

# NOTICES OF SUBSTANTIVE POLICY STATEMENTS

The Administrative Procedure Act requires the publication of substantive policy statements issued by agencies (A.R.S. § 41-1013(B)(14)). Substantive policy statements are written expressions which inform the general public of an agency's current approach to rule or regulation practice. Substantive policy statements are advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that a substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

## NOTICE OF SUBSTANTIVE POLICY STATEMENT

### DEPARTMENT OF HEALTH SERVICES

[M08-515]

**1. Subject of the substantive policy statement and the substantive policy statement number by which the policy statement is referenced:**

This substantive policy statement, #SP-002-BHS-BHS, is the Behavioral Health Services Policy and Procedure Manual (BHS PPM). The purpose of the BHS PPM is to establish the client treatment framework BHS providers are expected to implement and follow.

The Department has issued updates to the policies contained in the BHS PPM effective on the dates indicated in item 2. These updates reflect policies that are currently in practice within the Department and among behavioral health providers. This Notice of Substantive Policy Statement also indicates that the policies updated in this manner are no longer separate substantive policy statements but are instead components of the BHS PPM.

**2. Date the substantive policy statement was issued and the effective date of the policy statement if different from the issuance date:**

**Clinical Operations (CO)**

CO 1.1 Inter-RBHA Coordination of Services	10/15/05
CO 1.2 Cultural Competency	05/01/06
CO 1.3 Use of Telemedicine	07/01/07
CO 1.4 Confidentiality	08/12/05

**Quality Management/Monitoring (QM)**

QM 2.1 Medical Care Evaluation Studies	09/01/06
QM 2.2 Showing Report	08/01/04
QM 2.3 Consumer Surveys	10/01/06
QM 2.4 Reporting and Monitoring the Use of Seclusion and Restraint	08/01/04
QM 2.5 Reports of Incidents, Accidents and Deaths	01/01/07

**Grievance/Appeals (GA)**

GA 3.1 Conduct of Investigations Concerning Persons with Serious Mental Illness	01/01/04
GA 3.2 Contractor and Provider Claims Disputes	10/01/06
GA 3.3 Title XIX/XXI Notice and Appeal Requirements	09/15/08
GA 3.4 Seriously Mentally Ill Adults in Need of Special Assistance	04/15/04
GA 3.5 Notice and Appeal Requirements (SMI and General)	09/15/08
GA 3.6 Complaint Resolution	05/01/06
GA 3.7 Reporting of Deaths of All Behavioral Health Recipients	10/01/06
GA 3.8 Disclosure of Confidential Information to Human Rights Committees	08/15/08

**Miscellaneous (MI)**

MI 5.1	Division Document Development, Maintenance and Dissemination	06/01/06
MI 5.2	Community Service Agencies – Title XIX Certification	04/01/08
MI 5.3	Pre-Admission Screening and Resident Review (PASRR)	05/15/07
MI 5.4	Arizona State Hospital Transition Fund	10/01/07
MI 5.5	Arizona State Hospital	10/01/07

**3. Summary of the contents of the substantive policy statement:**

The Policy and Procedure Manual is a compilation of policies and procedures that have been developed to establish standards for the management of the Regional Behavioral Health Authorities (RBHAs) that have contracts with the Department of Health Services to provide behavioral health services to residents of Arizona. The Policy and Procedure Manual is organized into four chapters:

1. Clinical Operations (CO),
2. Quality Management/Monitoring (QM),
3. Grievance/Appeals (GA), and
4. Miscellaneous (MI).

Each section is further divided into subsections. The following is a brief description of each subsection included in the Policy and Procedure Manual:

**CO 1.1 Inter-RBHA Coordination of Services**

This subsection requires coordination between Tribal and Regional Behavioral Health Authorities (collectively, “T/RBHAs”) in a manner that ensures that covered behavioral health services are provided continuously when a service recipient:

1. Receives services outside of the geographical service area (“GSA”) served by their designated T/RBHA (non-enrolled persons);
2. Receives services outside of the GSA served by their home T/RBHA (enrolled persons); or
3. Moves to another GSA.

**CO 1.2 Cultural Competency**

This subsection requires the Department and T/RBHAs to implement an annual cultural competency plan and to promote the development of cultural and linguistic competency within the behavioral health system.

**CO 1.3 Use of Telemedicine**

This subsection requires the T/RBHAs and subcontracted providers to use teleconferencing to extend the availability of clinical, educational, and administrative services. All clinical services provided through the interactive video teleconferencing must conform to established policies for confidentiality and maintenance of records.

**CO 1.4 Confidentiality**

This subsection requires that information and records obtained in the course of providing or paying for behavioral health services to a person are confidential and are only disclosed according to federal and state law.

**QM 2.1 Medical Care Evaluation Studies**

This subsection requires that each T/RBHA has a review process in place to ensure that required Medical Care Evaluation (MCE) studies are undertaken, completed, analyzed, and utilized to improve care.

**QM 2.2 Showing Report**

This subsection requires RBHAs to submit a Quarterly Showing Report to the Department. The report must demonstrate compliance with federal certification of need and re-certification of need requirements. It requires the Department to complete the “showing report” requirements related to Tribal RBHAs. The Tribal RBHAs must review and attest to the validity of the Quarterly Showing Report.

**QM 2.3 Consumer Surveys**

This subsection requires that the T/RBHAs and their subcontracted providers participate in and cooperate with the Department during the planning, implementation, administration, data analysis, and results reporting of the annual consumer survey.

**QM 2.4 Reporting and Monitoring the Use of Seclusion and Restraint**

This subsection requires T/RBHAs to receive reports concerning the use of seclusion and restraint with all enrolled children and adults. The T/RBHAs are also required to monitor restraint and seclusion methods to ensure that use of these methods is consistent with all applicable requirements.

**QM 2.5 Reports of Incidents, Accidents and Deaths**

This subsection requires that T/RBHAs and the Arizona State Hospital ensure the timely and accurate reporting of incidents, accidents, and deaths involving behavioral health recipients to the Department's Office of Human Rights and the appropriate Human Rights Committee.

**GA 3.1 Conduct of Investigations Concerning Persons with Serious Mental Illness**

This subsection requires that the Department, the Arizona State Hospital, RBHAs and their subcontracted providers, and Tribal RBHAs and their subcontracted providers, conduct investigations into allegations of physical abuse, sexual abuse, violations of rights, and conditions that are dangerous, illegal, or inhumane. Investigations shall also be conducted in the event of a client death. Investigations conducted pursuant to this policy are only conducted when the person receiving services is enrolled in services for persons with serious mental illness.

