

OK To Use

 AUDIT NAME
 2024 Standard V Coordination and Continuity of Care

 PASSING %
 100

 Consumer linked to this audit

 Staff Audit

SECTIONS			
Section			
NUMBER	TITLE		
1	V. Coordination and Continuity of Care		
SECTION QUESTIONS			
Questions			
1	5.1 CMHSP has developed service coordination agreements with each of the pertinent public and private community-based organizations and providers to address issues that relate to a shared consumer base. Agreements will describe the coordination arrangements agreed to and how disputes between agencies will be resolved.	Met/Partially Met/Not Met	N/A
2	5.2 The CMHSP has procedures to ensure that coordination occurs between primary care physicians and the CMHSP and/or its network. • Procedures ensure that the services the CMHSP furnishes to the beneficiary are coordinated with the services the beneficiary receives from other MCOs and PIHPs.	Met/Partially Met/Not Met	N/A
3	5.3 CMHSP assures appropriate Follow-up After Hospitalization for Mental Illness (FUH) The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 days.	Met/Partially Met/Not Met	N/A
4	5.4 For enrollees with special health care needs determined through an assessment to need a course of treatment or regular care monitoring, each CMHSP must have a mechanism in place to allow enrollees to directly access a specialist (for example, through a standing referral or an approved number of visits) as appropriate for the enrollee's condition and identified needs.	Met/Partially Met/Not Met	N/A

5	5.5a Coordination Procedures / Primary Care Providers: a. The CMHSP will initiate affirmative efforts to ensure the integration of primary and specialty behavioral health services for Medicaid members.	Met/Partially Met/Not Met	N/A
6	5.5b b. The CMHSP will share with other providers servicing the enrollee with special health care needs the results of its identification and assessment of that enrollee's needs to prevent duplication of those activities	Met/Partially Met/Not Met	N/A
7	5.6 The CMHSP makes a best effort to conduct an initial health screening of each member's needs, within 90 days of the effective date of enrollment for all new members.	Met/Partially Met/Not Met	N/A
8	5.6a a. Including subsequent attempts if the initial attempt to contact the member is unsuccessful.	Met/Partially Met/Not Met	N/A
9	5.7a The CMHSP must ensure each member has an ongoing source of care appropriate to his or her needs	Met/Partially Met/Not Met	N/A
10	5.7b A person or entity formally responsible for coordinating the services furnished to the enrollee	Met/Partially Met/Not Met	N/A
11	5.8a The CMHSP will implement practices to encourage all members eligible for specialty mental health services to: Receive a physical health assessment including identification of the primary health care home/provider, medication history, identification of current and past physical health care and referrals for appropriate services.	Met/Partially Met/Not Met	N/A
12	5.8b As authorized by the member, the PIHP will include the results of any physical health care findings that relate to the delivery of specialty mental health services and supports in the person-centered plan.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS

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