Arizona Department of Health Services
Division of Behavioral Health Services

2011 Annual Medical Management/Utilization Management Plan
(AHCCCS Contract Year October 1, 2010 – September 30, 2011)

Prepared by the following ADHS/DBHS Staff:
Alexandra M. O'Hannon, Medical Management Manager
# Table of Contents

**INTRODUCTION**

1

## I. MEDICAL/UTILIZATION MANAGEMENT ADMINISTRATIVE OVERSIGHT

<table>
<thead>
<tr>
<th>Subsection</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structural Framework and Communications</td>
<td>3</td>
</tr>
<tr>
<td>ADHS/DBHS Senior Executive Team</td>
<td>3</td>
</tr>
<tr>
<td>ADHS/DBHS Executive Team</td>
<td>4</td>
</tr>
<tr>
<td>Medical/Utilization Management Committee Structure</td>
<td>4</td>
</tr>
<tr>
<td>MM/UM Committee</td>
<td>5</td>
</tr>
<tr>
<td>Pharmacy and Therapeutics Committee</td>
<td>6</td>
</tr>
<tr>
<td>T/RBHA MM/UM Coordinators Meeting</td>
<td>6</td>
</tr>
<tr>
<td>MM/UM Program Staff</td>
<td>6</td>
</tr>
</tbody>
</table>

## II. MONITORING AND EVALUATION OF SERVICE DELIVERY

<table>
<thead>
<tr>
<th>Subsection</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Evaluation</td>
<td>8</td>
</tr>
<tr>
<td>Data Integrity</td>
<td>9</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>9</td>
</tr>
<tr>
<td>Under and Over Utilization</td>
<td>10</td>
</tr>
<tr>
<td>Drug Utilization Review</td>
<td>10</td>
</tr>
<tr>
<td>Concurrent Review, Retrospective Review, and Prior Authorization</td>
<td>10</td>
</tr>
<tr>
<td>Adoption and Dissemination of Evidence-based Practice Guidelines</td>
<td>11</td>
</tr>
<tr>
<td>Evaluation of New Technologies and New Uses of Existing Technologies</td>
<td>12</td>
</tr>
<tr>
<td>Case Management/Care Coordination</td>
<td>12</td>
</tr>
<tr>
<td>Disease/Chronic Care Management</td>
<td>13</td>
</tr>
</tbody>
</table>

## III. DELEGATED ACTIVITIES

14

## IV. REPORTING REQUIREMENTS

<table>
<thead>
<tr>
<th>Subsection</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHS/DBHS MM/UM Reporting</td>
<td>15</td>
</tr>
<tr>
<td>ADHS/DBHS Contractor MM/UM Reporting</td>
<td>15</td>
</tr>
</tbody>
</table>

## ATTACHMENTS

17
Introduction

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) serves as the single state authority to provide administration, regulation, and monitoring of all facets of the State public behavioral health system. ADHS/DBHS contracts with community-based organizations known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TBHAs) to administer behavioral health services throughout the State. ADHS/DBHS Contractors function in a fashion similar to a health maintenance organization and are responsible for the development of service networks for adult and child behavioral health recipients.

The state is divided into six geographical service areas (GSAs) served by four Contractors:

- **Cenpatico Behavioral Health of Arizona** (CDBIAZ) serves two GSAs (GSAs 2 and 4) covering Pinal, Gila, Yuma, and La Paz Counties.
- **Community Partnership of Southern Arizona** (CPSA) serves two GSAs (GSA 3\(^1\) and GSA 5) covering Pima, Graham, Greenlee, Santa Cruz and Cochise Counties.
- **Northern Arizona Behavioral Health Authority** (NARBHA) serves one GSA (GSA 1) covering Mohave, Coconino, Apache, Navajo, and Yavapai Counties.

\(^1\) Please note, beginning December 1, 2010, responsibility for serving clients in GSA 3 (Graham, Greenlee, Santa Cruz and Cochise Counties) will transfer from CPSA to CDBIAZ.
• **Magellan of Arizona** (Magellan) of Arizona serves one GSA (GSA 6) covering Maricopa County.

ADHS/DBHS has Intergovernmental Agreements (IGAs) with three of Arizona’s American Indian Tribes to deliver behavioral health services to persons living on the reservations:

- **Gila River Indian Community**
- **Pascua Yaqui Tribe**
- **White Mountain Apache Tribe of Arizona**

The ADHS/DBHS Medical/Utilization Management (MM/UM) program is designed to assist ADHS/DBHS in making informed clinical decisions based on MM/UM data and medical necessity criteria; implementation of behavioral health service initiatives through monitoring and oversight of ADHS/DBHS Contractors and use of nationally recognized best practices; and monitoring of covered behavioral health services utilization. The following sections identify the ADHS/DBHS MM/UM policies and procedures utilized in the implementation of the ADHS/DBHS MM/UM program. All ADHS/DBHS MM/UM program requirements are integrated into the contracts with ADHS/DBHS Contractors. ADHS/DBHS Contractors must implement and adhere to ADHS/DBHS’ policies and procedures and must describe these practices in the Contractor annual MM/UM Plans. Oversight of Contractor adherence to these practices is accomplished through the review of Contractor quarterly submissions of MM/UM data, ad hoc reports, ADHS/DBHS data validation exercises and the Annual Administrative Review process.

