

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

Section 10.18 Clinical Practice Protocols and Guidelines

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10.18.1 Introduction

Clinical Practice Guidelines are important tools to help providers, members, families, and teams make clinically appropriate decisions about care. This policy will reference Clinical Practice Protocols and Clinical Practice Guidelines.

• **ADHS/DBHS Clinical Practice Protocols**

Clinical Practice Protocols are researched and published by Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS). These Practice Protocols outline expectations and guidelines for implementation of best practices within Arizona's public behavioral health system. In accordance with DBHS requirements, NARBHA will focus select clinical practice protocols as identified by DBHS each contract year. These protocols are incorporated by reference into provider contracts and can be located on the NARBHA and DBHS websites. Each of these selected protocols has required elements and NARBHA monitors fidelity of implementation and the outcomes that are achieved. All other DBHS protocols are located in the Reference Library on the DBHS website.

• **Clinical Practice Guidelines**

Clinical Practice Guidelines refer to existing national standards that provide evidence-based recommendations for the assessment and treatment of psychiatric disorders and help ensure appropriate clinical practice and positive outcomes. For example, the American Psychiatric Association (APA) addresses psychiatric disorders and the American Academy of Child and Adolescent Psychiatry (AACAP) addresses child and adolescent psychiatric disorders.

10.18.2 References

The following citations can serve as additional resources for this content area:

- [ADHS/T/RBHA Contract](#)
- [ADHS/DBHS Behavioral Health Covered Services Guide](#)
- [ADHS/DBHS Clinical Practice Protocols](#)
- [American Psychiatric Association](#)
- [American Academy of Child and Adolescent Psychiatry](#)
- [Substance Abuse Mental Health Services Administration\(SAMHSA\)](#)

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10.18.3 Scope

To whom does this apply?

- All Medicaid eligible persons;
- All other persons based on available funding as per ADHS/NARBHA Policy 3.21 Service Prioritization for Non-TXIX/TXXI Funding. Persons who are determined ineligible for covered services may be referred to applicable community resources.

10.18.4 Did you know...?

- NARBHA contractually requires providers to adopt and implement specified practice guidelines.
- Clinical Teams (Child and Family Teams and Adult Recovery Teams) must consider practice protocols and guidelines in making treatment decisions.
- NARBHA monitors provider adherence to select practice protocols and guidelines.

10.18.5 Definitions

[Adult Recovery Team \(ART\)](#)

[Child and Family Team \(CFT\)](#)

[Clinical Practice Guidelines](#)

[Clinical Practice Protocols](#)

[Clinical Teams](#)

[Medically Necessary Covered Services](#)

[Responsible Agencies](#)

10.18.6 Procedures

10.18.6-A General Requirements

Clinical practice protocols and practice guidelines are effective tools that can guide clinical decision making by Child and Family and Adult Recovery Teams. These tools support the provision of appropriate clinical practice that can lead to positive outcomes for service recipients.

NARBHA adopts selected national practice guidelines and requires implementation by providers. The NARBHA Clinical Care Committee selects practice guidelines for adoption and reviews expectations annually. Additionally, each year DBHS requires adoption and monitoring of select Clinical Practice Protocols. Current practice protocols and guidelines adopted and monitored by NARBHA for implementation by providers include:

Current ADHS/DBHS Clinical Practice Protocols with Monitoring Expectations (ADHS & NARBHA websites):

- The Child and Family Team

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- Comprehensive Assessment and Treatment for Substance Abuse Disorders in Children and Adolescents
- Children’s Out Of Home Services

Additional guidelines adopted by NARBHA are available upon request or on the web:

- AACAP Practice Parameter for Telepsychiatry With Children and Adolescents
- APA Task Force Report on Electroconvulsive Therapy
- APA Treating Eating Disorders
- Milliman Guidelines on Anorexia Nervosa/Bulimia
- American Society of Addiction Medicine (ASAM) Patient Placement Criteria
- SAMHSA Illness Management and Recovery
- SAMHSA Family Psychoeducation
- SAMHSA Supported Employment
- SAMHSA Integrated Dual Disorders Treatment

In addition to DBHS and NARBHA required protocols and guidelines, there are a number of other resources that can assist in clinical decision-making, evidenced-based treatment, and improved outcomes for service recipients. NARBHA strongly encourages consideration and use of these tools based on individual member needs.

