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## Adult Collaborative Protocol between Magellan Health Services and

### The Department of Economic Security /Division of Developmental Disabilities (DES/DDD)

REVISED: 12/12/13

Title XIX & TXXI Enrolled Adults

#### **Roles and Responsibilities in the Coordination of Service Delivery between Magellan Health Services/The Regional Behavioral Health Authority (RBHA) and the Department of Economic Security /Division of Developmental Disabilities (DES/DDD) for Adult Behavioral Health Recipient**

The Regional Behavioral Health Authority and the Division of Developmental Disabilities 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 for the management guidelines, and service planning guidelines. The roles and responsibilities of each agency (RBHA and DES/DDD) are outlined below. The Regional Behavioral Health Authority and the Division of Developmental Disabilities believe that by forming a strong partnership, clinicians will be able to provide comprehensive/coordinated care to this population. The Division of Developmental Disabilities and the Regional Behavioral Health Authority will work in partnership to develop an integrated service delivery system for dually diagnosed adults. Notation: The Interagency Service Agreement allows for Information exchange between the RBHA and DES/DDD without release of information forms.

**Notation:** The term "mental retardation" has been legally changed to "cognitive disability" in the State of Arizona; The American Psychiatric Association: Desk Reference to the Diagnostic Criteria from DSM-5. Arlington, VA, American Psychiatric Association (p17), 2013, now uses the term "Intellectual Disability.

**Notation:** The Interagency Service Agreement allows information to be exchanged between DES/DDD and the RBHA WITHOUT a release of information from the legally responsible person.

**Notation:** Communication between DES/DDD and the RBHA/Subcontracted Service Provider regarding behavioral health treatment issues or the level and types of behavioral health services provided shall be handled at the team level including behavioral health staff (PNO'S, Direct Care Clinics, Provider Agencies) and DDD (Support Coordinators, District Behavioral Health Coordinators, Supervisors, Area or District Program Management) level whenever possible.

**Notation:** DES/DDD serves as the lead agency having primary responsibility for case management of persons with developmental disabilities. The RBHA Subcontracted Service Provider is responsible for the delivery and coordination of mental health care. The RBHA is responsible for oversight of the delivery of appropriate behavioral health services.



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**Referral/Intake to RBHA**

<p><b>Magellan Health Services/Regional Behavioral Health Authority Responsibilities:</b>  <a href="http://www.magellanofaz.com/media/231395/3-3_referral_process.pdf">http://www.magellanofaz.com/media/231395/3-3_referral_process.pdf</a>  <a href="http://www.magellanofaz.com/media/231392/3-2_appointment_standards.pdf">http://www.magellanofaz.com/media/231392/3-2_appointment_standards.pdf</a></p>	<p><b>The Division of Developmental Disabilities Responsibilities:</b>  <a href="https://www.azdes.gov/uploadedFiles/Developmental_Disabilities/1400.pdf">https://www.azdes.gov/uploadedFiles/Developmental_Disabilities/1400.pdf</a></p>
<ol style="list-style-type: none"> <li>1. Upon receiving a referral, the RBHA/Subcontracted Service Provider will determine if the recipient currently receives services through the DES/DDD system. This can be determined by the RBHA assigned provider or PNO contacting the Maricopa County Eligibility Line at 1-800-749-9490.</li> <li>2. The RBHA/Subcontracted Service Provider will contact the recipient, his/her guardian/family and the DES/DDD Support Coordinator (case manager) to schedule a behavioral health intake appointment and to obtain information that will assist with the assessment of the recipient's mental health needs and the development of an interim treatment plan. The DDD Support Coordinator may be invited to participate in the initial intake appointment. The Support Coordinator can be identified by calling 602-771-0400.</li> <li>3. The recipient, or the recipient's guardian/family, the RBHA/Subcontracted Service Provider will complete the behavioral health assessment and enrollment packets. The DES/DDD Support Coordinator, any additional relevant providers, recipient's guardian or involved family members shall collaborate in the development of an interim service plan that identifies behavioral health needs and risks.</li> <li>4. The RBHA/Subcontracted Service Provider may submit an assessment packet for Serious Mental Illness (SMI) determination, if clinically appropriate. The DES/DDD Support Coordinator and/or referral source will be notified of the determination outcome.</li> </ol>	<ol style="list-style-type: none"> <li>1. Determine behavioral health needs for referral to RBHA.</li> <li>2. Verify current Title XIX/DD ALTCS eligibility prior to referring to RBHA.</li> <li>3. DES/DDD Support Coordinator will ensure that a referral is made to RBHA at 1-800-564-5465. Referrals should include the following information: Date of birth, social security number, AHCCCS ID, health plan, primary language, gender, address (mailing if different), name, address, and phone number of guardian with description of relationship, name and phone number of the person making the referral, description of presenting issues, medical problems and current medications, type of referral (routine, emergent, or urgent), and any other information pertaining to the recipient's current needs. If the referral comes from someone other than the recipient or the legal guardian, ensure that the recipient and/or legal guardian are in agreement with the referral.</li> <li>4. The DES/DDD Support Coordinator will prepare a referral packet and send it with the recipient/care taker/responsible person or forward it to the intake site before the intake appointment. The packet should include any professional evaluations, medication log, medication evaluation, and any pertinent records.</li> <li>5. The DES/DDD Support Coordinator, additional providers, family, guardian and RBHA Subcontracted Service Provider will collaborate in the</li> </ol>