**GA 3.2 Contractor and Provider Claims Disputes**

This subsection establishes a process to resolve contractor or claim disputes involving a provider, T/RBHA, or non-contracted providers of mental health services and substance abuse services to eligible persons.

**GA 3.3 Title XIX/XXI Notice and Appeal Requirements**

This subsection applies to the Department, T/RBHAs, T/RBHA subcontracted providers, including the Arizona State Hospital, and Title XIX/XXI eligible persons. This section requires that T/RBHAs ensure that all subcontracted providers adhere to the requirements of this policy, which requires that Title XIX/XXI eligible persons are provided notice and the opportunity to appeal when an action is taken with respect to a Title XIX/XXI covered service. Title XIX/XXI eligible persons who have been adversely affected by a Pre-Admission Screening and Resident Review determination in the context of either a preadmission screening or an annual resident review are provided notice and the opportunity to appeal through the Department.

**GA 3.4 Seriously Mental Ill Adults in Need of Special Assistance**

This subsection requires that a person determined to have a serious mental illness and deemed to need special assistance must be identified regardless of whether the program believes it is accommodating the person's needs. This section enumerates the individuals permitted to decide whether an individual is in need of special assistance.

**GA 3.5 Notice and Appeal Requirements (SMI and General)**

This subsection requires that decisions made by the Department or a T/RBHA may be appealed according to the procedure set forth by this policy. Issues that may be appealed include: SMI eligibility; the need for, the timely provision of, or the continuation of behavioral health services; and charges or co-payments for services.

**GA 3.6 Complaint Resolution**

This subsection requires the Department and T/RBHAs to track and respond to all complaints according to the process set forth in this subsection.

**GA 3.7 Reporting of Deaths of All Behavioral Health Recipients**

This subsection requires that all deaths of behavioral health recipients be reviewed by the T/RBHA and reported to the Department to the Office of Medical Management in the Bureau of Quality Management Operations. All deaths are reviewed by the Department's Medical Director or designee and selected cases are referred to the Department's Morbidity and Mortality Committee for further review and potential action, in accordance with the Department's established quality assurance process.

**GA 3.8 Disclosure of Confidential Information to Human Rights Committees**

This subsection requires that T/RBHAs ensure that all subcontracted providers, including the Arizona State Hospital, provide records of currently or previously enrolled persons to Human Rights Committees in accordance with federal and state law.

**MI 5.1 Division Document Development, Maintenance and Dissemination**

This subsection requires the Department to ensure that applicable requirements governing Arizona's public behavioral health system are articulated clearly and accurately to T/RBHAs and the T/RBHAs' subcontracted providers.

**MI 5.2 Community Service Agencies – Title XIX Certification**

This subsection requires that RBHA and Tribal RBHA Community Service Agency subcontracted providers be Title XIX Certified by the Department and registered with AHCCCS prior to delivering and billing for behavioral health rehabilitation or support services.

**MI 5.3 Pre-Admission Screening and Resident Review (PASRR)**

This subsection requires that Medicaid-certified nursing facilities provide PASRR Level I screening, or verify that screening has been conducted, in order to identify serious mental illness and/or mental retardation prior to initial admission of persons to a nursing facility bed that is Medicaid certified or dually certified for Medicaid/Medicare.

**MI 5.4 Arizona State Hospital Transition Fund**

This section requires that a T/RBHA enrollee determined to have a serious mental illness or serious emotional disturbance be eligible to receive special living support and assistance upon discharge from the Arizona State Hospital (Civil and Adolescent Units) in order to assist in the enrollee's transition to the community. Although the Transition Fund is intended to provide for an individual's needs as identified in the individual's State Hospital Discharge Plan, it is not intended to supplant items or supports otherwise provided by the T/RBHA or other community resources. Funds may not be used to provide other Departmentally-covered behavioral health services.

**MI 5.5 Arizona State Hospital**

This section requires the Arizona State Hospital and T/RBHAs to coordinate services to ensure the provision of appropriate, medically necessary covered behavioral health services that are consistent with treatment goals and identified needs for individuals admitted to the Arizona State Hospital.

**4. A statement as to whether the substantive policy statement is a new statement or a revision:**

This is a revised substantive policy statement reflecting current Department policy and practice. This policy replaces SP-001-BHS-BHS, which was last noticed on March 8, 2002.

**5. The name and address and telephone number of the person to whom questions and comments about the substantive policy statement may be directed:**

Name: Margaret Russell, Bureau Chief of Policy

Address: Department of Health Services  
Division of Behavioral Health Services  
Policy Office, Bureau of Compliance  
150 N. 18th Ave., Suite 260  
Phoenix, AZ 85007

Telephone: (602) 364-4658

Fax: (602) 364-4762

or

Name: Kathleen Phillips, Administrative Counsel and Rules Administrator

Address: Department of Health Services  
Office of Administrative Counsel and Rules  
1740 W. Adams St., Suite 200  
Phoenix, AZ 85007-2602

Telephone: (602) 542-1264

Fax: (602) 364-1150

**6. Information about where a person may obtain a copy of the substantive policy statement and the costs for obtaining the policy statement:**

Interested persons may obtain a copy of this substantive policy statement from the Arizona Department of Health Services. A free copy may be obtained online at the following web address: [http://www.azdhs.gov/diro/admin\\_rules/substantive\\_BHS.htm](http://www.azdhs.gov/diro/admin_rules/substantive_BHS.htm).

A paper copy may be obtained from either of the locations listed below. The Department charges 25 cents per page for copying. Payment may be made by cash or by check or money order made payable to the Arizona Department of Health Services.

Address: Division of Behavioral Health Services  
Policy Office, Bureau of Compliance  
150 N. 18th Ave., Suite 260  
Phoenix, AZ 85007

Telephone: (602) 364-4658

Fax: (602) 364-4762

or

Notices of Substantive Policy Statements

Address: Office of Administrative Counsel and Rules  
1740 W. Adams St., Suite 200  
Phoenix, AZ 85007  
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NOTICE OF SUBSTANTIVE POLICY STATEMENT  
DEPARTMENT OF HEALTH SERVICES

[M08-516]

**1. Subject of the substantive policy statement and the substantive policy statement number by which the policy statement is referenced:**

This substantive policy statement, #SP-003-BHS-BHS, is the Behavioral Health Services Provider Manual. The purpose of the Provider Manual is to describe direct service delivery requirements to behavioral health providers across the state of Arizona. Each contracted Regional Behavioral Health Authority (RBHA), including the Tribal RBHAs (collectively T/RBHAs) has added geographic service area (GSA) information to the manual to create RBHA-specific versions of the Provider Manual.