**Vision**

ADHS/DBHS maintains a vision for the delivery of behavioral health services that provides the basis for all MM/UM activities. The ADHS/DBHS vision states:

> All Arizona residents touched by the public behavioral health delivery system are easily able to access high quality prevention, support, rehabilitation and treatment services that have resiliency and recovery principles at their core, which assist them in achieving their unique goals for a desired quality of life in their homes and communities.

To support the ADHS/DBHS vision, the goals of the ADHS/DBHS Medical/Utilization Management Program are:

- Monitor utilization of behavioral health services.
- Provide oversight of Contractor medical/utilization management processes.
- Provide prior authorization of services for TRBHA Contractors.
- Coordinate the Pre-Admission Screening and Resident Reviews (PASRR) for individuals in need of placement in skilled nursing facilities.
- Implement nationally recognized best practices in the area of care/disease management.

ADHS/DBHS follows the Plan, Do, Study, Act (PDSA) Quality Improvement cycle to evaluate data, assess performance, test interventions and refine activities as necessary.
Through its contracts, ADHS/DBHS mandates the use of the PDSA model in every Contractor’s QM activities. To that end, ADHS/DBHS developed a standardized QM Report Template and a QM Corrective Action Plan (CAP) Template that incorporates the tenets of this model to assist ADHS/DBHS and its Contractors in continuous assessment and evaluation of system performance.

Activities defined to support MM/UM processes and program goals are delineated in the 2011 ADHS/DBHS MM/UM Work Plan (Attachment A). These activities serve to direct the ADHS/DBHS MM/UM program and include clearly defined goals, measurable objectives, data feeds, responsible parties, frequency of activities and target dates for activities completion. ADHS/DBHS MM/UM activities include Contractor, stakeholder and recipient input and serve to further the vision of ADHS/DBHS.

The ADHS/DBHS MM/UM Plan includes activities designed to meet federal and AHCCCS requirements as well as data driven, focused performance improvement activities conducted by ADHS/DBHS Contractors. ADHS/DBHS provides oversight and technical assistance to every Contractor to ensure compliance with all performance standards and contractual requirements.

I. Medical/Utilization Management Administrative Oversight

Structural Framework and Communications
The ADHS/DBHS Office of Medical Management/Utilization Management (MM/UM) operates within the Bureau of Quality Management Operations (BQMO). The BQMO, under direction of the ADHS/DBHS Chief Medical Officer, works collaboratively with all functional areas of ADHS/DBHS to evaluate service utilization throughout Arizona. MM/UM administrative oversight and communication activities are conducted via ADHS/DBHS committees and data sharing. ADHS/DBHS committees are utilized for decision making, performance monitoring, development and guidance of performance improvement activities and as a means for incorporating stakeholder and member feedback into all MM/UM activities.

ADHS/DBHS Senior Executive Team
The ADHS/DBHS Senior Executive Team (SET) acts as the governing, policy making body for ADHS/DBHS, providing strategic direction and ultimate authority for the scope of BQMO activities. The SET ensures ongoing communication between ADHS/DBHS BQMO and other ADHS/DBHS functional areas so that improvement activities are ongoing and effective. The SET acts as the final approval authority for all activities related to the ADHS/DBHS system of care.

Membership:

<table>
<thead>
<tr>
<th>Senior Executive Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laura Nelson, MD, Deputy Director</td>
</tr>
<tr>
<td>Robert Sorce, Assistant Director</td>
</tr>
<tr>
<td>Rodgers Wilson, MD, Chief Medical Officer</td>
</tr>
<tr>
<td>David Reese, Chief Financial Officer</td>
</tr>
</tbody>
</table>
Margery Ault, Division Chief, Consumer Rights

Meeting Frequency: Weekly

ADHS/DBHS Executive Team
The purpose of the ADHS/DBHS Executive Team is to discuss high-level decision making issues pertaining to all aspects of behavioral health services, compliance of Contractors, and to receive input from all ADHS/DBHS functional areas. The team is comprised of ADHS/DBHS' senior managers and provides oversight of ADHS/DBHS activities including the review of AHCCCS deliverables, development of policy recommendations, and making final recommendations regarding the MM/UM Plan. Guests are invited when needed to discuss particular agenda items. ADHS/DBHS BQMO obtains the signatures of the Executive Team, to evidence Executive Team approval of the FY11 MM/UM Plan and Work Plan, and the FY10 MM/UM Program Evaluation Summary (see Attachment B).

