Banner University Health Plans
Banner – University Family Care

Banner – University Family Care
Behavioral Health Provider User Guide

Overview

Banner – University Family Care (BUFC) is excited to partner with community behavioral health providers to implement a new and innovative model of AHCCCS Complete Care. BUFC is part of Banner Health (Banner) with a mission to *make health care easier so life can be better*. We understand that complete care means system-wide transformation that focuses on addressing member's complete care needs including physical health (PH), behavioral health (BH) and social determinants of health (SDOH). We are committed to implementing a system of care that is driven by the Adult Service Delivery System Nine Guiding Principles and the Arizona Vision and Twelve Principles for Children's Behavioral Health Services with a focus on strength- based, member and family centered, culturally and linguistically appropriate, evidence- based practice. In addition, our innovative processes focus on removing barriers to timely access to care, minimizing burden for providers while embracing a complete care approach to PH and BH through integration, partnerships and collaboration supported by technology. The intent of this user guide is to share essential information about new processes to support this model that has been developed with the input and guidance from providers and community partners. Additional detail is provided in the BUFC Provider Manuel, contracts and provider communications.

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I. Assessment

All members receiving Behavioral Health Services must have a behavioral health assessment upon initial request for services. A behavioral health assessment is the ongoing collection and analysis of the member's medical, psychological, psychiatric and social conditions in order to initially determine if a health disorder exists, if there is a need for behavioral health services, and on an ongoing basis ensures that the member's Complete Care Plan is designed to meet the member (and family's) current needs and long- term goals. Periodic assessment updates to meet the changing behavioral health needs of members must be conducted. Assessments must be updated at a minimum of annually. In addition, reassessment is an ongoing part of service delivery. The assessment process must facilitate timely complete care planning and access to services to meet individualized needs. This process must not create barriers to timely access to services. The assessment can be done by a variety of clinicians to support timely access to care as long as the minimum AHCCCS standards for assessors and the minimum BUFC required assessment elements are met. Assessments may include psychiatric assessments, psychological assessments, assessments completed as part of the initiation of therapy and counseling services, completed as part of an intake or with initiation of any other covered service.

BUFC does not mandate that a specific assessment tool or format be used but requires certain minimum elements consistent with AHCCCS requirements.

Minimum elements of the Behavioral Health Assessment for Adult General Mental Health (GMH)/Substance Use (SU) Members:

The Behavioral Health Assessment for GMH/SU members shall be conducted by a Behavioral Health Professional (BHP) or Behavioral Health Technician (BHT) under the clinical oversight of a BHP with the following components as clinically appropriate:

- Presenting concerns and events that trigged the request for BH services
- What the member hopes to accomplish by receiving BH services
- History of past (and current, if applicable) behavioral health treatment
- Current medical conditions and treatment, as applicable and Primary Care Provider (PCP)
- Current Medications including OTC; including dosage
- Medication Allergies
- Evaluation for the Social Determinants of Health using a standardized, validated tool (e.g. Patient-Centered Assessment Method (PCAM), Health Leads Screening Toolkit, Hennepin County Medical Center Life Style Overview, or Protocol for Responding to and Assessment Patients' Assets, Risks, and Experiences (PRAPARE)
- Legal history, including: Custody, guardianship, pending litigation, criminal justice history; Court Ordered Treatment (COT)

- Evaluation of past and current symptoms that support a mental health diagnosis that includes a Mental Status Exam and an evaluation for symptoms of trauma
- Evaluation for substance use. May use a standardized and validated tool (e.g. CAGE-ID, Drug Abuse Screen Test (DAST) and the SBIRT to screen for alcohol and drug misuse), if clinically indicated
- Family history of mental health and/or substance use disorders, as clinically indicated
- A risk assessment that includes, as clinically indicated, risk of harm to self or other, possible medical risks, environmental risk for abuse or violence, and need for referrals for healthcare, psychotropic medication and/or need for higher level of behavioral health care
- Any language or communication issues that need to be considered for effective treatment
- Strengths
- A summary, observations and diagnostic impressions of the qualified clinician
- Recommendations for specific BH service(s) and next steps
- Other information determined to be relevant

