

Maryland Department of Health Maryland Behavioral Health Administration

Maryland State Care Coordination Manual

MARYLAND STATE CARE COORDINATION MANUAL

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Maryland State Care Coordination Summary

Maryland State Care Coordination utilizes state funding to expand access to a comprehensive array of community based recovery support services for Maryland residents in varying stages of recovery. In order to be enrolled in the program a consumer must meet eligibility requirements, must have independently chosen to enroll and participate in the program, and must be referred through a designated portal/access point.

The Behavioral Health Administration (BHA) provides funding for State Care Coordination (SCC) to each Local Addiction Authority (LAA) and Local Behavioral Health Authority (LBHA) jurisdiction in the State of Maryland.

Each jurisdiction that utilizes Behavioral Health Administration (BHA) funds for residential treatment (Levels 3.7, 3.5, or 3.3), and other populations identified by each jurisdiction or agency, is mandated to enroll individuals into State Care Coordination services. SCC services will consist of an intake at a minimum of 30 days prior to discharge from an ASAM Level of Care Residential Treatment facility (Levels 3.7, 3.5, or 3.3) residential treatment. Each jurisdiction/agency will develop their own intake documents based on jurisdictional program requirements and BHA approval. All services are designed to assist recipients in remaining engaged in their recovery while promoting independence, self-sufficiency, and stability as they transition back into their communities.

Maryland State Care Coordinators:

- Promote continuity of care by helping individuals transition from one level of care to another;
- Improve recovery outcomes for individuals and the Public Behavioral Healthcare System;
- Introduce and refer individuals to the Recovery Community, and Recovery Support Resources and Services available within the community.

Scope of Services

The SCC will:

- Meet with the individual at their treatment facility (or via phone if necessary) at least 30 days prior to their release from treatment or incarceration to discuss state care coordination services that are available post treatment;
- Enroll individuals in Beacon Health Options for data collection purposes;
- Follow up on clinical recommendations and monitor progress towards the next level of care;
- Establish a contact schedule;
- Provide access to services with selected providers; and
- Refer and/or schedule appointments for individuals as needed.

Knowledge and Competencies

- Ability to establish relationships and build a rapport of trust;
- Understand recovery planning;
- Connect to community and recovery support resources;
- Ability to empower individuals utilizing evidence based practices (i.e. Motivational Interviewing (MI), etc.);
 and
- Troubleshoot and problem solve.

Personal Safety

It is strongly recommended by the Behavioral Health Administration that if the jurisdictional policies and procedures favor the transportation of individuals by State Care Coordinators in a personal vehicle or in meeting with SCC individuals privately, that a personal safety system be in place to protect the State Care Coordinator. (Example: Buddy system, timed check-ins, etc.)

SCC Contact Information

Risa Davis, Coordination of Care Program Manager Maryland Behavioral Health Administration 55 Wade Avenue, Catonsville, MD 21228

Email: risa.davis@maryland.gov

410.402.8425 office 410.800.8155 cell

Beacon Health Options Maryland Contact Information

e-Support Services Help Desk: 888-247-9311 (8:00 a.m. to 6:00 p.m.) e-supportservices@beaconhealthoptions.com

- Maryland Public Behavioral Health System Beacon Health Options/Provider Connect Support Fax: 866.698.6032
- Provider General Inquiries: marylandproviderrelations@beaconhealthoptions.com
- Maryland Public Behavioral Health System Beacon Health Options/Provider Connect website: http://maryland.beaconhealthoptions.com
- Maryland Public Behavioral Health System Beacon Health Options/Provider Connect Customer Service: 1.800.888.1965

Eligibility Requirements

In order to be eligible for SCC the individual must:

- Be receiving treatment services utilizing BHA funds or an individual in populations identified by the jurisdictions' LAA/LBHA;
- Be 18 years of age or older;
- Be a current resident of the county in which services are being provided, and for the duration of their relationship with an assigned state care coordinator;
- Have a substance use or co-occurring disorder diagnosis;
- Have an income at or below 200% of the Federal Poverty Level; and
- If participating in the Department of Public Safety and Correctional Services (DPSCS) Residential Substance Abuse Program, the individual must be scheduled for release from the facility into the community within 30 days of discharge from the treatment program.

