Steward Health Choice Arizona (SHCA) and the State of Arizona Division of Developmental Disabilities (DDD) share this pledge to improve the quality of life for individuals and families in our shared areas by providing the highest quality of member-driven, innovative, flexible and accessible services. This collaboration embraces the best practices of behavioral health and developmental disabilities in a union that fosters a respectful, efficient and seamless system of care for the people we jointly serve.

SHCA and DDD agree to coordinate activities related to the service delivery and look at every individual as a whole, without regard to their Developmental Disability or behavioral health/General Mental Health (GMH) or Serious Mental Illness (SMI) status or diagnosis. The roles and responsibilities of each agency are outlined below. SHCA and DDD believe that by forming a strong partnership we will be able to provide comprehensive and coordinated care to our mutual populations. Both SHCA and DDD have agreed to utilize the Child and Family Team (CFT) as well as the Adult Recovery Team (ART) process and agree that child, adult and family involvement are the central focus. Both SHCA and DDD recognize that the utilization of the concepts outlined in the Arizona Principles, the Arizona Vision and Principles for Children, and Arizona's SMI Principles are paramount in the delivery of effective services and agree that effective services:

Begin with the child, adult, and his or her family
Respect their preferences, interests, needs, culture, language, and belief system
Provide opportunities and mechanisms for families to identify their roles within the structure
Provide opportunities and techniques for members and their families to move through the
Reflect the family's voice
Are collaborative in nature
Acknowledge the child and family's strengths and needs

Note: An interagency Service Agreement exists between the Arizona Health Care Cost Containment System (AHCCCS) and the Arizona Department of Economic Security/Division of Developmental Disabilities (DDD), which allows for the exchange of information between DDD, SHCA, and any of SHCA's contracted agencies without requiring a separate Release of Information (ROI).

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Assessments and The Referral Process: The referral process serves as the principal pathway by which individuals and teams are able to gain prompt access to publicly supported services. Dependent upon an individual's presenting concerns, either a crisis or routine referral to behavioral health services may be needed.	
SHCA/Provider Responsibilities	DDD Responsibilities
SHCA maintains a toll free telephone number (1-877-756-4090), which is listed in telephone directories throughout SHCA's General Service Area. This toll free line will be answered 24 hours a day, seven days a week. For the purposes of assessment the following levels of needs may be identified: <u>Immediate Need:</u> Requires crisis assessment within two hours from identification of need or as quickly as possible when a response within 2 hours is geographically impractical. <u>Urgent Need:</u> Requires crisis assessment within 24 hours. <u>Routine Need:</u> Requires routine assessment within 7 days.	Within 5 working days of referral date, an assigned intake specialist in the DES/DDD system will make contact with the responsible person to gather pertinent information. The intake specialist will send forms such as Release of Information forms and an application that the responsible person will need to complete.
Routine Assessment	
<u>Routine Need:</u> Appointment for initial assessment should be within 7 calendar days of referral or request for behavioral health services. • The first behavioral health service following the initial assessment appointment within timeframes indicated by clinical need, but no later than 23 calendar days of the initial assessment. • Services must include any necessary covered behavioral health service that will meet the member's behavioral health need regardless of their GMH or SMI status. • Services provided by SHCA Agencies and Specialty Provider Agencies shall be aimed at rehabilitation and acquisition of a skill or behavior. Long-term habilitation services, aimed at maintaining a skill or behavior related to their DDD diagnosis, are the responsibility of DDD. • All services shall be provided based on the needs of the individual in the most clinically appointed time frame.	**<u>Routine Need:</u>** If eligible members are not enrolled with an SHCA Agency, the DDD Support Coordinator will encourage, support and guide parent or legal guardian or member through the behavioral health enrollment process. DDD will assist in obtaining an intake appointment upon individual's request. The DDD Support Coordinator is encouraged to attend the behavioral health intake appointment if the member and family so chooses. DDD will assist in obtaining supportive information which may be helpful in identifying and addressing each individual's unique needs during an intake. While not required, information that may be helpful in ensuring a member's needs are identified during intake may include, but is not limited to: • Psychiatric assessments • Psychological assessments • Psycho-social and/or educational assessments • IEPs (documentation from the school; with signed consent from the responsible person).

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Assessments and The Referral Process: The referral process serves as the principal pathway by which individuals and teams are able to gain prompt access to publicly supported services. Dependent upon an individual's presenting concerns, either a crisis or routine referral to behavioral health services may be needed.	
SHCA/Provider Responsibilities	DDD Responsibilities
Routine Need Continued: Behavioral health providers must be appropriately trained in accordance with AMPM Policy 1060 Training Requirements for RBHAs and Behavioral Health, and conduct intake interviews in an efficient and effective manner that is both "person friendly" and strength-based, ensuring the accurate collection of all required information necessary for the intake. The intake process must: • Be flexible in terms of when and how the intake occurs. For example, in order to best meet the needs of the member seeking services, the intake might be conducted over the telephone prior to the visit, at the initial appointment prior to the assessment and/or as part of the assessment; and to the visit, at the initial appointment prior to the assessment and/or as part of the assessment; and • Make use of readily available information (e.g. referral form, AHCCCS eligibility screens) in order to minimize any duplication in the information solicited from the member and his/her family. Make use of readily available information (e.g. referral form, AHCCCS eligibility screens) in order to minimize any duplication in the information solicited from the member and his/her family.	Routine Need Continued: • ISPs (Individual Support Plan) • Medical evaluations (if available) • Specialty reports: neurological; eating disorder, physical, or speech therapy etc. • Behavior plans/data (if available) DDD Support Coordinator can assist the member or family or legal guardian in obtaining transportation to behavioral health intake appointment. For Navajo tribal members who request new behavioral health services through DDD, the DDD Support Coordinator will provide the Behavioral Health Home (BHH)) with the completed "AHCCCS Referral to Behavioral Health Services" form, a Release of Information and the Designated Navajo DDD/BH Cover Sheet. The responsible person has 15 days to gather and submit the necessary documentation and application to the assigned intake worker.
The Responsible Agencies and the Division of Developmental Disabilities will meet quarterly to discuss dually enrolled members, including tribal members.	
Open communication will occur between both agencies during the transition between RBHAs for Inter-RBHA transfer and RBHA providers during Intra-RBHA transfers. The details of these transition processes must be discussed during the Child and Family Team or Adult Recovery Team meeting in order to assure adequate coordination of care.	

