I. PURPOSE

This Policy applies to ALTCS E/PD, RBHA Contractors, and Fee-For-Service (FFS) Programs as delineated within this Policy including: Tribal ALTCS and TRBHAs. This Policy establishes requirements for identification, notification, documentation and reporting for members determined to be Seriously Mentally Ill (SMI) (hereafter, members) who require Special Assistance. “Effective October 01, 2019 this Policy also applies to DES/DDD (DDD)”

II. DEFINITIONS

**Behavioral Health Residential Facility (BHRF)**

As stated in A.A.C. R9-10-101, a health care institution that provides treatment to an individual experiencing a behavioral health issue that limits the individual’s ability to be independent or causes the individual to require treatment to maintain or enhance independence.

**Independent Oversight Committee (IOC)**

The IOC is established by state statute (A.R.S. § 41-3804) to promote the rights of individuals who receive behavioral health services pursuant to title 36, chapters 5 and 34. There is one Independent Oversight Committee (IOC) established for each region as well as the Arizona State Hospital (AzSH), with each IOC providing independent oversight and review within its respective jurisdiction as defined in A.R.S. §§ 41-3803 and -3804, and A.A.C. R9-21-105.

**Office of Human Rights (OHR)**

The OHR is established within AHCCCS and is responsible for the hiring, training, supervision, and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of members determined to have a Serious Mental Illness with Service Planning, Inpatient Discharge Planning and resolving appeals and grievances.
### SPECIAL ASSISTANCE

The support provided to a member designated as Seriously Mentally Ill who is unable to articulate treatment preferences and/or participate effectively in the development of the Service Plan, Inpatient Treatment, and Discharge Plan (ITDP), grievance and/or appeal processes due to cognitive or intellectual impairment and/or medical condition.

### SERIOUS MENTAL ILLNESS (SMI)

A designation as defined in A.R.S. §36-550(4) which is applicable to an individual 18 years of age or older.

### III. POLICY

Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers if applicable, shall identify and submit notification to AHCCCS/DCAIR, OHR of members who meet the criteria for Special Assistance. The provider shall submit a notification whether or not the member’s Special Assistance needs appear to be met by an involved guardian or designated representative (e.g. family member, or friend). Contractors, Tribal ALTCS, TRBHAs, subcontracted providers, and AHCCCS/DCAIR, OHR shall ensure that the individual designated to provide Special Assistance is involved at key stages of the grievance and appeals process.

As applicable, Contractors shall ensure that subcontracted providers adhere to the requirements of this Policy.

### A. GENERAL REQUIREMENTS

1. Criteria to deem a member to be in need of Special Assistance are as follows:
   a. A member is in need of Special Assistance if the member is unable to do any of the following:
      i. Communicate preferences for services,
      ii. Participate effectively in Service Planning or Inpatient Treatment, and Discharge Plan (ITDP),
      iii. Participate effectively in the appeal, grievance, or investigation processes as specified in A.A.C R9-21, Article 4, and
   b. The member’s limitations described above in Section (A) (1) (a) shall be due to at least one of the following:
      i. Cognitive ability/intellectual capacity (i.e. cognitive impairment, borderline intellectual functioning, or diminished intellectual capacity),
      ii. Language barrier (an inability to communicate, other than a need for an interpreter/translator), and/or
      iii. Medical condition including, but not limited to:
         a) Traumatic brain injury,
         b) Dementia, or
         c) Severe psychiatric symptoms.
c. A member who is subject to general guardianship has been found to be incapacitated as specified in A.R.S. §14-5304, and therefore, automatically satisfies the criteria for Special Assistance, or

d. The existence of any of the following circumstances should prompt the Contractor, Tribal ALTCS, TRBHA, or subcontracted provider to more closely review whether the member is in need of Special Assistance:
   i. Developmental disability involving cognitive ability,
   ii. Residence in a 24 hour BHRF setting,
   iii. Limited guardianship, or the Contractor, Tribal ALTCS, TRBHA, or subcontracted provider is recommending and/or pursuing the establishment of limited guardianship, or
   iv. Existence of a serious medical condition that affects the member’s intellectual and/or cognitive functioning, such as dementia or traumatic brain injury.

