

**230 – SUPPORT AND REHABILITATION SERVICES FOR CHILDREN, ADOLESCENTS, AND  
YOUNG ADULTS**

EFFECTIVE DATES: 07/01/16, 10/01/21

APPROVAL DATE: 08/12/21

**I. PURPOSE**

This Behavioral Health Practice Tool applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors. This Behavioral Health Practice Tool is an optional resource for the Fee-For-Service Programs and is not a requirement for the Fee-For-Service Programs. This practice tool establishes expectations for the implementation of support and rehabilitation services as they are utilized in Child and Family Team practice. Adhering to the expectations in this practice tool will enhance behavioral health outcomes for children and young adults by:

1. Improving the integration of Support and Rehabilitation Services with Child and Family Team (CFT) Practice.
2. Clarifying the expectations regarding Support and Rehabilitation Service development.
3. Outlining responsibilities with respect to Support and Rehabilitation Services processes.

**II. BACKGROUND**

In 2001 the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) Covered Services array was expanded, giving behavioral health providers access to a range of enhanced service options designed to help deliver flexible, community-based care. In March of 2007, ADHS/DBHS launched the Meet Me Where I Am (MMWIA) campaign with the intention of increasing the availability of Support and Rehabilitation Services. As a result of Administrative Simplification this goal remains a priority of AHCCCS. As part of the MMWIA campaign 9 modules were created and placed online offering assistance to practitioners of Direct Support Services. These modules can be accessed at [mmwia.com](http://mmwia.com) and referenced in this document.

Support and Rehabilitation Services are an essential part of community-based practice and culturally competent care. These services help children live successfully with their families in the community. It is anticipated that demand for quality Support and Rehabilitation Services will continue to grow.

**III. RECOMMENDED PROCESS/PROCEDURES****A. SERVICE DEVELOPMENT**

Contractors are responsible for developing sufficient Support and Rehabilitation Service capacity to meet the behavioral health needs of youth and families, as identified in their CFTs. Contractors shall ensure the following occurs in relation to service development:

1. CFTs have access to the full range of Support and Rehabilitation Services.
2. CFT facilitators and families are aware of the value of Support and Rehabilitation Services, as well as specific and current information regarding the different provider options available in their area.
3. Contractors shall adopt a Support and Rehabilitation Services system model outlining how these services will be structured in their region, and their relation to other behavioral health services and providers (refer to Module 9: “System and Program Models for Support and Rehabilitation Services Provision” of the online MMWIA modules for more information).
4. Support and Rehabilitation Services are available to meet the behavioral health needs of youth and families as identified in their CFTs.

**B. INTEGRATING SUPPORT AND REHABILITATION SERVICES WITH CFT PRACTICE**

The CFT completes the following tasks when planning and arranging for Support and Rehabilitation Services (refer to Module 4: “Assessing, Coordinating and Monitoring Support Services through the CFT” of the online MMWIA modules for detailed information about each task):

1. Assess the underlying needs of the child/family and consider the various options presented through Support and Rehabilitation Services for meeting those needs. These options may include family, natural and community resources, resources of other involved stakeholder agencies (such as DCS, DDD, and family-run support or advocacy organizations) as well as paid behavioral health resources. The CFT determines which of the identified needs will be met through Support and Rehabilitation Services, and documents these interventions in a service plan (refer to AMPM Policy 320-O). The CFT determines which of the identified needs will be met through Support and Rehabilitation Services, and documents these interventions in a service plan (refer to AMPM Policy 320-O).
2. Locate and select Support and Rehabilitation Services provider(s) to help implement the plan. Collaborate with and use information provided by the Contractors to do the following:
  - a. Determine which Support and Rehabilitation Services providers may meet the needs identified,

- b. Determine whether those providers have current capacity, and
  - c. Make a referral to the selected provider(s).
3. Work with the Support and Rehabilitation Services provider(s) to define their roles and tasks, specifying the anticipated frequency and duration associated with the Support and Rehabilitation Services requested. The CFT ensures this information is recorded in the service plan and the Support and Rehabilitation Services provider(s) promptly receive a copy of the plan. If unplanned services are needed due to crisis situations, the CFT notes this change in the service plan and the Support and Rehabilitation Services provider is authorized to respond with additional support if needed.
4. Coordinate effectively with the Support and Rehabilitation Services provider(s) on an ongoing basis. This may be accomplished through CFT meetings as well as through regular communication with the Support and Rehabilitation Services provider. The CFT Facilitator/case manager sends the Support and Rehabilitation Services provider a complete Referral Packet which includes copies of any updated assessments, service plans, notice of change to funding status, and other important documents whenever updates occur.
5. Support and Rehabilitation Services shall be documented accurately and differentiate between which services were provided. Module 1: "Overview of Support and Rehabilitation Service Provision" of the MMWIA modules provides several appendices intended to assist with code differentiation and billing limitations of Support and Rehabilitation Services.
6. Monitor progress and adjust the Support and Rehabilitation Services provision as necessary. The CFT, which includes the Support and Rehabilitation Services provider, makes necessary adjustments to the authorized Support and Rehabilitation Services. These include the type, anticipated frequency and duration of the service(s), as well as and documents any changes in the service plan. CFTs meet regularly and make needed adjustments in the implementation of Support and Rehabilitation Services, both when services are successful and when they need to be modified because they are not achieving desired results.
7. All support and Rehabilitation Services should be provided using a Positive Behavior Support (PBS) philosophy. Module 3: "Using Positive Behavior Support to Provide Effective Support and Rehabilitation Services" of the online MMWIA modules contains information regarding this type of approach. PBS is intended as a meta-theory to guide Support and Rehabilitation Services provision rather than as a specific type of program. It is not the intent of AHCCCS to prescribe specific programming practices, but rather to endorse the principles underlying Positive Behavior Support, such as focus on strengths, enhancing quality of life and eliminating coercive or punitive approaches.
8. When clinically appropriate, the CFT will direct a plan to discontinue formal Support and Rehabilitation Services delivery ensuring that the youth and family have been

