

Governing Body: MARION COUNTY COMMUNITY AND PROVIDER SERVICES (CAPS)	Function: INTEGRATED DELIVERY SYSTEM (IDS) HANDBOOK	
Subject: Dual Enrollment Within a Single Agency for Chemical Dependency and Mental Health Services	Prepared By: CAPS	Original Date: 10/01/2007 Revised Date:

PURPOSE AND SIGNIFICANCE:

This policy applies only to IDS Providers that are dually licensed in Chemical Dependency (CD) and Mental Health, are on the IDS Mental Health Provider Panel and able to bill both MVBCN and Marion-Polk Community Health Plan (MPCHP) funding streams. If a Member is enrolled in one CD agency and enrolled with a different mental health provider, this policy does not apply.

Dual enrollment in CD and mental health services with a single provider is generally considered unusual. It is the goal of the MPCHP and the IDS to have Dual Diagnosis Capable treatment throughout the Provider Network for Members with co-occurring disorders. At the most practical level, Dual Diagnosis Capable treatment in the mental health system means that clinicians are able to integrate treatment objectives and activities for lower severity substance use disorders into the Member’s mental health treatment plan. In the Chemical Dependency programs, Dual Diagnosis Capable means that clinicians are able to treatment plan lower severity mental health issues within their scope of practice. This may include things like skills training, symptom management, relapse prevention for multiple issues, etc. However, it is also the goal of the MPCHP and the IDS to provide access to comprehensive, well-coordinated care for Members that are assessed within Quadrant IV parameters. Ken Minkoff in his Comprehensive, Continuous and Integrated System of Care Model (CCISC) describe the current clinical severity of co-occurring disorders using the national consensus 4-Quadrant model for conceptualizing behavioral health disorders. For more information on this model, see www.kenminkoff.com. It should be noted that the quadrants are not diagnosis driven and are meant to capture current severity.

The 4 Quadrant Model is described as follows:

Quadrant I: Low Mental Health & Low CD (Mild to moderate MH impairment & substance abuse) Treat wherever they present.	Quadrant II: High MH & low CD (Serious MH impairment & substance abuse) Treat in MH system/include stage specific substance intervention	Quadrant III: Low MH & high CD (Sub. Dependence with mild to moderate MH impairment) Treat in CD system with MH supports	Quadrant IV A: High MH & High CD (Serious MH impairment and addiction.) Treat in MH system with CD interventions	Quadrant IV B: High MH & high CD. No long lasting serious MH impairment in the absence of substance use. Offer intensive integrated case management.
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DEFINITIONS:

Quadrant I (Low Mental Health/Low CD): Quadrant I is reserved for people with mild to moderate mental health impairment and substance abuse. The recommendation is to treat Members in this quadrant wherever they present for services. Dual Diagnosis Capable treatment is expected for this quadrant.

Quadrant II (High Mental Health/Low CD): Quadrant II is reserved for people with serious mental health impairment and substance abuse. The recommendation is to treat Members in this quadrant in mental health components with stage of change specific substance interventions. Dual Diagnosis Capable treatment is expected for this quadrant.

Quadrant III (Low Mental Health/High CD): Quadrant III is reserved for people with mild to moderate mental health impairments and chemical dependency. The recommendation is to treat Members in this quadrant in chemical dependency components with mental health supports, which may include skills training, symptom management, cognitive behavioral interventions and/or any other needed services within the credentialing and expertise of the clinician. Dual Diagnosis Capable treatment is expected for this quadrant.

Quadrant IV-A (High Mental Health/High CD): Quadrant IV-A is reserved for people with serious mental health impairments and active substance dependence. The recommendation is to treat Members in this quadrant in mental health components with stage-specific substance interventions. When the services are shared between components, a high level of coordinated care is expected.

Quadrant IV-B (High Mental Health/High CD at intake): Quadrant IV-B is reserved for people that have apparent but unsubstantiated serious co-occurring mental health impairment and substance dependence at intake. Typically, the clinical picture is unclear and there are safety issues that warrant intensive services to stabilize the Member and facilitate further assessment. When the Member stabilizes and there is no apparent long lasting mental health impairment in the absence of substance use, the goal post stabilization would be to transition the Member to Dual Diagnosis Capable chemical dependency services with a plan to address any residual mental health symptoms or needs. When there is lasting and serious mental health impairment post stabilization, the Member is then described as fitting Quadrant IV-A.

Dual enrollments in chemical dependency and mental health services with a single provider may be considered under the following circumstances:

- The Member is assessed within Quadrant IV-A and/or has a long-standing documented history of serious mental health impairment and serious addiction. The use of high intensity services in both components is assessed as necessary to achieve stabilization, recovery and relapse prevention goals.
- The Member is assessed within Quadrant IV-B and it is unclear at intake whether serious mental health impairment is a primary concern or largely due to the acute impacts of serious substance abuse. The use of high intensity services in both components is assessed as necessary to address safety concerns, to achieve stabilization and to further assess the needs and status of the Member. Ongoing

evaluation would be expected in this case to rule in or out a Major Axis I mental disorder. In the absence of any long lasting and serious mental health impairment post stabilization, closing the case in the mental health component would be expected with a plan to meet the Member's needs through Dual Diagnosis Capable treatment in the CD component.

- The Member has chosen to access services in both components and is able to benefit by this level of intensity in services.

PROCESS AND/OR PROCEDURE:

- IDS/MPCHP Providers will need to have internal clinical and billing processes to assure that single services are billed within a single funding stream. In cases where clinicians from both components are delivering a single service, the Provider will need to have a process for determining which funding stream is billed. Typically the focus of the service will be the determining factor due to Medicaid coding requirements.
- A well-coordinated and collaborative treatment plan designed to facilitate dual recovery and movement through the stages-of-change is expected. A single plan is ideal.
 - For cases open in both components longer than 6 months, the Provider will conduct an internal review utilizing the following criteria to guide decision-making:
 - The current treatment plan is designed to facilitate dual stabilization, recovery and relapse prevention goals.
 - The type and intensity of services provided are appropriate to the Member's needs, stage-of-change and goals.
 - If engagement or retention has been an issue, there is evidence in the Member's record that these issues are being addressed.
 - Clinical outcomes and the Member's choice warrant continued services in both components.
- Please see Section II(25) for details on how CAPS will incorporate these measures into quarterly reconciliation review processes.