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Welcome to [T/RBHA insert T/RBHA name here]

[T/RBHA insert applicable information about organization, member handbook, website, etc.]

If you would like more information about the information in this Member Handbook, please call **[T/RBHA insert T/RBHA name) Member Services at [T/RBHA insert toll free Member Services phone number here, including specialty phone lines for the hearing impaired (TTY)].**

Statement about Terms

The Member Handbook has some words that are not always easy to understand. The “Terms” section defines some of these words. You may want to refer to the “Terms” section while reading the Member Handbook to help you better understand each section.

How can I get services in an emergency or crisis?

For life threatening situations always call **911**.

For non-life threatening behavioral health situations, call **[T/RBHA insert specific information here, including specialty phone lines for the hearing impaired (TTY)]**.

Transportation for a behavioral health emergency may be available by contacting **[T/RBHA specific information, including specialty phone lines for the hearing impaired (TTY)]**.

You may need behavioral health services while you are away from home and out of **[T/RBHA insert T/RBHA name here]** service area. This is called “out of area care.” Out of area care only includes emergency behavioral health services unless **[T/RBHA insert T/RBHA name here]** approves other services. If you want to get non-emergency behavioral health services out of **[T/RBHA insert T/RBHA name here]** service area, please call **[T/RBHA insert appropriate phone number and contact information here, including specialty phone lines for the hearing impaired (TTY)]**.

If you need out of area care:

- Go to a hospital or crisis center and ask for help;
- Ask the hospital or crisis center to call **[T/RBHA insert T/RBHA name and toll free telephone number here]**;
- The hospital or crisis center will contact **[T/RBHA insert T/RBHA name here]** for approval to continue behavioral health services.

Emergency services do not require approval.

What kinds of resources are available?

There are local and national organizations that provide resources for persons with behavioral health needs, family members, and caretakers of persons with behavioral health needs. Some of these are:

- NAMI Arizona (National Alliance on Mental Illness)
Phone: 602-244-8166; 1-800-626-5022 outside Greater Phoenix
Website: <http://www.namiaz.org>

NAMI Arizona has a HelpLine for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education, and advocacy to people of all ages who are affected by mental illness.

- Mental Health America of Arizona (MHAAZ)
Phone: 480-994-4407; 1-800-MHA-9277 (1-800-642-9277)
Website: <http://www.mhaarizona.org>

The Mental Health America of Arizona (MHAAZ) promotes good mental health and works on behalf of all people living with mental illness by advocating, educating and shaping public policy. Programs include peer support groups, information and referral, community education and outreach, suicide prevention, and more. MHAAZ is the statewide affiliate of the National Mental Health America.

- Arizona Center for Disability Law – Mental Health
Phone: 602-274-6287; 1-800-927-2260
Website: <http://www.acdl.com/mentalhealth.html>

The Arizona Center for Disability Law is a federally designated Protection and Advocacy System for the State of Arizona. Protection and Advocacy Systems throughout the United States assure that the human and civil rights of persons with disabilities are protected. Protection and Advocacy Systems can pursue legal and administrative remedies on behalf of persons with disabilities to ensure the enforcement of their constitutional and statutory rights.

- Mentally Ill Kids In Distress (MIKID)
Phone: 602-253-1240; 520-882-0142 (Tucson); 928-726-2191 (Yuma); 928-333-4990 (Navajo and Apache counties); 1-800-356-4543
Website: <http://www.mikid.org/>

MIKID provides support and help to families in Arizona with behaviorally challenged children, youth, and young adults. MIKID offers information on

children's issues, internet access for parents, referrals to resources, support groups, educational speakers, holiday and birthday support for children in out of home placement, and parent-to-parent volunteer mentors.

- Division of Behavioral Health Services
150 N. 18th Avenue, 2nd Floor
Phoenix, AZ 85007
Phone: 602-364-4558
Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services.
Website: <http://www.azdhs.gov/bhs/>

The Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) is the state agency that oversees the use of federal and state funds to provide behavioral health services.

- Office of Behavioral Health Licensure (OBHL)
150 N. 18th Avenue, #410
Phoenix, AZ 85007
Phone: 602-364-2595
Website: <http://www.azdhs.gov/als/behavior/index.htm>

The Division of Licensing Services, Office of Behavioral Health Licensure licenses and monitors behavioral health facilities statewide. They investigate complaints against behavioral health facilities and conduct inspections of facilities.

- Adult Protective Services (APS)
Department of Economic Security
Aging and Adult Administration
1789 W. Jefferson Street, Site Code 950A
Phoenix, AZ 85007
Phone: 602-542-4446
Website: <https://www.azdes.gov/aaa/programs/aps/>

People can report abuse, neglect, and misuse of Arizona's vulnerable or incapacitated adults, 24 hours a day, 7 days a week at the state's hotline, 1-877-SOS-ADULT (1-877-767-2385).

- Child Protective Services (CPS)
P.O. Box 44240
Phoenix, AZ 85064-4240
Hotline: 1-888-767-2445
Website: <http://www.azdes.gov/dcyf/cmdps/cps/default.asp>

The Child Protective Services program receives, screens, and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention.

- **[T/RBHAs insert any additional local resources. Include name, phone numbers, website, and a brief description of the agency.]**

If you would like to know more about the resources that are available in your community, you can contact **[T/RBHA insert T/RBHA name here]** at **[T/RBHA insert toll free phone number here, including specialty phone lines for the hearing impaired (TTY)]** or the ADHS/DBHS Office of Human Rights : **[T/RBHA, delete information that is not applicable in your community or GSA(s).]**

If you are in Maricopa, Pinal, or Gila County: 602-364-4585 or 1-800-421-2124.

If you are in Pima, Santa Cruz, Cochise, Graham, Greenlee County, Yuma or La Paz: 520-770-3100 or 1-877-524-6882.

If you are in Mohave, Coconino, Yavapai, Navajo or Apache County: 1-928-214-8231 or 1-877-744-2250.

Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services.

How can I get information in my language and oral interpreter services?

You may ask for help from **[T/RBHA insert T/RBHA name here]** to make sure:

- Written information is either available in your language or can be translated so you can understand it;
- You can find providers who speak your language; and
- If you are eligible for benefits under the Arizona Health Care Cost Containment System (AHCCCS), oral interpreter services are available at no cost to you.

Contact **[T/RBHA specific information here. T/RBHA insert phone numbers, including a toll free number, including specialty phone lines for the hearing impaired (TTY)]**. to ask for any of these options.

What are my rights concerning Sign Language Interpreters and Auxiliary Aids if I am deaf or hard of hearing?

If you are deaf or hard of hearing, you may ask that your provider provide auxiliary aids or schedule a Sign Language Interpreter to meet your needs. Your provider has to provide these services, but your request must be made in a timely manner to allow arrangements to be made.

Auxiliary aids include computer-aided transcriptions, written materials, assistive listening devices or systems, closed and open captioning, and other effective methods of making aurally delivered materials available to individuals with hearing loss.

Sign Language Interpreters are skilled professionals certified to provide interpretation, usually in American Sign Language, to the deaf. To find a listing of sign language interpreters and for the laws regarding the profession of interpreters in the State of Arizona, please visit the Arizona Commission for the Deaf and the Hard of Hearing at www.acdhh.org or call (602) 542-3323 (V/VP); (602) 364-0990 (TTY); 800-352-8161 (V/TTY).

What is Managed Care?

In Arizona, public behavioral health services are provided through a Managed Care model. This means that persons getting behavioral health services choose a provider from within a network. The Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) have to make sure that behavioral health services are available to their members. Members are persons enrolled with **[T/RBHA insert T/RBHA name here]**.

In addition to making sure that services are available, **[T/RBHA insert T/RBHA name here]** must oversee the quality of care given to members and manage the cost.

To find out more about Arizona's public behavioral health service delivery system you can visit the Arizona Department of Health Services/Division of Behavioral Health Services website at <http://www.azdhs.gov/bhs/>.

How do I contact (T/RBHA insert T/RBHA name here) Member Services?

Member Services is available to help answer your questions. Member Services can help you:

- Learn how to become a member and get behavioral health services;
- Learn about the services you can get;
- Find a provider;
- Get answers to your questions; and
- Make a complaint or give positive feedback about services.

