



Collaborative Protocol with Department of Economic Security/Division of Developmental Disabilities (DES/DDD)

This document provides guidelines regarding the roles and responsibilities in the coordination of service delivery between Mercy Maricopa Integrated Care (Mercy Maricopa)/ the Regional Behavioral Health Authority (RBHA) and the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) for Child and Adult Behavioral Health members.

The RBHA and DES/DDD agree to coordinate care to improve service delivery for individuals who are dually diagnosed (mental illness and developmental/cognitive disability). The following protocol outlines the referral/intake process and service planning guidelines. The roles and responsibilities of each agency (RBHA and DES/DDD) are outlined below. The RBHA and DES/DDD believe that by forming a strong partnership, clinicians will be able to provide comprehensive/coordinated care to this population. DES/DDD and the RBHA will work in partnership to develop an integrated service delivery system for dually diagnosed children and adults.

Notation: This Collaborative Protocol allows for information exchange between the RBHA and DES/DDD without a release of information.

Notation: The term "mental retardation" has been legally changed to "cognitive-intellectual disability" in the State of Arizona

| A. Referral/Intake to the RBHA | |
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| Mercy Maricopa Responsibilities | DES/DDD Responsibilities |
| <ol style="list-style-type: none"> 1. Upon receiving a referral, the RBHA/subcontracted service provider will contact the member, his/her guardian/family to schedule a behavioral health intake appointment and to obtain information that will assist with the assessment of the member's mental health needs and the development of an interim treatment plan. The DES/DDD support coordinator may be invited to participate in the initial intake appointment. The support coordinator can be identified by calling DDD customer service at (602) 542-0419 or Toll Free (844) 770-9500. 2. The member or the member's guardian/family and the RBHA/subcontracted service provider will complete the behavioral health assessment and enrollment packets. All efforts should be made to include the support coordinator and any additional relevant providers in the development of an interim service plan that identifies behavioral health needs and risks. | <ol style="list-style-type: none"> 1. Identify a member's potential need for behavioral health care. Identify when to make a behavioral health referral when planning meeting discussions indicate an unmet behavioral health need. DES/DDD support coordinator will ensure that a referral is made to the RBHA at 1-800-564-5465. 2. All effort should be made by the support coordinator and additional providers, family/legal guardian and RBHA subcontracted provider will collaborate in the development of the interim service plan that recommends next behavioral health steps and identified immediate risks. |



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| <p>3. If the member is 17.5 years of age or older, the RBHA/Subcontracted Service Provider may submit an assessment packet for Serious Mental Illness (SMI) determination, if clinically appropriate. The support coordinator and/or referral source will be notified of the determination outcome. If the member is found not to be SMI the RBHA/Subcontracted Service Provider will refer the member to a provider within the RBHA/Subcontracted Service Provider network who will then notify the support coordinator, parent/legal guardian, and/or referral source.</p> <p>4. A copy of the intake assessment and the interim service plan shall be sent to the support coordinator, parent/legal guardian and/or referral source.</p> <p>5. The first behavioral service will be within 23 days of the initial assessment appointment, ongoing services will occur within 45 days, and the RBHA/Subcontracted Service Provider individualized service plan (ISP) will be completed within 90 days of intake.</p> | |
| Referral/Intake from RBHA to DDD | |
| Mercy Maricopa Responsibilities | DES/DDD Responsibilities |
| <p>1. If a clinical team, provider, guardian or family member determines a member may be eligible for DES/DDD services based upon the member having one of the following diagnoses: cognitive/intellectual disability (C/ID), autism, cerebral palsy or epilepsy, the referring party should attempt to obtain and gather the following information prior to calling the DDD intake office @ 1-844-770-9500. The application can also be completed online at the DDD website at www.azdes.gov/ddd. Diagnostic information should include the</p> | <p>1. Within 5 working days of referral date, an assigned intake specialist in the DES/DDD system will make contact (written and verbal) with the responsible person to gather specific information. The intake specialist will send forms such as Release of Information forms and an application that the responsible person will need to complete.</p> <p>2. The responsible person has 15 days to gather and submit the necessary documentation and application to the assigned</p> |



