



## *Division of Behavioral Health Services*

### *Division of Compliance*

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**TO:** RBHA CEOs and TRBHA Directors

**FROM:** Laura K. Nelson, M.D.  
Deputy Director

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Bureau Chief of Policy

**SUBJECT:** **POLICY CLARIFICATION: Involvement of Outpatient Treatment Teams for Individuals at the Arizona State Hospital**

**DATE:** February 7, 2011

This memorandum is intended to clarify the responsibilities of Tribal and Regional Behavioral Health Authorities (T/RBHAs) and T/RBHA providers in meeting the Arizona Department of Health Services/Division of Behavioral Health Services' (ADHS/DBHS) expectations regarding requirements in the following ADHS/DBHS policy:

- [Policy and Procedure Manual Section MI 5.5, Arizona State Hospital](#)

With regard to transitioning an individual out of the Arizona State Hospital (AzSH) and into a community setting, ADHS/DBHS [Policy and Procedure Manual Section MI 5.5, Arizona State Hospital](#) states that the "RBHA outpatient treatment team should identify and plan for community services and supports with the recipient's inpatient clinical team 60 – 90 days out from the recipients discharge date. This will allow sufficient time to identify appropriate community covered behavioral health services." RBHAs may submit encounters for case management services provided within 60 days of an individual's planned discharge from AzSH for the purpose of coordinating care between inpatient and outpatient providers (see page 90 of the [ADHS/DBHS Covered Behavioral Health Services Guide](#)).

Involvement of the outpatient treatment team 60 days prior to discharge from AzSH will facilitate a successful transition for the individual back into the community. RBHAs and RBHA providers must meet the following expectations for the following groups:

Title XIX eligible person determined to have a Serious Mental Illness (SMI):

The outpatient team must continue to be involved while the individual is at AzSH. Outpatient team members are not required to take the individual on passes or attend staffing in person. However, outpatient team members must participate (by phone is acceptable) with the monthly staffing in order to track progress, share lessons learned and patient information, and to hear strategies that are working and may need to be incorporated upon discharge. As discharge approaches (60 days of anticipated discharge), outpatient team members can encounter/bill for case management services. Passes and more involvement may be needed by the outpatient team members at that time.

Non-Title XIX eligible persons determined to have SMI:

The outpatient team must continue to be involved while the individual is at AzSH. Someone from the outpatient treatment team (nurse, physician extender) should participate by phone at least every three months with the monthly staffing in order to track progress, share lessons learned and patient

information, and to hear strategies that are working and may need to be incorporated upon discharge. Depending on who from the outpatient treatment team participates, Non-TXIX SMI funding can be used to encounter/bill for this involvement throughout the individual's stay at AzSH; monthly involvement should occur by an outpatient team member as discharge approaches.

Forensic hospital or Arizona Community Protection and Treatment Center (ACPTC):

If the individual is in the forensic hospital or ACPTC, the outpatient treatment team does not need to stay involved until 60 days prior to the individual's release, if the plan is for the member to return to the community. If the individual is going to be returning to the custody of the correctional system, the outpatient treatment team does not need to be involved.

Questions regarding this clarification may be directed to the ADHS/DBHS Policy Office at (602) 364-4670.