June 15, 2012

Sent via electronic mail

Darwin West, PhD, Acting CEO
White Mountain Apache Tribe
P.O. Box 700
Whiteriver, AZ 85941

Dear Dr. West:

This letter is to inform you of (a) White Mountain Apache Tribe’s (WMAT) Fiscal Year 2013 (FY13) allocation of funding for both crisis services and services for non-TXIX-eligible adults with serious mental illness (SMI) and (b) parameters and guidelines for submitting your proposed spending and oversight plan for these funds. Please note that separate correspondence pertaining to permanent supportive housing has been sent and requires submission of a separate spending plan for those funds.

In January, Governor Brewer released a proposed budget\(^1\) that included an additional $38.7 million for community-based, recovery-oriented behavioral health services for individuals with SMI. The Governor was successful in securing these funds and the FY13 budget\(^2\) was approved on May 7, 2012.

In collaboration with the Tribal and Regional Behavioral Health Authorities (T/RBHAs), providers, members, family members and advocates, the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) gathered input and recommendations for the most efficient and effective use of these funds. A detailed presentation\(^3\) was developed and shared as part of this stakeholder input process. In addition to summarizing the funding sources and targeted services, this presentation re-emphasizes Arizona’s commitment to community integration, independence and self-sufficiency, individualized goals and outcomes, responsive services, natural supports, and recovery.

These funds should be strategically and responsibly utilized to support the individual needs of each eligible member. ADHS/DBHS’ intent is to establish a consistent approach statewide, but we also recognize the need for a certain amount of flexibility given the unique, regional challenges that should be addressed.

ADHS/DBHS has set aside a total of $800,000 in state fund appropriations for the combined, contracted TRBHAs to use in FY13. Based on the average enrollment of non-TXIX-eligible adults with SMI in WMAT (i.e. 0-1 members) as well as the historical spending on (a) these non-TXIX-eligible adults with


Health and Wellness for all Arizonans
SMI members and (b) crisis services for all eligible tribal members, the FY13 funding allocation for WMAT is $50,000. Please also note that, after calculation of the FY13 allocation for all of the contracted TRBHAs, ADHS/DBHS will have an additional $225,000 in reserve for TRBHA use if anticipated expenditures indicate a need for additional funds. The TRBHA may request access to some of these funds during the course of the fiscal year if needed.

Here are the parameters that should be incorporated into your plan for crisis services and services for your non-TXIX-eligible adults with SMI:

1. Covered Services for non-TXIX-eligible adults with SMI, as described in the Behavioral Health Covered Services Guide and consistent with Provider Manual Section 3.21 "Service Package for Non-Title XIX/XXI Persons Determined to Have a Serious Mental Illness (SMI)"
   a. Supported employment
   b. Peer support
   c. Family support
   d. Living skills training
   e. Health promotion
   f. Personal assistance
   g. Respite care
   h. Case management
   i. Medications
   j. Medication monitoring and management

2. Case Managers
   a. TRBHAs should consider whether an assigned Case Manager is needed. We have learned that many individuals can successfully be their own, best “case manager,” and these individuals should be encouraged and supported in this endeavor. Specify how this concept will be supported. The Attachment outlines the criteria that will be used statewide by the RBHAs to determine which non-TXIX-eligible adults with SMI will have an assigned Case Manager. TRBHAs may choose to implement this approach as well.
   b. In the plan submitted by the TRBHA, please confirm if these criteria will be used.
   c. If the criteria are used to determine if a Case Manager will be assigned, please also specify how the TRBHA shall ensure that members are provided a Notice of Decision and Right to Appeal, consistent with the requirements in ADHS/DBHS Policy and Procedure GA 3.5, “Notice and Appeal Requirements (SMI and Non-SMI, NXIX/XXI).”
   d. For members that do have an assigned Case Manager, the assigned Case Manager shall be responsible for development of and updating the Individual Service Plan, in collaboration with the member, per Provider Manual section 3.9 "Assessment and Service Planning."

---

4 NOTE: expectations for case management and service planning are unchanged for TXIX-eligible members with SMI at this time
3. Service Plans
   a. In situations when there is not an assigned Case Manager, the existing process and requirements for documenting the service plan by the Behavioral Health Medical Professional (BHMP) can be used for non-TXIX-eligible adults with SMI. However, members should have the option of accessing peer support services to assist them in developing a peer-driven, self-developed proposed service plan to be shared with their BHMP.
   b. Peer support is defined in the Behavioral Health Covered Services Guide as “assistance to more effectively utilize the service delivery system, including: assistance in identifying needs, developing plans of care, and accessing supports.” Peer Support (individually or in a group setting) can thus be used to assist the member with establishment of a proposed service plan. This self-developed service plan can then be shared with the individual’s BHMP for approval and implementation.
   c. In the plan submitted by the TRBHA, please indicate how peer support, including available peer-run organizations and staff employed by peer-run organizations, will be used to assist in proposed service plan development for members without an assigned Case Manager. For example, peer-run organizations and their staff can play a vital role in assisting individuals develop a proposed service plan.
      i. If used, also please indicate how services identified on the proposed service plan will then be advocated for, approved by the BHMP, coordinated, provided, and tracked.
      ii. When there is not an assigned Case Manager involved, these peer-driven, self-developed service plans are not required to contain all minimum elements as outlined in Provider Manual section 3.9 "Assessment and Service Planning." However, they should consider the member-specific need for and expected benefit from community-based support services as discussed below. These services should be incorporated into the peer-driven, self-developed proposed service plan as appropriate. It is recommended that a standardized process be used to develop the peer-driven, self-developed proposed service plan; several peer-run organizations have such tools/processes that are being adapted to meet this need and these organizations can provide training and mentoring for peer-support staff working within other settings to develop a proposed service plan using these tools. In addition, the peer-driven, self-developed proposed service plan should also address natural supports that can be leveraged and strengthened as well as outline crisis prevention approaches (e.g. warm line availability) and how the emergence of a potential crisis will be addressed.
4. Other Community-based Support Services
   a. Certain community-based support services foster member independence and self-sufficiency while decreasing long-term dependency on the public service system.
   b. ADHS/DBHS hopes to see an increased use of many of the other available services as well, rather than overly dependent on case management services. In the plan submitted by the TRBHA, please describe how you will try to increase the use of some of the other available services listed above.
   c. Please describe TRBHA expectations for providers in discharge planning and safe, prompt transition back to the community (with necessary supports) for non-TXIX-eligible adults with SMI who have been admitted to an inpatient or residential setting.
   d. While behavioral health counseling/therapy services and other professional services (as identified in the Behavioral Health Covered Services Guide) are not available to non-TXIX-eligible adults with SMI beginning July 1, 2012, ADHS/DBHS will continue to consider criteria that could be established in order to make these services available in the future.