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| <p>following:</p> <ol style="list-style-type: none"> a. C/ID: Documentation indicating that the member was identified with a qualifying cognitive disability prior to the age of 18, as determined by a licensed psychologist, certified school psychologist and/or psychometrist working under the supervision of a licensed psychologist or school psychologist. b. Cerebral Palsy: Signed documentation of a diagnosis from a licensed physician. c. Epilepsy: Signed documentation of a diagnosis from a licensed physician. d. Autistic Disorder: A psychiatrist, licensed psychologist, child neurologist, or developmental pediatrician with experience in the area of autism that identifies a diagnosis of Autistic Disorder (DSM IV) or Autism Spectrum Disorder (DSM 5). <p>2. The RBHA subcontracted service provider or the responsible person will contact the DES/DDD office at the number listed above to make the referral or complete the online referral at the link in paragraph 1 of this section.</p> | <p>intake worker.</p> <p>3. The intake specialist has 15 days to make a decision regarding eligibility after the documentation has been submitted. The eligibility worker will notify the responsible person of the decision. If found eligible, the file is then transferred to the appropriate DES/DDD office based upon the customer's zip code and an initial individualized service plan (ISP) meeting is scheduled.</p> |
| Service Planning | |
| Mercy Maricopa Responsibilities | DES/DDD Responsibilities |
| <p>1. The Child and Family Team (CFT)/Adult Recovery Team (ART) and DDD ISP meetings should be combined. All subsequent meetings should also be combined whenever possible. The team, member and/or guardian shall coordinate the time and place that best meets the member and/or guardian's needs. These meetings shall fulfill the requirements of the DES/DDD ALTCS guidelines and the RBHA Subcontracted Service Provider service planning process.</p> | <p>1. The DDD ISP and Child and Family Team (CFT)/Adult Recovery Team (ART) meetings should be combined. All subsequent meetings should also be combined whenever possible. The team, member and/or guardian shall coordinate the time and place that best meets the member and/or guardian's needs. These meetings shall fulfill the requirements of the DES/DDD ALTCS guidelines and the RBHA Subcontracted Service Provider service planning</p> |



