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TITLE 8 SOCIAL SERVICES
CHAPTER 307 COORDINATED LONG-TERM SERVICES
PART 9 COORDINATION OF SERVICES

8.307.9.1 ISSUING AGENCY: Human Services Department
[8.307.9.1 NMAC - N, 8-1-08]

8.307.9.2 SCOPE: This rule applies to the general public.
[8.307.9.2 NMAC - N, 8-1-08]

8.307.9.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended, and by the state human services department pursuant to state statute. See NMSA 1978 Section 27-2-12 et seq.
[8.307.9.3 NMAC - N, 8-1-08]

8.307.9.4 DURATION: Permanent
[8.307.9.4 NMAC - N, 8-1-08]

8.307.9.5 EFFECTIVE DATE: August 1, 2008, unless a later date is cited at the end of a section.
[8.307.9.5 NMAC - N, 8-1-08]

8.307.9.6 OBJECTIVE: The objective of these rules is to provide policies for the service portion of the New Mexico medicaid coordination of long-term services program.
[8.307.9.6 NMAC - N, 8-1-08; A, 9-1-09]

8.307.9.7 DEFINITIONS: See 8.307.1.7 NMAC.
[8.307.9.7 NMAC - N, 8-1-08]

8.307.9.8 MISSION STATEMENT: The mission of the medical assistance division is to reduce the impact of poverty on people living in New Mexico and to assure low income and disabled individuals in New Mexico equal participation in the life of their communities.
[8.307.9.8 NMAC - N, 8-1-08; A, 9-1-09]

8.307.9.9 COORDINATION OF SERVICES:

A. The CoLTS MCO/SE shall develop and implement policies and procedures to ensure access to service coordination for individuals with special health care needs (ISHCN), as set forth in 8.307.15.9 NMAC, *services for individuals with special health care needs*. Service coordination is defined as a service to assist members with special health care needs, on an as needed basis. It is person-centered, family-focused when appropriate, culturally competent, and strengths-based. Service coordination can help to ensure that the physical and behavioral health needs of the medicaid population are identified and that services are provided and coordinated with all service providers, individual members and the family, if appropriate, and authorized by the member. Service coordination operates within the CoLTS MCO/SE with a dedicated service coordination staff functioning independently, but is structurally linked to the other CoLTS MCO/SE systems, such as quality assurance, member services and grievances. Service coordination is not “gate keeping” or “utilization management”. Clinical decisions shall be based on medically necessary covered services and not fiscal considerations. If both physical and behavioral health conditions exist, the primary care coordination responsibility lies with the condition that is most acute. Services shall be coordinated between both CoLTS MCO staff and behavioral health staff of the statewide entity (SE). The entity (CoLTS MCO or SE) responsible for the care of the most acute condition shall be the primary lead on service coordination activities, with necessary assistance and collaboration from other entities. The CoLTS MCO/SE shall conduct the following system processes for service coordination:

- (1) identify proactively the eligible populations;
- (2) identify proactively the needs of the eligible population;
- (3) provide a designated person to be primarily responsible for coordinating the health services furnished to a specific member and to serve as the single point of contact for the member; and

(4) ensure access to service coordination for all medicaid eligible ISHCN, as required by federal regulations.

B. General service coordination requirements:

(1) CoLTS MCO/SE provide statewide service coordination by licensed or otherwise qualified professionals for members with multiple and complex special health care needs. Service coordinators can be licensed registered nurses (RNs), licensed practical nurses (LPNs), licensed social workers, or have a bachelor's degree from an accredited college or university in nursing, social work, counseling, special education, or a closely related field and have a minimum of one year's experience in working with disabled and elderly individuals. This requirement may be waived by the state if the CoLTS MCO demonstrates that no persons with these qualifications are available in a specified service area. In this circumstance, the CoLTS MCO may, with state approval, provide a service coordinator with alternative credentials.

(2) CoLTS MCO only empower members and their family or caregivers to make informed service coordination decisions based on their individualized service plan (ISP) priorities.

(3) CoLTS MCO only provide support for transition and community reintegration or the least restrictive environment based on the member's ISP goals.

