230 SUPPORT AND REHABILITATION SERVICES FOR CHILDREN, ADOLESCENTS AND YOUNG ADULTS

EFFECTIVE DATE: June 15, 2022
REFERENCES: A.A.C. R9-10-115, AMPM Chapter 200, Division Medical Policy 320-O

PURPOSE

This policy applies to the AHCCCS System of Care for ALTCS eligible members. The policy is specifically targeted to the Division’s Behavioral Health Administration in relation to their role with oversight of the Administrative Services Subcontractors (AdSS) and the role of Support Coordination. The policy establishes the expectations for the implementation of support and rehabilitation services as they are used in CFT practice. This policy does not apply to the Division’s Tribal Health Program but may be used as an optional resource.

DEFINITIONS

Child and Family Team (CFT) means a group of individuals that includes, at a minimum, the child and their family, or health care decision maker. A behavioral health representative, and any individuals important in the child’s life that are identified and invited to participate by the child and family. This may include teachers, extended family members, friends, family support partners, healthcare providers, coaches, and community resource providers, representatives from churches, temples, synagogues, mosques, or other places of worship/faith, agents from other service systems like the Arizona Department of Child Safety (DCS) or the Division of Developmental Disabilities (DDD). The size, scope, and intensity of involvement of the team members are determined by the objectives established for the child, the
needs of the family in providing for the child, and by who is needed to develop an effective service plan, and can therefore, expand and contract as necessary to be successful on behalf of the child.

**Service Plan** means a complete written description of all covered health services and other informal supports which includes individualized goals, family support services, peer-and-recovery support, care coordination activities and strategies to assist the member in achieving an improved quality of life.

**Support and Rehabilitation Service Providers** provide either a limited scope of Support and Rehabilitation Services (such as primarily specializing in respite services or skills training services) and/or services that may be designed for a specific population, age, gender, frequency, duration, or some other factor (such as a service specializing in working with teenagers or those with a history of displaying harmful sexual behaviors).

**BACKGROUND**

In March of 2007, ADHS/DBHS launched the Meet Me Where I Am (MMWIA) campaign with the intention of increasing the availability of Support and Rehabilitation Services. As a result of administrative simplification this goal remains a priority of AHCCCS. As part of the MMWIA campaign, nine modules were created and placed online offering assistance to practitioners of direct support services. These modules can be accessed at mmwia.com and referenced in this document.

**POLICY**

Support and rehabilitation services are an essential part of community-based practice and culturally competent care. These services help children live
successfully with their families in the community. Adhering to the expectations of this policy will enhance behavioral health outcomes for children and young adults. The Division delegates the responsibility to AdSS for the implementation of behavioral health services in alignment with this policy, and whose contract includes this requirement. The Division remains responsible for support coordination and oversight of the AdSS. Support Coordination shall receive training on the general practices outlined in this policy for purposes of increasing their ability to coordinate services for their members and participants of Child and Family Team (CFT) meetings. The Division shall conduct formal oversight of the AdSS. Refer to AdSS Medical Policy 230 for responsibilities of the AdSS implementing this policy.

A. SERVICE DEVELOPMENT

1. The Division performs oversight of the AdSS to ensure the following occurs in relation to service development:

a. CFTs have access to the full range of Support and Rehabilitation Services;

b. CFT facilitators and families are aware of the value of Support and Rehabilitation Services, as well as specific and current information regarding the different provider options available in their area;

c. The AdSS adopt a Support and Rehabilitation Services system model outlining how these services will be structured in their region and their relation to other behavioral health services and providers. (Refer to Module 9, System and Program Models for Support and Rehabilitation Services Provision, of the online MMWIA modules for more information.)
d. Support and Rehabilitation Services are available to meet the behavioral health needs of youth and families as identified in their CFTs.

2. Division Support Coordinators shall participate in member CFT meetings to ensure integrated care coordination.

B. INTEGRATING SUPPORT AND REHABILITATION SERVICES WITH CFT PRACTICE

The CFT shall complete the following tasks when planning and arranging for Support and Rehabilitation Services. (Refer to Module 4, Assessing, Coordinating and Monitoring Support Services through the CFT, of the online MMWIA modules for detailed information about each task.)

