

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

Section 10.3 **Care Delivery**

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10.3.1 Introduction

It is expected that these procedures be in compliance with all applicable standards and regulations required by regulatory agencies in Arizona, including AHCCCS, ADHS/BHS, and ADHS/Office of Behavioral Health Licensure. Further, it is expected that these procedures be in compliance with current JCAHO standards for Care and Service Provider Organizations.

10.3.2 References

- [Federal Omnibus Budget Reconciliation ACT](#)
- ADHS/DBHS Standards
- Federal Requirements
- JCAHO Standards

10.3.3 Scope

To whom does this apply?
NARBHA Service Area Agencies

10.3.4 Did you know...?

Evaluations are conducted on individuals who require specialized services for MR/MI to ensure that these individuals are not inappropriately admitted to a TXIX (Medicaid) general certified nursing facility.

Members are referred to the Arizona State Hospital exclusively under a court order. There are no voluntary admissions to the Arizona State Hospital and no emergency crisis services are provided by the State Hospital on an outpatient basis.

Incidences that meet the NARBHA Critical Incident Criteria are reported to NARBHA's Department of Quality Management.

10.3.5 Objectives

- To ensure that PASRR referrals are coordinated with the appropriate NARBHA Service Area Agency and are completed within the required time frames.

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- To ensure that members who are a Danger to Self; a Danger to Others; Persistently and Acutely disabled or Gravely Disabled are treated in a secure inpatient setting and restore them to a level of functioning that allows them to be discharged into the community with wrap-around outpatient treatment and supervision.
- To ensure coordination of services with NARBHA, the SAA/TAA and the Arizona State Hospital.

10.3.6 Procedures

10.3.6-A: PASRR Evaluations

The PASRR (Pre-Admission Screening, annual Resident Review) is an evaluation that is conducted by a psychiatrist to determine if the individual being evaluated qualifies as Mentally Retarded/Mentally Ill (MR/MI) according to federal standards. The evaluation is also used to determine if the individual with MR/MI requires the level of services in a general nursing facility and/or specialized services for MR/MI.

NARBHA has delegated the PASRR evaluations to the Service Area Agencies (SAAs). There are two stages in the determination: Level I and Level II.

The Level I evaluation is the responsibility of the acute care providers, nursing homes or the AHCCCS Administration.

Level I evaluations are conducted by hospital or nursing home staff to determine whether the individual has any diagnosis or other presenting evidence that suggests the potential presence of MR/MI. The Level I evaluations are referred to ADHS/DBHS for a Level II evaluation when the possibility of MR/MI is present.

Level II evaluations are the responsibility of the ADHS/DBHA behavioral health system through an intergovernmental agreement (IGA) with AHCCCS.

The Level II evaluation indicates the presence of MR/MI and requires the services in a Medicaid certified Nursing Facility and/or specialized services for MR/MI.

Serious mental illness causes the individual's emotional behavior or behavioral functioning to be so impaired as to interfere with his or her capacity to remain in the community without supportive treatment. It does not include a primary diagnosis of dementia (including Alzheimer's or related disorders). The definition, criteria, diagnoses and time frames are the same as for the SMI Determination process.

Services specified by the mental health authority, which combined with services provided by the nursing facility, result in continuous and aggressive implementation of an individualized plan of care that requires 24 hour supervision by trained mental health professionals to diagnose or reduce the individual's acute psychiatric symptoms, to improve the level of functioning and, whenever possible, to achieve the individual's discharge to a lower level of care at the earliest possible date.

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A “cease process” is implemented when it is determined that the individual is not seriously mentally ill; has a principal/primary diagnosis of dementia or Alzheimer’s disease; or has organic brain syndrome or related disorder.

Documentation of the results of the Level II PASRR needs to be made to the hospital/nursing facility records.

The qualifications for the professional completing the Level II PASRR are as follows:

- Psychosocial section may be completed by a behavioral health professional other than a psychiatrist.
- Psychiatric evaluations must be completed by a psychiatrist.
- Body systems/neurological screening may be done by a physician; a certified nurse practitioner; a physician’s assistant. If the body systems/neurological screening is not done by a physician, the screening must be counter-signed by a physician.

The Physician’s certification summary:

- Must be completed by a board certified psychiatrist.
- If completed by a board eligible psychiatrist done under the supervision of a board certified psychiatrist who will sign the PASRR.
- In the event that there is no board certified psychiatrist to counter sign, the ADHS/DBHS Medical Director will counter-sign.

When an ADHS/DBHS referral has been made to NARBHA, the NARBHA Adult System of Care Coordinator, the referral is faxed to the appropriate SAA for completion.