Membership:

Executive Team
Laura Nelson, MD, Deputy Director
Robert Sorce, Assistant Director
Rodgers Wilson, MD, Chief Medical Officer
Sara Salek, MD, Children’s Medical Director
David Reese, Chief Financial Officer
Margery Ault, Division Chief, Consumer Rights
Brenda Thomas, Senior Policy Advisor
Victoria Navarra, Division Chief Compliance
Mari Bilderback, Bureau Chief, Quality Management Operations
Melissa Thomas, Manager, Grants Management & Information Systems
Jami Snyder, Bureau Chief, System of Care
Kim Engle, Children’s System of Care
Kathy Bashor, Manager, Office of Family & Individual Affairs

Meeting Frequency: Every two weeks

Medical/Utilization Management Committee Structure
The ADHS/DBHS MM/UM Committee ensures ongoing communication and collaboration between Executive Leadership, BQMO, and other functional areas of the organization. As indicated in the flow chart below, ADHS/DBHS has a structured MM/UM Committee that provides oversight of MM/UM activities through review of program objectives, policies and MM/UM data. The MM/UM Committee provides updates to the Quality Management Committee on a quarterly basis to assist in performance improvement efforts.
MM/UM Committee
The ADHS/DBHS MM/UM Committee operates under the direction of ADHS/DBHS’ Executive Team. The Chief Medical Officer chairs the committee; is responsible for the implementation of the MM/UM Plan; and has substantial involvement in the assessment and improvement of MM/UM activities. Committee members are informed of confidentiality and conflict of interest requirements related to serving on the committee. Sign-in sheets with confidentiality and conflict of interest language are completed at all meetings.

The MM/UM Committee analyzes MM/UM reports to identify potential opportunities to improve availability, access, and delivery of behavioral health services. This Committee is responsible for developing solutions to issues identified in MM/UM reports. MM/UM program objectives, policies, and procedures are reviewed (at a minimum) annually and modified or updated as needed.

Membership:

MM/UM Committee Membership
Rodgers Wilson, MD, Chief Medical Officer
Sara Salek, MD, Children’s Medical Director
David Reese, Chief Financial Officer
Margery Ault, Division Chief, Consumer Rights
Mari Bilderback, Bureau Chief, Quality Management Operations
Alexandra O’Hannon, Manager, Medical Management
Melissa Thomas, Manager, Grants Management & Information Systems  
Jami Snyder, Bureau Chief, System of Care

Meeting Frequency: Monthly

**Pharmacy and Therapeutics Committee**
The Pharmacy and Therapeutics (P and T) Committee provides guidance to ADHS/DBHS Contractors regarding formulary decisions; safe and effective prescribing; and monitoring of psychiatric medications. Subcommittee members are informed of confidentiality and conflict of interest requirements related to serving on the committee. Sign-in sheets with confidentiality and conflict of interest language are completed at all meetings. The subcommittee chair reports on utilization of psychiatric medication and formulary recommendations at the MM/UM Committee.

Membership:  
- **Pharmacy and Therapeutics Committee Membership**  
  - Rodgers Wilson, MD, Chief Medical Officer  
  - Sara Salek, MD, Children’s Medical Director (Chair)  
  - Steven Dingle, MD, Arizona State Hospital Chief Medical Officer  
  - Lorraine Granau, Arizona State Hospital Pharmacist  
  - Mari Bilderback, Bureau Chief, Quality Management Operations  
  - Alexandra O’Hannon, Manager, Medical Management  
  - Bureau of Quality Management Operations Representative

Meeting Frequency: Quarterly

**MM/UM Coordinators Meeting**
The ADHS/DBHS Contractor MM/UM Coordinators Meeting serves as a venue for ADHS/DBHS Contractor MM/UM program oversight and as a means for ongoing technical assistance to ADHS/DBHS Contractors. MM/UM Coordinator Meeting summaries are provided to the ADHS/DBHS MM/UM Committee at least quarterly.

Membership:  
- **MM/UM Coordinators Meeting Membership:**  
  - Mari Bilderback, Bureau Chief of Quality Management Operations  
  - Rodgers Wilson, MD, Chief Medical Officer  
  - Alexandra O’Hannon, Manager, Medical Management  
  - Contractor MM/UM Representatives

Meeting Frequency: Quarterly, or as needed

**MM/UM Program Staff**
The ADHS/DBHS MM/UM Office is staffed with individuals who have the knowledge, training and experience to perform MM/UM activities. Position descriptions for the MM/UM Office staff are found in Attachment H. As depicted in the flow chart below, the MM/UM Office within the BQMO is overseen by the Office of the Chief Medical Officer who is ultimately responsible for the direction of all ADHS/DBHS MM/UM activities.
II. Monitoring and Evaluation of Service Delivery

The ADHS/DBHS MM/UM Plan identifies all monitoring and evaluation activities conducted by the ADHS/DBHS MM/UM Office, including the monitoring and oversight of Contractor MM/UM activities. New initiatives and performance improvement activities are implemented via analysis of data and evaluation of systems performance. Initiatives are evidenced based and inclusive of feedback from behavioral health recipients and stakeholders.

ADHS/DBHS follows the Plan, Do, Study, Act (PDSA) Quality Improvement cycle to evaluate data, assess performance, test interventions and refine activities as necessary. Through its contracts, ADHS/DBHS mandates the use of the PDSA model in all Contractor Medical Management/Utilization Management activities. To that end, ADHS/DBHS developed standardized data collection formats utilization and pharmacy.
data, and a QM Corrective Action Plan (CAP) Template that incorporates the tenets of this model to assist ADHS/DBHS and its Contractors in the continuous assessment and evaluation of system performance.

