

310-B TITLE XIX/XXI BEHAVIORAL HEALTH SERVICES

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REFERENCES: A.A.C. R9-22-210.01; CFR 493, Subpart A; CFR Title 42, Chapter IV, Subchapter G, Part 482; 42 CFR 440.10; 42 CFR 441; 42 CFR 483; A.R.S. Title 32, Chapter 33; A.R.S. Title 36, Chapter 4; A.R.S. §32-3251; A.R.S. §36-501; A.R.S. §32-2061; A.R.S. §32-2091; A.A.C. 14-101; A.A.C. R4-6-101; A.A.C. R9-10-200; A.A.C. Title 9, Chapter 10 (9 A.A.C. 10); A.A.C. R9-10-1016; A.A.C. R9-10-1012; A.A.C. R9-21-20; A.A.C. R9-10-316; A.A.C. R9-10-318; A.A.C. R9-10-316; A.A.C. R9-10-1025; A.A.C. R9-10-1600; A.A.C. R9-10-1000; A.A.C. R9-10-300; AMPM Chapter 100; AMPM 109; AMPM Exhibit 310-1; AMPM 310-B; AMPM 310-BB; AMPM 310-V; AMPM 320-0; AMPM 320-S; AMPM 320-V; AMPM 320-W; AMPM 320-X; AMPM 570; AMPM 590; AMPM 963; AMPM 964; AMPM 965; ACOM Policy 447; ACOM Policy 436

PURPOSE

This policy describes the Division of Developmental Disabilities (Division) responsibilities for providing Title XIX/XXI Behavioral Health Services to Members who are eligible for Arizona Long Term Care System (ALTCS), including additional requirements for Members that have chosen the DDD Tribal Health Program (THP) as their health plan.

DEFINITIONS

1. “Bed Hold” means days in which the facility reserves the Member’s bed, or Member’s space in which they have been

residing, while the member is on an authorized/planned overnight leave from the facility for the purposes of therapeutic leave to enhance psychosocial interaction or as a trial basis for discharge planning as specified the Arizona State Plan under Title XIX of the Social Security Act.

2. “Behavioral Health Paraprofessional” or “BHPP” means an individual who is not a Behavioral Health Professional who provides Behavioral Health Services at or for a Health Care Institution according to the Health Care Institution’s policies and procedures that:
 - b. If the Behavioral Health Services were provided in a setting other than a licensed Health Care Institution, the individual would be required to be licensed as a behavioral professional under A.R.S, Title 32, Chapter 33; and
 - c. Are provided under supervision by a Behavioral Health Professional.
3. “Behavioral Health Professional” or “BHP” means
 - b. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:

- i. Independently engage in the practice of behavioral health as defined in A.R.S. §32-3251, or
 - ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. §32-3251 under direct supervision as defined in A.A.C. R4-6-101,
 - c. A psychiatrist as defined in A.R.S. §36-501,
 - d. A psychologist as defined in A.R.S. §32-2061,
 - e. A physician,
 - f. A behavior analyst as defined in A.R.S. §32-2091,
 - g. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse, or
 - h. A registered nurse with:
 - i. A psychiatric-mental health nursing certification, or
 - ii. One year of experience providing Behavioral Health Services
4. “Behavioral Health Services” means physician or practitioner services, nursing services, health-related services, or ancillary

services provided to an individual to address the individual's behavioral health needs.

5. "Behavioral Health Technician" or "BHT" means an individual who is not a BHP who provides Behavioral Health Services at or for a Health Care Institution according to the Health Care Institution's policies and procedures that:
 - b. If the Behavioral Health Services were provided in a setting other than a licensed Health Care Institution, would be required to be licensed as a Behavioral Health Professional under A.R.S. Title 32, Chapter 33, and
 - c. Are provided with Clinical Oversight by a BHP.
6. "Clinical Oversight" means monitoring the Behavioral Health Services provided by a Behavioral Health Technician to ensure that the Behavioral Health Technician is providing the Behavioral Health Services according to the Health Care Institution's policies and procedures by:
 - a. Providing on-going review of a Behavioral Health Technician's skills and knowledge related to the provision of Behavioral Health Services,