5. Medication Management
   a. ADHS/DBHS will return to the use of a single statewide medication list (formulary) that includes certain brand name medications. While prior authorization will be required for RBHA members prior to the use of Abilify (aripiprazole), this prior authorization will not be in place for TRBHA members.

6. Crisis Services
   a. Crisis services are also included as part of this allocation and are available for all eligible tribal members (i.e. not limited to only the SMI members). In the plan submitted by the TRBHA, please also include a summary of how these funds will be used to support your crisis services system consistent with Provider Manual Section 3.25 "Crisis Intervention Services."

ADHS/DBHS has developed a page on our website where information regarding these funds and services can be shared with our stakeholders, including Frequently Asked Questions. Please feel free to share with your staff, members and providers. In addition, the following Provider Manual Sections are in the process of being updated as necessary to reflect the information contained in this correspondence:

1. Provider Manual Section 3.9 "Assessment and Service Planning"
2. Provider Manual Section 3.16 "Medication Formularies"
3. Provider Manual Section 3.21 "Service Package for Non-Title XIX/XXI Persons Determined to Have a Serious Mental Illness (SMI)"

Please submit the proposed FY13 TRBHA Non-TXIX SMI Implementation and Oversight Plan to my attention and to the attention of the DBHS Compliance Office mailbox (BHSCompliance@azdhs.gov) by close of business on June 25, 2012 for ADHS/DBHS approval. As part of the TRBHA proposed Plan, in addition to addressing the specifics outlined above, please also describe your process for (a) monitoring...
expenditures to ensure that the funding is consistent and sufficient to last throughout the fiscal year, and (b) how you will notify ADHS/DBHS if there are any funding or programmatic changes necessary as a result of this monitoring. ADHS/DBHS will work collaboratively with you to get these plans approved as quickly as possible so you can begin implementation as close to July 1, 2012 as possible.

I appreciate the valuable input each of you has provided to date, as well as your willingness to plan for the successful implementation of these funds for the individuals we serve.

Sincerely,

Laura K. Nelson, M.D.
Deputy Director

Attachment

CC: DBHS Senior Executive Team
    Compliance File
ATTACHMENT

Case Manager Assignment Criteria for Non-TXIX SMI Members

The assignment of an identified Case Manager for non-TXIX adults with serious mental illness shall be based upon an objective and individualized determination of member need using standardized criteria as outlined below. Assigned Case Managers shall be Behavioral Health Professionals or Behavioral Health Technicians as defined by R9-20 (http://www.azsos.gov/public_services/Title_09/9-20.htm). The Behavioral Health Medical Practitioner (BHMP) shall make the final determination based upon both the criteria outlined below and clinical judgment. This determination shall be documented as follows:

- Document on the **initial comprehensive assessment** upon completion of the assessment;
- Document on the **annual update to the assessment** upon completion of the annual update;
- Document in the **psychiatric progress note** at any time between comprehensive assessments when it is determined that (a) the member qualifies for assignment of an identified Case Manager or (b) the member no longer qualifies for assignment of an identified Case Manager.

In addition, the BHMP shall ensure the member is notified of his/her appeal rights related to the determination consistent with the requirements in ADHS/DBHS Policy and Procedure GA 3.5, “Notice and Appeal Requirements (SMI and Non-SMI, NXIX/XXI).”

A Case Manager shall be assigned to non-TXIX-eligible adults with SMI when the member has been determined to be at-risk for safely and successfully managing themselves in the community due to treatment non-adherence, severity of symptoms, or inability to independently coordinate their own care or transition between systems. This may be evidenced by one or more of the following:

- □ Individuals that frequently access crisis services;
- □ Individuals in need of frequent hospitalization or inpatient services;
- □ Individuals under civil court – ordered treatment pursuant to Arizona Revised Statutes §36 – 501 et al;
- □ Individuals residing in the community under the jurisdiction of the Psychiatric Security Review Board (PSRB) as Guilty Except Insane (GEI);
- □ Individuals under the jurisdiction of the Arizona Community Protection and Treatment Center (ACPTC) that are living in the community;
- □ Individuals discharged from long term hospitalization or an institutional setting, including the Arizona State Hospital;
- □ Individuals with active involvement in the criminal justice system, including probation, parole or repeated arrests;
- □ Individuals that require ongoing assistance to access, maintain and monitor needed services;
- □ Individuals on an Assertive Community Treatment (ACT) or Intensive Recovery Team;
- □ Individuals that have been determined to need special assistance under ADHS/DBHS Provider Manual Section 5.4 "Special Assistance for Persons Determined to have a Serious Mental Illness" Policy Manual Section GA 3.4 "Special Assistance for Persons Determined to have a Serious Mental Illness"