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Coordination of Care - Child and Family Teams SHCA and DDD are committed to providing family-driven services through the Child and Family Team Process. The CFT process is consistent with Person-Centered Planning. The CFT and ISP will be coordinated so as not to duplicate efforts.	
SHCA/Provider Responsibilities	DDD Responsibilities
The DDD Support Coordinator and BHH Case Manager will be notified of and must participate in all Child and Family Team Meetings and ISP Reviews. The development of the Behavioral Health Service Plan and the DDD ISP and any subsequent reviews are conducted during the CFTs. Participation may be telephonic.	
BHHs will facilitate behavioral health service provision for children through Child and Family Team Meetings in accordance with the Child and Family Team Practice Protocols.	DDD will facilitate the provision of services for developmental disabilities through Child and Family Team Meetings in accordance with the Child and Family Team Practice Protocols. These meetings shall fulfill the requirements of the DES/DDD ALTCS guidelines and the RBHA Subcontracted Service Provider service planning.
The CFT must include at a minimum, the child and his/her parent/guardian, a behavioral health representative, and should extend to any individuals important in the child's life who are identified by the team. The parent/guardian will decide the team membership and may add and delete members from the team as appropriate.	The DDD Support Coordinator communicates with the BHH to assist in the identification of team members for the Child and Family Team and assists by providing phone numbers and contact information. Team members attending specifically for the ISP will be invited to the meeting by the DDD Support Coordinator with the consent of the parent/guardian.
Provide a copy of the approved the Behavioral Health Service Plan and medication sheet, if applicable and any assessments, to the DDD support coordinator within fifteen (15) calendar days of completion of the CFT.	Provide a copy of the DDD ISP within fifteen (15) calendar days, including any professional assessments to the SHCA Behavioral Health Home. DDD SC may also contact the BHH's medical records department to request any specific records needed.
CFT meetings shall occur at a frequency determined by the Child and Family Team, or at a minimum every six (6) months. If child is also involved with DCS, CFT should occur monthly.	ISP reviews after age 3 with BHH involvement should occur at least every 90 days. AZIEP members are case by case with a minimal IFSP meeting annually.
Notification of change of DDD Support Coordinator and/or SHCA BHH Case Manager should be given to the appropriate agency at the BHH or DDD within 30 days, and reviewed at the BHH's quarterly collaboration meeting with DDD. To get the most current BHH CM or DDD SC, contact the DDD Behavioral Health Liaison or front desk staff of assigned BHH.	
A Qualified Behavioral Health Professional (QBHP) with knowledge of the member's treatment goals will provide appropriate and timely written or verbal progress information that will be provided to the DDD Support Coordinator. It is preferable that this information be provided in the context of the team meeting.	The DDD Support Coordinator will verify that a consultation is completed by the QBHP every 90 days with the client. It is preferable that this information be provided in the context of the team meeting or medication review. If a consultation cannot take place in person or by phone, the Support Coordinator will submit the Consult and review of behavioral Health Service form (DDD-1436A) to the QBHP for completion. The Support Coordinator will review the consultation with the team.
Communication is to occur between both agencies during the transition between RBHAs for Inter-RBHA transfer and RBHA providers during Intra-RBHA transfers. The details of these transition processes must be discussed during the CFT meetings in order to assure adequate coordination of care	

Coordination of Care - Child and Family Teams SHCA and DDD are committed to providing family-driven services through the Child and Family Team Process. The CFT process is consistent with Person-Centered Planning. The CFT and ISP will be coordinated so as not to duplicate efforts.	
SHCA/Provider Responsibilities	DDD Responsibilities
For children in out-of-home placements more intensive coordination of care will occur. Frequency and intensity of services will be established through the CFT. Comprehensive treatment planning, including measurable objectives and discharge criteria, will be completed with the CFT at the time of out-of-home placement. Treatment objectives for the involvement of family and natural supports will be included in the comprehensive treatment plan. The status of each treatment objective and progress toward discharge and reunification will be addressed at each CFT meeting. The CFT will directly identify barriers to discharge and reunification and offer solutions through the CFT. The team will identify least restrictive and permanent placements and demonstrate efforts to secure the most appropriate option.	

