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1620-P INTERDISCIPLINARY COLLABORATION

EFFECTIVE DATE: X/XX/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

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

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

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

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

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

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37 f. A registered nurse practitioner licensed as an adult

38 psychiatric and mental health nurse; or

39 g. A registered nurse with:

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41 i. A psychiatric-mental health nursing certification; or

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43 ii. One year of experience providing Behavioral Health
44 Services.

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

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- 51 3. “Clinician” means a Behavioral Health Professional (BHP) licensed
- 52 to provide behavioral health care or a Health Care Professional
- 53 licensed to provide physical health care.
- 54 4. “Health Care Professional” or “HCP” means a physician,
- 55 podiatrist, optometrist, chiropractor, psychologist, dentist,
- 56 physician assistant, physical or occupational therapist, therapist
- 57 assistant, speech language pathologist, audiologist, registered or
- 58 practical nurse (including nurse practitioner, clinical nurse
- 59 specialist, certified registered nurse anesthetist and certified
- 60 nurse midwife), licensed social worker, licensed behavior analyst,
- 61 registered respiratory therapist, licensed marriage and family
- 62 therapist, and licensed professional counselor.
- 63 5. “Immediate Response Team” or “IRT” means an interdisciplinary
- 64 team that involves executive level leadership or clinical
- 65 leadership participation to assist in resolving Member issues or
- 66 service concerns that are complex and require rapid resolution.
- 67 6. “Long Term Services and Supports” or “LTSS” means services
- 68 and supports provided to Members of all ages who have
- 69 functional limitations and/or chronic illnesses that have the
- 70 primary purpose of supporting the ability of the member to live

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72 or work in the setting of their choice, which may include the
73 individual's home, a provider-owned or controlled residential
74 setting, a Nursing Facility (NF), or other institutional setting [42
75 CFR 438.2].
- 76 7. "Non-Clinical Staff" means Division staff who are not Clinicians.
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78 8. "Member" means the same as "Client" as defined in A.R.S. §
79 36-551.
- 80 9. "Planning Document" means a written plan developed through
81 an assessment of functional needs that reflects the services and
82 supports, paid and unpaid, that are important for and important
83 to the Member in meeting the identified needs and preferences
84 for the delivery of such services and supports.
- 85 10. "Planning Team" means a defined group of individuals comprised
86 of the Member, the Responsible Person if other than the Member,
87 and, with the Responsible Person's consent, any individuals
88 important in the Member's life, including extended family
89 members, friends, service providers, community resource
90 providers, representatives from religious/spiritual organizations,
91 and agents from other service systems.

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93 11. "Practitioner" means one of the Member's Usual Care Providers
94 that is a Clinician.
- 95 12. "Prehospital Medical Care Directive" means a document signed
96 by the Responsible Person and the Member's doctor that informs
97 emergency medical technicians (EMTs) or hospital emergency
98 personnel not to resuscitate the Member if the Member
99 experiences cardiac or respiratory arrest. This document may
100 also be referred to as a Do Not Resuscitate (DNR) document.
- 101 13. "Responsible Person" means the parent or guardian of a minor
102 with a developmental disability, the guardian of an adult with a
103 developmental disability or an adult with a developmental
104 disability who is a member or an applicant for whom no guardian
105 has been appointed.
- 106 14. "Scope of Practice" means the activities that an individual
107 licensed to practice physical or behavioral health is permitted to
108 perform or undertake in keeping with the terms of their
109 professional license, education, and experience.
- 110 15. "Support Coordinator" means the same as "Case Manager" under
111 A.R.S. § 36-551.
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114 16. “Whole Person Care” means a health care delivery system that
115 addresses the full spectrum of an individual’s needs including
116 medical, behavioral, socioeconomic, and beyond to encourage
117 better health outcomes.

118 17. “Usual Care Providers” means Qualified Vendors of Long Term
119 Care Supports (LTSS) and services currently serving the Member,
120 community providers, providers primary care practitioners, or
121 specialists responsible for a Member’s care.

122 **POLICY**

123 **A. INTEGRATED SYSTEM OF CARE**

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125 1. The Division shall implement a comprehensive and coordinated
126 delivery system for integrating physical health services,
127 behavioral health services, and LTSS through comprehensive
128 care coordination of clinical and non-clinical services among the
129 Division, the Administrative Services Subcontractors (AdSS), and
130 the AdSS’ respective providers.
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132 2. The Support Coordinator shall be the primary responsible entity
133 for the coordination of LTSS, physical health care, and behavioral
134 health care to provide the Member with Whole Person Care.