The ADHS/DBHS MM/UM Plan includes monitoring reports pertaining to the following service categories and treatment settings:

Service Categories:
Treatment Services
Rehabilitation Services
Medical Services
Support Services
Crisis Intervention Services
Inpatient Services
Residential Services
Behavioral Health Day Programs

Treatment Settings:
Outpatient
Hospitals
Level I facilities
Level II behavioral health facilities
Level III behavioral health facilities
Level IV facilities (A5-Behavioral Health Therapeutic Home; A6-Rural Substance Abuse Transitional Center)
Community Service Agencies

Specific information regarding covered services and treatment settings can be found in the ADHS/DBHS Covered Services Guide.

Annual Evaluation
As part of its MM/UM program, ADHS/DBHS conducts quarterly and annual evaluations of the MM/UM Work Plan within the MM/UM Committee. The quarterly evaluations assist in identifying trends and assessing where additional focus may be warranted. The annual evaluation is used to determine the scope of the coming year’s activities and in the development of MM/UM processes and performance measures. The evaluation identifies:

- Goals and tasks completion status
- Data trends
- Changes to the scope of the work plan
- Goals and tasks timelines
- Corrective actions

Any changes to the scope of the MM/UM Plan are reported in the body of the MM/UM Plan evaluation and reflected in the FY10 MM/UM Program Evaluation Summary (Attachment B) and FY10 MM/UM Plan Evaluation Work Plan (Attachment C).
Data Integrity
Accurate and reliable data is imperative for the success of the ADHS/DBHS MM/UM program. Per Provider Manual Section 7.5, Enrollment, Disenrollment and Other Data Submissions, Contractors must maintain a health information system which includes data elements such as member demographics, service utilization, provider characteristics, enrollment/disenrollment, outcomes measures and diagnoses for use in ADHS/DBHS and Contractor MM/UM activities. Demographic data submitted to the ADHS/DBHS Client Information System (CIS) must pass a series of validation measures and logic safeguards prior to acceptance. Each validation measure or edit is designed to operate in a specific manner to ensure accuracy, completeness and logic. ADHS/DBHS provides direction related to systems edits and business rules to its Contractors through the Demographic and Outcome Data Set Users Guide (DUG).

In addition to ensure accuracy and completeness of service utilization data, ADHS/DBHS requires Contractors to conduct validation studies as outlined in ADHS/DBHS Provider Manual, Section 8.1 Encounter Validation Studies. The Office of Program Support publishes the Program Support Procedures Manual, which outlines provisions for daily, weekly, and monthly claims and encounters processing. This manual includes operations details and a description of the interface between Contractors, ADHS/DBHS, and AHCCCS along with a description of monitoring processes undertaken by ADHS/DBHS. Monitoring includes data validation in conjunction with fraud and abuse reviews. Training and technical assistance is provided to Contractors as needed.

To improve the quality of data submitted directly to ADHS/DBHS MM/UM for performance monitoring and evaluation, ADHS/DBHS maintains the ADHS/DBHS BQMO Specifications Manual for all utilization and quality improvement activities (Attachment D). The BQMO Specifications Manual includes details on the ADHS/DBHS methodologies for calculating and reporting all performance indicators. ADHS/DBHS developed and mandates that its Contractors use standardized data collection tools in their MM/UM reporting. The standardization of reporting ensures critical data elements are provided consistently across Contractors for improved analysis on a statewide level. ADHS/DBHS mandates that no Contractor exceed an allowable error rate of 5% in any data submission for more than two quarters. Any Contractor exceeding the allowable error rate on MM/UM data submissions is subject to corrective actions, sanctions, and other contractual remedies.

The ADHS/DBHS MM/UM Office conducts data validation activities to support the integrity of data reported to ADHS/DBHS. Negative trends identified over multiple reporting periods for any one Contractor may result in an ad hoc focused review conducted at the Division’s discretion.

Confidentiality
Contractors must adhere to confidentiality policies regarding recipient data and all discussions regarding recipient specific information. ADHS/DBHS Provider Manual, Section 4.1, Disclosure of Behavioral Health Information and ADHS/DBHS Policy and
**Procedure Manual, Section CO 1.4 Confidentiality** provide guidance on ADHS/DBHS requirements for use and disclosure of behavioral health recipient information.

**Under and Over Utilization**
Contractors must evaluate the over and under utilization of services from an individual member and systemic perspective in order to identify members who require additional assistance and opportunities for capacity enhancement. ADHS/DBHS monitors its Contractors’ processes for identifying under and over utilization of services through the collection of several data points in standardized quarterly MM/UM reports. The MM/UM Committee is charged with reviewing these reports for systemic trends; implementing/approving improvement actions when necessary and assessing actions for effectiveness. ADHS/DBHS collects Contractor Levels 1-4 Readmission Rate and Length of Stay data; prior authorizations/notifications of action logs; Court Ordered Treatment (COT) and Seriously Mentally Ill (SMI) eligibility determination rates for use in systems evaluation. ADHS/DBHS monitors Contractors’ compliance with this requirement through assessment and approval of the Contractor MM/UM Plans and via the Annual Administrative Review.

