

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

Section 8.5 **Medical Care Evaluation Studies**

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8.5.1 Introduction

Medical Care Evaluation (MCE) Studies are an established method to promote the most effective and efficient use of available services consistent with behavioral health recipient needs and professionally recognized standards of care for persons receiving treatment in an Arizona Department of Health Services/Division of Behavioral Health/Office of Behavioral Health Licensing licensed Level I facility. ADHS/DBHS has established guidelines for the development and reporting of MCE studies and ensures that each Tribal/Regional Behavioral Health Authority (T/RBHA) has a review process in place to confirm that required MCE Studies are undertaken, completed, analyzed, and utilized to improve behavioral health recipient care. This section outlines the provider's role in this process.

8.5.2 References

- [42 CFR 456.141 through 145](#)
- [42 CFR 456.241 through 245](#)
- [AHCCCS/ADHS Contract](#)
- [ADHS/RBHA Contracts](#)
- [ADHS/TRBHA IGAs](#)
- [The Joint Commission](#)
- [ADHS/DBHS Covered Behavioral Health Services Guide](#)

8.5.3 Scope

To whom does this apply?

All OBHL licensed Level I subcontracted providers.

8.5.4 Did you know...?

T/RBHAs must ensure that all OBHL licensed Level I subcontracted providers (See Participating providers) adhere to the MCE study requirements.

ADHS/DBHS will ensure the systematic application of MCE study topics and methodologies across T/RBHAs via review of statewide utilization data trends. T/RBHA proposed MCE study proposals, study methodologies and supporting data will be

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reviewed via the ADHS/DBHS MM/UM Committee. Final approval of ADHS/DBHS systemic MCE studies will occur at the ADHS/DBHS MM/UM Committee.

8.5.5 Objectives

To establish a method to promote the most effective and efficient use of available behavioral health facilities and services consistent with behavioral health recipient needs and professionally recognized standards of health care.

8.5.6 Procedures

8.5.6-A. Participating providers

Who participates?

The following provider types must conduct MCE studies:

- Level I hospital;
- Level I Psychiatric hospital;
- Level I Residential treatment centers (RTC) secure (non-IMD)
- Level I Residential treatment centers (RTC) secure (IMD)
- Level I Residential treatment centers (RTC) Non secure (non-IMD)
- Level I Residential treatment centers (RTC) Non secure (IMD)
- Level I Sub-acute facilities (IMD and Non-IMD) accredited by the [Joint Commission](#), the [Council on Accreditation \(COA\)](#) or the [Commission on Accreditation of Rehabilitation Facilities \(CARF\)](#).

8.5.6-B. Participating provider responsibilities and requirements

Request for Registration

By May 31st of each year, each participating subcontracted Level I provider as described in section 8.5.6-A. must submit [PM Form 8.5.1, MCE Study Request for Registration and Evaluation Methodology](#) to the T/RBHA for the upcoming state fiscal year.

Timeframe

The standard study period for MCE studies starts on July 1st of each year through June 30th of the succeeding year. Deviations from this study period and all longitudinal studies must be pre-approved by the ADHS/DBHS Bureau of Quality Management Operations prior to initiation. Any request for exemption shall be made in writing and received by ADHS/DBHS within two (2) weeks from the date the T/RBHA received the [PM Form 8.5.1, MCE Study Request for Registration and Evaluation Methodology](#).

Methodology

For T/RBHA subcontracted providers that provide Title XIX certified inpatient hospital, mental hospital, residential treatment center or sub-acute services, the subcontracted provider's Quality Management or Utilization Review Committee proposes the methods to be used in selecting and conducting medical care evaluation studies in the subcontracted provider facility. The conduction of the MCE study is the responsibility of the facility that provides the service. [PM Form 8.5.1, MCE Study Request for Registration and Evaluation Methodology](#) must be used to describe the proposed methodology.

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Each MCE Study must:

- Identify and analyze medical or administrative factors related to the subcontracted provider facility's behavioral health recipient care;
- Include analysis of at least the following:
 - Admissions;
 - Length of stay;
 - Ancillary services provided including drugs and biologicals; and
 - Professional services performed;
- Include recommendations for improvements beneficial to behavioral health recipients, staff, the facility and the community; and
- Use data obtained from one or more of the following sources: dependent upon the scope of the MCE study: medical records of other appropriate subcontracted provider facility data; profiles and other comparative data; and/or secondary data sources, such as external organizations that compile utilization statistics.

Documenting, Analyzing and Reporting Study Findings

- Each Level I subcontracted provider facility will document the results of each study as well as how the results have been used to make changes to improve the quality of care to behavioral health recipients and promote more effective and efficient use of facilities and services.
- Each Level I subcontracted provider facility will analyze its findings for each study and take action as needed to correct or investigate any deficiencies or problems in the review process for admissions or continued stay cases.
- Each Level I subcontracted provider facility shall recommend, as appropriate, more effective and efficient facility care procedures based on the study findings.

Each Level I subcontracted provider must submit a final MCE study report to the home T/RBHA by July 31st of each year. This report will include an in-depth analysis and narrative of how the subcontracted provider facility plans to use the information to improve care. To provide the final study report, please see [PM Form 8.5.2 Medical Care Evaluation – Provider and T/RBHA Review of Final Results](#). If the final results are not approved by the home T/RBHA, any requests for provider follow up to final results should be submitted to the home T/RBHA.