Minimum elements of the Behavioral Health Assessment for Children and Adolescents:

The BH Assessment for children and adolescents shall be conducted by a Behavioral Health Professional (BHP) or Behavioral Health Technician (BHT) under the clinical oversight of a BHP with the following components as clinically appropriate:

- Presenting concerns and events that trigged the request for BH services
- What the member/parent or guardian hopes to accomplish by receiving BH services
- History of past (and current, if applicable) behavioral health treatment
- Current medical conditions and treatment, as applicable and PCP
- Current Medications including OTC; including dosage
- Medication Allergies
- Evaluation for the Social Determinants of Health using a standardized, validated tool (e.g. Patient-Centered Assessment Method (PCAM), Health Leads Screening Toolkit, Hennepin County Medical Center Life Style Overview, or Protocol for Responding to and Assessment Patients' Assets, Risks, and Experiences (PRAPARE))
- Developmental history
- Educational history/status
- Legal history, including: Custody, guardianship, pending litigation, criminal justice history; Court Ordered Treatment(COT)
- Evaluation of past and current symptoms that support a mental health diagnosis that includes a Mental Status Exam and an evaluation for symptoms of trauma
- Evaluation for substance use. May use a standardized and validated tool (e.g. CAGE-ID, Drug Abuse Screen Test (DAST) and the SBIRT to screen for alcohol and drug misuse), if clinically indicated

- Family history of mental health and/or substance use disorders, as clinically indicated
- A risk assessment that includes, as clinically indicated, risk of harm to self or other, possible medical risks, environmental risk for abuse or violence, and need for referrals for healthcare, psychotropic medication and/or need for higher level of behavioral health care
- Any language or communication issues that need to be considered for effective treatment
- Strengths
- A summary, observations and diagnostic impressions of the qualified clinician
- Recommendations for specific BH service(s) and next steps
- Other information determined to be relevant

The following Special Circumstances Assessment Components must be completed as applicable:

- Children Age 0 to 5 – Developmental screening must be conducted by the Behavioral Health Home for children age 0-5 with a referral for further evaluation when developmental concerns are identified and the Early Childhood Service Intensity Instrument (ECSII) must be completed within 30 days of intake and updated at a minimum of every 6 months and at discharge from care
- Children Age 6 to 18 - The Child and Adolescent Service Intensity Instrument (CASII) must be completed within 30 days of intake, at least annually, as changes occur in the life of the child and at discharge from care
- For all youth determined to be high needs a Strength, Needs and Culture Discovery (SNCD) document must be completed and included in the clinical record
- Children Age 11 to 18 - Standardized substance use screen and referral for further evaluation when screened positive
- Beginning the evaluation and assessment for appropriateness to refer the youth for Serious Mental Illness (SMI) Determination shall begin at 16.5 years (at a minimum) and no later than age 17 for youth that present with a diagnosis, impairment and history that may meet the requirements for persons with SMI upon transition into the adult system of care

II. Behavioral Health Services Jump Start

A Behavioral Health Services Jump Start can be utilized by specialty and other behavioral health providers such as Peer and Family Run Organizations (PFROs) who may not have the ability to conduct a comprehensive behavioral health assessment. The purpose of the Behavioral Health Services Jump Start is for the behavioral health provider to obtain basic information related to the member's chief complaint/presenting behavioral health symptoms and physical health history that includes sufficient detail to initiate timely behavioral health care, identify and

address any immediate risks and refer to a behavioral health provider who can conduct a comprehensive behavioral health assessment and implement additional services and supports to meet the member's needs. The Behavioral Health Services Jump Start form must be entered in the Banner Navigation Accelerator. After completion the provider must refer to a behavioral health provider who can conduct a comprehensive behavioral health assessment through the health plan referral process within the timeframes to meet the member's needs consistent with AHCCCS requirements. Services rendered by the initiating provider should be continued by that provider until they are determined to no longer be clinically indicated.

