

DATE: October 04, 2018
To: Holders of the AHCCCS Medical Policy Manual
FROM: DHCM Contracts and Policy
SUBJECT: AHCCCS Medical Policy Manual (AMPM)

This memo describes revisions and/or additions to the AMPM

Please direct questions regarding policy updates to the Contracts and Policy Unit at 602-417-4295 or 602-417-4055 or email at DHCMContractsandPolicy@azahcccs.gov.

UPDATES AND REVISIONS TO THE AHCCCS MEDICAL POLICY MANUAL (AMPM)

To view the policies and attachments, please access the following link:

AHCCCS MEDICAL POLICY MANUAL (AMPM)

During the month of September AHCCCS will be transitioning the Policies from the *Approved Not Yet Effective* section of the AMPM webpage to the AMPM final publishing section. Some Policies may have additional changes since the date they were first posted to the *Approved Not Yet Effective* section. In the event additional changes were made, those revisions are indicated below. Policies that had no additional changes are then listed after. The transitioned policies have a 10/01/18 effective date.

POLICY 320-R, SPECIAL ASSISTANCE FOR MEMBERS WITH SERIOUS MENTAL ILLNESS

Policy was revised for minor grammatical edits. The definition of AHCCCS Behavioral Health Office of Grievances and Appeals (BHGA) is specified under section III., Policy. AHCCCS will be providing training support related to Special Assistance for Tribal ALTCS Programs, including Navajo Nation.

- **ATTACHMENT A, NOTIFICATION OF MEMBER IN NEED OF SPECIAL ASSISTANCE**
No changes to Attachment A.

POLICY 510, PRIMARY CARE PROVIDERS

Added language to section D., #5., and removed “or AIHP and/or TRBHA”

5. Coordinating care for Behavioral Health Medication Management

When a PCP has initiated medication management services for a member to treat a behavioral health disorder, and it is subsequently determined by the PCP that the member should be referred to a behavioral health provider for evaluation and/or continued medication management services, Contractors shall require and ensure that the PCP coordinates the referral. ***If a member is determined to have an Serious Mental Illness (SMI), the PCP shall coordinate the transfer of the member’s care to a RBHA or TRBHA provider, as applicable (does not apply for members with SMI who have integrated service delivery).*** All affected subcontracts shall include coordination

of care provisions.

Policies and procedures shall address, at a minimum, the following:

- a. Guidelines for PCP referral to a behavioral health provider for medication management.
- b. Guidelines for transfer of a member with an SMI determination to a RBHA ~~or AIHP~~ **and/or** TRBHA for ongoing treatment, as applicable.

POLICY 962, REPORTING AND MONITORING OF SECLUSION AND RESTRAINT

Removed “children” in sections C., 1., 2., and E.,1., as children’s reports are sent to the IOC and are not to be filtered through the AHCCCS Community Affairs Liaison.

C. Contractors and the AzSH shall submit individual and summary reports of the use of S&R to the AHCCCS DHCAA-Community Affairs Liaison (Formerly HRC Coordinator) as follows:

1. Submit redacted monthly individual reports utilizing Attachment A or the agency’s electronic medical record that includes all elements listed on Attachment A, concerning the use of S&R involving ~~children and~~ members designated as SMI, on the 15th of each month. In the event that the use of S&R requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.
2. Submit redacted monthly summary reports, utilizing Attachment B or the agency’s electronic medical record that includes all elements listed on Attachment B, concerning S&R information involving ~~children and~~ members designated as SMI, on the 15th of each month.
3. Contractors and AzSH shall ensure that the disclosure of protected health information is in accordance with state and federal laws.

E. BHIFs and Mental Health Agencies providing services to FFS members including TRBHAs, Tribal ALTCS and AIHP (except AIHP members who are receiving behavioral health services through a RBHA) shall submit individual and summary reports of the use of S&R to the AHCCCS DHCAA-Community Affairs Liaison (Formerly HRC Coordinator) via email at DHCAACommunityAffairs@azahcccs.gov as follows:

1. Forward redacted individual reports, utilizing Attachment A or the agency’s electronic medical record that includes all elements listed on Attachment A, concerning the use of S&R involving ~~children and~~ members designated as SMI within five days of incidence to the AHCCCS DHCAA-Community Affairs Liaison via DHCAACommunityAffairs@azahcccs.gov. In the event that the use of S&R requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.

- **ATTACHMENT A, SECLUSION AND RESTRAINT INDIVIDUAL REPORTING FORM**
No changes to Attachment A.
- **ATTACHMENT B, SECLUSION AND RESTRAINT MONTHLY FORM**
No changes to Attachment B.

POLICY 963, PEER AND RECOVERY SUPPORT TRAINING, CREDENTIALING AND SUPERVISION REQUIREMENTS

Updated section H., 3., to “Contractors shall develop and make available to providers policies and procedures describing the process for submitting evidence of PRSS credentialing to AHCCCS/OIFA.”

POLICY 964, PARENT/FAMILY SUPPORT PROVIDER TRAINING, CREDENTIALING AND SUPERVISION REQUIREMENTS

Updated section G., 3., to “Contractors shall develop and make available to providers policies and procedures describing the process for submitting evidence of CPFSP credentialing to AHCCCS/OIFA.”

POLICY 420, FAMILY PLANNING

ATTACHMENT A, CONSENT TO STERILIZATION

ATTACHMENT B, AHCCCS STERILIZATION REPORTING FORM FOR MEMBERS UNDER 21 YEARS OF AGE

POLICY 800, RESERVED

POLICY 900, RESERVED

POLICY 930, RESERVED

POLICY 964, PARENT/FAMILY SUPPORT PROVIDER TRAINING, CREDENTIALING, AND SUPERVISION REQUIREMENTS

POLICY 970, PERFORMANCE MEASURES

POLICY 980, PERFORMANCE IMPROVEMENT PROJECTS

ATTACHMENT A, PROTOCOL FOR CONDUCTING PERFORMANCE IMPROVEMENT PROJECTS (PIPs)

ATTACHMENT B, PERFORMANCE IMPROVEMENT PROJECT (PIP) REPORT

POLICY 1000, RESERVED

POLICY 1010, MEDICAL MANAGEMENT ADMINISTRATIVE REQUIREMENTS

POLICY 1040, OUTREACH, ENGAGEMENT, AND RE-ENGAGEMENT FOR BEHAVIORAL HEALTH

POLICY 1600, RESERVED

APPROVED NOT YET EFFECTIVE

To view the policies and attachments, please access the following link:

AMPM APPROVED NOT YET EFFECTIVE

The following Policies are posted for Contactor reference.

POLICY 310-A, RESERVED

POLICY 310-E, RESERVED

POLICY 310-G, RESERVED

POLICY 310-H, RESERVED

POLICY 310-O, RESERVED

POLICY 310-T, RESERVED

POLICY 310-W, RESERVED

POLICY 310-Y, RESERVED

POLICY 310-CC, RESERVED

POLICY 320-A, RESERVED

POLICY 320-F, RESERVED

POLICY 320-K, RESERVED

POLICY 961-C, COMMUNITY SERVICE AGENCIES