

**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 best and promising practices, 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. Selected protocols have required elements and NARBHA monitors fidelity of implementation and the outcomes that are achieved. All protocols may be located on the ADHS/DBHS website www.azdhs.gov/bhs/guidance.

▪ **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 who are eligible for services through NARBHA. 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.
- Providers must also use evidence-based best practices, promising practices, and emerging best practices.
- 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 clinical 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, which is composed of NARBHA clinical leadership, peer and family members and clinical providers, selects clinical practice guidelines for adoption and reviews expectations annually. Additionally, each year DBHS requires adoption and monitoring of select Clinical Practice Protocols and Clinical Practice Guidelines.

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The NARBHA Clinical Care Committee develops, adopts and implements additional best and promising practices [(42CFR 438.236 (b))] that are:

- Based on valid and reliable clinical evidence or are generally supported by a consensus of behavioral health care professionals in a particular field;
- Tailored to meet member needs;
- Adopted in consultation with behavioral health care professionals;
- Reviewed and updated periodically as appropriate; and
- Able to provide a basis for consistent decisions for utilization management, member education, coverage of services and other areas to which the guidelines apply [42 CFR 438.236 (d)].

Members and providers are informed of the best practices and practice protocols through the NARBHA Member Handbook, dissemination of NARBHA policy manual to all contracted providers, and are available to members on the NARBHA website (www.narbha.org) and/or through request to NARBHA Member Services. [42 CFR 438.236(c)]

Current practice protocols and clinical practice guidelines adopted and monitored by NARBHA for implementation by providers include:

Current ADHS/DBHS Clinical Practice Protocols with Monitoring Expectations (ADHS & NARBHA websites): (<http://www.azdhs.gov/bhs/guidance/guidance.htm>)

- The Child and Family Team Practice Protocol (revised 08/15/2009)
- Psychiatric Best Practice for Children Birth to Five Years of Age (revised 07/20/2012)

American Psychiatric Association (APA) Practice Guidelines

(<http://www.psychiatry.org/practice/clinical-practice-guidelines>)

- Acute Stress Disorder and Posttraumatic Stress Disorder
- Alzheimer's Disease and Other Dementias of Late Life
- Borderline Personality Disorder
- Bipolar Disorder
- Delirium
- Eating Disorders
- APA Task Force Report on Electroconvulsive Therapy
- HIV/AIDS
- Major Depressive Disorder
- Obsessive Compulsive Disorder
- Panic Disorder
- Psychiatric Evaluation of Adults
- Schizophrenia
- Substance Use Disorders
- Suicidal Behaviors

American Academy of Child and Adolescent Psychiatry (AACAP) Practice Parameters (per ADHS/DBHS website)

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http://www.aacap.org/aacap/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx

- Practice Parameter on Child and Adolescent Mental Health Care in Community Systems of Care;
- Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents;
- Practice Parameter for Telepsychiatry With Children and Adolescents [NARBHA-only]
- Practice Parameter for the Use of Atypical Antipsychotic Medication in Children and Adolescents; and
- Practice Parameter on the Psychiatric Assessment and Management of Physically Ill Children and Adolescents.

Additional guidelines and best practices adopted by NARBHA for care management, utilization management, grants administration, prevention strategies, member education and services:

- NARBHA Suicide Attempt Prevention Protocol (SHOUT)
- Stanford Chronic Disease Self-Management Program (CDSMP)
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Mental Health First Aid and Youth Mental Health First Aid
- Trauma-Informed Care Organization Self-Assessment
- NARBHA Medication High Risk Protocol
- 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
- Missouri State Department of Mental Health Metabolic Syndrome Screening and Monitoring Tool (permission granted)

Clinical resources: In addition to DBHS and NARBHA required protocols and clinical practice 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	Source
<ul style="list-style-type: none"> • ADHD • Anxiety Disorders • Assessment of Children and Adolescents • Assessment of Infants and Toddlers • Assessment of the Family • Autism • Child Custody Evaluation • Community Systems of Care • Conduct Disorders 	AACAP

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<ul style="list-style-type: none"> • 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 • Prescribing Psychotropic Medication in Children • Psychiatric Consultation to Schools • Reactive Attachment Disorder • Seclusion and Restraint • Sexually Abusive Children • Stimulant Medications • Substance Use • Telepsychiatry 	
<p>Clinical Guidance Tools Available at http://www.azdhs.gov/bhs/guidance/guidance.htm</p>	
<ul style="list-style-type: none"> • Assessing Suicidal Risk (revised 12/04/2007) • Buprenorphine Guidance Protocol (effective 2/23/2011) • Children’s Out of Home Services (revised 01/07/2010) • Child and Family Team Practice (8/15/2009) • Clinical Supervision (effective 11/01/2008) • Comprehensive Assessment and Treatment of Adults with Substance Use Disorders (effective July 1, 2012) • Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents (effective 08/30/2009) • Co-occurring Psychiatric and Substance Disorders (revised 12/08/2008) • Family and Youth Involvement in the Children’s Behavioral Health System (effective 06/10/2009) • Information Sharing with Family Members of Adult Behavioral Health Recipients (revised 12/28/2004) • Neuropsychological Evaluations (revised 12/04/2007) • Older Adults: Behavioral Health Prevention, Early Intervention, and Treatment (revised 08/24/2011) • Peer Workers/Recovery Support Specialists within Behavioral Health Agencies (effective 07/08/2005) • Psychiatric Best Practice for Children Birth to Five Years of Age (revised 07/20/2012) • Rights of Victims of Assault in Behavioral Health Facilities (revised 03/04/23010) 	<p>DBHS</p>

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<ul style="list-style-type: none"> • Support and Rehabilitation Services for Children, Adolescents and Young Adults (effective 03/01/2008) • The Adult Clinical Team (effective July 1, 2014) • The Unique Behavioral Health Service Needs of Children, Youth and Families Involved with CPS (12/08/2008) • Transition to Adulthood (revised 06/26/2012) • Women's Substance Abuse Treatment (not on ADHS website, but in contract) http://www.azdhs.gov/bhs/guidance/substance.pdf (revised 11/17/2008) • Working with the Birth to Five Population (revised 06/26/2012) 	
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10.18.6-B: Policy Requirements

Required practice protocols and clinical practice 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 clinical practice guidelines in clinical decision-making and service planning.** Child and Family Teams and Adult Recovery Teams must utilize required practice protocols and clinical practice guidelines as relevant to member needs
- **Adherence to service expectations/required elements of identified practice protocols and clinical practice 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 clinical practice 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 Practice 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.