The Behavioral Health Services Jump Start must include the following elements:

1. **Behavioral Health:** Identification of presenting symptoms/chief complaint categories in a. or b. below and provision of additional content detailed in c. through h. as follows:
    a. **Birth through 17 Behavioral Health Categories:**
        - Developmental delay
        - Psychosis
        - Depression
            - Suicidal ideation
            - Suicidal behavior
        - Mania
        - Anxiety/Panic
        - Obsessions/Compulsions
        - Trauma related symptoms
        - Eating disordered behaviors:
            - Significant weight loss
            - Binging/purging
            - Significant weight gain
        - Difficulty with attention, hyperactivity or impulsivity
        - Significant oppositional behaviors:
            - Aggression
            - Danger to others
            - Legal involvement
        - Substance Use:
            - Alcohol
            - Opioids
            - Simulants
            - Other
        - Other
            - Describe

    b. **Adults (18 and older) Behavioral Health Categories:**

        - Psychosis

- Depression
    - Suicidal ideation
    - Suicidal behaviors
- Mania
- Anxiety/Panic
- Obsessions/Compulsions
- Trauma related symptoms
- Eating disordered behaviors:
    - Significant weight loss
    - Binging/purging
    - Significant weight gain
- Difficulty with attention, hyperactivity or impulsivity
- Significant aggressive behaviors:
    - Danger to others
    - Legal involvement
- Substance Use:
    - Alcohol
    - Opioids
    - Simulants
    - Other
- Personality disordered behavior
- Cognitive decline/dementia
- Other:
    - Describe

c. Detail describing onset, frequency, duration and severity associated with chief complaint/presenting symptoms selected in a. or b. above
d. Risk factors including potential danger to self or others
e. Current/past behavioral health diagnosis (include if active or inactive)
f. Current treatments including psychotropic medications, psychosocial interventions and supports
g. Behavioral health hospitalizations, emergency department/crisis presentation for behavioral health conditions over the past 12 months including reason and dates
h. Therapeutic behavioral health placements in the past 12 months including reason and dates

2. **Legal History**: Including Court Ordered Treatment(COT)
3. **Family History**
4. **Housing status**
5. **Physical Health:** Diagnosis, treatment and history including the following:

    a. Current and past physical health diagnosis (include if active or inactive)

b. Current physical health treatments including medications
c. Physical health hospitalizations, emergency department/crisis presentation over the past 12 months including reason and dates
d. Primary care provider (PCP)

6. **Member Goals**
7. **Summary/Recommendations for follow up assessment:** This must include recommendations and plans for coordination of a referral as indicated with a provider who can conduct a comprehensive behavioral health assessment with urgency of appointment as required by AHCCCS Contractors and Operations Manuel(ACOM) Policy 417.

III. Complete Care Planning (Service Planning)

Complete Care Plans: BUFC requires Complete Care Plans that are based on the current assessment. Complete Care Plans must meet all the requirements for service planning and Individual Service Plans (ISPs) in accordance with AHCCCS AMPM 320-O including a complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life. In addition, the Complete Care Plan must include physical health (PH) and behavioral health (BH) diagnosis and needs, social determinants of health (SDOH), takes into consideration PH and BH diagnosis and SDOH influence on each other and includes a focus on overall health and wellness. Behavioral health providers will obtain information about physical health diagnosis by member or guardian report, review of medical records, coordination of care with physical health providers or through physical health provider assessment in integrated settings. When a behavioral provider documents a physical health diagnosis they must document the source of the diagnostic information.

Complete Care Plans must be included in the member's medical record and must be entered in the Banner Navigation Accelerator (BNA).