connected to community resources or services and natural support services that will provide ongoing support. (Refer to MMWIA Module 4: “Assessing, Coordinating and Monitoring Support Services through the CFT” for more information about when it may be appropriate to end Support and Rehabilitation Services as well as suggestions for transition from these services).

#### **IV. RESPONSIBILITIES REGARDING SUPPORT AND REHABILITATION SERVICES PROCESSES**

1. Contractors are responsible for maintaining and making available to the CFT, current and accurate information regarding Support and Rehabilitation Services providers and their current capacity/availability to provide support.
2. Contractors should require that Support and Rehabilitation Services providers use a standardized referral process that helps providers receive, store, track, and respond in writing to all referrals received from CFT facilitators/case managers.
3. In order to better assess the need for increased Support and Rehabilitation Services capacity, Contractors shall monitor information from CFT Facilitators/case managers who are unable to locate Support and Rehabilitation Services requested by the CFT in a timely manner. Information gathered may include the date of the request(s), number of providers approached, the type and/or amount of Support and Rehabilitation Services sought by the team, and what the team did as an alternative to address the needs of the youth and family.
4. Contractors should create and oversee a process whereby Support and Rehabilitation Services providers receive copies of any and all of the following documents in a timely manner each time they are updated. These documents are needed for quality service provision, and may also be necessary in the event of data validation audits they include:
  - a. Assessments and Addenda,
  - b. Review of Progress forms,
  - c. Service Plan Documents,
  - d. Data demographic forms,
  - e. Crisis/Safety Plans,
  - f. Strengths, Needs and Culture Discoveries, and
  - g. Child and Family Team Notes (if separate from the above items).
5. Contractors shall ensure that procedures are in place to require Support and Rehabilitation Services providers to do the following:
  - a. Respond to referrals in a timely manner,
  - b. Participate actively in Child and Family Teams (as desired by the family/guardians),
  - c. Provide information regarding service delivery as it relates to established child/family goals, and
  - d. Provide training and supervision necessary to help staff members provide effective Support and Rehabilitation Service as outlined by the CFT.

6. Contractors shall develop a process to ensure that when children and families are receiving intense Support and Rehabilitation Services or are receiving them for an extended period of time, services are reviewed periodically to ensure resources are being used effectively. Such review should be done in person with the CFT rather than outside of the team. During such reviews, case-specific factors identified by the CFT as being important to the success of the family must be considered.
7. Contractors should develop processes to track outcomes of Support and Rehabilitation Services both qualitatively (such as narrative success stories) and quantitatively (such as outcome data).

## **V. TRAINING AND SUPERVISION RECOMMENDATIONS**

Contractors shall establish processes for ensuring all clinical and support services staff working with children and adolescents understand the elements for development and use of Support and Rehabilitation Services as specified in this document through formal training as noted here, including required reading of this Policy.

A number of training resources have been developed as part of the MMWIA campaign to assist families, providers and community members in using Support and Rehabilitation Services effectively. Specifically, nine self-guided training modules/toolkits are available for any individuals or agencies across the state that participates in CFTs. These modules may be accessed online at [www.mmwia.com](http://www.mmwia.com).

Contractors are required to provide documentation, upon request from AHCCCS, demonstrating that all required network and provider staff have been trained on the elements contained in this Practice Tool. Whenever this Practice Tool or the attendant training modules are updated or revised, Contractors shall ensure their subcontracted network and provider agencies are notified and required staff are retrained as necessary on the changes.

Supervision regarding implementation of this Practice Tool is to be incorporated into other supervision processes which the Contractors and their subcontracted network and provider agencies have in place for direct care clinical staff, in accordance with A.A.C. R9-10-115 Behavioral Health Paraprofessionals; Behavioral Health Technicians.