

Protocol for Coordination of Care  
Between Northern Arizona Regional Behavioral Health Authority (NARBHA)  
And District III and Mohave County in District IV of the Division of Developmental Disabilities (DDD)  
**Effective – 01/01/2006**  
**Revised – 12/29/07, 09/21/07, 12/31/07, 3/10/08, 12/16/08, 12/9/09**

Northern Arizona Regional Behavioral Health Authority (NARBHA) and the State of Arizona Division of Developmental Disabilities District III (DDD) share this pledge to improve the quality of life for individuals and families across northern Arizona by providing the highest quality of consumer driven, innovative, flexible, and accessible services. This collaboration embraces the best practices of behavioral health and developmental disabilities in a union that fosters a respectful, efficient and seamless system of care for the people we jointly serve.

Northern Arizona Regional Behavioral Health Authority (NARBHA) and District III and IV of the Division of Developmental Disabilities (DDD) agree to coordinate activities related to the service delivery. The roles and responsibilities of each agency are outlined below. NARBHA and DDD believe that by forming a strong partnership, we will be able to provide comprehensive and coordinated care to our mutual populations. Both NARBHA and DDD have agreed to utilize both the Child and Family Team, as well as the Adult Team process and agree that child, adult and family involvement are the central focus. Both NARBHA and DDD recognize that the utilization of the concepts outlined in the Arizona Principles, the Arizona Vision and Principles for children and Arizona's SMI Principles are paramount in the delivery of effective services and agree that effective services:

- begin with the child, adult and his or her family
- respect their preferences, interests, needs, culture, language and belief system
- provide opportunities and mechanisms for families to identify their roles within the structure of the behavioral health system
- reflect the family's voice

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\*Links for this protocol can be located on the NARBHA website ([www.narbha.org](http://www.narbha.org)) or in Provider Policy 4.4 'Coordination of Care with Other Government Entities'

Referral Process – Crisis and Routine Assessments			
NARBHA Responsibilities			District III/IV of the Division of Developmental Disabilities Responsibilities
When	What	Who	
<p>1. Crisis Triage: NARBHA requires that Crisis Triage be conducted on all persons who present in crisis by telephone, or face to face, during business hours and after hours, 24 hours a day, seven days a week.</p> <p>2. Assessment: <u>Immediate Need:</u> Requires crisis assessment within two hours from identification of need or as quickly as possible when a response within 2 hours is geographically impractical. <u>Urgent Need:</u> Requires crisis assessment within 24 hours. <u>Routine Need:</u> Requires routine assessment within 7 days.</p>	<p>NARBHA maintains a toll free telephone number (1-877-756-4090), which is listed in telephone directories throughout NARBHA's General Service Area. This toll free line will be answered 24 hours a day, seven days a week.</p> <p>Crisis Triage occurs when a behavioral health crisis is screened in order to identify the potential risk of harm to self or to others, urgency of need for behavioral health services, and type/level of services needed to resolve the crisis. Crisis Triage typically occurs by telephone; however Face to Face Crisis Triage may occur as a result of a "walk-in" to a Responsible Agency or at any point during treatment when potential risk factors become known or apparent to members of the treatment team.</p> <p>During the process of conducting either a Telephone or Face to Face Crisis Triage, persons are typically able to receive the support and assurance that they need to be referred back to their treatment team for follow-up. When a non-enrolled person calls or walks in for crisis services, Crisis Triage is an effective tool for connecting with and engaging this person.</p>	<p>Responsible Agencies (RAs) provide both Telephone and Face to Face Crisis Triage during business hours. ProtoCall staff provide Telephone Crisis Triage after business hours and determine whether the person's needs are either Immediate or Urgent or Low/Routine. ProtoCall is not required to contact staff at Responsible Agencies regarding members with Low/Routine acuity whose immediate needs have been handled during the Telephone Crisis Triage; however reports are forwarded to the Responsible Agencies by the next morning. All persons with Immediate or Urgent acuity are referred immediately by ProtoCall to on-call staff at the Responsible Agencies for Crisis Services.</p> <p>RA staff will arrange for hospitalization (when required) as well as transportation to the identified facility.</p>	1. Determine behavioral health needs for referral to NARBHA's providers
			2. For Persons in <b>Crisis:</b> See NARBHA responsibilities for Crisis Triage Services, which are available 24 hours a day, 7 days a week by calling the local Responsible Agency or the number referenced in this document. If the DDD Support Coordinator is making a referral for an individual experiencing a psychotic episode or is in crisis, be sure to request "Crisis Triage" services for immediate response.
			3. For Persons in need of <b>Routine Assessment:</b> DDD will contact client or legal guardian to inform them that a referral will be made to Behavioral Health.
			4. Complete the Behavioral Health Referral Form
			5. <u>Navajo DDD/NARBHA Individuals</u>

