

## CARE COORDINATION AND CASE MANAGEMENT GUIDELINES School Year 2003-2004

### **Introduction**

Salud! managed care organizations (MCOs) must provide statewide care coordination for Salud! children with special health care needs (CSHCNs). MCOs must also, as part of their care coordination program, provide the six targeted case management (CM) programs included in the Salud! benefit package for members who have a medical need for CM services. SBHC staff can access care coordination and case management for children and adolescents with special health care needs who could benefit from these services. The following guidelines compare the two services and describe how to access each.

<b>Type of Info.</b>	<b>Salud! Care Coordination (CC)</b>	<b>Salud! Case Management (CM)</b>
<b>Benefit &amp; Eligibility</b>	Care coordination is a Medicaid Salud! service for clients with multiple and complex special physical, mental, neurobiological, emotional and/or behavioral health care needs, on an as needed basis, depending upon clinical profile of the member. Care coordination helps to ensure the medical and behavioral health needs of the Salud! population are identified and related services are provided and coordinated with the individual member and family, as appropriate.	Targeted case management is a benefit for the following populations: <ul style="list-style-type: none"> <li>• Adults w/developmental disabilities;</li> <li>• Pregnant women and their infants;</li> <li>• Individuals with chronic mental illness;</li> <li>• Adults with traumatic brain injury;</li> <li>• Children, 0 to 3 years, who are medically at-risk due to psychosocial reasons; and</li> <li>• Children, 0 to 21 yrs. who are medically at-risk for behavioral or physical health conditions.</li> </ul> CM is provided when medically necessary to serve individuals who require intensive intervention.
<b>Agency &amp; Person</b>	Salud! MCO employee	Salud! MCO employee or subcontractor
<b>Activities</b>	The MCO uses the following primary elements for care coordination: <ul style="list-style-type: none"> <li>• Identify the eligible population and its needs;</li> <li>• Designate an individual who has primary responsibility for CC and serves as single point of contact;</li> <li>• Ensure provision of necessary services and assist members in obtaining such services;</li> <li>• Coordinate physical and behavioral health services;</li> <li>• Coordinate with designated case managers and medical/behavioral health services providers;</li> <li>• Monitor members' progress to ensure services are received; assist in resolving identified problems; and</li> <li>• Link individuals to case management when needed if a local case manager/designated provider is not available.</li> </ul>	The case manager performs the following activities: <ul style="list-style-type: none"> <li>• Completes a comprehensive assessment of the individual's goals, capacities, physical, cognitive and behavioral health conditions and needs and strengths of the individual, family, and/or caregiver;</li> <li>• Develops and implements a plan of care and/or service plan with the primary care provider, individual, family, caregiver(s), legal guardian or providers who work with the individual and others, as appropriate;</li> <li>• Advocates for, refers to, and links the individual with necessary services;</li> <li>• Monitors and facilitates individual's progress;</li> <li>• Promotes coordination of physical health, behavioral health and social services; and</li> <li>• Measures and evaluates outcomes.</li> </ul>

### ***Process for Accessing Care Coordination and Case Management***

1. A parent, legal guardian, child/adolescent, SBHC staff, PCP, MCO grievance coordinator, or state staff can make a referral for care coordination or case management.
2. To begin the process, the SBHC staff places a call to the MCO's care coordination/case management (CC/CM) contact, stating clearly and succinctly the reason for the referral and what types of services may be needed by the student.
3. MCO staff receives the referral and proceeds to determine whether the student needs care coordination or case management. Care coordination includes interventions, such as assistance with transportation, identifying a specialty provider and facilitating access to that specialty provider. Case managers conduct home visits, if needed, make referrals, help individual clients/families access care, do health teaching, are available to answer questions and discuss concerns, and otherwise assist the child/adolescent and caregiver, as appropriate. Both services seek to assist the student and caregiver toward independence and self-care.
4. SBHC staff emphasizes to the MCO care coordination staff when student has consented on his or her own and does not want parents to know about the situation. SBHC staff provides the MCO care coordinator with method of contacting the student.
5. MCO staff provides SBHC staff with a status report on services received by the member and the member's progress. The member's response to the interventions is evaluated to identify any unmet needs, and interventions are revised, as necessary.

### ***Example of care coordination referral***

- Fifteen-year-old female, treated in the SBHC for an STD, is not responding to treatment and needs to see a specialist confidentially.

### ***Examples case management referrals***

- Fourteen-year-old male with uncontrolled Type II Diabetes, asthma attacks, obesity, and through administration of the SBHC Teen Health Questionnaire, identified as being at risk for depression.
- Twelve-year old female, with repeated episodes of head lice, incontinence in the classroom and absences from school.