1. Assess the underlying needs of the child/family and consider the various options presented through Support and Rehabilitation Services for meeting those needs. These options may include family, natural and community resources, resources of other involved stakeholder agencies (such as DCS, DDD, and family-run support or advocacy organizations) as well as paid behavioral health resources. The CFT determines which of the identified needs will be met through Support and Rehabilitation Services and documents these interventions in a service plan. The CFT determines which of the identified needs will be met through Support and Rehabilitation Services and documents these interventions in a service plan. (Refer to Division Medical
2. Locate and select Support and Rehabilitation Services provider(s) to help implement the plan. Collaborate with and use information provided by the Contractors to do the following:

   a. Determine which Support and Rehabilitation Services providers may meet the needs identified, determine whether those providers have current capacity, and

   b. Make a referral to the selected provider(s).

3. Work with the Support and Rehabilitation Services provider(s) to define their roles and tasks, specifying the anticipated frequency and duration associated with the Support and Rehabilitation Services requested. The CFT ensures this information is recorded in the service plan and the Support and Rehabilitation Services provider(s) promptly receive a copy of the plan. If unplanned services are needed due to crisis situations, the CFT notes this change in the service plan and the Support and Rehabilitation Services provider is authorized to respond with additional support if needed.

4. Coordinate effectively with the Support and Rehabilitation Services providers on an ongoing basis. This may be accomplished through CFT meetings as well as through regular communication with the Support and Rehabilitation Services provider. The CFT Facilitator/case manager sends the Support and Rehabilitation Services provider a complete Referral Packet
which includes copies of any updated assessments, service plans, notice of change to funding status, and other important documents whenever updates occur.

5. Support and Rehabilitation Services shall be documented accurately and differentiate between which services were provided. Module 1, Overview of Support and Rehabilitation Service Provision, of the MMWIA modules provides several appendices intended to assist with code differentiation and billing limitations of Support and Rehabilitation Services.

6. Monitor progress and adjust the Support and Rehabilitation Services provision as necessary. The CFT, which includes the Support and Rehabilitation Services provider, makes necessary adjustments to the authorized Support and Rehabilitation Services. These include the type, anticipated frequency and duration of the service(s), as well as and documents any changes in the service plan. CFTs meet regularly and make needed adjustments in the implementation of Support and Rehabilitation Services, both when services are successful and when they need to be modified because they are not achieving desired results.

7. All support and Rehabilitation Services should be provided using a Positive Behavior Support (PBS) philosophy. Module 3, Using Positive Behavior Support to Provide Effective Support and Rehabilitation Services, of the online MMWIA modules contains information regarding this type of approach. PBS is intended as
a meta-theory to guide Support and Rehabilitation Services provision rather than as a specific type of program. It is not the intent of the Division to prescribe specific programming practices, but rather to endorse the principles underlying Positive Behavior Support, such as focus on strengths, enhancing quality of life and eliminating coercive or punitive approaches.

8. When clinically appropriate, the CFT will direct a plan to discontinue formal Support and Rehabilitation Services delivery ensuring that the youth and family have been connected to community resources or services and natural support services that will provide ongoing support. (Refer to MMWIA Module 4, Assessing, Coordinating and Monitoring Support Services through the CFT, for more information about when it may be appropriate to end Support and Rehabilitation Services as well as suggestions for transition from these services.)

C. RESPONSIBILITIES REGARDING SUPPORT AND REHABILITATION SERVICES PROCESSES

1. AdSS and their network of behavioral health providers shall maintain and make available to the CFT, current and accurate information regarding Support and Rehabilitation Services providers and their current capacity/availability to provide support.

2. AdSS and their network of behavioral health providers shall require that Support and Rehabilitation Services providers use a standardized referral process that helps providers receive, store,
track, and respond in writing to all referrals received from CFT facilitators/case managers.

3. To better assess the need for increased Support and Rehabilitation Services capacity, AdSS and their network of behavioral health providers shall monitor information from CFT Facilitators/case managers who are unable to locate Support and Rehabilitation Services requested by the CFT in a timely manner. Information gathered may include the date of the request(s), number of providers approached, the type and/or amount of Support and Rehabilitation Services sought by the team, and what the team did as an alternative to address the needs of the youth and family.

