

320-R - SPECIAL ASSISTANCE FOR MEMBERS WITH SERIOUS MENTAL ILLNESS

EFFECTIVE DATES: 07/01/16, 10/01/17, 10/01/18, 10/01/19, 08/03/20, UPON PUBLISHING¹

APPROVAL DATES: 09/21/17, 08/16/18, 05/16/19, 07/24/20, 08/20/24²

I. PURPOSE

This Policy applies to ACC-RBHA³, ALTCS E/PD, DES/DDD (DDD), ~~RBHA~~ Contractors, and Fee-For-Service (FFS) Programs ~~as delineated within this Policy~~ including: Tribal ALTCS, ~~and~~ TRBHAs; and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100).⁴ This Policy establishes requirements for identification, notification, documentation, and reporting to ensure the provision of Special Assistance for members designated with a Serious Mental Illness (SMI) (hereafter, members) who require Special Assistance and meet criteria.

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy including:⁵

<u>BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF)</u>	<u>INDEPENDENT OVERSIGHT COMMITTEE (IOC)</u>	<u>MEMBER</u>
<u>NOTICE OF ADVERSE BENEFIT DETERMINATION (NOA)</u>	<u>OFFICE OF HUMAN RIGHTS (OHR)</u>	<u>PROTECTED HEALTH INFORMATION (PHI)</u>
<u>SERIOUS MENTAL ILLNESS (SMI)</u>	<u>SERIOUS MENTAL ILLNESS (SMI)</u>	<u>TRIBAL REGIONAL BEHAVIORAL HEALTH AUTHORITY (TRBHA)</u>

~~**BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF)**~~

~~As specified in A.A.C. R9-10-101, health care institution that provides treatment to an individual experiencing a behavioral health issue that:~~

- ~~1. Limits the individual's ability to be independent, or~~
- ~~2. Causes the individual to require treatment to maintain or enhance independence.~~

¹ Date Changes are effective

² Date Policy is approved

³ Revised to align with the Competitive Contract Expansion YH20-0002 to expand the provision of services for the awarded ACC Contractors

⁴ Including according to applicability, throughout Policy

⁵ Adding an identification table of terms used in this Policy that can be found in the AHCCCS Contract and Policy Dictionary

**INDEPENDENT OVERSIGHT
COMMITTEE
(IOC)**

The IOC is established by state statute (A.R.S. § 41-3804) to promote the rights of individuals who receive behavioral health services pursuant to A.R.S. §§36-5 and 34. There is one Independent Oversight Committee (IOC) established for each region as well as the Arizona State Hospital (AzSH), with each IOC providing independent oversight and review within its respective jurisdiction as specified in A.R.S. §§ 41-3803 and 3804, and A.A.C. R9-21-105.

**OFFICE OF HUMAN RIGHTS
(OHR)**

The OHR is established within AHCCCS and is responsible for the hiring, training, supervision, and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of members determined to have a Serious Mental Illness with service planning, inpatient discharge planning and resolving appeals and grievances.

SPECIAL ASSISTANCE

The support provided to a member designated as Seriously Mentally Ill who is unable to articulate treatment preferences and/or participate effectively in the development of the service plan, Inpatient Treatment, and Discharge Plan (ITDP), grievance and/or appeal processes due to cognitive or intellectual impairment and/or medical condition.

**SERIOUS MENTAL ILLNESS
(SMI)**

A designation as defined in A.R.S. §36-550 and determined in an individual 18 years of age or older.⁶

III. POLICY

The Contractors, FFS Programs including: Tribal ALTCS, TRBHAs, and subcontracted providers if applicable, shall identify and submit notification to AHCCCS, Division of Community Advocacy and Intergovernmental Relations (DCAIR),⁷ OHR of members who meet the criteria for Special Assistance as specified in this Policy. The provider shall submit a notification whether or not the member's Special Assistance needs appear to be met by an involved guardian or Designated Representative (DR) (e.g. family member, or friend)⁸. The Contractors, Tribal ALTCS, TRBHAs, subcontracted providers, and AHCCCS/DCAIR, OHR shall ensure that the individual designated to provide Special Assistance is involved at key stages including but not limited to the Adult Recovery Team (ART) meeting, development of the Individualized Service Plan (ISP), development of the Inpatient Treatment and Discharge Plan (ITDP), grievance and appeal process, and when treatment decisions are made.⁹ of the grievance and appeals process.