The Department has issued updates to the Provider Manual effective on the dates indicated in item 2. These updates reflect policies that are currently in practice within the Department and among behavioral health providers.

**2. Date the substantive policy statement was issued and the effective date of the policy statement if different from the issuance date:**

<u>Provider Manual Section</u>	<u>Update Effective</u>
1.0 SCOPE	08/15/07
2.0 INTRODUCTION	08/15/07
3.0 CLINICAL OPERATIONS	
3.1 Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescription Drug Coverage, and the Limited Income Subsidy Program	10/15/08
3.2 Appointment Standards and Timeliness of Service	03/15/08
3.3 Referral Process	01/01/06
3.4 Co-payments	05/01/08
3.5 Third Party Liability and Coordination of Benefits	06/01/06
3.6 Member Handbooks	05/01/06
3.7 Clinical Liaison	01/01/07
3.8 Outreach, Engagement, Re-Engagement and Closure	09/15/08
3.9 Intake, Assessment and Service Planning	01/01/06
3.10 SMI Eligibility Determination	07/01/05
3.11 General and Informed Consent to Treatment	06/15/07
3.12 Advance Directives	07/01/07
3.13 Covered Behavioral Health Services	03/15/06
3.14 Securing Services and Prior Authorization	08/01/07
3.15 Psychotropic Medications: Prescribing and Monitoring	08/15/07
3.16 Medication Formulary	05/15/08
3.17 Transition of Persons	12/15/04
3.18 Pre-petition Screening, Court Ordered Evaluation and Treatment	08/01/05
3.19 Special Populations	10/15/04
3.20 Credentialing and Privileging	04/15/05
3.21 Service Prioritization for Non-Title XIX/XXI Funding	03/15/06

Notices of Substantive Policy Statements

3.22	Out-of-State Placements for Children and Young Adults	06/01/08
3.23	Cultural Competence	03/01/08
<b>4.0</b>	<b>COMMUNICATION AND CARE COORDINATION</b>	
4.1	Disclosure of Behavioral Health Information	08/12/05
4.2	Behavioral Health Medical Record Standards	10/01/06
4.3	Coordination of Care with AHCCCS Health Plans, Primary Care Providers, and Medical Providers	12/01/07
4.4	Coordination of Care with Other Governmental Entities	10/01/06
<b>5.0</b>	<b>MEMBER RIGHTS AND PROVIDER CLAIMS DISPUTES</b>	
5.1	Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons	09/15/08
5.2	Member Complaints	08/01/04
5.3	Grievance and Request for Investigations for Persons Determined to have a Serious Mental Illness	01/01/04
5.4	Special Assistance for SMI Members	01/01/04
5.5	Notice and Appeal Requirements (SMI and General)	09/15/08
5.6	Provider Claims Disputes	10/01/06
<b>6.0</b>	<b>DATA AND BILLING REQUIREMENTS</b>	
6.1	Submitting Tribal Fee-for-Service Claims to AHCCCS	04/15/08
6.2	Submitting Claims and Encounters to the RBHA	04/15/08
<b>7.0</b>	<b>REPORTING REQUIREMENTS</b>	
7.1	Fraud and Program Abuse Reporting	08/15/08
7.2	Medical Institution Reporting for Medicare Part D	08/15/08
7.3	Seclusion and Restraint Reporting	08/01/04
7.4	Reporting of Incidents, Accidents and Deaths	07/01/07
7.5	Enrollment, Disenrollment and Other Data Submission	04/01/08
<b>8.0</b>	<b>PERIODIC AUDITS AND SURVEYS</b>	
8.1	Encounter Validation Studies	06/01/06
8.2	<i>Reserved</i>	
8.3	Consumer and Family Satisfaction Survey	06/01/06
8.4	Performance Improvement Projects	06/01/06
8.5	Medical Care Evaluation Studies	05/01/06
<b>9.0</b>	<b>TRAINING AND DEVELOPMENT</b>	
9.1	Training Requirements	07/15/07
<b>10.0</b>	<b>T/RBHA-SPECIFIC REQUIREMENTS</b>	
<b>11.0</b>	<b>DEFINITIONS</b> (Continuously Updated)	10/15/08
<b>12.0</b>	<b>FACT SHEETS</b>	
<b>13.0</b>	<b>FORMS AND ATTACHMENTS</b>	
	<i>Section 3.1 Accessing and Interpreting Eligibility and Enrollment Information and Screening and Applying for AHCCCS Health Insurance</i>	
	PM Attachment 3.1.1 Key Code Index	01/16/08
	PM Form 3.1.1 Tracking of Medicare Part D Enrollment	03/15/06
	PM Attachment 3.1.2 Rate Codes Descriptions	10/15/08
	PM Form 3.1.2 Tracking of Limited Income Subsidy Status	10/15/08
	PM Attachment 3.1.3 Rate Codes	10/15/08