(4) CoLTS MCO only, ensure that service coordinators are meeting face-to-face or telephonically with those individuals receiving long-term support services as frequently as appropriate to support the member's goals and to foster independence. Face-to-face meetings shall occur at least once quarterly and telephone contacts shall occur at least monthly for the 1915 (c) waiver participants.

(5) CoLTS MCO/SE develop and implement written policies and procedures approved by the state, which govern how members with multiple or complex special health care needs shall be identified.

(6) CoLTS MCO/SE develop and implement written policies and procedures governing how service coordination shall be provided for members with special health care needs, as required by federal regulation. The CoLTS MCO policies shall address the development of the member's ISP, based on a comprehensive assessment of the goals, capacities, and member's condition and the needs and goals of the family. Also included shall be the criteria for evaluating a member's response to services and revising the ISP when indicated. The member or the member's representative shall be involved in the development of the ISP, as appropriate. The member shall have the right to refuse service coordination.

(7) CoLTS MCO only adhere to clear expectations and requirements related to ISHCN that may include, but are not limited to: direct access to specialists, as needed; relevant coordinated long-term services specialty providers; relevant emergency resource requirements; relevant rehabilitation therapy services to maintain functionality; relevant clinical practice guidelines for provision of care and services; and relevant utilization management for services.

(8) CoLTS MCO only develop and implement written policies and procedures that ensure that health and social service delivery is coordinated across service providers, service systems, and varied levels of care to maximize the member's ISP goals and outcomes.

(9) CoLTS MCO only develop and implement written policies and procedures that ensure that all transitions of service from institutional to community-based services are proactively coordinated with all service providers involved in the member's ISP.

(10) CoLTS MCO only develop and implement written policies and procedures that ensure that comprehensive service delivery, across varied funding sources, such as medicare and medicaid for dually eligible members, is seamless to the member.

(11) CoLTS MCO/SE measure and evaluate outcomes and monitor progress of members to ensure that covered services are received, and assist in resolution of identified problems that prevent duplication of covered services.

(12) CoLTS MCO only specify how service coordination shall be supported by an internal information system.

(13) CoLTS MCO only develop and implement written policies and procedures to establish a working relationship between service coordinators, network providers, members, and caregivers.

(14) CoLTS MCO/SE continue to work with school-based providers to identify and coordinate with the child or adolescent's primary care provider (PCP).

C. The service coordinator shall be responsible for the following activities:

(1) CoLTS MCO/SE communicating to the member the service coordinator's name and how to contact this person;

(2) CoLTS MCO/SE ensuring and coordinate access to a qualified service provider who is responsible for developing and implementing a comprehensive treatment plan as per applicable provider regulations;

(3) CoLTS MCO/SE ensuring appropriate coordination between physical and behavioral health services and non-coordinated long-term services; in the case of the SE, also coordinate care among other applicable agencies and the collaborative;

(4) CoLTS MCO only coordinating the needs and identify the status of co-managed cases with the SE behavioral health service coordinator;

(5) CoLTS MCO/SE monitoring progress of members to ensure that medically necessary services are received, to assist in resolving identified problems, and to prevent duplication of services;

(6) SE only coordinate the provision of necessary services and actively assist members in obtaining such services when a local community case manager is not available;

(7) SE only develop a member's individual plan of care (care coordination plan) with involvement from the member and family/guardian (as appropriate) based on a comprehensive assessment of the goals, capabilities and the behavioral health service needs of the member and with consideration of the needs and goals of the family (if appropriate); provide for an evaluation process of the plan that measures the member's response to care and ensures revision of the plan as needed;

(8) CoLTS MCO only ensuring the development of a member's individual plan of service, based on a comprehensive assessment of the goals, capabilities and medical condition of the member and with consideration of the needs and goals of the family; provide for an evaluation process that measures the member's response to services and ensures revision of the plan as needed;

(9) CoLTS MCO/SE involving the member and family in the development of the plan of services, as appropriate; a member or family shall have the right to refuse service coordination or case management, that will be documented in the service coordination file; and

(10) CoLTS MCO/SE ensuring that all necessary information is shared with key service providers with the member's written permission or documented verbal permission; this information sharing is required to ensure optimum services and communication between primary care and behavioral health care, as well as among involved behavioral health service providers and across other service providing systems.

