Integrated Behavioral Health Provider Outreach Manual

www.mercymaricopa.org
AZR-15-07-07
# Provider outreach manual

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Maternity services for SMI Integrated Plan members

Quality goals
Voluntary HIV testing
Vaccines
Nutrition
Postpartum depression
Postpartum psychosis
OB case management

Resources to address tobacco use

Utilization of inpatient and emergency services
Strategies for reducing readmissions to the hospital
Provider resources
Crisis intervention services
Maricopa County crisis facilities geographical access
Tool kits
Recommended physical health treatment plan goals for SMI Integrated care members
A quick reference guide

<table>
<thead>
<tr>
<th>Goal</th>
<th>Include in treatment plan for members:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual A1C test</td>
<td>All members with diabetes</td>
</tr>
<tr>
<td>Annual flu shot</td>
<td>All</td>
</tr>
<tr>
<td>Annual PCP well visit</td>
<td>All</td>
</tr>
<tr>
<td>Annual retinal exam</td>
<td>All members with diabetes</td>
</tr>
<tr>
<td>Asthma-use of appropriate medications</td>
<td>All members with asthma</td>
</tr>
<tr>
<td>Breast cancer screening every 3 years</td>
<td>Females aged 50-74 who have not had a bilateral mastectomy</td>
</tr>
</tbody>
</table>
| Cervical cancer screening                 | • Women ages 21 to 64 should be screened for cervical cancer using cervical cytology every 3 years.  
                                           | • Women ages 30 to 64 should be screened for cervical cancer using cervical cytology/human papillomavirus (HPV) co-testing every 5 years. |
| Chlamydia annual screening                | Females aged 21 to 24 who are sexually active                                |
| Healthy pregnancy                         | All pregnant members                                                        |
| • Have a prenatal visit within the first trimester  
• Have a postpartum visit within 21-56 days of delivery  
• Be screened for postpartum depression during the postpartum visit, using the Edinburgh Postnatal Depression scale, and follow up care for all findings from that screening |                                                                                  |
| Preventive dental visits twice a year     | Ages 18-20                                                                  |
| Stop using tobacco                        | All members who use tobacco products (includes all types of products containing tobacco) |
| Use a controller medication for Asthma    | All members with chronic asthma                                             |
Access to care

Access to a primary care provider is vital to our member’s health and wellness.

Early detection of disease/illness leads to the best possible health outcomes for our members.

Thank you for making the health and wellness of our members your top priority. Together we are empowering them to take charge of their health by providing them with access to high quality health care.

All members on our SMI Integrated Plan, of all ages, should have a visit with their PCP once a year. This PCP visit is a critical step towards preventing and treating health problems before they become more serious.

From their 18th birthdays through their 21st birthdays, SMI Integrated members are in a special program called “Early and Periodic Screening, Diagnosis, and Treatment”, or EPSDT. This program includes special efforts to have them get a PCP well visit each year along with preventive dental visits. During the well visit, the PCP screens the members for many health risks and provides tests and immunizations as needed.
Follow-up after hospitalization within 0-7 days
Our goal is to have SMI Integrated members see their primary care provider within 7 days of discharge from a hospital, regardless of cause of hospitalization.

Following discharge from a hospital, a visit with the primary care provider provides:
- Continuity of care
- Reduces avoidable readmissions
- Improves mental health

For our Non-Integrated members, the goal is for them to have a visit with their behavioral health professional within 0-7 days after hospitalization for a behavioral health issue.

Access to behavioral health provider within 0-7 days
Members receiving an initial assessment for behavioral health services should receive their first treatment visit within 7 days of the assessment. That first visit can occur on the same day as the assessment or within the first week after the assessment.

Having a visit within the first 7 days after an assessment increases the likelihood of treatment effectiveness and adherence.


Screening schedules for SMI Integrated Plan members
Health screenings are important to everyone’s health and we want to make sure our members are up to date on their immunizations and annual health screenings.

Immunizations that should be tracked include Influenza, Hepatitis A and B, MMR and other vaccines. Chronic conditions, such as diabetes, should be monitored/ tracked. Members identified with diabetes should be encouraged to follow annual examination/screening schedules.
Annual screening guidelines are as follows:

Preventive health care guidelines for adults

<table>
<thead>
<tr>
<th>Exam/screening</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>PCP well visit</td>
<td>Annually</td>
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Diabetes

<table>
<thead>
<tr>
<th>Exam/screening</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>A1C</td>
<td>Annually</td>
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<tr>
<td>Retinal exam</td>
<td>Annually</td>
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</table>

Vaccines

<table>
<thead>
<tr>
<th>Exam/screening</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Flu</td>
<td>Annually</td>
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</tbody>
</table>

Breast cancer screening

Women ages 50 to 74 should have a primary screening mammogram every 3 years, unless they have had a bilateral mastectomy.

Cervical cancer screening

- Women ages 21 to 64 should be screened for cervical cancer using cervical cytology every 3 years.
- Women ages 30 to 64 should be screened for cervical cancer using cervical cytology/human papillomavirus (HPV) co-testing every 5 years.