Member Services at **[T/RBHA insert T/RBHA name here]** are available 24 hours a day, 7 days a week.

To contact Member Services at **[T/RBHA insert T/RBHA name here]** please call: **[T/RBHA insert phone numbers, including a toll free number, including specialty phone lines for the hearing impaired (TTY)].**

[T/RBHA insert T/RBHA name here] offices are located at: **[T/RBHA insert addresses].**

What happens after I am enrolled with [T/RBHA insert T/RBHA name here]?

[T/RBHA please describe what a member can expect after the initial appointment. Describe how services will be determined. Will the member be assigned to a provider for ongoing services? Describe the assignment to a Clinical Liaison.]

What is a Provider Network?

[T/RBHA insert a general description of your provider network].

A listing of all available providers, their locations, telephone numbers, and languages spoken can be found online at **[T/RBHA insert direct link to online provider listing here]**. If you do not have access to the Internet at your home, free Internet service is usually available at libraries. You can also get a paper copy of the provider listing by calling **[T/RBHA insert T/RBHA name]** at **[T/RBHA insert toll free telephone number where people can call to get a paper copy of the provider listing, including specialty phone lines for the hearing impaired (TTY)]**.

Some providers may not be taking new members. To find out which providers in the **[T/RBHA insert T/RBHA name here]** network are not accepting new members, contact **[T/RBHA insert name and toll free phone number where persons can find out which providers are not accepting new referrals, including specialty phone lines for the hearing impaired (TTY)]**.

You can choose any hospital or other setting for emergency care. However, there are certain emergency settings within the **[T/RBHA insert T/RBHA name here]** network that may be easier for you to use. These include: **[T/RBHA insert list of locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post stabilization services covered under the contract, e.g., psychiatric urgent care centers]**.

The **[T/RBHA insert T/RBHA name here]** network also includes pharmacies where you can fill your prescriptions for medications. These include: **[T/RBHA insert list of names and physical locations of pharmacies to be used for filling prescriptions for psychotropic medications or include a link to an online listing here]**.

How do I choose a provider?

A provider network is a group of providers who work with a T/RBHA and are available to provide behavioral health services. **[T/RBHA insert T/RBHA name here]** will help you choose a provider from within the provider network. You will need to contact the provider to make, change, or cancel your appointments. If you need help with scheduling your appointments, contact **[T/RBHA insert T/RBHA name here]** Member Services.

If you are not happy with the provider you chose, contact **[T/RBHA insert T/RBHA name here]** Member Services to discuss the situation.

If you are getting substance abuse services that are funded by the Substance Abuse Prevention and Treatment Federal Block Grant (SAPT), you have the right to get services from a provider to whose religious character you do not object. If you object to the religious character of your substance abuse provider, you may ask for a referral to another provider of substance abuse treatment. You will get an appointment with the new provider within 7 days of your request for a referral, or earlier if your behavioral health condition requires. The new provider must be available to you and provide substance abuse services that are similar to the services that you were receiving at the first provider.

Do I have to pay for behavioral health services I get?

Title XIX (Medicaid) and Title XXI (KidsCare) covered services are paid for through the Arizona Health Care Cost Containment System (AHCCCS), the State Medicaid agency. Persons eligible for these programs are sometimes called AHCCCS eligible. AHCCCS eligible persons cannot be billed for covered behavioral health services other than applicable co-payments as described below.

Title XIX/XXI eligible persons are only asked to pay co-payments for the following behavioral health services:

- Title XIX members assigned to General Mental Health or Substance Abuse programs may have a \$1 co-payment for physician visits and
- Services not paid for by AHCCCS, which are:
 - Room and board in certain settings, such as Level II or Level III facilities;
 - Traditional healing services; and
 - Auricular acupuncture services.

Title XIX/XXI eligible persons cannot be denied services for non-payment of a co-payment for Title XIX/XXI services.

Non-Title XIX/XXI persons may have to pay a co-payment for behavioral health services. The co-payment amount is based on family size and household income.

A non-covered service is one that is not available to you. It is a service your provider did not set up or approve or is a service that is not covered by the T/RBHA. Services you get from a provider outside of the provider network are non-covered services, unless you have been referred by your provider. If you get a non-covered service you may have to pay for it.

Prior to your appointment for services, **[T/RBHA name here]** or your provider will discuss with you any co-payments you will have to pay.

What if I have health insurance?

You must report any health insurance that you have, other than AHCCCS, to **[T/RBHA insert T/RBHA name here]** or your provider. This includes Medicare. Persons with health insurance must use the benefits of that health insurance before **[T/RBHA insert T/RBHA name here]** will pay for services. At times, **[T/RBHA insert T/RBHA name here]** may pay for the cost of co-payments, premiums or deductibles for you, while the cost of the covered service is paid for by your health insurance. This may occur even if you get services outside the **[T/RBHA insert T/RBHA name here]** network of providers.

If there are any changes to your health insurance you must report the change to **[T/RBHA insert T/RBHA name here]** or your provider right away.

Medicare coverage

Some people have Medicare and AHCCCS health insurance. If you have Medicare and AHCCCS health insurance, you must tell **[T/RBHA insert T/RBHA name here]** or your provider. You may get some services from Medicare providers and some services from **[T/RBHA insert T/RBHA name here]** providers. You may have to use Medicare for some behavioral health services before you can use your AHCCCS health insurance. In some cases, your AHCCCS health insurance may cover your Medicare co-payments, premiums, and/or deductibles. **[T/RBHA insert T/RBHA name here]** or your provider can help you find out what services Medicare will cover and what services your AHCCCS health insurance will cover.

Sometimes people with Medicare want to get services from a provider that does not work with **[T/RBHA insert T/RBHA name here]**. This is called getting services outside the **[T/RBHA insert T/RBHA name here]** network of providers. If you choose to get services from a provider outside the **[T/RBHA insert T/RBHA name here]** network, you may have to pay for your Medicare co-payment, premium and/or deductible. This does not apply to emergency or other prescribed services. Call **[T/RBHA insert T/RBHA name here]** at **[T/RBHA insert toll free phone number here, including specialty phone lines for the hearing impaired (TTY)]** for more information on out of network providers.

On January 1, 2006, Medicare Part D Prescription Drug coverage began. AHCCCS does not pay for prescription drugs available with Medicare Part D for persons who have AHCCCS and Medicare. Medicare eligible persons must get their prescription drugs through a Medicare Part D Prescription Drug Plan (PDP) or Medicare Advantage Prescription Drug Plan (MA-PD). These plans will pay for both brand name and generic drugs. If you have Medicare, but you are not enrolled in a Medicare Part D drug plan, AHCCCS will not pay for any prescription drugs that would be paid for by Medicare Part D. You may have to pay for your prescription drugs. If you have questions about this change, you can call 1-800-MEDICARE (TTY 1-877-486-2048) or visit www.medicare.gov . If you want help in picking a plan, you can call **[T/RBHA insert names and toll-**

free and local telephone numbers, including specialty phone lines for the hearing impaired (TTY)].

Medicare Part D and AHCCCS may not pay for some prescription drugs. **[T/RBHA insert name]** may help pay for prescription drugs not covered by Medicare Part D or for any costs you have to pay for Medicare Part D. Contact **[T/RBHA insert names and toll-free and local telephone numbers, including specialty phone lines for the hearing impaired (TTY)]** to ask about getting help with your Medicare Part D plan.

The Limited Income Subsidy (LIS) program

The Social Security Administration (SSA) has a Limited Income Subsidy (LIS) program that will help pay for the costs of the Medicare Part D prescription drug benefit. This program, also known as “extra help,” will pay all or part of the monthly premium, annual deductible, and coinsurance. However, the “extra help” does not pay the copayments for Medicare Part D prescription drugs.

If you have both AHCCCS and Medicare, you do not have to apply for the “extra help”. You will get a notice from the Centers for Medicare and Medicaid Services (CMS) telling you that you get the “extra help” and you do not have to apply.

If you are in a Medicare Cost Saving (MCS) program you do not have to apply for the “extra help”. MCS programs include the following:

- QMB Only (Qualified Medicare Beneficiary),
- SLMB Only (Specified Low Income Medicare Beneficiary), and
- QI-1 (Qualified Individual).