Coordination of Care - Adult Recovery Teams (ART) SHCA and DDD are committed to providing individual and community-driven services through the Adult recovery Team Process. The ART process is consistent with Person-Centered Planning. The ART and ISP processes will be coordinated so as not to duplicate efforts.	
SHCA/Provider Responsibilities	DDD Responsibilities
The DDD Support Coordinator and BHH Case Manager will be notified of and must participate in all Adult Recovery Team Meetings and Individualized Service Plan reviews. The development of the Behavioral Health Service Plan and the DDD ISP and any subsequent reviews maybe conducted during the ARTs. Participation may be telephonic. These meetings shall fulfill the requirements of the DES/DDD ALTCS guidelines and the RBHA Subcontracted Service Provider service planning.	
BHHs will facilitate behavioral health service provision for adults through Adult Recovery Team Meetings in accordance with the AHCCCS 9 Guiding Principles.	DDD will facilitate the provision of services for developmental disabilities through Adult Recovery Team Meetings in accordance with the 9 Guiding Principles.
The ART must include at a minimum the member/guardian, a behavioral health representative, and should extend to any individuals important in the adult's life who are identified by the team. The member/guardian will decide the team membership and may add and delete members from the team as appropriate.	The DDD Support Coordinator communicates with the BHH to assist in the identification of team members for the Adult Recovery Team and assists by providing phone numbers and contact information. Team members attending specifically for the ISP will be invited to the meeting by the DDD Support Coordinator with the consent of the member/guardian.
Provide a copy of the approved Behavioral Health Service Plan and medication sheet, if applicable and any assessments, to the DDD support coordinator within fifteen (15) calendar days of completion of the ART.	Provide a copy of the DDD ISP within fifteen (15) calendar days. DDD SC may also contact BHH's medical records department to request records as needed.
ART meetings shall occur at a frequency determined by the Adult Recovery Team or behavioral health service or every 6 months for Seriously Mentally Ill members.	ISP reviews shall occur at the following frequency: AZLTCS & BHH Services - Every 90 days Targeted/DDD Only (BHH Involved and no ALTCS) minimum of annually.
Notification of change of DDD Support Coordinator and/or SHCA BHH Case Manager should be given to the appropriate agency at the BHH or DDD within 30 days and all updates are provided at scheduled quarterly meeting with active roster of staff and enrolled members, and reviewed at the BHH's quarterly collaboration meeting with DDD.	

The BHH Case manager or support staff will notify the DDD Support Coordinator of the date and time of medication reviews.	To verify the date and time of scheduled medication review, SC can call BHH case manager and or support staff to confirm. When possible, the DDD Support Coordinator or representative will attend medication reviews.
A QBHP with knowledge of the member's treatment goals will provide appropriate and timely written or verbal progress information that will be provided to the DDD Support Coordinator or Case Aid. It is preferable that this information be provided in the context of the team meeting.	The DDD Support Coordinator will verify that a consultation with the QBHP is completed every 90 days with the client. It is preferable that this information be provided in the context of the team meeting or medication review. If a consultation cannot take place in person or by phone, the Support Coordinator will submit the Consult and review of behavioral Health Service form (DDD-1436A) to the QBHP for completion. The Support Coordinator will review the consultation with the team.

SHCA/Provider Responsibilities	DDD Responsibilities
If guardianship is identified as a potential need, the team will meet to discuss the surrogate decision making process. The ART will collaborate to reduce barriers to the delivery of behavioral health services. Lack of guardianship and or questions surrounding guardianship should not prevent coordination or care between entities.	
The BHH Supervisor or Case Manager will provide a copy of relevant court orders for behavioral health treatment to the district DDD Behavioral Health Specialist.	The DDD Support Coordinator will monitor the behavioral health services provided to any member that is court ordered to participate in behavioral health services to ensure compliance with relevant orders.
Communication is to occur between both agencies during the transition between RBHAs for Inter-RBHA transfer and RBHA providers during Intra-RBHA transfers. The details of these transition processes must be discussed during the ART meetings to assure adequate coordination of care.	
For out-of-home placements more intensive coordination of care will occur. Frequency and intensity of services will be established through the ART. Comprehensive treatment planning, including measurable objectives and discharge criteria, will be completed with the ART at the time of out-of-home placement. Treatment objectives for the involvement of family and natural supports will be included in the comprehensive treatment plan. The status of each treatment objective and progress toward discharge and reunification will be addressed at each ART meeting. The ART will directly identify barriers to discharge and reunification and offer solutions through the ART. The team will identify least restrictive and most permanent placements and demonstrate efforts to secure the most appropriate option. The team can also discuss possible referral to Community Collaborative Care Team (CCCT) for acute members. If out-of-home placement is determined to be a need by the team, the 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 on the member's short and long-term needs, regardless of which system will provide the service.	