As applicable, The Contractors shall ensure that subcontracted providers adhere to the requirements of this Policy.

⁶ Removed; term is found in C&P Dictionary.

⁷ Revised to simplify, refer to section of policy with the notification requirements.

⁸ Removing they are part of the definition for Designated Representative.

⁹ Added to clarify all the encounters that must include the DR or HCDM.

A. GENERAL REQUIREMENTS

1. Criteria to deem a member to be in need of Special Assistance are as follows:
 - a. ~~A member is in need of Special Assistance if the~~The member is unable to do any of the following:
 - i. Communicate preferences for services,
 - ii. Participate effectively in service planning or Inpatient Treatment, and Discharge Plan (ITDP) development,
 - iii. Participate effectively in the appeal, grievance, or investigation processes as specified in A.A.C.¹⁰ R9-21, Article 4, and
 - b. The member's inability to communicate preferences and participate effectively ~~shall be is~~ due to at least one of the following:
 - i. Cognitive ability/intellectual capacity (i.e., cognitive impairment, borderline intellectual functioning, or diminished intellectual capacity),
 - ii. Language barrier (an inability to communicate, other than a need for an interpreter/translator), and/or
 - iii. Medical condition including, but not limited to one of the following:
 - a) Traumatic brain injury,
 - b) Dementia, ~~or~~
 - c) Severe psychiatric symptoms.
 - c. A~~The~~ member ~~who~~ is subject to general guardianship and has been found to be incapacitated as specified in A.R.S. ~~§~~ 14-5304, and therefore, automatically satisfies the criteria for Special Assistance, which requires a notification to AHCCCS OHR in accordance with this Policy¹¹, or
 - ~~d.~~d. The existence of any of the following circumstances ~~shall should~~ prompt ~~the Contractor, Tribal ALTCS, TRBHA, or subcontracted provider to more closely an assessment to identify if the member meets Special Assistance criteria: review whether the member is in need of Special Assistance¹².~~
 - i. Developmental disability involving cognitive ability,
 - ii. Residence in a 24-hour Behavioral Health Residential Facility (BHRF) setting,
 - iii. Limited guardianship, or the Contractor, Tribal ALTCS, TRBHA, or subcontracted provider is recommending and/or pursuing the establishment of limited guardianship, or
 - iv. Existence of a serious medical condition that affects the member's intellectual and/or cognitive functioning, such as dementia or traumatic brain injury.
2. The following criteria shall not be considered when making a determination as to whether or not a member is in need of Special Assistance.
The member:
 - a. Needs things explained in more basic terms,
 - b. Is able but not willing to participate in treatment, service planning, ITDP, the appeal, grievance, or investigation processes,
 - c. Can speak and advocate for themselves but presents with interpersonal issues that make working with the member challenging,

¹⁰ Revised to align with Section 504 of The Rehabilitation Act, changes made throughout Policy

¹¹ Added to ensure the awareness that all individuals served by guardianship must have a notification submitted.