You will also get a notice from CMS telling you that you get the “extra help” and you do not have to apply.

Other persons may be able to get the “extra help.” If your income is below 150% of the Federal Poverty Level (FPL) and you do not have AHCCCS or an MCS program, you have to apply for the “extra help.” There are a few ways you can apply. The Social Security Administration (SSA) has a paper application in English and Spanish. You can fill out a paper application and mail it to SSA. You can also apply by calling 1-800-772-1213 (TTY 1-800-325-0778). Finally, you can apply on-line on the SSA website: <http://www.socialsecurity.gov>. On-line applications are available in 14 languages. If you need help applying for the “extra help,” please contact **[T/RBHA insert contact information here for behavioral health recipients who need assistance applying for the LIS, including specialty phone lines for the hearing impaired (TTY)].**

What behavioral health services can I get?

Behavioral health services help people think, feel, and act in healthy ways. There are services for mental health problems and there are services for substance abuse.

You can get services based on three things:

- Your need,
- Your insurance, or
- Your provider's approval.

All services are not available to all members. If you would like to see the guidelines that are used to determine admission, continued stay, and discharge, contact **[T/RBHA insert specific contact information on obtaining guidelines]**.

You decide with your clinical team what services you need. Your provider or clinical team may ask **[T/RBHA insert T/RBHA name here]** for approval of a service for you, but the approval may be denied. If a request for services is denied you can file an appeal. For more information on filing an appeal, see the section called "What is an appeal and how do I file an appeal."

You and your provider may not agree about the services you need. If you feel you need a service, and your provider does not, contact **[T/RBHA insert T/RBHA name here]** at **[T/RBHA insert toll free phone number here, including specialty phone lines for the hearing impaired (TTY)]**.

The table **[below/on the next page – T/RBHA insert specific location]** lists the available behavioral health services and any limits they may have. **[T/RBHA insert T/RBHA name here]** must pay only for the available behavioral health services listed.

The Arizona Department of Health Services (ADHS) does not pay for behavioral health services covered through an Indian Health Service (IHS) or a 638 tribal facility for Native American Title XIX or Title XXI members. The Arizona Health Care Cost Containment System (AHCCCS) is responsible for these payments. Title XIX and Title XXI eligible Native Americans may choose to receive services through a T/RBHA or at an IHS or 638 tribal facility.

A 638 tribal facility means a facility owned and operated by a Native American tribe authorized to provide services according to Public Law 93-638. ADHS is responsible for payment:

- For behavioral health services not covered through an IHS or 638 tribal facility;
- For behavioral health recipients referred off reservation from an IHS or 638 tribal facility;

- For emergency services rendered at a non-IHS or non-638 tribal facility to Native American behavioral health recipients.

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH
[T/RBHA insert T/RBHA name here]**

AVAILABLE BEHAVIORAL HEALTH SERVICES

SERVICES		TITLE XIX/XXI CHILDREN AND ADULTS	SERIOUSLY MENTALLY ILL ADULTS (regardless of Title XIX eligibility)	<u>NON-TITLE XIX/XXI CHILDREN AND ADULTS, NON-SERIOUSLY MENTALLY ILL ADULTS</u>
TREATMENT SERVICES				
Behavioral Health Counseling and Therapy	Individual	Available	Available	Provided based on available funding
	Group	Available	Available	Provided based on available funding
	Family	Available	Available	Provided based on available funding
Behavioral Health Screening, Mental Health Assessment and Specialized Testing	Behavioral Health Screening	Available	Available	Provided based on available funding
	Mental Health Assessment	Available	Available	Provided based on available funding
	Specialized Testing	Available	Available	Provided based on available funding
Other Professional	Traditional Healing	Not Available with TXIX/XXI funding*	Available	Provided based on available funding
	Auricular Acupuncture	Not Available with TXIX/XXI funding*	Available	Provided based on available funding
REHABILITATION SERVICES				
Skills Training and Development	Individual	Available	Available	Provided based on available funding
	Group	Available	Available	Provided based on available funding
	Extended	Available	Available	Provided based on available funding
Cognitive Rehabilitation		Available	Available	Provided based on available funding
Behavioral Health Prevention/Promotion Education		Available	Available	Provided based on available funding

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH
[T/RBHA insert T/RBHA name here]**

AVAILABLE BEHAVIORAL HEALTH SERVICES

SERVICES		TITLE XIX/XXI CHILDREN AND ADULTS	SERIOUSLY MENTALLY ILL ADULTS (regardless of Title XIX eligibility)	<u>NON-TITLE XIX/XXI CHILDREN AND ADULTS, NON-SERIOUSLY MENTALLY ILL ADULTS</u>
Psycho Educational Services and Ongoing Support to maintain employment	Psycho Educational Services	Available	Available	Provided based on available funding
	Ongoing Support to maintain employment	Available	Available	Provided based on available funding
MEDICAL SERVICES				
Medication Services**		Available	Available	Provided based on available funding
Lab, Radiology and Medical Imaging		Available	Available	Provided based on available funding
Medical Management		Available	Available	Provided based on available funding
Electro-Convulsive Therapy		Available	Available	Provided based on available funding
SUPPORT SERVICES				
Case Management		Available	Available	Provided based on available funding
Personal Care		Available	Available	Provided based on available funding
Home Care Training (Family)		Available	Available	Provided based on available funding
Self-help/Peer Services		Available	Available	Provided based on available funding
Home Care Training to Home Care Client (HCTC)		Available	Available	Provided based on available funding

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH
[T/RBHA insert T/RBHA name here]**

AVAILABLE BEHAVIORAL HEALTH SERVICES

SERVICES		TITLE XIX/XXI CHILDREN AND ADULTS	SERIOUSLY MENTALLY ILL ADULTS (regardless of Title XIX eligibility)	<u>NON-TITLE XIX/XXI CHILDREN AND ADULTS, NON-SERIOUSLY MENTALLY ILL ADULTS</u>
Unskilled Respite Care***		Available	Available	Provided based on available funding
Supported Housing		Not Available with TXIX/XXI funding*	Not Available with TXIX/XXI funding*	Provided based on available funding
Sign Language or Oral Interpretive Services		Provided free of charge	Provided free of charge	Provided based on available funding
Flex Fund Services		Not Available with TXIX/XXI funding*	Not Available with TXIX/XXI funding*	Provided based on available funding
Transportation	Emergency	Available	Available	Provided based on available funding
	Non-emergency	Available	Available	Provided based on available funding
CRISIS INTERVENTION SERVICES				
Crisis Intervention – Mobile		Available	Available	Provided based on available funding
Crisis Intervention – Telephone		Available	Available	Provided based on available funding
Crisis Services – Stabilization		Available	Available	Provided based on available funding
INPATIENT SERVICES****				
Hospital		Available	Available	Provided based on available funding
Sub-acute Facility		Available	Available	Provided based on available funding
Residential Treatment Center		Available	Available	Provided based on available funding

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH
[T/RBHA insert T/RBHA name here]**

AVAILABLE BEHAVIORAL HEALTH SERVICES

SERVICES		TITLE XIX/XXI CHILDREN AND ADULTS	SERIOUSLY MENTALLY ILL ADULTS (regardless of Title XIX eligibility)	<u>NON-TITLE XIX/XXI CHILDREN AND ADULTS, NON-SERIOUSLY MENTALLY ILL ADULTS</u>
RESIDENTIAL SERVICES				
Behavioral Health Residential Facilities	Level II	Available	Available	Provided based on available funding
	Level III	Available	Available	Provided based on available funding
Room and Board		Not Available with TXIX/XXI funding*	Not Available with TXIX/XXI funding*	Provided based on available funding
BEHAVIORAL HEALTH DAY PROGRAMS				
Supervised Day		Available	Available	Provided based on available funding
Therapeutic Day		Available	Available	Provided based on available funding
Medical Day		Available	Available	Provided based on available funding

Limitations:

* Services not available with TXIX/XXI funding, but may be provided if state funding is available

** Medication services are limited for recipients who have Medicare

*** Unskilled Respite Care – No more than 30 days or 720 hours of unskilled respite care per contract year (July 1st through June 30th) per person

**** For Level I facilities designated as Institutions for Mental Disease (IMD) – For Title XIX members age 21-64, only 30 days per admission and 60 days per contract year (July 1st through June 30th). However, Title XIX eligibility continues past the 30/60 day limitations.

