

**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 matrix 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 the effective date. Please direct any questions regarding this Division document revision notice to Margaret Russell at (602) 364-4658 or via electronic mail at russelm@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]				

ADHS/DBHS POLICY AND PROCEDURE MANUAL QM 2.6, PEER REVIEW

Policy #	TITLE	DESCRIPTION OF PROPOSED CHANGES	Last Revision Effective Date
QM 2.6, Peer Review	N/A	New policy developed to articulate expectations at the ADHS/DBHS and RBHA level regarding peer reviews	3-1-10
	A. Purpose	Purpose stated as the following: "To establish a peer review process in order to improve the quality of medical care provided to behavioral health recipients"	3-1-10
	B. Scope	Scope stated as the following: "This policy applies to the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), Regional Behavioral Health Authorities (RBHAs) and their subcontracted providers"	3-1-10
	C. Policy	Policy stated as the following: "ADHS/DBHS will ensure fair, impartial, and professional peer review of services provided to members by health care professionals"	3-1-10
	D. References	Applicable federal and state statutes included. Chapter 900 of the AHCCCS Medical Policy Manual also referenced. As per Policy Committee discussion, the AHCCCS/ADHS contract and ADHS/RBHA contracts will also be listed all references are now hyperlinked.	3-1-10
	E. Definitions	New definitions included for this policy. They will be hyperlinked and added to the ADHS/DBHS web page upon finalization and posting of the policy.	3-1-10
	F. Procedures	Procedures are consistent with the AHCCCS Medical Policy Manual and describe the expectations regarding peer reviews at the ADHS/DBHS and RBHA levels.	3-1-10
	F. Procedures, 10.	For clarity the term "medical review board" has been changed to "Arizona Medical Board"	3-1-10

ADHS/DBHS POLICY AND PROCEDURE SECTION CO 1.3, USE OF TELEMEDICINE			
Policy #	TITLE	DESCRIPTION OF CHANGE	Last Revision Effective Date
CO 1.3 Use of Telemedicine	F. Procedures	5. Licensing Requirements for Out-of –State Practitioners Per ARS 32-2075 and ARS 32-3271, add language articulating requirements that psychologists and behavioral health providers that reside out of state, be licensed to practice in AZ if they are performing behavioral health services in AZ for more than 90 days in a year (for behavioral health provider), and more than 20 days in a year (for psychologist).	3-01-10
	F. Procedures	2. Informed Consent Articulate in full all the information that the medical practitioner or RN must provide when obtaining informed consent in accordance with R9-21-206.01 (C) 1-9.	3-01-10
	F. Procedures	3. Licensure Added language that prior to providing behavioral health care services through telemedicine a healthcare provider must be licensed in the state in which the patient resides.	3-01-10
	F. Procedures	4. Confidentiality Added the following: (3) Implement any additional safeguards to ensure confidentiality in accordance with PM Section 4.1, Disclosure of Behavioral Health Information...	3-01-10
	F. Procedures	5. Documentation Add the following: “c. All required signatures must be included on the consent form, and the consent form must be available to T/RBHAs and ADHS/DBHS when requested.”	3-01-10