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<p>3. If an RA staff receives a request for Crisis Services from a source other than DDD, the NARBHA Responsible Agency/Tribal Agency shall notify the DDD Support Coordinator or authorized designee within twenty-four (24) hours.</p>	<p>6. For children for whom DDD acts as guardian DDD will prepare a referral packet and forward to the intake site within five (5) working days of the referral. The referral packet should include the most recent of all following:</p> <ul style="list-style-type: none"> <li>• Psychiatric Assessment</li> <li>• Psychological Assessment</li> <li>• Psycho-social and/or Educational Assessment</li> <li>• IEP (documentation from the School)</li> <li>• Medical Evaluation (if available)</li> <li>• Specialty reports: Neurological; Eating Disorder; etc.</li> <li>• Behavior Plan/Data (if available)</li> <li>• DDD Foster Care Reports</li> </ul>
<p>4. Transportation to initial routine assessments are provided by AHCCCS by contacting 800-334-5283</p>	
<p>5. Assessments must be completed within 45 calendar days, the Behavioral Health Service Plan developed within 90 calendar days, and authorized medically necessary behavioral health services commenced within 23 calendar days from the date of the initial Assessment.</p>	
<p>6. The first behavioral health service following the initial assessment appointment must occur within timeframes indicated by clinical need, but no later than 23 calendar days of the initial assessment and clients who are in need of Transportation for subsequent appointments need to advise their Clinical Liaison.</p>	<p>7. The DDD Support Coordinator is encouraged to attend the behavioral health intake appointment if the family chooses. For children in foster care, the support coordinator must attend intake appointment since they possess the child's history and current information.</p>

Coordination of Care – Adult Teams	
NARBHA Responsibilities	District III/IV of the Division of Developmental Disabilities Responsibilities
<p>1. Both the DDD Support Coordinator and Clinical Liaison will be notified of and participate in all Adult Team Meetings. The development of the Behavioral Health Service Plan and the DDD ISP any subsequent reviews are conducted during the Adult Team Meetings. Participation may be telephonic.</p>	
<p>2. RAs will facilitate service provision for adults through Adult Team Meetings in accordance with the DBHS: Adult Team Clinical and Recovery Practice Protocols.</p> <p>The Adult Team must include the Adult member and, if expressed, his/her family or guardian; the RA Clinical Liaison/Team Facilitator or Case Manager; the DDD Case Manager, and should extend to any individuals important in the Adult's life and may be identified by the team.</p>	<p>2. The DDD Support Coordinator communicates with the RA to assist in the identification of team members for the Adult Team and assists by providing phone numbers and contact information. Team members attending specifically for the ISP will be invited to the meeting by the DDD support Coordinator.</p>
<p>3. Provide a copy of the approved Behavioral Health Service Plan and medication sheet, if applicable and any assessments, to the DDD support coordinator within fifteen (15) calendar days of completion of the Adult Team meeting.</p>	<p>3. Provide a copy of the DDD ISP, within fifteen (15) calendar days, including any professional assessments to the NARBHA Responsible Agency</p>
<p>4. Behavioral Health Service Plan reviews shall occur at a frequency decided on by the Adult Team.</p>	<p>4. ISP reviews shall occur at a minimum of every six months</p>
<p>5. Notification of change of DDD Support Coordinator and/or NARBHA Responsible Agency Clinical Liaison should be given to the appropriate agency within thirty (30) calendar days.</p>	
<p>6. Provide appropriate and timely written or verbal progress information to the DDD Support Coordinator – preferably during the Adult Team meetings.</p>	<p>6. The DDD Support Coordinator will ensure a quarterly consult is conducted by the Qualified Behavioral Health Professional (QBHP) with the client. The Support Coordinator will complete and initial the consult paperwork and</p>