D. Standards for individual service plan development (ISP):

(1) treatment and service plans may be documented using a form submitted by the CoLTS MCO approved by the state;

(2) have and comply with written policies and procedures for the development of the ISP, including ensuring that: the member is involved and in control, to the extent possible and desired by the member in development of the ISP; individuals whom the member wishes to participate in the planning process are included in the planning process; the member's needs are assessed and services and goods are identified to meet those needs; the member's desired level of direct management is agreed upon; and responsibilities for implementation of the ISP are identified;

(3) educate each member (or family or legal representatives, as indicated) about the person-centered planning process, the range of covered services; and, depending on the member's desired level of self-management, any additional information to assist the member during development of the ISP; and

(4) upon completion of a comprehensive assessment, according to parameters identified in the CoLTS MCO contract, the CoLTS MCO shall:

(a) begin the ISP development process; the member shall be the center of the planning process, in collaboration with the CoLTS MCO service coordinator and other individuals of the member's planning team; the planning team shall be composed according to criteria identified in the CoLTS MCO contract;

(b) convene the planning team to develop and implement the ISP in accordance with contract requirements; the CoLTS MCO service coordinator will inform and educate the member (or his/her family, legal guardian, or representative, as indicated) about waiver services and other resources available to meet the member's needs;

(c) ensure that the member (or his/her family, legal guardian, or representative, as indicated), in collaboration with his/her planning team, identifies preferred outcomes for services, goals, and the supports necessary to reach the member's desired goals and outcomes; risks associated with the outcomes, and methods to mitigate those risks shall be identified, while acknowledging and promoting the member's independence;

(d) list specific interventions in the ISP for implementing each goal including measurable objectives, services, supports, timelines, and assignments for individuals who are responsible for implementation, and methods of measuring and evaluating outcomes of the ISP; the ISP shall address all services provided to the member, including through CoLTS, medicare, community resources, natural supports, and other resources; and

(e) review and update the ISP annually, or more frequently, if needed, or when the member or caregiver requests; the member is at risk of significant harm; the member experiences a significant medical event or

change in condition/functioning, e.g., hospitalization, frequent falls, serious accident or illness; the member experiences a significant change in social supports or environment, e.g., caretaker becomes ill, home is damaged; or the member has been referred to adult protective services because of abuse, neglect, or exploitation.

E. For clarification purposes, activities provided through service coordination at the CoLTS MCO/SE level differ from case management activities provided as part of the targeted case management programs included in the medicaid benefit package. These external case management programs shall continue to be important service components delivered as a portion of the medicaid benefit package. The case management programs are defined in 8.326.2 NMAC through 8.326.6 NMAC and 8.320.5 NMAC. [8.307.9.9 NMAC - N, 8-1-08; A, 9-1-09]

8.307.9.10 COORDINATION OF PHYSICAL AND BEHAVIORAL HEALTH SERVICES BENEFITS:

A. **Coordination of physical and behavioral health services:** Physical and behavioral health services shall be provided through a clinically coordinated system between the CoLTS MCO and SE. The CoLTS MCO and SE shall coordinate a member's services with one another, if the member has both physical and behavioral health needs. Both physical and behavioral service providers would benefit from having access to relevant medical records of mutually-served members to ensure the maximum benefit of services to the member. The CoLTS MCO and the SE shall develop and share policies and procedures to ensure effective service coordination across systems as authorized by the member. The CoLTS MCO/SE shall have defined processes for coordinating complex physical and behavioral health cases, which include participation of its medical directors. Confidentiality and HIPAA regulations apply during this coordination process.

B. **Coordination mechanisms:** The CoLTS MCO/SE shall work proactively to achieve appropriate coordination between physical and behavioral health services by implementing complimentary policies and procedures for the coordination of services. The CoLTS MCO/SE shall implement policies and procedures that maximize service coordination to access medicaid services external to the MCO's program, such as home and community-based waiver programs, the medicaid school-based services (MSBS) program and the children's medical services (CMS). The CoLTS MCO/SE shall have procedures that ensure PCPs consistently receive communication, with the member's written consent, regarding member status and follow-up care by a specialist provider. The CoLTS MCO/SE shall provide comprehensive education to its provider networks regarding HIPAA compliant protocols for sharing information between physical health, behavioral health and other providers.