When the Level II PASRR is completed, it is then faxed and a hard copy mailed to the NARBHA Adult System of Care Coordinator consistent with the ADHS/DBHS and NARBHA policy. The Adult System of Care Coordinator then forwards the completed Level II evaluation to ADHS/DBHS. The invoice for services is also sent to ADHS/DBHS and a copy is provided to the NARBHA Business Manager.

The PASRR must be completed by the SAA/TAA within three working days from the date of referral. Individuals may be waiting in hospitals or nursing facilities pending the completion of the PASRR, the process should be done as soon as possible. Requests can be made to the NARBHA Adult System of Care Coordinator who will contact ADHS/DBHS for approval. If the SAA/TAA fails to meet the deadline extension, there is no payment for the PASRR and a sanction may be imposed.

Final determination of the nursing facility placement is made by ADHS/DBHS, not the evaluating psychiatrist. Any questions by the patient or family must be referred to ADHS/DBHS. A copy of the PSARR is sent to the family by ADHS/DBHS.

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The evaluating psychiatrist makes recommendations for treatment/placement; ADHS/DBHS makes the final decision or determination. ADHS/DBHS sends notification of determination to the individual or the family.

Individuals who are evaluated under a Level II PASRR are not enrolled within the NARBHA system unless the SAA/TAA will be providing ongoing behavioral health services to the individual.

Individuals have the right to appeal the Level II evaluation. ADHS/DBHS forwards copies of the evaluation and appeal rights to the individual or representative, the referring agency, facility, AHCCCS and the Primary Care Physician.

10.3.6-B: Utilization of the Arizona State Hospital

The NARBHA Service Area Agencies/Tribal Area Agencies (SAAs/TAAs) may, at times need to refer members to the Arizona State Hospital for intensive inpatient treatment in a locked facility. Members must be referred to the Arizona State Hospital under a Title 36 Civil Commitment or under a Title 14 placement by the member's guardian. SAAs/TAAs follow the DBHS Arizona State Hospital: Effective Utilization and Collaboration Practice Protocol. <http://www.azdhs.gov/bhs/guidance/ash.pdf>

NARBHA has delegated the initial and continued authorization of care determination for medically necessary covered services for eligible members to the Service Area Agencies/Tribal Area Agencies (SAAs/TAAs) and retains oversight of these determinations in order to ensure that care to eligible members is authorized by the appropriate staff, at the appropriate intervals, with the participation and consent of parents/guardians.

Notice of Admission Process

The NARBHA Adult System of Care Coordinator is notified of any potential referrals for admission of NARBHA members by the referring SAA/TAA. The NARBHA Adult System of Care Coordinator administratively reviews the application for admission to ensure that all appropriate documentation is present and provides technical assistance and bed availability.

SAAs/TAAs must remain at or below their bed allocation assignment and the NARBHA Adult System of Care Coordinator ensures that the SAA/TAA has not exceeded its bed allocation.

Authorization Process

For all admissions, the SAA/TAA Arizona State Hospital Liaison submits to the NARBHA MIS Department:

- A NARBHA Intent to Pay Form for the first 30 days of service.
- Appropriate TXIX (134); non-TXIX (N-19) codes for the purpose of billing claims and authorization for payment.
- The Arizona State Hospital Admissions Officer notifies the NARBHA Adult System of Care Coordinator when a SAA/TAA Arizona State Hospital liaison is delinquent in the submission of this paperwork. Corrective action is taken as necessary.

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- A 30-day Letter of Authorization is sent by NARBHA to the Arizona State Hospital for any admission of a TXIX-eligible member with a copy to the SAA/TAA Finance Department.

Coordination of Care

Clinical information as per the DBHS Arizona State Hospital: Effective Utilization and Collaboration Practice Protocol is sent to the Arizona State Hospital Admissions Officer.

The Medical Director of the Arizona State Hospital reviews all referrals and makes a clinical determination with respect to the clinical appropriateness of the referral. If the referral is approved, the member is either placed immediately, or placed on a “wait list” for the next available bed.

NARBHA requires that SAA/TAA treatment team, including SAA/TAA case manager and the SAA/TAA State Hospital liaison remain involved with their members at the Arizona State Hospital.

