1620-G BEHAVIORAL HEALTH STANDARDS

EFFECTIVE DATE: May 13, 2016
REFERENCES: A.R.S. § 32-3251; A.A.C. R4-6-101, R9-10-101(25).

The following apply to members who need or receive Behavioral Health services:

A. Direct referrals for behavioral health evaluations may be made by the member or by any health care professional.

B. Requests for behavioral health services made by the member or member representative are assessed for appropriateness by the behavioral health authority within three business days of the request. If it is determined that services are needed, the referral for evaluation will be made within one business day.

C. Behavioral health services, which have been determined to be medically necessary by a qualified behavioral health professional (as defined in Arizona Administrative Code) will be provided.

D. The Support Coordinator ensures there is communication with the PCP and behavioral health providers involved in the member's care and that care is coordinated with other agencies and involved parties.

E. The Support Coordinator ensures the timely involvement of a behavioral health professional to assess, develop a care plan, and assist members with difficult to handle behaviors.

F. Information from the Pre-Admission Screening and Resident Review (PASRR) Level II Evaluation for determination of mental illness (completed by the Arizona Department of Health Services when indicated by PASRR Level I screening) regarding a member's need for specialized services will be incorporated into the member's service plan.

G. Behavioral health appointments will be provided within the following timeframes:

   1. Within 24 hours of referral for emergency appointments; or

   2. Within 30 days of referral for routine appointments.

H. Support Coordination for a member receiving behavioral health services is provided in consultation/collaboration with a qualified behavioral health professional in those cases where the Support Coordinator does not meet the qualifications of a behavioral health professional (as defined in Arizona Administrative Code.) The consultation does not have to be with the provider of behavioral health services. It may be with the Division's Behavioral Health Coordinator or other qualified designee.

I. Support Coordinators complete an initial consultation with the behavioral health professional for all members receiving/needing behavioral health services. Quarterly consultations are required thereafter as long as the member continues to receive/need Behavioral Health services.

J. Initial and quarterly consultations are not required for members who are stable on psychotropic medications and/or are not receiving any behavioral health services other than medication management.

K. The Support Coordinator documents the content and results of the initial and quarterly consultation with the behavioral health professional. The consultation is a communication between the Support Coordinator and a behavioral health professional about the member's status and plan of treatment.

L. As part of the service plan monitoring, the Support Coordinator reviews the psychotropic medications being taken by the member. Only those medications used to modify behavioral health symptoms need to be included in this special monitoring. Examples of medication uses that do not require this monitoring are sedative hypnotics when used to treat insomnia or on an as needed basis prior to a procedure, anti-anxiety medications used for muscle spasms, and anticonvulsants used to treat a seizure disorder.

M. The medication review is clearly documented in the member record. The review takes place at each reassessment and includes the purpose and effectiveness of the medication, as well as any adverse side effects that may have occurred. Any concerns and plan of action to address issues (e.g., medication ineffectiveness, presence of adverse side effects, multiple medication prescriptions for the same diagnosis) is discussed with the Behavioral Health Consultant and/or prescribing practitioner, and is documented in the case file.

N. Support Coordinators identify, assist, and monitor the unique needs and requirements related to members who are unable or unwilling to consent to treatment.

O. The behavioral health code is updated in Focus at the time of each review.