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	review the outcomes/progress with the ISP team during the next teaming or sooner if warranted
7. Communication to occur between both agencies during the transition between RBHAs for Inter-RBHA transfer and RBHA providers during Intra-RBHA transfers. The details of these transition processes must be discussed during the Adult Team meetings in order to assure adequate coordination of care.	
For more information:	
<ul style="list-style-type: none"> <li>☞ The Adult Clinical Team Practice Protocol <a href="http://www.azdhs.gov/bhs/tact.pdf">http://www.azdhs.gov/bhs/tact.pdf</a></li> <li>☞ Information Sharing with Family Members of Adult Behavioral Health Recipients <a href="http://www.azdhs.gov/bhs/guidance/isfm.pdf">http://www.azdhs.gov/bhs/guidance/isfm.pdf</a></li> </ul>	

<b>Coordination of Care - Child and Family Teams</b>	
NARBHA and DDD are committed to providing family-driven services through the Child and Family Team Process. The CFT process is consistent with Person-Centered Planning. Both processes should be coordinated so as not to duplicate efforts.	
NARBHA Responsibilities	District III/IV of the Division of Developmental Disabilities Responsibilities
1. Both the DDD Support Coordinator and Clinical Liaison will be notified of and participate in all Child and Family Team Meetings. The development of the Behavioral Health Service Plan and the DDD ISP and any subsequent reviews are conducted during the CFTs. Participation may be telephonic.	
2. RAs will facilitate service provision for children through Child and Family Team Meetings in accordance with the DBHS Child and Family Team Practice Protocols. The CFT must include at a minimum, the child and his/her family or guardian, any foster parents, a behavioral health representative, and should extend to any individuals important in the child's life who are identified by the team. CFTs include nine essential steps (which are not strictly linear): <ul style="list-style-type: none"> <li>▪ Engagement of the Child and Family</li> <li>▪ Immediate Crisis stabilization</li> <li>▪ Strengths, Needs and Culture Discovery</li> <li>▪ CFT Formation/Meeting Facilitation</li> <li>▪ Behavioral Health Service Plan Development</li> <li>▪ Behavioral Health Service Plan Implementation</li> <li>▪ On-going Crisis and Safety Planning</li> <li>▪ Tracking and Adapting</li> <li>▪ Transition</li> </ul>	2. The DDD Support Coordinator communicates with the RA to assist in the identification of team members for the Child and Family Team and assists by providing phone numbers and contact information. Team members attending specifically for the ISP will be invited to the meeting by the DDD support Coordinator.
3. Provide a copy of the approved the Behavioral Health Service Plan and medication sheet, if applicable and any assessments, to the DDD support coordinator within fifteen (5)calendar days of completion of the CFT.	3. Provide a copy of the DDD ISP, within fifteen (15) calendar days, including any professional assessments to the NARBHA RA.
4. CFT meetings shall occur at a frequency determined by the Child and Family Team.	4. ISP reviews shall occur at least every six months.
5. Notification of change of DDD Support Coordinator and/or NARBHA RA clinical liaison should be given to the appropriate agency within thirty (30) calendar days.	
6. Provide appropriate and timely written or verbal progress information to the DDD Support Coordinator.	6. The DDD Support Coordinator will ensure a quarterly consult is conducted by the Qualified Behavioral Health Professional (QBHP) with the client. The Support Coordinator will complete and initial the consult paperwork and review the outcomes/progress with the ISP team during the next teaming or sooner if warranted
7. Communication to occur between both agencies during the transition between RBHAs for Inter-RBHA transfer and RBHA providers during Intra-RBHA transfers. The details of these transition processes must be	