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<p>5. A copy of the adult intake assessment and the interim service plan shall be sent to the DES/DDD support coordinator, guardian and/or referral source.</p> <p>6. If the recipient is found not to be SMI the RBHA/Subcontracted Service Provider will refer the consumer to a provider within the RBHA/Subcontracted Service Provider network who will then notify the DES/DDD support coordinator/guardian, and/or referral source.</p> <p>7. The next behavioral service will be within 23 days of the initial assessment appointment. The RBHA/Subcontracted Service Provider individualized service plan will be completed within 90 days of intake.</p>	<p>development of the interim service plan that recommends next behavioral health steps and identifies immediate risks.</p>
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**Referral/Intake from RBHA to DDD**

<p><b>Magellan Health Services/Regional Behavioral Health Authority Responsibilities:</b> <a href="https://ddd.azdes.gov/ddd/EligibilityReferral/frm_EligibilityRequirements.aspx">https://ddd.azdes.gov/ddd/EligibilityReferral/frm_EligibilityRequirements.aspx</a></p>	<p><b>The Division of Developmental Disabilities Responsibilities:</b> <a href="https://www.azdes.gov/uploadedFiles/Developmental_Disabilities/500.pdf">https://www.azdes.gov/uploadedFiles/Developmental_Disabilities/500.pdf</a> <a href="https://ddd.azdes.gov/ddd/EligibilityReferral/frm_EligibilityRequirements.aspx">https://ddd.azdes.gov/ddd/EligibilityReferral/frm_EligibilityRequirements.aspx</a></p>
<p>1. If a clinical team, provider, guardian or family member determines a recipient may be eligible for DES/DDD services based upon the recipient having one of the following diagnoses: mental retardation (MR)/Cognitive Disability (CD), autism, cerebral palsy or complex epilepsy, the referring party should attempt to obtain and gather the following information prior to calling the Maricopa County Eligibility Line at 1-800-749-9490. The application can also be completed on line, at the DDD website listed immediately above. Diagnostic information should include the following:</p> <ul style="list-style-type: none"> <li>MR/CD: Documentation indicating that the recipient 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</li> </ul>	<p>1. Upon receipt of the referral, an assigned eligibility worker in the DES/DDD system will make contact (written and/or verbal) with the recipient and RBHA Subcontracted Service Provider to gather specific information. The eligibility worker will send forms such as, Release of Information forms and an application that the recipient and RBHA Subcontracted Provider will need to complete.</p> <p>2. Once the eligibility worker receives the required forms, a face-to-face interview will be scheduled with the recipient, provider, guardian and family.</p> <p>3. If found eligible, the eligibility worker will notify the recipient, provider, guardian and family members. The file is then transferred to the appropriate</p>