Can I get a ride to my appointment?

You may be able to get a ride to and from non-emergency services. Contact **[T/RBHA specific information here, including specialty phone lines for the hearing impaired (TTY)]** and ask if you can get a ride.

Transportation during an emergency does not need prior approval. Contact **[T/RBHA insert specific information, including specialty phone lines for the hearing impaired (TTY)]** for transportation in an emergency or crisis.

What is an approval of services and what are my notification rights?

You and your clinical team will work together to make decisions about the services you need. Emergency services do not need to be approved before you can get them. Some services, for example non-emergency hospital admissions or other inpatient services **[T/RBHA insert information on other services requiring PA]**, need to be approved before you can get them. Your provider or clinical team must ask for approval of these services by **[T/RBHA insert specific information here identifying who does approval; RBHA, provider or ADHS/DBHS]**. If a Title XIX/XXI covered service included in your Service Plan is denied, reduced, or terminated, you will receive notice and have the right to file an appeal. The process for filing an appeal is described in the section called, "What is an appeal and how do I file an appeal?"

Only a physician trained to treat your condition may deny a service your provider or clinical team is trying to get approved.

Title XIX/XXI eligible persons:

You will get written notice telling you if the services asked for by your provider or clinical team are not approved. You will get this notice within 14 days of your provider or clinical team asking for approval for standard approval requests or within 3 working days for expedited approval requests. Expedited means that a decision needs to be made sooner due to your behavioral health needs.

The timeframes in which the T/RBHA or the provider must give you written notice of their decision about the requested services can be extended for up to 14 days. You, **[T/RBHA insert T/RBHA name here]**, or the provider can ask for more time. If **[T/RBHA insert T/RBHA name here]** or the provider ask for more time, you will get written notice telling you why it will take longer. If you disagree with the extension, you can file a complaint with **[T/RBHA insert T/RBHA name here]** by calling **[T/RBHA insert contact information for filing a complaint, including specialty phone lines for the hearing impaired (TTY)]**. If requested information that is needed to make a decision is not received by the end of the extension period, the service request will be considered denied.

If your covered behavioral health services are denied, or if the services you have been getting are terminated, suspended or reduced, you will get a Notice of Action. The Notice of Action is a written document that will tell you:

- What service(s) will be denied, reduced, suspended, or terminated;
 - The reason the service(s) will be denied, reduced, suspended, or terminated and the legal basis for the action;
 - The date the service(s) will be reduced, suspended, or terminated;
 - Your right to file an appeal;
 - How to exercise your right to file an appeal;
 - When and how you can ask for an expedited decision if you file an appeal;
- and

- How to ask that your services continue during the appeal process.

You will get a Notice of Action 10 days before the effective date if services you requested have been denied or if services you were getting will be reduced, suspended or terminated. If the Notice of Action does not tell you what you asked for, what was decided and why the decision was made in language you can understand, please call **[T/RBHA insert who/where they should contact, including specialty phone lines for the hearing impaired (TTY)]** for assistance. The Notice of Action is also available in other languages and formats if you need it. If the Notice of Action is not adequate, a new Notice of Action will be issued. If the Notice of Action is still not adequate and the issue is not resolved by **[TRBHA insert TRBHA name here]**, you may call AHCCCS Medical Management at 417-4000 to register your complaint.

Exceptions to the 10 day Notice of Action requirement

If fraud is suspected, the notice will be sent to you 5 days before the reduction, suspension or termination of services.

If non-emergency inpatient services are terminated as a result of the denial of a continued stay request, you will be sent a Notice of Action in 2 days.

You may get a Notice of Action less than 10 days from the effective date in some other situations, such as:

- You told your provider on paper that you no longer want services;
- Your mail is returned and the provider does not know where you are;
- You enter a facility that makes you ineligible for services;
- You move and get Medicaid services outside of Arizona; or
- Your physician prescribes a change in the level of your behavioral health care.

Persons determined to have a Serious Mental Illness:

As a person determined to have a Serious Mental Illness, you may get notices besides the Notice of Action. This may include a Notice of Decision and Right to Appeal. You would get this notice when:

- The initial determination of Serious Mental Illness is made,
- A decision about fees or a waiver from fees is made,
- The Assessment, Service Plan or Inpatient Treatment and Discharge Plan are developed or reviewed,
- Your Service Plan is changed and any services you have been receiving are reduced, suspended or terminated, or
- It is determined that you do not have a Serious Mental Illness.

Based upon the behavioral health services you get, you may get other notices about the Grievance and Appeal process, your legal rights and that discrimination is not allowed.

Please contact **[T/RBHA insert who/where they should contact, including specialty phone lines for the hearing impaired (TTY)]** with questions about the approval of services and your notification rights.

What is a referral to another provider?

You or your provider/Clinical Liaison may feel that you need specialized care from another behavioral health provider. If that happens, your provider/Clinical Liaison will give you a “referral” to go to another provider for specialized care.

You may contact **[T/RBHA insert T/RBHA name here]** or your provider/Clinical Liaison if you feel you need a referral for specialized care.

Title XIX/XXI eligible persons can get a second opinion. Upon a Title XIX/XXI eligible person’s request, **[T/RBHA insert T/RBHA name here]** must provide for a second opinion from a health care professional within the **[T/RBHA insert T/RBHA name here]** network or arrange for the person to get one outside the network, at no cost to the person. **[T/RBHA insert contact information here, including specialty phone lines for the hearing impaired (TTY)].**

Who is eligible to receive behavioral health services?

- Persons AHCCCS eligible through either Title XIX (Medicaid) or Title XXI (KidsCare);
- Persons determined to have a Serious Mental Illness; and
- All other persons based on available state funding and the person's income.

Title XIX (Medicaid; may also be called AHCCCS) is insurance for low-income persons, children, and families. It pays for medical, dental (for children up to 21 years of age), and behavioral health services.

Title XXI (KidsCare; may also be called AHCCCS) is insurance for children under the age of 19 who do not have insurance and are not eligible for Title XIX benefits. It pays for medical, dental and behavioral health services.

[T/RBHA insert T/RBHA name here] or your provider will ask you questions to help identify if you could be eligible for AHCCCS benefits. If so, they can help you complete an AHCCCS application.

A Serious Mental Illness is a mental disorder in persons 18 years of age or older that is severe and persistent. Persons may be so impaired that they cannot remain in the community without treatment and/or services. **[T/RBHA insert T/RBHA name here of who would do a Serious Mental Illness determination – T/RBHA or a provider]** will make a determination of Serious Mental Illness upon referral/request.

If you are not eligible for AHCCCS benefits and are not determined to have a Serious Mental Illness, you may get services based on available state funding. If you are not eligible for AHCCCS benefits, you may have to pay a co-payment based on your income.

What does service prioritization mean?

For persons not eligible for AHCCCS benefits, **[T/RBHA insert T/RBHA name here]** must first prioritize services to persons not covered by Title XIX/XXI with the following conditions or needs:

- Pregnant, substance abusing women needing treatment services,
- Persons needing crisis services, and
-
- Persons who lose AHCCCS eligibility while receiving behavioral health services.

What happens if I move?

If you move, tell your provider/Clinical Liaison and **[T/RBHA insert T/RBHA name here]** right away so they can make sure you continue to receive your services and/or medications. You may need to change to a new provider and/or T/RBHA. If that happens, your provider will ask you to sign a release of information so the new provider and/or T/RBHA can transfer your services. Your records may be given to the new provider once you give written permission. **[T/RBHA insert T/RBHA name here]** or your provider/Clinical Liaison can help you with a referral to a new provider and/or T/RBHA.

If you are Title XIX or Title XXI eligible, call the agency where you applied for those benefits to let them know you moved and give them your new address.

This could be:

- AHCCCS (call 602-417-7100 in Maricopa County or 1-800-334-5283 outside of Maricopa County),
- Department of Economic Security (call 1-800-352-8168), or
- Social Security Administration (1-800-772-1213).