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Crisis Management In order to address and plan for barriers to implementing the Behavioral Health Service Plan, the CFT/ART will meet to develop a Crisis Prevention and Safety Plan for all dually enrolled members to address and manage all phases of a crisis situation. Safety Plans are constructed when high-risk conditions, such as sexual acting out or suicidal ideations, are present. When a Safety Plan is required it will be aligned with the Crisis Prevention Plan. BHH documents will also aligned with DDD Risk Assessment and Behavior Treatment Plan if applicable.	
SHCA/Provider Responsibilities	DDD Responsibilities
Crisis intervention services are provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior. Crisis intervention services are provided in a variety of settings, such as hospital emergency departments, face-to-face at a person's home, over the telephone or in the community. These intensive and time limited services may include screening, (e.g., triage and arranging for the provision of additional crisis services) assessing, evaluating or counseling to stabilize the situation, medication stabilization and monitoring, observation and/or follow-up to ensure stabilization, and/or other therapeutic and supportive services to prevent, reduce or eliminate a crisis situation. Note: At the time behavioral health crisis intervention services are provided, a person's enrollment or eligibility status may not be known. However, crisis intervention services must be provided, regardless of enrollment or eligibility status.	Provide a referral to SHCA's providers who will determine individual members' behavioral health needs. If the DDD Support Coordinator is making a referral for an individual experiencing a psychotic episode or in crisis, be sure to request "Crisis Triage" services for immediate response. The DES/DDD support coordinator can be identified by call the DDD Customer Service Center at (602) 542-0419 or Toll Free at (844) 770-9500.
The philosophy of care for provision of crisis services is to keep individuals in crisis safe, stabilize individuals as quickly as possible, assist them in returning to their baseline of functioning, and supporting the transition of care into ongoing treatment. Steward Health Choice Arizona endorses a perspective that is recovery-oriented, culturally competent, and trauma-informed.	DDD Support Coordinator is encouraged to attend any behavioral health intake appointments, if the family consents.

Crisis Management In order to address and plan for barriers to implementing the Behavioral Health Service Plan, the CFT/ART will meet to develop a Crisis Prevention and Safety Plan for all dually enrolled members to address and manage all phases of a crisis situation. Safety Plans are constructed when high-risk conditions, such as sexual acting out or suicidal ideations, are present. When a Safety Plan is required it will be aligned with the Crisis Prevention Plan. BHH documents will also aligned with DDD Risk Assessment and Behavior Treatment Plan if applicable.	
SHCA/Provider Responsibilities	DDD Responsibilities
Crisis Triage occurs when a behavioral health crisis is screened in order to identify the potential risk of harm to self or to others, urgency of need for behavioral health services, and type/level of services needed to resolve the crisis. Crisis Triage typically occurs by telephone; however face-to-face Crisis Triage may occur as a result of a "walk-in" to a Behavioral Health Home (BHH) or at any point during treatment when potential risk factors become known or apparent to members of the treatment team.	
Upon notification of a crisis, the Behavioral Health Home (BHH) Case Manager or facilitator will facilitate an emergency ART/CFT meeting to discuss the immediate support needs of the adult or child.	The DDD Support Coordinator will participate in the emergency ART/CFT as indicated in the Crisis Prevention Plan.
Telephone crisis intervention through Crisis Response Network, including a toll-free number, available 24 hours per day, seven days a week: toll free (877) 756-4090. The intervention may include triage, referral and dispatch of service providers and patch capabilities to and from 911 and other crisis providers or crisis systems as applicable.	
Telephonic nursing triage services through FoneMed, available 24 hours per day, seven days a week: toll free (855) 354-9006. Answer calls within three (3) telephone rings (equivalent to 18 seconds), with a call abandonment rate of less than three (3)%	
Mobile crisis intervention services available 24 hours per day, seven days a week;	
Mobile crisis teams will respond within emergent timeframes of less than two (2) hours; however, mobile crisis teams strive to maintain an average response time of one and one-half (1 1/2) hours to psychiatric crises in the community.	
If a two-person team responds, one person may be a Behavioral Health Paraprofessional, including a peer or family member, provided he/she has supervision and training as currently required for all mobile team members.	

Crisis Management In order to address and plan for barriers to implementing the Behavioral Health Service Plan, the CFT/ART will meet to develop a Crisis Prevention and Safety Plan for all dually enrolled members to address and manage all phases of a crisis situation. Safety Plans are constructed when high-risk conditions, such as sexual acting out or suicidal ideations, are present. When a Safety Plan is required it will be aligned with the Crisis Prevention Plan. BHH documents will also aligned with DDD Risk Assessment and Behavior Treatment Plan if applicable.	
SHCA/Provider Responsibilities	DDD Responsibilities
23-hour crisis observation/stabilization services, including detoxification services.	
Up to 72 hours of additional crisis stabilization as funding is available for mental health and substance abuse related services.	
Work collaboratively with local emergency departments and first responders.	
A copy of the updated plan will be immediately given to the Team members and updated through the Team process as needed.	DDD SC will ensure that a current copy of the BHH Crisis/Safety Plan is included in the ISP.
Within the team process CFT/ART/ISP, team members will assign distribution of BHH Crisis/Safety Plan to team members that are not in attendance at CFT/ART/ISP.	
If issues related to implementation of Crisis/Safety Plans are brought to the team's attention and not able to be resolved through direct contact with the DDD SC, BHH can contact DDD Behavioral Health Liaison.	If issues related to the implementation of a Crisis/Safety Plans are brought to the attention and not able to be resolved through direct contact with the BHH, DDD can contact the RBHA DDD Clinical Care Coordinator.
If the CFT/ART determines that a Crisis Prevention Plan is not warranted the BHH will document the team's decision in the member's record.	If the CFT/ARTs determines that a Crisis Prevention Plan is not warranted the DDD Support Coordinator will document the team's decision in the member's record.
Crisis Prevention Plans will be entered into the CRN system in the form of a client alert and a copy of the Plan will be provided to the DDD Support Coordinator.	
CRN to distribution list during week days of shared SHCA/RBHA members that contact CRN to identified email boxes within both SHCA and DDD.	
BHH to complete 24 hour follow up on members that have utilized crisis system. Coordinate and share information related to crisis episode with DDD SC. If new or worsening behaviors arise, CFT/ART needed to revise Crisis/Safety Plan.	Coordinate with BHH as needed. Review to ensure that BTP and Risk Assessment information is current and up-to-date.
Teams will communicate shared knowledge of admissions between entities to ensure that coordination of care surrounding a crisis episode occurs within 72 hours of notification. (Notification can come from: member notification, facility notification, report notification, etc.) CFT/ART/ISP to occur as needed for follow up to address any changes needed in the BHH Crisis/Safety Plan or the DDD BTP/Risk Assessment.	