**Notices of Substantive Policy Statements**

PM Form ADHS AE-01 AHCCCS Elig Screen	04/01/08
PM Form ADHS AE-08 Decline Screening and Referral	06/26/06
Forma PM ADHS AE-08 Negación a Participar en la Evaluación y/o en el Proceso de Remisión al Seguro de Salud de AHCCCS	10/01/06
<b><i>Section 3.3 Referral Process</i></b>	
PM Form 3.3.1 ADHS DBHS Referral to Behavioral Health Services	01/01/06
<b><i>Section 3.4 Co-payments</i></b>	
PM Form 3.4.1 Non Title XIX & XXI Co Pay Assess	04/01/08
Forma PM 3.4.1 Evaluación de Pago Colateral sin Titulo XIX/XXI	04/01/08
<b><i>Section 3.9 Intake, Assessment and Service Planning</i></b>	
PM Form 3.9.1 Behavioral Health Assessment and Service Plan	01/01/06
Forma PM 3.9.1 Evaluación de Salud Mental y Plan de Servicios	08/01/04
PM Form 3.9.2 Behavioral Health Assessment: Birth-5 and Service Plan	01/01/06
Forma PM 3.9.2 Evaluación de Salud de Comportamiento ADHS/DBHS: Nacimiento-5 y Lista de Verificación del Plan de Servicio	01/01/06
ADHS/DBHS Instruction Guide for the Assessment, Service Plan and Annual Update	01/01/06
ADHS/DBHS Instruction Guide for the Assessment: Birth-5, Service Plan and Annual Update	01/01/06
<b><i>Section 3.10 SMI Eligibility Determination</i></b>	
PM Attachment 3.10.1 SMI Qualifying Diagnosis	09/09/04
PM Attachment 3.10.2 Subst Abuse Psych Symptom	09/09/04
PM Form 3.10.1 SMI Determination Form	09/09/04
<b><i>Section 3.11 General and Informed Consent to Treatment</i></b>	
PM Form ADHS MH-103 Application for Voluntary Evaluation	07/15/05
Forma PM ADHS/DBHS MH-103 Solicitud de Una Evaluación Voluntaria	08/01/04
PM Form 3.11.1 Substance Abuse Prevention Program and Evaluation Consent	06/15/07
Forma PM 3.11.1 Permiso de Participación en la Evaluación del Programa de Prevención del uso de Drogas y Alcohol	06/15/07
<b><i>Section 3.13 Covered Behavioral Health Services</i></b>	
PM Attachment 3.13.1 Covered Services Matrix	03/15/06
<b><i>Section 3.14 Securing Services and Prior Authorization</i></b>	
PM Attachment 3.14.1 Admission Psych Acute Hosp & Sub-Acute Auth Criteria	08/01/07
PM Attachment 3.14.2 Cont Stay Psych Acute Hosp & Sub-Acute Auth Criteria	08/01/07
PM Attachment 3.14.3 Admission Residential Treatment Center Auth Criteria	08/01/07
PM Attachment 3.14.4 Cont Stay Residential Treatment Center Auth Criteria	08/01/07
PM Form 3.14.1 Certification of Need (CON)	08/01/07
PM Form 3.14.2 Recertification of Need (RON)	08/01/07
PM Form 3.14.3 TRBHA Prior Authorization Request	08/01/07
<b><i>Section 3.15 Psychotropic Medications: Prescribing and Monitoring</i></b>	
PM Form 3.15.1 Informed Consent for Psychotropic Medication Treatment	08/15/07
Forma PM 3.15.1 Consentimiento Informado para Tratamiento con Medicamentos Psicotrópicos	08/15/07
<b><i>Section 3.18 Pre-Petition Screening, Court-Ordered Evaluation and Court-Ordered Treatment</i></b>	

*Arizona Administrative Register / Secretary of State*

**Notices of Substantive Policy Statements**

ADHS/DBHS Form MH-100, Application for Involuntary Evaluation	09/01/93
ADHS/DBHS Form MH-103, Application for Voluntary Evaluation	07/15/05
ADHS/DBHS Forma MH-103, Solicitud de Una Evaluación Voluntaria	08/01/04
ADHS/DBHS Form MH-104, Application for Emergency Admission for Evaluation	09/01/93
ADHS/DBHS Form MH-105, Petition for Court-Ordered Evaluation	09/01/93
ADHS/DBHS Form MH-110, Petition for Court-Ordered Treatment	09/01/93
ADHS/DBHS Form MH-112, Affidavit, Addendum No. 1 and Addendum No. 2	09/01/93

***Section 3.19 Special Populations***

PM Attachment 3.19.1 Notice to Individuals Receiving Substance Abuse Services	10/15/04
Documento Adjunto PM 3.19.1 Notificación a Individuos Quienes Reciben Servicios para el Abuso de Estupefacientes	10/15/04
PM Form 3.19.1 Quarterly PATH Report	10/15/04

***Section 3.20 Credentialing and Privileging***

PM Attachment 3.20.1 Examples of College Classes Relevant to Behavioral Health	04/15/05
PM Form 3.20.1 Supervision of Clinical Liaisons	04/15/05
PM Form 3.20.2 BHT Case Supervision	04/15/05

***Section 3.21 Service Prioritization for Non-Title XIX/XXI Funding***

PM Attachment 3.21.1 Health Plan and RBHA Medical Institution Notification for Dual Eligible Members	03/15/06
PM Form 3.21.1 AHCCCS Notification to Waive Medicare Part D Co-Payments for Members in a Medical Institution that is Funded by Medicaid	03/15/06
PM Attachment 3.21.2 Part D Voluntary Prescription Drug Benefit Program Benefits and Costs for People with Medicare	03/15/06

***Section 3.22 Out-of-State Placements for Children and Young Adults***

PM Form 3.22.1 Out of State Placement Initial Notice	06/01/08
PM Form 3.22.2 Out of State Placement 90-Day Update	06/01/08

***Section 4.2 Behavioral Health Medical Record Standards***

PM Form 4.2.1 Clinical Record Documentation Form	09/01/06
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***Section 4.3 Coordination of Care with AHCCCS Health Plans and PCPs***

PM Attachment 4.3.1 AHCCCS Contracted Health Plans	03/10/08
PM Form 4.3.1 Communication Document	12/01/07
PM Form 4.3.2 Request for Information from PCP or Medicare Plan/Provider	12/01/07

***Section 4.4 Coordination of Care with Other Government Entities***

PM Attachment 4.4.1 ACYF Child Welfare Time Frames	03/15/05
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***Section 5.1 Member Notice Requirements***

PM Form 5.1.1 Notice of Action	09/01/08
Forma PM 5.1.1 Aviso De Acción	09/01/08
PM Form 5.1.2 Notice of Extension of Timeframe for Service Authorization Decision Regarding Title XIX/XXI Behavioral Health Services	09/15/08
Forma PM 5.1.2 Aviso de Extension de Plazo para Autorizacion de Decision para Servicios de Salud Mental Titulo XIX/XXI	09/15/08