In addition, eligible individuals must agree to:

- Work with a State Care Coordinator for the duration;
- Be actively engaged in an ASAM level of care (3.7, 3.5, or 3.3), enrolled in Continuing Care or participating in a Recovery Support Service; and
- Provide contact information to include address, telephone number and collateral contact information to
 facilitate biweekly check-ins and outcome measurements. No confidential information will be provided to
 persons on the contact page unless authorized by the individual through consent to release information.
 The individual may revoke consent at any time.

Individual Choice

1. The SCC Program is a recovery initiative that is focused on the individual and strives to meet the unique needs of each individual. As such, while all individuals accessing BHA funded treatment in a Level 3.7, 3.5, or 3.3 are mandated to be enrolled into SCC, they reserve the right to decline SCC services at any time.

- 2. The State Care Coordinator must ensure that participating individuals have free and genuine choice in the selection of services, and that the selection process is conducted in a way that is respectful and cognizant of the individual's cultural background and self-identified needs.
- 3. Individuals enrolled in SCC must remain under the care of the State Care Coordinator in their county of residence and cannot be transferred to a State Care Coordinator in another jurisdiction. BHA funding for SCC is pre-calculated by county and the dollars are non-transferable.
- 4. Communication with other State Care Coordinators is **KEY** when caring for an individual enrolled in SCC and receiving services in a different jurisdiction. As staff changes, updated contact information should be sent to the Coordination of Care Program Manager.

Access Points

Maryland SCC focuses on individuals who have a need for recovery support services. In order to be eligible, the individual must have access to a SCC who has approval to enroll into State Care Coordination. The SCC will assess individuals to determine eligibility for services. Individuals may be located at a treatment facility or shelter. Individual may also be a veteran or an individual recently released from a Maryland DPSCS correctional facility. Release must have occurred within the past 30 days of engagement. Additionally, the individual must be engaged in an out-patient program, other recovery support service or continuing care prior to enrollment.

Referral Form

Each jurisdiction must develop a referral form that contains at minimum the following informationⁱ:

- Demographic information: name, address, date of birth, social security number, race and ethnicity, gender, phone number
- Diagnostic ICD-10 code
- Recommended ASAM or other Level of Care
- Referral Source/Case Manager Contact Information
- Estimated Date of Discharge from treatment

When developing a referral form, please consider Beacon Health Options, Maryland Provider Connect SCC enrollment data requirements. A discharge plan/summary is required for SCC enrollment upon discharge from the treatment facility.

Intake Interview

Individuals enrolling into SCC must complete an initial face-to-face or telephone interview prior to discharge from a residential treatment program. A telephone intake is only appropriate when travel distance is over 20 miles or 30 minutes from the residential program to the SCC location. This interview should be used to establish a needs assessment, collect demographic information, and orient the individual to the SCC program.

Enrollment

The SCC will establish relationships with the residential treatment facility case managers/aftercare coordinators to verify admission and schedule an intake interview to maintain relationships during the clients' treatment episode. After obtaining a referral, each SCC should follow the policies and procedures established by their jurisdiction and BHA regarding SCC enrollment.

Beacon Health Options Maryland Provider Connect Data Entry

All individuals using grant dollars for treatment services are mandated to be enrolled into State Care Coordination through Beacon Health Options Maryland Provider Connect Data System. Information obtained when enrolling a SCC recipient into Provider Connect is used for data entry collection only.

The State Care Coordinator must obtain a login from the ASO (Beacon) for Provider Connect

Discharge

After 30 days of no contact or the individual declines continuing services and support, the SCC will discharge and enter notes where applicable into Provider Connect and an Electronic Health Record (EHR) if the jurisdiction is utilizing one. SCC's can try to avoid unplanned exits, by watching for signals prior to "30 days no contact". Engaging the participant in discharge planning discussions early, could avoid untimely discharges from the program. The goal is to prepare the individual for a discharge that leads to a successful and collaborative plan for continuing recovery without the continued support of the SCC.