Chlamydia screening

Women ages 21 to 24 who are sexually active should be tested for chlamydia annually.

Reducing missed appointments

Educate members who have chronic conditions that their status and medications need to be monitored with regular office appointments, even if they feel fine.

Cultural norms or social circumstances of families may have an effect on the rate of missed appointments. Living in a deprived area has been associated with a threefold increase in the likelihood of missing an appointment.

Some of the most common reasons for missed appointments include:

- Lack of transportation
- Scheduling problems
- Overslept or forgot
- Presence of a sick child or relative
- Lack of child care

Helping our members to identify and address these barriers may help to reduce missed appointment.
Asthma treatment for SMI Integrated Plan members

Asthma quality goals

- Increase the percentage of members with persistent asthma, who are using long-term control medications instead of only rescue medications
- Assist members to prevent complications of their asthma without the need of hospital admission
- Ensure all members with asthma receive a flu shot every year

- Ensure all members with asthma are provided with resources and encouragement to not use tobacco products

Support materials

Asthma action plan: Members are educated about the benefits of developing an individualized self-management plan to help manage his or her asthma. A sample asthma action plan follows.
**Asthma Action Plan**

For: ___________________________  Doctor: ___________________________

Doctor’s Phone Number: ___________________________  Hospital/Emergency Department Phone Number: ___________________________

**GREEN ZONE**

**Doing Well**
- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,
- Peak flow: more than ______________ (80 percent or more of my best peak flow)

My best peak flow is: ______________

Before exercise
- ______________  2 or 4 puffs __________________  5 minutes before exercise

**Take these long-term control medicines each day (include an anti-inflammatory).**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much to take</th>
<th>When to take it</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Take this medicine**:
- ______________  4 or 6 puffs __________________  5 minutes before exercise

**Take these quick-relief medicines when you need them.**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much to take</th>
<th>When to take it</th>
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</tbody>
</table>

**YELLOW ZONE**

**Asthma Is Getting Worse**
- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

- Or-
- Peak flow: ________ to __________ (50 to 79 percent of my best peak flow)

**RED ZONE**

**Medical Alert!**
- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

- Or-
- Peak flow: less than ______________ (50 percent of my best peak flow)

**DANGER SIGNS**
- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

Then call your doctor NOW. Go to the hospital or call for an ambulance if:
- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

For: Doctor: Date: 

Doctor’s Phone Number Hospital/Emergency Department Phone Number 

Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.

First
- ______________  2 or 4 puffs, every 20 minutes for up to 1 hour
- Nebulizer, once

Second
- If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:
  - Continue monitoring to be sure you stay in the green zone.
  - Or-
  - If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:
    - Take: ______________  2 or 4 puffs or Nebulizer
    - Add: ______________  mg per day  For ____________ (3–10) days
    - Call the doctor before/within ____________ hours after taking the oral steroid.

**Take this medicine**:
- ______________  4 or 6 puffs __________________  5 minutes before exercise

See the reverse side for things you can do to avoid your asthma triggers.
Allergens

- **Animal Dander**
  Some people are allergic to the flakes of skin or dried saliva from animals with fur or feathers.
  The best thing to do:
  - Keep furred or feathered pets out of your home.
  - If you can’t keep the pet outdoors, then:
    - Keep the pet out of your bedroom and other sleeping areas at all times, and keep the door closed.
    - Remove carpets and furniture covered with cloth from your home. If that is not possible, keep the pet away from fabric-covered furniture and carpets.

- **Dust Mites**
  Many people with asthma are allergic to dust mites. Dust mites are tiny bugs that are found in every home—in mattresses, pillows, carpets, upholstered furniture, bedcovers, clothes, stuffed toys, and fabric or other fabric-covered items.
  Things that can help:
  - Encase your mattress in a special dust-proof cover.
  - Encase your pillow in a special dust-proof cover or wash the pillow each week in hot water. Water must be hotter than 130º F to kill the mites. Cold or warm water used with detergent and bleach can also be effective.
  - Wash the sheets and blankets on your bed each week in hot water.
  - Reduce indoor humidity to below 60 percent (ideally between 30—50 percent). Dehumidifiers or central air conditioners can do this.
  - Try not to sleep or lie on cloth-covered cushions.
  - Remove carpets from your bedroom and those laid on concrete, if you can.
  - Keep stuffed toys out of the bed or wash the toys weekly in hot water or cooler water with detergent and bleach.

- **Cockroaches**
  Many people with asthma are allergic to the dried droppings and remains of cockroaches.
  The best thing to do:
  - Keep food and garbage in closed containers. Never leave food out.
  - Use poison balls, powders, gels, or paste (for example, boric acid). You can also use traps.
  - If a spray is used to kill roaches, stay out of the room until the odor goes away.

Indoor Mold

- Fix leaky faucets, pipes, or other sources of water that have mold around them.
- Clean moldy surfaces with a cleaner that has bleach in it.