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<p>psychologist or school psychologist.</p> <ul style="list-style-type: none"> <li>• Cerebral Palsy: A signed statement from a licensed Physician.</li> <li>• Epilepsy: A signed statement from a licensed Physician.</li> <li>• Autistic Disorder: A licensed Child Psychiatrist, or a licensed Psychologist with expertise in the field of autism.</li> <li>• School records: Include such documents as an Individualized Education Plan (IEP) and/or individualized behavioral plans or program.</li> </ul> <p>2. The RBHA Subcontracted Service Provider will contact the Maricopa County Intake line at 1-800-749-9490 to make the referral.</p>	<p>DES/DDD office based upon the consumer's zip code.</p> <p>4. After the file is received at the appropriate DES/DDD office, an ongoing Support Coordinator is assigned to work with the recipient and begin the treatment planning process.</p>
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**Treatment Services/Mediation Processes**

<p><b>Magellan Health Services/Regional Behavioral Health Authority Responsibilities:</b></p> <ol style="list-style-type: none"> <li>1. The recipient, the recipient's parent/guardian or members of the recipient's treatment team may request changes in the behavioral health service plan or DES/DDD ISP, (e.g. changes in case management (support coordination), types of services or service provider) may be made at any time.</li> <li>2. Efforts to resolve differences of opinion may be effectuated through either formal or informal meeting of the recipient and team members. Meetings will occur within 7 working days of the request of any member of the recipient's treatment or support team. The DES/DDD support coordinator and a representative of the RHBA Subcontracted Service Provider 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.</li> </ol>	<p><b>The Division of Developmental Disabilities Responsibilities:</b></p> <ol style="list-style-type: none"> <li>1. Requests for changes in the behavioral health service plan or DES/DDD ISP, including changes in case management (support coordination), types of services or service provider may be made by the recipient's team, the recipient, parent/guardian, or responsible party at any time.</li> <li>2. Efforts to resolve differences of opinion may include convening a meeting at the request of the recipient or team member. Meetings will occur with 7 working days of the request. The DES/DDD support coordinator and the RBHA Subcontracted Service Provide rare responsible for participating in team meetings convened to mediate a treatment issue. Each agency should have persons in attendance with the authority to make decisions.</li> <li>3. If an issue is not resolved, it will be elevated, within 7 days following the team</li> </ol>
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<p>3. If an issue is not resolved through either formal or informal meeting (as identified in above item #2), resolution of the issue shall be elevated to the program manager and the RBHA within a 7 days timeframe.</p> <p>4. If a treatment issue cannot be resolved through the above process, the RBHA Subcontracted Service Provider may assist the recipient or responsible party in filing a grievance through the RBHA by contacting Magellan Customer Service at 1-800-564-5465.</p>	<p>meeting, to the area program and the RBHA.</p> <p>4. If a conflict arises, the DES/DDD support coordinator shall utilize the following chain of command to positively resolve issue:</p> <ul style="list-style-type: none"> <li>• DES/DDD Program Manager to the DES/DDD Supervisor, to the DES/DDD Area Program Manager. If the problem remains unresolved, the DES/DDD Area Program Manager may elevate the issue to the DES/DDD Program Administrator, who may further elevate the issue, if yet unresolved, to the DES/DDD Behavioral Systems Manager. If the conflict remains unresolved, it can be elevated to the level of the Assistant Director of DES/DDD.</li> </ul> <p>5. When a RBHA Subcontracted Service Provider treatment issue cannot be resolved, the Division of Developmental Disabilities support coordinator assists the recipient or responsible party in filing a grievance/appeal through the RBHA grievance/appeal process by contacting 1-800-564-5465. The recipient has 60 calendar days from the date of the RBHA Subcontracted Service Provider's action to file a written appeal. An expedited appeal may be filed.</p>
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**Coordination of Care**