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#### **Key Care Coordination/Case Management Contacts:**

**Cimarron Health Plan:** Gloria Miera (505) 348-1540 (gmiera@hchorizons.com)

**Lovelace Community Health Plan:** Patty Kehoe (505) 232-1728 (Patty.Kehoe@ArdentHealth.com)

**Presbyterian Salud:** Jean Calhoun/Medical (505) 923-6718 (jcalhoun@phs.org)

Mary Mastrandrea/Behavioral Health (505) 923-5468 (mmastran@phs.org)

**SBHC/MCO Pilot Project Communication Guidelines  
Among the SBHC, PCP, MCO, and Parent/Legal Guardian  
School Year 2003-2004**

Communication among all involved parties on behalf of students served in the SBHCs is critical to the provision of quality care and successful outcomes. The following scenarios serve as examples of the flow of communication from the SBHC when a student presents for care.

<b>Communication Case Examples</b>	<b>Communication Flow</b>
<p>Ten-year-old female presents with headache, rhinitis and feels hot.</p> <ul style="list-style-type: none"> <li>• Salud! membership and PCP are verified.</li> <li>• SBHC confirms there is a signed parental permission and child is a Salud! member.</li> <li>• SBHC provider examines child; makes diagnosis of sinusitis.</li> <li>• SBHC provider prescribes antibiotic (gives prescription, after discussing with parent).</li> <li>• Arrangements made for parent to pick child up; if not possible, child waits in nurse's office at school.</li> </ul>	<p>Call is placed to the parent; inquiry made if child has any allergies. Arrangements made for parent to pick child up; if not possible, child waits in nurse's office at school</p> <p>PCP notification form completed and faxed to the PCP.</p>
<p>Fifteen year-old female comes into SBHC for second consecutive pregnancy test. Both are negative.</p> <ul style="list-style-type: none"> <li>• Salud! membership and PCP are verified.</li> <li>• Sexually Transmitted Disease (STD) screening and pap smear performed.</li> <li>• Situation explored with student, who wants family planning information; health teaching provided.</li> <li>• Student asked for permission to notify the PCP about treatment.</li> </ul>	<p>Student referred for follow-up on STD in SBHC and for family planning services at student's choice of provider.</p> <p>If she/he says yes, PCP notification form is completed and faxed. If no, PCP is notified on form that confidential services have been provided and no further details are forwarded. Student counseled to share information about current medications and pertinent medical history with any clinician he/she sees.</p> <p>If student wants visit to remain confidential, parents should not be contacted.</p>

Communication Case Examples continued	Communication Flow continued
<p>Thirteen -year-old male presents with symptoms of wheezing after physical education. Diagnosis is asthma.</p> <ul style="list-style-type: none"> <li>• Salud! membership and PCP are verified.</li> <li>• Student knows that he is a Salud! member and his PCP is following him for asthma.</li> <li>• SBHC provider performs nebulizer treatment and dispenses an inhaler. Arrangement made for student to be treated in the SBHC every week for four weeks.</li> <li>• Student identified as CSHCN.</li> </ul>	<p>SBHC provider contacts PCP for information regarding treatment and collaborates with PCP in treatment plan.</p> <p>Mother notified and teaching provided.</p> <p>MCO care coordinator notified about student as potential CSHCN.</p> <p>PCP notification form completed and faxed to PCP.</p>
<p>Nine-year-old child received a dog bite over the weekend and was treated by his PCP.</p> <ul style="list-style-type: none"> <li>• Four days later, school nurse notes that wound is reddened and oozing and refers child to the SBHC.</li> <li>• Salud! membership and PCP are verified.</li> <li>• No permission to treat form found; parent must be contacted.</li> <li>• SBHC provider cleans wound and dispenses antibiotic ointment.</li> </ul>	<p>Parent is notified by SBHC, and permission obtained.</p> <p>Mother instructed on wound care and referred to PCP for follow-up.</p> <p>PCP notification form completed and faxed to PCP.</p>
<p>Fourteen-year-old high school male who teacher notes is lethargic, is sleeping at desk, not attentive and does not look well.</p> <ul style="list-style-type: none"> <li>• Teacher refers student to SBHC.</li> <li>• SBHC provider performs initial assessment.</li> <li>• Student is a Salud! member; PCP identified.</li> </ul>	<p>SBHC refers student to PCP for additional comprehensive work-up. Diagnosed with leukemia.</p> <p>SBHC contacts MCO care coordinator/case management for follow-up with student and family. Student identified to MCO as a CSHCN.</p>