Pollen and Outdoor Mold

- What to do during your allergy season (when pollen or mold spore counts are high):
  - Try to keep your windows closed.
  - Stay indoors with windows closed from late morning to afternoon, if you can. Pollen and some mold spore counts are highest at that time.
  - Ask your doctor whether you need to take or increase anti-inflammatory medicine before your allergy season starts.

Irritants

- **Tobacco Smoke**
  - If you smoke, ask your doctor for ways to help you quit. Ask family members to quit smoking, too.
  - Do not allow smoking in your home or car.

- **Smoke, Strong Odors, and Sprays**
  - If possible, do not use a wood-burning stove, kerosene heater, or fireplace.
  - Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints.

Other things that bring on asthma symptoms in some people include:

- **Vacuum Cleaning**
  - Try to get someone else to vacuum for you once or twice a week, if you can. Stay out of rooms while they are being vacuumed and for a short while afterward.
  - If you vacuum, use a dust mask (from a hardware store), a double-layered or microfilter vacuum cleaner bag, or a vacuum cleaner with a HEPA filter.

- **Other Things That Can Make Asthma Worse**
  - Sulfites in foods and beverages: Do not drink beer or wine or eat dried fruit, processed potatoes, or shrimp if they cause asthma symptoms.
  - Cold air: Cover your nose and mouth with a scarf on cold or windy days.
  - Other medicines: Tell your doctor about all the medicines you take. Include cold medicines, aspirin, vitamins and other supplements, and nonselective beta-blockers (including those in eye drops).
Dental care for SMI Integrated Plan members

Preventive dental care
Two routine and preventive dental visits are covered per year for members ages 18–20. Members do not need a referral from their primary care provider (PCP) to receive dental services.

SMI Integrated members aged 18–20 are automatically assigned a Primary Dental Provider (PDP); they are notified by mail of that assignment. Members may change providers by contacting Mercy Maricopa Member Services.

A complete listing of Mercy Maricopa dental providers is available on our website www.MercyMaricopa.org and in the Provider Directory.

Preventive dental care for members aged 21 and up requires prior authorization from Mercy Maricopa.

Emergency dental service
Emergency dental services are available when immediate care is needed. Examples of the need for immediate dental care:
- A bad infection in the mouth
- Teeth or jaw pain

Dental care during pregnancy
Dental care during pregnancy is important and can directly affect an unborn baby’s health. If a pregnant member has tooth decay or infections, she can pass the bad bacteria on to her unborn child. If your pregnant member has not been to see a dentist in a while, or is due for a cleaning, it is safe for her to see a dentist during her pregnancy.

There are several dental clinics and low cost options to support our pregnant members dental care needs. Please encourage your pregnant members to schedule an appointment with their dentist or visit www.maricopa.gov to find low cost dental services in Maricopa County.
Managing diabetes for SMI Integrated Plan members

**Persons with SMI are at increased risk**
Persons with Serious Mental Illness may be at increased risk for death and complications from diabetes. You can help your members prevent serious complications of diabetes by getting preventive screenings yearly.


**AHCCCS requirements**
AHCCCS requires that our members receive annual diabetic labs and Retinal eye exams:
- HgA1c®
- Diabetic retinopathy eye exam

**Keeping our members’ eyes healthy**
Keeping all our members’ eyes healthy is important. This is especially important for members who have diabetes; they are at increased risk for eye diseases that cause loss of vision, such as diabetic retinopathy, cataracts, and glaucoma.

People with diabetes can help keep their eyes healthy by getting a dilated retinal eye exam one time every year. Referring members for these annual required exams is vital to their eye health and to managing their diabetes.

The difference between a routine eye exam and a diabetic retinal exam is explained here:

To find a provider who will perform a diabetic retinopathy exam, please contact Mercy Maricopa Member Services at 602‑586‑1841 or 1‑800‑564‑5465; (TTY/TDD) 711.

<table>
<thead>
<tr>
<th>Routine eye exam</th>
<th>Diabetic retinal exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Done every 1‑2 years</td>
<td>Must be done annually</td>
</tr>
<tr>
<td>Can be done by an Optometrist (not an MD)</td>
<td>Must be done by an Ophthalmologist (MD)</td>
</tr>
<tr>
<td>Optometrist can diagnose and treat eye problems(except those related to diabetes)</td>
<td>Ophthalmologist can diagnose and treat all eye problems, including those related to diabetes</td>
</tr>
</tbody>
</table>

**Resources**
Diabetes care checklist: share this checklist, on pages 12‑15, with members diagnosed with diabetes to help them better manage diabetes.
### Routine Visits and Tests

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemoglobin A1c</td>
<td>2 – 4 times a year – goal is less than 7%</td>
<td></td>
</tr>
<tr>
<td>Blood pressure</td>
<td>every visit – goal is less than 130/80</td>
<td></td>
</tr>
<tr>
<td>Review medications</td>
<td>every visit</td>
<td></td>
</tr>
<tr>
<td>Foot exam</td>
<td>every visit</td>
<td></td>
</tr>
<tr>
<td>Body mass index (BMI)</td>
<td>every visit – goal is between 18.5 - 24.9</td>
<td></td>
</tr>
</tbody>
</table>