4. AdSS and their network of behavioral health providers shall create and oversee a process whereby Support and Rehabilitation Services providers receive copies of any and all of the following documents in a timely manner each time they are updated. These documents are needed for quality service provision, and may also be necessary in the event of data validation audits they include:

   a. Assessments and Addenda,

   b. Review of Progress forms,

   c. Service Plan Documents,

   d. Data demographic forms,
e. Crisis/Safety Plans,

f. Strengths, Needs and Culture Discoveries, and

g. Child and Family Team Notes (if separate from the above items).

5. AdSS and their network of behavioral health providers shall ensure that procedures are in place to require Support and Rehabilitation Services providers to do the following:

a. Respond to referrals in a timely manner, (Refer to AdSS Operations Policy 417),

b. Participate actively in Child and Family Teams

c. Provide information regarding service delivery as it relates to established child/family goals, and

d. Provide training and supervision necessary to help staff provide effective Support and Rehabilitation Service as outlined by the CFT.

6. AdSS and their network of behavioral health providers shall develop a process to ensure that when children and families are receiving intense Support and Rehabilitation Services or are receiving them for an extended period of time, services are reviewed periodically to ensure resources are being used effectively. Such review should be done in person with the CFT rather than outside of the team. During such reviews, case-specific factors identified by the CFT as being important to the success of the family must be considered.
7. AdSS and their network of behavioral health providers shall develop processes to track outcomes of Support and Rehabilitation Services both qualitatively (such as narrative success stories) and quantitatively (such as outcome data).

D. TRAINING AND SUPERVISION RECOMMENDATIONS

1. AdSS and their network of behavioral health providers shall establish processes for ensuring all clinical and support services staff working with children and adolescents understand the elements for development and use of Support and Rehabilitation Services as specified in this document through formal training as noted here, including required reading of this Policy.

2. Several training resources have been developed as part of the MMWIA campaign to assist families, providers, and community members in using Support Rehabilitation Services effectively. Specifically, nine self-guided training modules/toolkits are available for any individuals or agencies across the state that participates in CFTs. These modules may be accessed online at www.mmwia.com.

3. AdSS and their network of behavioral health providers shall provide documentation, upon request from the Division or AHCCCS, demonstrating that all required network and provider staff have been trained on the elements contained in this policy. Whenever this policy or the attendant training modules are updated or revised, AdSS shall ensure their subcontracted network and provider agencies are notified and required staff are
retrained as necessary on the changes.

4. Supervision regarding implementation of this policy is to be incorporated into other supervision processes which the AdSS and their subcontracted network and provider agencies have in place for direct care clinical staff, in accordance with A.A.C. R9-10-115, Behavioral Health Paraprofessionals, Behavioral Health Technicians.

E. AdSS OVERSIGHT

1. The Division shall complete oversight of the AdSS utilizing, but not limited to, the following methods to ensure compliance with this policy and policies referenced within this policy:

   a. Annual Operational Review of compliance with this policy and related standards, including but not limited to:

      i. Policies/procedures for, and evidence of, assessing and prioritizing identified need for MMWIA services.

      ii. Policies/procedures for, and evidence of, tracking and documenting demand/unmet need for MMWI services.

      iii. Policies/procedures, and evidence of, implementing strategy for addressing the lack of timely availability of MMWIA services.

      iv. Policies/procedure for, and evidence of, managing and documenting service utilization/length of stay for MMWIA services.

      v. Evidence of training as described in section Training and Supervision above.
b. Receive and analyze deliverable reports or other data as submitted by the AdSS.

c. Conduct oversight meetings with the AdSS for the purpose of reviewing compliance and addressing concerns with access to care or other quality of care.

d. Ensure AdSS complete ongoing monitoring and evidence of compliance through Behavioral Health Clinical Chart Reviews.

Signature of Chief Medical Officer: Anthony Dekker, D.O.

Anthony Dekker (Jun 14, 2022 17:33 PDT)