

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

# Attachment 10

VERSION 10.1.18



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## ASES GUIDELINES FOR CO-LOCATION OF BEHAVIORAL HEALTH PROVIDER IN PMG 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, in order 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 setting. 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 the behavioral health providers is one of the most important step 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. Patients 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 as a whole. 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 Settings 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 determine 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 hrs.
2,001 – 3,000	12 hrs.
3,001 – 4,000	16 hrs.
4,001- 5,000	20 hrs.
5,001 – 6,000	24 hrs.
6,001 – 7,000	28 hrs.
7,001 – 8,000	32 hrs.
8,001 – 9,000	36 hrs.
9,001 – 10,000	40 hrs.



A corrective action plan (“CAP”) will be required of every PMG Setting that does not comply with the required co-location level. The PMG must present the CAP to the corresponding Entity within seven (7) calendar days from the receipt of the notice of the need for corrective action. The Entity will evaluate and approve or deny the CAP within seven (7) calendar days from the day such CAP is received. All PMGs 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. In the event that a PMG does not comply with the required co-location levels in any of its PMG settings, the PMG 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 defined in accordance to contract
4	PMG Contract Cancellation	Day 106	

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## Attachment 12 - Deliverables

- All deliverables and documents submitted in accordance with Attachment 12 must be submitted in English.
- Deliverables included in this list as well as other documents are subject to ASES review in accordance with this Contract, will be due to ASES in accordance with the deadlines established in the request for information and readiness schedule established by ASES.

	Deliverable Name	Contract Citation(s)	Initial Due Date	Submission Frequency
1	Notice of Enrollment	5.2.5.3, 6.2.4.3	8/13/2018	Once
2	Newborn Enrollment packet	5.2.6.2	8/20/2018	Once
3	Newborn notification form	5.2.6.5	8/13/2018	Once
4	Website Screen Access	6.10.5	8/20/2018	Once
5	Cultural Competency plan	6.11.2	8/20/2018	Annually
6	Marketing plan	6.15.6	8/13/2018	Annually
7	Marketing Materials	6.15.6	8/13/2018	Quarterly
8	Provider Marketing Materials	6.15.7	8/13/2018	Quarterly
9	Enrollee Handbook	6.2.1, 6.4	8/20/2018	Once
10	Provider Directory	6.2.1, 6.6	8/13/2018	Quarterly
11	Enrollee ID Card	6.2.1, 6.8.1	8/13/2018	Once
12	Redetermination Notices	6.2.4.3	8/20/2018	Once
13	Disenrollment Notices	6.2.4.3	8/20/2018	Once
14	Intentionally Left Blank			
15	Enrollee Handbook Policy, limited to HCHN	6.3.1	8/20/2018	Once
16	Member Notices Policy	6.3.1	8/20/2018	Once
17	GHP Call Center Policy and Procedures	6.9.10	8/20/2018	Once
18	GHP Call Center Quality Standards	6.9.11	8/20/2018	Annually
19	GHP Service Line Outreach Program	6.9.13, 6.9.14	8/13/2018	Annually
20	GHP Service Line Scripts	6.9.15	8/13/2018	Quarterly
21	Pharmacy UM Protocols	7.5.12.16.2	8/13/2018	Once
22	Pre-natal and Maternal Program maternal wellness plan	7.5.8.3.2	8/20/2018	Annually
23	Special Coverage Identification & Registration Strategy	7.7.6.1	8/13/2018	Once
24	Special Coverage Registration Form	7.7.6.2	8/13/2018	Once
25	Special Coverage Notification Form (Enrollee & Provider)	7.7.6.3	8/13/2018	Once
26	Protocols for the development of a treatment plan	7.7.6.4	8/13/2018	Once
27	Provisions for ensuring that Enrollees with Special Coverage have Immediate Access to specialists	7.7.6.5	8/13/2018	Once
28	Strategy for identification of individuals with Special Health Care Needs	7.7.6.6	8/13/2018	Annually
29	Policies and procedures for Care Management	7.8.2.4	8/13/2018	Once
30	EPSDT Plan	7.9.1.2, 7.9.1.4	8/13/2018	Annually
31	EPSDT Outreach and education process	7.9.2.1	8/13/2018	Annually
32	High-Utilizers Program	7.14	8/20/2018	Annually
33	Communication Forms	8.5.2	8/13/2018	Once

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	Deliverable Name	Contract Citation(s)	Initial Due Date	Submission Frequency
34	Integration Plan	8.8	8/13/2018	Annually
35	Provider Network	9.1.1, 9.1.5	8/20/2018	Once
36	Credentialing/Re-credentialing	9.2.3.7.1	8/20/2018	Once
37	Provider Selection	9.3.1.5.2	8/13/2018	Once
38	Screening for Special Health Care Needs	9.5.2.2	8/13/2018	Once
39	Provider Hours	9.5.5.4	8/20/2018	Once
40	Provider Contracts	10.1.6.1	8/13/2018	Once
41	Provider Guidelines	10.2.1.3	8/20/2018	Annually
42	Provider Communications Strategy	10.2.1.6	8/20/2018	Once
43	Provider Education	10.2.2	8/20/2018	Annually
44	Physician Incentives	10.7.1	8/20/2018	Annually
45	UM Policies and Procedures	11.2.2	8/20/2018	Once
46	Utilization Management clinical criteria to be used for services requiring Prior Authorization	11.4.3	8/20/2018	Annually
47	Referral Process	11.5.2	8/20/2018	Once
48	QAPI program	12.2.4	8/20/2018	Annually
49	Wellness Plan	12.5.5.4	8/20/2018	Annually
50	Fraud, Waste, and Abuse policies and procedures	13.1.6	8/20/2018	Once
51	Compliance plan	13.1.6, 13.2.1	8/20/2018	Annually
52	Program Integrity Plan	13.1.6, 13.3	8/20/2018	Annually
53	Service Verification Sampling Methodology	13.6.2	8/20/2018	Annually
54	Grievance and Appeal System forms	14.1.12	8/20/2018	Once
55	Grievance and Appeals Policies	14.1.4	8/20/2018	Once
56	Notice of the disposition of the Grievance	14.3.8	8/20/2018	Once
57	Notice of Adverse Benefit Determination	14.4.6	8/20/2018	Once
58	Notice of Disposition of an Appeal	14.5.18	8/20/2018	Once
59	Staff training plan and a current organizational chart	15.3.2	8/20/2018	Annually
60	Implementation plan	15.5.1	8/13/2018	Once
61	Payment schedule	16.2.1	8/13/2018	Once
62	Business Continuity & Disaster Recovery Test Report	18.2.8.2	8/20/2018	Annually
63	Certified Public Accountant Solvency Info	23.2.3	8/13/2018	Annually
64	Plan for Routine Audits	23.4.1.9	8/20/2018	Once
65	Copy of its insurance license	31.1	8/13/2018	Once
66	Record Retention	34.1.6	8/20/2018	Once



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