- b. Providing guidance to improve a Behavioral Health Technician's skills and knowledge related to the provision of Behavioral Health Services, and
 - c. Recommending training for a Behavioral Health Technician to improve the Behavioral Health Technician's skills and knowledge related to the provision of Behavioral Health Services.
7. "Clinical Team" means Child and Family Teams and Adult Recovery Teams.
8. "Community Service Agencies" or "CSAs" means an unlicensed provider of non-medical, health related, support services. CSAs provide:
- a. Individualized habilitation
 - b. Developmental learning,
 - c. Rehabilitation
 - d. Relearning or readapting,
 - e. Employment,
 - f. Advocacy services,
 - g. Peer support, and

- h. Family support.
6. “Family Support Services” means home care training or family support with family member(s) directed toward restoration, enhancement, or maintenance of the family functions in order to increase the family’s ability to effectively interact and care for the individual in the home and community.
 7. “Health Care Institution” means every place, institution, building or agency, whether organized for profit or not, that provides facilities with medical services, nursing services, Behavioral Health Services, health screening services, other health-related services, supervisory care services, personal care services or directed care services and includes home health agencies, outdoor behavioral health care programs and hospice service agencies.
 8. “Medication Management” means medication management services such as:
 - a. Review of medication(s) side effects, and
 - b. The adjustment of the type and dosage of prescribed medications.

9. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
10. "Peer-and-Recovery Support" means intentional partnerships based on shared, lived experiences of living with behavioral health and/or substance use disorders to provide social and personal support. This support is coupled with specific, skill-based training, coaching, or assistance to bring about social or personal change at the individual, family, or community level. These services can include a variety of individualized and personal goals, including living preferences, employment or educational goals and development of social networks and interests.
11. "Peer Services" means supports intended for enrolled Members or their families who require greater structure and intensity of services than those available through community-based recovery fellowship groups and who are not yet ready for independent access to community-based recovery groups.
12. "Planning Team" means a defined group of individuals that shall include the member/Responsible Person and with the

member's/Responsible Person's consent, their individual representative, Designated Representative (DR), and any individuals important in the member's life, including but not limited to extended family members, friends, service providers, community resource providers, representatives from religious/spiritual organizations, and agents from other service systems like Department of Child Safety (DCS). The size, scope, and intensity of involvement of the team members are determined by the objectives of the Planning Team to best meet the needs and individual goals of the member.

13. "Room and Board" means the amount paid for food and/or shelter. Medicaid funds can be expended for Room and Board when an individual lives in an institutional setting. Medicaid funds cannot be expended for Room and Board when a Member resides in an Alternative Home and Community Based Service (HCBS) Setting.
14. "Service Plan" means a complete written description of all covered health services and other informal supports which includes individualized goals, Peer-and-Recovery Support, Family

Support Services, care coordination activities and strategies to assist the Member in achieving an improved quality of life.

15. “Vocational Rehabilitation” means a program under Rehabilitation Services Administration (RSA) that provides a variety of services to persons with disabilities, with the goal to prepare for, enter into, or retain employment.

POLICY

A. GENERAL REQUIREMENTS

1. The Division shall ensure medically necessary Title XIX/XXI Behavioral Health Services for Members eligible for ALTCS are covered as a health plan benefit.
2. The Division shall require providers utilize national coding standards including the use of applicable modifier(s) as listed in the AHCCCS Medical Coding Resources webpage and AHCCCS Behavioral Health Services Matrix.
3. The Division shall ensure medically necessary outpatient Behavioral Health Services are covered, regardless of a Member’s diagnosis, so long as there are documented behaviors or symptoms that will benefit from Behavioral Health Services.