### Other Visits and Tests (These tests are done at least once a year.)

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilated retinal exam</td>
<td>Date</td>
<td>Result</td>
</tr>
<tr>
<td>Kidney tests:</td>
<td>Date</td>
<td>Result</td>
</tr>
<tr>
<td>Urine proteins (microalbumin)</td>
<td>Date</td>
<td>Result</td>
</tr>
<tr>
<td>Serum creatinine (in adults)</td>
<td>Date</td>
<td>Result</td>
</tr>
<tr>
<td>Cholesterol and lipid tests:</td>
<td>Date</td>
<td>Result</td>
</tr>
<tr>
<td>LDL (goal is less than 100 mg/dl)</td>
<td>Date</td>
<td>Result</td>
</tr>
<tr>
<td>HDL (goal for men is above 40 mg/dl)</td>
<td>Date</td>
<td>Result</td>
</tr>
<tr>
<td>HDL (goal for women is greater than 50 mg/dl)</td>
<td>Date</td>
<td>Result</td>
</tr>
<tr>
<td>Triglycerides (goal is less than 150 mg/dl)</td>
<td>Date</td>
<td>Result</td>
</tr>
<tr>
<td>Dental checkup (2 times a year)</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Flu shot (every year)</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Pneumonia shot (1-2 doses; talk to your doctor)</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>
Your doctor says you have diabetes. You can learn how to manage your diabetes and how to prevent some of the serious problems that diabetes can cause. Uncontrolled, diabetes can lead to problems with your eyes, kidneys, nerves and teeth. The most serious problem caused by diabetes is heart disease. When you have diabetes, you are more than twice as likely as people without diabetes to have a heart attack or a stroke.

Both women and men with diabetes are at risk. You can reduce your risk of developing heart disease by controlling your blood sugar, blood pressure and blood fat levels. Take control of the ABC’s of diabetes and live a long and healthy life!

Talk with your doctor about your goals and test results at every office visit.

Know your ABC’S

<table>
<thead>
<tr>
<th>A = A1C</th>
<th>B = BLOOD PRESSURE</th>
<th>C = CHOLESTEROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A blood test that measures your average blood glucose (sugar) over the last 3 months</td>
<td>High blood pressure makes your heart work too hard</td>
<td>Bad cholesterol, or LDL, builds-up and clogs your arteries</td>
</tr>
<tr>
<td>Target: Below 7</td>
<td>Target: Below 130/80</td>
<td>Target: Below 100</td>
</tr>
</tbody>
</table>

Tips for staying healthy with diabetes

• Follow a healthy eating plan. Choose high fiber, whole grains and foods with less fat and salt.
• Get at least 30 minutes of physical activity every day.
• Maintain a healthy weight.
• Take your medication as prescribed.
• Control your blood pressure and cholesterol.
• Know your ABC’s.

Your health is important to us.

We are here to answer your questions and connect you to care. Mercy Maricopa Member Services is available 24 hours a day, seven days a week. Call us at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Effective April 1, 2014, Mercy Maricopa Integrated Care began operations as the Regional Behavioral Health Authority for Maricopa County. Funds for services are provided through a contract with the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) and the Arizona Health Care Cost Containment System (AHCCCS).

* Goals and recommendations are based on the American Diabetes Association (ADA) Standards of Medical Care in Diabetes – 2012.
**Lista de verificación de cuidado de la diabetes**