Communication Case Examples continued	Communication Flow continued
<p>16 year-old female presents with complaint of late menstrual period. Pregnancy test positive. Student crying and frightened. Doesn't want her mother to know.</p> <ul style="list-style-type: none"> <li>• Seen by SBHC counselor who establishes that student lives at home with her mother. Student has a one-year-old son and she is worried about bringing another baby into the house and caring for two children.</li> <li>• Salud! membership and PCP are verified.</li> <li>• SBHC provider administers Teen Health Questionnaire and does initial health history and assessment.</li> <li>• SBHC assesses student's strengths and resources.</li> <li>• SBHC works with student in planning how to tell her mother and, if the student desires, SBHC will be present when she tells her mother.</li> <li>• SBHC gives student options for prenatal care, based on the MCO's provider network, and assists student to access prenatal care, as needed.</li> <li>• SBHC refers student for behavioral health care.</li> <li>• SBHC follows-up with student to be sure she is under prenatal and behavioral health care.</li> </ul>	<p>SBHC refers student to MCO for prenatal case management. Student may be potential CSHCN.</p> <p>SBHC communicates with prenatal and behavioral health care providers, as needed.</p> <p>With student's consent, PCP notification form completed and faxed to PCP.</p>
<p>17-year-old male referred to SBHC by teacher who was concerned about a poem the adolescent wrote that contained violent and graphic references.</p> <ul style="list-style-type: none"> <li>• Salud! membership and PCP are verified.</li> <li>• SBHC provider administers Teen Health Questionnaire and performs initial assessment, observes self-mutilation on student's arms and discovers that child was hospitalized two years ago for depression.</li> <li>• SBHC refers student to SBHC psychiatrist for behavioral health follow-up.</li> <li>• Psychiatrist in SBHC sees student, makes DSM-IV diagnosis, and, following consent from student's mother, prescribes medication and therapy.</li> </ul>	<p>Student's mother notified and permission obtained to treat with medication.</p> <p>Client registered with MCO for behavioral health visits.</p> <p>PCP notification form completed and FAXED to PCP.</p>

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**School-Based Health Center (SBHC)/  
Managed Care Organization (MCO) Pilot Project**

**Protocol for Protecting a Student's Right  
to Consent to Receive Certain Services**

The following protocols set forth guidelines in working with an adolescent who chooses to consent to receive certain services, as provided for in State law, and who desires those services to be rendered confidentially and without notification to the student's parent(s) or guardian.

**I. ADOLESCENT INFORMED CONSENT**

A. For any service provided through the school-based health center, a student has the right:

1. To be informed about and to discuss with the clinician the findings from the examination or visit;
2. To be informed about any recommended treatments, including proper use, potential side effects, alternative forms of therapy and the possible consequences of not following the recommended treatment;
3. To be informed about any medications prescribed, including the purpose for and benefits of the medication, proper use, common side effects, signs of an adverse reaction and the possible consequences of not taking the prescribed medication;
4. To be provided with written information about the treatments and medications prescribed for him or her;
5. To be informed about how to contact the clinician or the clinic should the clinician have concerns about the prescribed treatments or medications or the student's response to them; and
6. To refuse a treatment or medication that has been prescribed for him or her (the objection or refusal should be recorded in the student's medical record).

**II. A MINOR'S RIGHT TO CONSENT TO RECEIVE SERVICES WITHOUT PARENTAL CONSENT UNDER NEW MEXICO LAW**

Under New Mexico law, there are a number of circumstances in which an adolescent (an unemancipated minor) may consent to receive services without parental consent, including the following:

A. Treatment for Sexually Transmitted Diseases

- Section 24-1-9 (Capacity to consent to examination and treatment for a sexually transmitted disease) Any person regardless of age has the capacity to consent to an examination and treatment by a licensed physician for any sexually transmitted disease; however, under Section 24-1-9.4, disclosure of

the test results is authorized “to the subject of the test or the subject’s legally authorized representative, guardian or legal custodian.”

**B. Pregnancy Examination and Diagnosis**

- Section 24-1-13 (Pregnancy; capacity to consent to examination and diagnosis) any person, regardless of age, has the capacity to consent to an examination by a licensed physician for pregnancy.

**C. Family Planning Services**

- Section 24-8-5 (Prohibition against imposition of standards and requirements as prerequisites for receipt of requested family planning services) There are no prerequisites for parental consent to obtain family planning services.

**D. Behavioral Health Services**

- Section 32A-6-14 (Treatment and habilitation of children; liability) Parental consent is not required to receive “individual psychotherapy, group psychotherapy, guidance, counseling or other forms of verbal therapy that do not include any aversive stimuli or substantial deprivations.”