What is a consent to treatment?

You have the right to accept or refuse behavioral health services that are offered to you. If you want to get the behavioral health services offered, you or your legal guardian must sign a Consent to Treatment form giving your or your legal guardian's permission for you to get behavioral health services. When you sign a Consent to Treatment form you are also giving the Arizona Department of Health Services / Division of Behavioral Health Services (ADHS/DBHS) permission to access your records.

To give you certain services, your provider needs to get your permission. Your provider may ask you to sign a form or to give verbal permission to get a specific service. You will be given information about the service so you can decide if you want that service or not. An example would be if your provider prescribes a medication. Your provider will tell you about the benefits and risks of taking the medication and will ask you to sign a consent form or give verbal permission if you want to take the medication.

Is my behavioral health information private?

There are laws about who can see your behavioral health information with or without your permission. Substance abuse treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without your written permission.

At times your permission is not needed to share your behavioral health information to help arrange and pay for your care. These times could include the sharing of information with:

- Physicians and other agencies providing health, social, or welfare services;
- Your medical primary care provider;
- Certain state agencies involved in your care and treatment, as needed; and
- Members of the clinical team involved in your care.

At other times, it may be helpful to share your behavioral health information with other agencies, such as schools. Your written permission may be required before your information is shared.

There may be times that you want to share your behavioral health information with other agencies or certain individuals who may be assisting you. In these cases, you can sign an Authorization for the Release of Information Form, which states that your medical records, or certain limited portions of your medical records, may be released to the individuals or agencies that you name on the form. For more information about the Authorization for the Release of Information Form, contact **[T/RBHA insert T/RBHA name here]** at **[T/RBHA insert toll free phone number here, including specialty phone lines for the hearing impaired (TTY)]**.

You can ask to see the behavioral health information in your medical record. You can also ask that the record be changed if you do not agree with its contents. You can also receive a copy of your medical record. Contact your provider or **[T/RBHA insert T/RBHA name here]** to ask to see or get a copy of your medical record. **[T/RBHA insert specific information of where they should call, including specialty phone lines for the hearing impaired (TTY)]**.

Exceptions to Confidentiality

There are times when we cannot keep information confidential. The following information is not protected by the law:

If you commit a crime or threaten to commit a crime at the program or against any person who works at the program, we must call the police.

If you are going to hurt another person, we must let that person know so that he or she can protect himself or herself. We must also call the police.

We must also report suspected child abuse to local authorities.
If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (i.e., hospitals and other counselors) to protect you. Only necessary information to keep you safe is shared.

What are my rights and responsibilities while getting behavioral health services?

What are my rights?

You have the right to:

- Be treated fairly and with respect regardless of race, ethnicity, religion, mental or physical disability, sex, age, sexual preference, or ability to pay,
- Participate in making your Service Plan,
- Include any persons you wish in your treatment,
- Have your protected health information kept private,
- Get your services in a safe place,
- Make an advance directive,
- Agree to or refuse treatment services, unless the services are court ordered,
- Get information in your own language or have it translated,
- File a complaint, appeal or grievance without penalty,
- Receive good care from providers who know how to take care of you,
- Choose a provider within the Provider Network,
- Use your rights with no negative action by the Arizona Department of Health Services or **[T/RBHA insert T/RBHA name here]**, and
- The same civil and legal rights as anyone else.

You also have the right to request and obtain the following information at any time:

- Receive a Member Handbook at least annually from **[T/RBHA insert T/RBHA name here]**;
- The name, location, and telephone number of the current providers in your service area that speak a language other than English and the name of the language(s) spoken,
- The name, location, and telephone number of the current providers in your service area that are not accepting new members,
- Any limits of your freedom of choice among network providers,
- Your rights and protections,
- A description of how after-hours and emergency coverage is provided,
- A description of what is an emergency medical condition and what are emergency and post stabilization services,
- The process for getting emergency services, including the use of the 911 telephone system or local emergency numbers,
- The location of providers and hospitals that provide emergency and post stabilization services,
- Your right to use any hospital or other setting for emergency care,
- Your right to get emergency services without prior approval,
- The amount, duration, and scope of your benefits,
- The process for getting services, including approval requirements,
- The extent to which, and how, you may get benefits from out-of-network providers,
- The rules for post stabilization care services,

- Cost sharing, if any,
- How and where to access services including any cost sharing required and how transportation can be provided,
- Advanced directives,
- The structure and operation of the Arizona Department of Health Services,
- Physician incentive plans, and
- The grievance, appeal, and fair hearing procedures and timeframes.

To request any of this information, contact **[T/RBHA insert T/RBHA name and toll-free contact phone number here, including specialty phone lines for the hearing impaired (TTY)]**.

What are my responsibilities?

You have the responsibility to:

- Give information needed for your care to your providers;
- Follow instructions and guidelines from your providers;
- Know the name of your Clinical Liaison;
- Schedule appointments during regular office hours when possible limiting the use of Urgent Care and Emergency Room facilities;
- Arrive on time for appointments;
- Tell providers if you have to cancel an appointment before the scheduled time;
- Participate in creating your Service Plan;
- Be aware of your rights;
- Assist in moving towards your recovery;
- Take care of yourself; and
- Treat others with respect and work cooperatively with others.

What is a designated representative?

Advocating for your rights can be hard work. Sometimes it helps to have a person with you to support your point of view. If you have been determined to have a Serious Mental Illness, you have the right to have a designated representative help you in protecting your rights.

Who is a designated representative?

A designated representative may be a parent, guardian, friend, peer advocate, relative, human rights advocate, member of a Human Rights Committee, an advocate from the State Protection and Advocacy system, or any other person who may help you protect your rights and voice your service needs.

When can a designated representative help me?

You have the right to have a designated representative help you protect your rights and voice your service needs during any meetings about your Service Plan or Inpatient Treatment and Discharge Plan. Your designated representative must also receive written notice of the time, date and location of Service Plan and Inpatient Treatment and Discharge Plan meetings, and your designated representative must be invited to the Individual Treatment and Discharge Plan meetings.

You have the right to have a designated representative help you in filing an appeal of the treatment you got, your Service Plan, Inpatient Treatment and Discharge Plan or attend the informal conference or administrative hearing with you to protect your rights and voice your service needs.

You have the right to have a designated representative help you in filing a grievance. A designated representative may also go to the meeting with the investigator, the informal conference, or an administrative hearing with you to protect your rights and voice your service needs.

If you have questions about designated representatives, call **[T/RBHA insert T/RBHA name and toll free phone number for information on designated representatives, including specialty phone lines for the hearing impaired (TTY)]** or the ADHS/DBHS Office of Human Rights at 602-364-4585 or 1-800-421-2124. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services.

What can I do if I have a complaint about my care?

If you are not happy with the care you are getting, try to solve any issues at the lowest possible level by talking with your provider or **[T/RBHA insert T/RBHA name here]**.

What is a formal complaint and how do I make one?

A formal complaint is when you are not happy with any aspect of your care.

Reasons for complaints could include such things as:

- The quality of care or services you got,
- A disagreement with the denial to process an appeal as expedited,
- The failure of a provider to respect a person's rights, or
- A provider or employee of a provider being rude to you.

Some issues require you to file an appeal instead of a formal complaint. This process is described in the section called, "What is an appeal and how do I file an appeal." These issues include:

- The denial or limited approval of a service asked for by your provider or clinical team,
- The reduction, suspension, or termination of a service you were receiving,
- The denial, in whole or part, of payment for a service,
- The failure to provide services in a timely manner,
- The failure to act within timeframes for resolving an appeal or complaint, and
- The denial of a request for services outside of the provider network when services are not available within the provider network.

Formal complaints can be made either orally or in writing. You can call or write to **[T/RBHA insert T/RBHA name, phone numbers and address here for complaints to be received, including specialty phone lines for the hearing impaired (TTY)]**.

You will get oral or written notice that your complaint was received within 5 working days. A decision regarding the results of your complaint must be given to you within 90 days of making your complaint unless an extension is asked for. An extension can be asked for by you or **[T/RBHA insert T/RBHA name here]** to gather more information. You will be given notice if an extension is asked for by **[T/RBHA insert T/RBHA name here]**.

What is an appeal and how do I file an appeal?

