

**LAKESHORE BEHAVIORAL HEALTH ALLIANCE**  
Community Mental Health Services of Muskegon County  
Community Mental Health of Ottawa County  
Lakeshore Coordinating Council for Substance Abuse Services

Policy  
No. 20-019

Prepared by:

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SUBJECT: Coordination of  
Benefits

Approved by:

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John North, Executive Director

**I. POLICY:**

It is the policy of Lakeshore Behavioral Health Alliance and its affiliates to coordinate services between providers and to maintain a program to utilize all insurance and benefit coverage for the benefit of the individual.

**II. PURPOSE:**

To determine which health insurance pays for mental health and substance abuse services for both internal and external providers and ensure coordination between service providers. The purpose of the policy is also to facilitate effective and timely communication in order to assure coordination of care between the Behavioral Health/DD and Substance Abuse services and the health services provider.

**III. APPLICATION:**

The policy applies to the Lakeshore Behavioral Health Alliance and its affiliates and their providers.

**IV. PROCEDURE:**

**A.** At intake and during the person centered planning process, staff will ensure that the various insurance programs available to the individual are considered when the service package is designed.

1. Services originate from a call or visit to the affiliate.
2. Affiliate staff collecting insurance information in the course of assisting the individual identifies needed services and documents this information. To the extent possible, given the individual's desires and needs, staff will coordinate benefits of multiple insurance to use a private insurance package prior to using Medicaid. The following options could be considered, in discussion with the individual:

- a. scheduling appointments with types of staff qualified for the individual's insurance (e.g. Social Workers for individuals who are Medicare eligible), authorizing an intensive schedule of Outpatient Services as an alternative to more specialized services.
    - b. Scheduling an initial assessment to confirm the need for specialized services.
  3. Depending upon the benefits available to the individual, staff may refer to another service provider; refer to the mental health affiliate for services, or both. Where combined Substance Abuse and Mental Health Services are needed, staff will refer the individual to the integrated dual diagnosis treatment services provided by the mental health affiliates.
  4. When referrals are made to both a community mental health affiliate and an outside provider, the mental health affiliate staff responsible for authorizing external services will notify the responsible mental health worker that coordination of care is necessary with the Substance Abuse provider or that the individual should be referred to integrated dual diagnosis treatment.
  5. The affiliates will follow their respective procedures for billing and service information.
- B.** Mental health service for individuals with combined Mental Health & Substance Abuse services:
1. Integrated dual diagnosis treatment is provided by mental health affiliate staff with demonstrated competence.
  2. If services are delivered by more than one worker (such as a physician, social worker and SA counselor), the service plan will assign responsibility for coordination among workers.
- C.** When Substance Abuse services are being performed by an outside agency, the affiliate's primary mental health worker will ensure that the treatment plans of both agencies are coordinated.
- D.** The primary worker will ensure that documentation is faxed or mailed to the Substance Abuse Services provider when authorized by the individual in accordance with the various policies of the mental health affiliate:
1. Documentation to be exchanged includes:
    - a. Access Screening
    - b. Psychiatric Evaluation
    - c. Emergency intervention records
    - d. Untreated health conditions
    - e. Risk/Significant change in condition
    - f. Change in psychiatric medication
    - g. Discharge from treatment

2. Staff will use a standard format developed by each affiliate and in compliance with HIPAA privacy requirements for the purposes of faxing or mailing documentation.
3. Staff who conduct verbal exchanges with the service provider will document such contacts in the individual's records and in compliance with HIPAA privacy requirements.

**VI. REFERENCES:**

LBHA Policy: Integrated services: Co-occurring Admission, Assessment, Treatment and Discharge  
45 CFR Parts 160 – 164 (Healthcare Insurance Portability and Accountability Act of 1997)