- d. Needs more regular and effective engagement from the treatment team, ~~or~~
 - e. Has a special need⁷ (e.g., unable to read or write, needs an interpreter), ~~or~~
 - f. Preferred outcome of the assessment¹³.
3. The following individuals or entity may deem a member to be in need of Special Assistance:
 - a. A qualified clinician providing treatment for the member,
 - b. A case manager as specified in ~~A-A-C- R9-21-101~~,
 - c. A member of the clinical team as specified in ~~A-A-C- R9-21-101~~,
 - d. ~~A~~The -Contractor, Tribal ALTCS, or TRBHA,
 - e. A program director of a subcontracted provider²,
 - f. ~~The~~ Deputy Director of AHCCCS or designee, or
 - g. A hearing officer assigned to an SMI appeal or grievance.
 4. ~~The~~ Contractors⁵, Tribal ALTCS, TRBHAs⁵, and subcontracted providers shall, on an ongoing basis, assess whether members are in need of Special Assistance in accordance with the criteria set out in this Policy. At a minimum this shall occur at the following stages:
 - a. Assessment and annual updates,
 - b. Development of, or update to, the service plan,
 - c. Admission to a psychiatric inpatient facility,
 - d. Development of or update to an ITDP,
 - e. Initiation of the grievance or investigation processes,
 - f. Filing of an appeal, and
 - g. Existence of circumstances and/or other contributing factors which may be a basis for a grievance, an investigation, or an appeal.
 5. Documentation:

~~The~~ Contractors⁵, Tribal ALTCS, TRBHAs⁵, and subcontracted providers shall document in the member’s medical record (e.g., on the assessment, service plan, ITDP, face sheet) each time a member is assessed for the need of Special Assistance, indicating the factors reviewed and the conclusion. If the conclusion is that the member is in need of Special Assistance, notification shall be provided to AHCCCS/~~DCAIR, OHR~~OHR by completing the [Special Assistance Notification notification form, Part A, in the AHCCCS QM Portal, at QMportal.azahcccs.gov](#), in accordance with the procedures [and timelines referenced](#)¹⁴ below.

B. PROCESS FOR NOTIFICATION TO THE OFFICE OF HUMAN RIGHTS

1. Contractors, Tribal ALTCS, TRBHAs⁵, and subcontracted providers shall submit a notification to AHCCCS/~~DCAIR, OHR~~OHR by:
 - a. ~~e~~Completing ~~the~~ Part A [of the Special Assistance Notification section of the notification in the AHCCCS QM Portal, at https://qmportal.azahcccs.gov/15](#)
 - ~~a.~~b. [Submitting Part A of the Special Assistance Notification](#) within five business days of identifying a member who is in need of Special Assistance ~~and shall include:~~²

¹³ Edited to clarify that the member’s election is not considered due to special assistance not being a service, but rather support.

¹⁴ Clarified to ensure timelines are also followed.

¹⁵ Moved reporting specifications here

- ~~b.c.~~ Submitting Part A of the Special Assistance Notification immediately if the member requires immediate support (e.g., ITDP, active SMI appeal or grievance); ~~the notification shall be submitted immediately~~ and communicating the urgent need also to OHR at OHRts@azahcccs.gov for immediate assistance,¹⁶;
- ~~c.d.~~ Notation–Notating if the member was or was not informed of the Special Assistance ~~Notification~~. If the member was not informed of the notification, then it shall be documented with, an explanation of why not, and
- ~~d.e.~~ A copy of the court ordered guardianship and contact information of the appointed guardian shall be uploaded into the AHCCCS QM Portal¹⁷; if the member is under full legal guardianship. If guardianship documentation is not available at the time the member is identified as in need of Special Assistance, the Special Assistance ~~Notification~~ is required to be submitted within the required timeframes, followed by sub~~mission~~mittal of the required documentation. The Special Assistance ~~Notification~~ shall remain in pending status until the documentation is received. ~~The Contractors, Tribal ALTCS and TRBHAs~~ shall ensure the documentation is submitted timely.
- ~~1.2.~~ The Contractors ~~are notified of all Special Assistance notifications and they~~ shall review the completed Part A section upon receipt of the Special Assistance ~~Notification~~, and:
- Verify the accuracy of all demographic information,
 - Verify criteria and/or documentation submitted,
 - Request additional or missing information from the provider if needed, and
 - Move the notification forward in the process by submitting to ~~AHCCCS/DCAIR, OHR~~OHR.
- ~~2.3.~~ ~~AHCCCS/DCAIR, OHR~~OHR will review the Special Assistance ~~Notification~~ to ensure it contains all required information and respond within five business days of receipt. After review, ~~AHCCCS/DCAIR, OHR~~OHR will:
- Contact the Contractor submitting the form for clarification, if needed,
 - Designate which agency/individual will provide Special Assistance by completing Part B of the Special Assistance ~~Notification~~, and/or
 - Change the status of the Special Assistance ~~Notification~~ to active indicating the completion of the notification and acknowledging the member meets Special Assistance criteria.¹⁸
- ~~3.4.~~ The Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers requesting an updated Part B of the Special Assistance Notification, to change the individual/agency assigned to meet Special Assistance needs, shall submit a notification to ~~AHCCCS/DCAIR, OHR~~OHR by updating the guardian/advocate information section on Part A of the Special Assistance ~~Notification~~ and including any new documentation required (e.g., guardianship documentation). Requests to update ~~the~~ Part B of the Special Assistance Notification shall be submitted when any of the following changes occur:
- The individual or entity currently identified as providing Special Assistance is no longer actively involved or is unable to continue to meet the member’s needs,
 - There is a change in guardianship status, or
 - The member requests a change in the individual/agency meeting Special Assistance needs.