What is an appeal?

An appeal is a formal request to review an action or decision related to your behavioral health services.

There are 3 types of appeals depending on what is being appealed and who is filing the appeal. The 3 types of appeals are:

- Appeals for Title XIX/XXI AHCCCS eligible persons,
- Appeals for persons determined to have a Serious Mental Illness, and
- Appeals for persons who are not enrolled as a person with Serious Mental Illness and are Non-Title XIX/XXI eligible.

Medicare Part D Exceptions and Appeals

Every Medicare Part D plan must have an exception and appeal process. If you have Medicare Part D Prescription Drug coverage and you file an exception or appeal, you may be able to get a prescription drug that is not normally covered by your Part D plan. Contact your Part D plan for help in filing an exception or appeal regarding your prescription drug coverage.

How do I file an appeal?

Appeals can be filed orally or in writing with **[RBHA insert RBHA name here; TRBHAs insert ADHS/DBHS]** within 60 days of receiving a Notice of Action. A Notice of Action is a written letter that tells you about a change in your services. An expedited appeal will be resolved sooner than a standard appeal due to the urgent behavioral health needs of the person filing the appeal. Contact **[T/RBHA insert T/RBHA name here]** Member Services or your provider to see if your appeal will be expedited.

You can file an appeal or your legal or authorized representative, including a provider, can file an appeal for you with your written permission. You can also get help with filing an appeal by yourself.

To file an appeal orally or for help with filing a written appeal, call **[RBHA insert toll free phone number; T/RBHAs insert 602-364-4575 or 1-800-421-2124, including specialty phone lines for the hearing impaired (TTY)].**

To file a written appeal, mail the appeal to **[RBHA insert RBHA name and mailing address for written appeals; TRBHAs insert ADHS/DBHS Office of Grievance and Appeals, 150 North 18th Avenue, Phoenix, Arizona 85007].**

You will get written notice that your appeal was received within 5 working days. If your appeal needs to be expedited, you will get notice that your appeal was received within 1 working day.

Appeals for Title XIX/XXI AHCCCS eligible persons

If you are Title XIX/XXI AHCCCS eligible, you have the right to ask for a review of the following actions:

- The denial or limited approval of a service asked for by your provider or clinical team,
- The reduction, suspension, or termination of a service that you were receiving,
- The denial, in whole or part, of payment for a service,
- The failure to provide services in a timely manner,
- The failure to act within timeframes for resolving an appeal or complaint, and
- The denial of a request for services outside of the provider network when services are not available within the provider network.

What happens after I file an appeal?

As part of the appeal process, you have the right to give evidence that supports your appeal. You can provide the evidence to the RBHA or ADHS/DBHS in person or in writing. In order to prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process, as long as the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or **[T/RBHA insert T/RBHA name here]**. The evidence you give to the RBHA or ADHS/DBHS will be used when deciding the resolution of the appeal.

How is my appeal resolved?

The RBHA or ADHS/DBHS must give you a decision, called a Notice of Appeal Resolution, in person or by certified mail within 30 days of getting your appeal for standard appeals, or within 3 working days for expedited appeals. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

The time frames in which the T/RBHA or provider must give you the Notice of Appeal Resolution may be extended up to 14 days. You, **[T/RBHA insert T/RBHA name here]** or the provider can ask for more time in order to gather more information. If **[T/RBHA insert T/RBHA name here]** or the provider ask for more time, you will be given written notice of the reason for the delay.

The Notice of Appeal Resolution will tell you:

- The results of the appeal process and
- The date the appeal process was completed.

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:

- How you can ask for a State Fair Hearing,

- How to ask that services continue during the State Fair Hearing process, if applicable,
- The reason why your appeal was denied and the legal basis for the decision to deny your appeal, and
- That you may have to pay for the services you get during the State Fair Hearing process if your appeal is denied at the State Fair Hearing.

What if I am not happy with my appeal results?

You can ask for a State Fair Hearing if you are not happy with the results of an appeal. If your appeal was expedited, you can ask for an expedited State Fair Hearing. ***YOU HAVE THE RIGHT TO HAVE A REPRESENTATIVE OF YOUR CHOICE ASSIST YOU AT THE STATE FAIR HEARING.***

How do I ask for a State Fair Hearing?

You must ask for a State Fair Hearing in writing within 30 days of getting the Notice of Appeal Resolution. This includes both standard and expedited requests for a State Fair Hearing. Requests for State Fair Hearings should be mailed to: **[RBHA insert RBHA name and mailing address for State Fair Hearing requests; TRBHAs insert ADHS/DBHS Office of Grievance and Appeals, 150 North 18th Avenue, Phoenix, Arizona 85007].**

What is the process for my State Fair Hearing?

You will receive a Notice of State Fair Hearing at least 30 days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:

- The time, place and nature of the hearing,
- The reason for the hearing,
- The legal and jurisdictional authority that requires the hearing, and
- The specific laws that are related to the hearing.

How is my State Fair Hearing resolved?

For standard State Fair Hearings, you will receive a written AHCCCS Director's Decision no later than 90 days after your appeal was first filed. This 90 day period does not include:

- Any timeframe extensions that you have requested;, and
- The number of days between the date that you received the `Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted.

The AHCCCS Director's Decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

For expedited State Fair Hearings, you will receive a written AHCCCS Director's Decision within 3 working days after the date that AHCCCS receives your case

file and appeal information from the RBHA or ADHS/DBHS. AHCCCS will also try to call you to notify you of the AHCCCS Director's Decision.

Will my services continue during the Appeal/State Fair Hearing process?

You may ask that the services you were already getting continue during the appeal process or the State Fair Hearing process. If you want to keep getting the same services, you must ask for your services to be continued in writing. If the result of the appeal or State Fair Hearing is to agree with the action to either end or reduce your services, you may have to pay for the services received during the appeal or State Fair Hearing process.

Appeals for persons determined to have a Serious Mental Illness

Persons asking for a determination of Serious Mental Illness and persons who have been determined to have a Serious Mental Illness can appeal the result of a Serious Mental Illness determination.

Persons determined to have a Serious Mental Illness may also appeal the following adverse decisions:

- Correctness of your assessment;
- Long-term view, goals or timelines stated in your Service Plan or Inpatient Treatment and Discharge Plan;
- Services recommended in your assessment report, Service Plan, or Inpatient Treatment and Discharge Plan;
- Services to be provided in your Service Plan, plan for interim services or Inpatient Treatment and Discharge Plan;
- Failure to act within the procedures and timeframes for developing your Service Plan or Inpatient Treatment and Discharge Plan or failure to implement your Service Plan or Inpatient Treatment and Discharge Plan;
- Provision of service planning to an individual who is refusing such services, or failure to provide service planning to all other individuals;
- Changes to your Service Plan or Inpatient Treatment and Discharge Plan, including a review of, the outcome of, a modification to, the failure to modify, or termination of your Service Plan or Inpatient Treatment and Discharge Plan;
- Access to and timely receipt of services through Title XIX (Medicaid, AHCCCS);
- Assessment of competence or the need for special assistance;
- Assessment of fees and waivers;
- Denial of payment of services; and
- Failure to act within the timeframes for appeal.

What happens after I file an appeal?

If you file an appeal, you will get written notice that your appeal was received within 5 working days of **[RBHAs insert RBHA name; TRBHAs insert ADHS/DBHS']** receipt. You will have an informal conference with the RBHA within 7 working days of filing the appeal. The informal conference must happen at a time and place that is convenient for you. You have the right to have a designated representative of your choice assist you at the conference. You and any other participants will be informed of the time and location of the conference in writing at least two days before the conference. If you are unable to come to the conference in person, you can participate in the conference over the telephone.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within 1 working day of **[RBHAs insert RBHA name; TRBHAs insert ADHS/DBHS']** receipt, and the informal conference must occur within 2 working days of filing the appeal.

If the appeal is resolved to your satisfaction at the informal conference, you will get a written notice that describes the reason for the appeal, the issues involved, the resolution achieved and the date that the resolution will be implemented. If there is no resolution of the appeal during this informal conference, and if the appeal does not relate to your eligibility for behavioral health services, the next step is a second informal conference with ADHS/DBHS. This second informal conference must take place within 15 days of filing the appeal. If the appeal needs to be expedited, the second informal conference must take place within 2 working days of filing the appeal. You have the right to skip this second informal conference.

