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2.1 Foreword

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) develops, distributes and maintains the ADHS/DBHS Provider Manual. ADHS/DBHS has developed the statewide template 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 information specific to their geographic service areas (GSAs) and communities 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 References

The following citations can serve as additional resources for this content area:

- [9 A.A.C. 21](#)
- [AHCCCS/ADHS Contract](#)
- [ADHS/RBHA Contracts](#)
- [ADHS/TRBHA Intergovernmental Agreements \(IGAs\)](#)
- [ADHS/DBHS Provider Manual](#)
- [Substance Abuse Prevention & Treatment Block Grant](#)
- [Community Mental Health Services Block Grant](#)
- [12 Principles for Children's Health](#)
- [Principles for Persons with a Serious Mental Illness](#)

2.3 Definitions

[Behavioral Health Recipient](#)

[Cultural Competence](#)

[Family](#)

[Natural Support](#)

[Serious Mental Illness](#)

2.4 Overview of the Arizona Public Behavioral Health System

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 single 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 (see [9 A.A.C. 21](#)).

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides funding to ADHS/DBHS through two block grants:

- The [Substance Abuse Prevention and Treatment Block Grant \(SAPT\)](#) supports a variety of substance abuse services in both specialized addiction treatment and more generalized behavioral health settings, and
- The [Community Mental Health Services Block Grant \(CMHS\)](#) 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.

2.5 Partnering with Tribal and Regional Behavioral Health Authorities (T/RBHAs)

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.

2.6 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. RBHAs contract with behavioral health providers to provide the full array of covered behavioral health services.

ADHS also contracts with Tribal Regional Behavioral Health Authorities (TRBHAs). The Tribal RBHAs include Pascua Yaqui Tribe of Arizona, Gila River Indian Community and the White Mountain Apache Tribe. 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. ADHS/DBHS also has an intergovernmental agreement (IGA) with the Colorado River Indian Tribe (CRIT) to provide covered behavioral health services to Non-Title XIX/XXI persons who are affiliated with the Tribal Contractor by virtue of being federally-recognized Tribal members, who live on the Tribal Contractor's reservation and who are assessed as needing covered behavioral health services in accordance with the ADHS/DBHS Covered Behavioral Health Services Guide (see [ADHS/CRIT IGA](#)).

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		
Gila River Indian Community		
White Mountain Apache Tribe		

2.7 Overview of [T/RBHA]

[T/RBHA, enter overview of organization here]

2.8 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 involvement;

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- 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, families 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 involvement

Behavioral health recipients and families 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, families 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;

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 families in achieving their goals.

Effective Innovation

Behavioral health providers are continuously educated in and use best practices;

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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 families (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, natural supports, traditions, strengths and sexual orientation or gender identity 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;
- T/RBHA management reflects cultural diversity in values and in policies; and
- 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.

2.9 Arizona Children's Principles

ADHS/DBHS requires that behavioral health services be delivered to all children according to the Arizona Children's Principles (See [12 Principles for Children's Health](#)).

2.10 Principles for Persons determined to have a Serious Mental Illness (SMI)

The service delivery system shall operate in accordance with the following principles for persons who have been determined to have SMI and their families (See [Principles for Persons with a Serious Mental Illness](#)).

2.11 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 federal and state laws, other regulations and answers to many frequently asked questions.

2.12 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.

2.13 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

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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.

2.14 When did the Provider Manual go into effect?

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

2.15 Revisions to the Provider Manual

Policies established as medical policies are updated annually or more frequently, if changes are necessary. Other sections of the Provider Manual are updated on an ongoing basis, but at a minimum, sections will be reviewed every two years. For information or changes that must be communicated immediately, ADHS/DBHS issues Policy Clarification Memorandums and posts them to the ADHS/DBHS website at http://www.azdhs.gov/bhs/provider/policy_memos.htm. Upon review of Provider Manual sections referenced in ADHS/DBHS Policy Clarification Memorandums, changes are incorporated into the sections to memorialize the changes.

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 the ADHS/DBHS Policy Office to be included on the distribution list for public comments. For information or questions regarding T/RBHA editions of the Provider Manual, providers and other stakeholders should contact **[T/RBHA insert language here for contact information]**.

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

AHCCCS requires that 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.