4. The Division shall ensure that Service Plan services are provided timely and in accordance with requirements included in AHCCCS Medical Policy Manual (AMPM) 320-0.
5. The Division shall ensure that services are not delayed or pended in order to have all team members present for a Service Planning meeting or until all team members are able to sign off on the Service Plan.
6. The Division shall require providers to make available and offer the option of having a Peer Recovery Support Specialist (PRSS) or Family Support Specialist for child or adult members and their families to provide covered services when appropriate.
7. The Division shall ensure policies and procedures are established by the AdSS to ensure Members on any form of Medication Assisted Treatment (MAT) are not excluded from services or admission to any treatment program or facility based upon the use of MAT.
8. The Division shall ensure emergency Behavioral Health Services are being provided, including crisis intervention services, without prior authorization being required.

9. The Division shall require that BHPs provide supervision to BHPPs and BHTs that provide services in the public behavioral health system.
10. The Division shall ensure that the BHPs providing Clinical Oversight of BHTs demonstrate the following key competencies:
 - a. Knowledge of the relevant best clinical practices and policies that guide the services being provided,
 - b. Knowledge of the policies and principles governing ethical practice,
 - c. Ability to develop individualized BHT competency development goals and action steps to accomplish these goals, and
 - d. Ability to advise, coach, and directly model behavior to improve interpersonal and service delivery skills.
11. The Division shall ensure that Behavioral Health Services are provided to the Member's family members who consent to receiving these services, regardless of the family member's Title XIX/XXI entitlement status, as long as the Member's Service

Plan reflects that the provision of these services is aimed at accomplishing the Member's Service Plan goals.

12. The Division shall not require that the Member be present when the services are being provided to family members.
13. The Division shall allow as a covered service provided through indirect contact with Members includes:
 - a. Email or phone communication, excluding leaving voicemails, specific to a Member's services;
 - b. Obtaining collateral information; and
 - c. Picking up and delivering medications. Refer to the AHCCCS behavioral health service matrix and AHCCCS medical coding resource webpage for requirements for billing and indirect contacts.
14. The Division shall not cover Room and Board except for inpatient hospitals, Intermediate Care Facilities for individuals with Intellectual Disability (ICF/ID), and nursing facilities.
15. The Division shall ensure the referral process to initiate Behavioral Health Services meets the following requirements:
 - a. A referral may be made, but is not required;

- b. A Member, guardian, or designated representative may initiate requests;
 - c. If a provider's service array does not include a service required by a member, the provider shall make a referral to a provider with the member's assigned health plan, who does offer the necessary service; and
 - d. Comply with the Rules set forth in A.A.C. Title 9, Chapters 10 and 21, as applicable.
16. The Division shall ensure that transportation is provided as referenced in AMPM 310-BB.
17. The Division shall ensure that behavioral health providers are eligible to bill for travel per AMPM 310-B to provide a covered Behavioral Health Service. The Division shall ensure that behavioral health providers are adhering to the following travel limitations:
- a. Provider travel mileage may not be billed separately except when it exceeds 25 miles,

- b. When a provider is traveling to one destination and returns to the office, the 25 miles is assumed to be included in the round trip, and
 - c. If a provider is traveling to multiple out-of-office settings, each segment of the trip is assumed to include 25 miles of travel.
18. The Division shall ensure providers do not bill for travel for missed appointments. This includes time spent conducting outreach without successfully finding the Member and for time spent driving to do a home visit and the Member is not home.

B. COVERED BEHAVIORAL HEALTH SERVICES

- 1. The Division shall ensure the following treatment services are covered under the behavioral health benefit:
 - a. Assessment, non-court ordered evaluation, and screening services, when provided by individuals who are qualified BHPs or BHTs supervised by BHPs when clinically appropriate as specified in AMPM 320-U.

- b. Behavioral health counseling and therapy when provided by individuals who are qualified BHPs or BHTs supervised by BHPs when clinically appropriate, and
 - c. Psychophysiological therapy and biofeedback when provided by qualified BHPs.
2. The Division shall ensure the following Rehabilitation Services are covered as a health plan benefit:
- a. Skills training and development and psychosocial rehabilitation living skills training.
 - i. Skills training includes teaching independent living, social, and communication skills to Members or their families.
 - ii. Services may be provided to a Member, a group of individuals or their families with the Member(s) present.
 - iii. Skills training and development and psychosocial rehabilitation living skills training is provided by individuals who are qualified BHPs or BHTs/BHPPs supervised by BHPs or qualified BHT.