***Section 5.3 Grievance and Request for Investigation for Persons Determined to Have a Serious Mental Illness (SMI)***

*Arizona Administrative Register / Secretary of State*

**Notices of Substantive Policy Statements**

PM Form 5.3.1 ADHS/DBHS Appeal or SMI Grievance	01/01/04
Forma PM 5.3.1 Forma De Apelación ADHS/DBHS o Queja SMI	01/01/04
<b><i>Section 5.4 Special Assistance for SMI Members</i></b>	
PM Form 5.4.1 Request For Special Assistance	01/01/04
Forma PM 5.4.1 Solicitud De Asistencia Especial	01/01/04
<b><i>Section 5.5 Notice and Appeal Requirements (SMI and Non-SMI/Non Title XIX/XXI)</i></b>	
PM Attachment 5.5.1 Notice of SMI Grievance and Appeal Procedure	09/15/08
Documento Adjunto PM 5.5.1 Aviso De Queja y Apelación Formal De SMI De ADHS/DBHS	08/01/04
PM Form 5.5.1 Notice of DSN & Right to Appeal	09/15/08
Forma PM 5.5.1 Aviso De Decisión y Derecho De Apelación	09/15/08
PM Form ADHS MH-209 Notice of Discrimination Prohibited	09/15/08
PM Form ADHS MH-211 Notice of Legal Rights for SMI	09/15/08
Forma PM MH De ADHS-211 Aviso de los Derechos Legales para Personas con una Enfermedad Mental Grave	09/15/08
<b><i>Section 5.6 Provider Claims Disputes</i></b>	
PM Attachment 5.6.1 Provider Claims Disputes Contact List	04/27/06
PM Attachment 5.6.2 Process for Provider Claims Disputes	04/27/06
<b><i>Section 6.1 Submitting Claims and Encounters</i></b>	
PM Attachment 6.1.1 Pseudo Id Numbers	10/15/04
<b><i>Section 7.1 Fraud and Abuse Reporting</i></b>	
PM Form 7.1.1 Suspected Fraud or Abuse Report	01/02/08
<b><i>Section 7.2 Medical Institution Reporting for Medicare Part D</i></b>	
PM Form 7.2.1 AHCCCS Notification to Waive Medicare Part D Co-Payments for Members in a Medical Institution that is Funded by Medicaid	08/15/08
<b><i>Section 7.3 Seclusion and Restraint Reporting for Level I Facilities</i></b>	
PM Form 7.3.1 Seclusion & Restraint Reporting Level 1 Facility Reporting	08/01/04
<b><i>Section 7.4 Reporting of Incidents, Accidents and Deaths</i></b>	
PM Form 7.4.1 Reporting Incident Accident Deaths	07/01/07
<b><i>Section 7.5 Enrollment, Disenrollment and other Data Submission</i></b>	
PM Attachment 7.5.1 Timeframes for Data Submission	04/01/08
PM Attachment 7.5.2 834 Transaction Data Requirements	04/01/08
PM Attachment 7.5.3 SMI and SED Qualifying Diagnoses Table	04/01/08
PM Attachment 7.5.4 Substance Abuse Disorders Qualifying Diagnoses Table	04/01/08
<b><i>Section 8.5 Medical Care Evaluation Studies</i></b>	
PM Attachment 8.5.1 Instructions for the Completion of Medical Care Evaluation Study Forms	05/01/06
<b><i>PM Form 8.5.1 Medical Care Evaluation (MCE) Study</i></b>	
Request for Registration	05/01/06
PM Form 8.5.2 Summary of Medical Care Evaluation Methodology	05/01/06
<b><i>Section 9.1 Training Requirements</i></b>	
PM Attachment 9.1.1 Arizona Child and Family Teams Proficiency Measurement Tool for Facilitation – User’s Guide	07/15/07
PM Form 9.1.1 Arizona Child and Family Teams Proficiency Measurement Tool for Facilitation	07/15/07

14.0 INDEX

04/15/08

**3. Summary of the contents of the substantive policy statement:**

The Provider Manual template is divided into fourteen sections: 1.0, "Scope"; 2.0, "Introduction"; 3.0 "Clinical Operations"; 4.0, "Communication and Care Coordination"; 5.0, "Member Rights and Provider Claims Disputes"; 6.0, "Data and Billing Requirements;" 7.0, "Reporting Requirements;" 8.0, "Periodic Audits and Surveys;" 9.0, "Training and Development"; 10.0, "T/RBHA Specific Requirements"; 11.0, "Definitions"; 13.0, "Forms and Attachments"; and 14.0, "Index." The following is a brief summary of each section:

**1.0 SCOPE**

This section identifies the individuals governed by the Provider Manual.

**2.0 INTRODUCTION**

This section provides an overview of the Arizona Public Behavioral Health System and describes the principles and goals of the entities involved in the system.

**3.0 CLINICAL OPERATIONS**

This section sets forth the operating procedures applicable to a provider that provides behavioral health services. The procedures included in this section are procedures required to:

1. Determine eligibility and enroll a client;
2. Ensure that a client receives the appropriate response to the client's clinical needs within an appropriate amount of time;
3. Establish a referral process by which persons can gain prompt access to publicly-supported behavioral health services;
4. Determine whether a person must pay a co-payment and, if so, determine how and when behavioral health providers calculate a person's co-payment;
5. Determine whether third-party health insurance is liable for payment of services;
6. Establish the responsibility of providers to distribute member handbooks to all persons receiving behavioral health services;
7. Describe the roles and functions of a Clinical Liaison;
8. Provide outreach activities to inform the public of the benefits and availability of behavioral health services, including actively engaging all persons seeking or receiving behavioral health services to the maximum extent, re-engaging persons who withdraw from treatment, disenrolling persons who are no longer receiving services, and re-enrolling persons who have been disenrolled from the behavioral health system for less than six months;
9. Establish a model for intake, assessment, service planning, and service delivery that includes input from the person, the person's family and friends, and clinical expertise;
10. Determine whether a person is seriously mentally ill;
11. Ensure that a person seeking behavioral health services agrees to have those services performed after being made aware of the behavioral health service options available to them;
12. Ensure that behavioral health providers comply with federal and state laws regarding advance directives for adult persons;
13. Ensure that a person is aware of the available covered services;
14. Inform a person about which behavioral health services require prior authorization;
15. Prescribe psychotropic medications;
16. Ensure that safe, cost-effective, efficacious medications are available;
17. Ensure the coordination and continuity of care for persons experiencing a transition between service providers;
18. Inform behavioral health providers of the pre-petitioning screening, court-ordered evaluation, and court-ordered treatment processes for persons who are unable or unwilling to seek behavioral health treatment and who may be a danger to themselves or others because of a mental disorder;
19. Ensure that behavioral health providers are aware of specific federal grants and state programs within the Department's public behavioral health system, special populations and prioritized populations covered under each federal grant and state program, and responsibilities for delivering covered behavioral health services to the identified special populations;
20. Establish credentialing and privileging processes that comply with the state and national standards;

21. Establish service priorities and ensure that information about non-Title XIX/XXI-funded service priorities is immediately available upon request;
22. Establish a process for placing children or young adults in out-of-state facilities for behavioral health care and treatment; and
23. Ensure the delivery of culturally- and linguistically-appropriate behavioral health services by competent providers who are respectful and responsible to cultural and linguistic needs.

#### **4.0 COMMUNICATION AND CARE COORDINATION**

This section sets forth requirements regarding the handling of confidential medical information and coordination of care between providers and other governmental agencies. This section requires the providers to establish procedures to:

1. Ensure adherence to state and federal privacy laws relating to the use and disclosure of confidential health information;
2. Ensure that behavioral health medical records are correctly created, maintained, and disclosed;
3. Ensure that timely communication and coordination of care occurs between the T/RBHAs, subcontracted behavioral health providers, AHCCCS health plan primary care providers, or other health care providers regarding an enrolled person's behavioral health and general medical care and treatment; and
4. Ensure that the care a person receives from a behavioral health service provider is effectively coordinated with other governmental entities concurrently providing services to the person.

