

## The criteria for Special Assistance designation are:

- The Member must be determined to have a Serious Mental Illness (SMI); and,
- The Member is unable to communicate preferences and/or participate effectively in ISP, ITDP, grievance and/or appeal processes; and,
- The Members' inability described above is due to a specific condition: **a)** cognitive ability/intellectual capacity; **b)** language barrier that cannot be addressed by a translator/interpreter; **c)** a medical condition (including severe psychiatric symptoms); and/or, **d)** an Arizona Court has determined Full and Permanent Legal Guardianship for the Member.

## Initial Assessment Process for Special Assistance Determination:

The Tribal/Regional Behavioral Health Authority (T/RBHA) or Service Provider must conduct an initial assessment of members determined to be SMI to determine if the person meets Special Assistance criteria. This can be done by the provider during the initial intake, case manager during the initial assessment, or any clinical team member during an interaction with the Member.

Clinical team members should be looking to see if the Member is understanding options provided to them, able to service plan effectively and make decisions on their own, can navigate the system, and is able to voice their concerns/complaints through an informal or formal grievance and/or appeal process. Specific criteria for Special Assistance can be found above.

The details of the assessment must be documented in the Members clinical record after each instance, noting whether or not the member meets special assistance criteria, why/why not, with supporting evidence.

The Member, a guardian or a designated representative can appeal the determination that an individual needs (or does not need) Special Assistance through the SMI appeal process

## Re-Assessment Process for Special Assistance Determination:

Re-assessment is to be completed on an on-going basis, but *minimally* at the following stages:

- Individual Service Plan (ISP) development and review;
- When a Member is admitted or discharged to/from an inpatient psychiatric setting - Inpatient Treatment and Discharge Plan (ITDP) planning; and,
- Investigation, grievance or appeal process (and when conditions exist to file a grievance/appeal)

Clinical team members should be looking to see if the Member is understanding options provided to them, able to service plan effectively and make decisions on their own, can navigate the system, and is able to voice their concerns/complaints through an informal or formal grievance and/or appeal process. Specific criteria for Special Assistance can be found above.

The Members determined to meet criteria for Special Assistance at one time may graduate from needing Special Assistance upon a re-assessment. This could be due to an increase in education regarding rights and services inside

of the system, decrease in symptoms that were making it difficult to effectively engage in treatment plan or discharge plan, or change in other circumstances.

Likewise, the Members determined to not meet criteria for Special Assistance could meet criteria at a later time after the initial assessment was done. This is the importance of continuing re-assessments for Special Assistance criteria throughout the Member's treatment.

The details of the re-assessment must be documented in the Members clinical record after each instance, noting whether or not the member meets special assistance criteria, why/why not, with supporting evidence.

The Member, a guardian or a designated representative can appeal the determination that an The Member needs (or does not need) Special Assistance through the SMI appeal process

**Assessment/Re-Assessment for Special Assistance will not only identify Members who meet criteria but will also rule out those who do not. Some examples of not meeting criteria are:**

- Needs things explained frequently, in more basic terms or needs additional time to understand information
- Would simply benefit from having someone to help them
- Is able but not willing to actively participate in services or programming
- Can self-advocate but presents with interpersonal issues that are challenging
- Requires increased intensive and effective engagement from the clinical team
- Is on Court Ordered Treatment (not a qualifying criteria – see above)
- Is receiving services through both Behavioral Health and Division of Developmental Disabilities (not a qualifying criteria – see above)
- Due to their age (not a qualifying criteria – see above)
- Due to specific diagnosis alone (not a qualifying criteria – see above)
- Determined to have a Special Need (i.e., Learning Disability, Can't Read/Write, etc., not a qualifying criteria – see above)

## **Who can be designated to provide Special Assistance?**

A person identified by the Member (family, family-of-choice or a close personal friend) who interacts with the Member on a regular basis or their court-appointed Legal Guardian. If no one is identified as willing/able to fulfill the advocacy role on the Members' behalf, an Office of Human Rights Advocate may be assigned.

For more information, please refer to

<https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/ohr.html>

## AHCCCS CONTACTS AND RESOURCES

RESOURCE LINKS
AHCCCS Medical Policy Manual (AMPM) <a href="https://www.azahcccs.gov/shared/MedicalPolicyManual/">https://www.azahcccs.gov/shared/MedicalPolicyManual/</a>
AHCCCS Contractors Operating Manual (ACOM) <a href="https://www.azahcccs.gov/shared/ACOM/">https://www.azahcccs.gov/shared/ACOM/</a>
Arizona Administrative Code (R9-21) <a href="https://apps.azsos.gov/public_services/Title_09/9-21.pdf">https://apps.azsos.gov/public_services/Title_09/9-21.pdf</a>

AHCCCS/DCAIR OFFICE OF HUMAN RIGHTS
<p>OHR Main Office Phone: 602-364-4585 or 800-421-2124 (toll free) Email: <a href="mailto:OHRts@AZAHCCCS.GOV">OHRts@AZAHCCCS.GOV</a> Mail: 801 E. Jefferson St. Phoenix, AZ 85034 MD 4200</p> <p>The intent of this document is to provide general information to individuals determined to have a Serious Mental Illness receiving services in the Arizona's public behavioral health care system regarding their rights. It is not intended as a substitute for individual guidance or advice. Additionally, the AHCCCS/DCAIR Office of Human Rights is not a law firm.</p>
AHCCCS CLINICAL RESOLUTION UNIT
602-364-4558 or 800-867-5808

LONG TERM CARE HEALTH PLANS (PROGRAM CONTRACTORS)	
<p><b>Banner – University Family Care LTC</b> Customer Service 1-833-318-4146 <a href="http://www.bannerufc.com">www.bannerufc.com</a></p>	<p><b>Mercy Care LTC</b> Customer Services 1-800-624-3879 <a href="http://www.mercycareaz.org">www.mercycareaz.org</a></p>
<p><b>United Healthcare LTC</b> Customer Service 1-800-293-3740 <a href="http://www.uhcommunityplan.com">www.uhcommunityplan.com</a></p>	<p><b>Department of Economic Security/ Division of Developmental Disabilities (DES/DDD) Customer Service 1-800-770-9500</b> <a href="http://www.azdes.gov/ddd/">www.azdes.gov/ddd/</a></p>

REGIONAL BEHAVIORAL HEALTH AUTHORITY (RBHA) HEALTH PLANS		
<p><b>Arizona Complete Health - Complete Care Plan RBHA</b> Customer Service 1-888-788-4408 <a href="http://www.azcompletehealth.com/completecare">www.azcompletehealth.com/completecare</a></p>	<p><b>Mercy Care RBHA</b> Customer Service 1-800-564-5465 <a href="http://www.mercycareaz.org">www.mercycareaz.org</a></p>	<p><b>Health Choice Arizona RBHA</b> Customer Services 1-800-322-8670 <a href="http://www.healthchoiceaz.com">www.healthchoiceaz.com</a></p>