MMA SRC #18, Attachment 1: Jose’s Plan of Care
Jose’s Care Coordination Plan of Care

Jose Gonzalez is a 15-year old (07/21/2003) Hispanic male, who lives at home with his father, Juan Gonzalez in a rural area of Orange County, FL. Jose has been eligible with Magellan Complete Care since 8/1/2017, and on Medicaid since he was five years old. He was enrolled in a non-specialty health plan in 2014. Jose’s parents are separated and did not live together for the last two years. Jose moved in with his father six months ago due to his verbal and physical aggression towards his mom (Pilar Gonzalez), and his two younger siblings (9 and 4 years old). Jose has been diagnosed with Bipolar Disorder, unspecified (6/2017) and Thyroid disease, unspecified (8/2017). Jose is prescribed medication for Bipolar Disorder, but is not taking it consistently due to reported side effects.

Jose has been inpatient three times in the last six months under Baker Act and is currently still inpatient under Baker Act. Jose was first Baker Acted by police called to his mother’s home due to his violent outbursts. Jose then moved in with his father upon discharge from that admission as he was not able to return to his mother’s home due to the safety issues. Unfortunately, two months later Jose was admitted to the hospital for a third time, this time involuntarily under the Baker Act.

During this hospital admission, he also had a full medical evaluation by a pediatric specialist, including laboratory work, to rule out medical causes of his symptoms. This evaluation is remarkable for thyroid dysfunction and further tests reveal that his thyroid hormone levels are very high. During this hospital admission, the hospital social worker assisted the family in completing and submitting a referral for Statewide Inpatient Psychiatric Program (SIPP) services, but due to immediate medical concerns, the SIPP services were denied by Magellan Complete Care as not medically necessary. Jose’s father called the plan’s enrollee help line for assistance with completing an expedited appeal. That call additionally triggered a message to Jose’s ICCM, Ashley, who was already aware of the admission because of the message sent to her by the Magellan Complete Care UM Professional.

The SIPP Appeal was expedited and a letter faxed to the plan and to Jose’s parents. The physician reviewing the appeal was matched to the case by specialty, in this case he/she was a Child and Adolescent Psychiatrist. The reviewing physician upheld the decision to deny SIPP with the following rationale:

The SIPP Appeal denial and the observation that the patient’s thyroid dysfunction required treatment triggered Ashley, the Magellan Complete Care ICCM, to request review by a Magellan Complete Care Child Psychiatrist Medical Director and re-presentation in the ICCT clinical rounds where a pediatrician and child psychiatrist are present. As a specialty health plan, Magellan Complete Care employs medical directors with specialty expertise across the medical and behavioral continuums, including physicians with multiple areas of expertise such as double training in OB/GYN and psychiatry, and triple training in pediatrics, psychiatry and child/adolescent psychiatry.

Ashley consolidated the notes and medical information about the case and prepared a case summary to guide the discussion with the Magellan Complete Care Medical Director, in this case the Magellan Complete Care medical director is triple-boarded as a pediatrician, adult psychiatrist, and child and adolescent psychiatrist. The interdisciplinary integrated care team (ICCT) meetings were held with a group of clinicians, peer specialists, and physicians to gather and collaboratively construct a plan of care.
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The admission history and examination case summary Ashley prepared is as follows: Jose is a 15-year-old male with three recent admissions for physical/verbal aggression, diagnosed with Bipolar Disorder and treated with Seroquel to stabilize his mood disorder symptoms. He reports that over the last couple of weeks he has not been taking his medication because of side effects including drowsiness, dry mouth, and nausea, prompting the most recent Baker Act Admission. He denies using any substances (and his blood and urine toxicology screens were negative).

Jose has also experienced changes in his social situation as a consequence of his behavior – six months ago he was living with his mother and siblings. However, his mother became afraid of Jose and he moved to live with his father. He has had frequent school absences due to his symptoms, hospitalizations, and now is failing in school. During the recent hospitalization, medication changes were made and SIPP services were requested. The SIPP services were denied twice because Jose was found to have a medical condition, thyroid dysfunction, which has not been treated.

Jose was treated by the pediatric hospital with medications to decrease the symptoms caused by the high levels of thyroid hormone in his blood and to treat the underlying cause of his thyroid disease. He continues to receive psychiatric follow up at the pediatric hospital. With thyroid treatment, there is a dramatic improvement in Jose’s mental status and feelings of aggression. Both the pediatrician and the psychiatrist believe that most if not all of Jose’s symptoms could be due to the thyroid problem and are not the result of bipolar illness. For this, Jose’s family is thankful and optimistic that he may return to former behaviors. Since Jose is getting ready for discharge, Ashley begins to work on Jose’s discharge plan.