Staff Changes

All Staff changes are to be reported to the Coordination of Care Program Manager on a Staff Change Form. Please note this form is separate from the Maryland Recovery Net (MDRN) Staff Change Form. The Coordination of Care Program Manager will distribute the list of State Care Coordinators by jurisdiction on a regular ongoing basis. (See Appendix 5)

State Care Coordination Workgroup

The SCC Workgroup meets monthly to discuss and evaluate obstacles and develop processes for a more consistent workflow that will emulate throughout each jurisdiction. The workgroup will also support an opportunity to network with other SCC's. A representative/designee or alternate from each jurisdiction receiving funds for State Care Coordination is required to attend this monthly meeting.

State Care Coordination Regional Meetings

Regional Meetings are scheduled quarterly to provide jurisdictions with regular program updates, explain Administration initiatives, and provide a forum for jurisdictional discussion. Attendance at these meetings is mandated by the Administration as part of the Conditions of Award for receiving State Care Coordination funds.

Site Visits

Site visits may be conducted by the Coordination of Care Program Manager for Technical Assistance (TA), midcycle, and annual reviews.

Information and Confidentiality

Confidentiality of an individual's information is an ethical obligation for all providers and a legal right for every individual, whether such information is received verbally or in writing, and whether it is received from the individual or a third party. SCC providers must comply with the confidentiality of an individual's information and protected health information requirements as set forth in state and federal regulations (see Appendix 1: Summary of HIPAA privacy rule and Appendix 2: 42 CRF Part 2).

Incarcerated Individuals

If an individual becomes incarcerated after enrollment into SCC services, the State Care Coordinator will discharge the patient from SCC services. We encourage the State Care Coordinator to build relationships with local detention centers and correctional facilities so they are able to enroll incarcerated individuals into SCC. This process should take place at least 30 days prior to the individual being released from incarceration. Individuals will be unable to access services while incarcerated; however, SCC services will be available to individuals upon their release from incarceration.

Deceased Individuals

If an individual becomes deceased during enrollment in SCC services, the SCC should complete a discharge at

the time they have been made aware of and have confirmed the information. They should indicate in their Electronic Health Record (EHR) if applicable, and in Beacon that the individual is deceased. A Critical Incident Report must be submitted electronically to the Coordination of Care Program Manager.

Critical Incident Reporting

Critical incidents are those events that negatively impact the individual, individual's family, other individual(s) or the SCC initiative while an individual is receiving SCC services. It is also including, but not limited to:

- Death
- Suicide attempt
- Injury to self (including overdose)
- Assault or injury to others
- Any sexual activity between a staff member and a program participant
- Sexual/physical abuse or neglect, or allegation thereof
- Inappropriate use of SCC resources

The State Care Coordinator must submit a Critical Incident Report (see Appendix 3: SCC Critical Incident Report) to the Coordination of Care Program Manager within <u>5 business days</u> of becoming aware of the incident. Submit by email to: Risa Davis risa.davis@maryland.gov

SCC Satisfaction Survey

The SCC Satisfaction Survey is administered by the State Care Coordinator at prescribed intervals (every 6 months) and during the discharge process. Completion of the SCC survey is required, however not mandated. Every six months after a participant has been enrolled and upon discharge, the State Care Coordinator will mail, email, or arrange a telephone or face to face meeting to complete the survey.

State Care Coordinators should regularly verify and individuals' Collateral Contact information to ensure an individual can be reached in the event their primary contact information becomes unreliable. The SCC Satisfaction Survey will be sent directly via email to the Coordination of Care Program Manager who will maintain all surveys and share data with the jurisdictions as requested. (see Appendix 4: SCC Satisfaction Survey).

Glossary of Terms and Definitions

See Appendix 6: Glossary of Terms and Definitions.

Changes or Exceptions to the SCC Manual

The SCC Manual is subject to change. Providers may request an exception to a SCC Manual requirement by submitting an exception request to the Coordination of Care Program Manager in writing via email to: risa.davis@maryland.gov.

Appendix 1: Summary: Privacy Rule for Health Insurance Portability and Accountability Act (HIPAA)

Published as 45 CFR parts 160 and 164 and effective in 2003, this Act protects the privacy of Protected Health Information (PHI) that is:

- 1. Transmitted by electronic media
- 2. Maintained in any medium described in the definition of electronic media, or
- 3. Transmitted or maintained in any other form or medium

As defined by HIPAA, *Protected Health Information* is any information, including demographic information, collected from an individual, that is:

- 1. Created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse
- 2. Related to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual, and which is
- 3. Able to identify the individual, or with respect to which, there is reasonable basis to believe that the information can be used to identify the individual.