Other Recommended Practice Protocols and Practice Guidelines Available at http://www.azdhs.gov/bhs/guidance/guidance.htm	Source
<ul style="list-style-type: none"> • Acute Stress Disorder and Posttraumatic Stress Disorder • Alzheimer’s Disease and Other Dementias of Late Life • Borderline Personality Disorder • Bipolar Disorder • Delirium • Eating Disorders • HIV/AIDS • Major Depressive Disorder • Obsessive Compulsive Disorder • Panic Disorder • Psychiatric Evaluation of Adults • Schizophrenia • Substance Use Disorders • Suicidal Behaviors 	APA
<ul style="list-style-type: none"> • ADHD • Anxiety Disorders • Assessment of Children and Adolescents • Assessment of Infants and Toddlers • Assessment of the Family • Autism 	AACAP

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<ul style="list-style-type: none"> • Bipolar • Child Custody Evaluation • Community Systems of Care • Conduct Disorders • Depressive Disorders • Electroconvulsive Therapy with Adolescents • Enuresis • Forensic Evaluation for Children Who May have been Sexually Abused • Language and Learning Disorders • Mental Retardation • Obsessive Compulsive Disorder • Oppositional Defiant Disorder • Physically Ill Children and Adolescents • Posttraumatic Stress Disorder • Prescribing Psychotropic Medication in Children • Psychiatric Consultation to Schools • Reactive Attachment Disorder • Schizophrenia • Seclusion and Restraint • Sexually Abusive Children • Stimulant Medications • Substance Use • Suicidal Behavior • Telepsychiatry • Youth in Juvenile Detention and Correctional Facilities 	
<ul style="list-style-type: none"> • <u>Arizona State Hospital: Effective Utilization and Collaboration</u> • <u>Assessing Suicidal Risk</u> • <u>Clinical Supervision</u> • <u>Co-occurring Psychiatric and Substance Disorders</u> • Disturbances and Disorders of Attachment • Family and Youth Involvement in the Children’s Behavioral Health System • <u>Information Sharing with Family Members of Adult Behavioral Health Recipients</u> • <u>Neuropsychological Evaluations</u> • <u>Older Adults: Behavioral Health Prevention, Early Intervention, and Treatment</u> • <u>Peer Workers/Recovery Support Specialists within Behavioral Health Agencies</u> • Pervasive Developmental Disorders and Developmental Disabilities • <u>Providing Services to Children in Detention</u> • Rights of Victims of Assault in Behavioral Health Facilities 	DBHS

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<ul style="list-style-type: none"> • Support and Rehabilitation Services for Children, Adolescents and Young Adults • The Adult Recovery Team • The Unique Behavioral Health Service Needs of Children, Youth and Families Involved with CPS • Transition to Adulthood • Women's Substance Abuse Treatment • Working with the Birth to Five Population 	
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10.18.6-B: Policy Requirements

Required practice protocols and guidelines are incorporated by reference into provider contracts. NARBHA ensures compliance with this requirement through monitoring functions. Whenever possible, NARBHA will build monitoring into existing administrative process to increase efficiency and reduce burden on providers. Providers must demonstrate:

- **Consideration of practice protocols and guidelines in clinical decision-making and service planning.** Child and Family Teams and Adult Recovery Teams must utilize required practice protocols and guidelines as relevant to member needs
- **Adherence to service expectations/required elements of identified practice protocols and guidelines.** Each contract year DBHS will require T/RBHAs to implement and monitor select practice protocols. NARBHA may identify additional guidelines and expectations that will be monitored.
- **Training for staff on required practice protocols and guidelines.** NARBHA will continue to first introduce practice protocols and guidelines through live or web-based training, technical assistance and/or coaching, in order to assist providers in integrating guidelines into practice. NARBHA requires all new provider employees to complete the Overview Training to Joint Protocols and Clinical Guidelines on Essential Learning. All clinical staff must take complete this overview annually.

10.18.6-C: Monitoring and Performance Improvement

NARBHA will implement ongoing monitoring through chart reviews, review of complaint data, and/or direct monitoring of fidelity measures. Providers who do not practice in a manner consistent with guidelines will be subject to performance improvement requirements through NARBHA and may be subject to financial sanctions for continued evidence of non-fidelity. Performance reflecting fidelity to practice guidelines may be included in provider profiles and will be posted on the NARBHA web site for the benefit of members, families, and other stakeholders. NARBHA may elect to direct referrals and funding to other network providers if a provider continues to practice in a manner inconsistent with adopted guidelines.

NARBHA will identify guidelines and/or evidenced-based practices for enhanced monitoring and oversight, including monitoring of Practice Protocols selected by ADHS/DBHS. These will be

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identified annually in the System of Care plans. Monitoring will be conducted regularly through application of the ADHS/DBHS Practice Guideline Monitoring Tools. Performance Improvement will be implemented for any providers not meeting service expectations.