<p><b>Magellan Health Services/Regional Behavioral Health Authority Responsibilities:</b> <a href="http://www.magellanofaz.com/media/231426/4-coordination_of_care_w_other_govt_entities.pdf">http://www.magellanofaz.com/media/231426/4-coordination_of_care_w_other_govt_entities.pdf</a></p>	<p><b>The Division of Developmental Disabilities Responsibilities:</b> <a href="https://www.azdes.gov/uploadedFiles/Developmental_Disabilities/1400.pdf">https://www.azdes.gov/uploadedFiles/Developmental_Disabilities/1400.pdf</a></p>
<p>1. The RBHA Subcontracted Service Provider shall notify the RBHA and the Division of Developmental Disabilities of provider staff changes within five working days.</p>	<p>1. Notification of change of DES/DDD Support Coordinator service/ treatment staff will be given to the RBHA Subcontracted Service Provider within 5 working days.</p>



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<ol style="list-style-type: none"> <li>2. RBHA Subcontracted Service Provider shall provide appropriate and timely written or verbal progress, or lack of progress information to the DES/DDD Support Coordinator on a quarterly basis.</li> <li>3. The RBHA Subcontracted Service Provider shall provide written or verbal notification to the DES/DDD support coordinator by the next working day of significant changes in the recipient's circumstances, or of other significant events (e.g.: police involvement and/or medical emergencies).</li> <li>4. Communication shall occur between the RBHA Subcontracted Service Provider if the recipient changes residents or transitions from the Children's to the Adult's behavioral health system (see Magellan Provider Manual 3.17 "Transition of Persons" <a href="http://www.magellanofaz.com/media/231359/3-17_transition.pdf">http://www.magellanofaz.com/media/231359/3-17_transition.pdf</a> or DBHS Practice Protocol "Transition to Adulthood" at <a href="http://www.azdhs.gov/bhs/guidance/tos.pdf">http://www.azdhs.gov/bhs/guidance/tos.pdf</a></li> </ol>	<ol style="list-style-type: none"> <li>2. DES/DDD is responsible for maintaining at least quarterly contact with the RBHA Subcontracted Service Provider to review and coordinate care. A copy of the DES/DDD Support Coordinator's quarterly service review plan will be sent to the RBHA Subcontracted Service Provider along with any other case relevant documentation needed to provide a coordinated response to an individual's needs.</li> <li>3. The DES/DDD Support Coordinator will complete an initial and quarterly consult (see below) with a Qualified Behavioral Health Professional (QBHP) <ul style="list-style-type: none"> <li>• QBHP = Qualified Behavioral Health Professional</li> <li>• AHCCCS requires the DES/DDD Support Coordinator to complete an initial and quarterly consult with a Qualified Behavioral Health Professional.</li> <li>• A QBHP is a person who meets one of the following requirements: A licensed psychiatrist, a licensed psychologist, a licensed social worker, a licensed counselor, licensed nurse practitioners, licensed physicians assistants, licensed registered nurse who has one year of work experience in the behavioral health field, and a marriage and family therapist who is licensed.</li> </ul> </li> <li>4. A consultation can be completed face-to-face or telephonically.</li> <li>5. The DES/DDD 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.</li> <li>6. Communication to occur between both agencies during transition between RBHAs, RBHA Subcontracted Service Provider, change in residency, and when transitioning from the Children's to the Adult's behavioral health system (see</li> </ol>
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	transition provider manual chapter 3.17 "Transition of Persons": <a href="http://www.magellanofaz.com/media/231359/3-17_transition.pdf">http://www.magellanofaz.com/media/231359/3-17_transition.pdf</a>
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**Crisis Management**

- The RBHA assigned provider or PNO will provide emergency/crisis behavioral health services 24 hours a day 7 days per week for all RBHA enrolled eligible persons.