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discussed during the CFT meetings in order to assure adequate coordination of care.	
8. For children placed out of area and/or out of home, both DDD and the RA must be mindful of the need for more intensive coordination of care and address issues related to out of area and/or out of home placement through the CFT process. Issues to focus on may include face to face contact, family interactions, discharge planning, permanency and natural supports, support during CFTs, access to services in other RBHA areas, coordination between multiple providers, frequency and location of meetings, etc.	
For more information:	<ul style="list-style-type: none"> <li>☞ Child and Family Team Practice Protocol <a href="http://www.azdhs.gov/bhs/guidance/cft.pdf">http://www.azdhs.gov/bhs/guidance/cft.pdf</a></li> <li>☞ Child and Family Team <a href="http://www.azdhs.gov/bhs/guidance/cftfad.pdf">http://www.azdhs.gov/bhs/guidance/cftfad.pdf</a></li> <li>☞ Out of Home Care Services Practice Protocol <a href="http://www.azdhs.gov/bhs/guidance/oochcs.pdf">http://www.azdhs.gov/bhs/guidance/oochcs.pdf</a></li> <li>☞ NARBHA/Child &amp; Family Support Services On-line CFT Facilitator Curriculum <a href="http://www.cfttraining.com">www.cfttraining.com</a></li> <li>☞ Tip Sheets for Telephonic CFTs and Coordination for Children in Multiple Geographic Areas <a href="http://www.cfttraining.com">www.cfttraining.com</a> (Module 6, p. 13)</li> </ul>

<b>Adult and Child and Family Team - Crisis and Safety Planning</b>	
In order to address and plan for barriers to implementing the Behavioral Health Service Plan, the CFT will meet to develop a Crisis and Safety Plan. Every Behavioral Health Service Plan will have a Crisis Plan. However, Safety Plans are constructed when high-risk conditions, such as sexual acting out or suicidal ideations, are present. When a Safety Plan is required, there will be significant overlap with the Crisis Plan.	
For information on children's plans, refer to the NARBHA On-line CFT Facilitator Training Curriculum Crisis and Safety Planning Module for more information.	
<b>NARBHA Responsibilities</b>	<b>District III/IV of the Division of Developmental Disabilities Responsibilities</b>
<p>1. The RA will complete and document a Crisis and/or Safety plan through the Adult/Child and Family Team Meeting. For children, refer to the CFT Technical Assistance Document, Crisis Planning follows a four-step model that includes Prediction, Functional Assessment, Prevention, and Crisis Planning:</p> <p>Crisis Plans should be specific and should include names and phone numbers, as well as contingencies. Crisis plans should include a process, agreed upon timeframes and minimum participants to engage in emergency Adult/CFTs.</p> <p>On notification of a potential placement disruption, the Clinical Liaison or facilitator will pull together an emergency Adult/CFT meeting to discuss the immediate placement and support needs for the adult or child. There should be a crisis plan already in place to pull together Team Members in case of emergencies. <i>(i.e. in the event of a placement disruption, the Team agrees particular members will come together within 2-3 hours to address the crisis.)</i></p> <p>A copy of the plan will be immediately given to the Team Members and updated through the Team process as needed.</p>	<p>1. The DDD Support Coordinator will participate in the development and on-going maintenance of the Crisis and Safety Plan through participation at Adult/CFTs and on-going coordination of care with the RA.</p>

<b>Transition to Adulthood</b>	
<b>NARBHA Responsibilities</b>	<b>District III/IV of the Division of Developmental Disabilities Responsibilities</b>
<p>1. For children age 16 and older, RAs will adhere to the DBHS Transition to Adulthood Practice Protocol. CFTs will at minimum ensure various tasks are completed in-line with the Protocol and DBHS Policy 3.17 Transition of Persons at various times (age 16, 17, 17 ½ and 18).</p> <p>2. NARBHA, the RAs and DDD will collaborate to meet their respective mandates and develop individualized transition plans that support the best interests of the child in order to facilitate a smooth transition to adult services.</p> <p>3. RAs must include an Adult Team representative at all CFTs beginning at age 17 ½</p>	<p>1. Prior to age 18 DDD Support Coordinator will conduct re-determination for service eligibility in accordance with DES/DDD Policy and Procedure Manual, Chapter 500.</p> <p>3. DDD Support Coordinator should work with family, parents, and/or legal guardian to ensure that they are aware</p>

