

Arizona Department of Health Services Division of Behavioral Health Services PROVIDER MANUAL

Section 2.0 Introduction

- 2.1 Foreword
- 2.2 Overview of the Arizona Public Behavioral Health System
- 2.3 Partnering with Tribal and Regional Behavioral Health Authorities
- 2.4 Tribal and Regional Behavioral Health Authorities (T/RBHAs)
- 2.5 Overview of [T/RBHA]
- 2.6 ADHS/DBHS System Principles
- 2.7 Arizona Children’s Principles
- 2.8 Principles for Persons determined to have a Serious Mental Illness
- 2.9 What is the purpose of the Provider Manual?
- 2.10 Use of Terms
- 2.11 How is the Provider Manual Structured?
- 2.12 When did the Provider Manual go into effect?
- 2.13 Revisions to the Provider Manual

2.1 Foreword

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) publishes the ADHS/DBHS Provider Manual. ADHS/DBHS has developed the statewide Provider Manual to articulate the requirements of the Arizona public behavioral health system. The ADHS/DBHS Provider Manual contains requirements applicable to direct providers of Arizona’s publicly funded behavioral health services. Each Tribal and Regional Behavioral Health Authority (T/RBHA) adds geographic specific area information and creates a T/RBHA specific version of the document. For hyperlinks to T/RBHA specific versions of the Provider Manual, go to <http://www.azdhs.gov/bhs/provider/index.htm>.

2.2 Overview of the Arizona Public Behavioral Health System

- The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) administers behavioral health programs and services for children and adults and their families. ADHS/DBHS is responsible for administering behavioral health services for several populations funded through various sources.
- The Arizona Health Care Cost Containment System (AHCCCS) is the state Medicaid Agency, and, provides funding to ADHS/DBHS to administer behavioral health benefits for persons who are Title XIX and Title XXI eligible.
- Arizona state law requires ADHS/DBHS to administer community based treatment services for adults who have been determined to have a Serious Mental Illness.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) provides funding to ADHS/DBHS through two block grants:
 - The Substance Abuse Prevention and Treatment Performance Partnership (SAPT) Block Grant supports a variety of substance abuse services in both specialized addiction treatment and more generalized behavioral health settings, and

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

- The Community Mental Health Services Performance Partnership (CMHS) Block Grant supports Non-Title XIX services to children determined to have serious emotional disturbance (SED) and adults determined to have serious mental illness (SMI).
- ADHS/DBHS administers other federal, state and locally funded behavioral health services.

2.3 Partnering with Tribal and Regional Behavioral Health Authorities

ADHS/DBHS, in partnership with the Tribal and Regional Behavioral Health Authorities (T/RBHAs), promote collaboration and encourage family centered, personalized and culturally relevant behavioral health services that result in positive outcomes for persons. The expected outcomes include but are not limited to:

- Improved functioning;
- Reduced symptoms stemming from behavioral health problems; and
- Improved quality of life for families and individuals.

2.4 Tribal and Regional Behavioral Health Authorities (T/RBHAs)

ADHS/DBHS contracts with Regional Behavioral Health Authorities (RBHAs) to deliver behavioral health services to six Geographic Service Areas (GSAs). Each RBHA must have a network of providers to deliver all covered behavioral health services. A RBHA may either deliver services directly or subcontract with behavioral health providers.

ADHS also contracts with Tribal Regional Behavioral Health Authorities (TRBHAs). The Tribal RBHAs include Pascua Yaqui Tribe of Arizona, and the Gila River Indian Community. As of July 1, 2004, the Navajo Nation transitioned from a Tribal RBHA to a Tribal Contractor providing Medicaid and state-only services to members of the Navajo Nation through a new intergovernmental agreement.

T/RBHAs by County and GSA

T/RBHA	Counties	GSA
Community Partnership of Southern Arizona (CPSA)	Greenlee, Graham, Cochise and Santa Cruz	3
Community Partnership of Southern Arizona (CPSA)	Pima	5
Cenpatico Behavioral Health of Arizona	Yuma and La Paz	2
Northern Arizona Regional Behavioral Health Authority (NARBHA)	Mohave, Coconino, Apache, Navajo and Yavapai	1
Cenpatico Behavioral Health of Arizona	Pinal and Gila	4
Magellan Health Services	Maricopa	6
Pascua Yaqui Tribe of Arizona		

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

Gila River Indian Community		
-----------------------------	--	--

2.5 Overview of [T/RBHA]

[T/RBHA enters overview of their organization]

2.6 ADHS/DBHS System Principles

All behavioral health services must be delivered in accordance with 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.