C. **Referrals for behavioral health services:** The CoLTS MCO shall educate and assist the PCPs regarding proper procedures for making appropriate referrals for behavioral health consultation and treatment through the SE.

D. **Referrals for physical health services:** The SE shall educate and assist the behavioral health providers regarding proper procedures for making appropriate referral for physical health consultation and treatment when accessing needed physical health services. The SE shall coordinate care with primary care providers, with the written consent.

E. **Referral policies and procedures:** The CoLTS MCO/SE shall offer statewide trainings to all service providers regarding its specific referral policies and procedures. The CoLTS MCO/SE referral policies and procedures shall also be provided in provider manuals distributed to all contracted service providers. The CoLTS MCO/SE shall develop and implement policies and procedures that encourage PCPs to refer members to the SE for behavioral health services or directly to behavioral health service providers in an appropriate and timely manner, with the member's documented permission. A member may access behavioral health services through direct contact with the SE or by going directly to a behavioral health provider. A written report of the behavioral health service containing sufficient information to coordinate the member's care shall be forwarded to the PCP by the behavioral health provider with the member's written consent with oversight from the SE within seven calendar days after screen and evaluation. The CoLTS MCO shall ensure that its policies and procedures for service coordination ensure that referrals to other specialists, non-network providers, and all publicly supported providers for medically necessary and home and community-based covered services are available to members, if such services are not reasonably available in the CoLTS MCO network. The CoLTS MCO policy for non-network providers shall require the CoLTS MCO to coordinate with the non-network provider with regard to payment unless otherwise agreed to by the CoLTS MCO and HSD or its designee.

F. **Indicators for PCP referral to behavioral health services:** The following are common indicators for a referral to the SE for behavioral health services or for a referral directly to a behavioral health provider by a PCP:

- (1) suicidal/homicidal ideation or behavior;

- (2) at-risk of hospitalization due to a behavioral health condition;
- (3) children or adolescents at imminent risk of out-of-home placement in a psychiatric acute care hospital, residential treatment facility, or treatment foster care placement;
- (4) trauma victims including possible abused or neglected members;
- (5) serious threat of physical or sexual abuse or risk to life or health due to impaired mental status and judgment, mental retardation, or other developmental disabilities;
- (6) request by member, parent or legal guardian of a minor for behavioral health services;
- (7) clinical status that suggests the need for behavioral health services;
- (8) identified psychosocial stressors and precipitants;
- (9) treatment compliance complicated by behavioral characteristics;
- (10) behavioral, psychiatric or substance abuse factors influencing a medical condition;
- (11) victims or perpetrators of abuse and neglect;
- (12) non-medical management of substance abuse;
- (13) follow-up to medical detoxification;
- (14) an initial PCP contact or routine physical examination indicates a substance abuse or mental health problem;
- (15) a prenatal visit indicates a substance abuse or mental health problem;
- (16) positive response to questions indicates substance abuse, observation of clinical indicators or laboratory values that indicate substance abuse;
- (17) a pattern of inappropriate use of medical, surgical, trauma, urgent care or emergency room services that could be related to substance abuse or other behavioral health conditions; and
- (18) the persistence of serious functional impairment.

G. Referrals for physical health or behavioral health consultation and treatment: The CoLTS MCO shall educate and assist physical health providers to make appropriate referrals for behavioral health consultation and treatment. The SE shall educate and assist behavioral health providers to make appropriate referrals for physical health consultation and treatment to the medicaid member's PCP or CoLTS MCO as authorized by the member.

H. Independent access: The CoLTS MCO/SE shall develop and implement policies and procedures that allow member's access to behavioral health services through the SE directly and without referral from the PCP. These policies and procedures shall require timely access to behavioral health services.

I. Behavioral health plan: The behavioral health provider designated as the "clinical home" shall take responsibility for developing and implementing the member's behavioral health treatment plan in coordination with the member, parent or legal guardian and other service providers, when clinically indicated. With the member's documented permission, multiple behavioral health providers shall coordinate their treatment plans and progress information to provide optimum service for the member. Community case managers shall be responsible for monitoring the treatment plan and coordinating treatment team meetings for members receiving behavioral health services from multiple service providers.