<table>
<tr><td colspan="2">Transition to Adulthood
SHCA and its providers will work actively with The Division to provide members with a coordinated system of care to facilitate an optimal transition to adult services and independent living.</td></tr>
<tr><td>SHCA/Provider Responsibilities</td><td>DDD Responsibilities</td></tr>
<tr><td>For children age 16 and older, BHHs will adhere to the AHCCCS Transition to Adulthood practice Protocol. CFTs will at minimum ensure various tasks are completed in line with the tool and meet at various times (age 16, 17 ,17.5, and 18)

https://www.azahcccs.gov/PlansProviders/Downloads/GM/ClinicalGuidanceTools/TransitionAdulthood/TransitionAdulthood.pdf</td><td>DDD will initiate an assessment for re-determination within 180 days prior to the member reaching age of 18. The re-determination will be completed for service eligibility by District Representative in accordance with DES/DDD Policy and Procedure Manual, Chapter 500. The results will be reported to the CFT/ART.</td></tr>
<tr><td colspan="2">SHCA, the BHHs and DDD will collaborate to meet their respective mandates and develop individualized transition plans that support the best interests of the child in order to facilitate a smooth transition to adult services.</td></tr>
<tr><td rowspan="2">BHHs must include an Adult Recovery Team (ART) representative at all CFTs beginning at age 17 ½, or earlier upon CFT request, in order to ensure a smooth and supportive transition into the Adult Team.</td><td>The DDD Support Coordinator will work with family, parents, and/or legal guardian to ensure that they are aware of re-determination results as well as all available resources to assist and enhance a child's transition to available adult systems and funding sources.</td></tr>
<tr><td>Seek PRC approval of members Behavior Treatment Plan within 90 days of moving in to a DDD residential setting.</td></tr>
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Coordination of Care between Outpatient-Inpatient & Other Facility Medical Care Practitioners and Medical Behavioral Health Care Practitioners In Arizona, the acute care Medicaid program (Title XIX) and the State Children's Health Insurance Program (KidsCare/SCHIP/Title XXI) were developed as behavioral health "carve-outs," a model in which eligible persons receive general medical services through health plans and covered behavioral health services through behavioral health managed care organizations, also known as Regional and Tribal Behavioral Health Authorities (T/RBHAs). Because of this separation in responsibilities, communication and coordination between behavioral health providers, AHCCCS Health Plan Primary Care Providers (PCPs) and Behavioral Health providers is essential to ensure the well-being of persons receiving services from both systems.	
SHCA/Provider Responsibilities	DDD Responsibilities
Members requesting outpatient psychiatric evaluations or psychotropic medications are immediately assessed for urgency of need, and if clinically indicated, provided an appointment with a qualified individual according to clinical need, but no later than 30 days from the referral/initial request for services. The BHH or medical records department, if applicable, will provide a copy of the prescribed behavioral health medication sheet, if applicable, and any assessments or tests, to the DDD Support Coordinator within ten (10) working days of any changes or recommendations.	The DDD Support Coordinator prompts the member to visit their PCP for routine medical examinations annually or more frequently if necessary. SC will assess and provide, if appropriate, information to the member on how to obtain behavioral health services. DDD SC when possible, may attend BHH medication reviews with member and team.
The BHH will notify the DDD Support Coordinator and assigned DDD Behavioral Health Specialist of acute care admissions and begin to coordinate discharge plan.	If DDD SC receives notification for the BHH that a member is inpatient, reach out to family to begin to coordinate discharge plan.
SHCA will notify the DDD Behavioral Health Liaison if the CFT/ART has indicated a Residential Treatment Center (RTC) Behavioral Health Inpatient Facility (BHIF) or if an out-of-state placement is being considered after all lower levels of care have been exhausted or deemed therapeutically inappropriate. The SHCA Medical Management/Utilization Management (MM/UM) Director will contact the DDD Medical Director prior to an out-of-state placement to help ensure proper placement, eliminate barriers, and provide adequate coordination of care. Consider referral to Community Collaborative Care Team (CCCT) if applicable. The BHH and that DDD Behavioral Health Specialist will work collaboratively to obtain all information decimation related to treatment and service provision to provide to the potential BHIF/Out-Of-State Placement	The DDD Behavioral Health Specialist will notify the DDD Medical Director of any consideration of placement in a BHIF for out-of-state placement by BHH. The DDD Behavioral Health Specialist will provide the DDD Medical Director with all relevant information and documentation regarding potential BHIF or out of state placements. Consider referral to Community Collaborative Care Team (CCCT) if applicable. The BHH and that DDD Behavioral Health Specialist will work collaboratively to obtain all information decimation related to treatment and service provision to provide to the potential BHIF/Out-Of-State Placement

