

ASES GUIDELINES FOR CO-LOCATION OF BEHAVIORAL HEALTH PROVIDER IN PMG AND INPATIENT SETTINGS

In accordance with the provisions of the Puerto Rico Mental Health Code, Law No. 408 of October 2, 2000, as amended, and the Puerto Rico Patient's Bill of Rights and Responsibilities, the Government Health Plan (GHP) is committed to promoting mental and physical health integration, to improve program effectiveness and quality of life for enrollees.

In developing the full integration of physical and behavioral health, ASES requires placement of a psychologist or other type of Behavioral Health Provider in each PMG and *in the Inpatient Setting such as Hospitals. The Emergencies Rooms shall be responsible for identifying Enrollees' needs and coordinating proper access to both physical and behavioral health services. (Art. 8.1.2). The Co-location program should be incorporated to the Inpatient Setting, intending to provide continuity of services based on the provision of integrated plan to patients as stated in the Puerto Rico Mental Health Code, Law No. 408 of October 2nd, 2000, as amended, and the Puerto Rico Patient's Bill of Rights and Responsibilities.* The Behavioral Health Provider shall be present and available to provide assessment, screening, consultation, and Behavioral Health Services to Enrollees. (Article 8.2.1). Through this model, physicians, behavioral health providers and other members of the health team, collaborate in the provision of an integrated care plan to patients. In this context, the communication between physicians and an integrated care plan to patients. In this context, the communication between physicians and the behavioral health providers is one of the most important steps to collaboration and integration.

Situations that may be address by the behavioral health person, in collaboration with the medical staff, may include, but are not limited to:

1. Patients with signs of depression or anxiety
2. Patients in the high cost/high needs program
3. Patients with chronic conditions
4. Patients who present problems with adherence to medical treatment
5. Patients with developmental, behavioral, or psychiatric conditions
6. Patients who confront stressful events such as losing a significant other, divorce, caregiving, or others
7. Patients with family, school, or work-related situational stressors
8. Identification and referral of patients with drugs, alcohol, or smoking addictions
9. Patient referred as high emergency room utilizers associated to behavioral health issues.
10. Patients seeking behavioral services at their own initiative
11. Education to patients, community, or staff

The goal is to achieve better access to care and cost containment, while considering people's health. The GHP Health care collaborative and integrated strategy for physical and behavioral services provides a mean to open communication channels to achieve better access and more focused and cost-effective services.

The following guidelines are intended to clarify and adequately monitor compliance with the Co-location requirements. These guidelines seek to ensure access to services and adequate communication between professionals.

Required Co-location of Staff per PMG Setting: In view of the different kinds of PMG Setting and particularly, the different number of beneficiaries served, ASES has design the following table detailing the minimum required weekly hours of mental health professional availability according to the number of beneficiaries served by the PMG. Total Behavioral Health Provider hours will be determined by the number of PSG beneficiaries attached to the PMG regardless of the MCO selected by the beneficiary.

Covered Beneficiaries per PMG Setting	Minimum Behavioral Health Colocation Weekly Hours Required
1,000 or less	4 hours
1,001 – 2,000	8 hours
2,001 – 3,000	12 hours
3,001 – 4,000	16 hours
4,001 – 5,000	20 hours
5,001 – 6,000	24 hours
6,001 – 7,000	28 hours
7,001 – 8,000	32 hours
8,001 – 9,000	36 hours
9,001 – 10,000	40 hours

Required Co-Location of Staff per Inpatient Setting: Any patient who is hospitalized for acute services in a general hospital and during his stay requires, due to medical recommendation, a psychologist or other type of Behavioral Health Provider evaluation; the MCO must guarantee access to behavioral health provider services. This multidisciplinary team should have in his team these professionals either on call daily or within his faculty.

A corrective action plan (CAP) will be required of every PMG o Inpatient Setting that does not comply with the required co-location level. The PMG or Inpatient setting must present the CAP to the corresponding MCO with seven (7) calendar days from the receipt of the notice of the need for corrective action. The MCO will evaluate and approve or deny the CAP with seven (7) calendar days from the day such CAP is received. All PMG and Inpatient setting with an approved CAP must comply with the terms of the CAP and achieve the required co-location within the timeframes established in the CAP.

Sanction Matrix: If a PMG or Inpatient Setting does not comply with the required co-location levels in any of its settings, they may be subject to penalties according to the following matrix:

Sanction level	Sanction type	Timeframe to cure	Comments
0	Notice of Non-Compliance with Colocation level	30 days Day 1-30	A corrective Action Plan Is required
1	New Members subscription hold	30 days Day 31-60	
2	PM/PM payment withhold and new member subscription	30 days Day 61-90	A standard \$1.50 PM/PM Payment withhold
3	Fine	15 days Day 91-105	Fines to be determined in accordance to contract
4	PMG Contract Cancelation	Day 106	