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136 3. The Division shall require covered physical and behavioral
137 services to be delivered by HCPs or BHPs working within their
138 Scope of Practice.
- 139 4. The Division shall require clinical decision-making to be
140 conducted by HCPs or BHPs working within their Scope of
141 Practice.
- 142 5. The Division shall ensure Support Coordinators and other
143 Non-Clinical Staff have access to Clinicians for guidance in
144 meeting the Member's physical or behavioral health care needs.

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146 **B. TYPES OF INTERACTIONS THAT REQUIRE CLINICIAN**
147 **INVOLVEMENT**

- 148 1. The Support Coordinator, with the Responsible Person's consent,
149 shall involve or consult with a Member's Practitioner:
- 150 a. To notify the Practitioner of concerns related to medical or
151 behavioral health conditions, upon request for assistance
152 from the Responsible Person;
- 153 b. To request updated medical records;
- 154 c. To assist with scheduling or updating demographic
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157 information, upon request from the Responsible Person;
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159 d. To obtain or clarify a Member's diagnosis of a physical or
160 behavioral health condition;
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162 e. To clarify treatment plans or medical protocols for a
163 physical or behavioral health protocol; or
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165 f. Any other needs for clinical guidance regarding the impact
166 of physical or behavioral health needs on the Member's
167 Planning Document or LTSS.
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169 2. The Support Coordinator shall consult with a Division's District
170 Nurse, Complex Care Nurse, Behavioral Health Complex Care
171 Specialist, or Medical Director when assistance is needed in
172 determining if Clinician involvement is required or the type of
173 Clinician to involve.
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175 3. The Support Coordinator shall collaborate with a BHP when a
176 Member needs or receives behavioral health services, as
specified in Division Medical Policy 1620-G.
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178 4. The Support Coordinator shall coordinate with the Member's BHP
179 for a referral to a qualified Clinician for assessment and
180 evaluation when the Planning Team has identified the need for a

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178 Serious Mental Illness Determination as specified in A.A.C.

179 R9-21- 101(B).

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

183 a. Discuss actions taken to resolve the concern;

184 b. Identify additional actions needed to address the concern;
185 and
186 c. Identify the appropriate resources or escalation path and

187 agree upon who will be responsible for obtaining the
188 resources or initiating the escalation path.
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191 **C. REFERRING COMMUNICATIONS TO CLINICIANS**

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

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- 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;

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

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

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

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

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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

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211 physician disagree regarding the need for a change in level of
212 care, placement, or physician's orders for medical services.

213 3. When the CMO or designated Medical Director receives a referral
214 from the Support Coordinator, the CMO or designated Medical
215 Director shall:

- 216 a. Review the case;
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218 b. Discuss the Member's case with the PCP or attending
219 physician if necessary; and
220 c. Make a determination to resolve the disagreement.

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222 **D. PROVIDING ACCESS TO CLINICIANS**

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

- 228 a. Consultation with or referring communications to the
229 Member's appropriate Practitioner;
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231 b. Requesting an IRT to resolve Member or service related
concerns that are likely to result in a physical or behavioral

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233 health emergency, if not resolved within 24 hours;
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235 c. Initiating a COIDT to resolve non-urgent Member or
236 service related concerns;
- 237 d. Completing referrals for:
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239 i. Care Management;
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241 ii. District Nursing;
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243 iii. Behavioral Health Support Coordination Unit; or
- 244
245 iv. Nursing Support Coordination Unit.
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247 e. Requesting consultation with a Clinician from any of the
248 following Division functional areas:
- 249 i. Chief Medical Office;
- 250
251 ii. Health Care Services;
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253 iii. Behavioral Health Administration; or
- 254
255 iv. Quality Management.
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257 2. The Support Coordinator shall assist a Usual Care Provider in
258 accessing a Clinician when the Usual Care Provider requests:

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260 a. A consultation between two Clinicians involved in the
261 Member's treatment;
- 262 b. A consultation between a Usual Care Provider and a
263 Division Medical Director or Chief Medical Officer;
- 264 c. To Link the Usual Care Provider with a Clinician by:
- 265 i. Transferring a phone call or forwarding an email to
266 the appropriate Clinician; or
- 267 ii. Providing the Usual Care Provider with the contact
268 information needed to contact a Clinician involved in
269 the Member's treatment.
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271 **E. DOCUMENTATION**

272 The Support Coordinator shall document all communications and
273 consultations in the Member's case file.
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278 Signature of Chief Medical Officer:
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