570 COMMUNITY COLLABORATIVE CARE TEAMS

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Background

AHCCCS recognizes there are a select few Title XIX, Arizona Long Term Care Services/ Division of Developmental Disabilities (ALTCS/DDD) individuals who are often involved with and challenge every service system due to the complexity of their needs. This policy is designed for ALTCS/DDD members who demonstrate inappropriate sexual behaviors and/or aggressive behaviors, who have been unresponsive to traditional ALTCS and Behavioral Health services and who have:

1. A co-occurring behavioral health condition, or

2. A co-occurring physical health condition

The goal of this policy is to improve health outcomes for this population by developing specifically designed expert teams called Community Collaborative Care Teams (CCCT) to coordinate care.

CCCT members and their respective agencies will be able to demonstrate and model the following guiding principles:

1. Agree to shared responsibility by coming together with the member and their family supports or guardian and share in the responsibility of how to best serve the member's needs. This includes a shared service plan if applicable.

2. CCCT members have administrative buy in and support at upper levels of their agencies as demonstrated by administrative and executive leaders devoting "face time" to meetings and assembling teams when necessary for resolution or innovative strategic planning.

3. CCCT members are willing and empowered to be creative when planning for service delivery including the development of creating something new that does not exist in either system.

4. Agencies agree to provide appropriate training of staff and family members including trainings that help each staff and family members understand the language of the system, including their basic mission, philosophies and methods of service delivery.

5. CCCT members and their respective agencies demonstrate close communication, especially when expert help is needed. Leaders at the Integrated Regional Behavioral Health Authority (Integrated RBHA) or Regional Behavioral Health Authority (RBHA), Department of Economic Securities/Division of Developmental Disabilities (DES/DDD) Region/District Level and leaders at the DDD Central Office and Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) level are committed to maintaining close communication when expertise, decision making and funding issues arise. Leaders also address requests for assistance when resolutions or innovative strategies are needed from other agencies.

6. Agencies and team members support a multi-disciplinary team membership for the purpose of planning, delivering, and evaluating services at all levels. Membership includes, yet is not limited to, the member, family members, legal guardian, DDD Support Coordinator, Behavioral Health Provider, Primary Care Provider, representatives of other agencies serving the member, and any other persons important in the member's/family's life and who are invited to participate by the member/family. The multi-disciplinary team members work to use the best of each system to enhance member care.

The goal of collaboration is to provide a structured, therapeutic environment for members who have multi system involvement due to multiple diagnoses and/or complexity of needs, in order for them to live safely and successfully in the community while minimizing the risk to themselves and others. The Integrated RBHA/RBHA/DDD CCCT will establish processes to determine the coordination of natural supports, community resources/services and Medicaid covered services that are necessary to achieve the highest level of functioning for these members. The Integrated RBHA/RBHA/DDD CCCT will make service delivery and placement recommendations to the respective providers, member and their guardian. Recipients of these activities should experience the following benefits:

1. Health and safety,

2. Personal power and choice,

3. Personal value and positive recognition by self and others,

4. A range of experiences which supports members' participation in the physical and social life of their communities,

5. Good relationships with friends and relatives, and

6. Competence in managing their daily activities and pursuit of personal goals

7. Placement stability,

8. Reduced hospitalizations and emergency department visits, and

9. A decrease in behavioral issues that disrupt their lives and living environment

A. PURPOSE

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.

B. POLICY

1. Role of ADHS/DBHS Community Collaborative Care Team Members

   a. Ensure each Integrated RBHA/RBHA assigns specific staff to serve on an Integrated RBHA/RBHA/DDD CCCT at the Integrated RBHA/RBHA level. At a minimum, an Integrated RBHA/RBHA/DDD CCCT will include the Director of Clinical Operations or designee, a Network Management Administrator or designee and the Health Plan Liaison.

   b. Ensure that the team members screen the Integrated RBHA/RBHA/DDD CCCT referral information submitted to the team by a behavioral health provider or the DDD Regional/District representative and make placement and service delivery recommendations to the providers involved in the member's care.

