

## 1050 COORDINATION OF CARE WITH OTHER GOVERNMENT ENTITIES FOR BEHAVIORAL HEALTH SERVICES

INITIAL

EFFECTIVE DATE: 07/01/2016

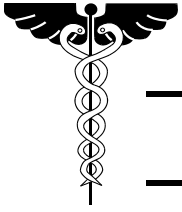
### A. PURPOSE

AHCCCS requires Contractors to coordinate services and communicate with other government entities, including AHCCCS Contractors who are governmental entities, to ensure that members have proper access to care, optimal quality of service and coordination of care. This Policy outlines requirements for Contractors to establish and maintain collaborative relationships with these entities and to develop and implement policies and procedures in accordance with this Policy. Contractors shall coordinate member care with Division of Developmental Disabilities (DDD) by:

1. Inviting DDD staff to participate in the development of the behavioral health service plan and all subsequent planning meetings as representatives of the member's clinical team (see AMPM Policy 320-O),
2. Incorporating information and recommendations in the Individual or Family Support Plan (ISP) developed by DDD staff, when appropriate.
3. Ensuring that the goals of the ISP, of a member diagnosed with developmental disabilities who is receiving psychotropic medications, includes reducing behavioral health symptoms and achieving optimal functioning, not merely the management and control of challenging behavior,
4. Actively participating in DDD team meetings, and
5. For members diagnosed with Pervasive Developmental Disorders and Developmental Disabilities, sharing all relevant information from the initial assessment and ISP with DDD to ensure coordination of services.

For DDD members with a co-occurring behavioral health condition or physical health condition who demonstrate inappropriate sexual behaviors and/or aggressive behaviors, a Community Collaborative Care Team (CCCT) may be developed. For additional information regarding the roles and responsibilities of the CCCT and coordination of care expectations, see AMPM Policy 570.

Contractors must develop and make available to providers policies and procedures that include information on DDD specific protocols or agreements.



**B. COURTS AND CORRECTIONS**

Contractors shall collaborate and coordinate care and ensure that behavioral health providers collaborate and coordinate care for members with behavioral health needs and for members involved with:

1. Arizona Department of Corrections (ADOC),
2. Arizona Department of Juvenile Corrections (ADJC), or
3. Administrative Offices of the Court (AOC).

Contractors shall collaborate with courts and/or correctional agencies to coordinate member care by:

1. Working in collaboration with the appropriate staff involved with the member,
2. Inviting probation or parole representatives to participate in the development of the ISP and all subsequent planning meetings for the Adult Recovery Team (ART) with the member's approval,
3. Actively considering information and recommendations contained in probation or parole case plans when developing the ISP, and
4. Ensuring that the behavioral health provider evaluates and participates in transition planning prior to the release of eligible members and arranges and coordinates enrolled member care upon the member's release (see AMPM Policy 580).

**C. ARIZONA DEPARTMENT OF ECONOMIC SECURITY/REHABILITATION SERVICES ADMINISTRATION (ADES/RSA)**

Contractors shall coordinate member care with ADES/RSA by:

1. Working in collaboration with the vocational rehabilitation counselors or employment specialists in the development and monitoring of the member's employment goals,
2. Ensuring that all related vocational activities are documented in the comprehensive clinical record (see AMPM Policy 940),
3. Inviting ADES/RSA staff to be involved in planning for employment programming to ensure that there is coordination and consistency with the delivery of vocational services,



4. Participating and cooperating with ADES/RSA in the development and implementation of a Regional Vocational Service Plan inclusive of ADES/RSA services available to adolescents, and
5. Allocating space and other resources for vocational rehabilitation counselors or employment specialists working with enrolled members who have been determined to have a Serious Mental Illness.

**REFERENCES**

- AMPM Chapter 300
- AMPM Chapter 500
- AMPM Chapter 900