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or earlier on CFT request in order to ensure a smooth and supportive transition into the Adult Team.	of re-determination results as well as all available resources to assist and enhance a child's transition to available adult systems and funding sources.
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<b>Coordination of Care between Outpatient-Inpatient &amp; Other Facility Medical Care Practitioners and Medical Behavioral Health Care Practitioners</b>	
In Arizona, the acute care Medicaid program (Title XIX) and the State Children's Health Insurance Program (KidsCare/SCHIP/Title XXI) were developed as behavioral health "carve-outs," a model in which eligible persons receive general medical services through health plans and covered behavioral health services through behavioral health managed care organizations, also known as Regional and Tribal Behavioral Health Authorities (T/RBHAs). Because of this separation in responsibilities, communication and coordination between behavioral health providers, AHCCCS Health Plan Primary Care Providers (PCPs) and Behavioral Health providers is essential to ensure the well-being of persons receiving services from both systems.	
NARBHA Responsibilities	District III/IV of the Division of Developmental Disabilities Responsibilities
1. For persons referred for outpatient psychiatric evaluations or psychotropic medications, the RA assesses the urgency of the need immediately & if clinically indicated, provides an appointment with an individual qualified to prescribe psychotropic medications within a timeframe indicated by clinical need, but no later than 30 days from the referral/initial request for services.	1. The DDD Support Coordinator ensures that NARBHA enrolled person who has never contacted their PCP prior to entry into the behavioral health system seeks a baseline medical evaluation. The DDD Support Coordinator also prompts the person to visit their PCP for routine medical examinations annually or more frequently if necessary.
2. The RAs ensures that the goals of the behavioral health treatment plan of a person with developmental disabilities who is receiving psychotropic medications includes reducing behavioral health symptoms and achieving optimal functioning, not merely the management and control of unwanted behavior.	2. The DDD Support Coordinator ensures that ongoing medical care and treatment recommendations are provided by the primary care physician or specialists in a timely fashion.
3. The RA provides a copy of the prescribed Behavioral Health medication sheet, if applicable and any assessments or tests, to the DDD Support Coordinator within five (5) working days of any changes or recommendations.	3. The DDD Support Coordinator provides a copy of the prescribed Physical Health medication sheet, if applicable, and any assessments or tests to the NARBHA RA Medical Behavioral Health Practitioner involved in the person's care within five (5) working days of any changes or recommendations.
<p>4. <b>Transition from a behavioral health facility :</b> For persons transitioning out of a behavioral health facility to another facility or to an out-of-home placement (including inpatient psychiatric facilities, the Arizona State Hospital, DDD group homes or jails), the behavioral health facility provider is responsible for providing a transition plan to the new facility or placement that includes:</p> <ul style="list-style-type: none"> <li>• treatment and support services, including medical and psychiatric care, needed by the person and the timeframe within which the services are needed;</li> <li>• the individual responsible for coordinating any needed change of health plan enrollment;</li> <li>• primary care physician assignment;</li> <li>• medication coverage so that there is not be a gap in the availability of prescribed medications to the person;</li> <li>• and if the person is taking medications prescribed for the person's physical or behavioral health issues, the location and date of the person's first appointment with a practitioner who can prescribe medications.</li> </ul>	<p>4. <b>Transition from a DDD placement:</b> For persons transitioning out of a DDD group home/ out-of home placement to another facility or to an out-of-home placement (including inpatient psychiatric facilities, the Arizona State Hospital, DDD group homes or jails), the DDD Support Coordinator and/or DDD group home/out-of home placement is responsible for providing a transition plan to the new facility or placement that includes:</p> <ul style="list-style-type: none"> <li>• treatment and support services , including medical and psychiatric care, needed by the person and the timeframe within which the services are needed;</li> <li>• the individual responsible for coordinating any needed change of health plan enrollment,</li> <li>• primary care physician assignment;</li> <li>• medication coverage so that there is not be a gap in the availability of prescribed medications to the person;</li> <li>• and if the person is taking medications prescribed for the person's physical or behavioral health issues, the location and date of the person's first appointment with a practitioner who can prescribe medications.</li> </ul>
5. For persons placed in out of state behavioral health facilities, the RA will be responsible for ensuring that the person's health plan has been contacted and a plan for the provision of any necessary non-emergency medical care is included in the comprehensive clinical record by completing and faxing PM Form 3.22.3, Out-of-State Placement, Coordination of Care with AHCCCS Health Plan to NARBHA.	5. For persons placed in out of state behavioral health facilities, the DDD Support Coordinator will be responsible for ensuring that the person's health primary care physician has been contacted and relevant medical records are provided to the out-of-state placement including medications, immunization records and treatment services needed by the person and the timeframe within which the services are needed.

