

The Behavioral Health Service Journey



All ALTCS-eligible DDD members can receive medically necessary behavioral health services. DDD members who have an AHCCCS Complete Care Plan can also receive medically necessary behavioral health services.

These services include, but are not limited to:

- Behavioral health screenings and assessments,
- Case management,
- Psychotropic medications,
- Crisis services,
- Counseling and therapy,
- Substance use treatment,
- Peer support services*, and
- Family support services*.

**Peer and Family Support Services are provided by people with experiences using the behavioral health system for themselves or their family members. The Peer and Family Support Specialists have training to help others in their behavioral health journey.*

Members who think they need Behavioral Health services should contact their Support Coordinator or DDD Health Plan’s Member Services. Members having trouble finding a provider, scheduling services, or getting an appointment should contact their Support Corodinator.

Health Plan	Website Address	Member Services Phone Number
Mercy Care	https://www.mercycareaz.org/dd/index.html	1 (800) 624-3879 (TTY/TDD 711)
UnitedHealthcare	https://www.uhc.com/communityplan/arizona/plans/medicaid/developmental-disabilities	1 (800) 348-4058 (TTY/TDD 711)
Division of Developmental Disabilities	https://des.az.gov/services/disabilities/developmental-disabilities/individuals-and-families/supports-and-services/ddd-health-plans-info	From area codes (480), (602), and (623) call 602-417-7100 From area codes (520) and (928) call 1-800-334-5283

Is a Referral Needed?

No. Members don’t need referrals to start behavioral health services.

DDD Health Plans have a *No Wrong Door* approach. No Wrong Door (NWD) Systems empower members to:

- Make informed decisions
- Control over their long term care needs, and
- Achieve their personal goals.

This includes connecting to behavioral health services.

A No Wrong Door approach provides people with, or links them to, needed service. No matter where they enter the system of care.

Can a Member Self-Refer to Begin Behavioral Health Services?

Yes. The Support Coordinator can help find a provider near the Member.

How Long Should It Take to See a Behavioral Health Provider?

Providers must follow certain timeframes when scheduling a behavioral health appointment.

Type of Service	Urgent Need	Routine Need
Behavioral Health	No more than 24 hours from identifying the need*	Assessment must be done within 7 calendar days of referral or request for service; First service after the assessment no more than 23 calendar days from the assessment;* All following services no more than 45 calendar days from identifying the need*
Behavioral Health Medications	Assessed right away	No more than 30 calendar days from request. Sooner appointments will be offered if needed to ensure that: (a) The member does not run out of medications; or (b) The member does not have more behavioral health symptoms.

*as quickly as the health condition requires, but no later than the timeframes noted above.

What should the Member expect when services start?

The behavioral health agency may ask the member to complete an evaluation and take part in service planning. This is separate from the Person-Centered Service Planning (PCSP). The service plan should be specific to the member's and family's needs.

Crisis Services are available to all adults and children in Arizona. Dial 988 to contact Crisis Services.