J. On-going reporting:

(1) The CoLTS MCO shall require that a PCP must keep the member's behavioral health provider informed, with the member's written consent, of the following:

- (a) drug therapy;
- (b) laboratory and radiology results;
- (c) medical consultations; and
- (d) sentinel events such as hospitalization and emergencies.

(2) The SE shall require that a behavioral health provider must keep the member's PCP informed, with the member's written consent, of the following:

- (a) drug therapy;
- (b) laboratory and radiology results;
- (c) sentinel events such as hospitalization, emergencies and incarceration;
- (d) discharge from a psychiatric hospital, residential treatment services, treatment foster care placement, or from other behavioral health services; and
- (e) all transitions in level of care

K. Psychiatric consultation: The PCP and all behavioral health providers are encouraged to obtain consultations and assistance with psychopharmacotherapy and diagnostic evaluations from an SE contracted psychiatrist or other behavioral health specialist with prescribing authority, when clinically appropriate.

[8.307.9.10 NMAC - N, 8-1-08; A, 9-1-09]

8.307.9.11 COORDINATION WITH WAIVER PROGRAMS: The CoLTS MCO/SE shall have policies and procedures governing coordination of services with home and community-based medicaid waiver programs to assist with complex service coordination. The CoLTS MCO/SE shall coordinate services with the member's medical consultant to ensure that medical information is shared, following HIPAA guidelines, and that medically necessary services are provided and are not duplicated. HSD or its designee shall monitor utilization of services by waiver recipients to ensure that the CoLTS MCO/SE provides to members who are waiver participants all benefits included in the medicaid benefit package.

[8.307.9.11 NMAC - N, 8-1-08; A, 9-1-09]

8.307.9.12 COORDINATION OF SERVICES WITH CHILDREN, YOUTH AND FAMILIES DEPARTMENT (CYFD) AND AGING AND LONG TERM SERVICES DEPARTMENT (ALTSD): The CoLTS MCO/SE shall have policies and procedures governing coordination of services with the CYFD protective services division (PSD) and juvenile justice division (JJD). If the member is receiving case management services through CYFD, the primary responsibility for the case management function remains with CYFD, and the CoLTS MCO/SE shall assist with service coordination. If child protective services (CPS) or juvenile justice division (JJD) has an open case on a member, the CYFD social worker assigned to the case shall be involved in the assessment and treatment plan, including decisions regarding the provision of services for the member. The CoLTS MCO/SE shall have policies and procedures governing coordination of services with ALTSD's adult protective services. The CoLTS MCO/SE shall ensure that any APS worker actively involved in an individual's life is included in service coordination. The CoLTS MCO/SE shall assist CYFD and ALTSD staff in identifying access to all medically necessary services identified in the service coordination plan. The CoLTS MCO/SE shall designate a single contact point within the CoLTS MCO/SE for service coordination purposes.

A. **Children's code compliance:** The CoLTS MCO/SE policies and procedures shall comply with the current New Mexico Children's Code.

B. **Adult Protective Services Act compliance:** The CoLTS MCO/SE's policies and procedures shall comply with New Mexico Statutes, Chapter 27, Section 7 (27-7-14 through 27-7-31), the "Adult Protective Services Act."

[8.307.9.12 NMAC - N, 8-1-08; A, 9-1-09]

8.307.9.13 COORDINATION OF SERVICES WITH SCHOOLS: The CoLTS MCO/SE shall implement policies and procedures regarding coordination with the public schools for members receiving medicaid services excluded from coordination of long-term services, as specified by an individual education plan (IEP) or individualized family service plan (IFSP). If the member receives case management through the IEP or IFSP, the primary responsibility for the case management function remains with the school, and the CoLTS MCO/SE shall assist with service coordination. Coordination between the schools and the CoLTS MCO/SE shall ensure that members receive medically necessary services that complement the IEP or IFSP services and promote the highest level of function for the child. The CoLTS MCO/SE shall be responsible for implementing policies and procedures for coordination of services for children returning to school after extended absences, which may be due to inpatient, residential treatment services or treatment foster care placement.

[8.307.9.13 NMAC - N, 8-1-08; A, 9-1-09]

HISTORY OF 8.307.9 NMAC: [RESERVED]