If there is no resolution of the appeal during the second informal conference, or if you asked that the second informal conference be skipped, you will be given information that will tell you how to get an Administrative Hearing. Appeals of Serious Mental Illness eligibility determinations move directly to the Administrative Hearing process if not resolved in the first informal conference and skip the second informal conference. The Office of Grievance and Appeals at ADHS/DBHS handles requests for Administrative Hearings.

Will my services continue during the appeal process?

If you file an appeal you will continue to get any services you were already getting unless a qualified clinician decides that reducing or terminating services is best for you and you agree in writing to reducing or terminating services. You will not have to pay for services you get during the appeal process or Administrative Hearing process.

Appeals for persons who are not Seriously Mentally Ill and Non-Title XIX/XXI eligible

If you are Non-Title XIX/XXI (AHCCCS) eligible and not Seriously Mentally Ill you may appeal actions or decisions related to decisions about what behavioral health services you need.

What happens after I file an appeal?

As part of the appeal process, you have the right to give evidence that supports your appeal. You can give the evidence to the RBHA or ADHS/DBHS in person or in writing. In order to prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process as long as the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or **[T/RBHA insert T/RBHA name here]**. The evidence you give to the RBHA or ADHS/DBHS will be used when deciding the resolution of the appeal.

How is my appeal resolved?

The RBHA or ADHS/DBHS must give you a Notice of Appeal Resolution in person or by certified mail within 30 days of getting your appeal. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

The time frames in which the T/RBHA or provider must give you the Notice of Appeal Resolution may be extended up to 14 days. You, **[T/RBHA insert T/RBHA name here]** or the provider can ask for more time in order to gather more information. If **[T/RBHA insert T/RBHA name here]** or the provider asks for more time, you will be given written notice of the reason for the delay.

The Notice of Appeal Resolution will tell you:

- The results of the appeal process and
- The date the appeal process was completed.

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:

- How you can request a State Fair Hearing and
- The reason why your appeal was denied and the legal basis for the decision to deny your appeal.

What if I am not happy with my appeal results?

You can ask for a State Fair Hearing if you are not happy with the results of an appeal.

How do I ask for a State Fair Hearing?

You must ask for a State Fair Hearing in writing within 30 days of getting the Notice of Appeal Resolution. Requests for State Fair Hearings should be mailed to: **[RBHA insert RBHA name and mailing address for State Fair**

Hearing requests; TRBHAs insert ADHS/DBHS Office of Grievance and Appeals, 150 North 18th Avenue, Phoenix, Arizona 85007].

What is the process for my State Fair Hearing?

You will receive a Notice of State Fair Hearing at least 30 days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:

- The time, place and nature of the hearing,
- The reason for the hearing,
- The legal and jurisdictional authority that requires the hearing, and
- The specific laws that are related to the hearing.

How is my State Fair Hearing resolved?

For standard State Fair Hearings, you will receive a written ADHS Director's Decision no later than 90 days after your appeal was originally filed. This 90 day period does not include:

- Any timeframe extensions that you have requested; and
- The number of days between the date you received the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted.

The ADHS Director's Decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

What is a Grievance/Request for Investigation for persons determined to have a Serious Mental Illness and how can I file one?

The Grievance/Request for Investigation process applies only to adult persons who have been determined to have a Serious Mental Illness.

You can file a Grievance/Request for Investigation if you feel:

- Your rights have been violated;
- You have been abused or mistreated by staff of a provider; or
- You have been subjected to a dangerous, illegal or inhumane treatment environment.

You have 12 months from the time that the rights violation happened to file a Grievance/Request for Investigation. You may file a Grievance/Request for Investigation orally or in writing. Grievance/Request for Investigation forms are available at **[T/RBHA insert T/RBHA name here]** and providers of behavioral health services. You may ask staff for help in filing your grievance. Contact the following to make your oral or written Grievance/Request for Investigation:

[RBHA insert address and toll-free/local numbers (for oral Grievances) here, including specialty phone lines for the hearing impaired (TTY). Tribal RBHAs will use the following information: ADHS/DBHS Office of Grievance and Appeals, 150 North 18th Avenue, Suite 210, Phoenix, Arizona 85007, 1-800-421-2124 or 602-364-4575. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services.]

[RBHAs insert the following: Any grievance concerning physical abuse, sexual abuse or a person's death must be submitted to ADHS/DBHS. To file an oral or written grievance concerning physical abuse, sexual abuse or a person's death, contact ADHS/DBHS Office of Grievance and Appeals, 150 North 18th Avenue, Suite 210, Phoenix, Arizona 85007, 1-800-421-2124 or 602-364-4575. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services.]

ADHS/DBHS or **[T/RBHA insert T/RBHA name here]** will send you a letter within 7 days of getting your Grievance/Request for Investigation form. This letter will tell you how your Grievance/Request for Investigation will be handled.

If there will be an investigation, the letter will tell you the name of the investigator. The investigator will contact you to hear more about your Grievance/Request for Investigation. The investigator will then contact the person that you feel was responsible for violating your rights. The investigator will also gather any other information they need to determine if your rights were violated.

Within 35 days of an investigator being assigned to investigate, unless an extension has been asked for, you will get a written decision of the findings, conclusions and recommendations of the investigation. You will also be told of your right to appeal if you do not agree with the conclusions of the investigation.

If you file a Grievance/Request for Investigation, the quality of your care will not suffer.

What is fraud and abuse?

Members need to use behavioral health services properly. It is considered fraud if a member or provider is dishonest in order to:

- Get a service not approved for the member or
- Get AHCCCS benefits that they are not eligible for.

Abuse happens if a member causes unnecessary costs to the system on purpose, for example:

- Loaning an AHCCCS card or the information on it to someone else, or
- Selling an AHCCCS card or the information on it to someone else.

Misuse of your AHCCCS identification card, including loaning, selling or giving it to others, could result in your loss of AHCCCS eligibility. Fraud and abuse are felony crimes and are punishable by legal action against the member or provider.

If you think that somebody is committing fraud or abuse, contact:

- **[T/RBHA enter name and number to call to report fraud or abuse, including specialty phone lines for the hearing impaired (TTY)];**
- ADHS/DBHS Fraud and Abuse Hotline at (602) 364-3758; or 1-866-569-4927. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services, or
- AHCCCS Member Fraud Line at (602) 417-4193 or 1-888-487-6686.

What is an Advance Directive?

You have the right to make an advance directive. An advance directive tells a person's wishes about what kind of care he or she does or does not want to get when the person cannot make decisions because of his or her illness.

- A medical advance directive tells the doctor a person's wishes if the person cannot state his/her wishes because of a medical problem.
- A mental health advance directive tells the behavioral health provider a person's wishes if the person cannot state his/her wishes because of a mental illness.

One type of a mental health advance directive is a Mental Health Care Power of Attorney that gives an adult person the right to name another adult person to make behavioral health care treatment decisions on his or her behalf.

- The person named, the designee, may make decisions on behalf of the adult person if she or he can not make these types of decisions.
- The designee, however, must not be a provider directly involved with the behavioral health treatment of the adult person at the time the Mental Health Care Power of Attorney is named.
- The designee may act in this capacity until his or her authority is revoked by the adult person or by court order.
- The designee has the same right as the adult person to get information and to review the adult person's medical records about possible behavioral health treatment and to give consent to share the medical records.
- The designee must follow the wishes of the adult person as stated in the Mental Health Care Power of Attorney. If, however, the adult person's wishes are not stated in a Mental Health Care Power of Attorney and are not known by the designee, the designee must act in good faith and consent to treatment that she or he believes to be in the adult person's best interest. The designee may consent to admitting the adult person to a level one behavioral health facility licensed by the Department of Health Services if this authority is stated in the Mental Health Care Power of Attorney.

In limited situations, some providers may not uphold an advance directive as a matter of conscience. If your behavioral health provider does not uphold advance directives as a matter of conscience, the provider must give you written policies that:

- State institution-wide conscience objections and those of individual physicians,
- Identify the law that permits such objections, and
- Describe the range of medical conditions or procedures affected by the conscience objection.

