioral health conditions as an initial and ongoing step in the diagnosis of conditions, assignment of evidence-based clinical pathways, and/or referral to preferred providers. Screening results are shared with Medical and Behavioral Health providers in order to ensure coordination of care.

**849.1                Scope:**

This SOP applies to all Provider Health (Provider) Integrated Health Homes.

**849.2                Definitions:**

- **Behavioral and Physical Health Screening and Consultations:**  
Screenings are conducted using standardized inventories or medical tests designed to indicate clinically significant factors requiring further assessment and/or interventions. All screenings and assessments are documented in the member’s medical record. All outside consultations with medical or behavioral health providers are also entered into the member’s record for review by the Provider staff who have requested the referral. Physical care screenings use metabolic testing or collection of vital signs to identify medical factors that may be indicative of health conditions. Screening can also be used to track and monitor the progress or severity of presenting symptoms of an already diagnosed condition as part of a clinical pathway. Screenings are not used to make a diagnosis, and when significant issues are identified, screenings are followed by further assessment or examination as necessary.
  
- **Preferred Provider:**  
An agency or covered entity that has entered into a collaboration agreement/coordination protocol with Provider.

**849.3                Screening for Behavioral and Physical Health Conditions    1.2 A**

- Prior to all routine Nursing, Behavioral Health Medical Practitioner (BHMP), and Primary Care Physician (PCP) appointments, a member’s vital signs are taken and recorded as an initial screening for current health status.
- At a minimum of once per year, Provider medical staff (nursing or medical assistant) conduct a Health Risk Assessment and complete standing annual labs, including a Comprehensive Metabolic Panel (CMP), a Complete Blood Count (CBC) and a Lipids Panel to screen for indicators of chronic health conditions or monitor for diagnosed conditions and medication side effects.
- If a member is receiving services from a community medical provider:
  - Provider coordinates care to obtain CMP and other medical screening results; or
  - Copa accesses the Health Information Exchange portal or Consolidated Clinical Document Architecture (C-CDA) to obtain relevant medical screening results.
  - Other data sources available through the contracted Managed Care Organizations (MCOs) if applicable.
- Provider prioritizes the following target medical conditions with high prevalence among members with Serious Mental Illness (SMI):

**Table 1**

Condition	Diagnostic Test or Screen	Outlier Value
Diabetes Mellitus	Hemoglobin A1C	A1C 6.5% and up
Hypertension	Blood Pressure	>120/80
COPD/Asthma	Based on GOLD signs/symptoms	≥2 exacerbations per year or at least one exacerbation leading to hospitalization
Cardiovascular/CHD	Lipid Panel	Total Cholesterol >200 LDL >70 if diagnosed HDL <40 Triglyceride Level >150
Obesity	BMI	>25

**849.4 Screening for Behavioral Health Conditions**

- As part of the initial and annual assessment and psychiatric appointments, and when clinically indicated Provider uses standardized screening tools to identify target behavioral health issues. **Table 2**

Condition	Diagnostic Test or Screen	Outlier Value
Anxiety	GAD7	>10

Depression	PHQ-9	15-16
Suicide Risk	Suicide to Zero Risk Screen	Any positive score triggers further
Substance Use Disorder	UNCOPE	>2
Tobacco Use	EHR Tobacco Screening	Any positive response for current tobacco use
Alcohol Use	CAGE Assessment	Generally, two or three yes answers suggests heavy alcohol use

- Behavioral screenings are conducted by trained case managers with oversight from Behavioral Health Professionals (BHPs). Screening results are tasked to the BHMP and Clinical Director (CD) for review and identification of relevant diagnoses and interventions if necessary. Based on the member's willingness to address any identified issues, the Integrated Wellness Plan is updated to reflect appropriate referrals and direct services.
- Provider may conduct behavioral health screenings on a more frequent basis as part of measurement-based care to determine the effectiveness of treatment plan interventions in reducing symptom impact or risk of harm.

#### 849.5 Referrals and Resources

- Conditions or combinations of conditions identified through behavioral health and medical screenings will trigger a review by the Clinical Care Team for other care interventions including:
  - Possible inclusion of a service participant on the High-Risk Registry or other Provider care management panel.
  - Possible referral to Provider wellness program and/or chronic disease management activities within Provider as available.
  - Evaluation for higher level of case management service.
  - Referral for MCO Care Management Program.
- When a member's physical or behavioral health screening results indicate a need for further assessment or evaluation, the Care Team Clinical Coordinator (CC) and BHMP are notified.
  - If it is determined by the Clinical Care Team that the member may benefit from services, supports or resources not offered by Provider, a referral to resources or a preferred provider is completed with the member's consent.
  - While any member of the Clinical Care Team may make a resource referral, the case manager is generally the person who makes the connection and follows up to see that follow through has occurred.

- When a member's physical health screening results indicate a need for further assessment or evaluation, a referral is made to a Provider PCP or a preferred provider in the community.
  - For members who are receiving PCP services from an outside provider, Provider coordinates care with the practice and documents all efforts in the participant medical record.
  
- In addition to internal Provider services, Provider maintains a list of referral sources and preferred providers. Provider has developed formal relationships with several providers to ensure:
  - A quick and timely response to a referral, including a warm hand off, response to crises, the sharing of information and obtaining consent.
  - Standard coordination of care pathways, including the use of electronic exchange of information; and
  - A general agreement of organizational philosophy to ensure that Provider members are referred to providers who share the Organization's commitment to quality healthcare and customer service.

#### Attachments

Clinical Decision Support Tools- Medical/Physical

Clinical Decision Support Tools- Behavioral Health