¹⁶ Added to email Office of Human Rights to ensure the need is met immediately despite any portal or health plan delays in approvals.

¹⁷ Revised for clarity

¹⁸ Revised for clarity

C. NOTIFICATION REQUIREMENTS AND PROCESS FLOW FOR MEMBERS NO LONGER IN NEED OF SPECIAL ASSISTANCE

1. The Contractors, Tribal ALTCS, TRBHAs, or subcontracted providers shall notify AHCCCS/~~DCAIR, OHR~~OHR within 10 business days of an event or determination, when a member receiving Special Assistance no longer meets criteria, by completing Part C of the Special Assistance Notification form within the AHCCCS QM Portal noting:
 - a. The reason(s) why the member no longer meets Special Assistance criteria ~~Special Assistance is no longer required,~~
 - b. The effective date,
 - c. The name and title of the person submitting the Part C, ~~staff individual completing the form,~~ and
 - d. The date the form is completed.

2. The Contractors, Tribal ALTCS, TRBHAs, or subcontracted providers shall complete ~~the~~ Part C of the Special Assistance Notification when any of the following apply:
 - a. The original basis for the member meeting Special Assistance criteria is no longer applicable and the member does not otherwise meet criteria. This includes when it is determined that the SMI designation is no longer appropriate, and the designation has been removed. A Part C due to a change in ~~s~~ SMI designation shall not be completed until after the period to appeal has expired,
 - b. The member passes away,
 - c. The member enters a Department of Corrections (DOC) facility,
 - d. The member moves out of Sstate and no longer receives behavioral health services in Arizona, or
 - e. The member elects not to receive services from the Contractor, Tribal ALTCS, or TRBHA and the member is not transferred to another Contractor, Tribal ALTCS, or TRBHA.

3. The Contractor, Tribal ALTCS, TRBHA, or subcontracted providers shall perform all required re-engagement efforts, including contacting the individual providing Special Assistance, as specified in AMPM Policy 1040 prior to submission of Part C.

4. Submission of a Part C is not needed when a member transfers to another Contractor, Tribal ALTCS, or TRBHA, as the Special Assistance designation follows the member and shall be included in member's medical record during the transfer.

- 4.5. Upon receipt of Part C, AHCCCS/~~DCAIR, OHR~~OHR will review the content to confirm accuracy and:
 - a. Send additional follow up questions to the Contractor if needed, or
 - b. Change the status of the notification to closed.

A new Special Assistance Notification is required if the member meets criteria for Special Assistance at another time.¹⁹

¹⁹ Added item c for clarity and to combat community misunderstandings that a person may meet criteria at multiple times in their journey and are eligible for the support as needed.