Easy Access to Care

- Accurate information is readily available that informs behavioral health recipients, family members and stakeholders how to access services;
- The behavioral health network is organized in a manner that allows for easy access to behavioral health services; and
- Services are delivered in a manner, location and timeframe that meet the needs of behavioral health recipients and their families.

Behavioral health recipient and family member involvement

- Behavioral health recipients and family members are active participants in behavioral health delivery system design, prioritization of behavioral health resources and planning for and evaluating the services provided to them; and
- Behavioral health recipients, family members and other parties involved in the person and family's lives are central and active participants in the assessment, service planning and delivery of behavioral health services and connection to natural supports.

Collaboration with the Greater Community

- Stakeholders including general medical, child welfare, criminal justice, education and other social service providers are actively engaged in the planning and delivery of integrated services to behavioral health recipients and their families;

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

- Relationships are fostered with stakeholders to maximize access by behavioral health recipients and their families to needed resources such as housing, employment, medical and dental care, and other community services; and
- Providers of behavioral health services collaborate with community stakeholders to assist behavioral health recipients and family members in achieving their goals.

Effective Innovation

- Behavioral health providers are continuously educated in and use best practices;
- The services system recognizes that substance abuse and other mental health disorders are inextricably intertwined, and integrated substance abuse and mental health evaluation and treatment is the community standard; and
- Behavioral health recipients and family members (who want to) are provided training and supervision to become and be retained as providers of peer support services.

Expectation for Improvement

- Services are delivered with the explicit goal of assisting people to achieve or maintain success, recovery, gainful employment, success in age-appropriate education, return to or preservation of adults, children and families in their own homes, avoidance of delinquency and criminality, self-sufficiency and meaningful community participation;
- Services are continuously evaluated, and modified if they are ineffective in helping to meet these goals; and
- Behavioral health providers instill hope that achievement of goals is possible even for the most disabled.

Cultural Competency

Cultural competence in health care demonstrates the ability of systems to provide care to persons with diverse values, beliefs and behaviors. As such, service delivery is tailored to meet the person's social, cultural, and linguistic needs, including the needs of the deaf and hard of hearing. As behavioral health care providers, the goal should be to create a behavioral health system of care that fits everyone's needs. To accomplish this goal, it is necessary to ensure that staff providing services have the skills to meet the person's unique family, culture, traditions, strengths and gender considerations when developing a person's individual treatment plan. ADHS/DBHS endorses the following activities for ensuring a culturally competent behavioral health system:

- Behavioral health service providers are recruited, trained and evaluated based upon competency in linguistic and culturally appropriate skills in responding to the individual needs of each behavioral health recipient and family members;
- T/RBHA management reflects cultural diversity in values and in policies; and

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

- T/RBHA management and behavioral health service providers strive to improve through periodic cultural self-assessment and modify individual services or the system as a whole when applicable.

2.7 Arizona Children's Principles

ADHS/DBHS requires that behavioral health services be delivered to all children according to the Arizona Children's Principles:

Collaboration with the Child and Family

Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.

Functional Outcomes

Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.

Collaboration with Others

When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health service plan is collaboratively implemented. Client-centered teams plan and deliver services. Each child's team includes the child and parents and any foster parents, and any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, the child's Child Protective Services and/or Division of Developmental Disabilities case worker, and the child's probation officer. The team (a) develops a common assessment of the child and family's strengths and needs, (b) develops an individualized service plan, (c) monitors implementation of the plan, and (d) makes adjustments in the plan if it is not succeeding.

Accessible Services

Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need. Case management is provided as needed. Behavioral health service plans identify any transportation services the parents and child may need in order to access behavioral health services, and how transportation assistance will be provided. Behavioral health services are adapted or created when the service is needed, but not available.

Best Practices

Behavioral health services are provided by competent individuals who are adequately trained and supervised. Behavioral health services are delivered in accordance with guidelines adopted by ADHS/DBHS that incorporate "best practice." Behavioral health service plans identify and appropriately address behavioral symptoms ranging from reactions to death of a

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

family member, to abuse or neglect, learning disorders, and other similar traumatic circumstances. Other disorders that are recognized and addressed are substance abuse problems, specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, (including abusive conduct and risky behavior), and the need for stability and permanency in class members' lives, (especially those in foster care). Behavioral health services are continuously evaluated and, if found ineffective, are modified to achieve desired outcomes.

Most Appropriate Setting

Children are provided behavioral health services in their home and community to the greatest extent possible. Behavioral health services are provided in the most integrated setting appropriate to the child's needs. If residential placement is indicated, the goal is to provide an integrated, home-like setting, suitable to the child's needs.

Timeliness

Children identified as needing behavioral health services are assessed and serviced promptly.