Business associate as defined by HIPAA (45 CFR section 160.103), is a person who, on behalf of the covered entity or provider or of an organized healthcare arrangement in which the covered entity participates, but other than in the capacity of a member of the workforce of such covered entity or arrangement, performs or assists in the performance of:

- 1. A function or activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and re-pricing, or
- 2. Any other function or activity regulated by this subchapter; or providers, other than in the capacity of a member of the workforce of such covered entity, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for such covered entity, or to or for an organized healthcare arrangement in which the covered entity participates, where the provision of the service involves the disclosure of individually identifiable health information from such covered entity or arrangement, or from another business associate of such covered entity or arrangement, to the person.

All providers who qualify as *covered entities* must comply with the provisions of the Privacy Rule of HIPAA. A *covered entity* is defined as a healthcare provider, a health plan, or a clearing house that transmits any health information in electronic form in connection with a transaction covered by this subchapter (section 160.103 of 45 CFR part 160). If this provider is a covered entity, then HIPAA requires the appropriate policies and procedures to be in place to comply with the HIPAA Privacy Rule. HIPAA requires such policies and procedures to include, but not be limited to, the following topics: Notice of Privacy Practices, Amendment of Protected Health Information (PHI), Recipient Access to PHI, Accounting of Disclosures, Workforce Training, Verification, Authorization for Disclosures of PHI, HIPAA Complaint Process, Marketing (if applicable), Research (if applicable), Audit and Monitoring or HIPAA compliance, and Business Associates Agreements with those companies providing goods and services which require the disclosure of PHI, etc. Where existing confidentiality protections provided by CFR part 2, related to the release of alcohol and drug abuse records, are greater than HIPAA, then the department anticipates that the provider will consider any such provision of 42 CFR part 2 as the guiding language.

Appendix 2: 42 CFR Part 2

Protecting confidentiality is critical in substance abuse treatment and child welfare. Both fields need to guard individuals' rights to privacy and protect against the stigma that might cause individuals to avoid treatment. Yet while monitoring cases, child welfare professionals regularly need information related to diagnosis and participation in treatment. Child welfare practitioners should be familiar with the rules and regulations that govern confidentiality and the legal methods of accessing otherwise protected information.

In the substance abuse field, confidentiality is governed by federal law (42 U.S.C. § 290dd-2) and regulations (42 CFR Part 2) that outline under what limited circumstances information about the individual's treatment may be disclosed with and without the individual's consent. Determining when 42 CFR Part 2 is applicable and how to legally access information about substance abuse treatment requires practitioners to work through a series of questions.

What Programs Are Covered by Federal Confidentiality Laws?

42 CFR Part 2 applies to any program that:

- 1) Involves substance abuse education, treatment, or prevention, and
- 2) Is regulated or assisted by the federal government (42 U.S.C. § 290dd-2; 42 C.F.R. § 2.11-2.12)

What Information Is Protected?

42 CFR Part 2 applies to all records relating to the identity, diagnosis, prognosis, or treatment of any patient in a substance abuse program that is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States.

How Can Protected Information Be Shared?

Information can be shared if written consent is obtained. A written consent form requires ten elements (42 C.F.R. § 2.31(a); 45 C.F.R. § 164.508(c)):

- 1. The names or general designations of the programs making the disclosure
- 2. The name of the individual or organization that will receive the disclosure
- 3. The name of the patient who is the subject of the disclosure
- 4. The specific purpose or need for the disclosure
- 5. A description of how much and what kind of information will be disclosed
- 6. The patient's right to revoke the consent in writing and the exceptions to the right to revoke or, if the exceptions are included in the program's notice, a reference to the notice
- 7. The program's ability to condition treatment, payment, enrollment, or eligibility of benefits on the patient agreeing to sign the consent, by 1) stating the program may not condition these services on the patient signing the consent, or 2) the consequences for the patient refusing to sign the consent
- 8. The date, event, or condition upon which the consent expires if not previously revoked
- 9. The signature of the patient (and/or other authorized person)
- 10. The date on which the consent is assigned (When used in the criminal-justice setting, expiration of the consent may be conditioned upon the completion of, or termination from, a program instead of a date