**Pharmacy Utilization Review**
ADHS/DBHS monitors utilization of psychotropic medication through the standardized Quarterly Pharmacy Utilization Report. Contractors must comply with requirements of the ADHS/DBHS Provider Manual, Section 3.11, General and Informed Consent to Treatment; Section 3.15, Psychotropic Medication: Prescribing and Monitoring; Section 3.16, Medication Formulary; the DBHS Practice Protocol - Psychiatric Best Practice Guidelines for Children: Birth to Five Years of Age; and the DBHS Practice Protocol - Working with the Birth to Five Population. ADHS/DBHS developed Clinical Practice Protocols that provide recommended guidelines for best practices in psychotropic medications, including: Poly-pharmacy Use: Assessment of Appropriateness and Importance of Documentation; and Informed Consent for Psychotropic Medication Treatment.

Pharmacy utilization trends are reviewed through the P and T Committee to identify patterns of over and under utilization. Systemic issues are noted and performance improvement activities are implemented as necessary and monitored by the committee. ADHS/DBHS monitors this requirement through the Annual Administrative Review, along with the Contractors processes for pre-authorization of non-formulary drug requests.

**Prior Authorization, Concurrent Review and Retrospective Review**
concurrent review, and retrospective review processes. This guidance offers an outline of admission and continued stay criteria for residential facilities, including:

- Timeframes for completing authorizations and re-certifications of need;
- Criteria for approval, including appropriateness of service, discharge planning, and expected response;
- Medical necessity as determined by a behavioral health medical practitioner;
- Denial of services only by a physician; and
- An alternative plan for treatment.

Contractors are required to submit quarterly utilization management reports to ADHS/DBHS, per the BQMO Specifications Manual (Attachment D) that include a review of the number of prior authorizations and denials for all levels of care. The quarterly MM/UM report is reviewed in the MM/UM Committee to identify areas of needed improvement across the system. In addition, ADHS/DBHS evaluates its Contractors’ compliance with prior authorization and concurrent review requirements via chart reviews during the Annual Administrative Review. Evaluation of compliance includes: reviewing timeframes of completing standard and expedited requests; consultation with a physician prior to denial; and inter-rater reliability processes to ensure consistency in review criteria. If areas in need of improvement are identified, Contractors are required to submit a plan for improvement using the QM Corrective Action Plan (CAP) Template which is approved by ADHS/DBHS and monitored through completion.

ADHS/DBHS is responsible for completing the TBHA Contractors’ prior authorization, concurrent review, and retrospective review functions for Level I and Level II admissions per Provider Manual Section 3.14, Securing Services and Prior Authorization. ADHS/DBHS medical record reviewers participate in inter-rater reliability exercises to ensure consistency in staff interpretation and thereby increase review validity. Inter-rater reliability testing is conducted biannually to monitor consistency across staff, with additional training provided to reviewers who may not appropriately apply authorization criteria. The results of inter-rater reliability testing are reviewed in the MM/UM Committee.

Contractors are required to submit a quarterly Showing Report, per ADHS/DBHS Policy and Procedures, Section QM 2.2, Showing Report, attesting to their compliance with 42 CFR 456.650 regarding certification of need for inpatient hospitalizations. ADHS/DBHS reviews this information for completeness and accuracy and forwards the Showing Report to AHCCCS.

ADHS/DBHS assesses medical decisions related to Notices of Actions (NOAs) in relation to prior authorizations to ensure compliance with NOA requirements and that decisions are based on medical necessity. NOA data is reviewed quarterly in the MM/UM Committee and improvement action is taken as necessary.

Adoption and Dissemination of Evidence-based Practice Guidelines
ADHS/DBHS ensures that clinical guidance documents include nationally accepted evidence-based practice approaches and are developed and disseminated for use by
Contractors in providing care. ADHS/DBHS collaborates with stakeholders in writing Practice Protocols to ensure that practice meets the needs of Arizona, including obtaining public feedback before implementing new documents. These documents direct practice across the state, educate behavioral health recipients and providers, provide the basis for utilization management decisions, and enhance service delivery. Clinical Practice Protocols are incorporated by reference into applicable sections of the ADHS/DBHS Provider Manual. The ADHS/DBHS website makes available both Clinical Practice Protocols and National Practice Guidelines. Clinical Practice Protocols are referenced as necessary in the MM/UM Committee to inform and determine further action.

ADHS/DBHS organizes the documents in the categories:
- Clinical Practice Protocols with Required Elements;
- Clinical Practice Protocols without Required Elements; and
- National Clinical Practice Guidelines.

ADHS/DBHS Clinical Practice Protocols are reviewed annually to determine adherence to national best practices and are modified and/or updated as necessary. Contractors are required to monitor the sub-contractors’ implementation of the Clinical Practice Protocols with Required Elements. The following are the ADHS/DBHS Clinical Practice Protocols that contain required service expectations:
- Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents;
- Children's Out of Home Services;
- Psychiatric Best Practice Guidelines for Children: Birth to Five Years of Age; and
- Child and Family Team Practice.