#### **5.0 MEMBER RIGHTS AND PROVIDER CLAIMS DISPUTES**

This section sets forth requirements regarding members' rights and disputes between providers regarding claims. Entities are required to establish procedures to ensure that Title XIX/XXI-eligible persons seeking or receiving behavioral health services have access to an appeals process that fairly and efficiently resolves identified issues and that Title XIX/XXI-eligible persons are provided notices that sufficiently inform the eligible person about the appeal process. Providers must establish a process that allows eligible persons to file complaints to fairly and efficiently resolve identified issues. Providers must establish procedures that allow specific persons to file grievances and request investigations regarding a violation of a person's rights or when a condition requiring investigation has occurred. The procedures must specify the time-frames, the responsibilities of the behavioral health provider, and the responsibilities of the aggrieved person. Providers must also establish procedures to determine whether a person with a serious mental illness is in need of special assistance and, if so, the procedure that must be followed to ensure that person is referred to the Office of Human Rights.

Providers are required to establish procedures that ensure persons who are applying for or have determined to have a serious mental illness (SMI) are provided notice of their right to appeal decisions regarding their SMI determination, the timely provision of behavioral health services, or decisions regarding charges or co-payments for behavioral health services. Providers must establish an appellate procedure indicating who can file an appeal, the time-frames for filing an appeal, and where an appeal must be directed.

Providers must also establish a process for resolving disputes among providers regarding payment of claims, denial of claims, or assignment of sanctions. The process must afford behavioral health providers the opportunity to challenge a decision by the RBHA or the Department if the decision impacts the provider.

#### **6.0 DATA AND BILLING REQUIREMENTS**

The providers must ensure that behavioral health providers submit timely, accurate, and complete claims and encounter data. The providers must establish a process specifying the requirements that apply to T/RBHAs for submitting claims or encounters, including the forms providers must use and the information providers must include on submitted forms.

#### **7.0 REPORTING REQUIREMENTS**

This section requires providers to report suspected fraud and abuse to avoid misappropriation of funds. Providers are required to establish a procedure for reporting fraud or abuse, including time-frames for reporting and the method that must be used to report. This section also provides specific reporting requirements for Institutions for Mental Diseases; seclusion and restraint reporting requirements for Level I facilities authorized to use seclusion and restraint as a behavioral health intervention; provides specific reporting requirements for behavioral health providers following an incident, accident, or death involving a behavioral health recipient; the parameters under which T/RBHAs may require subcontracted providers to also submit a written summary of their review of deaths of adult Non-SMI behavioral health recipients; and how behavioral health providers are required to submit enrollment, disenrollment, and other data in a timely, complete, and accurate manner.

#### **8.0 PERIODIC AUDITS AND SURVEYS**

This section informs behavioral health providers that encounter validation studies may be performed by AHCCCS, AHCCCS staff, or Departmental staff and requires that behavioral health providers cooperate fully with any encoun-

Notices of Substantive Policy Statements

ter validation review that AHCCCS or the Department may conduct. This section also requires that behavioral health providers cooperate with the Department, the Professional Review Organization and the T/RBHA by allowing access to provider staff, behavioral health recipients, and their behavioral health records. T/RBHAs may require behavioral health providers to participate in administering and implementing statewide consumer surveys. T/RBHAs must inform providers of participation requirements at the time the surveys are conducted. Further, behavioral health providers may be asked to participate in any or all of a Performance Improvement Project (PIP), which is one method the Department uses to assess and improve processes and consequently, the outcomes of care.

T/RBHAs must also ensure that all OBHL licensed Level I subcontracted providers adhere to the Medical Care Evaluation (MCE) requirements. MCE studies are an established method to promote the most effective and efficient use of available health facilities and services consistent with enrolled persons' needs and professionally recognized standards of health care for persons receiving services in OBHL licensed Level I facilities. This section itemizes which provider types must conduct MCE studies and the processes providers must follow to conduct the studies.

**9.0 TRAINING AND DEVELOPMENT**

This section explains that the Department requires behavioral health providers to undergo specified forms of training. Each T/RBHA determines the qualifications required of T/RBHA trainers and provider trainers. This section sets forth the requirements and procedures required of the providers.

**10.0 T/RBHA-SPECIFIC REQUIREMENTS**

This section is reserved for each T/RBHA to add material specific to that T/RBHA.

**11.0 DEFINITIONS**

This section defines various terms that are used throughout the Provider Manual.

**12.0 FACT SHEETS**

This section is reserved for future development.

**13.0 FORMS AND ATTACHMENTS**

This section provides the forms and attachments required to be completed or consulted by the Provider Manual.

**4. A statement as to whether the substantive policy statement is a new statement or a revision:**

This is a revised substantive policy statement reflecting current Department policy and practice.

**5. The name and address and telephone number of the person to whom questions and comments about the substantive policy statement may be directed:**

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**NOTICE OF SUBSTANTIVE POLICY STATEMENT**

**DEPARTMENT OF HEALTH SERVICES**

[M08-517]

**1. Subject of the substantive policy statement and the substantive policy statement number by which the policy statement is referenced:**

This substantive policy statement, #SP-004-BHS-BHS, is the Behavioral Health Services Clinical and Recovery Practice Protocols (BHS CRPP). The purpose of the BHS CRPP is to serve as a compilation of “best practices” documents, known in existing national standards as Clinical Practice Guidelines. These documents help behavioral health providers ensure appropriate treatment is delivered to behavioral health clients and families, who are members of the public.

The Department has issued updates to the policies contained in the BHS CRPP effective on the dates indicated in item 2. These updates reflect policies that are currently in practice within the Department and among behavioral health providers. This Notice of Substantive Policy Statement also indicates that the policies updated in this manner are no longer separate policy statements but are instead components of the BHS CRPP.

