

# Partners in Recovery

## ADULT PNO

### DIRECT CARE CLINIC

#### COORDINATION OF CARE DESKTOP PROCEDURE

##### **Purpose:**

The coordination desktop procedure serves to delineate specific activities and commitments that pertain to Adult PNOs operation of Direct Care Clinic sites (DCCs). The desktop procedure supports the requirements set forth in Section 4.3 and 4.4 of the Magellan Provider Manual entitled Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers and Coordination of Care with Other Governmental. The desktop procedure supports the requirements set forth in the Magellan Collaborative Desktop procedure for Serving Persons with Serious Mental Illness in RSA District I and the Collaborative Desktop procedure Between Magellan Health Services and District 1 of the Division of Developmental Disabilities (DDD) for Adult Consumers. In addition the desktop procedure serves to address coordination between Adult PNOs, between Magellan and the Adult PNOs, and between the Adult PNOs and MCRN.

##### **Objectives:**

Coordination of care is an essential component of creating an effective and efficient delivery system. The adult PNOs are committed to working in partnership with all parties involved in the delivery and care of persons with serious mental illness and also working in partnership with behavioral health recipients (BHRs) and families to foster a system of care that is BHR and family centered. Coordination activities are fundamental to assisting BHRs' in achieving their wishes, needs and expectations. Coordination is also a core component of a stable, sustainable system of care that fosters recovery, resilience, hope, and choice.

Coordination with AHCCCS Health Plans, Primary Care Providers and Medicare Providers; Coordination with Other Government; District 1 RSA Desktop procedure on Persons with Serious Mental Illness; District 1 DDD Desktop procedure:

Adult PNOs are required to follow the provisions set forth in the Magellan Provider Manual, Section 4.3 and 4.4 and the Magellan specific desktop procedures for District 1. The following actions will be taken to ensure that the provisions are supported, utilized and followed:

1. Verification that all DCC personnel have completed the Magellan training specific to 4.3, 4.4, RSA District 1, and DDD District 1.
2. Completion of basic training by DCC personnel as necessary.

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3. Require the clinical leadership of the PNOs to obtain basic training on 4.3, 4.4, and District 1 Desktop procedures.
4. Establish key contacts at the PNO level for technical assistance on the provisions of 4.3, 4.4, and District 1 Desktop procedures.
5. Determine key contacts at AHCCCS Health Plans (behavioral health coordinators), DDD, RSA, Corrections, and Medicare Providers.
6. Provide PNO/DCC key contact information to RSA, DDD, Corrections, Medicare Providers, and behavioral health coordinators at AHCCCS Health Plans.
7. Establish or attend already existing quarterly meetings with key contacts from PNO/DCC and key contacts at Health Plans, Medicare Providers, DDD, RSA, and Corrections to identify and address coordination challenges/issues.
8. Utilize dispute resolution processes outlined in RSA and DDD Magellan Desktop procedures.
9. PNO to assess DCC procedures for complying with PCP notification provisions.
10. Modify DCC procedures as needed for compliance with PCP notification.
11. Continue use of RSA placement of VR specialist and orientation for BHRs on vocational rehabilitation 2 times per month.

### **Coordination involving PNOs, Magellan and MCRN:**

Transition of the Magellan Direct Care Clinic sites to adult PNOs is a key component of the restructuring called for in the RFP. A gradual transition of DCCs is to take place over the next year and a half and will require special coordination efforts to take place with Magellan as a direct service provider as well as the RBHA. In addition, the new design requires adult PNOs and to gradually assume responsibility for the DCCs and over time to transform the system.

Keys to effective coordination include:

1. Recognition that there are multiple parties involved with the management of the DCCs while they are transitioned.
2. Recognition that coordination approaches will need to evolve as the number of DCCs managed by Magellan decreases and system transformation proceeds.
3. Recognition that coordination will need to occur with both the Magellan DCC leadership as well as the leadership within the Magellan RBHA.
4. Recognition that there will be ongoing challenges and needs for coordination between PNOs, , Magellan and MCRN

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5. Recognition that a system of care that allows choice of PNO for BHRs and a clear role of oversight for the RBHA is critical to a stable and successful system of care but requires additional coordination focus.

**PNOs will take the following actions to foster effective coordination with each other, Magellan and MCRN:**

1. Establish and distribute key leadership contacts for PNOs, Magellan DCCs, Magellan RBHA Admin, and MCRN.
2. Set up monthly meetings with the leadership of MCRN to address issues/challenges.
3. Set up monthly meeting with the leadership of Magellan DCCs and Magellan RBHA Admin to address issues/challenges.
4. Obtain schedule and attend Magellan meetings of direct care site leadership, clinical directors, doctors/prescribers, nurses, and regional leadership.
5. Request continuation of Magellan committees such as the Clinical Committee.
6. Develop a tracking mechanism for coordination issues that identifies actions to be taken, responsible parties, completion dates, and status.