1620-P INTERDISCIPLINARY COLLABORATION

EFFECTIVE DATE: October 9, 2024
REFERENCES: A.A.C. R9-21- 101(B), Division Medical Policy Chapter 300, Chapter 400, 1620-E and 1620-G; 2024 National Committee for Quality Assurance Case Management Long Term Services and Supports, Standard 6, Process for Staff Interactions.

PURPOSE

This policy outlines the requirements for interactions, collaboration, and communication among the Division's Support Coordination staff, other Non-Clinical staff, the Member's Usual Care Providers, and Division Clinicians to ensure integrated care addressing physical health needs, behavioral health needs, and Long Term Services and Support (LTSS).

DEFINITIONS

1. "Behavioral Health Professional" or "BHP" means:

    a. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:

        i. Independently engage in the practice of behavioral health as defined in A.R.S. §32-3251; or

        ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health as

defined in A.R.S. §32-3251 under direct supervision as defined in A.A.C. R4-6-101.

b. A psychiatrist as defined in A.R.S. §36-501;

c. A psychologist as defined in A.R.S. §32-2061;

d. A physician as defined in A.R.S. §32-1401;

e. A behavior analyst as defined in A.R.S. §32-2091;

f. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse; or

g. A registered nurse with:

i. A psychiatric-mental health nursing certification; or

ii. One year of experience providing Behavioral Health Services.

2. "Central Office Interdisciplinary Team" or "COIDT" means an interdisciplinary team that has Administrative, and Executive, and Clinical Level Leadership participation to assist in resolving a non-urgent member issue or service concern that is usually complex.

3. "Clinician" means a Behavioral Health Professional (BHP) licensed to provide behavioral health care or a Health Care Professional licensed to provide physical health care.

4. "Health Care Professional" or "HCP" means a physician, podiatrist, optometrist, chiropractor, psychologist, dentist, physician assistant, physical or occupational therapist, therapist assistant, speech language pathologist, audiologist, registered or practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist and certified nurse midwife), licensed social worker, licensed behavior analyst, registered respiratory therapist, licensed marriage and family therapist, and licensed professional counselor.

5. "Immediate Response Team" or "IRT" means an interdisciplinary team that involves executive level leadership or clinical leadership participation to assist in resolving Member issues or service concerns that are complex and require rapid resolution.

6. "Long Term Services and Supports" or "LTSS" means services and supports provided to Members of all ages who have functional limitations and/or chronic illnesses that have the

primary purpose of supporting the ability of the member to live or work in the setting of their choice, which may include the individual's home, a provider-owned or controlled residential setting, a Nursing Facility (NF), or other institutional setting [42 CFR 438.2].

7. "Non-Clinical Staff" means Division staff who are not Clinicians.

8. "Member" means the same as "Client" as defined in A.R.S. § 36-551.

9. "Planning Document'' means a written plan developed through an assessment of functional needs that reflects the services and supports, paid and unpaid, that are important for and important to the Member in meeting the identified needs and preferences for the delivery of such services and supports.

10. "Planning Team" means a defined group of individuals comprised of the Member, the Responsible Person if other than the Member, and, with the Responsible Person's consent, any individuals important in the Member's life, including extended family members, friends, service providers, community resource providers, representatives from religious/spiritual organizations,

and agents from other service systems.

11. "Practitioner" means one of the Member's Usual Care Providers that is a Clinician.

12. "Prehospital Medical Care Directive" means a document signed by the Responsible Person and the Member's doctor that informs emergency medical technicians (EMTs) or hospital emergency personnel not to resuscitate the Member if the Member experiences cardiac or respiratory arrest. This document may also be referred to as a Do Not Resuscitate (DNR) document.

13. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a member or an applicant for whom no guardian has been appointed.

14. "Scope of Practice" means the activities that an individual licensed to practice physical or behavioral health is permitted to perform or undertake in keeping with the terms of their professional license, education, and experience.

15. "Support Coordinator" means the same as "Case Manager" under

A.R.S. § 36-551.

16. "Whole Person Care" means a health care delivery system that addresses the full spectrum of an individual's needs including medical, behavioral, socioeconomic, and beyond to encourage better health outcomes.

17. "Usual Care Providers" means Qualified Vendors of Long Term Care Supports (LTSS) and services currently serving the Member, community providers, providers primary care practitioners, or specialists responsible for a Member's care.

POLICY

A. INTEGRATED SYSTEM OF CARE

1. The Division shall implement a comprehensive and coordinated delivery system for integrating physical health services, behavioral health services, and LTSS through comprehensive care coordination of clinical and non-clinical services among the Division, the Administrative Services Subcontractors (AdSS), and the AdSS' respective providers.

2. The Support Coordinator shall be the primary responsible entity

for the coordination of LTSS, physical health care, and behavioral health care to provide the Member with Whole Person Care.