**2. Date the substantive policy statement was issued and the effective date of the policy statement if different from the issuance date:**

**2008**

Clinical and Recovery Practice Protocol	Issued Date*	Effective Date
Clinical Supervision	11/01/2008	11/01/2008
Older Adults: Behavioral Health Prevention, Early Intervention, and Treatment	11/01/2008	11/01/2008
Out of Home Services	08/05/2008	06/01/2007
Home Care Training to Home Care Client Services for Children	08/05/2008	06/01/2007
Disturbances and Disorders of Attachment	06/17/2008	06/01/2007
Child and Adolescent Service Intensity Instrument	05/07/2008	04/01/2008
Support and Rehabilitation Services for Children, Adolescents, and Young Adults	03/01/2008	03/01/2008
The Child and Family Team	01/01/2008	01/01/2008
Transition to Adulthood	01/01/2008	01/01/2008

**2007**

Clinical and Recovery Practice Protocol	Issued Date*	Effective Date
Neuropsychological Evaluations	12/04/2007	06/30/2006
Assessing Suicidal Risk	12/04/2007	10/01/2006
The Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with CPS	12/04/2007	10/01/2006
Psychotropic Medication Use in Children, Adolescents, and Young Adults	11/20/2007	11/01/2006

**Notices of Substantive Policy Statements**

Polypharmacy Use: Assessment of Appropriateness and Importance of Documentation	11/20/2007	05/01/2006
Informed Consent for Psychotropic Medication Treatment	11/20/2007	05/01/2006
Arizona State Hospital: Effective Utilization and Collaboration	07/30/2007	09/01/2006
Peer Workers/Recovery Support Specialists Within Behavioral Health Agencies	03/21/2007	04/01/2007

**2006**

All Clinical and Recovery Practice Protocols effective in 2006 have been subsequently updated.

**2005**

Clinical and Recovery Practice Protocol	Issued Date*	Effective Date
Providing Services to Children in Detention	08/23/2005	06/01/2005
Pervasive Developmental Disorders and Developmental Disabilities	07/08/2005	07/08/2005
Children and Adolescents Who Act Out Sexually	03/07/2005	03/07/2005
Information Sharing with Family Members of Adult Behavioral Health Recipients	12/28/2004	01/03/2005

**2004**

Clinical and Recovery Practice Protocol	Issued Date*	Effective Date
Substance Abuse Treatment in Children	04/25/2004	05/25/2004
The Adult Clinical Team	07/01/2004	07/01/2004

**2003**

Clinical and Recovery Practice Protocol	Issued Date*	Effective Date
Attention Deficit Hyperactivity Disorder	04/03/2003	10/18/1995
Substance Use, Abuse, and/or Dependence in Pregnant and Postpartum Women	04/03/2003	07/09/2001
Co-Occurring Psychiatric and Substance Disorders	04/03/2003	02/01/2002

**2002 and earlier**

All Clinical and Recovery Practice Protocols effective in 2002 or earlier have been subsequently updated or discontinued.

\*The Issued Date is the date that a new Clinical and Recovery Practice Protocol was issued by the Department or the most recent date that a revision to an existing Clinical and Recovery Practice Protocol was issued by the Department. Clinical and Recovery Practice Protocol revisions typically become effective on the date they are issued, but the original effective dates of revised Clinical and Recovery Practice Protocols are indicated for reference.

**3. Summary of the contents of the substantive policy statement:**

The Clinical and Recovery Practice Protocols are organized by year, from most recent to least recent. The following is a brief summary of each section:

Clinical Supervision

This policy distinguishes clinical supervision from administrative supervision, and establishes practice elements to optimize clinical supervision in the behavioral health client treatment environment. The policy cross-references ADHS/DBHS Provider Manual (SP-003-BHS-BHS) Section 9.1: Training Requirements.

Older Adults: Behavioral Health Prevention, Early Intervention, and Treatment

This policy describes concepts primarily relevant to the treatment of older adult behavioral health patients, such as substance abuse, disorder risk factors, healthy aging generally, sense of purpose, social support, autonomy in personal life, and others. The policy sets forth procedures for overcoming barriers to service and implementing effective prevention plans that include family- and community-based rehabilitation and treatment.

Out of Home Services

This policy applies best practices to behavioral health patients in residential treatment centers and group homes to ensure that services to those patients are provided consistent with the 12 Arizona Principles and the Child and Family Team structure. The policy describes the treatment goal as the successful return of the patient to the patient's home and community.

Home Care Training to Home Care Client Services for Children

This policy outlines the clinical considerations related to initial service delivery, active treatment during service delivery, and necessary transition planning for utilization of Home Care Training to Home Care Client services for patients who are children eligible for Title XIX or Title XXI health care insurance.

Disturbances and Disorders of Attachment

This policy delineates standards for treating children within the full range of attachment disturbances and disorders, including the implementation of the Child and Family Team approach and recognition of signs that a child is not bonding and intervention is required to promote healthy attachments between the child and a caregiver.

Child and Adolescent Service Intensity Instrument (CASII)

This policy establishes a protocol for the effective use and administration of the CASII tool in Arizona, in an effort to provide guidance to case managers in a consistent manner, clarify how Child and Family Team practice varies based upon complexity of need, and facilitate more consistent evaluation practices across behavioral health providers.

Support and Rehabilitation Services for Children, Adolescents, and Young Adults

This policy seeks to enhance behavioral health outcomes for children and young adults by improving the integration of Support and Rehabilitation Services with Child and Family Team Practice, clarifying the expectations regarding Support and Rehabilitation Service development, and outlining behavioral health provider responsibilities with respect to Support and Rehabilitation Services processes.

The Child and Family Team

This policy defines and describes the activities of the Child and Family Team practice in accordance with the 12 Arizona Principles:

1. Collaboration with the child and family,
2. Functional outcomes,
3. Collaboration with others,
4. Accessible services,
5. Best practices,
6. Most appropriate setting,
7. Timeliness,
8. Services tailored to the child and family,
9. Stability,
10. Respect for the child and family's unique cultural heritage,
11. Independence, and
12. Connection to natural supports.

Transition to Adulthood

This policy provides details and guidance for behavioral health providers implementing the transition planning protocols found in the Behavioral Health Services Provider Manual (#SP-BHS-BHS-003) in order to ensure that an individual's transition from childhood to adulthood, and from children's services to adult services, smoothly and seamlessly supports and reinforces resiliency and recovery. Behavioral health providers are directed to guide clients through a transition into adulthood that "does not occur at eighteen [years of age] but is a process that continues through early adulthood" and involves the clients, families, and natural supports.

Neuropsychological Evaluations

This policy distinguishes types of patients referred to a neuropsychologist for assessment into three groups: Patients with known brain damage, patients with a recognized risk factor for brain damage and who demonstrate a change in behavior which might be the result of disease or injury to the brain, and patients in which brain disease or trauma is suspected but no specific etiology or risk factor has been identified. The policy then describes conditions under which a patient should be referred for neuropsychological evaluation, such as when a patient has had a traumatic head injury, a brain tumor, or prenatal exposure to drugs or alcohol, for example. The policy describes procedures for when a referral should be directed to another agency.