2. The following criteria shall not be considered when making a determination as to whether or not a member is in need of Special Assistance.
   The member:
   a. Needs things explained in more basic terms,
   b. Is able but not willing to participate in treatment, Service Planning, ITDP, the appeal, grievance or investigation processes,
   c. Can speak and advocate for themselves but present with interpersonal issues that make working with the member challenging,
   d. Needs more regular and effective engagement from the treatment team, or
   e. Has a special need, (e.g. Unable to read or write, needs an interpreter).

3. The following individuals or entity may deem a member to be in need of Special Assistance:
   a. A qualified clinician providing treatment for the member,
   b. A case manager as specified in A.A.C. R9-21-101,
   c. A member of the clinical team as specified in A.A.C. R9-21-101,
   d. A Contractor, Tribal ALTCS, or TRBHA,
   e. A program director of a subcontracted provider
   f. The Deputy Director of AHCCCS or designee, or
   g. A hearing officer assigned to an SMI appeal or grievance.

4. Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers shall, on an ongoing basis, assess whether members are in need of Special Assistance in accordance with the criteria set out in this Policy. At a minimum this shall occur at the following stages:
   a. Assessment and annual updates,
   b. Development of, or update to, the Service Plan,
   c. Admission to a psychiatric inpatient facility,
   d. Development of or update to an ITDP,
   e. Initiation of the grievance or investigation processes,
   f. Filing of an appeal, and
   g. Existence of circumstances and/or other contributing factors which may be a basis for a grievance, an investigation, or an appeal.
5. Documentation
Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers shall document in the member’s medical record (e.g. on the assessment, Service Plan, ITDP, face sheet) each time a member is assessed for the need of Special Assistance, indicating the factors reviewed and the conclusion. If the conclusion is that the member is in need of Special Assistance, notification shall be provided to AHCCCS/DCAIR, OHR by completing the notification form, Part A, in the AHCCCS QM Portal, at QMportal.azahcccs.gov, in accordance with the procedures below.

B. PROCESS FOR NOTIFICATION TO THE OFFICE OF HUMAN RIGHTS

1. Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers shall submit a notification to AHCCCS/DCAIR, OHR by completing the Part A section of the notification within five business days of identifying a member who is in need of Special Assistance and shall include:
   a. If the member requires immediate support (e.g. ITDP, active SMI appeal or grievance); the notification shall be submitted immediately.
   b. Notation if the member was or was not informed of the notification. If the member was not informed of the notification then it shall be documented with an explanation of why not,
   c. A copy of the court ordered guardianship and contact information of the appointed guardian, if the member is under full legal guardianship.
      i. If guardianship documentation is not available at the time the member is identified as in need of Special Assistance, the notification is required to be submitted within the required timeframes, followed by submittal of the required documentation. The notification shall remain in pending status until the documentation is received and the Contractor shall ensure the documentation is submitted timely.

2. Contractors shall review the completed Part A section of the notification, and:
   a. Verify the accuracy of all demographic information,
   b. Verify criteria and/or documentation submitted,
   c. Request additional or missing information from the provider if needed, and
   d. Move the notification forward in the process by submitting to AHCCCS/DCAIR, OHR

3. AHCCCS/DCAIR, OHR will review the notification to ensure it contains all required information and respond within five business days of receipt. After review, AHCCCS/DCAIR, OHR will:
   a. Contact the Contractor submitting the form for clarification, if needed,
   b. Designate which agency/individual will provide Special Assistance by completing Part B of the notification,
   c. Change the status of the notification to active.
4. Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers requesting an updated Part B, to change the individual/agency assigned to meet Special Assistance needs, shall submit a notification to AHCCCS/DCAIR, OHR by uploading required documentation into the Portal. In addition, a follow up email shall be sent to OHRTs@azahcccs.gov with current contact information for the individual being assigned to meet the Special Assistance needs when:
   a. The individual or entity currently identified as providing Special Assistance is no longer actively involved or is unable to continue to meet the member’s needs,
   b. There is a change in guardianship status, or
   c. The member requests a change in the individual/agency meeting Special Assistance needs.