- The NARBHA Adult System of Care Coordinator receives the schedule of monthly member staffings from the Arizona State Hospital Social Work Department and then forwards the schedule to the appropriate SAA/TAA Arizona State Hospital liaison for their review and to ensure their participation in upcoming staffings.
- The Arizona State Hospital unit social work staff or SAA/TAA Arizona State Hospital liaison notify the NARBHA Adult System of Care Coordinator when there is a problem with the staffing schedule and the Adult System of Care Coordinator works with Arizona State Hospital and the SAA/TAA Arizona State Hospital liaison to resolve those issues.
- NARBHA Adult System of Care Coordinator provides oversight of the clinical appropriateness of referrals and discharges for Arizona State Hospital services. When there is a disagreement between the SAA/TAA Clinical Team and the State Hospital Clinical team regarding proposed discharge dates the NARBHA Adult System of Care Coordinator works with both teams to assist in developing a mutually agreed upon plan.
- The NARBHA Adult System of Care Coordinator receives notification from the Arizona State Hospital Director of Social Services monthly when a member has been placed on the Arizona State Hospital Discharge Ready list by the Arizona State Hospital treatment team. The Arizona State Hospital expects that members are discharged within thirty (30) days after placement on the ASH Discharge Ready list.
- The NARBHA Adult System of Care Coordinator notifies the SAA/TAA Arizona State Hospital Liaison when a member has been placed on the Arizona State Hospital Discharge Ready list and monitors the plan for the thirty (30) day discharge date compliance.
- In the event that the SAA/TAA indicates that there may be difficulties with, or barriers to, discharge planning, the Arizona State Hospital clinical team is alerted to this by the NARBHA Adult System of Care Coordinator. Based on information regarding the member's current behaviors and potential for decompensation, a collaborative decision may be made to remove the member from the list and reschedule the discharge for a later date which is agreed upon by both the Arizona State Hospital Director of Social Work, the NARBHA Adult System of Care Coordinator and the SAA/TAA Arizona State Hospital liaison.

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- If the issue of a member's readiness for discharge is disputed by the SAA/TAA State Hospital Liaison and SAA/TAA Clinical team, the NARBHA Adult System of Care Coordinator works with the Arizona State Hospital and the SAA/TAA State Hospital Liaison and SAA/TAA Clinical Team to come to a resolution as per DBHS Arizona State Hospital: Effective Utilization and Collaboration Practice Protocol.

Bed Utilization

- Whenever there is a new admission or discharge to the Arizona State Hospital, the NARBHA Adult System of Care Coordinator has been informed by the appropriate SAA/TAA.
- SAAs/TAAs may not admit persons to the Arizona State Hospital until a bed is available as per their allocation.
- NARBHA annually disperses or recoups funds based on utilization as per financial policy.
- NARBHA may financially sanction providers for utilization over bed allocations.
- Ninety percent of SAA/TAA members who are at the Arizona State Hospital are to be discharged within 30 days of being placed on the discharge ready list.
- NARBHA reviews, on a quarterly basis, aggregated data of utilization. Corrective action is taken as necessary.

10.3.6-C: Coordination Requirements for Members Receiving Opioid Replacement Services

NARBHA requires that members receiving opioid replacement services receive close coordination and monitoring of care in order to receive the appropriate services at the right frequency by the right provider when services are delivered across agencies. It is the policy of NARBHA to provide eligible members with medically necessary opioid replacement treatment, taking into account diagnosis, behavior, functioning, risk, and member an/or family requests.

NARBHA block purchases services from Community Medical Services (CMS) in order to ensure timely access to opioid replacement services. Eligible persons may present either at the SAA/TAA or at CMS for initiation of the services.

For members requiring Opioid Replacement Services, SAA/TAA responsibilities are:

- Complete an initial clinical assessment including an assessment of the medical necessity and clinical appropriateness of opioid replacement as a treatment modality. As part of the initial assessment, arrange for an initial drug screen.
- Ensure availability of member transportation (i.e., provide and/or arrange).
- Provide other necessary behavioral health services beyond the scope of the NARBHA-contracted opioid replacement providers, including, but not limited to, marriage and family therapy, residential detoxification, etc. Responsibility for specific outpatient services will be determined in consultation with the NARBHA-contracted opioid replacement providers.

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- In conjunction with the NARBHA-contracted opioid replacement providers ensure that the opioid replacement recipient receives other necessary non-behavioral health services (e.g., prenatal care, social services, etc.)
- NARBHA-Contracted Opioid Replacement Providers Responsibilities for members requiring opioid replacement services.
- Accept referrals from NARBHA SAAs/TAAs.
- Refer prospective members to NARBHA SAAs/TAAs for determination of eligibility for opioid replacement and other behavioral health services.
- Upon receipt of a SAA/TAA referral, the opioid replacement provider agency contacts the member to schedule an initial appointment for specialized screening, orientation and service planning.
- Provide services as per licensure and federal requirements.
- Participate in conjoint treatment planning with the NARBHA SAA/TAA.
- Provide and dispense opioid replacement.
- Provide a minimum of one face-to-face member contact per week.
- Provide on-going random drug screens (minimum of eight the first year; quarterly thereafter).
- Provide counseling a minimum of 15 minutes every two weeks (maximum of two 15 minute counseling sessions per month).
- Refer members needing behavioral health services beyond the scope of the NARBHA-contracted opioid replacement providers to the local SAA/TAA. These services may include, but are not limited to, specialized outpatient counseling, residential treatment, acute psychiatric stabilization and inpatient detoxification.
- Implement all coordination of care policies and procedures as identified in this document.
- Consent form(s) signed by the member to permit the reciprocal release of appropriate treatment information between agencies are completed as per 42 CFR.
- Upon initial authorization of opioid replacement services, the SAA/TAA sends the following documents to the opioid replacement providers:
 - Member assessments.
 - Financial Intake Form.
 - Medifax verification of Title XIX eligibility status as of the date of referral for methadone services.
 - Individual Service Plan (ISP) that identifies the initial treatment goals and all services needed by the member.
 - Results of recent lab work, including initial drug screen.
 - Other medical information, as necessary.
 - Other information, as necessary.
- Within one week of the completion of the member's initial evaluation at the opioid replacement provider initiates a telephone staffing with the member's SAA/TAA to confirm the member's acceptance into the program and to coordinate service-planning across agencies.

