



310-B BEHAVIORAL HEALTH SERVICES

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INITIAL

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Description

AHCCCS covers behavioral health services (mental health and/or substance abuse services) within certain limits for all members except those enrolled to receive family planning extension services only. The following outlines the service delivery system for Contractors responsible for the delivery of behavioral health services.

Primary Care Providers (PCPs) contracted with any AHCCCS Contractor, may prescribe psychotropic medications and provide medication adjustment and monitoring services within the scope of their practice, for members diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, depressive (including postnatal depression) and/or anxiety disorders. Clinical guidelines that include assessment tools and algorithms to aid PCP's in treatment decisions are found in Appendix E for children and Appendix F for adults.

A. ACUTE CARE PROGRAM

1. Title XIX and Title XXI Members are eligible to receive medically necessary behavioral health services. Services are provided through the Arizona Department of Health Services and its contracts with Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs). American Indian members may receive behavioral health services from an IHS/638 facility, a TRBHA, or be referred to a RBHA. Most Children's Rehabilitative Services (CRS) enrolled members receive behavioral health services through the CRS Contractor. (Refer to ACOM Policy 426 for further information on members eligible for behavioral health services through the CRS Contractor.) Behavioral health services are described in further detail in the AHCCCS Behavioral Health Services Guide..



2. Family Planning Extension Program Members enrolled in the SOBRA Family Planning Extension Program are not eligible for behavioral health services.

3. Arizona Long Term Care System (ALTCS) Program

ALTCS members are eligible to receive medically necessary behavioral health services through ALTCS Contractors, Tribal Contractors, Department of Economic Security/ Division of Developmental Disabilities, and AHCCCS registered Fee-For-Service (FFS) providers. Refer to the AHCCCS [Behavioral Health Services Guide](#) and [Chapters 1200](#) and [1600](#) of this Manual for additional information regarding ALTCS behavioral health services.

B. Covered Behavioral Health Services include, but are not limited to:

1. Inpatient hospital services
2. Inpatient psychiatric facility services including subacute facilities and residential treatment centers for persons under age 21
3. Institution for mental disease with limitations (refer to Chapter 100)
4. Behavioral health counseling and therapy, including electroconvulsive therapy
5. Psychotropic medication
6. Psychotropic medication adjustment and monitoring
7. Respite care. The combined total of short-term and/or continuous respite care cannot exceed 600 hours per benefit year.
8. Partial care (supervised day program, therapeutic day program and medical day program)
9. Behavior management (behavioral health home care training, behavioral health self-help/peer support)
10. Psychosocial rehabilitation (skills training and development, behavioral health promotion/education, psychoeducational services, ongoing support to maintain employment, and cognitive rehabilitation)



11. Screening, evaluation and assessment
12. Case management services
13. Laboratory, radiology, and medical imaging services for diagnosis and psychotropic medication regulation
14. Emergency and non-emergency medically necessary transportation
15. Behavioral health therapeutic home care services, and/or
16. Emergency behavioral health services for managed care and FFS members who are not in the Federal Emergency Services Program (FESP) (refer to Chapter 1100 for all requirements regarding FESP).
 - a. Emergency behavioral health services are described under A.A.C. R9-22-210.01. An emergency behavioral health condition is a condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
 - i. Placing the health, including mental health, of the member in serious jeopardy (this includes serious harm to self)
 - ii. Serious impairment to bodily functions
 - iii. Serious dysfunction of any bodily organ or part, or
 - iv. Serious physical harm to another person.

Acute symptoms include severe psychiatric symptoms.
 - b. An emergency behavioral health evaluation is covered as an emergency behavioral health service if:
 - i. Required to evaluate or stabilize an acute episode of mental disorder or substance abuse, and
 - ii. Provided by a qualified provider who is:
 - (a) A behavioral health medical practitioner as defined in 9 A.A.C. 22, Article 1, including a licensed psychologist, a licensed clinical social worker, a licensed professional counselor, a licensed marriage and family therapist, or
 - (b) An ADHS/DBHS-contracted provider.



