

# **ATTACHMENT 21**

## **GUIDELINES FOR REVERSE CO-LOCATION OF PRIMARY CARE PHYSICIANS IN MENTAL HEALTH SETTINGS**

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### GUIDELINES FOR REVERSE CO-LOCATION OF PRIMARY CARE PHYSICIANS IN MENTAL HEALTH 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.

Reverse Co-location is an integrated care model in which physical health services are available to Enrollees being treated in Behavioral Health settings. It has been known that patients with co-morbid conditions that include chronic or acute medical conditions and behavioral health diagnoses are at higher risk for increased utilization and costs in health care. Persons with serious mental illness have high levels of medical co-morbidity compared to the general population, as well as increased risk for diabetes, obesity, and high cholesterol due to the use of some second-generation antipsychotic medications (Milbank Memorial Fund, 2010)

In the reverse collocation model, a primary care physician is located part or full time in a behavioral health facility to monitor the physical health of patients. They use the Behavioral Health Facilities (BHF) records, and coordinate follow up with the member's PMG as necessary.

Enrollees with Serious Mental Illness (SMI) shall benefit from this integration by having their physical and behavioral needs assisted at the same point of service. Those patients with a diagnosis of a SMI who are registered as such, shall receive all primary care medical services by the BHF. The reverse collocated primary care physician has access to the complete pharmacy formulary to assist all medical needs of SMI patients including referrals to laboratories and to specialists.

Patients in the behavioral health facility (not SMI) may receive primary medical consultations from the collocated physician. In this case, the physician can only prescribe from the emergency pharmacy formulary and refer patients to their PMG for follow-up.

#### Behavioral Health Facilities (BHF)

The following BHF will be considered for purposes of the Reverse Collocation requirements.

1. Psychiatric Hospitals ( or a unit within a general hospital)
2. Emergency or Stabilization Units
3. Partial Hospitalization Units
4. Intensive Ambulatory Services Units
5. Ambulatory Services Units
6. Addiction Services Unit ( detoxification, ambulatory, inpatient)

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**Required Reverse Collocation Staff per BHF**

1. Ambulatory Services Units must have at least one collocated PCP 5 days per week for 4 hours.
2. Addiction Services Units must have at least one collocated PCP 3 days per week for 4 hours
3. Psychiatric Hospitals are required to have at least a PCP on call on a daily basis.
4. Partial Hospitalization Units must have at least one collocated PCP 2 days per week for 4 hours.
5. Stabilization units must have one PCP for consultation (on call) on a daily basis.

BHF's non-compliance with the required collocation level may subject the BHF to sanctions from Contractor in accordance with the following matrix:

<b>Sanction Level</b>	<b>Sanction Type</b>	<b>Timeframe to cure</b>	<b>Comments</b>
0	Notice of Non Compliance with Reverse Co-location Level and CAP	60 days (Day 1-60)	A corrective action plan ("CAP") will be required of every BHF Setting that does not comply with the required Reverse Co-location level. All BHF with an approved CAP must comply with the terms of the CAP and achieve the required collocation within the timeframes established in the CAP.
1	Fine	30 days (Day 61-90)	Fines to be defined in accordance to the contract
2	Contract Cancelation	Day 91	

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