The required elements of the Complete Care Plan include the following:

- Physical Health (PH) and Behavioral Health (BH) Diagnosis
- Member strengths
- Member challenges/risks
- Social Determinants of Health (SDOH)
- Takes into consideration influence of PH/BH conditions and SDOH on one another
- Member needs/issues
- Individualized goals/progress/barriers
- Covered health services (PH and BH)
- Natural/informal/family supports

- Health and Wellness activities that address modifiable risk factors and health related behaviors
- Acknowledgement of if a crisis plan has been developed
- Anticipated date of review

If a member needs services before a comprehensive Complete Care Plan can developed a preliminary Complete Care Plan must be developed to document services. A preliminary Complete Care Plan must be completed within 7 days of intake to document services and an ongoing Complete Care Plan must be completed no later than 15 days from intake. The Complete Care Plan must be updated at least annually. More frequent updates are usually needed to drive quality care and to meet the evolving needs and goals of the member and his/her family particularly for members that have experienced crisis, required hospitalization or other therapeutic levels of care, require transitions or who have new diagnosis. In situations where a member is experiencing crisis, hospitalization, placement in therapeutic levels of care, during transitions, when they are not making progress towards goals or when new diagnosis or needs present an updated Complete Care Plan must be developed to ensure service provision within the timeframes to meet current needs.

IV. Therapy and Counseling Services Guidelines

BUFC supports the use of a broad continuum of evidence- based counseling and therapy services which are strength based, flexible and designed to support members living in their homes and communities whenever possible with a focus on recovery and independence. Counseling and therapy services are an essential part of the clinical continuum and include a wide array of therapeutic modalities that can be provided in individual, family and group settings. The provision of these services is always individualized, goal directed, time limited, solution and outcome focused. The specific clinical modality utilized must be planned in collaboration with the Child and Family (CFT)/Adult Recovery Team (ART) and with input from behavioral health professionals with expertise in these services. Key information utilized in selecting the appropriate modality should include the identified goals/outcomes of treatment, diagnosis, assessment of needs, clinical and historical information.

Definition of Counseling and Therapy Services: These services are interactive and designed to elicit or clarify presenting and historical information, identify behavioral problems or conflicts, and provide support, education or understanding for the person, group or family to resolve or manage the current problem or conflict and present, resolve or manage similar future problems and conflicts. Services may be provided to an individual, group of people, a family or multiple family.

Counseling and Therapy Services Should Be Considered as Part of a Complete Care Plan in the Following Situations:

- The member is displaying presenting signs, symptoms and/or behaviors causing impairment and the presenting signs and symptoms are a result of a DSM-5 Diagnosis
- There is an expectation that services will result in improvement in targeted symptoms
- Prior to referral for psychotropic medication with mild impairment
- For individuals with moderate to severe impairment in combination with other interventions such as psychotropic medication
- Prior to referral for psychotropic medication for symptoms of ADHD and oppositional behaviors in youth less than 6 years of age

Counseling and Therapy Services Should Not Be Included or Continued as Part of a Complete Care Plan in the Following Situations:

- When there are no identified presenting signs, symptoms or behaviors causing impairment and/or the presenting signs and symptoms are not a result of a DSM-5 diagnosis
- When there is no expectation of improvement
- When no goal can be identified
- When there is lack of engagement in participating in or attending sessions
- When there has been no improvement with services and the therapy modality has not been revised
- When member has reached maximum benefit to therapeutic services consistent with individualized needs and goals and recommended length of treatment for the specified therapeutic modality.

Prior to Initiation and for Continuation of Counseling and Therapy the Provider must do the following:

- Discuss services with the CFT/ART to ensure alignment as a component of the Complete Care Plan
- Educate the member/guardian and CFT/ART members as applicable that counseling and therapy services are always individualized, goal directed, time limited, solution and outcome focused
- Ensure the plan includes the provision of the appropriate intensity of services consistent with individualized needs and the selected therapeutic modality. Generally, upon initiation counseling and therapy services should be provided at a minimum of weekly
- An initial therapy plan must be documented as part of the Complete Care Plan for a maximum of 16 weeks duration
- Consideration for continued counseling and therapy after the initial plan agreed upon can occur after coordination with the CFT/ART and documentation in the Complete Care Plan.