Evaluation of New Technologies and New Uses of Existing Technologies
Contractors must provide written policies and procedures for the use of any new technologies or improvements on current technologies to ADHS/DBHS for approval per ADHS/DBHS Policy QM 2.8 Technology (Attachment E). Contractors must establish mechanisms for medical/utilization management and oversight to ensure behavioral health recipients’ needs are met. In addition, new technologies are reviewed in the P and T Committee as well as in the MM/UM Committee. New technologies are implemented via additions to the ADHS/DBHS Provider Manual, Section 3.16 Medication Formulary, or through the Clinical Practice Protocols process described above. Medical policies are created when necessary and follow a detailed process that includes distribution for public comment and approval by AHCCCS prior to implementation.

Case Management/Care Coordination
Contractors must follow policies and procedures related to the provision of case management/care coordination services, per the following ADHS/DBHS Provider Manual sections:
- Section 3.8, Outreach, Engagement, Re-engagement, and Closure;
- Section 3.9, General and Informed Consent to Treatment;
- Section 3.7, Transitions of Persons;
- Section 3.9, Special Populations;
- **Section 4.3. Coordination of Care with AHCCCS Health Plans and Primary Care Providers;**
- **Section 4.4. Coordination of Care with Other Governmental Entities;**
- **Section 5.1. Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons;**
- **Section 5.2. Member Complaints;**
- **Section 5.4. Special Assistance for Persons Determined to have a Serious Mental Illness;** and
- **Section 5.5. Notice and Appeal requirements (SMI and Non-SMI/Non-Title XIX/XXI)**

Care coordination monitoring occurs through the ADHS/DBHS Office of Performance Improvement (OPI) through the analysis of the AHCCCS/ADHS/DBHS Coordination of Care performance measure as outlined in the ADHS/DBHS BQMO Specifications Manual (Attachment D) and a review of member complaint and grievance and appeals information. ADHS/DBHS requires its Contractors to include the position of Health Plan Coordinator in its staffing structure via contract. This position coordinates and tracks the sharing of information on referrals and communication between the AHCCCS Acute Health Plans and the ADHS/DBHS Contractors. Acute Health Plan Coordinator monitoring reports are a routine data feed into the ADHS/DBHS MM/UM Committee.

**Disease/Chronic Care Management**
ADHS/DBHS has established guidelines and oversight practices pertaining to disease/chronic care management for the following special populations:

1. **Care Management Program**
ADHS/DBHS requires its Contractors to develop Care Management programs that identify behavioral health recipients in need of intensive monitoring and support identified via service utilization and risk assessments. Contractors must provide or arrange for intensive monitoring for individuals identified as at risk for higher levels of care, frequent crises, or recipients under court order. Contractor Care Management programs must include coordination of services throughout the behavioral health delivery system by facilitating discharge planning, providing technical assistance regarding best practices, and coordination with other state agencies. A goal in the CYE 2011 MM/UM plan targets enhancements to the Contractor Care Management requirements via standardized program guidelines developed by ADHS/DBHS.

2. **Women in Substance Abuse Treatment**
This program is specific to substance abuse treatment programs for pregnant women and women with dependent children and guided by the ADHS/DBHS Clinical Practice Protocol, [Women's Substance Abuse Treatment](#). Behavioral health providers must provide specialized treatment and recovery support services for women who are pregnant or have young children and their families, including women and teenage mothers who are attempting to regain custody of their children. Service Providers must treat the family as a unit where women are encouraged to have their children with them in the residential treatment setting.
The following services are provided at the treatment site:
- Delivery or referral for primary medical care for women;
- Delivery or referral for primary pediatric care for children;
- Gender specific substance abuse treatment;
- Therapeutic interventions for children;
- Case management; and
- Transportation.

3. Children in the Care and Custody of the State
Children who are in the care and custody of the state often have high intensity service needs and require intensive care coordination among state agencies and service providers. ADHS/DBHS has developed the Clinical Practice Protocol, The Unique Behavioral Health Service Needs of Children, Youth and Families Involved with CPS to provide guidance in serving this special population.

4. Special Assistance for Recipients determined to have a Serious Mental Illness
The Office of Human Rights (OHR) provides advocacy and special assistance to persons with a Serious Mental Illness (SMI), as per Provider Manual, Section 5.4, Special Assistance for Persons Determined to have a Serious Mental Illness. Special Assistance is the support provided to a person determined to have a Serious Mental Illness (SMI) who is unable to articulate treatment preferences and/or participate effectively in the development of a service plan, inpatient treatment and discharge plan (ITDP), grievance/investigation and/or appeal processes due to cognitive or intellectual impairment and/or a medical condition. All Contractor, sub-contractor and service provider staff must report identified persons in need of special assistance promptly to the ADHS/DBHS OHR.

The OHR provides each regional Human Rights Committee with a list of all persons who have been identified as needing special assistance within the jurisdiction of the respective Human Rights Committee. The Contractors submit monthly referral lists that are monitored by ADHS/DBHS and reviewed quarterly in the MM/UM Committee.