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- During the telephone staffing, both agencies establish a schedule of telephone or face-to-face staffings for the sharing of information regarding member compliance and progress in treatment.
- Such staffings occur monthly or more often if needed, and are documented in the member records of both agencies.
- SAA/TAA and opioid replacement providers work together to ensure that members receiving opioid replacement on a daily basis do not have to travel more than one and one-half (1 ½) hours one way. Members who are on weekly opioid replacement do not have a travel time restriction.
- Either agency that becomes aware of significant information related to the member's treatment immediately notifies the other agency. Such information includes, but is not limited to:
 - Change in financial circumstances or other factors affecting the member's eligibility for services.
 - Non-compliance with planned treatment regimen.
 - Change in member's medical/physical condition, including pregnancy and changes in medications prescribed or dispensed.
 - Any change in members functioning or legal, employment, or family status that may impact his/her response to or need for treatment.
 - Reportable incidents, including critical incidents, child abuse, or illegal activity.
 - Results of drug screens and other laboratory tests or procedures.
 - Changes in eligibility
- At the time of enrollment members are advised in writing that their eligibility for subsidized services (including opioid replacement) may change if their financial situation changes.
- A member who loses eligibility for subsidized opioid replacement services during active treatment is advised immediately in writing by the SAA/TAA of loss of eligibility and of the date upon which NARBHA reimbursement for such services ceases. A copy of the letter is sent to the opioid replacement agency treating the member.
- Upon notification of loss of eligibility, the opioid replacement agency meets with the member to discuss alternative payment arrangements for continued opioid replacement services.
- In the event that a opioid replacement member loses eligibility for opioid replacement, services, the SAA/TAA works with the member to reassess and reapply for AHCCCS benefits, if applicable. In the vent that alternative funding sources are not available, opioid replacement services may be authorized and reimbursed by NARBHA for a period of up to 60 days after the date of eligibility us lost or that date that NARBHA is notified of such loss by the SAA/TAA, whichever is later.

10.3.6-D: Behavior Management

NARBHA requires that all Service Area Agencies/Tribal Area Agencies (SAAs/TAAs) in its network have written policies and procedures, which govern the use of behavior management procedures for controlling maladaptive or problem behaviors.

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It is intended that the clinical leadership of the SAAs/TAAAs establish a clear, comprehensive framework for using behavior management procedures

Procedures developed by SAAs/TAAAs and utilized for behavior management must meet the following requirements:

- No staff member may participate in behavior management without formal, documented training of all required elements, including the use of behavior management in person with physical and mental limitations and children and adolescents.
- A positive approach to behavior management and the progressive use of the least restrictive alternatives is required.
- The clinical leadership specifies and approves the behavior management procedures that can be used.
- Behavior management programs identify and teach the member appropriate expression of the target behavior or alternative adaptive behaviors.
- Procedures that may result in denying a nutritionally adequate diet are prohibited.
- Seclusion and restraint are prohibited, except in accordance with the NARBHA policy and procedure governing Seclusion & Restraint. This includes rebirthing practices.
- Corporal punishment is prohibited.
- Fear-eliciting procedures are prohibited.
- Other members served by the SAA/TAA are prohibited from carrying out a member's behavior management program.
- An interdisciplinary behavior management committee established by the clinical staff reviews, evaluates, and approves all behavior management programs.
- Time out is used in accordance with the member's program plan and the SAA/TAA policies and procedures.
- Aversive behavioral consequences are used only when withholding this intervention would be contrary to the member's best interests and less restrictive alternatives have failed.
- Aversive behavioral consequences for maladaptive behavior are used in accordance with the member's behavior management plan and SAA/TAA policies and procedures.

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- NARBHA and its SAA Subacute and Inpatient Hospitals have developed a Model Policy on Behavioral Management of Persons with Violent Behavior on Inpatient Units. [See PM Attachment 10.3.1.](#) and [PM Attachment 10.3.2 Jail Transfer Form](#)