   c. Ensure that the team communicates with the behavioral health provider and DDD Regional/District representative during the process of reviewing the referral information to ensure continuous communication regarding the process and the status of the member's care. Upon acceptance of the referral, the Integrated RBHA/RBHA/DDD CCCT will make service delivery and placement recommendations including decisions regarding fiscal responsibility, if appropriate, no later than 60 days from the date of referral. The Integrated RBHA/RBHA/DDD CCCT will make recommendations based on their collective expertise, resources and the guiding principles listed in this policy. If the Integrated RBHA/RBHA/DDD CCCT does not accept the referral, the team notifies

the referral source why the referral does not meet the criteria for the Integrated RBHA/RBHA/DDD CCCT.

d. Ensure Integrated RBHA/RBHA members of the Integrated RBHA/RBHA/DDD CCCT utilize their clinical expertise in making recommendations for specific behavioral health services that can address the complex behavioral health needs of these members. At a minimum, the service array must include

   i. a professional functional analysis,
   ii. a jointly developed behavioral plan,
   iii. a physical assessment to rule out medical issues that may be contributing to behavioral problems,
   iv. a member specific crisis plan,
   v. the necessary training and coaching of family and staff to ensure successful implementation of the behavioral plan,
   vi. well defined outcome measures (e.g., use of a Goal Attainment Scale that defines attainable goals that are specific for the individual), and
   vii. a jointly determined placement plan

e. Other service recommendations may include but are limited to trauma related issues, sexual offending behaviors and aggressive behaviors, depending on the member's needs.

f. Ensure that the Integrated RBHA/RBHA/DDD CCCT conducts necessary data collection and data analyses on the outcomes of each member referred to the team to demonstrate the effectiveness of the CCCT process.

g. Ensure that the Integrated RBHA/RBHA/DDD CCCT meets, at minimum, monthly and as necessary to fully address the needs of those members deemed appropriate for referral to the Integrated RBHA/RBHA/DDD CCCT team.

2. <u>Role of DES/DDD for Community Collaborative Care Team Members</u>

a. Ensure each DDD Region/District assigns specific staff to serve on an Integrated RBHA/RBHA/DDD CCCT at the Region/District level. At a minimum, an Integrated RBHA/RBHA/DDD CCCT will include the Regional/District Support Coordination Program Manager or designee, an Area Program Manager/Resource Manager or designee and the Health Plan Liaison.

b. Ensure that the team members screen the Integrated RBHA/RBHA/DDD CCCT referral information submitted to the team by a behavioral health provider or the DDD Regional/District representative and make placement

and service delivery recommendations to the providers involved in the member's care.

c. Ensure that the team communicates with the behavioral health provider and DDD Regional/District representative during the process of reviewing the referral information to ensure continuous communication regarding the process and the status of the member's care. Upon acceptance of the referral, the Integrated RBHA/RBHA/DDD CCCT will make service delivery and placement recommendations including decisions regarding cost sharing, if appropriate no later than 60 days from the date of referral. The Integrated RBHA/RBHA/DDD CCCT will make recommendations based on their collective expertise, resources and the guiding principles listed in this policy. If the Integrated RBHA/RBHA/DDD CCCT does not accept the referral, the team notifies the referral source why the referral does not meet the criteria for the Integrated RBHA/RBHA/DDD CCCT.

d. Ensure that the DDD members of the Integrated RBHA/RBHA/DDD CCCT utilize their expertise in making recommendations for specific services that can address the complex behavioral and medical needs of these members. At a minimum, the service array must include

   i. a professional functional analysis,
   ii. a jointly developed behavioral plan,
   iii. a physical assessment to rule out medical issues that may be contributing to behavioral problems,
   iv. a member specific crisis plan,
   v. well defined outcome measures (e.g., Goal Attainment Scale that defines attainable goals that are specific for the individual), and
   vi. a jointly determined placement plan. Additionally, recommendations may include but are not limited to, home and community based services, DDD Transition Homes, DDD Group Homes that have experience in serving members with complex needs, primary care providers, and/or other specialty health care providers.

e. Ensure that the Integrated RBHA/RBHA/DDD CCCT determines that services provided under TXIX are cost effective and determines which placement (institutional facility or a home and community based setting) is appropriate consistent with current AHCCCS Medical Policy Manual Chapter 1600-III Cost Effective Study Standards.

f. Ensure that the Integrated RBHA/RBHA/DDD CCCT conducts necessary data collection and data analyses on the outcomes of each member to demonstrate the effectiveness of the CCCT process.

g. Ensure that the Integrated RBHA/RBHA/DDD CCCT meets, at minimum, monthly and as necessary to fully address the needs of those members deemed appropriate for referral to the Integrated RBHA/RBHA/DDD CCCT.