A provider is not required to obtain prior authorization for emergency services. Regarding emergency services, refer to Exhibit 310-1 for a reprint of A.A.C. R9-22-210.01 that describes general provisions for responsible entities, payment and denial of payment, notification requirements and post-stabilization requirements.

C. BEHAVIORAL HEALTH GUIDING PRINCIPLES

Arizona Vision for children

The “Arizona Vision” for children, to which AHCCCS is obligated and committed, is built on the twelve principles below. The “Arizona Vision” states: “In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child’s family’s cultural heritage.” The following are the twelve principles for children which apply to the Contractor.

1. Collaborate with the member and family and demonstrate respect for and active collaboration with the member and parents in achieving positive behavioral health outcomes. Parents and members are treated as partners in the assessment process, and the planning, delivery and evaluation of behavioral health services, and their preferences are taken seriously.
2. Provide behavioral health services that are designed and implemented to aid members to achieve successes in school, live with their families, avoid delinquency, and become stable and productive adults. Implementation of the service plan stabilizes the member’s condition and minimizes safety risks.
3. Jointly develop an assessment and behavioral health service plan when members have multi-agency, multi-system involvement. The behavioral health service plan is collaboratively implemented within a team structure that includes the member, parents, health care providers, foster parents, the Child Protective Service and/or Division of Developmental Disabilities case worker, and the child’s probation officer and any individual important in the child’s life who is invited to participate by the member or parents.



4. Provide access to a comprehensive array of behavioral health services, sufficient to ensure that members receive treatment they need. Behavioral health services are adapted or created when they are needed but not available.
5. Offer behavioral health services provided by competent individuals who are adequately trained and supervised. Behavioral health services are delivered in accordance with accepted practice guidelines that are evidence-based. Behavioral health service plans identify and appropriately address behavioral symptoms that are associated with multiple behavioral health conditions and reactions to traumatic situations. Behavioral health services are continuously evaluated and modified in ineffective in achieving desired outcomes.
6. Provide behavioral health services in the member's home and community in the most integrated setting appropriate to the member's needs to the extent practicable.
7. Identify members needing behavioral health services and assess and serve them promptly. Encourage parents and members to articulate their own strengths and needs, the goals they are seeking, and what services are required to meet their goals.
8. Develop services plans and implement services that strive to minimize multiple placements, identify members at risk of multiple placements and identify steps to be taken to minimize or eliminate risk. Behavioral health service plans anticipate crisis that might develop and include specific strategies and services that will be employed if a crisis develops. Behavioral health service plans anticipate and appropriately plan for transition in children's live, including transitions to new schools, new placements, and transition to adulthood.
9. Ensure crises response incorporates services that help the member remain in their home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system.
10. Provide behavioral health services in a manner that respects the cultural tradition and heritage of the member and family.
11. Provide behavioral health services that support and train parents in meeting their child's behavioral health needs and that support and train members in self-management.



12. Identify and appropriately use natural supports available from the members and parents' own network of associates, friends, and neighbors; and from community, service and religious organizations.

Guidance for Children Birth to Five years old

Contractors must ensure that behavioral health providers have expertise in conducting assessments for children aged birth to five years old in order to recognize signs, symptoms, and indicators of other needs (e.g. speech delays, sensory challenges, secondary effects of maternal substance abuse) that may impact children's social and emotional development. Contractors are required to coordinate with the Arizona Early Intervention Program (AZEIP) when the services are not covered or are deemed not medically necessary.

Guiding Principles for Adults

1. Develop partnerships between members, staff, and family members/natural supports for shared decision-making based on trust and respect.
2. In conjunction with the member, develop a behavioral health service plan that defines the member's goals and desired outcomes.
3. Provide recovery-based behavioral health services that are strengths-based, flexible and responsive to a member's preferences.

Refer to A.A.C. R9-22-217 and [Chapter 1100](#) of this Manual for information regarding behavioral health services for members eligible for services through the Federal Emergency Services Program.

Refer to [Chapter 1200](#) for more information regarding behavioral health services for members eligible for the ALTCS program. Also refer to the "Policy for Management of Acute Behavioral Health Situations" found in Appendix H for information regarding ALTCS members residing in Nursing Facilities requiring behavioral health intervention.