3. The Division shall require covered physical and behavioral services to be delivered by HCPs or BHPs working within their Scope of Practice.

4. The Division shall require clinical decision-making to be conducted by HCPs or BHPs working within their Scope of Practice.

5. The Division shall ensure Support Coordinators and other Non-Clinical Staff have access to Clinicians for guidance in meeting the Member's physical or behavioral health care needs.

B. TYPES OF INTERACTIONS THAT REQUIRE CLINICIAN INVOLVEMENT

1. The Support Coordinator, with the Responsible Person's consent, shall involve or consult with a Member's Practitioner:

   a. To notify the Practitioner of concerns related to medical or behavioral health conditions, upon request for assistance from the Responsible Person;

b. To request updated medical records;

c. To assist with scheduling or updating demographic information, upon request from the Responsible Person;

d. To obtain or clarify a Member's diagnosis of a physical or behavioral health condition;

e. To clarify treatment plans or medical protocols for a physical or behavioral health protocol; or

f. Any other needs for clinical guidance regarding the impact of physical or behavioral health needs on the Member's Planning Document or LTSS.

2. The Support Coordinator shall consult with a Division's District Nurse, Complex Care Nurse, Behavioral Health Complex Care Specialist, or Medical Director when assistance is needed in determining if Clinician involvement is required or the type of Clinician to involve.

3. The Support Coordinator shall collaborate with a BHP when a Member needs or receives behavioral health services, as specified in Division Medical Policy 1620-G.

4. The Support Coordinator shall coordinate with the Member's BHP for a referral to a qualified Clinician for assessment and evaluation when the Planning Team has identified the need for a Serious Mental Illness Determination as specified in A.A.C. R9-21- 101(B).

5. Division staff from functional areas other than Support Coordination, who identify a Member or service related concern shall consult with the Support Coordinator to:

   a. Discuss actions taken to resolve the concern;

   b. Identify additional actions needed to address the concern; and

   c. Identify the appropriate resources or escalation path and agree upon who will be responsible for obtaining the resources or initiating the escalation path.

C. REFERRING COMMUNICATIONS TO CLINICIANS

1. The Support Coordinator shall refer the following types of communications to the appropriate Member's Practitioner:

   a. The Member has new or worsening physical or behavioral

health symptoms that require clinical evaluation, re-evaluation, or updates to the treatment of physical or behavioral health conditions;

b. Questions regarding changes to a physical condition or behavioral health condition;

c. Questions regarding determining the type of clinical services needed;

d. Questions regarding life expectancy, living wills, hospice care, or a Prehospital Medical Care Directive; or

e. Any other need for clinical guidance regarding the Member's physical or behavioral health.

2. The Support Coordinator shall refer a Member's case for review to the Division Chief Medical Officer (CMO) when the Support Coordinator and primary care provider (PCP) or attending physician disagree regarding the need for a change in level of care, placement, or physician's orders for medical services.

3. When the CMO or designated Medical Director receives a referral from the Support Coordinator, the CMO or designated Medical

Director shall:

a. Review the case;

b. Discuss the Member's case with the PCP or attending physician if necessary; and

c. Make a determination to resolve the disagreement.

D. PROVIDING ACCESS TO CLINICIANS

1. When an interaction or situation requires the involvement of a Clinician as specified in Section (B) and Section (C) of this policy, the Support Coordinator shall determine which of the following is the most appropriate process to involve a Clinician:

   a. Consultation with or referring communications to the Member's appropriate Practitioner;

   b. Requesting an IRT to resolve Member or service related concerns that are likely to result in a physical or behavioral health emergency, if not resolved within 24 hours;

   c. Initiating a COIDT to resolve non-urgent Member or service related concerns;

d. Completing referrals for:

i. Care Management;

ii. District Nursing;

iii. Behavioral Health Support Coordination Unit; or

iv. Nursing Support Coordination Unit.

e. Requesting consultation with a Clinician from any of the following Division functional areas:

i. Chief Medical Office;

ii. Health Care Services;

iii. Behavioral Health Administration; or

iv. Quality Management.

2. The Support Coordinator shall assist a Usual Care Provider in accessing a Clinician when the Usual Care Provider requests:

a. A consultation between two Clinicians involved in the Member's treatment;

b. A consultation between a Usual Care Provider and a

Division Medical Director or Chief Medical Officer;

c. To Link the Usual Care Provider with a Clinician by:

i. Transferring a phone call or forwarding an email to the appropriate Clinician; or

ii. Providing the Usual Care Provider with the contact information needed to contact a Clinician involved in the Member's treatment.

E. DOCUMENTATION

The Support Coordinator shall document all communications and consultations in the Member's case file.

Signature of Chief Medical Officer: Anthony Dekker (Oct 4, 2024 16:36 PDT)
Anthony Dekker, D.O.