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Coordination of Care between Outpatient-Inpatient & Other Facility Medical Care Practitioners and Medical Behavioral Health Care Practitioners In Arizona, the acute care Medicaid program (Title XIX) and the State Children's Health Insurance Program (KidsCare/SCHIP/Title XXI) were developed as behavioral health "carve-outs," a model in which eligible persons receive general medical services through health plans and covered behavioral health services through behavioral health managed care organizations, also known as Regional and Tribal Behavioral Health Authorities (T/RBHAs). Because of this separation in responsibilities, communication and coordination between behavioral health providers, AHCCCS Health Plan Primary Care Providers (PCPs) and Behavioral Health providers is essential to ensure the well-being of persons receiving services from both systems.	
SHCA/Provider Responsibilities	DDD Responsibilities
For persons placed in out-of-state behavioral health facilities, the BHH will be responsible for ensuring that the person's health plan has been contacted and a plan for the provision of any necessary non-emergency medical care is included in the comprehensive clinical record by completing and faxing PM Form 6.6, Out-of-State Placement, Coordination of Care with AHCCCS Health Plan to SHCA.	For persons placed in out of state behavioral health facilities, the DDD Support Coordinator will be responsible for ensuring that there is communication with the PCPC and BH providers involved in the member's care and that care is coordinated with other agencies and involved parties. (DDD Policy 1620-G)
The BHHs ensures that the goals of the behavioral health treatment plan of a person with developmental disabilities who is receiving psychotropic medications includes reducing behavioral health symptoms and achieving optimal functioning, not merely the management and control of unwanted behavior.	When indicated, DDD SC will gather behavioral tracking information and provides to the BHH to help inform QBHP.
Holistic treatment requires integration of physical health with behavioral health to improve the overall health of an individual. Behavioral health recipients may be receiving care from multiple health care entities. Duplicative medication prescribing, contraindicated combinations of prescriptions and/or incompatible treatment approaches could be detrimental to a person. For this reason, communication and coordination of care between behavioral health providers, PCPs and Medicare providers must occur on a regular basis to ensure safety and positive clinical outcomes for persons receiving care.	The DDD Support Coordinator informs the team of specific treatment recommendations once received from medical providers. The DDD Support Coordinator provides a copy of the prescribed physical health medication sheet, if applicable, and any assessments or tests to the BHH Behavioral Health Medical Practitioner (BHMP) involved in the person's care within five (5) working days of any changes or recommendations.

Coordination of Care between Outpatient-Inpatient & Other Facility Medical Care Practitioners and Medical Behavioral Health Care Practitioners In Arizona, the acute care Medicaid program (Title XIX) and the State Children's Health Insurance Program (KidsCare/SCHIP/Title XXI) were developed as behavioral health "carve-outs," a model in which eligible persons receive general medical services through health plans and covered behavioral health services through behavioral health managed care organizations, also known as Regional and Tribal Behavioral Health Authorities (T/RBHAs). Because of this separation in responsibilities, communication and coordination between behavioral health providers, AHCCCS Health Plan Primary Care Providers (PCPs) and Behavioral Health providers is essential to ensure the well-being of persons receiving services from both systems.	
SHCA/Provider Responsibilities	DDD Responsibilities
Coordination of Care for All Title XIX/XXI Members Behavioral Health Homes are required to: Notify the assigned PCP of the results of PCP initiated behavioral health referrals; Provide a final disposition to the health plan Behavioral Health Coordinator in response to PCP initiated behavioral health referrals, (for more information on the referral process, see Chapter 2.2 – Referral and Intake Process); Coordinate the placement of persons in out-of-state treatment settings as described in Chapter 6.6 – Out of State Placements; Notify, consult with or disclose information to the assigned PCP regarding persons with Pervasive Developmental Disorders and Developmental Disabilities, such as the initial assessment and treatment plan and care and consultation between specialists; Provide a copy to the PCP of any executed advance directive, or documentation of refusal to sign an advance directive, for inclusion in the behavioral health recipient's medical record; Notify, consult with or disclose other events requiring medical consultation with the person's PCP; If member was referred by the PCP, the behavioral health provider must provider no later than 10 days from request: o Critical laboratory results as defined by the laboratory	
RBHA subcontracted provider will apprise DDD of any significant changes, (e.g. COT) and/or emergency changes in placement to consider in the planning process.	