<p><b>Magellan Health Services/Regional Behavioral Health Authority Responsibilities:</b></p> <p><a href="http://www.magellanofaz.com/media/231383/3-25_crisis_intervention_services.pdf">http://www.magellanofaz.com/media/231383/3-25_crisis_intervention_services.pdf</a></p> <p><a href="http://www.magellanofaz.com/media/533073/8-8-13_ed_bh_process_flow.pdf">http://www.magellanofaz.com/media/533073/8-8-13_ed_bh_process_flow.pdf</a></p> <ol style="list-style-type: none"> <li>1. The recipient's At Risk Crisis Plan or Service Plan should be referenced and utilized, if/when a behavioral health crisis should ensue.</li> <li>2. If a crisis occurs after business hours, weekends, and holidays, the recipient, caretaker, parent/guardian or DES/DDD should contact the designated provider crisis line or crisis provider. If it is imperative to contact the RBHA after business hours for assistance the Magellan Crisis Line at 602-222-9444 or 1 800-631-1314 should be used.</li> <li>3. The caller should provide as much information as available (including that the recipient is enrolled in DES/DDD. The caller should assist with the development of a crisis resolution plan. If appropriate, the caller should assist with carrying out the crisis resolution plan. The PNO/RBHA assigned provider shall maintain crisis services 24 hours per day/7 days per week. Crisis services shall be provided immediately either fact-to-face or telephonically for an assessment of the acuity of the situation.           <ul style="list-style-type: none"> <li>• If assessment indicates the need for emergency crisis services, a face-to-face crisis services shall be provided. If the recipient in crisis is physically located in Maricopa County, a face-to-face interaction shall occur within two hours. If the recipient in crisis is within a rural area, a face-to-face shall</li> </ul> </li> </ol>	<p><b>The Division of Developmental Disabilities Responsibilities:</b></p> <ol style="list-style-type: none"> <li>1. When a crisis occurs, if applicable utilize the person's At Risk Crisis Plan or Behavioral Treatment Plan.</li> <li>2. During RBHA Subcontracted Service Provider business hours, contact the RBHA Subcontracted Service Provider. If after RBHA Subcontracted Service Provider business hours, weekends, and holidays, contact the RBHA crisis line for assistance with the crisis situation. If in Maricopa County – the number to the Crisis Line is 602-222-9444 or 1 800-631-1314.</li> <li>3. The caller should provide as much available information as possible, and assist with the development of a resolution. If appropriate, the caller should assist with carrying out the crisis resolution plan. The PNO/RBHA assigned provider 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 assessment of the acuity of the situation.</li> <li>4. The DES/DDD Support Coordinator or authorized designee will notify the RBHA Subcontracted Service Provider of the outcome of the crisis episode within 24-48 hours.  <a href="https://www.azdes.gov/uploadedFiles/Developmental_Disabilities/2100.pdf">https://www.azdes.gov/uploadedFiles/Developmental_Disabilities/2100.pdf</a> </li> </ol>
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<p>occur within two hours. If the situation is assessed as urgent (without imminent dangerous to self or others), a face-to-face assessment/intervention shall be provided within 24 hours.</p> <ol style="list-style-type: none"><li>4. The RBHA Subcontracted Service Provider will notify the DES/DDD Support Coordinator or authorized designee of the outcome of the crisis episode within 24 hours.</li><li>5. The RHBA Subcontracted Service Provider shall participate in carrying out the crisis resolution plan developed by the provider and DES/DDD after assessment of the crisis situation.</li><li>6. If the recipient in crisis requires emergency hospitalization, arrangement for transportation to the selected facility shall occur through the RBHA Subcontracted Service Provider.<ul style="list-style-type: none"><li>• The RHBA Subcontracted Service Provider and DES/DDD shall coordinate required signatures facilitating admission to the hospital</li></ul></li><li>7. If a recipient requires emergent behavioral health services in response to a request from a source other than DES/DDD, the RBHA Subcontracted Service Provider shall notify the DES/DDD Support Coordinator or authorized designee within 24-48 hours of the determination and delivery of the emergent service.</li></ol>	<ol style="list-style-type: none"><li>5. The DES/DDD Support Coordinator will directly participate in carrying out the crisis resolution plan developed by the RBHA Subcontracted Service Provider and DES/DDD after assessment of the crisis situation.<ul style="list-style-type: none"><li>• If the individual in crisis requires emergency hospitalization, transportation to the selected facility will be arranged through RBHA Subcontracted Service Provider crisis services.</li><li>• DES/DDD will coordinate with the RBHA Subcontracted Service Provider.</li></ul></li><li>6. If an individual required emergency or acute behavioral health services in response to a request from a source other than PNO/RBHA assigned provider, the PNO/RBHA assigned provider will notify the DES/DDD Support Coordinator or authorized designee within 24 hours.</li></ol>
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**Service Planning**

- The preferred or “best practice” approach to service planning for DES/DDD ALTCS eligible persons being served by the RBHA Subcontracted Service Provider and DES/DDD is through a co-facilitated service planning meeting with all pertinent parties present. This meeting will fulfill the requirements of both the DES/DDD ISP process and the RBHA Subcontracted Service Provider ISP process.