Monitoring of Counseling and Therapy Services:

BUFC will monitor the utilization of counseling and therapy services to ensure consistency with this guideline. Prior and continued authorization will not be required for counseling and

therapy services in routine situations. In the event that monitoring activities identify potential patterns of overutilization or underutilization focused strategies will be implemented to address utilization. These strategies may include focused audits, technical assistance, corrective actions and implementation of prior and continued authorization requirements.

Expertise and Code of Conduct and Ethics for Counseling and Therapy Services:

Individuals providing therapy and counseling services must be qualified to provide the specific modality. Each provider must have a privileging process to determine the scope of services including type of counseling and therapy provided and population served. Privileging decisions must be based on demonstrated competency. The therapeutic relationship must be honored and delivered with trust, competency and professionalism with the member's best interest and desired outcome as the primary goal.

V. Child and Family Team (CFT) / Adult Recovery Team (ART) Practice

BUFC supports the concept of a "team", established for each member receiving services. For adults this team is the Adult Recovery Team (ART) and for youth the Child & Family Team (CFT). The Adult Service Delivery System Nine Guiding Principles serve as a foundation for ART practice and the Arizona Vision and Twelve Principles serve as a foundation for CFT practice. The size, scope and intensity of the ART/CFT are driven by the needs of the member and as applicable family. The team may be limited to include the member, as applicable guardian and a behavioral health representative or a much broader group for members with more complex needs. Ongoing assessment of needs and Complete Care Plan revisions must take place in a timely way to meet the member's needs and always address lack of progress towards goals. At times there are delays in being able to schedule a formal ART or CFT meeting or face-to-face service. If such a delay presents, the ART/CFT process including ongoing needs assessment and Complete Care Plan development must proceed remotely if needed. Revisions must be made in a timely way to ensure access to services without delays that can result from waiting for a formal meeting or face-to-face service.

VI. Banner Navigation Accelerator (BNA)

In preparation for AHCCCS Complete Care BUFC received a tremendous amount of input and recommendations from providers and other community stakeholders. This information provided consistently identified that the current system structure and processes created barriers to initiate care, access ongoing care and resulted in an insufficient understanding of the member's diagnosis, needs and care plan. BUFC is introducing the Banner Navigation Accelerator (BNA), an innovative technology platform in response to the problems cited. The BNA enables providers to identify BUFC members and is the preferred method for in-network provider to in-network provider referrals to expedite and streamline access to care. In addition, the BNA allows for streamlined tracking of referral status including appointment completion and linkage to the BUFC network of providers and community resources directory. These

linkages support referral of members to the most appropriate provider or community resource to meet their needs in an expedited fashion. Complete Care Plans must be entered in the BNA to allow for a longitudinal single view care plan that can be utilized by all providers, including physical and behavioral health. The BNA also connects users to Health Current, BUFC health plan data allowing providers to view medications, laboratory and diagnostic testing results. BUFC understands there is initial provider time associated with learning and utilizing the BNA but this time will be offset by numerous efficiencies and access to information that leverages technology to drive quality, streamlined integrated care that addresses the barriers previously identified.

VII. Prior Authorization and Continued Authorization

BUFC has a limited array of BH services that require authorization including the following:

- Neuropsychological Testing
- ECT
- Non-emergent Psychiatric Hospitalization
- Behavioral Health Inpatient Facilities (BHIF)/Residential Treatment Centers (RTC)
- Behavioral Health Residential Facilities (BHRF)
- Home Care Training to Home Care Client (HCTC)
- Out-of-network services

The prior and continued authorization processes are detailed for each service in the BUFC Provider Manuel. Processes are streamlined and consistent with the requirements for Mental Health Parity.