

## **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

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### **I. PURPOSE**

This Policy applies to ALTCS/EPD, DES/DDD; Fee-For-Service (FFS), Tribal ALTCS as delineated within this Policy. Where this Policy references Contractor requirements the provisions apply to ALTCS E/PD, DES/DDD and Tribal ALTCS unless otherwise specified. This Policy establishes case management requirements for members needing or receiving behavioral health services.

### **II. DEFINITIONS**

<b>BEHAVIORAL HEALTH PROFESSIONAL</b>	An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to (A.A.C. R9-10-101): <ol style="list-style-type: none"><li>Independently engage in the practice of behavioral health as defined in A.R.S. §32-3251; or</li><li>Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. §32-3251 under direct supervision as defined in A.A.C. R4-6-101;</li><li>A psychiatrist as defined in A.R.S. §36-501;</li><li>A psychologist as defined in A.R.S. §32-2061;</li><li>A physician;</li><li>A registered nurse practitioner licensed as an adult psychiatric and mental health nurse; or</li><li>A behavior analyst as defined in A.R.S. §32-2091; or</li><li>A registered nurse.</li></ol>
<b>BEHAVIORAL HEALTH SERVICES</b>	Physician or practitioner services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s behavioral health issue. See also “Covered Services.”

### **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. When the case manager receives a request for behavioral health services from the member/guardian/designated representative 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 in accordance with AMPM Policy 320-P to a qualified clinician, as defined in A.A.C. R9-21-101(B) for assessment and evaluation.
- C. The case managers shall ensure members receive behavioral health services in accordance with behavioral health appointment standards as delineated in ACOM Policy 417.
- D. The case manager must ensure there is communication with the member's Primary Care Provider (PCP) and behavioral health providers involved in the member's care and that care is 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 must ensure the timely involvement of a Behavioral Health Professional to assess, develop a care plan and preserve the current placement (if possible). Refer to the "Policy for Management of Acute Behavioral Health Situations" found in AMPM Appendix H for more detailed information.
- F. Case management for a member receiving behavioral health services must be provided in collaboration with a qualified Behavioral Health Professional in those cases where the case manager does not meet the qualifications of a Behavioral Health Professional (as defined in A.A.C. 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.
- G. The case manager must make contact with the Behavioral Health Professional prior to the initial behavioral health consultation for all members receiving/needing behavioral health services. At minimum quarterly discussions (or more frequent, as warranted) between the case manager and the Behavioral Health Professional are required thereafter as long as the member continues to receive/need behavioral health services.
- H. 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.

The case manager must document the content and results of the initial and quarterly discussions with the Behavioral Health Professional. The discussion must be a communication between the case manager and a Behavioral Health Professional 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 Behavioral Health Professional does not

meet the requirement for initial and quarterly discussions between the case manager and the Behavioral Health Professional.

- I. As part of the care planning and service plan monitoring, the case manager must review the psychotropic medications being taken by the member. Only those medications used to modify behavioral health symptoms need to be included in this special 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.
- J. Documentation of the medication review must be clearly evident in the member case file. The review must 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) must be discussed with the behavioral health consultant and/or prescribing practitioner. Case notes must reflect this discussion and shall include a plan of action to address these issues.
- K. 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 must reflect this activity.
- L. The behavioral health code that reflects the member's current behavioral health status must be updated at the time of each review visit on the CA161/Placement Maintenance screen in Client Assessment Tracking System (CATS). Refer to the, Tutorial Guide for Pre-Paid Medical Management Information Systems Interface for ALTCS Case Management on the AHCCCS website, for a list and description of these codes.