<p><b>Magellan Health Services/Regional Behavioral Health Authority Responsibilities:</b>  <a href="http://www.magellanofaz.com/media/231413/3-9_intake_assessment_service_planning.pdf">http://www.magellanofaz.com/media/231413/3-9_intake_assessment_service_planning.pdf</a>  <a href="http://www.magellanofaz.com/media/231347/3-13_covered_services.pdf">http://www.magellanofaz.com/media/231347/3-13_covered_services.pdf</a></p>	<p><b>The Division of Developmental Disabilities Responsibilities:</b>  <a href="https://www.azdes.gov/uploadedFiles/Developmental_Disabilities/1400.pdf">https://www.azdes.gov/uploadedFiles/Developmental_Disabilities/1400.pdf</a>  <a href="https://www.azdes.gov/landing.aspx?id=2844">https://www.azdes.gov/landing.aspx?id=2844</a></p>
<ol style="list-style-type: none"> <li>1. Have a co-facilitated combined DES/DDD ISP and behavioral health service planning meeting. This meeting will fulfill the requirements of both the DES/DDD ISP process and the RBHA Subcontracted Service Provider behavioral health service planning process as consistent with current guidelines.</li> <li>2. The following shall occur prior to the combined meeting: <ul style="list-style-type: none"> <li>• The DES/DDD Support Coordinator and RBHA Subcontracted Service Provider shall coordinate the date, time, and location of the meeting.</li> <li>• The RBHA Subcontracted Service Provider shall complete any required assessments and forwards copies to the DES/DDD Support Coordinator.</li> <li>• The DES/DDD Support Coordinator shall forward copies of any professional assessment to the RBHA Subcontracted Service Provider.</li> <li>• Notice of the meeting shall be sent to all parties ten days prior to the scheduled meeting (if time permits). The DES/DDD Support Coordinator will notify the person, guardian, and other participants than the person and guardian, which are required by the RBHA Subcontracted Service Provider.</li> <li>• In the event the prescriber, nurse, or other relevant party required by the</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Have a co-facilitated combined DES/DDD ISP 90 day review and behavioral health service planning meeting. This meeting will fulfill the requirements of both the DES/DDD ISP process/90 day review and the RBHA Subcontracted Service Provider behavioral health service planning process as consistent with current guidelines.</li> <li>2. The following will occur prior to the combined meeting: <ul style="list-style-type: none"> <li>• The DES/DDD Support Coordinator will coordinate with the guardian (if applicable) and RBHA Subcontracted Service Provider to coordinate the date, time, and location of the meeting.</li> <li>• The RBHA Subcontracted Service Provider completes any required assessments and forwards copies to the DES/DDD Support Coordinator.</li> <li>• The DES/DDD Support Coordinator forwards copies of any professional assessment to the RBHA Subcontracted Service Provider.</li> <li>• Notice of the meeting will be sent to all parties ten days prior to the scheduled meeting (if time permits). The DES/DDD Support Coordinator will notify the person, guardian, and other participants required by DES/DDD. The RBHA Subcontracted Service Provider will notify all participants, other than the person and guardian, which are required by</li> </ul> </li> </ol>