Services Tailored to the Child and Family

The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health service provided. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

Stability

Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system. Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.

Respect for the Child and Family's Unique Cultural Heritage

Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family. Services are provided in the child and family's preferred language.

Independence

Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services,

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

Connection to Natural Supports

The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, as well as community organizations, such as service and religious organizations.

2.8 Principles for Persons determined to have a Serious Mental Illness

The service delivery system shall operate in accordance with the following principles for persons who have been determined to have a Serious Mental Illness and their families:

- 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 individuals 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 natural 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;

**Arizona Department of Health Services
 Division of Behavioral Health Services
 PROVIDER MANUAL**

- 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;
- 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.

2.9 What is the purpose of the Provider Manual?

The purpose of the Provider Manual is to ensure that a consistent and reliable resource containing standards and requirements is readily available and easily accessible to all behavioral health service providers. The Provider Manual was designed to assist behavioral health service providers by serving as a reference for answers to many frequently asked questions.

2.10 Use of Terms

An attempt was made to use consistent terminology throughout the Provider Manual to the extent possible. Persons receiving behavioral health services are referred to as “behavioral health recipients” or simply as “persons”. The use of the term T/RBHA conveys both Tribal Regional Behavioral Health Authorities and Regional Behavioral Health Authorities, though the manual also uses the term Tribal Regional Behavioral Health Authority when a clearer distinction is necessary. Some requirements only apply to RBHAs or Tribal RBHAs and these terms should be interpreted as such when presented in this manner.

2.11 How is the Provider Manual Structured?

The Provider Manual contains 14 main sections. Eight sections (Sections 3-10) contain policies and procedures delineating standards and requirements that must be met when delivering public behavioral health services in the State of Arizona.

Main Sections
1.0 Scope
2.0 Introduction
3.0 Clinical Operations
4.0 Communication and Care Coordination
5.0 Member Rights and Provider Claims Disputes
6.0 Data and Billing Requirements
7.0 Reporting Requirements
8.0 Periodic Audits and Surveys
9.0 Training and Development
10.0 T/RBHA Specific Requirements
11.0 Definitions
12.0 Fact Sheets
13.0 Forms and Attachments
14.0 Index

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

Within each section of the Provider Manual, a standardized format was used to present and organize the information. Most sections contain the following topic headers:

Topic Headers within Main Sections and What You Will Find In Each

Topic Area	What You Will Find
Section	Identifies specific section numbers and titles. Each section number and title corresponds with the Table of Contents.
Introduction	Identifies the content area, provides an overview of the section and describes the reason for the requirement. The introduction section attempts to answer the following questions: Why is the standard important? and, What is the purpose of the requirement?
References	Identifies sources from where policy content was derived, including contracts, IGAs, U.S.C., C.F.R., A.R.S., A.A.C., etc.
Scope	Identifies to whom the standards and requirements in the section apply.
Did you know?	Offers additional information relevant to the topic area. Although presented in a user-friendly manner, the information described under this header may be either directive or suggestive based on how it is presented.
Definitions	A list of key words associated with the topic areas. All definitions presented in the manual are consolidated in Section 11.0, "Definitions".
Objective(s)	A concise statement that describes the intent of the topic area.
Procedures	Step by step instructions for implementing the topic area.

2.12 When did the Provider Manual go into effect?

- The Provider Manual became effective on January 1, 2004. Each T/RBHA has incorporated geographic specific information (e.g., crisis telephone numbers) and T/RBHA specific requirements into the Provider Manual.

2.13 Revisions to the Provider Manual

- The Provider Manual is updated on an ongoing basis, but at a minimum, content will be reviewed every two years. Behavioral health providers and others may provide comments and request for revisions to the Provider Manual. Behavioral health providers and other interested persons should contact: **[T/RBHA insert language here for contact information]**
- T/RBHAs must ensure that the ADHS/DBHS Policy Office is included in communication to providers when T/RBHA editions of the Provider Manual have been updated. In addition, current versions of T/RBHA Provider Manual policies must be posted to the T/RBHA website (including policies added to Section 10.0). T/RBHAs and T/RBHA providers must not remove ADHS/DBHS Provider Manual Template language without the prior approval of the ADHS/DBHS Policy Office. **[T/RBHA insert information here if**

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

providers are required to contact the T/RBHA if adding language to the T/RBHA edition of the Provider Manual]

- AHCCCS requires ADHS/DBHS review and approve all policies pertaining to Title XIX and Title XXI eligible persons. As such, any policies developed by the T/RBHA that establishes requirements for the provision of behavioral health services must be submitted to the ADHS/DBHS Policy Office prior to implementation.