- iv. More than one provider agency may bill for skills training and development services provided to a Member at the same time if indicated by the Member's clinical needs as identified in their Service Plan.
- b. Cognitive rehabilitation
 - i. Provided by qualified BHP's to facilitate recovery from cognitive impairments in order to achieve independence or the highest level of functioning possible.
 - ii. Goals of cognitive rehabilitation include:
 - 1) Relearning of targeted mental abilities,
 - 2) Strengthening of intact functions,
 - 3) Relearning of social interaction skills,
 - 4) Substitution of new skills to replace lost functioning, and
 - 5) Controlling the emotional aspects of one's functioning.

- iii. Training is done through exercises or stimulation, cognitive neuropsychology, cognitive psychology and behavioral psychology, or a holistic approach to include social and emotional aspects.
 - iv. Training is provided one on one and customized to each individual's strengths, skills, and needs.
- c. Health promotion
- i. Provided to educate and train about health-related topics to an individual or a group of people or their families.
 - ii. Presented using a standardized curriculum with the purpose of increasing an individual's behavioral knowledge of a health-related topic such as:
 - 1) The nature of an illness,
 - 2) Relapse and symptom management,
 - 3) Medication management,
 - 4) Stress management,
 - 5) Safe sex practices,

- 6) Human Immunodeficiency Virus (HIV) education,
 - 7) Parenting skills education, and
 - 8) Healthy lifestyles.
- iii. DUI health promotion education and training approved by Arizona Department of Health Services (ADHS), Division of Licensing Services (DLS).
 - iv. More than one provider agency may bill for health promotion provided to a Member at the same time if indicated by the Member's clinical needs as identified in their Service Plan.
- d. Pre-Vocational Psychoeducational Services and ongoing support to maintain employment, post-vocational services, or job coaching that are designed to:
 - i. Assist Members to choose, acquire, and maintain employment or other meaningful community activity as outlined in AMPM 1240-J.

- i. Prepare Members to engage in meaningful work-related activities, such as full- or part-time, competitive employment.
- ii. Provided individually or in a group setting, but not telephonically and may include, but are not limited to the following:
 - 1) Career or educational counseling;
 - 2) Job training, assistance in the use of educational resources necessary to obtain employment;
 - 3) Attendance to Vocational Rehabilitation Orientations;
 - 4) Attendance to job fairs;
 - 5) Assistance in finding employment, and other training, like resume preparation, job interview skills, study skills, budgeting skills;
 - 6) Professional decorum; and
 - 7) Time management.

- iv. Provided only if the services are not available through the federally funded Rehabilitation Act program administered by Arizona Department of Economic Security/Rehabilitation Service Administration (ADES/RSA) DES-RSA, which is required to be the primary payer for Title XIX/XXI eligible individuals. The following services are not TXIX/TXXI covered treatment services:
 - 1) Rehabilitative employment support assessments when available through the federally funded Rehabilitation Act program administered by the Tribal Rehabilitation Services Administration,
 - 2) Preparation of a report of a Member's psychiatric status for primary use with a court.
- e. Ongoing support to maintain employment services
 - i. Post-vocational services, often called job coaching, which enable Members to maintain their current employment.

- ii. Utilized when assisting employed Members with services traditionally used as pre-vocational in order to gain skills for promotional employment or alternative employment.
- iii. Provided individually or in a group setting, as well as telephonically.
- iv. Services may include, but are not limited to, the following:
 - 1) Monitoring and supervision,
 - 2) Assistance in performing job tasks, and
 - 3) Supportive counseling.
- f. Pre-vocational services and ongoing support to maintain employment to include the following:
 - i. Provided using tools, strategies, and materials which meet the Member's support needs;
 - ii. Services are tailored to support Members in a variety of settings;

- iii. Service may be utilized for exploring strengths and interests when a Member is not ready to identify an educational or employment goal;
 - iv. Provided by individuals who are qualified BHPs or BHTs/BHPPs supervised by BHPs or Qualified BHTs; and
 - v. Billed by more than one provider agency for services provided to a Member at the same time, if indicated by the Member's clinical needs as identified in their Service Plan.
 - vi. For Community Service Agencies, see AMPM Policy 965 for further detail on service standards and provider qualifications for this service.
3. The Division shall ensure medical services provided or ordered within the scope of practice by a licensed physician, nurse practitioner, physician assistant, or nurse are covered as a health plan benefit to reduce a Member's symptoms and improve or maintain functioning.