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For more information:

- ☞ DBHS Practice Improvement Protocol Pervasive Developmental Disorders & Developmental Disabilities <http://www.azdhs.gov/bhs/guidance/pdddd.pdf>
- ☞ DBHS/NARBHA Policy 3.22 Out-of-State Placements for Children and Young Adults
- ☞ DBHS/NARBHA Policy 3.17 Transition of Persons
- ☞ DBHS/NARBHA Policy 3.2 Timeliness of Services
- ☞ DBHS/NARBHA Policy 4.3 Coordination of Care with Health Plans and PCPs
- ☞ DBHS/NARBHA Policy 4.4 Coordination of Care with Other Agencies
- ☞ AHCCCS Provider Manual Care Coordination Requirements Chapter 500: Policy 520 Primary Care Providers & Policy 520 Member Transitions <http://www.ahcccs.state.az.us/Regulations/OSPpolicy/chap500/Chap500.pdf>

**Mechanisms for Resolving Member/Consumer Complaints**

All persons enrolled with NARBHA/DDD have access to a complaint process for expression of dissatisfaction with any aspect of their care. Complaints about behavioral health/DDD services should always be encouraged to be resolved at the lowest possible level, yet it is equally important that persons understand that a formal complaint process is also available when needed.

**Complaints:** A complaint is defined as an expression of dissatisfaction. Possible subjects for complaints include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee or failure to respect the enrollee's rights.

**NARBHA Responsibilities**

1. Barriers encountered at by Child and Family/Adult Teams should be addressed at the local level as issues arise, with participation in the Child and Family/Adult Team process mandated by both local DDD and behavioral health staff – especially when a client is at risk of entering out of home care or is encountering barriers to returning home from out of home care. Consultation is available on the regional level but is discouraged unless an impasse is developed locally. Involvement on the state level (either DDD or behavioral health) should not occur unless regional administrative staff have determined that a constructive solution to the problem can not be determined.

2. NARBHA staffs a customer services unit which is responsible to coordinate communications with eligible and enrolled persons and acts as, or coordinates with advocates, behavioral health providers and others to resolve issues. This unit:

- Educates and notifies persons about their rights and the process for filing complaints in a manner that is understandable.
- Resolves complaints in an expeditious and equitable manner and with due regard for the dignity and rights of all persons. NARBHA is required to dispose of each complaint and provide oral or written notice within 14 calendar days.
- Maintains confidentiality and privacy of complaint matters and records at all times.
- Communicates, timely information on matters and decisions related to the complaint to affected parties.
- Involves the active cooperation and participation as deemed appropriate of providers with direct interest in the matter under review.

3. Complaints pertaining to member specific situations can be reported to:

- a.) District III DDD by using their toll free telephone number: 1-888-289-7177, and request to speak with the District Program Manager. To submit a written complaint, mail the complaint to DES/DDD District III, 2705 N. 4<sup>th</sup> Street, Suite A, Flagstaff, AZ 86004, Attn: District Program Manager
- b.) District IV DDD (Mohave County) by using their toll free telephone number: 1-800-456-9631. To submit a written complaint, mail the complaint to DES/DDD District IV, 350 W. 16<sup>th</sup> Street, Suite 232, Yuma, AZ 85364, Attn: District Program Manager

**District III/IV of the Division of Developmental Disabilities Responsibilities**

2. Complaints pertaining to member specific situations can be reported to NARBHA by utilizing their toll free telephone number: 1-800-640-2123. To submit a written complaint, mail the complaint to NARBHA Member Services at 1300 S. Yale Street, Flagstaff, AZ 86001

Attempts to resolve issues at the local level may also include contacting the RA Children's Manager or Director.