Appendix 3: State Care Coordination Critical Incident Report

Please Email to: Risa Davis <u>risa.davis@r</u>	naryland.gov within 5 b o	usiness days of becomin	g aware of the incident.
Today's Date:	_ Date of Critical Incider	nt:	
Name/Title of Individual Completing Fo	rm:		
Address:			
City:	State:	Zip:	
Location Where Incident Occurred:			
Individual involved in incident:			
Name:			
Date of Birth:	SS#:		
[] Male [] Female			
List any other involved party:			
Nature of Incident: [] Death (from any cause after Cause of death: [] Suicide Attempt [] Injury to self [] Injury to or assault on other [] Sexual/physical abuse or ne [] Other (please specify:	s glect, or allegation there	eof	
Describe Incident:			
Follow-up actions taken:			
Signature		Date	

Appendix 4: State Care Coordination Satisfaction Survey

risa.davis@maryland.gov.					
Date: SCC Name	e/Jurisdiction:				
For each statement listed below, please check th program.	ne box that most cl	osely descri	bes your ex	(perience wi	ith our
	Very	Satisfied	Slightly	Not	Does Not
	Satisfied		Satisfied	Satisfied	Apply
Were you satisfied that the SCC allowed you to c your service provider(s)?	choose				
How satisfied were you with the help you receive	ed				
from your SCC to get the resources you needed?					
Were you satisfied with the way you were treate your SCC?	ed by				
How satisfied were you with the availability of your section of your sections are sections.	our				
How satisfied are you with the progress you are making toward your personal recovery goals?					
Overall, how satisfied are you with the SCC serving you received?	ces				
Please add any additional comments here:					

State Care Coordination Staff Change Form

Effective Date:
Jurisdiction:
Former State Care Coordinator's Contact Information
Name:
Telephone #:
Address:
Email:
New State Care Coordinator's Contact Information
Name:
Telephone #:
Address:
Email:
State Care Coordinator's Supervisor's Contact Information
Name:
Telephone #:
Address:
Email:
Notes:

*Please complete and send this form to:

Risa Davis, State Care Coordination, Program Manager: risa.davis@maryland.gov

Appendix 6: Glossary of Terms and Definitions

(MDH) - Maryland Department of Health. The Maryland Department of Health is an agency of the government of Maryland responsible for public health issues. The Department is headed by a Secretary who is a member of the Executive Council/Cabinet of the Governor of Maryland; currently the secretary is Robert R. Neall.

(BHA) - Behavioral Health Administration. The Behavioral Health Administration is an arm of the Maryland Department of Health. The BHA oversees the fiscal and regulatory administration of publically-funded substance abuse prevention, intervention and treatment (also referred to as the *Administration*).

(SCC) – State Care Coordination. Consumers that are receiving Substance Use Disorder (SUD) Treatment at an American Society of Addiction Medicine (ASAM) level of care: III.3, III.5 and III.7 residential treatment supported by the Behavioral Health Administration (BHA) funding are eligible to receive Maryland State Care Coordination.

(SCC) - State Care Coordinator. An assigned jurisdictional staff providing oversight to ensure an individual's ability to access wrap-around services needed to establish sustained recovery in their community. SCC's work with individuals to complete the State Care Coordination enrollment process, to include consents.

State Care Coordination Satisfaction Surveys - Each individual receiving SCC services will evaluate the recovery support service(s) they received while enrolled in the SCC Program. Satisfaction Surveys may be shared with the SCC and the SCC Supervisor.

Referral - The process of notifying the SCC of an individual that has been screened/accessed as being in need of SCC services.

(LAA) - Local Addiction Authority — Each of Maryland's twenty-four (24) jurisdictions has an administrator that is designated county or multi-county authority responsible for the planning, managing, monitoring and oversight of BHA publicly funded substance use disorder (SUD) services.

(CSA) - Core Service Agency – The CSAs are the local mental health authorities responsible for planning, managing, and monitoring public mental health services at the local level. CSAs exist under the authority of the Secretary of The Maryland Department of Health, and are also agents of the county government, which approve their organizational structure.

PBHS – Public Behavioral Health System

State Care Coordination Monthly Data Collection **County Name** Month Year **Coordinator Name Data Collection Point** Monthly Monthly Enrollmen **Critical Incidents Discharge Problems** Needs **Staffing Plan**