- a. For covered medications, the Division shall maintain its own formulary list to meet the unique needs of Members with behavioral health disorders. At a minimum, the Division formulary shall include all of the medications listed on the AHCCCS formulary per AMPM 310-V.
- b. Laboratory, radiology, and medical imaging services shall be prescribed by a licensed physician, nurse practitioner, or physician assistant within the scope of their practice for screening, diagnosis or monitoring of a behavioral health condition.
 - i. Laboratory services shall be provided in Clinical Laboratory Improvement Act (CLIA) approved hospitals, medical laboratories and other health care facilities that meet state licensure requirements as specified in A.R.S. Title 36, Chapter 4, with the exception of specimen collections in a medical practitioner's office.
- c. Medical management services shall be provided within the scope of practice by a licensed physician, nurse

practitioner, physician assistant or nurse to an individual as part of their medical visit for ongoing treatment purposes.

Medical management includes:

- 1) Review of medication(s) side effects, and
 - 2) The adjustment of the type and dosage of prescribed medications.
- d. Outpatient Electroconvulsive Therapy (ECT) and outpatient Transcranial Magnetic Stimulation (TMS) performed by a physician within their scope of practice.
4. The Division shall ensure support services are covered as a health plan benefit to facilitate the delivery of or enhance the benefit received from other Behavioral Health Services and are provided by individuals who are qualified BHPs or BHTs/BHPPs supervised by BHPs. Support services are classified into the following subcategories:
- a. Provider Case management as specified in AMPM 570.
 - b. Personal care services which involve the provision of support activities that assist an individual in carrying out daily living activities.

- i. May be provided in an unlicensed setting such as a Member's own home or community setting.
 - ii. Parents including natural parent, adoptive parent and stepparent may be eligible to provide personal care services if the Member receiving services is 21 years or older and the parent is not the Member's legal guardian.
 - iii. Personal care services provided by a Member's spouse are not covered.
 - iv. More than one provider agency may bill for personal care services provided to a Member at the same time if indicated by the Member's clinical needs as identified through their Service Plan.
- c. Home care training or Family Support Services which are directed toward restoration, enhancement, or maintenance of the family functioning to increase the family's ability to effectively interact and care for the Member in the home and community.

- i. Family Support Services involve activities to assist the family to adjust to the Member's illness, developing skills to effectively interact or guide the Member, understanding the causes and treatment of behavioral health issues, and understanding and effectively utilizing the healthcare system.
- i. More than one provider agency may bill for family support provided to a Member at the same time if indicated by the Member's clinical needs as identified through their Service Plan.
- d. Peer Services which provide intentional partnerships based on shared lived experiences of living with behavioral health or substance use disorders, to provide social and personal support.
- e. Therapeutic Foster Care (TFC) for Children as specified in AMPM 320-W and Adult Behavioral Health Therapeutic Home as specified in AMPM 320-X.
- f. Unskilled respite care (respite) which provides an interval of rest or relief to a family Member or other individual

caring for the Member receiving Behavioral Health Services and delivered by providers who meet the requirements in A.A.C. R9-10-1025 and A.A.C. R9-10-1600.

- i. The availability and use of informal supports and other community resources to meet the caregiver's respite needs shall be evaluated by the Division's Support Coordinator, and Provider Case Manager authorizing the respite services, in addition to formal respite services.
- ii. The Service Plan shall identify if respite services will be provided by the behavioral health system or by the Division's Qualified Vendor system.
- iii. Respite services are limited to 600 hours per year (October 1 through September 30) per person and are inclusive of both behavioral health and ALTCS respite care.
- iv. Respite may include a range of activities to meet the social, emotional, and physical needs of the Member during the respite period. These services may be

provided on a short-term basis, a few hours during the day, or for longer periods of time involving overnight stays.