D. REQUIREMENTS TO ENSURE THE PROVISION OF SPECIAL ASSISTANCE

1. The Contractors, Tribal ALTCS, TRBHAs, subcontracted providers, and AHCCCS Behavioral Health Grievance and Appeals (BHGA) shall maintain open communication with the individuals (~~family, guardian, friend, designated representative, AHCCCS/DCAIR, OHR advocate, etc.~~) assigned to meet the member’s Special Assistance needs (e.g., family, guardian, friend, DR, AHCCCS OHR advocate)²⁰. Minimally, this involves providing timely notification to the individual providing Special Assistance to ensure involvement in the following:
 - a. Service Plan development, updates and review including any instance when the member makes a decision regarding service options and/or denial/modification/ termination of services (service options include not only a specific service, but also potential changes to provider, site, physician and case manager assignment), as specified in AMPM Policy 320-O,
 - b. The ITDP planning including any time a member is admitted to a psychiatric inpatient facility and involvement throughout the stay and discharge,
 - c. The appeal process including circumstances that may warrant the filing of an appeal, ~~so~~ aAll Notices of Adverse Benefit Determination (NOA) or Notices of Decision (NOD) issued to the member/guardian/designated representative shall also be copied to the individual designated to meet the Special Assistance needs, and shall also be submitted to AHCCCS OHR at OHRts@azahcccs.gov, and²¹
 - d. Investigation or grievance, including when an investigation/grievance is filed, and circumstances when initiating a request for an investigation/grievance may be warranted.

2. In the event that the procedures outlined in the section above are delayed, in order to ensure the participation of the individual or entity providing Special Assistance to the Member, the Contractors, Tribal ALTCS, TRBHAs, subcontracted providers, and BHGA shall:
 - a. Document the reason for the delay in the medical record, or the investigation, grievance or appeal file, and
 - b. If an emergency service is needed, ensure that the Member receives the needed services in the interim and provide prompt notification to the agency/individual providing Special Assistance.

3. The Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers shall provide timely relevant details and a copy of the notification to the receiving entity and when applicable, the case manager, when a Member who is in need of Special Assistance is:
 - a. Admitted to an inpatient facility,
 - b. Admitted to a BHRF setting, or
 - c. Transferred to a different Contractor, Tribal ALTCS, TRBHA, Case Management Provider site, or case manager.

4. The Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers shall ensure that Special Assistance Member demographic information is updated within five business days of a change in any of the following sections of the Part A:
 - a. Member residence information; residence type, address, city, state, zip, and phone number,

²⁰ Grammar edit

²¹ Added to ensure that Office of Human Rights is notified of all Notice of Adverse Benefit Determination for all Special Assistance members as indicated in ACOM Policy 414.

- b. Provider information; Assigned Provider Agency, Treatment team names, phone numbers and email addresses, ~~or~~
 - c. Clinical information; Diagnosis and Clinical Basis for Special Assistance (e.g., Guardianship is assigned to a member who previously met criteria due to a Cognitive Barrier), ~~or~~
 - d. Guardian/Advocate Information; relationship to member, name, address, ~~and~~ phone number, and email address²².
5. The Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers shall periodically review whether the member’s needs are being met by the individual or agency designated to meet the member’s Special Assistance needs. If a concern arises, it ~~shall should~~ first be addressed with the individual or agency providing Special Assistance. If the issue is not promptly resolved, further action shall be taken to address the issue, which may include contacting the Contractors, Tribal ALTCS, TRBHA, or AHCCCS/~~DCAIR, OHR~~OHR for assistance.

E. BEHAVIORAL HEALTH OFFICE OF GRIEVANCES AND APPEALS AND CONTRACTORS, TRIBAL ALTCS, AND TRBHA GRIEVANCE AND APPEALS REPORTING REQUIREMENTS