C. Notification Requirements and Process Flow for Members No Longer in Need of Special Assistance

1. Contractors, Tribal ALTCS, TRBHAs, or subcontracted providers shall notify AHCCCS/DCAIR, OHR within 10 business days of an event or determination, when a member receiving Special Assistance no longer meets criteria, by completing Part C of the Notification form within the Portal noting:
   a. The reason(s) why Special Assistance is no longer required,
   b. The effective date,
   c. The name and title of the staff individual completing the form, and
   d. The date the form is completed.

2. Contractors, Tribal ALTCS, TRBHAs, or subcontracted providers shall complete the Part C when any of the following apply:
   a. The original basis for the member meeting Special Assistance criteria is no longer applicable and the member does not otherwise meet criteria. This includes when it is determined that the SMI designation is no longer appropriate and the designation has been removed.
   b. A Part C due to change is SMI designation shall not be completed until after the period to appeal has expired,
   c. The member passes away,
   d. The member enters a Department of Corrections (DOC) facility,
   e. The member moves out of state and no longer receives behavioral health services in Arizona, or
   f. The member elects not to receive services from the Contractor, Tribal ALTCS, or TRBHA and the member is not transferred to another Contractor, Tribal ALTCS, or TRBHA.

3. Contractor, Tribal ALTCS, TRBHA, or subcontracted providers shall perform all required re-engagement efforts, including contacting the individual providing Special Assistance, as specified in AMPM Policy 1040 prior to submission of the Part C.
4. Submission of a Part C is not needed when a member transfers to another Contractor, Tribal ALTCS, or TRBHA, as the Special Assistance designation follows the member and shall be included in medical record during the transfer.

5. Upon receipt of Part C, AHCCCS/DCAIR,OHR will review the content to confirm accuracy and:
   a. Send additional follow up questions to the Contractor if needed, or
   b. Change the status of the notification to closed.

D. REQUIREMENTS TO ENSURE THE PROVISION OF SPECIAL ASSISTANCE

1. Contractors, Tribal ALTCS, TRBHAs, subcontracted providers, and BHGA shall maintain open communication with the individuals (family, guardian, friend, designated representative, AHCCCS/DCAIR, OHR advocate, etc.) assigned to meet the member’s Special Assistance needs. Minimally, this involves providing timely notification to the individual providing Special Assistance to ensure involvement in the following:
   a. Service Plan development, updates and review including any instance when the member makes a decision regarding service options and/or denial/modification/termination of services (service options include not only a specific service, but also potential changes to provider, site, physician and case manager assignment), as specified in AMPM 320-O,
   b. ITDP planning including any time a member is admitted to a psychiatric inpatient facility and involvement throughout the stay and discharge,
   c. The appeal process including circumstances that may warrant the filing of an appeal, so all Notices of Adverse Benefit Determination (NOA) or Notices of Decision (NOD) issued to the member/guardian/designated representative shall also be copied to the individual designated to meet Special Assistance needs, and
   d. Investigation or grievance, including when an investigation/grievance is filed, and circumstances when initiating a request for an investigation/grievance may be warranted.

2. In the event that the procedures outlined in the section above are delayed, in order to ensure the participation of the individual or entity providing Special Assistance to the Member, the Contractors, Tribal ALTCS, TRBHAs, subcontracted providers, and BHGA shall:
   a. Document the reason for the delay in the medical record, or the investigation, grievance or appeal file, and
   b. If an emergency service is needed, ensure that the Member receives the needed services in the interim and provide prompt notification to the agency/individual providing Special Assistance.

3. Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers shall provide timely relevant details and a copy of the notification to the receiving entity and when applicable, the case manager, when a Member who is in need of Special Assistance is:
a. Admitted to an inpatient facility,
b. Admitted to a BHRF setting, or
c. Transferred to a different Contractor, Tribal ALTCS, TRBHA, Case Management Provider site, or case manager.

4. Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers shall ensure that Special Assistance Member demographic information is updated within 5 business days of a change in any of the following sections of the Part A:
   a. Member residence information; residence type, address, city, state, zip and phone number,
   b. Provider information; Assigned Provider Agency, Treatment team names, phone numbers and email addresses,
   c. Clinical information; Diagnosis and Clinical Basis for Special Assistance (e.g. Guardianship is assigned to a member who previously met criteria due to a Cognitive Barrier).

5. Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers shall periodically review whether the member’s needs are being met by the individual or agency designated to meet the member’s Special Assistance needs. If a concern arises, it should first be addressed with the individual or agency providing Special Assistance. If the issue is not promptly resolved, further action shall be taken to address the issue, which may include contacting the Contractors, Tribal ALTCS, TRBHA, or AHCCCS/DCAIR, OHR for assistance.

E. BEHAVIORAL HEALTH OFFICE OF GRIEVANCES AND APPEALS AND CONTRACTORS, TRIBAL ALTCS, AND TRBHA GRIEVANCE AND APPEALS REPORTING REQUIREMENTS

1. Upon receipt of a request for investigation, an SMI grievance or appeal, the Contractor, Tribal ALTCS, or TRBHA, and the BHGA shall review whether the member is already identified as in need of Special Assistance. Further details regarding investigations are as specified in ACOM Policy 444 and ACOM Policy 446.

2. If the member is identified as in need of Special Assistance, the Contractor, Tribal ALTCS, TRBHA, or BHGA shall ensure that:
   a. A copy of the request for investigation or SMI grievance or appeal is sent to AHCCCS/DCAIR, OHR within five business days of receipt of the request. The Contractor, Tribal ALTCS, TRBHA, or BHGA shall also forward a copy of the final grievance/investigation decision to AHCCCS/DCAIR, OHR within five business days of issuing the decision,
   b. A copy of the SMI grievance or appeal for a member who is identified as in need of Special Assistance is sent to AHCCCS/DCAIR, OHR upon occurrence,
   c. The results of the Informal Conference (IC) regarding SMI appeals are sent to AHCCCS/DCAIR, OHR. The Contractor, Tribal ALTCS, TRBHA, or BHGA shall also forward a copy of any subsequent notice of hearing, and
d. All of the above required documents are emailed to AHCCCS/DCAIR, OHR at OHRts@AZAHCCCS.gov.

G. CONFIDENTIALITY REQUIREMENTS

1. Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers shall grant AHCCCS/DCAIR, OHR access to medical records of members in need of Special Assistance in accordance with federal and state confidentiality laws. See AMPM 940.

2. AHCCCS will provide a list to the IOCs, monthly, that contains the names of members in need of Special Assistance. The IOCs shall safeguard the provided list and keep confidential any Protected Health Information (PHI). The IOCs shall inform AHCCCS/DCAIR, OHR annually in writing of how confidentiality of the Special Assistance lists is maintained. If IOCs request additional information that contains PHI that is not included in the monthly list, the request shall be in accordance with the requirements as specified in AMPM 960.

H. ADMINISTRATIVE REQUIREMENTS

1. Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers shall clearly document in the member’s medical record and in the case management/client tracking system if a member is identified as in need of Special Assistance, the individual/agency assigned currently to provide Special Assistance, the relationship, and contact information including phone number and mailing address.

2. AHCCCS/DCAIR, OHR will conduct monthly quality checks within the Portal between the 20th and the 25th day of the month to monitor the accuracy of the Special Assistance list. AHCCCS/DCAIR, OHR will audit a random sampling of each Contractors Special Assistance member records. Specifically reviewing:
   a. The residential type and address information,
   b. The reported Provider responsible for the behavioral health treatment plan,
   c. The case management team names and contact information, and
   d. The name and contact information for the individual / agency assigned to meet Special Assistance needs.

3. By the 25th day of the month the AHCCCS/DCAIR, OHR will provide the Special Assistance list to the appropriate IOC.

4. The IOCs shall make regular visits to the licensed residential environments where members in need of Special Assistance are receiving treatment to determine whether the services meet the member’s needs and to determine member satisfaction with the residential environment.

5. Contractors shall implement quality management measures to ensure the subcontracted providers implement the requirements of this Policy. TRBHAs and Tribal ALTCS shall work with the Division of Fee-for –Service Management on
implementing quality management measures to ensure FFS providers implement the requirements of this Policy. Training curriculums, audit tools, policies and procedures shall be shared with AHCCCS/DCAIR, OHR prior to use to ensure the tools address:

a. Assessment requirements,
b. Documentation requirements,
c. Current demographic and contact information update requirements and
d. Provision of Special Assistance requirements.

6. Contractors, Tribal ALTCS, and TRBHAs shall ensure that all applicable staff are trained regarding Special Assistance requirements.