<table>
<thead>
<tr>
<th>VISITAS Y PRUEBAS DE RUTINA</th>
<th>Año 1</th>
<th>Año 2</th>
<th>Año 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fechas:</strong></td>
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<tr>
<td><strong>Hemoglobina A1c</strong></td>
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<td>(2 a 4 veces al año;</td>
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<td>meta es menos del 7%)</td>
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<td><strong>Presión sanguínea</strong></td>
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<td>menos de 130/80)</td>
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<td><strong>Revisar medicamentos</strong></td>
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<td>(cada visita)</td>
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<td><strong>Examen de pies</strong></td>
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<td>(cada visita)</td>
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<td><strong>Índice de masa corporal</strong></td>
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<td>(BMI) (cada visita; meta es</td>
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<td>entre 18.5 — 24.9)</td>
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| OTRAS VISITAS Y PRUEBAS      |       |       |       |
| (Estas pruebas se hacen por |       |       |       |
| lo menos una vez al año)     |       |       |       |
|                             | Año 1 | Año 2 | Año 3 |
|                            | Fechas | Resultado | Fechas | Resultado | Fechas | Resultado |
| **Examen de la vista con    |       |         |       |         |       |         |
| dilatación de retina**      |       |         |       |         |       |         |
| **Pruebas renales:**        |       |         |       |         |       |         |
| Proteína en orina           |       |         |       |         |       |         |
| (microalbúmina)             |       |         |       |         |       |         |
| Creatinina en suero         |       |         |       |         |       |         |
| (en adultos)                |       |         |       |         |       |         |
| **Pruebas de colesterol:**  |       |         |       |         |       |         |
| LDL (meta es menos de 100   |       |         |       |         |       |         |
| mg/dl)                      |       |         |       |         |       |         |
| HDL (meta para hombres es   |       |         |       |         |       |         |
| más de 40 mg/dl; meta para  |       |         |       |         |       |         |
| mujeres es más de 50 mg/dl) |       |         |       |         |       |         |
| Triglicéridos               |       |         |       |         |       |         |
| (meta es menos de 150 mg/dl)|       |         |       |         |       |         |
|                            |       |         |       |         |       |         |
| **Revisiones dentales**     |       |         |       |         |       |         |
| (2 veces al año)            |       |         |       |         |       |         |
| **Vacuna contra la gripe**  |       |         |       |         |       |         |
| (cada año)                  |       |         |       |         |       |         |
| **Vacuna contra la neumonía**|       |         |       |         |       |         |
| (1-2 dosis; hable con su    |       |         |       |         |       |         |
| médico)                     |       |         |       |         |       |         |
Su médico dice que usted tiene diabetes. Usted puede aprender cómo controlar su diabetes y evitar algunos de los serios problemas que la diabetes puede causar. No controlada, la diabetes puede causarle problemas con sus ojos, riñones, nervios y dientes. El problema más grave causado por la diabetes es la enfermedad cardíaca. Cuando usted tiene diabetes, tiene más del doble de probabilidades que las personas sin diabetes, de sufrir un ataque cardíaco o derrame cerebral. Tanto las mujeres como los hombres con diabetes están a riesgo. Usted puede reducir su riesgo de desarrollar una enfermedad cardíaca, controlando su azúcar en la sangre, su presión arterial, y los niveles de grasa en la sangre. Tome control del ABC de la diabetes, ¡y viva una larga y saludable vida!

Hable con su médico sobre sus objetivos y los resultados de exámenes en cada visita al consultorio.

Conozca su ABC

<table>
<thead>
<tr>
<th>A = A1C</th>
<th>B = PRESIÓN SANGUÍNEA</th>
<th>C = COLESTEROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Un análisis de sangre que mide el promedio de glucosa (azúcar) en su sangre durante los últimos 3 meses</td>
<td>La presión alta hace que su corazón trabaje demasiado</td>
<td>El colesterol malo, llamado LDL, se acumula y tapa sus arterias</td>
</tr>
<tr>
<td>Meta: Menos de 7</td>
<td>Meta: Menos de 130/80</td>
<td>Meta: Menos de 100</td>
</tr>
</tbody>
</table>

¿Consejos para mantenerse saludable con diabetes?

- Siga un plan de alimentación saludable. Elija alto contenido de fibra, granos integrales y alimentos con menos grasa y sal.
- Haga por lo menos 30 minutos de actividad física cada día.
- Mantenga un peso saludable.
- Tome sus medicamentos como fueron prescritos.
- Controle su presión arterial y colesterol.
- Conozca su ABC.

Su salud es importante para nosotros.

Estamos aquí para responder sus preguntas y conectarte con la atención. Servicios al Miembro de Mercy Maricopa está disponible 24 horas al día, siete días de la semana. Llámensal al 602-586-1841 ó al 1-800-564-5465; (TTY/TDD) 711.

Mercy Maricopa Integrated Care comenzó su operaciones como la Autoridad Regional de la Salud del Comportamiento de Maricopa desde el 1 de abril de 2014. Los fondos se proporcionan por medio de un contrato con el Departamento de Salud de Arizona/División de Servicios de salud del comportamiento (ADHS/DBHS) y el Sistema de Contención de Costos del Cuidado de Salud de Arizona (AHCCCS).

* Los objetivos y recomendaciones se basan en los estándares de la Asociación Americana de Diabetes (ADA) de 2012 de la atención médica en diabetes.
Disease management

Our disease management programs help members stay healthy. Members learn how to manage their disease by working with their provider. Our program includes regular communications, targeted outreach and support, and focused education.

Some of the conditions in our program include diabetes, asthma, chronic obstructive pulmonary disorder (COPD) and congestive heart failure (CHF) among others.

If you want to learn more about our disease management programs, please contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711
Care management

Mercy Maricopa’s care management program has been designed to improve member health outcomes. The program provides needed care in the most appropriate setting and in a culturally competent and accessible format.