If resolutions cannot be resolved at these levels, see the DBHS Provider Policy Manual Section 5 for more information regarding grievance and appeal rights. Reports called "Complaint Resolutions" may additionally be reported to the Division of Behavioral Health Services.

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Issues may be raised via letter, email, telephone call, facsimile, or in person and must be resolved within 90 calendar days.	
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<b>Children's System Barrier Resolution Process</b>	
NARBHA has developed a process to resolve identified children's systems barriers that cannot be resolved at their current level. Attempts should still be made to resolve issues at the lowest level in order to continue local collaboration efforts. The Children's System Barrier Resolution Subcommittee is part of the Northern Arizona Children's Council and is open to all family, community, and agency partners.	
NARBHA Responsibilities	District III/IV of the Division of Developmental Disabilities Responsibilities
1. NARBHA will continue to host regular meetings. Video-conferencing may be available on request.	1. DDD District Office Staff will participate in the Barrier Resolution Subcommittee meetings.
2. The Subcommittee will review only SYSTEMS issues, NOT member-specific situations. The Barrier Resolution process does not replace the existing complaint, complaint resolution, or grievance and appeal processes.	2. Children's system barriers can be reported by calling NARBHA Member Services at 1-800-640-2123 to report a system barrier and request Subcommittee review (a Member Rep will assist with the completion of the form), OR by completing the Children's System Barrier Resolution Form (located on the NARBHA Website and faxing to Member Services at (928)774-5665. Referral source information (other than identification of originating agency) will be kept confidential by NARBHA.
3. Upon referral, NARBHA Member Services will forward the completed form to NARBHA Children's Services staff to review and schedule for the next Subcommittee meeting.	
4. NARBHA Children's Services staff will invite any identified participants who may be of assistance in reviewing or resolving the identified barrier.	
5. The Subcommittee will determine a plan to address the barrier and facilitate resolution.	

<b>Information Sharing – Member Privacy</b>	
Verbal or non-electronic information may be exchanged between NARBHA and DDD without release of information forms.	
NARBHA Responsibilities	District III/IV of the Division of Developmental Disabilities Responsibilities
1. NARBHA and DDD will send encrypted emails when discussing specific client information. NARBHA and DDD staff will put the phrase "[secure]" at the beginning of the subject line, and will always remember that the square brackets need to surround the word secure.	2. To send attachments to secure email, the DDD staff will notice one more option in their message – a hyperlink that will allow the recipient to download the attachment. Attachments can be no larger than four megabytes.
2. NARBHA will be required to provide some basic security information and to alert DDD staff of the pass phrase they must use to open and process the encrypted email.	
3. Faxes must be sent only to secured fax machines as required by HIPAA.	
4. Compliance with all other HIPAA requirements.	

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<b>Process Improvement</b>	
NARBHA and DDD have agreed to mutually plan for and attend joint collaborative meetings on an every other month ("E.O.M.") basis. Both parties agree to use this opportunity to discuss systems related issues and jointly needed program development.	
NARBHA Responsibilities	District III/IV of the Division of Developmental Disabilities Responsibilities
1. NARBHA will provide meeting space and support staff (minutes, agendas, meeting notices, etc).	1. A minimum of program managers and any other designated staff will attend these meetings.
2. Systems issues identified by behavioral health/DDD staff will be elevated to the next level. Managers will assure that the item will be placed on the Agenda for discussion at the next DDD-EOM meeting.	
3. Local RAs and DDD staff will meet at a minimum of once each quarter. Agenda and sign in sheet for these quarterly meetings will be forwarded to NARBHA Children's System Data Integration Analyst and District DDD Program Manager by a designated chairperson for that meeting. Meetings must address at a minimum, the following <ul style="list-style-type: none"> <li>▪ Joint training needs</li> <li>▪ What's working – what's not working</li> <li>▪ Community resources</li> <li>▪ Integration of family/member involvement</li> </ul> Issues that may be keeping children and adults in the system from remaining in their home or returning home from out of home care.	