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| <ol style="list-style-type: none">2. The team shall work collaboratively to develop the service plans, acknowledging the wants, needs, and cultural preferences of the member.3. Teams shall collaborate with system partners (Department of Child Safety, Juvenile/Adult Probation, the schools and/or providers) and ensure that there is a full understanding of the perspectives of all agencies involved and that ongoing efforts are made to understand their concerns and aspirations for the child and family.4. The team will mutually determine a facilitator of the meeting. The facilitator can be an assigned case manager, but may also be another team member such as a therapist, support coordinator, member, or member's family/guardian.5. The legally responsible person shall participate in the service planning process and work with the team to identify home and community based treatment services to meet the member's current needs.6. If out of home placement is determined to be a need by the team, member or member's guardian, the team must consider placement or residential program options through both DDD and behavioral health. Out of home decisions should be determined based on member's short and long term needs, regardless of which system will provide the service.7. Documentation shall be completed by the case manager and support coordinator on the requisite RBHA and DES/DDD forms. The combined meeting shall address the following components: | <p>process.</p> <ol style="list-style-type: none">2. The team shall work collaboratively to develop the service plans, acknowledging the wants, needs, and cultural preferences of the member.3. Teams shall collaborate with system partners (Department of Child Safety, Juvenile/Adult Probation, the schools and/or providers) and ensure that there is a full understanding of the perspectives of all agencies involved and that ongoing efforts are made to understand their concerns and aspirations for the child and family.4. The team will mutually determine a facilitator of the meeting. The facilitator can be an assigned support coordinator, but may also be another team member such as a therapist, case manager, member, or member's family/guardian.5. The legally responsible person shall participate in the service planning process and work with the team to identify home and community based treatment services to meet the member's current needs.6. If out of home placement is determined to be a need by the team, member or member's guardian, the team must consider placement or residential program options through both DDD and behavioral health. Out of home decisions should be determined based on member's short and long term needs, regardless of which system will provide the service.7. Documentation shall be completed by the support coordinator and case manager on the requisite DES/DDD and RBHA forms. The combined meeting shall address the following |
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| <ul style="list-style-type: none">a. All assessment information (within the last 12 months) from all relevant and interested agencies shall be reviewed and noted.b. The member and/or guardian, in conjunction with the team, shall establish his/her vision of the future (long term view).c. Assessment of the member's strengths and resources, and those services needed to support movement toward the eligible person's vision of the future (long term view) shall be identified.d. Measurable goals, objectives, service type and methodologies shall be established.e. Signatures of all team members on required forms. <p>8. The case manager shall provide a copy of the approved behavioral health service plan, and medication sheet, if applicable, with any additional assessment information to the support coordinator following the completion of the meeting.</p> <p>9. The member or team may request changes to the behavioral health service plan (e.g.: changes in case manager or support coordinator, types of service or service provider) at any time. Upon request for changes to services, the case manager or support coordinator should document the request and a planning meeting should be scheduled.</p> <p>10. The RBHA Subcontracted Provider shall apprise the team of any significant changes such as but not limited to court orders and/or emergency changes in placement, so these circumstances can be considered in the planning process and when making team decisions.</p> <p>11. Efforts to resolve differences of opinion in service provision</p> | <p>components:</p> <ul style="list-style-type: none">a. All assessment information (within the last 12 months) from all relevant and interested agencies shall be reviewed and noted.b. The member and/or guardian, in conjunction with the team, shall establish his/her vision of the future (long term view).c. Assessment of the member's strengths and resources, and those services needed to support movement toward the eligible person's vision of the future (long term view) shall be identified.d. Measurable goals, objectives, service type and frequency shall be established.e. Signatures of all team members on required forms. <p>8. The support coordinator shall provide a copy of the approved DDD ISP and service plan with any additional assessment information to the case manager within 15 business days of the meeting.</p> <p>9. The member or team may request changes to the behavioral health service plan (e.g.: changes in case manager or support coordinator, types of service or service provider) at any time. Upon request for changes to services, the case manager or support coordinator should document the request and a planning meeting should be scheduled.</p> <p>10. The RBHA Subcontracted Provider shall apprise the team of any significant changes such as but not limited to court orders and/or emergency changes in placement, so these circumstances can be considered in the planning process and when making team decisions.</p> |
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| <p>may be effectuated through either a formal or informal meeting with the member and team. Meetings should occur within a timely manner upon request of any team member. The case manager and support coordinator are responsible for participating in team meetings convened to mediate treatment issues. Each agency shall have persons in attendance with the authority to make relevant decisions.</p> <p>12. If an issue is not resolved through either a formal or informal meeting (as identified in above item #11), resolution of the issue shall be elevated to the behavioral health supervisor or RBHA Designee and the DDD supervisor, DDD Behavioral Health Liaison.</p> <p>13. If a behavioral health treatment issue cannot be resolved through the above process, the RBHA Subcontracted Service Provider may assist the member or parent/guardian in filing a grievance through the RBHA by contacting Mercy Maricopa Member Service at 1-800-564-5465.</p> | <p>11. Efforts to resolve differences of opinion in service provision may be effectuated through either a formal or informal meeting with the member and team. Meetings should occur within a timely manner upon request of any team member. The support coordinator and case manager are responsible for participating in team meetings convened to mediate treatment issues. Each agency shall have persons in attendance with the authority to make relevant decisions.</p> <p>12. If an issue is not resolved through either a formal or informal meeting (as identified in above item #11), resolution of the issue shall be elevated to the DDD supervisor, DDD Behavioral Health Liaison, and the behavioral health supervisor or RBHA Designee.</p> <p>13. If a DDD service issue cannot be resolved through the above process, the support coordinator may assist the member or parent/guardian in filing a complaint by contacting DDD Customer Service at 1-844-770-9500.</p> |
| <p>Coordination of Care</p> | |
| <p>Mercy Maricopa Responsibilities</p> | <p>DES/DDD Responsibilities</p> |
| <p>1. The case manager and the support coordinator are responsible for creating an effective communication loop with the team for coordinating meetings and to provide updates and changes in the member's life.</p> <p>2. The case manager and support coordinator shall collaborate to keep track of the utilization of respite services. A total of 600 hours of respite are available to a member and their family annually. These hours are combined between behavioral health and DDD, for a total of 600 hours between both systems for the Sept. – Oct. benefit year.</p> | <p>1. The case manager and the support coordinator are responsible for creating an effective communication loop with the team for coordinating meetings and to provide updates and changes in the member's life.</p> <p>2. The support coordinator and case manager shall collaborate to keep track of the utilization of respite services. A total of 600 hours of respite are available to a member and their family annually. These hours are combined between DDD and behavioral health, for a total of 600 hours between both systems for the Sept. – Oct. benefit year.</p> |