- v. Respite services can be planned or unplanned. If unplanned respite is needed, the Division shall ensure the behavioral health provider assesses the situation with the caregiver and recommends the appropriate setting for respite.
- vi. CSAs cannot provide respite services.
- vii. Respite services covered as a behavioral health benefit may be provided in a variety of settings including:
 - 1) Habilitation Provider,
 - 2) Outpatient Clinic,
 - 3) Adult Therapeutic Foster Care,
 - 4) Behavioral Health Respite Homes,
 - 5) Behavioral Health Residential Facilities,
 - 6) Member's home, and
 - 7) Community settings.

- viii. A Member's Planning Team shall consider the appropriateness of the setting in which the recipient receives respite services:
- 1) When respite services are provided in a home setting, household routines and preferences shall be respected and maintained when possible.
 - 2) The respite provider shall receive orientation from the family or caregiver regarding the Member's needs and the Service Plan.
 - 3) Respite services, including the goals, setting, frequency, duration, and intensity of the service shall be defined in the Member's Service Plan.
 - 4) Respite services are not a substitute for other covered services.
 - 5) Summer day camps, day care, or other ongoing, structured activity programs are not respite unless they meet the definition or

criteria of respite services and the provider qualifications.

- ix. Members who are parents and receive Behavioral Health Services receive necessary respite services for their non-enrolled children as indicated in their Service Plan, and
- x. Non-enrolled siblings of a child receiving respite services are not eligible for behavioral health respite benefits.
- g. Permanent Supportive Housing (PSH) Support Services which provide flexible housing-based supports targeted towards individuals most at need based upon their health condition, housing status, and current or potential system costs.
 - i. Scope, frequency, delivery, and setting should be individualized to the Member's need, circumstances, and choice.

- ii. Services shall be consistent with PSH evidence-based standard, nationally recognized or identified best practice.
 - iii. Services shall be voluntary to the Member.
 - iv. Staff providing these services shall be knowledgeable and provide services consistent with evidence-based practice for PSH models.
5. The Division shall ensure intensive outpatient and behavioral health day programs are covered as a health plan benefit and include the following:
- a. Intensive outpatient treatment programs
 - i. Structured non-residential treatment programs that address mental health and substance use disorders through a combination of individual, group and family counseling and therapy and educational groups but do not require detoxification.
 - b. Behavioral Health Day Programs
 - i. Regularly scheduled program of individual, group or family services related to the Member's treatment

plan designed to improve the ability of the person to function in the community and may include the following rehabilitative and support services:

- 1) Skills training and development,
 - 2) Behavioral health prevention or promotion,
 - 3) Medication training and support,
 - 4) Pre-vocational services and ongoing support to maintain employment,
 - 5) Peer and Recovery Support, and
 - 6) Home care training or Family Support.
- ii. May be provided by either ADHS DLS licensed behavioral health agencies or Title XIX certified CSA.
 - iii. Staff members that deliver specific services within the supervised behavioral health day program shall meet the individual provider qualifications associated with those services.
 - iv. BHT's shall supervise behavioral health treatment and day programs provided by a CSA.
- c. Therapeutic behavioral health day programs

- i. Regularly scheduled program of active treatment modalities which may include services such as:
 - a) Individual, group or family behavioral health counseling and therapy;
 - b) Skills training and development;
 - c) Behavioral health prevention or promotion;
 - d) Medication training and support;
 - e) Pre-vocational services and ongoing support to maintain employment;
 - f) Homecare training or family support;
 - g) Medication monitoring;
 - h) Case management;
 - i) Peer and Recovery Support; and
 - j) Medical monitoring.
- ii. Provided by an ADHS licensed behavioral health agency and in accordance with applicable service requirements set forth in A.A.C. Title 9, Chapter 10.
- iii. Under the direction of a BHP.