- 1. Upon receipt of a request for investigation, an SMI grievance or appeal, the Contractor, Tribal ALTCS, or TRBHA, and the BHGA shall review whether the member is already identified as in need of Special Assistance. Further details regarding investigations are as specified in ACOM Policy 444 and ACOM Policy 446.
- 2. If the member is identified as ~~in need of meeting~~²³ Special Assistance criteria, the Contractor, Tribal ALTCS, TRBHA, or BHGA shall ensure that:
 - a. A copy of the request for investigation or SMI grievance or appeal is sent to AHCCCS/~~DCAIR, OHR~~OHR within five business days of receipt of the request regardless of who is meeting the Special Assistance needs.²⁴ The Contractor, Tribal ALTCS, TRBHA, or BHGA shall also forward a copy of the final grievance/investigation decision to AHCCCS/~~DCAIR, OHR~~OHR within five business days of issuing the decision,
 - b. A copy of the SMI grievance or appeal for a member who is identified as in need of Special Assistance is sent to AHCCCS/~~DCAIR, OHR~~OHR upon occurrence,
 - c. The results of the Informal Conference (IC) regarding SMI appeals are sent to AHCCCS/~~DCAIR, OHR~~OHR,
 - ~~e.d.~~ The Contractor, Tribal ALTCS, TRBHA, or BHGA shall also forward a copy of any subsequent notice of hearing, and
 - ~~d.e.~~ All of the above required documents ~~are~~ shall be emailed to AHCCCS OHR/~~DCAIR, OHR~~ at OHRts@AZAHCCCS.gov.

²² Part of required field in Portal

²³ Edited for clarity to ensure the Contractors shall all documents for ALL members who are currently meeting Special Assistance criteria.

²⁴ Added for clarity due to misunderstandings and turnover. The Contractors are required to notify OHR of requests for investigations.

G. CONFIDENTIALITY REQUIREMENTS

1. The Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers shall grant AHCCCS/~~DCAIR~~, OHR access to medical records of members in need of Special Assistance in accordance with Federal and State confidentiality laws as specified in AMPM Policy 940.
2. AHCCCS will provide a list to the Independent Oversight Committees (IOCs), monthly, that contains the names of members in need of Special Assistance. The IOCs shall safeguard the provided list and keep confidential any Protected Health Information (PHI). The IOCs shall inform AHCCCS/~~DCAIR~~, ~~OHR~~OHR annually in writing of how confidentiality of the Special Assistance lists is maintained. If IOCs request additional information that contains PHI that is not included in the monthly list, the request shall be in accordance with the requirements as specified in AMPM Policy 960.

H. ADMINISTRATIVE REQUIREMENTS

1. The Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers shall clearly document in the member's medical record and in the case management/client tracking system if a member is identified as in need of Special Assistance, the individual/agency assigned currently to provide Special Assistance, the relationship to the member, and contact information including phone number and mailing address.
2. AHCCCS/~~DCAIR~~, ~~OHR~~OHR will conduct monthly quality checks within the AHCCCS QM Portal between the 20th and the 25th day of the month to monitor the accuracy of the Special Assistance list. AHCCCS/~~DCAIR~~, ~~OHR~~OHR will audit a random sampling of each Contractor's Special Assistance member records. Specifically reviewing:
 - a. The residential type and address information,
 - b. The reported Provider responsible for the behavioral health treatment plan,
 - c. The case management team names and contact information, and
 - d. The name and contact information for the individual/-/agency assigned to meet Special Assistance needs.
3. By the 25th day of the month ~~the~~ AHCCCS/~~DCAIR~~, ~~OHR~~OHR ~~shall~~will provide the Special Assistance list to the appropriate IOC.
4. The IOCs shall make regular visits to the licensed residential environments where members in need of Special Assistance are receiving treatment to determine whether the services meet the member's needs and to determine member satisfaction with the residential environment.
5. The Contractors shall implement quality management measures to ensure the subcontracted providers implement the requirements of this Policy. The TRBHAs and Tribal ALTCS shall work with the Division of Fee-for-Service Management (DFSM) on implementing quality management measures to ensure FFS providers implement the requirements of this Policy. Training curriculums, audit tools, policies and procedures shall be shared with AHCCCS/~~DCAIR~~, OHR prior to use to ensure the tools address:
 - a. Assessment requirements,
 - b. Documentation requirements,
 - c. Current demographic and contact information update requirements, and

d. Provision of Special Assistance requirements.

6. The Contractors, Tribal ALTCS, and TRBHAs shall ensure that all applicable staff are ~~is~~-trained regarding Special Assistance requirements.

DRAFT