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| <ol style="list-style-type: none">3. The RBHA Subcontracted Service Provider shall notify DDD of provider staff changes within a timely manner.4. RBHA Subcontracted Service Provider shall provide a minimum of a written response to the QBHP request within a timely manner.5. RBHA Subcontracted Service Provider shall provide a written or verbal notification to the support coordinator by the next working day of significant changes in the member's circumstances or of other significant events (e.g.: police involvement, and/or medical emergencies).6. If a member is under Court Ordered Treatment (COT), the RBHA Subcontracted Service Provider shall provide a copy of the Court Order and related documentation to the support coordinator within a timely matter.7. If the member is under COT, the RBHA or Subcontracted Provider shall provide written or verbal notification to the support coordinator if they become aware of any changes, violations or amendments of the COT.8. Coordination and collaborative planning shall occur between both agencies during RBHA transitions, change in residency, during transition from the children's to the adult's behavioral health system, and during any other major life event. | <ol style="list-style-type: none">3. DDD shall notify the RBHA subcontracted provider of DDD staff changes within a timely manner.4. The support coordinator will complete an initial and quarterly consult (see below) with a Qualified Behavioral Health Professional (QBHP).<ol style="list-style-type: none">a. A QBHP is a person who meets one of the following requirements: "Behavioral Health Professional" means:<ol style="list-style-type: none">a) An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:<ol style="list-style-type: none">i. Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251; orii. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. § 32-3251 under direct supervision as defined in A.A.C. R4-6-101;b) A psychiatristc) A psychologistd) A physiciane) A behavior analystf) A registered nurse practitioner licensed as an adult psychiatric and mental health nurse5. A consultation can be completed face-to-face, telephonically, or through the use of the QBHP form.6. The QBHP requirement can be met by inviting the QBHP to be part of the DDD ISP planning meetings or in those situations when the QBHP is the behavioral health prescriber the support coordinator can attend the member's medications |
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| | <p>reviews.</p> <ol style="list-style-type: none">7. The support coordinator must document the content and result of the initial and quarterly consultation discussions with the behavioral health professional. The consultation discussion must be a communication between the support coordinator and a behavioral health professional about the member's status and plan of treatment as defined in the AMPM Chapter 1620-G.8. The support coordinator will provide written or verbal notification to the RBHA Subcontracted Service Provider by the next working day if significant changes occur in the eligible person's circumstances, or other significant events occur such as police involvement and/or medical emergencies.9. If a member is under Court Ordered Treatment (COT), DDD shall ensure there is a copy of the Court Order and related documentation in the member's record within a timely matter.10. If the member is under COT, the support coordinator shall provide written or verbal notification to the RBHA or Subcontracted Provider if they become aware of any changes, violations or amendments of the COT.11. Coordination and collaborative planning shall occur between both agencies during change in residency, transitioning from a children's DDD unit to an adult DDD unit, and during any other major life event. |
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| i. Crisis Management | |
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| Mercy Maricopa Responsibilities | DES/DDD Responsibilities |
| <ol style="list-style-type: none"> 1. The RBHA will notify DDD behavioral health administration of all DDD/RBHA members who have been admitted to emergency departments and psychiatric inpatient facilities daily. 2. Upon initial service planning, the case manager shall work with the team to develop an At-Risk Crisis Plan (ARCP). This plan should be referenced and utilized if/when a behavioral health crisis should occur. 3. The ARCP should be updated and distributed to the team a minimum of annually. 4. If a crisis occurs after business hours, weekends and holidays, refer to the member's ARCP. If it is imperative to contact the RBHA after business hours for assistance, the Mercy Maricopa Crisis Line is at (800) 631-1314. 5. The RBHA shall maintain crisis services 24 hours per day/7 days per week. Crisis services shall be provided immediately, either face-to-face or telephonically, for an acuity assessment of the situation. 6. If the RBHA subcontracted service provider becomes aware of a crisis episode, they should notify the team by the next business day. 7. If the member is determined to need an inpatient level of care the team should communicate and schedule a discharge planning meeting as soon as possible. Ongoing collaborative | <ol style="list-style-type: none"> 1. Upon initial service planning, the support coordinator shall work with the team to assist in developing the At-Risk Crisis Plan (ARCP). This plan should be referenced and utilized if/when a behavioral health crisis should occur. 2. If the support coordinator becomes aware of a crisis episode, they should notify the team by the next business day. 3. If the member is determined to need an inpatient level of care the team should communicate and schedule a discharge planning meeting as soon as possible. Ongoing collaborative discharge planning should occur throughout the member's inpatient stay. 4. The support coordinator and RBHA subcontracted provider should coordinate a post discharge meeting as soon as possible to address the plan for continued stabilization in the community. |