III. Delegated Activities

ADHS/DBHS delegates the following MM/UM functions to its Contractors as delineated in the ADHS/DBHS/RBHA contracts:
- A comprehensive MM/UM program that includes all the required components within the ADHS/DBHS MM/UM Plan; the AHCCCS AMPM Chapter 1000, and the ADHS/DBHS/RBHA Contracts;
- Prior Authorization, Concurrent Review, and Retrospective Review
- Over and Under Utilization Monitoring
- Pharmacy Utilization Review
- Care Coordination/Case Management
ADHS/DBHS provides oversight and has ultimate accountability for all functions delegated to its Contractors. Contractor quarterly and ad hoc reports, focused reviews, data validation exercises and the Annual Administrative Review serve as the mechanisms by which ADHS/DBHS monitors delegated functions. Furthermore, the Contractors must complete the following for any activities they delegate to their providers:

- Execute a written agreement that specifies the delegated activities and reporting responsibilities of the entity that provides for revocation of the delegation or other remedies for inadequate performance;
- Evaluate the entity’s ability to perform the delegated activities prior to delegation;
- Monitor the performance and quality of services provided on an ongoing basis, including an annual formal review; and
- Maintain for AHCCCS and ADHS/DBHS review evaluation reports and corrective action plans, as necessary, to ensure quality for all delegated activities.

IV. Reporting Requirements

ADHS/DBHS reports all AHCCCS deliverables per the AHCCCS/ADHS/DBHS contract schedule. ADHS/DBHS requires all Contractors to report MM/UM data at least quarterly.

ADHS/DBHS MM/UM Reporting
- Annual MM/UM Plan, Work Plan and Evaluation
- Quarterly Showing Report

ADHS/DBHS Contractor MM/UM Reporting
- Annual Contractor MM/UM Plan, Work Plan and Evaluation
- Quarterly Showing Report
- Quarterly MM/UM Report
- Quarterly Practice Protocol Monitoring Report

ADHS/DBHS MM/UM also reviews data reports from other ADHS/DBHS functional areas in the ADHS/DBHS MM/UM Committee. The following functional area reports are data feeds for ADHS/DBHS MM/UM:
- Children’s System of Care Plan
- Adult System of Care Plan
- ADHS/DBHS Annual Network Analysis
- Enrollment and Penetration Reports
- Minority Penetration Reports
- Contractor Medical Care Evaluation Studies
- ADHS/DBHS MM/UM Annual Administrative Review CAP Reports
- Other data as identified

ADHS/DBHS ensures all deliverables are submitted to AHCCCS in a timely manner and are complete and error free. ADHS/DBHS Contractors must submit timely, logical and error free reports to ADHS/DBHS for the compilation of statewide reports to AHCCCS.
ADHS/DBHS MM/UM reports are reviewed by the ADHS/DBHS Executive Team for approval before submission to AHCCCS.
Attachments

A – Medical Management/Utilization Management Work Plan, Fiscal Year 2011
B – Medical Management/Utilization Management Program Evaluation Summary, Fiscal Year 2010
D – ADHS/DBHS BQMO Specifications Manual
E – Policy QM 2.8 Technology
F – MM/UM Committee Approval of the 2011 Annual Medical Management/Utilization Management Plan
G – ADHS/DBHS Executive Team Approval of the 2011 Annual Medical Management/Utilization Management Plan
H – Office of Medical Management Staff Member Job Descriptions
I – UM Plan Checklist
May 13, 2011

Linda Vrabel, RN  
Medical Management Manager  
AHCCCS  
701 East Jefferson MD 6500  
Phoenix, AZ 85004  

RE: Resubmission of the CYE 11 Medical Management Plan

Dear Mrs. Vrabel:

The Arizona Department of Health Services/ Division of Behavioral Health Services (ADHS/DBHS) would like to thank AHCCCS for providing ADHS/DBHS with technical assistance on its Medical Management Work Plan on April 15th. ADHS/DBHS has incorporated all of the changes recommended by AHCCCS into the attached document; we hope that it meets your approval.

Should you have any questions, please feel free to contact me at 602-364-4592 or via e-mail at ohannoa@azdhs.gov.


Sincerely,

Alexandra M. O’Hannon  
Medical Management Manager  
Bureau of Quality Management Operations

AOjjs

CC: Margery Ault  
Jay Dunkleberger  
Kari Price

Leadership for a Healthy Arizona
**ADHS/DBHS**

Medical Management Work Plan

**FY11**

**Goals:**
1. Prior Authorization Process times to be in compliance with AHCCCS guidelines at least 98% of the time.
2. Notice of Action process times to be in compliance with AHCCCS guidelines at least 90% of the time.
3. Achieve a minimum Prior Authorization Inter-rater review score of 80% among all reviewers.