Primary goals of our care management program:
• Identify the top tier of high-risk/high-cost members with serious mental illness (SMI) who would benefit from an intensive level of care management in a fully integrated health care program
• Provide care management to members who require care coordination
• Effectively transition members from one level of care to another
• Streamline, monitor and adjust members’ care plans based on progress and outcomes
• Reduce hospital admissions and unnecessary Emergency Department and Crisis resource use
• Ensure that members have the proper tools to self-manage care in order to safely live, work and integrate into the community

Members who may benefit from intensive care management:
• Members who require special assistance according to the Division of Behavioral Health Services Office of Human Rights and Mercy Maricopa provider manual, section 5.4
• Members with poorly managed chronic comorbid conditions
• Members who frequently use the ER instead of visiting your office for ongoing issues
• Members who have recent multiple hospitalizations
• Members who have HIV
• Pregnant members
• Members who have multiple transitions of care

How to refer a member to care management

Call the care management referral line at 602-798-2627.
Vaccine information

The Center for Disease Control (CDC), Vaccine Fact Sheets and What You Need to Know, contain more information on the:

- HPV vaccine (available on pages 34‑35)
- Meningococcal vaccines (available on pages 36‑37)
- Tdap vaccine (available on pages 38‑39)

Flu immunization

All members should receive a flu immunization every August. If your member did not receive the immunization in August, please arrange for him or her to receive it soon thereafter, but no later than March 31.

Ways to arrange for the flu shot:

1. Most pharmacies (drug stores) are providing flu vaccines and usually, no appointment is needed. Go to https://www.caremark.com/wps/myportal/FRAMED-LOCAL to find a conveniently located participating pharmacy.
2. PCPs or (some) co-located/integrated clinics can administer the vaccine.

By getting the flu vaccine now, individuals get a head start on being protected during the upcoming flu season.

The flu vaccine can reduce flu illnesses, doctor’s visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations and deaths.

**Did you know?**

Members may be able to get the flu vaccine from a nose spray instead of a shot. Ask a healthcare provider if this is right for your member.

The flu is especially dangerous for certain groups: young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, or a weakened immune system. Flu vaccine is especially important for these people and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

Each year thousands of people in the United States die from flu, and many more are hospitalized.

Flu vaccine is the best protection we have from flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.
Influenza Vaccine
What You Need to Know

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every winter, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

• fever/chills
• sore throat
• muscle aches
• fatigue
• cough
• headache
• runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, nervous system disorders, or a weakened immune system. Flu vaccination is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

Each year thousands of people in the United States die from flu, and many more are hospitalized.

Flu vaccine is the best protection against flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Inactivated and recombinant flu vaccines

You are getting an injectable flu vaccine, which is either an “inactivated” or “recombinant” vaccine. These vaccines do not contain any live influenza virus. They are given by injection with a needle, and often called the “flu shot.”

A different, live, attenuated (weakened) influenza vaccine is sprayed into the nostrils. This vaccine is described in a separate Vaccine Information Statement.

Flu vaccination is recommended every year. Some children 6 months through 8 years of age might need two doses during one year.

Flu viruses are always changing. Each year’s flu vaccine is made to protect against 3 or 4 viruses that are likely to cause disease that year. Flu vaccine cannot prevent all cases of flu, but it is the best defense against the disease.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

Some illnesses that are not caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

Some inactivated flu vaccine contains a very small amount of a mercury-based preservative called thimerosal. Studies have shown that thimerosal in vaccines is not harmful, but flu vaccines that do not contain a preservative are available.

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

• If you have any severe, life-threatening allergies. If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, including (for example) an allergy to gelatin, antibiotics, or eggs, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.

• If you ever had Guillain-Barré Syndrome (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

• If you are not feeling well. It is usually okay to get flu vaccine when you have a mild illness, but you might be advised to wait until you feel better. You should come back when you are better.
4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Problems that could happen after any vaccine:
- Brief fainting spells can happen after any medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Severe shoulder pain and reduced range of motion in the arm where a shot was given can happen, very rarely, after a vaccination.
- Severe allergic reactions from a vaccine are very rare, estimated at less than 1 in a million doses. If one were to occur, it would usually be within a few minutes to a few hours after the vaccination.

Mild problems following inactivated flu vaccine:
- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Moderate problems following inactivated flu vaccine:
- Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time may be at increased risk for seizures caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Inactivated flu vaccine does not contain live flu virus, so you cannot get the flu from this vaccine.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?
- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?
- If you think it is a severe allergic reaction or other emergency that can’t wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967. VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?
- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s website at www.cdc.gov/flu

Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine

08/19/2014
42 U.S.C. § 300aa-26
Maternity services for SMI Integrated Plan members

Quality goals

• Prenatal care visit within the first trimester or within 42 days of enrollment in the health plan. Encouraging prompt prenatal care is essential to reduce incidents of preterm birth, high risk pregnancies, low birth weight (LBW)/very low birth weight (VLBW) infants and birth defects that can lead to increased medical costs.
• Postpartum visit on or between 21 and 56 days after delivery, that includes completion of an Edinburgh postpartum depression screening tool, and referrals/follow-up care as needed
• Reducing C-Sections
• Reducing elective inductions of labor
• Increasing utilization of family planning services
• Reducing low birth weight (LBW) and very low birth weight (VLBW)

Studies have shown that women who report poor mental health before pregnancy are more likely to have complications or give birth to a LBW infant. In an effort to reduce these numbers and therefore reducing hospital costs, members of Mercy Maricopa are encouraged to seek maternity services as soon as possible after a positive pregnancy diagnosis.