Assessing Suicidal Risk

This policy provides guidelines for assessing suicidal risk in patients and describes appropriate clinical practices to promote positive clinical outcomes, such as the implementation of the attached Special Suicidal Risk Assessment tool. The policy describes the use of the tool and procedures for conducting assessments independent of assessment tools.

Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with CPS

This policy sets forth the appropriate clinical approaches for serving patients and families where those patients have been in foster homes, in adoptive placement, or have lived with their families but otherwise interacted extensively with CPS. The policy describes elements that apply to patients and families involved with CPS that may not necessarily apply the same way to other patients, such as integrating the family members (even if foster or adoptive) into the Child and Family Team, planning behavioral health services to coincide with schedules for CPS case management, exploring alternate options to congregate care when an out-of-home placement is necessary, helping CPS case managers know when and how a referral to a behavioral health provider is appropriate, preparing children and caregivers for permanency (such as through adoption), and preparing youth patients for transition to adulthood and adult services.

Psychotropic Medication Use in Children, Adolescents and Young Adults

This policy synthesizes procedures from the Behavioral Health Services Provider Manual (#SP-003-BHS-BHS) and guidelines describing the prerequisite psychiatric factors for the prescription of psychotropic medication. The policy describes processes for coordination of care with other behavioral health providers, family members, and other medical providers.

Polypharmacy Use: Assessment of Appropriateness and Importance of Documentation

This policy provides a set of best practice guidelines for use by behavioral health prescribing clinicians, to assist these providers in writing specific rationales for the combination of psychotropic medications (polypharmacy) used in the treatment of patients' disorders. The policy describes processes for documenting the complex decision-making process psychiatric practitioners undergo when choosing to prescribe or not prescribe psychotropic medication to a patient, informed consent by the patient, and uniform application of documentation standards such as to the patient's medical records.

Informed Consent for Psychotropic Medication Treatment

This policy provides a guide to using the informed consent provisions of the Behavioral Health Services Provider Manual (#SP-003-BHS-BHS) to ensure that behavioral health patients are empowered to decide whether to proceed with treatment by psychotropic medication.

Arizona State Hospital: Effective Utilization and Collaboration

This policy establishes protocols for the interoperability of decision-making and patient treatment planning functions between the Arizona State Hospital and the Tribal and Regional Behavioral Health Authorities (T/RBHAs) and other referring entities. This policy supersedes collaborative agreements already in place between each T/RBHA and the Arizona State Hospital, where applicable.

Peer Workers/Recovery Support Specialists within Behavioral Health Agencies

This policy guides behavioral health agencies in implementing peer worker/recovery support services within their organizations and enhancing mental health and substance use disorder services by expanding peer-delivered services. The policy establishes that recovery is a singular process that is different to every patient and promotes peer-delivered services, whether by employees, volunteers, or co-patients, as a well-grounded framework within the behavioral health treatment process.

Providing Services to Children in Detention

This policy coordinates services between the behavioral health system and the juvenile justice system for children in a detention facility who need behavioral health services and who may be eligible for Title XIX or Title XXI health care insurance. The policy includes a brief overview of the juvenile justice system for the benefit of behavioral health providers who may be unfamiliar with juvenile adjudication, process, and disposition, including detention placement. Processes for providing services to juvenile detainees include the applicable cross-references to the Behavioral Health Services Provider Manual (#SP-003-BHS-BHS).

Pervasive Developmental Disorders and Developmental Disabilities

This policy establishes, for children eligible for Title XIX or Title XXI health care insurance, a process to promote best practices for treating individuals with pervasive developmental disorders and developmental disabilities. The policy establishes protocols to reduce target symptoms, improve overall functioning, and strengthen a patient's community and family support systems. The policy also coordinates and integrates behavioral health policies and procedures with the services provided by Child Protective Services, the Division of Developmental Disabilities, and other involved agencies.

Children and Adolescents Who Act Out Sexually

This policy establishes protocols for behavioral health interventions for children and adolescents who display sexually inappropriate behavior in the course of treatment. The policy applies to the treatment of children eligible for Title XIX or Title XXI health care insurance. Initial and ongoing assessments address factors such as histories of abuse or sexual risk, anger and impulse control, and external factors such as academic difficulties or the presence of substance abuse. The policy also requires the use of psychosexual testing tools such as the Multiphasic Sex Inventory II (Juve-

nile) and the Abel Assessment for Sexual Interest by trained clinicians with specialized expertise in the application thereof.

Information Sharing with Family Members of Adult Behavioral Health Recipients

This policy sets forth the protocols for sharing information about an adult behavioral health recipient's care with family members and others actively participating in that individual's treatment. The clinical team is allowed to accept information from family members, and adult behavioral health recipients may authorize the clinical team to share otherwise confidential information.

Substance Abuse Treatment in Children

This policy describes substance abuse interventions for children. The policy guides providers in determining which children are most likely to abuse substances, how a comprehensive assessment for substance use disorders should be implemented, how service plans should be developed, what overriding treatment concepts guide services, and what specific treatment approaches have proven effective in treating children for substance abuse issues.

The Adult Clinical Team

This policy sets forth the clinical team structure and treatment approach for adult behavioral health recipients. The policy distinguishes which types of individuals should be treated by adult clinical teams, establishes the responsibilities of the teams, establishes the composition of the teams, explains how clinical liaisons and other behavioral health representatives support the work of the teams, describes the benefits of involving family members, provides strategies to actively engage family members, and sets forth the scope of authority the adult clinical team has to secure services.

Attention Deficit Hyperactivity Disorder

This policy identifies the service population that should receive treatment for attention deficit hyperactivity disorder; establishes the desired outcomes from treatment as changes in signs and symptoms, functional improvement, and environmental support; indicates major differential disorders and co-morbid conditions; and establishes recommended practice and coordination for treatment. Recommended practices include behavioral health therapeutic approaches, medical services, and ancillary services such as advocacy and vocational rehabilitation.

Substance Use, Abuse and/or Dependence in Pregnant and Postpartum Women

This policy describes treatment interventions for substance abuse tailored specifically toward the population of pregnant and postpartum women. The policy begins with universal principles of effective addiction treatment and expands the clinical practice to include specialized interventions and services designed for the target population, such as outreach, child care, food, medical services, and continuity of addiction treatment.

Co-Occurring Psychiatric and Substance Disorders

This policy sets forth guidelines for the expectation and treatment of multiple disorders in a patient. The policy describes organizational principles, integration principles, and intervention concepts, and then sets forth guidelines for practice standards, screening, detection, diagnosis, assessment, intervention, and outcome measurement.

**4. A statement as to whether the substantive policy statement is a new statement or a revision:**

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