



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

March 19, 2007

TO: Medicaid Health Plan Medical Directors
Prepaid Inpatient Health Plan Medical Directors

FROM: Janet Olszewski 
Director

SUBJECT: Providing Quality Coordinated Care for Medicaid Beneficiaries
Additional Information Regarding Consent and Disclosure of
Substance Abuse Information in Compliance with 42 CFR Part 2

As you are aware, it is of utmost importance that our Medicaid beneficiaries receive high quality health care delivered in a manner that provides them with appropriate, efficient, and cost-effective treatment for both physical and mental health needs. To this end, it is imperative that the physical and mental health specialty services providers work together to coordinate their patients' care to obtain the best possible outcomes. Information regarding coordination was shared in my memo of July 25, 2006. This memo restates the importance of coordination and includes information regarding consent and disclosure of substance abuse information specified in 42 CFR Part 2.

The Michigan Department of Community Health (MDCH) has worked closely with the Michigan Department of Human Services (MDHS) toward this goal. The Mental Health Advisory Committee (MHAC), composed of Medical Directors from both the Medicaid Health Plans (MHPs) and the Prepaid Inpatient Health Plans (PIHPs), recommended modifications to the Assistance Application Form used by MDHS to determine eligibility. As of July 1, 2004, the form includes a paragraph that describes the coordination of health care and benefits for participants in medical assistance programs while maintaining compliance with HIPAA regulations. By signing this form, beneficiaries agree to the sharing of necessary information between Medicaid managed care health plans and programs. The applicants also agree that the health plans, programs, and providers that deliver health care may share necessary information in order to manage and coordinate health care and benefits. This information may include, when applicable, information relative to HIV, ARC, AIDS or other communicable diseases and information about behavioral or mental health services.

All beneficiaries must sign the Assistance Application Form used by MDHS when applying for assistance, and those who are already on assistance must sign this form once per year. **This agreement permits the sharing of clinical information necessary for MHPs and PIHPs to coordinate the health care of Medicaid enrollees except for alcohol and substance abuse (AOD) programs that are required to comply with the federal confidentiality law, 42 CFR Part 2.**

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The federal confidentiality law and regulations prohibit federally assisted AOD programs from disclosing any records or other information about any patient except under certain specified conditions. Programs that are covered by the regulations are those that, in whole or in part, provide AOD diagnosis, treatment, or referral for treatment. Thus, programs that are covered by the regulations cannot disclose any "patient-identifying information" (i.e., any information that would identify a client as having an AOD problem or receiving AOD services) to managed care plans unless the specific conditions laid out in the regulations are met. You may review the regulations at: http://www.access.gpo.gov/nara/cfr/waisidx_02/42cfr2_02.html. The following two Technical Assistance Publications (TAP) may be helpful in understanding the federal confidentiality law and regulations:

TAP 13: Confidentiality of Patient Records for Alcohol and Other Drug Treatment

TAP 18: Checklist for Monitoring Alcohol and Other Drug Confidentiality Compliance

These publications can be found under "Documents" on the website of the Treatment Assistance Exchange, <http://www.treatment.org>.

Since 42 CFR Part 2 has its own criteria and standards for consent and the disclosure of substance abuse information, agencies that are subject to these regulations will need to comply with its requirements, as applicable. Where 42 CFR Part 2 applies, a multi-party consent form may be used to facilitate coordination of health care and benefits by authorizing the exchange of information between multiple agencies, health plans, and providers. The use of multi-party consent forms is described in Appendix B to TAP 18.

It is expected that all providers willingly share pertinent patient information necessary for effective care management and coordination for Medicaid beneficiaries consistent with this memorandum.

If you have any questions regarding this matter, please contact Joyce Hight at (517) 335-5246, or at hightj@michigan.gov.

JO:tj

cc: Medicaid Liaisons
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