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| <p>discharge planning should occur throughout the member's inpatient stay.</p> <ol style="list-style-type: none"> 8. Discharge planning should adequately address the member's needs for a successful reintegration into the community. 9. Upon discharge from an inpatient psychiatric facility, the RBHA subcontracted provider is responsible for member follow up and scheduling of a behavioral health medical professional (BHMP) appointment within the time frames indicated in the Mercy Maricopa Provider Manual. 10. The RBHA subcontracted provider and support coordinator should coordinate a post discharge meeting as soon as possible to address the plan for continued stabilization in the community. | |
| Agency Collaboration | |
| Mercy Maricopa Responsibilities | DES/DDD Responsibilities |
| <ol style="list-style-type: none"> 1. The RBHA and DDD will work closely to mitigate system barriers and coordinate care for dual enrolled members. 2. The RBHA and DDD will meet a minimum of once a month to work on collaborative system improvement and development. 3. The RBHA and DDD will participate in monthly Community Collaborative Care Team (3CT) meetings. 4. The RBHA and DDD will participate in monthly High Cost High Needs meetings. | <ol style="list-style-type: none"> 1. DDD and the RBHA will work closely to mitigate system barriers and coordinate care for dual enrolled members. 2. DDD and the RBHA will meet a minimum of once a month to work on collaborative system improvement and development. 3. DDD and the RBHA will participate in monthly Community Collaborative Care Team (3CT) meetings. 4. DDD and the RBHA will participate in monthly High Cost High Needs meetings. |



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| <p>5. The RBHA and DDD will collaborate in development of trainings that are offered to the community and direct care staff. The RBHA and DDD will co-facilitate trainings as often as possible.</p> | <p>5. DDD and the RBHA will collaborate in development of trainings that are offered to the community and direct care staff. DDD and the RBHA will co-facilitate trainings as often as possible.</p> |
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Eddy Broadway, Chief Executive Officer, Mercy Maricopa Integrated Care

06-08-17
Date

Arizona Department of Economic Security, Division of Developmental Disabilities

Tyrone Peterson B.H. MGR.

6/8/17
Date