Due to Jose experiencing three psychiatric admissions under the Baker Act in the past year along with his other behavior and social issues, Jose is now considered “Ultra High Risk” and he and his family continue to work with Ashley, within the complex case management (CCM) program. Ashley, has extensive child and adolescent experience and collaborates closely with Magellan Complete Care’s Behavioral Health team and Magellan Complete Care’s Lead Pediatric Psychiatrist.

Because Jose is hospitalized, Ashley visits Jose to conduct the Pediatric HRA and update the comprehensive assessment. It has been over six months since the initial assessment, Ashley repeats certain parts of these assessments and any applicable disease/condition specific assessments. Our pediatric SMI-tailored HRA information identifies key areas of risks and the unique needs of adolescents, including assessments specific to those with mental illness, a population who have other complex physical and social health needs.

The behavioral specialists in the pediatric hospital recommend that Jose have continued therapy because the past few months have been traumatic for him. With three hospital admissions, a move from living with his mother to living with his father, and extreme challenges with school, Jose has experienced trauma and will benefit from a trauma-informed behavioral treatment plan.

The Magellan Complete Care Clinical team immediately begins to coordinate Jose’s discharge plan, exploring all possibilities, and identifying the need for targeted case management (TCM), family therapy, pediatric and child psychiatry appointments, and an individualized education plan (IEP) delivered within the community. Consideration is given to repeating the neuropsychological and psychological testing after full stabilization of symptoms.
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Ashley asks the family to identify their recovery goals to be incorporated into the plan of care. They identify that returning to “normal” family life, return to school and being with friends as the priorities.

ICCM then developed the following Care Coordination plan of care with Juan and Jose’s input:

I. **PROBLEM: COMMUNICATION AND FOLLOW UP**

   Start date: 8/30/17  
   Priority: High  
   Category: General  
   Readiness to Change: Contemplation

   Last Reviewed date:  
   Resolved date:

   Comments: Need to establish contact with enrollee’s parents to educate on benefits and resources.

   A. **Goal:** Communication with parent will occur at least 1 time per week during initial 30 day engagement period or as often as needed to address acute needs. ICCM will then maintain communication at least 1 time per month – **Target date: 9/29/17**

   Start date: 8/30/17  
   Priority: High  
   Category: General  
   Readiness to Change: Contemplation

   Comments: Encourage enrollee’s parents to call with questions as needed.

   Barrier: Father has a minute phone and minutes are often low.

   1. **Intervention:** Determine best method of communication – **Target date: 9/29/17**

   Comments: Will explore if enrollee’s father is able to use encrypted email to communicate and save minutes.

II. **PROBLEM: CARE / TREATMENT PLANS / ALTERATION IN THYROID FUNCTION**

   Start date: 8/15/17  
   Priority: High  
   Category: General  
   Readiness to Change: Preparation

   Comments: Enrollee needs assistance in evaluation of Thyroid function to determine if this is contributing to his aggressive behavior, etc. Needs an endocrinology eval while inpatient, then coordination with BH providers, etc. Enrollee needs assistance with coordination of care in order to utilize benefits for more effective treatment of symptoms.

   A. **Goal:** Evaluate/resolve altered thyroid functioning and work to stabilize. Improve Pattern of Care for High Cost Services – **Target date: 08/31/2017**

   Comments: Evaluate medical situation and rule out thyroid dysfunction as the cause for behavior changes. Reduce unnecessary high cost services and increase utilization of outpatient services.

   Barrier: Difficulty reaching hospital staff.

   1. **Intervention:** Work with specialists and BH providers to evaluate enrollee’s medical and BH issues; collaborate with hospital, ER, or other provider on an alternative plan – **Target date: 8/31/2017**

   Comments: ICCM will collaborate with providers to encourage use of outpatient services to manage symptoms.
2. Intervention: ICCM will attend at least 1 behavioral health appointment with Enrollee and provider to support treatment planning – **Target date: 8/31/17**

Comments: ICCM will encourage integration of treatment and communication between BH and PH providers.

3. Intervention: ICCM will work with outpatient provider to assure enrollee is linked to the appropriate level of care – **Target date: 11/30/17**

Comments: ICCM will assist as needed with level of care recommended by treating providers.

B. **Goal:** Support Complex Care Arrangements – **Target date: 9/29/17**

Comments: ICCM will encourage integration of treatment and communication between BH and PH providers.