3. Identifying a member for the Community Collaborative Care Team

Certain TXIX ALTCS members who are receiving services from ADHS/DBHS and DES/DDD may be referred to an Integrated RBHA/RBHA/DDD CCCT. These members may exhibit disruptive and potentially life threatening behaviors, such as sexually inappropriate and/or aggressive behaviors, which are likely to have a serious effect on their daily life, family relationships, residential placements, and employment or educational options.

Furthermore, members referred to the Integrated RBHA/RBHA/DDD CCCT may have proven difficult to serve over time in community-based settings. The provision of community-based services or identification of a suitable community-based placement may have been found to be challenging or unachievable for these members in the past due to some, but not necessarily all of the following:

a. Frequent visits to emergency department for non-emergency conditions

b. Frequent calls to 911 for police or paramedic intervention

c. Frequent arrests and jail time or law enforcement contact

d. Frequent admissions to and/or longer lengths of stay in psychiatric or medical facilities for potentially avoidable reasons

e. Loss of placements due to behaviors, including, yet not limited to, threatening/aggressive behaviors toward peers and/or staff

f. Frequent changes in residential setting

g. Frequent elopements

h. Frequent life threatening behaviors to self and/or others

i. Significant destruction of property

j. Negative peer relationships

A member may also have medical conditions that are chronic and complex to the degree that they have a serious effect on his/her daily life.

4. Referring a member to a Community Collaborative Care Team

Any behavioral health provider or DDD Regional/District representative may refer a member for consideration to an Integrated RBHA/RBHA/DDD CCCT. The Integrated RBHA/RBHA/DDD CCCT must have a referral process that facilitates a timely and professional consultative process and fulfills the requirements of this policy.

At minimum, information for each Integrated RBHA/RBHA/DDD CCCT referral shall include:

a. member demographic data,

b. guardian information,

c. contact information such as spouse/significant other, family member, guardian as needed,

d. other agency involvement and contact information,

e. medical health plan information including AHCCCS Health Plans and Medicare enrollment,

f. clinical information including:

i. current diagnoses,
ii. current and past medications,
iii. substance abuse history,
iv. medical history including current medications and providers,
v. reasons for referral and needs to be addressed (i.e., behavioral, medical and developmental) that have presented significant challenges for serving the member successfully in the community

C. TREATMENT SERVICES COORDINATION PROCESS

In all cases, it is expected that the Integrated RBHA/RBHA/DDD CCCT reach a consensus regarding the provision of relevant supports and services for a member, including each agency's responsibility of the amount, duration and frequency of services.

In the exceptional situation when the Integrated RBHA/RBHA/DDD CCCT is unable to reach consensus regarding the appropriate service array, fiscal arrangements and/or placement options for the member, the team may request assistance from the DDD Region/District Program Manager and the Integrated RBHA/RBHA Operations Director or Medical Director.

In such instances, the following steps will be taken:

1. The DDD Region/District Program Manager and the Integrated RBHA/RBHA Operations Director or Medical Director will assemble a team of appropriate staff (e.g. Resource Manager, Network Administrator, Clinical Team Lead, and Case Management Administrator) to reach consensus on all unresolved issues.

2. If the team is unable to reach resolution, the DDD Region/District Program Manager and the Integrated RBHA/RBHA Operations Director or Medical Director will request assistance from the ADHS/DBHS Assistant Director and the DDD Deputy Assistant Director or their designees.

3. If the ADHS/DBHS Assistant Director and the DDD Deputy Assistant Director are unable to reach resolution, the issues will be elevated to the ADHS/DBHS Deputy Director and the DDD Assistant Director for resolution.

4. AHCCCS may be consulted, throughout the treatment services coordination process, on issues related to Medicaid coverage.

Although this policy is meant to promote and encourage collaboration between agencies, it does not at any time prohibit a member from exercising their appeal rights.