- iv. Staff members that deliver specific services within the therapeutic behavioral health day program shall meet the individual provider qualifications associated with those services.
- v. Behavioral health day programs cannot be provided on the same day Day Treatment and Training is provided.
- d. Community Psychiatric Supportive Treatment Program
 - i. Provide regularly scheduled program of active treatment modalities, including medical interventions, in a group setting and may include:
 - 1) Individual, group or family behavioral health counseling and therapy;
 - 2) Skills training and development;
 - 3) Behavioral health prevention/promotion;
 - 4) Medication training and support;
 - 5) Ongoing support to maintain employment;
 - 6) Pre-vocational services;
 - 7) Home care training or Family Support,

- 8) Peer and Recovery Support; and
 - 9) Other nursing services such as medication monitoring, methadone administration, and medical/nursing assessments.
- ii. Services are provided by an ADHS licensed behavioral health agency and as specified with applicable service requirements set forth in A.A.C. Title 9, Chapter 10.
 - iii. Programs shall be under the direction of a licensed physician, nurse practitioner or physician assistant.
 - iv. Staff members that deliver specific services within the medical behavioral health day program shall meet the individual provider qualifications associated with those services.
6. The Division shall ensure Behavioral Health Residential Facility Services are covered as a health plan benefit as specified in AMPM 320-V.
 7. The Division shall ensure Behavior Analysis services are covered as a health plan benefit as specified in AMPM 320-S.

8. The Division shall ensure timely follow up and care coordination for Members after receiving crisis services as specified in AMPM 590.

10. The Division shall ensure Inpatient Services provided by ADHS licensed inpatient facilities are covered in accordance with A.A.C. R9-10-300 which provides a structured treatment setting with 24-hour supervision and an intensive treatment program, including medical support services and are further classified into the following subcategories:
 - a. Hospital services that provide continuous treatment with 24-hour nursing supervision and physicians on site and on call that includes:
 - i. General psychiatric care,
 - ii. Medical detoxification,
 - iii. Forensic services in a general hospital,
 - iv. A general hospital with a distinct psychiatric unit, or
 - iv. A freestanding psychiatric facility.
 - 1) General and freestanding hospitals that provide services to Members if the hospital:

- a) Meets the requirements of 42 CFR 440.10 and CFR Title 42, Chapter IV, Subchapter G, Part 482.
 - b) Is licensed pursuant to A.R.S. Title 36, Chapter 4 and A.A.C. Title 9, Chapter 10.
- 2) Prior authorization is required for Bed Hold or Therapeutic Leave.
- a) For Members age 21 and older, therapeutic leave may not exceed nine days, and Bed Hold days may not exceed 12 days, per contract year; and
 - b) For Members under 21 years of age, total therapeutic leave or Bed Hold days may not exceed 21 days per contract year.
- b. Behavioral Health Inpatient Facilities (BHIF) which provide continuous treatment to a person who is experiencing acute and significant behavioral health symptoms. BHIFs may provide observation or stabilization services and child and adolescent residential treatment services, in addition

to other behavioral health or physical health services, as identified under their licensure capacity.


- i. Observation or Stabilization Services
 - 1) Services in addition to 24-hour nursing supervision and physicians on site or on call, include:
 - a) Emergency reception,
 - b) Screening,
 - c) Assessment,
 - d) Crisis intervention and stabilization,
 - e) Counseling, and
 - f) Referral to appropriate level of services or care. Refer A.A.C. R9-10- 1016 on facility-based crisis intervention services for more information.
 - 2) Observation or stabilization services, within a BHIF, shall be provided according to the requirements in A.A.C. R9-10-1012 for outpatient treatment centers.