**III. SBHC STAFF RESPONSIBILITIES**

**A. Under certain circumstances, the SBHC staff are required to contact state authorities or the student’s parent(s), legal guardian(s), as follows:**

1. Staff are required to report to the New Mexico Children, Youth and Families Department if they have reasonable suspicion that the student is being abused or neglected.
2. Staff must contact a student’s parent(s) or legal guardian(s) if:
  - a. The student is in danger of harming self or others.
  - b. A potentially life-threatening medical condition is discovered (such as cancer, an illness requiring hospitalization or surgery, a chronic illness, or a serious contagious illness). In general, unless clinically contraindicated, this matter would be discussed with the student before parent(s) or guardian(s) are contacted.
  - c. A provider wants to prescribe psychotropic medications (medicines to treat depression, anxiety, or other mental health conditions). Psychotropic medication will not be prescribed without consent of the parent(s) or legal guardian(s).

**B. In order to maintain good communication between health care providers, the student’s primary care provider (PCP) in the community should be notified, using the PCP**

Notification form, of the visit(s) to the school-based health center. When the visit is for a confidential service, no information about the specific purpose of the visit will be provided, unless the student grants permission to tell that PCP.

#### **IV. RESPONSIBILITY OF THE SALUD MANAGED CARE ORGANIZATIONS (MCOs)**

- A. The New Mexico Human Services Department/managed care organization contracts require the MCOs to adopt and implement written confidentiality policies and procedures, which conform to federal and state laws and regulations. Such procedures should include a process for flagging those cases in which adolescent members have sought confidential services and ensuring that all required notices concerning those services are given directly to the students.
- B. The MCOs are contractually required to preserve adolescent members' confidentiality rights. The MCOs are required to honor adolescent members' rights to receive confidential services to the same extent that they are required to ensure adult members' privacy rights under HIPAA and other state and federal confidentiality provisions.
- C. HSD Medical Assistance Division Guidance Memorandum # 87, Fraud and Abuse, states the MCOs should "avoid confidential services when pulling recipient explanation of medical benefits (REOMBs) samples" to meet their monthly requirement for mailing REOMBs.
- D. The MCOs are contractually required by HSD to identify third-party coverage and coordinate benefits with applicable third parties. However, for purposes of the SBHC/MCO pilot project, this requirement has been waived by HSD since it applies to seeking coverage of confidential services first from private third-party payors. Pilot project SBHCs should not bill private payors for services rendered to an adolescent who, according to state law, consented to receive them without parental knowledge.

#### **V. HIPAA AND ADOLESCENT CONSENT AND CONFIDENTIALITY RIGHTS**

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule defers to state laws that address the ability of a parent, guardian or person acting in loco parentis (in place of a parent) to obtain health information about a minor child. 45 CFR Section 160.202(2). Generally, whether or not the parent is the minor child's personal representative, the Privacy Rule permits a health plan to disclose to a parent or provide the parent access to a minor child's protected health information when it is expressly permitted by state or other laws 45 CFR Section 164.502 (g)(3).

Nevertheless, the HIPAA Privacy Rule specifically provides for exceptions from the general rule allowing parents control over and access to a minor's protected health information. The Privacy Rule gives the minor authority in the following circumstances: (1) when the minor consents to the health care, no other consent is legally required and the minor has not asked the parent, guardian or person acting in loco parentis to serve as personal representative; (2) the minor may lawfully obtain the health care services without the consent of the parent, guardian or person acting in loco parentis, and the minor, a court or another person authorized by law consents to

**SBHC/MCO Pilot Project  
Protocol for Informed Consent**

the health care service; (3) a parent, guardian or person acting in loco parentis assents to an agreement of confidentiality between a covered health care provider and the minor. 45 CFR Section 502(g)(3)(i)-(iii).

In addition, a covered entity (health plan or health care provider) does not have to treat the parent, guardian or person acting in loco parentis as the minor's personal representative if (1) the entity has a reasonable belief that the minor has been subjected to domestic violence, abuse or neglect by that person; (2) treating that person as the personal representative could endanger the minor; or (3) the covered entity decides, in the exercise of professional judgment, that is not in the minor's best interest to treat the parent figure as the minor's personal representative.

In light of the relevant New Mexico statutes that allow adolescents to consent to receive certain confidential services, i.e., the four categories of services listed under Section II of this document, the HIPAA Privacy Rule defers to state law and gives the minor control over his/her protected health information. Thus, parental access to that information is generally prohibited with the exception of cases of sexually transmitted diseases, where state law authorizes release of test results either "to the [minor] subject of the test or the subject's legally authorized representative, guardian or legal custodian.". Nevertheless, as noted above, the Privacy Rule does allow the health plan or health care provider the discretion not to treat the parent as the minor's personal representative, even in cases involving sexually transmitted disease, if there is a reasonable belief that the minor has been or could be harmed by that parent figure.