

1620-G - BEHAVIORAL HEALTH STANDARDS

EFFECTIVE DATES: 02/14/96, 02/01/05, 09/01/05, 09/01/06, 10/01/07, 01/01/11, 10/01/11, 05/01/12, 03/01/13, 10/01/13, 10/01/04 01/01/16, 10/01/17, 06/01/21

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I. PURPOSE

This Policy applies to ALTCS E/PD, DES DDD, and Tribal ALTCS as specified within this Policy. This Policy establishes Contractor and Tribal ALTCS case management requirements for members needing or receiving behavioral health services.

II. DEFINITIONS

**BEHAVIORAL HEALTH
PROFESSIONAL
(BHP)**

1. An individual licensed under ARS Title 32, Chapter 33, whose scope of practice allows the individual to:
 - a. Independently engage in the practice of behavioral health as defined in ARS 32-3251, or
 - b. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in ARS 32-3251 under direct supervision as defined in AAC R4-6-101.
2. A psychiatrist as defined in ARS 36-501.
3. A psychologist as defined in ARS 32-2061.
4. A physician.
5. A behavior analyst as defined in ARS 32-2091.
6. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse.
7. A registered nurse:
 - a. A psychiatric-mental health nursing certification, or
 - b. One year of experience providing behavioral health services.

**BEHAVIORAL HEALTH
SERVICES**

Physician or practitioner services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's behavioral health issue.

III. POLICY

In addition to all other Arizona Long Term Care System (ALTCS) case management standards, the following standards also apply to members who need or receive behavioral health services:

- A. When the Case Manager receives a request for behavioral health services from the member/Health Care Decision Maker (HCDM), Designated Representative (DR) or when the Case Manager identifies the need for behavioral health services, the Case Manager shall send a referral to a behavioral health provider for an initial assessment. Referrals shall be made by the Case Manager within 24 hours, (not including weekends and holidays), from the day that the request for behavioral health services was received or the need identified.
- B. The Case Manager shall assess the need for and as appropriate send referrals for Serious Mental Illness (SMI) determinations as specified in AMPM Policy 320-P to a qualified clinician, as specified in AAC R9-21-101(B) for assessment and evaluation.
- C. The Case Manager shall ensure members receive behavioral health services in accordance with behavioral health appointment standards as specified in ACOM Policy 417.
- D. The Case Manager shall ensure there is communication with and coordination between the member's Primary Care Provider (PCP) and behavioral health providers involved in the member's care and that care is also coordinated with other agencies and/or other providers involved in the member's care.
- E. For members residing in a non-behavioral health setting and exhibiting challenging behaviors (new or existing), additional or new interventions may be warranted to support the member in the current setting. The Case Manager shall ensure the timely involvement of a Behavioral Health Professional (BHP) to assess, develop a care plan and preserve the current placement (if possible). Refer to AMPM Policy 310-R for information on acute behavioral health situations.
- F. The case management for a member receiving behavioral health services shall be provided in collaboration with a qualified BHP in those cases where the Case Manager does not meet the qualifications of a BHP (as specified in AAC R9-10). The consultation does not have to be with the provider of behavioral health services; it may be with the Contractor's behavioral health coordinator or other qualified designee. The AHCCCS DFSM Tribal ALTCS Behavioral Health Registered Nurse (RN) is also available to the Tribal ALTCS case managers for consultation.
- G. The Case Manager shall make contact with the BHP prior to the initial behavioral health consultation for all members receiving/needing behavioral health services. At a minimum, quarterly discussions (or more frequent, as warranted) between the Case Manager and the BHP are required thereafter as long as the member continues to receive/need behavioral health services.
- H. The Case Manager shall document the content and results of the initial and quarterly discussions with the BHP. The discussion shall be a communication between the Case Manager and a BHP regarding the member's status and plan of treatment. A report received and placed in the member's case file by the Case Manager from the BHP does not meet the requirement for initial and quarterly discussions between the Case Manager and the BHP.

- I. Initial and quarterly discussions are not required for members who are stable on psychotropic medications and/or are not receiving any behavioral health services other than medication management.
- J. As part of the monitoring of the care plan and Person Centered Service Plan (PCSP), the Case Manager shall review the psychotropic medications being taken by the member. Only those medications used to modify behavioral health symptoms need to be included in this specific monitoring. Examples of medication uses that do not require this monitoring are sedative hypnotics when used to treat insomnia or on an as needed basis prior to a procedure, anti-anxiety medications used for muscle spasms, and anticonvulsants used to treat a seizure disorder.
- K. The Documentation of the medication review shall be clearly evident in the member case file. The review shall take place at each reassessment and include the purpose of the medication, the effectiveness of the medication and any adverse side effects that may have occurred. Any concerns noted (for example, medication appears to be ineffective, adverse side effects are present, multiple medications apparently prescribed for the same diagnosis) shall be discussed with the BHP and/or prescribing practitioner. Case notes shall reflect this discussion and shall include a plan of action to address these issues.
- L. The Case Managers are responsible for identifying, assisting with, and monitoring the special needs and requirements related to members who are unable or unwilling to consent to treatment (i.e. petitioning, court ordered treatment and judicial review). Case file documentation shall reflect this activity.
- M. The behavioral health code that reflects the member's current behavioral health status shall be updated at the time of each review visit on the CA161/Placement Maintenance screen in Client Assessment Tracking System (CATS). Refer to the AHCCCS Tutorial Guide for Pre-Paid Medical Management Information Systems Interface for ALTCS Case Management for a list and description of these codes.