<table>
<thead>
<tr>
<th>Area of Review</th>
<th>Action to Be Taken Intervention</th>
<th>Responsible Party</th>
<th>Evaluation/Analysis of Intervention</th>
<th>Progress Towards Goals</th>
<th>Next Review</th>
<th>Comments</th>
<th>Results/Outcomes</th>
</tr>
</thead>
</table>
| Prior Authorization, Concurrent Review, and Retrospective Review | 1. Ensure Prior Authorizations and Notice of Actions meet the timelines established by AHCCCS through the monthly monitoring of prior authorization data:  
- Standard  
- Expedited  
- Expedited Changed to Standard | Medical Manager/BQMO  
Margery Ault | | | | | |
| | 2. Monitor the RBHAs Concurrent Review and Retrospective Review processes at least twice per year. | Medical Manager/BQMO | | | | | |
| | 3. Ensure consistency in Authorizations by conducting Inter-Rater Reliability Testing at least twice per year. Minimum score of 80% must be received by reviewers. | Medical Manager/BQMO | | | | | |
ADHS/DBHS  
Medical Management Work Plan  
FY11

**Goals:**  
1. Utilization data will be monitored on a monthly basis.  
2. Over and Under Utilization criteria will be determined no later than Q1/FY 12.

<table>
<thead>
<tr>
<th>Area of Review</th>
<th>Action to Be Taken/Intervention</th>
<th>Responsible Party</th>
<th>Evaluation/Analysis of Intervention</th>
<th>Progress Towards Goals</th>
<th>Next Review</th>
<th>Comments</th>
<th>Results/Outcomes</th>
</tr>
</thead>
</table>
| Utilization Data Analysis and Data Management | 1. Ensure RBHAs turn in accurate and timely utilization data. Data reviewed will consist of at a minimum:  
- Authorizations  
- Pharmacy Utilization  
- SMI Eligibility  
- Length of Stay/Re-admission  
- Follow-up After Discharge | Medical Manager/  
BQMO  
Margery Ault | | | | |
| Drug Utilization | 2. Ensure that RBHAs monitor over and under utilization at both an individual basis and at the provider level annually. | Medical Manager/  
BQMO | | | | |
| | 3. Ensure that the RBHAs take action when under and/or over utilization has been discovered. | Medical Manager/  
BQMO | | | | |
| | 4. Determine systemic criteria for Over and Under Utilization once ample data points have been documented and determine systemic intervention as appropriate. | Medical Manager/  
BQMO | | | | |
| | 5. Develop Data Validation Mechanisms for all Comma Delimited Files | Medical Manager/  
BQMO | | | | |
Goals:
1. Practice Guidelines will be reviewed and disseminated at least annually.
2. New Practice Guidelines will be adopted as clinically appropriate.
3. New Technologies and New Uses of Existing Technologies will be reviewed, discussed, and adopted as appropriate.

<table>
<thead>
<tr>
<th>Area of Review</th>
<th>Action to Be Taken/Intervention</th>
<th>Responsible Party</th>
<th>Evaluation/Analysis of Intervention</th>
<th>Progress Towards Goals</th>
<th>Next Review</th>
<th>Comments</th>
<th>Results/Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption and Dissemination of Practice Guidelines</td>
<td>1. Ensure that existing Practice Guidelines are reviewed at least annually.</td>
<td>Dr. Saleh/ Clinical Operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Medical Technologies and New Uses of Existing Technologies</td>
<td>2. Ensure that new Practice Guidelines are adopted as clinically appropriate.</td>
<td>Dr. Saleh/ Clinical Operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Ensure that the RBHAs are following the Practice Guidelines by monitoring activity at least quarterly.</td>
<td>Dr. Saleh/ Clinical Operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Evaluate New Medical Technologies and New Use of Existing Technologies as appropriate (minimum annually).</td>
<td>DBHS Medical Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Monitor the RBHAs' review of New Medical Technologies through the annual review of the RBHAs' P and T Committee Meeting Minutes</td>
<td>Medical Manager/ BQMO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ADHS/DBHS
Medical Management Work Plan
FY11

Goals:
1. DBHS will develop a Disease Management Program by the end of FY12.
2. Provide care coordination that is clinically appropriate in meeting members' needs (evidenced by a score of 70% or higher)

<table>
<thead>
<tr>
<th>Area of Review</th>
<th>Action to Be Taken/Intervention</th>
<th>Responsible Party</th>
<th>Evaluation/Analysis of Intervention</th>
<th>Progress Towards Goal</th>
<th>Next Review</th>
<th>Comments</th>
<th>Results/Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease Management</td>
<td>1. Monitor the RHPAs' provision of case management to ensure that care is coordinated as appropriate. RHPAs must meet or exceed 70% for this element.</td>
<td>Michelle Ryan/Bureau Chief</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care Coordination/</td>
<td>2. Ensure consistent case management/care coordination practices for the DDD and CPS &quot;specialty&quot; population.</td>
<td>Medical Management/BQMO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Population</td>
<td>3. Research, Develop, and Pilot the Disease Management Program</td>
<td>Medical Director/UM Manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This Medical Management Work Plan has been approved by the Utilization/Medical Management Committee.

Rodgers Wilson, MD  
Chief Medical Director  
Division of Behavioral Health Services

May 13, 2011
Re-submission Date