**Barrier:** Difficulty reaching outpatient provider.

1. **Intervention:** Establish case management communication with treating providers – **Target date: 9/29/17**

Comments: ICCM will obtain AUDs for treating providers and follow up with outpatient providers to promote integration of care.

### III. **PROBLEM:** LACK OF BEHAVIORAL HEALTH CRISIS PLAN

Start date: 8/29/17  
Priority: High  
Category: Behavioral  
Readiness to Change: Contemplation

Comments: Enrollee needs a safety/ crisis plan at home and at school to keep himself and others safe and in order to stay in school.

A. **Goal:** Develop a Behavioral Health Crisis Plan – **Target date: 11/30/17**

Comments: Enrollee would benefit from a Safety / Crisis Plan in order to better manage his angry aggressive outbursts.

**Barrier:** Family Lacks education about de-escalation techniques.

1. **Intervention:** ICCM will collaborate with family, TCM, BH therapist, and psychiatrist in developing a crisis plan – **Target date: 11/30/17**

Comments: ICCM will suggest use of Mobile Crisis team in their area to assist with de-escalation as part of the crisis / safety plan.

2. **Intervention:** ICCM to collaborate with Family, BH Therapist, TCM and Psychiatrist to review crisis plan monthly to assure it is effective – **Target date: 11/30/17**

Comments: ICCM will follow up to determine if it has been implemented, what worked and what did not work indicating some change is needed. ICCM will follow up to ensure enrollee knows what to do when he begins to feel unable to self-manage his symptoms.
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IV. PROBLEM: MEDICATION ADHERENCE

Start date: 8/29/17  Priority: High  Category: Behavioral  Readiness to Change: Contemplation

Comments: Enrollee does not always take medications due to side effects he experiences: drowsiness, dry mouth, and nausea.

A. Goal: Increase medication adherence from 50% to 100% – Target date: 9/15/17

Comments: Medications have not been adjusted because he is not taking it as prescribed and thus not able to assess if a higher dosage is needed.

Barrier: Medication side effects.

1. Intervention: Schedule appointment with psychiatrist to review regimen, side effects, and noncompliance – Target date: 9/15/17

Comments: ICCM will follow up with Pediatrician regarding BH medications prescribed, reported side effects and encourage coordination with prescribing Psychiatrist.

V. PROBLEM: ENGAGEMENT WITH NATURAL SUPPORT SYSTEM

Start date: 8/29/17  Priority: High  Category: General  Readiness to Change: Contemplation

Comments: Enrollee lacks friends and has a strained relationship with his mother and siblings.

A. Goal: Build a Support Network – Target date: 9/29/17

Comments: Collaborate with BH Therapist to help enrollee identify who his supports are or would like to be.

Barrier: Family Discord.

1. Intervention: Include the enrollee’s family members or friends in treatment planning discussions and obtain AUDs accordingly – Target date: 9/29/17

Comments: Ensure enrollee is engaged in development of his support network

VI. PROBLEM: LACK OF SELF-MANAGEMENT SKILLS

Start date: 8/29/17  Priority: High  Category: General  Readiness to Change: Contemplation

Comments: Enrollee is not taking his medication consistently, is not managing his feelings safely, and now has another medical condition needing treatment.

A. Goal: Enrollee / Parent will be able to identify 1-2 ways to self-manage symptoms of Thyroid Dysfunction – Target date: 11/30/17

Comments: Encourage enrollee and parent to seek education from Pediatrician and Endocrinologist on how he can effectively self-manage symptoms and treatment.

Barrier: Lack of knowledge about condition.
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1. Intervention: ICCM will provide education material about Thyroid Dysfunction – **Target date: 11/30/17**
   Comments: Send Healthwise educational materials on Thyroid Disease.

B. Goal: Enrollee/ Parent will identify 2-3 ways to increase self-management skills of Bipolar Disorder – **Target date: 11/30/17**
   Comments: Encourage enrollee and parent to speak to Psychiatrist about side effects and nonadherence to explore how to better self-manage symptoms of Bipolar Disorder.
   **Barrier:** Lack of knowledge about condition.

   1. Intervention: ICCM will provide educational material about Bipolar Disorder – **Target date: 11/30/17**
      Comments: Send Healthwise educational materials on Bipolar Disorder.

**VII. PROBLEM: ENGAGEMENT IN TREATMENT/TRANSITIONS TO SIPP SHORT TERM AND THEN TO HOME WHEN STABLE**

Start date: 8/29/17  Priority: High  Category: General  Readiness to Change: Contemplation

Comments: Enrollee is not engaged in his treatment – refer to SIP short term and then to home with outpatient treatment.

