

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

[M09-67]

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-002a-BHS-BHS, is an update to the Behavioral Health Services Policy and Procedure Manual (BHS PPM), #SP-002-BHS-BHS. 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. 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:

Quality Management/Monitoring (QM)

QM 2.3 Consumer Surveys 12/15/08

Miscellaneous (MI)

MI 5.1 Division Document Development, Maintenance and Dissemination 12/15/08

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 that is updated in this Notice:

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.

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.

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

This is a revised substantive policy statement that updates #SP-002-BHS-BHS, as described in item #1.

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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Notices of Substantive Policy Statements

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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

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.

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NOTICE OF SUBSTANTIVE POLICY STATEMENT

DEPARTMENT OF HEALTH SERVICES

[M09-68]

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-003a-BHS-BHS, is an update to the Behavioral Health Services Provider Manual, #SP-003-BHS-BHS. 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:

Provider Manual Section

Update Effective

3.0 CLINICAL OPERATIONS

3.21 Service Prioritization for Non-Title XIX/XXI Funding

12/15/08

7.0 REPORTING REQUIREMENTS

7.6 Duty to Report Abuse, Neglect, or Exploitation

12/15/08

8.0 PERIODIC AUDITS AND SURVEYS

8.3 Behavioral Health Recipient Satisfaction Survey (replaces Consumer and Family Satisfaction Survey)

12/15/08

13.0 FORMS AND ATTACHMENTS

Section 4.3 Coordination of Care with AHCCCS Health Plans and PCPs

PM Form 4.3.1 Communication Document

12/15/08

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

The Provider Manual template is divided into 14 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." (This substantive policy statement omits section 12.0, "Fact Sheets," because that section is reserved for Department contractors to add contractor-specific information.) The following is a brief summary of each section:

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;

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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.

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 encounter 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.

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 that updates #SP-003-BHS-BHS, as described in item #1.

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

[M09-69]

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-004a-BHS-BHS, is an update to the Behavioral Health Services Clinical and Recovery Practice Protocols (BHS CRPP), #SP-004-BHS-BHS. 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. 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

Table with 3 columns: Policy Statement, Issued Date*, Effective Date. Rows include Clinical and Recovery Practice Protocol and Co-occurring Psychiatric and Substance Disorders.

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The Unique Behavioral Health Needs of Children, Youth, and Families Involved with CPS	12/08/2008	10/01/2006
Women’s Substance Abuse Treatment (replaces Substance Use, Abuse, and/or Dependence in Pregnant and Postpartum Women)	11/17/2008	11/17/2008
Transition to Adulthood	11/04/2008	01/01/2008

*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:

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.

The 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.

Women’s Substance Abuse Treatment

This policy, which replaces Substance Use, Abuse, and/or Dependence in Pregnant and Postpartum Women, 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.

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.

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

This is a revised substantive policy statement that updates #SP-004-BHS-BHS, as described in item #1.

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