Mercy Maricopa encourages providers to educate pregnant members on the services provided under their care coverage. We supplement that with educational mailings to the members and direct contact with our Integrated Care Managers.

Prenatal classes are provided to pregnant members at no cost, as well as transportation to/from these classes, doctor or any other appointments pertaining to pregnancy health. We provide our members with educational resources and tools one within one week of a members confirmed pregnancy. Our pregnant members all receive:
• Introduction letter
• Informational flyer on the WIC program
• “You and Your Baby” magazine

Voluntary HIV testing

Members are to be informed of voluntary HIV testing and counseling if the test is positive. Education for mothers testing positive is provided, no less than annually, to members by Perinatal Case Manager/Care Coordinators, providers, and through mailed materials such as the “You and Your Baby” magazine, member newsletter and the member handbook.

Vaccines

Flu shots are provided for prenatal members as well as pertussis shots for mothers with small children.

Nutrition

Proper nutrition is essential to a healthy pregnancy. Education for new mothers on nutrition is an important part of preventing birth defects and maintaining appropriate birth weights.

Arizona Women Infants and Children (WIC)

provides food, breastfeeding education, and information on healthy diet to women who are pregnant, infants, and children under five years old. For more information, contact WIC at:
150 N. 18th Ave., Ste. 310
Phoenix, AZ 85007
Phone: 1-800-252-5942
www.azdhs.gov/azwic

To find a clinic, visit www.clinicsearch.azbnp.gov

Postpartum depression

Members who have delivered a child or have recently been pregnant should be screened for postpartum depression. AHCCCS has provided a toolkit to screen members and determine if a referral is needed. Visit www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/AppendixF-PostpartumDepression.pdf to view the toolkit and postpartum depression rating scales. Obstetrical providers are required to perform a screening as part
of the postpartum visit. When an obstetrical provider notifies Mercy Maricopa a member screened positive for postpartum depression, we notify the behavioral health clinic.

**Postpartum psychosis**

Because Mercy Maricopa members are also prone to more severe forms of behavioral illnesses, we would like to encourage providers to assess any new mothers for whom they provide care. With some behavioral diagnoses, such as bipolar disorder or schizophrenia, there is a greater chance of developing postpartum psychosis. This disorder is a severe form of postpartum illness and is estimated to occur in about 1-2 women per 1,000 who have given birth. Although rare, the effects can be devastating, leading to self-harm as well as the harm of others, including the infant. Symptoms can begin as early as 2-3 days after childbirth and may include extreme episodes of restlessness, irritability, insomnia, rapidly changing moods, confusion or erratic behavior, among others. In some cases, women have reported auditory hallucinations and delusional beliefs.

Postpartum psychosis is usually temporary but requires professional psychiatric help immediately. You can notify the member’s primary psychiatric provider, case manager, or you can call the Crisis Intervention Line at 602-222-9444 or 1-800-631-1314 (TTY/TDD) 1-800-327-9254.

**OB case management**

Mercy Maricopa’s integrated care management provides comprehensive care management services to high risk pregnant members, for the purpose of improving maternal and fetal birth outcomes. All SMI members’ pregnancies are considered high risk.
Resources to address tobacco use

All members should be advised to not use tobacco products and avoid secondhand smoke.

Did you know?
- Many adults with mental illness who smoke want to quit, can quit, and can benefit from smoking cessation programs.
- Tobacco use is the number one cause of preventable death, heart disease and cancer.
- There is no safe “dose” of tobacco—even occasional use causes immediate harm to the cardiovascular system.
- Smoking-related illnesses cause half of all deaths among people with behavioral health disorders.
- Safe medications are available to ease withdrawal symptoms and increase the likelihood of long-term abstinence.
- Persons who are advised by health care providers (like you!) are more likely to make the decision to quit.

(Sources: www.integration.samhsa.gov/health-wellness/wellness-strategies/tobacco-cessation-2; www.cdc.gov/features/vitalsigns/smokingandmentalillness/)

All individuals who use tobacco should be advised to quit.

The ASHLine referral system is a resource to help clients to quit. Referring a client to the ASHLine increases their likelihood of achieving and maintaining recovery from tobacco addiction. ASHLine coaches support individuals throughout the quitting process, helping them develop a tobacco free lifestyle, as well as offer medication support for those who qualify.

As a health professional, you can submit online or fax referrals for members to the ASHLine. The ASHLine will call the member within 24 hours of receiving the referral to enroll him/her in the Quit Tobacco Coaching Program. You can send the QuitFax form on the following page to the ASHLine by submitting the referral online through the WebQuit system at www.ashline.org. Once the referral is made, ASHLine will send you a confirmation receipt. You will also be notified once contact with the member is established.

Ask all your members about tobacco use at every visit. Advise all tobacco users to quit. And refer those who are ready to quit to ASHLine! Contact ASHLine directly at 1-800-556-6222 x208.
Client Consent and Personal Information Section:

☐ I understand ASHLine (Arizona Smokers’ Helpline) will be contacting me with quit tobacco information, community referrals and/or counseling. My participation is voluntary. I understand any information I provide will be kept confidential. I give ASHLine and the referring agency or physician permission to discuss my use of service.