   A. Goal: Safe transition to SIPP and then safe transition back home. Use Support Network to encourage and reinforce adherence with treatment – **Target date: 9/29/17**
      Comments: With needed AUDs, collaborate with the enrollee’s BH Therapist and identified supports to promote adherence with treatment and identify any new barriers. ICCM and team to arrange for SIPP transfer and then back to home once stable.
      **Barrier:** Family Discord.

      1. Intervention: Include the enrollee’s family members or friends in treatment planning discussions to identify ways they can support Enrollee’s treatment, progress, and remove barriers – **Target date: 9/29/17**
         Comments: Ensure enrollee is engaged in development of his support network

      2. Intervention: ICCM and team to coordinate SIPP application, transition plan to SIPP followed by transition back to community/home with father and outpatient therapy.

**VIII. PROBLEM: CHILD HEALTH PROMOTION**

Start date: 8/29/17  Priority: High  Category: Medical  Readiness to Change: Preparation

Comments: Enrollee needs to re-establish with his Pediatrician for a checkup and ongoing follow up by care with an Endocrinologist at SIPP and then when back home.

   A. Goal: Receive CHCUP Care – **Target date: 9/30/2017**
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Comments: ICCM will follow up with enrollee’s parents and Pediatrician to verify enrollee attended CHCUP and endocrinology visit – while at SIPP and then when home.

Barrier: Lack of understanding for physical health follow up.

1. Intervention: Arrange appointments for CHCUP, endocrinology care – **Target date: 09/30/17**
   Comments: ICCM will confirm enrollee’s dad was able to take enrollee to Pediatrician for CHCUP appointment and endocrinologist.

2. Intervention: Arrange transportation for CHCUP and endocrinology care when necessary – **Target date: 10/31/17**
   Comments: ICCM will ensure enrollee’s dad has transportation reservation with Veyo confirmed.

3. Intervention: Educate enrollee/ enrollee’s guardian on importance of CHCUP and endocrinology care – **Target date: 09/30/17**
   Comments: Review with the enrollee’s parents what to expect and importance of regular checkups with Pediatrician.

VIII. **PROBLEM: ACCESS AND AVAILABILITY**

Start date: 8/29/17   Priority: High   Category: General   Readiness to Change: Contemplation

Comments: Enrollee needs to re-establish with a Pediatrician, needs referral to an Endocrinologist.

A. **Goal:** Enrollee will attend 100% of scheduled outpatient appointments – **Target date: 12/29/17**

   Comments: ICCM will encourage enrollee’s adherence with outpatient services.

   Barrier: Frequent inpatient admissions.

1. **Intervention:** ICCM will conduct appointment reminder calls – **Target date: 11/30/17**
   Comments: Ensure enrollee’s dad and enrollee are able to attend appointments.

2. **Intervention:** ICCM will suggest use of a calendar to keep track of appointments – **Target date: 10/13/17**
   Comments: ICCM will guide enrollee’s dad to offer support and ways to not be as overwhelmed with enrollee’s treatment needs.

X. **PROBLEM: LACK OF COMMUNITY RESOURCES**

Start date: 8/29/17   Priority: Medium   Category: General   Readiness to Change: Precontemplation

Last Reviewed date:   Resolved date:

Comments: Father has limited income and is not aware of services / providers in their area.

A. **Goal:** Refer enrollee to TCM services in his area – **Target date: 9/29/17**

Start date: 8/29/17   Priority: Medium   Category: General   Readiness to change: Contemplation
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Comments: ICCM will requested expedited administrative authorization of TCM services to expedite assignment of a TCM by a local provider.

Barrier: Family resides in rural area.

1. Intervention: ICCM will complete referral for TCM services – Target date: 9/15/17

Comments: ICCM will follow up on TCM assignment with provider.

B. Goal: Link enrollee to 2-3 community resources to aid in improving overall well-being – Target date: 12/29/17

Start date: 8/29/17  Priority: Medium  Category: General  Readiness to Change: Precontemplation

Comments: Enrollee is struggling at school academically and behaviorally; enrollee in addition has an untreated Thyroid condition that could also be impacting his mood and thus behaviors.

Barrier: Enrollee lacks motivation.

Barrier: Family resides in rural area.

1. Intervention: ICCM will work with TCM to identify additional academic support such as IEP and/or tutoring – Target date: 12/29/17

Comments: Enrollee would benefit from assessments in the school setting to determine if he would benefit from ESE services and an IEP. Enrollee would benefit from tutoring to help him improve his failing grades.

2. Intervention: ICCM will work with TCM to identify a mentorship program – Target date: 12/29/17

Comments: Enrollee would benefit from additional supports.