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<p>RBHA Subcontracted Service Provider is unable to attend the meeting, the RBHA Subcontracted Service Provider shall review the case with that person prior to and after the meeting and input from relevant parties shall be considered.</p> <p>3. The combined meeting shall address the following components. Documentation shall be completed by the RBHA Subcontracted Service Provider and the DES/DDD Support Coordinator on the requisite DES/DDD and RBHA Subcontracted Service Provider forms.</p> <ul style="list-style-type: none"> <li>• All assessment information (within the last 12 months) from all relevant and interested agencies shall be reviewed and noted.</li> <li>• The person and/or guardian, in conjunction with the team, shall establish his/her vision of the future (long term view)</li> <li>• Assessment of the recipient'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</li> <li>• Measurable goals, objectives, and methodologies shall be established.</li> <li>• Signatures of all team members on required forms</li> </ul> <p>4. The RBHA Subcontracted Service Provider shall provide a copy of the approved behavioral health service plan, and medication sheet, if applicable, with any additional assessment information, to the DES/DDD Support Coordinator within 10 working days of completion of the service plan meeting.</p> <p>5. Service Plan reviews will occur as required by policy. Subsequent reviews should be co-facilitated by DES/DDD and the RBHA Subcontracted Service Provider.</p> <p>6. The Facilitator and the DES/DDD Support Coordinator shall collaborate to</p>	<p>the RBHA Subcontracted Service Provider.</p> <ul style="list-style-type: none"> <li>• In the event any relevant party to the team required by DES/DDD is unable to attend; the DES/DDD Support Coordinator will review the case with that party prior to the meeting and review the plan with that party after the meeting. Input from all relevant parties will be considered in the combined meeting.</li> <li>• In the event the assigned prescriber, nurse, or other relevant party required by the RBHA Subcontracted Service Provider is unable to attend the meeting, the RBHA Subcontracted Service Provider will staff the case with that person prior to the meeting and will review the plan with that person after the meeting. Input from relevant parties will be considered.</li> </ul> <p>3. The combined meeting will address the following components, which will be documented on required DES/DDD and RBHA Subcontracted Service Provider forms by the DES/DDD Support Coordinator, and the RBHA Subcontracted Service Provider:</p> <ul style="list-style-type: none"> <li>• All assessment information (within the last 12 months) from both agencies will be reviewed.</li> <li>• The person and/or guardian, in conjunction with the team, will establish his/her vision of the future (long term view).</li> <li>• Assessment of the eligible person's strengths and resources, and those services needed to support movement toward the eligible person's vision of the future (long term view).</li> <li>• Establishment of Goals, Objectives, and Methodologies that can be measured.</li> <li>• Signatures of all team members on required forms.</li> </ul> <p>4. The DES/DDD Support Coordinator will provide a copy of the approved DES/DDD ISP, and any additional assessment information to the RBHA</p>
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REVISED: 12/12/13

Title XIX & TXXI Enrolled Adults

<p>keep track of the utilization of Respite Services. A total of 600 hours of respite are available to a child and his/her family annually. <u>These hours are combined between behavioral health and DDD, for a total of 600 hours between both systems.</u></p>	<p>Subcontracted Service Provider within 15 working days of completion of the service plan meeting.</p> <p>5. Service Plan reviews will occur as required by policy. Subsequent reviews should be co-facilitated by DES/DDD and the RBHA Subcontracted Service Provider.</p>
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**Community Collaborative Care Team (CCCT)**

<p><b>Magellan Health Services/Regional Health Authority Responsibilities:</b> <a href="http://archive.constantcontact.com/fs161/1103364065813/archive/1113528641739.html">http://archive.constantcontact.com/fs161/1103364065813/archive/1113528641739.html</a></p>	<p><b>The Division of Developmental Disabilities Responsibilities:</b></p>
<ol style="list-style-type: none"> <li>1. Magellan Health Services, in conjunction with DES/DDD, along with ADHS/DBHS, have established a mutual CCCT process to address the complex behavioral, medical, and developmental needs of TXIX DD/ALTCS members with co-occurring behavioral health and/or physical health conditions.</li> <li>2. The purpose of this process is to improve health outcomes for this population by developing specifically designed expert CCCT teams to coordinate care for DD/ALTCS members who have a behavioral health condition and/or a co-occurring physical health condition and demonstrate: <ul style="list-style-type: none"> <li>• Inappropriate sexual behaviors;</li> <li>• Aggressive behaviors; and</li> <li>• Who have been unresponsive to traditional ALTCS and behavioral health services</li> </ul> </li> <li>3. The function of the Magellan/DDD CCCT will be to suggest additional options (based on system level discussion and review).</li> </ol>	<ol style="list-style-type: none"> <li>1. Community Collaborative Care Teams are designed for purposes of communication, collaboration, and coordination of services for people with co-occurring behavioral health and/or physical health needs and diagnosed with a Developmental Disability, who are involved with and challenge the service system due to complexity of their needs. <ul style="list-style-type: none"> <li>• Frequent use of emergency departments for non-emergency conditions, frequent calls to 911, frequent arrests and jail time or law enforcement contract</li> <li>• Frequent admission to or longer lengths of stay in psychiatric or medical facilities for potentially avoidable reasons</li> <li>• Loss of placements due to behaviors, including but not limited to, threatening/aggressive behaviors toward peers and/or staff;</li> <li>• Frequent changes in residential settings; frequent elopements;</li> <li>• Negative peer relationships</li> <li>• Significant destruction of property</li> <li>• Inappropriate sexual behavior</li> <li>• Medical conditions that are chronic and complex to the degree that they</li> </ul> </li> </ol>