______________________________
Client Name (please print)

______________________________
Client or Guardian Signature

☐ Verbal consent received

______________________________
Person obtaining verbal consent (sign and print)

☐ Spanish Speaker ☐ English Speaker

Best time to call:

☐ 8:00am to 12:00pm
☐ 12:00pm to 5:00pm
☐ 5:00pm to 8:30pm
☐ Specific: __________

(_____ ) _______ - ____________
Phone: ☐ home ☐ work ☐ cell ☐ other

Date of Birth: ____/____/____

County of Residence: ______________

Comments:

FAX BACK #: (___) _____ - ________
Utilization of inpatient and emergency services

Strategies for reducing readmissions to the hospital

| Use evidence-based psychotherapeutic techniques that are known to reduce readmissions.¹ |
| Screen all members for problematic substance use, and address any problematic use in treatment and discharge planning. Be sure to address all problematic use, even if the person’s use has not yet reached the level of a diagnosed condition. Intervene to prevent the person’s substance use from becoming abuse or dependence. |
| Discharge planning—ensure appropriate referrals and appointments are in place prior to discharge, including living arrangements, medications, community supports, and appointments have been made for follow-up with a primary care physician and behavioral health provider within 7 days of discharge.² |
| Coordinate care with other care providers.² |
| Assist member to access community services and family support.³ |
| Consider switching from oral to long-acting injectable anti-psychotic medications.³ |
| Urge the individual to stop using all tobacco products, the largest cause of preventable death and disability. |
| Continued use of tobacco interferes with absorption of psychotropics,⁴ increases symptoms of mood disorders, and increases and slows brain recovery for alcohol/substance abuse relapse.⁵ Heavy tobacco users report significantly less well-being, more behavioral health symptoms, and greater functional disability than nonsmokers.⁶ |
| If your client is admitted to the hospital for COPD, asthma, diabetes, or CHF, work with our Integrated Care Management team to assist him in accessing care to manage these chronic conditions. |

¹ SAMHSA’s National Registry of Evidence-based Programs and Practices: www.nrepp.samhsa.gov/advancedsearch
⁴ Smoking Cessation Leadership Center. Rx for Change: Drug Interactions with Smoking. Retrieved from smokingcessationleadership.ucsf.edu/Downloads/DRUG_INTERACTIONS_SMOKING.pdf
⁶ Tobacco Cessation Leadership Network. Facts about Smoking and Mental Health Disorders (date unknown). Retrieved from smokingcessationleadership.ucsf.edu/Downloads/TCLNDISORDERSFS.pdf
Provider resources
• Provider Manual 4.3.1 Form, Communication Document: www.MercyMaricopa.org/assets/pdf/providers/forms/Form_4.3.1_Communication_Document.pdf
• Provider Assistance Program: www.MercyMaricopa.org/assets/pdf/providers/forms/mmic_mma_provider_assistance_program.pdf

Crisis intervention services
Crisis intervention services are provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior. It applies to any person presenting with a behavioral health crisis in the community, regardless of Medicaid eligibility or enrollment status. (Billed)

To meet the needs of individuals in communities throughout Arizona, Mercy Maricopa offers the following crisis services:
• Behavioral Health Crisis Line: Available 24 hours a day, 7 days a week for crisis intervention, support and referrals. The Crisis Line is operated by the Crisis Response Network. Call 602-222-9444, 1-800-631-1314, or (TTY/TDD) 1-800-327-9254.
• Nurse Line: An information line for members to get their health questions answered. Members can talk to a registered nurse Monday-Friday, 6 p.m. - 7 a.m.; and Saturday-Sunday, 24 hours a day. Call the Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD):711 and ask for the Nurse Line.
• Answer calls within three telephone rings, with a call abandonment rate of less than three percent.
• Offer interpretation or language translation services to persons who do not speak or understand English and for the deaf and hard of hearing.
• Mobile crisis intervention services, available 24 hours a day, 7 days a week.
• Mobile crisis teams will respond within 1 to 2 1/2 hours to a psychiatric crisis in the community.
• Offer 23-hour crisis observation/stabilization services, including detoxification services
• Work collaboratively with local emergency departments and first responders

Maricopa County crisis facilities geographical access
The Mercy Maricopa network includes a number of crisis care facilities designed to support and help individuals experiencing a behavioral health crisis. These facilities are operated by locally-run organizations and are located throughout the Valley to meet the needs of the Maricopa County community. Pages 40-41 show you the geographical access to these crisis facilities and their contact information for these facilities.

Tool kits
Tool kits linked below provide additional information in working with and treating members with:
• Adult Attention Deficit/Hyperactivity Disorder (ADHD)
  www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/AppendixF_AdultADHD.pdf
• Adult anxiety
• Adult depression
  – Postpartum depression