


LAPEER COUNTY COMMUNITY MENTAL HEALTH**Date Issued 01/08/2020****Date Revised**

CHAPTER Information Management	CHAPTER 07	SECTION 001	SUBJECT 30
SECTION Information Systems		DESCRIPTION CareConnect360	
WRITTEN BY Michelle Gould-Rice, LMSW Quality Improvement Coordinator		REVISED BY	AUTHORIZED BY  Lauren Emmons, ACSW CEO

APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input type="checkbox"/> Volunteers			

POLICY:

Lapeer County Community Mental Health (LCCMH) shall use CareConnect360 in compliance with its authorized use requirements as well as the Michigan Department of Health and Human Services Prepaid Inpatient Health Plan contract requiring its use.

STANDARDS:

- A. New LCCMH clinical level staff, supervisors shall obtain access to CareConnect360 during orientation.
- B. Peer Support Services staff, as identified by their supervisor, may obtain access to CC360.
- C. The LCCMH Quality Improvement Coordinator, Data Management Supervisor and at least one data management staff shall access CC360.
- D. CareConnect360 users shall receive training on the sensitive and appropriate use of CareConnect360 (CC360) information before access is allowed. Training shall include but is not limited to; Health Insurance Portability and Accountability Act (HIPAA) privacy provisions, the Michigan Mental Health Code confidentiality requirements and disclosure of highly sensitive Protected Health Information

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(PHI). Due to federal confidentiality requirements, medical services claims with a substance use disorder (SUD) are not included in CC360.

- E. LCCMH practitioners (case holders, case managers, clinicians, medical staff) and peer supports shall use CC360 on behalf of persons served on their respective caseloads, primarily accessing information on a per-individual basis.
- F. Each department at LCCMH shall designate a staff member to serve as a department representative on an agency super-user group and will be the designated department expert for CC360.
- G. LCCMH program managers and administrators shall utilize CareConnect360 to provide:
 - 1. Supervisory oversight of practitioner utilization of CareConnect360
 - 2. Program-level population analysis and case-finding activities to ensure persons served with health related/care coordination issues are being identified and addressed.
- H. Michigan Department of Health and Human Services (MDHHS) requires collaboration between the Prepaid Inpatient Health Plans, Medicaid Health Plans and the Community Mental Health. Collaboration shall occur across entities through the shared use of CareConnect360. Collaboration will take place across primary care provider, manager and administrators. Referrals for joint care plans may also take place as initiated at the practitioner level. Collaborative practice will take place in terms of:
 - 1. Shared lists of persons served.
 - 2. Strategic case finding per risk stratification criteria.
 - 3. Joint care management meetings to provide plan-to-plan coordination of services (joint care plans).

PROCEDURES:

- A. LCCMH staff shall individually obtain CareConnect360 access.
 - 1. Initiate a MILogin Request Application with the LCCMH Data Management Staff.
 - 2. Complete the next steps of the MILogin application with the department super-user staff.
 - 3. Complete applicable trainings for CC360.
 - 4. Staff shall log into CC360 at least monthly to keep the account from becoming suspended. An account becomes suspended after 30 days with

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no activity. Once suspended, staff may request to be reactivated by LCCMH Data Management Staff.

5. Accounts become Inactive after 60 days with no activity. Once inactive, the account holder is notified and, if no activity occurs within 45 days of notification, the account is terminated and a new MiLogin Request Application will need to be initiated.
6. LCCMH Data Management Staff shall terminate a staff CC360 account immediately when notified the staff is no longer working at LCCMH.

B. LCCMH staff shall use CC360 features for:

1. CareConnect360 technical training modules
2. Ongoing terms and conditions for use
3. Creating MyLists
4. Using MyMessages
5. Joint (collaborative) care plans

C. CareConnect360 applications should be used according to the intended level of use.

1. Practitioners (case holders, case managers, clinicians, medical staff) shall access CareConnect360 on a per-case basis within their respective case load. CareConnect360 information shall be a tool to assist practitioners to complete the:
 - a. Biopsychosocial Assessment
 - b. Person-Centered Plan
 - c. Periodic Reviews
 - d. Medication Reviews
2. Practitioners shall conduct strategic queries between assessments and reviews regarding medical services to:
 - a. Identify overall medical service utilization.
 - b. Track health issues including high needs.
 - c. Track emergency department utilization for individual cases.
 - d. Identify prescription medication adherence/non-adherence.
 - e. Coordinate care through joint care plans with the Medicaid Health Plan; *Staff note: documentation in the joint care plan shall occur within 48 hours of the care plan meeting.*
3. LCCMH Supervisors shall access CC360 on a per-case basis to monitor and provide applicable supervisory oversight (e.g. ensuring practitioner follow through with Care Alerts).

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4. LCCMH Supervisors and Administrators shall access CC360 (Client Summary to denote various health and treatment engagement issues, inpatient utilization, medication issues, high needs, emergency department utilization and medical co-morbidity) on a population served basis to:
 - a. Identify prevailing clinical issues (medication adherence/medication issues, co-morbidity).
 - b. Identify service needs (psycho-educational, links to community services).
 - c. Identify cases for targeted utilization review.
 - d. Plan and evaluate services.
 - e. Monitor deaths.
 - f. Inform lethal case reviews and sentinel event reviews.
5. LCCMH Administrators shall access CC360 on a population-served basis to:
 - a. Monitor network use of the system.
 - b. Conduct network population analysis.
 - c. Inform utilization management functions.

DEFINITIONS:

CareConnect360: is a State of Michigan, secure, web-based application designed to facilitate care coordination and care integration for persons who are Medicaid beneficiaries. Care coordination and care integration may be addressed at the practitioner, provider, program and network entity level, focusing on individuals, programs and populations. Based on medical services claims data, CareConnect360 provides a comprehensive range of vital cross-systems clinical information pertaining to behavioral health, intellectual/developmental disability, physical health, long-term care and home help. CareConnect360 also functions as a collaborative tool between Medicaid Health Plans, Integrated Care Organizations, Prepaid Inpatient Health Plans and Community Mental Health Service Providers to ensure beneficiary access to care, treatment planning and care coordination.

Health Insurance Portability & Accountability Act of 1996 (HIPAA): A federal law that provides data privacy and security provisions for safeguarding Protected Health Information. It has two main parts: The Privacy Rule and the Security Rule. The law addresses the Privacy and Security of health data and specifies standards that are meant to improve the efficiency, effectiveness and safety of the nation's health care system by encouraging the widespread use of electronic data interchange in the U.S. health care system

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Protected Health Information (PHI): Information covered under Health Insurance Portability and Accountability Act of 1996 (HIPAA) security regulations. It is considered to be individually identifiable information relating to the past, present, or future health status of an individual that is created, collected or transmitted, or maintained by a HIPAA covered entity in relation to the provision of health care, payment for healthcare services, or use in healthcare operations (PHI health care business uses). Source: HIPAA Journal.

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