

**ARIZONA DEPARTMENT OF HEALTH SERVICES
 DIVISION OF BEHAVIORAL HEALTH SERVICES
 DIVISION DOCUMENT REVISION NOTICE**

The Arizona Department of Health Services/Division of Behavioral Health Services has revised the below referenced document(s), indicated by **BOLD** print and the symbol **[X]**. The attached memorandum includes a detailed description of the changes impacting the selected document(s). The revised document(s) will be posted to the ADHS/DBHS website on or around April 1, 2010. Please direct any questions regarding this Division document revision notice to Janice Hippe at (602) 364-4655 or via electronic mail at hippej@azdhs.gov.

DIVISION DOCUMENT	ADHS/DBHS PROVIDER MANUAL	ADHS/DBHS POLICY AND PROCEDURES MANUAL	ADHS/DBHS PROGRAM SUPPORT PROCEDURES MANUAL	ADHS/DBHS COVERED BEHAVIORAL HEALTH SERVICES GUIDE
REVISION [X]				[X]
DIVISION DOCUMENT	CLIENT INFORMATION SYSTEM (CIS) FILE LAYOUT AND SPECIFICATIONS MANUAL	OFFICE OF GRIEVANCE AND APPEALS DATABASE MANUAL	ADHS ACCOUNTING AND AUDITING PROCEDURES MANUAL	FINANCIAL REPORTING GUIDE FOR REGIONAL BEHAVIORAL HEALTH AUTHORITIES
REVISION [X]				
DIVISION DOCUMENT	ADHS/DBHS QUALITY MANAGEMENT/UTILIZATION MANAGEMENT PLAN	ADHS/DBHS PREVENTION FRAMEWORK FOR BEHAVIORAL HEALTH	AHCCCS MEDICAL POLICY MANUAL-CHAPTERS 900 AND 1000	ADHS/DBHS STRATEGIC PLAN
REVISION [X]				
DIVISION DOCUMENT	ADHS/DBHS CULTURAL COMPETENCE PLAN	ADHS/DBHS CLINICAL GUIDANCE DOCUMENTS	TITLE XIX CHILDREN'S BEHAVIORAL HEALTH ANNUAL ACTION PLAN	
REVISION [X]				

**Arizona Department of Health Services
Division of Behavioral Health Services
Memorandum**

Date: October 1, 2010
To: Stakeholders
From: Margaret Russell, Bureau Chief of Policy
Re: **Final Changes to the ADHS/DBHS Covered Behavioral Health Services Guide**

The following is a summary of the final revisions to the ADHS/DBHS Covered Behavioral Health Services Guide, Version 7.3. The final revisions will be posted to the ADHS/DBHS website on or around October 1, 2010. Please note that the Memorandum distributed on September 1, 2010, included **PROPOSED** changes to the guide. The changes described in this Memorandum represent the **FINAL** changes that are to be implemented by Tribal and Regional Behavioral Health Authorities and their contracted behavioral health providers.

Section I.D.1. Eligibility and Funding Source

1. In the list of codes for Psychiatric Assessment, add HCPCS code H0031 (Mental Health Assessment – By Non-Physician)
2. Add language to Nursing Support that reads: “(RN, LPN; assistance to prescribing medical professionals and medication administration)”

REPLACE PAGES 8 and 9

Throughout Guide

1. Starting at page 39, remove Place of Service code 04-Homeless Shelter, for use with certain HCPCS codes.

REPLACE ALL PAGES from page 39 forward

Section II. D. 4. Self-Help/Peer Services (Peer Support)

1. Move language from General Definition that reads “Self-help/peer services are provided by persons or family members who are or have been consumers of the behavioral health system” to the 2nd paragraph under Service Standards/Provider Qualifications

Section II. D. 6. Unskilled Respite Care

1. Align language throughout this section to match OBHL rules

Section II. D. 9. Non-Medically Necessary Covered Services

1. Delete billing limitation #7

Section II. E. Crisis Intervention Services

1. Remove language that addresses T/RBHA vs. Health Plan responsibility. Add new language to reflect new Medicaid enrollment process

Section II. F. Inpatient Services

1. Delete the section addressing IMD length of stay limitations

Section II. F. 1. Hospital

1. Under the subtitle "Service Standards/Provider Qualifications", change the 1st bullet to read: Accredited through an accrediting body approved by CMS or surveyed by ADHS if providing treatment to clients under the age of 21; and

Section II. F. 3. Residential Treatment Center

1. Under the subtitle "Service Standards/Provider Qualifications", change the 1st sentence to read: Residential treatment facilities must be accredited by accredited by an accrediting body approved by CMS and licensed by OBHL as a Level I facility meeting the specific requirements of [9 A.A.C. 20](#).

Appendix B-2, ADHS/DBHS Allowable Procedure Code Matrix:

Delete Place of Service codes (POS) 04-Homeless Shelter, 12-Home, 22-Outpatient Hospital and 33-Custodial Care Facility for use with certain CPT and HCPCS codes

Appendix B-3, HIPAA Code Crosswalk

Delete

Appendix B-5, Billing Limitations Matrix:

Remove billing limitation for H0046 SE – (Mental Health Services NOS-Room and Board) from inpatient revenue codes

Appendix C, Related Information Resources

Delete

Summary of Replacement Appendices and Page Numbers

Section	Replace
Covered Behavioral Health Services Guide	Pages 8, 9 and 39-and forward due to POS code changes throughout guide
Appendix B-2	Entire Appendix
Appendix B-5	Entire Appendix