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Mechanisms for Resolving Member Complaints All persons enrolled with SHCA/DDD have access to a complaint process for expression of dissatisfaction with any aspect of their care. Complaints about behavioral health/DDD services should always be encouraged to be resolved at the lowest possible level, yet it is equally important that persons understand that a formal complaint process is also available when needed. Complaints: A complaint is defined as an expression of dissatisfaction. Possible subjects for complaints include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as conduct of a provider or employee, or failure to respect the enrollee's rights.	
SHCA/Provider Responsibilities	DDD Responsibilities
Barriers encountered by Child and Family/Adult Recovery Team should be addressed at the local level as issues arise, with participation in the CFT/ART process mandated by both local DDD and behavioral health staff, especially when a member is at risk of entering out-of-home care or is encountering barriers to returning home from out-of-home care.	
Consultation is available on the regional level but is discouraged unless an impasse is developed locally. Involvement on the state level (either DDD or behavioral health) should not occur unless regional administrative staff has determined that a constructive solution to the problem cannot be determined. Efforts to resolve differences in opinion in service delivery may include either a formal or informal meeting with the member and both teams.	
SHCA staffs a Member Services Department which is responsible to coordinate communications with eligible and enrolled persons and acts as, or coordinates with advocates, behavioral health providers and others to resolve issues. This unit: a. Educates and notifies persons about their rights and the process for filing complaints in a manner that is understandable. b. Resolves complaints in an expeditious and equitable manner and with due regard for the dignity and rights of all persons. SHCA is required to dispose of each formal complaint and provide verbal or written notice within 14 calendar days. c. Maintains confidentiality and privacy of complaint matters and records at all times. d. Communicates timely information on matters and decisions related to the complaint to affected parties. e. Involves the active cooperation and participation as deemed appropriate of providers with direct interest in the matter under review.	A Member or his/her responsible person may have a grievance or expression of dissatisfaction with any aspect of his/her care such as a quality of care issue or problems related to communication or courtesy. A Member or his/her responsible person will be encouraged to discuss any problems with the Support Coordinator as soon as they arise to seek resolution. a. The Support Coordinator is responsible for reviewing the grievance(s) and attempting to resolve them informally in collaboration with the Behavioral Health Authority before the grievance is elevated to the Office of Member and Family Support. b. If necessary, the Support Coordinator should contact the Area Program Manager (APM) or designee to inform them of the informal resolution. If needed, the APM or designee may assist in the informal resolution. c. At any time, the Member or his/her responsible person may contact the Support Coordinator's Supervisor or the APM.

Mechanisms for Resolving Member Complaints All persons enrolled with SHCA/DDD have access to a complaint process for expression of dissatisfaction with any aspect of their care. Complaints about behavioral health/DDD services should always be encouraged to be resolved at the lowest possible level, yet it is equally important that persons understand that a formal complaint process is also available when needed. Complaints: A complaint is defined as an expression of dissatisfaction. Possible subjects for complaints include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as conduct of a provider or employee, or failure to respect the enrollee's rights.	
SHCA/Provider Responsibilities	DDD Responsibilities
	d. If necessary, APM will contact SHCA Liaison on collaboration for an informal resolution. e. If no informal resolution to the problem is possible, the Support Coordinator will advise the individual or his/her responsible person of the process for filing a grievance with The Office of Member and Family Support in person, by telephone or in writing.
Complaints pertaining to member specific situations can be reported to: DDD by using their toll free telephone number: 1-844-770-9500, and request to speak with the Area Program Manager. To submit a written complaint, mail the complaint to DES/DDD District North, 1701 N. Fourth St., Flagstaff, AZ 86004, Attn: Area Program Manager. Issues may be raised via letter, email, telephone call, facsimile, or in person and must be resolved within 90 calendar days.	Complaints pertaining to member specific situations can be reported to SHCA by utilizing their toll free telephone number: 1- 800-640-2123. To submit a written complaint, mail the complaint to SHCA Member Services at 1300 S. Yale Street, Flagstaff, AZ 86001. Attempts to resolve issues at the local level may also include contacting the BHH.
SHCA Grievance Systems and Member Rights	DDD Policies + Procedures
If resolutions cannot be resolved at these levels, see the AHCCCS for more information regarding grievance and appeal rights. Reports called "Complaint Resolutions" can be submitted to AHCCCS. See https://www.azahcccs.gov/Members/GetCovered/RightsAndResponsibilities/grievanceandappeals.html for more information.	
AHCCCS Grievance And Appeals	

System Barrier Resolution/Process Improvement SHCA/DDD has developed a process to resolve identified systems barriers that cannot be resolved at their current level. Attempts should still be made to resolve issues at the local level in order to continue collaboration efforts. SHCA and DDD meet for several key meetings to help resolve member needs. These meeting occur at least quarterly to address barriers, gaps, and utilization in the systems of care.	
SHCA/Provider Responsibilities	DDD Responsibilities
SHCA will host at least quarterly meetings to address barriers, service gaps and utilization issues. Video/Zoom conferencing may be available on request.	DDD will participate in at least quarterly meetings to address barriers, service gaps and utilization issues. Video/Zoom-conferencing may be available on request.
The Barrier Resolution process does not replace the existing complaint, complaint resolution, or grievance and appeal processes.	
Agendas and minutes may include task logs that will be maintained to monitor the progress of barrier resolution.	
Collaborative Meetings Include:	
SHCA/DDD Month Stand Up: At least quarterly meeting for the purposes of coordination of care between SHCA and DDD. This meeting will review several key components: Staff Updates a. Upcoming meetings between SHCA/DDD and contactors b. Network Development c. Network Trainings, Lunch & Learns, Conferences & Training Needs d. Policy Changes, Request for Information, etc. e. Additional Updates	
Community Collaborative Care Team: SHCA and DDD will meet monthly to staff members on the CCCT roster. The purpose of this policy is for ADHS/DBHS and DES/DDD to establish mutual Community Collaborative Care Teams to communicate, collaborate, and coordinate services, supports and fiscal management to address the complex behavioral, medical and developmental needs of TXIX ALTCS/DDD members with co-occurring behavioral health or physical conditions. These individuals typically require services from multiple payer sources and present challenges in receiving care through different entities. This policy addresses the requirements for ADHS/DBHS and DES/DDD to establish CCCT teams that will be responsible for recommending the cost effective care for an identified member(s) covered by this policy. See AHCCCS Provider Manual Chapter 500 for policy.	
High Need/High Cost: Monthly meeting between SHCA/DDD and contracted health plan. The Behavioral Health Homes and RBHAs shall coordinate care for mutual members with complex needs. The Contractor and RBHA will identify High Need/High Cost (HN/HC) members from Geographic Service Areas as specified in contract in accordance with the standardized criteria developed by the AHCCCS/Contractor Workgroup. Interventions must be planned for addressing appropriate and timely care. Intervention summaries must be reported to AHCCCS utilizing the standardized template and report the outcomes to AHCCCS on January 30th and July 30th of each contract year.	
SHCA, DDD and Behavioral Health Homes have agreed to mutually plan for and attend joint collaborative meetings at least quarterly basis to discuss system barriers, service gaps, and utilization issues.	
SHCA/BHH will provide meeting space and support staff (minutes, agendas, meeting notices, etc.).	A minimum of DDD Unit Supervisors, DDD BH Liaisons and any other designated staff will attend these Meetings.
Systems issues identified by behavioral health/DDD staff will be elevated to the SHCA/DDD/NN collaborative meeting. Designated BHH staff will assure that the item will be placed on the agenda for discussion at the next meeting.	