[T/RBHA, insert contact information at the RBHA for members to find out whether or not any providers in the T/RBHA network do not uphold aspects of advance directives as a matter of conscience, including specialty phone lines for the hearing impaired (TTY)].

Your provider cannot discriminate against you because of your decision to make or not make an advance directive.

Tell your family and providers if you have made an advance directive. Give copies of the advance directive to:

- All providers caring for you, including your Primary Care Provider (PCP);
- People you have named as a Medical or Mental Health Care Power of Attorney; and
- Family members or trusted friends who could help your doctors and behavioral health providers make choices for you if you cannot do it.

Contact **[T/RBHA insert T/RBHA name here]** Member Services to ask more about advance directives or for help with making one.

What is Arizona's Vision for the delivery of behavioral health services?

All behavioral health services are delivered according to ADHS/DBHS system principles. ADHS/DBHS supports a behavioral health delivery system that includes:

- Easy access to care;
- Behavioral health recipient and family member involvement;
- Collaboration with the Greater Community;
- Effective Innovation;
- Expectation for Improvement; and
- Cultural Competency.

The twelve principles for the delivery of services to children are:

- Collaboration with the child and family;
- Functional outcomes - Behavioral health services are designed to aid children to achieve success in school, live with their families, avoid criminal actions, and become stable and productive adults;
- Collaboration with others;
- Accessible services;
- Best practices;
- Most appropriate setting;
- Timeliness;
- Services tailored to the child and family;
- Stability;
- Respect for the child and family's unique cultural heritage;
- Independence;
- Connection to natural supports.

The principles for delivery of services to adults are:

- Behavioral health assessments and service plans are developed with the understanding that the system has an unconditional commitment to its members.
- Behavioral health assessments and service plans begin with empathetic relationships that foster ongoing partnerships, expect equality and respect throughout the service delivery.
- Behavioral health assessment and service plans are developed collaboratively to engage and empower members, include other individuals involved in the member's life, include meaningful choice and are accepted by the member.
- Behavioral health assessment and service plans are strength-based and are clinically sound.
- Behavioral health assessment and service plans are developed with the expectation that the individual is capable of positive change, growth, and leading a life of value.

The principles for the delivery of services to persons determined to have a Serious Mental Illness are:

- Human dignity;
- Respect for the person's individuality, abilities, needs, and aspirations without regard to the client's psychiatric condition;
- Self-determination, freedom of choice, and participation in treatment to the individual's fullest capacity;
- Freedom from the discomfort, distress, and deprivation which arise from an unresponsive and inhumane environment;
- Privacy including the opportunity, wherever possible, to be provided clearly defined private living, sleeping, and personal care spaces;
- Humane and adequate support and treatment that is responsive to the person's needs, that recognizes that a person's needs may vary and that is sufficiently flexible to adjust to a person's changing needs;
- The opportunity to receive services which are adequate, appropriate, consistent with the person's individual needs, and least restrictive of the person's freedom;
- The opportunity to receive treatment and services that are culturally sensitive in their structure, process, and content;
- The opportunity to receive services on a voluntary basis to the maximum extent possible and entirely if possible;
- Integration of individuals into their home communities through housing and residential services which are located in residential neighborhoods, which rely as much as possible on generic support services to provide training and assistance in ordinary community experiences and which utilize specialized mental health programs that are situated in or near generic community services;
- The opportunity to live in one's own home and the flexibility of a service system which responds to individual needs by increasing, decreasing, and changing service as needs change;
- The opportunity to undergo normal experiences, even though such experiences may entail an element of risk; provided however, that an individual's safety or well-being or that of others shall not be unreasonably jeopardized; and
- The opportunity to engage in activities and styles of living, consistent with the person's interests, which encourage and maintain the integration of the individual into the community.

Terms

638 Tribal Facility means a facility operated by an Indian tribe authorized to provide services pursuant to Public Law 93-638, as amended.

Action is the denial or limited approval of a requested service, including the type or level of service, a reduction, suspension or termination of a service someone has been receiving, the denial, in whole or part of payment for a service, the failure to provide services in a timely manner, the failure to act within established timeframes for resolving an appeal or complaint and providing notice to affected parties, and , the denial of the Title XIX/XXI eligible person's request to get services outside the network when services are not available within the provider network.

Advance Directive is a written instruction telling your wishes about what types of care you do or do not want.

Appeal is a formal request to review an action or decision related to your behavioral health service that you can file if you are not happy with an action, or adverse decision for persons determined to have a Serious Mental Illness, taken by a provider or **[T/RBHA insert T/RBHA name here]**.

Approval of services is the process used when certain non-emergency services have to be approved before you can get them.

Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) is the state agency that oversees the use of federal and state funds to provide behavioral health services.

Arizona Health Care Cost Containment System (AHCCCS) is the state agency that oversees the Title XIX (Medicaid), Title XXI (KidsCare) and Arizona Long Term Care Services (ALTCS) programs.

Auricular Acupuncture is provided by a certified acupuncturist practitioner, who uses auricular acupuncture needles to treat alcoholism, substance abuse or chemical dependency.

Behavioral health provider is whom you choose to get behavioral health services from. It can include doctors, counselors, other behavioral health professionals/technicians and behavioral health treatment centers.

Clinical Liaison is the person who is in charge of the oversight of your care, ensures clinical soundness of your assessment and treatment and serves as the point of contact for coordination with any persons involved in your care.

Clinical Team

A team of individuals whose primary function is to develop a comprehensive and unified service or treatment plan for an enrolled person. The team may include an enrolled person, members of the enrolled person's family, health, mental health or social service providers including professionals representing disciplines related to the person's needs, or other persons that are not health, mental health or social service providers identified by the person or family. Clinical teams include Child and Family Teams and Adult Clinical Teams.

Complaint is the expression of dissatisfaction with any aspect of your care that is not an action that can be appealed.

Consent to treatment is giving your permission to get services.

Cost sharing refers to a RBHA's responsibility for payment of applicable premiums, deductibles and co-payments.

Enrolled is the process of becoming eligible with the T/RBHA to receive behavioral health services.

Expedited appeal is an appeal that is processed sooner than a standard appeal in order to not seriously jeopardize the person's life, health or ability to attain, maintain or regain maximum functioning.

Grievance/Request for Investigation is for persons determined to have a Serious Mental Illness when they feel their rights have been violated.

Indian Health Service (IHS) means the bureau of the United States Department of Health and Human Services that is responsible for delivering public health and medical services to American Indians and Alaskan Natives throughout the country. The federal government has direct and permanent legal obligation to provide health services to most American Indians according to treaties with Tribal Governments.

Member is a person enrolled with a T/RBHA to get behavioral health services.

Notice of Action is the notice you get of an intended action or adverse decision made by the T/RBHA or a provider regarding services.

Power of Attorney is a written statement naming a person you choose to make health care or mental health decisions for you if you cannot do it.

Provider Network is a group of providers that contract with the T/RBHAs to provide behavioral health services. Some counties may have a limited number of providers in their provider network to choose from.

Referral is the process (oral, written, faxed or electronic request) by which your provider will "refer" you to a provider for specialized care.

Regional Behavioral Health Authority (RBHA) is the agency under contract with ADHS to deliver or arrange for behavioral health services for eligible persons within a specific geographic area.

Serious Mental Illness (SMI)

A condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. § 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

Service Prioritization is the process by which the T/RBHAs must determine how available state funds are used.

Title XIX (Medicaid; may also be called AHCCCS) is medical, dental and behavioral health care insurance for low-income persons, children and families.

Title XXI (KidsCare; may also be called AHCCCS) is medical, dental and behavioral health care insurance for children under 19 years of age with low income, no other insurance and who are not eligible for Title XIX (Medicaid).

Traditional Healing Services for mental health or substance abuse problems are provided by qualified traditional healers. These services include the use of routine or advanced techniques aimed to relieve the emotional distress that may be evident by disruption of the person's functional ability.

Tribal Regional Behavioral Health Authority (TRBHA) is a Native American Indian tribe under contract with ADHS to deliver or arrange for behavioral health services for eligible persons who are residents of the Federally recognized Tribal Nation.