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<p>4. Any member of the clinical team may complete and forward a CCCT referral to the Magellan DD Liaison.</p> <ul style="list-style-type: none"> <li>The process and referral form are located on <a href="http://archive.constantcontact.com/fs161/1103364065813/archive/1113528641739.html">http://archive.constantcontact.com/fs161/1103364065813/archive/1113528641739.html</a></li> </ul> <p>5. The Magellan DD Liaison will act as the initial single point of contact</p> <p>6. Upon receipt of the CCCT referral, the DD Liaison will forward to Magellan's Designated Medical Director and DDD Medical Director for review.</p> <ul style="list-style-type: none"> <li>If an individual does not meet CCCT criteria, notification will be forwarded to the individual that generated the CCCT referral</li> <li>If an individual meets CCCT criteria, the individual will be scheduled for an initial CCCT meeting</li> </ul> <p>7. The Magellan/DDD CCCT will establish processes to determine the extent to which the CFT or Adult Team has incorporated natural supports, community resources/services and Medicaid covered services necessary to achieve the highest level of functioning for these members. The Magellan/DDD CCCT will make service delivery and placement recommendations to the respective providers, members and their guardians. These recommendations to the respective providers, members and their guardians. These recommendations do not supersede or supplant the CFT or Adult Team Process, but rather they are to act as an adjunctive support to improve cross-system collaborative outcomes.</p> <p>8. The Magellan CCCT will operate at two levels</p> <ul style="list-style-type: none"> <li>A Magellan Designee will participate face to face in team meetings at the community level</li> <li>If resolution cannot be achieved at the community level, it shall be</li> </ul>	<p>have a serious effect on his/her daily life</p> <p>2. DDD Support Coordinator will submit referrals via email providing the information below to the District Behavioral Health Specialist.</p> <p>3. Upon receipt of the referral, the Behavioral Health Specialist will review the packet for completeness and forward to the Division Chairperson.</p> <p>4. The Division Chairperson will collaborate with the RBHA lead representative for initial discussion regarding whether the individual meets criteria for a CCCT.</p> <p>5. The Division Chairperson and the RBHA lead representative will schedule a CCCT meeting as appropriate.</p> <p>6. DDD has established minimal team membership to include District Program Manager or designee, area Manager, District Network Manager or designee and the District Behavioral Health Specialist. Health Plan Liaison can be included if necessary.</p> <p>7. The expectation is that the CCCT reaches a consensus regarding the provision of relevant supports and services for the individual, including each agency's responsibility for the amount, duration, and frequency of services.</p>
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<p>elevated to the RBHA/DDD CCCT where team members will offer input to resolve identified system issues</p> <ul style="list-style-type: none"> <li>An individual will be tracked through the CCCT process and closed out of the CCCT process, once the clinical team has agreed that the individual's identified CCCT goals have been met.</li> </ul>	
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Magellan Authorized Signature

12/17/13

Date

DES/DDD Authorized Signature

RUKLAHNY, M

12/17/13

Date

TRAVIS PETERSON B&H MGR

DES/DDD Authorized Signature

12/17/13

Date

DES/DDD Authorized Signature

Date