
MEMORANDUM

TO: All State agencies and State contractors involved in service delivery and service coordination to individuals with Autism Spectrum Disorders

FROM: Secretary Armstrong, Aging and Long Term Services Department
Secretary Dodson, Children Youth and Families Department
Secretary Garcia, Public Education Department
Secretary Hyde, Human Services Department
Secretary Shendo, Indian Affairs Department
Secretary Vigil, Department of Health
Garry Beene, Director; Division of Vocational Rehabilitation
Pat Putnam, Executive Director; Developmental Disabilities Planning Council

SUBJECT: Agreement for cross-agency coordination of care for individuals with Autism Spectrum Disorders

DATE: 6/26/07

New Mexico is committed to improving the quality of life for individuals with Autism Spectrum Disorders (ASD) and their families. To this end the legislature appropriated significant resources during the 2007 legislative session. As we begin to develop and implement enhanced supports and services for this population, the intent of this memo is to establish shared expectations and mechanisms for care coordination and delivery of services to persons with ASD who are served by multiple systems of care.

As you are aware, many individuals who are diagnosed with ASD (including Autism, Pervasive Developmental Disorder Not Otherwise Specified, and Asperger Syndrome) are especially perplexing for the various systems providing services and supports. In order to reduce the confusion and frustration when working with these individuals, we are forwarding these expectations for a more integrated, coordinated approach to address their needs.

The following mechanisms and expectations are required of each entity that is involved with an individual who has ASD with physical, developmental and/or behavioral health issues. These entities include, for example, insurers such as the Salud! Medicaid Managed Care Organizations (MCO's) and ValueOptions New Mexico, as well as state agencies including but not limited to the Children Youth and Families Department (CYFD), Human Services Department (HSD), Public Education Department (PED), Department of Health (DOH), Aging and Long Term Services Department (ALTSD), Division of Vocational Rehabilitation (DVR), as well as local school districts.

This list of activities may not be inclusive of all the collaborative efforts done on behalf of individuals with ASD. It is not intended to be exclusive of any activities which are appropriate to meet an individual's unique situation.

Expectations for collaborative management if care and services include:

- Once an individual is identified with an ASD diagnosis, the primary professional working with the individual will determine what other professionals are involved or need to be involved in coordination of care and services and will initiate contact with them.
- Coordinated mechanisms for sharing service plan(s) information will be established across all of the service delivery and care coordination systems with the ability for regular updates to be provided.
- A "coordination of care and services meeting" will be convened with all individuals involved in the coordination of care and services. This meeting is intended to describe the services and supports each entity provides and the roles and responsibilities of each to the individual and each other.
- At this meeting, responsibilities will be assigned and any duplication of care coordination, potential conflicts, or unmet coordination needs will be resolved. In assigning these responsibilities, the group will designate a lead person to be responsible for coordination of care across all involved entities. All entities will then be responsible for keeping this lead person informed of their involvement and progress with the individual.
- Arrangements will be made for regularly scheduled contact with each other, based on the needs of the individual.

One frequently mentioned barrier to collaboration across systems is the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA does not prevent our systems from collaborating for the purposes of providing treatment. Based on HIPAA, a covered health care provider may, without consent, use or disclose protected health information to carry out treatment, payment, or health care operations. The HIPAA Privacy Rule allows those doctors, nurses, hospitals, laboratory technicians, and other health care providers that are covered entities to use or disclose protected health information, such as X-rays, laboratory and pathology reports, diagnoses, and other medical information for treatment purposes without the patient's authorization. This includes sharing the information to consult with other providers, including providers who are not covered entities, or to refer patients for treatment. Exchanges of protected health information between health care providers for treatment of the individual are not subject to the minimum necessary standards. 45 CFR 164.502(b)(2)(i).

We expect this memo to represent our intent that improved cross-agency and systems collaboration will occur for this complex population.