<b>Resources each contributes to the care and support of persons mutually served</b>	
NARBHA Responsibilities	District III/IV of the Division of Developmental Disabilities Responsibilities
All medically necessary covered behavioral health services as outlined in the Covered Services Manual.	All services outlined in the DDD manual.

<b>Identification of Joint Training and Competency Needs</b>	
NARBHA Responsibilities	District III/IV of the Division of Developmental Disabilities Responsibilities
1. Joint training needs are discussed and decided on in a collaborative manner. NARBHA and DDD have agreed to utilize the construct of a quarterly training opportunity referred to as a "Brown Bag Training." This training takes place over an extended lunch break, (11:30 to 1:30) and is designed to meet the mutual training needs of both DDD and behavioral health staff. Ideas for Brown Bag Trainings are obtained from management staff at both NARBHA and DDD, from line staff input, during Children's Regional Council Meetings, NARBHA's Adult and Children's Services Meetings, and DDD Staff meetings. Systems issues and program development needs, which are discussed during the NARBHA/DDD EOM, are also considered as topics for the Brown Bag trainings.	
2. Training on this Protocol is mandatory for all behavioral health/DDD employees within six months of employment.	
3. NARBHA and DDD staff will abide by the DBHS/DDD Clinical and Recovery Practice Protocols related to best practice with our mutual populations.	
4. NARBHA RA staff will designate staff who work with dually enrolled members and have documented training, skills and knowledge in serving this population including: <ul style="list-style-type: none"> <li>• Interpersonal skills as applied to individuals with co-occurring behavioral health/developmental disabilities and their families</li> <li>• Diagnostic and assessment skills related to DD/Behavioral Health co-occurring conditions</li> <li>• Knowledge of resources available to DD/Behavioral Health clients</li> </ul>	

**Protocol for Coordination of Care  
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- Exceptional facilitation and technical assistance skills to promote/mentor cooperative and productive CFT/ATs
- Ability to interpret/apply rules, regulations, policies and procedures related to DDD/Behavioral Health
- Creativity and innovation to develop or find resources/supports
- Ability to provide crisis management support to teams
- Knowledge of DDD eligibility/referral process/diagnoses and services
- Knowledge of Person/family planning
- DDD and Behavioral Health policies, procedures, incident reporting
- Knowledge of DDD Service Procurement
- Ability to provide, mentor and/or coach Positive Behavioral Support Principles
- Knowledge of Crisis and Safety Planning as it pertains to individuals with co-occurring behavioral health/developmental disabilities and their families

These staff will be co-trained by their agencies as well as by the Department of Developmental Disabilities. Part of the training will include time “on-site” at the Department of Developmental Disabilities.

For more information:

- ☞ Pervasive Developmental Disorders and Developmental Disabilities Practice Improvement Protocol <http://www.azdhs.gov/bhs/guidance/pdddd.pdf>
- ☞ NARBHA/Child & Family Support Services On-line Trainings [www.cftraining.com](http://www.cftraining.com)

**NARBHA Responsibilities**

1. Provider forwards Critical Incident Report to Director of Quality Management, Attention: Sue Rathjen. Provider indicates if individual is DDD eligible.
2. If member is DDD eligible, Director of QM forwards report to DD System of Care Coordinator.
3. DD System of Care Coordinator will notify DDD QA Manager:
  - If incident is urgent, staff will call DDD QA manager immediately
  - If incident is a priority, staff will call DDD QA manager within 48 hours.

**District III/IV of the Division of Developmental Disabilities Responsibilities**

1. DDD QA Department receives Serious Incident Report.
2. Staff will check if member is NARBHA eligible. If yes, staff will notify NARBHA DD System of Care Coordinator:
  - If incident is urgent, staff will call NARBHA immediately.
  - If incident is a priority, staff will call NARBHA within 48 hours.
3. DDD Staff to identify follow up action in response to incident (i.e. fact finding, investigation, etc) and notify NARBHA DD System of Care Coordinator.

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4. NARBHA Staff to identify follow up action in response to incident (i.e. fact finding, investigation, etc.) and notify DDD QA manager.	
5. If DDD and NARBHA determine a joint effort is appropriate they will collaborate on next steps.	