Local BHHs and DDD staff will meet at a minimum of once each quarter. Agenda and sign-in sheets for these quarterly meetings will be forwarded to SHCA by a designated BHH chairperson for that meeting. Meetings must address at a minimum, the following:

Sign in sheet of all attendees with names, phone numbers, emails a. List of all shared members b. Update staff contact/unit support information c. Joint Training Needs d. Successes/Barriers e. Community Resources f. System Issues g. Integration of family/member involvement Copy of sign in sheet and notes to be sent to SHCA DDD Clinical Care Coordinator and DDD Behavioral Liaisons.
Membership of the meeting will include, but is not limited to; BHH Clinical Supervisors, DDD BH Liaisons, and DDD Support Coordination Supervisors.
Through the quarterly meetings, SHCA, its providers, and DDD will address issues that may be keeping children and adults in the system from remaining in their home or returning home from out-of-home care.

Information Sharing – Member Privacy	
SHCA/Provider Responsibilities	DDD Responsibilities
Verbal or non-electronic information (information not disclosed "*through an electronic health record")* may be exchanged between SHCA/Providers and DDD without Release of Information (ROI) forms, to the extent allowed under all applicable HIPAA/HITECH rules, including those related to treatment, payment and health care operations, and subject to procedures necessitated by any requirement created by law or regulatory policy, including those related to accounting of disclosures. Disputes relating to provider record access will be resolved at the lowest possible level.	
For children birth-3 and enrolled in AzEIP, the child's record will be maintained in accordance with FERPA standards, which require a written consent (Consent to Share Early Intervention Records and Information GCI-1040A) signed and dated by the IDEA parent and must include details on the information to be disclosed, as well as details of the intended recipients of the information. The BHH may only use this information for the specific purpose(s) for which it was disclosed and will not disclose this information without prior written consent from the IDEA parent.	
SHCA/Providers and DDD will use encrypted email when discussing specific client information.	
Faxes must be sent only to secured fax machines as required by HIPAA.	
Information sharing will be in compliance with all HIPAA/HITECH requirements.	
Information sharing does not extend to Quality Management records or documents, such as Incident Reports, Corrective Actions, etc.	

Resources Each Contributes to the Care and Support of Persons Mutually Served SHCA and its providers along with DDD will provide all available services as needed according to medical necessity.	
SHCA/Provider Responsibilities	DDD Responsibilities
All medically necessary covered behavioral health services as outlined in the Covered Services Manual, delivered in accordance with ARS 36-3410(C).	All medically necessary services assessed, as outlined in the DDD ATLCS member handbook.

Joint Training Needs SHCA and The Division of Developmental Disabilities will provide a coordinated effort to conduct training for all behavioral health and DDD staff on relevant topics.	
SHCA/Provider Responsibilities	DDD Responsibilities
Joint training needs are agreed upon in a collaborative manner. SHCA and DDD have agreed to utilize at least quarterly training referred to as a "Lunch and Learn" Trainings.	
Training on the SHCA-DDD Joint Protocol is mandatory for all behavioral health/DDD employees within six (6) months of employment.	
SHCA/DDD will ensure that staff members serving this dually enrolled population will have adequate training in order to meet member's needs in accordance to policies and procedures.	
SHCA BHH staff will designate staff, referred to as DDD Specialists, who will work with dually enrolled members and have documented training, skills and knowledge in serving this population. These staff will be co-trained by their agencies as well as by the Division of Developmental Disabilities.	DDD will provide co-training for BHH designated DDD Specialists.

Regional Contact	
SHCA	DDD
Behavioral Health Home contact list is available at SHCA's website: www.stewardhealthchoiceaz.com.	Division of Developmental Disabilities: www.des.az.gov/services/disabilities/developmental-disabilities
Clinical Care Coordinator/ DDD Liaison: Kelly Lalan MSW 1300 South Yale Street Flagstaff, AZ 86001 928-214-2206 Kelly.Lalan@steward.org	Department Program Manager: Jennifer Myler 1701 N 4th Street Flagstaff, AZ 86004 928-773-4957 J.Myler@azdes.gov

Steward Health Care Network

HEALTH CHOICE ARIZONA

Signatures of Approval

Jennie McMillian MA, LPC – Electronic Signature
March 26, 2019
Chief Clinical Officer
Steward Health Choice Arizona