- 3) Facilities shall meet the requirements for reporting and monitoring the use of Seclusion and Restraint (S&R) as set forth in Arizona Administrative Code. The use of S&R Seclusion and Restraint shall only be used to the extent permitted by and in compliance with A.A.C. R9-21-204 and A.A.C. R9-10-316. For additional information and requirements regarding reporting and monitoring of seclusion and restraint, refer to AMPM 962.
- ii. Partial Hospitalization programs (PHP) Include intensive therapeutic treatment and must be targeted to meet the goals of alleviating impairments and maintaining or improving functioning to prevent relapse or hospitalization.
 - 1) May include the following rehabilitative and support services:
 - a) Individual therapy,
 - b) Group and family therapy, and

- c) Medication management
 - 2) PHP service shall be provided by an appropriately licensed ADHS DLS Outpatient Treatment Center.
 - 3) Staff who deliver the specific services shall meet the individual provider qualifications.
- iii. Residential treatment services shall be accredited and shall meet the requirements for seclusion and restraint specified set forth in 9 A.A.C. R9-10-316 and in accordance with 42 CFR 441 and 42 CFR 483 if the facility has been authorized by ADHS DLS to provide seclusion and restraint.
- 1) Child and adolescent residential treatment services shall be provided by a BHIF to an individual who is under 18 years of age or under 21 years of age and meets the criteria in A.A.C. R9-10-318.

C. DIVISION OVERSIGHT

1. The Division shall oversee the AdSS utilizing the following methods to ensure compliance with policy:
 - a. Annual Operational Review of each AdSS,
 - b. Review and analyze deliverable reports submitted by the AdSS, and
 - c. Conduct oversight meetings with the AdSS for the purpose of:
 - i. Reviewing compliance,
 - ii. Addressing concerns with access to care or other quality of care concerns,
 - iii. Discussing systemic issues, and
 - iv. Providing direction or support to the AdSS as necessary.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Jul 26, 2023 16:09 PDT\)](#)
Anthony Dekker, D.O.

SUPPLEMENTAL INFORMATION

Provider Travel

Provider travel is the cost associated with certain provider types traveling to provide a covered Behavioral Health Services. This is different than transportation, which is provided to take a Member to and from a covered Behavioral Health Services. Certain behavioral health professionals are eligible to bill for provider travel services as outlined below.

The mileage cost of the first 25 miles of provider travel is included in the rate calculated for each service, therefore, provider travel mileage may not be billed separately except when it exceeds 25 miles. In these circumstances providers bill the additional miles traveled in excess of 25 miles using the HCPCS code A0160. When a provider is traveling to one destination and returns to the office, the 25 miles is assumed to be included in the round trip. If a provider is traveling to multiple out-of-office settings, each segment of the trip is assumed to include 25 miles of travel.

- If Provider A travels a total of 15 miles (to the out-of-office setting in which the service is delivered and back to the provider's office), travel

time and mileage is included in the rate and may not be billed separately.

- If Provider B travels a total of 40 miles (to the out-of-office setting in which the service is delivered and back to the provider's office), the first 25 miles of provider travel are included in the rate but the provider may bill 15 miles using the provider code A0160 (40 miles minus 25 miles).

- If Provider C travels to multiple out-of-office settings (in succession), he/she shall calculate provider travel mileage by segment. For example:

First segment = 15 miles, 0 travel miles are billed,

Second segment = 35 miles, 10 travel miles are billed,

Third segment = 30 miles, 5 travel miles are billed, and iv. Total travel

miles billed = 15 miles are billed using provider code A0160. The

provider may bill for travel miles in excess of 25 miles for the return

trip to the provider office.

Provider Travel Limitations

If a BHP, BHT or BHPP travels to provide case management services, or provider type 85, 86, 87 or A4 travels to provide services to a client, and the client misses the appointment, the intended service may not be billed.

Additionally, providers may not bill for travel for missed appointments. This applies for time spent conducting outreach without successfully finding the Member and for time spent driving to do a home visit and the Member is not home.

Skills Training

Examples of areas that may be addressed include self-care, household management, relationships, avoidance of exploitation, budgeting, recreation, development of social support networks, and use of individuals or their families with the Member(s) present.

Psychoeducational Services (pre-vocational services)

Psychoeducational Services are pre-vocational services that prepare Members to engage in meaningful work-related activities, such as full- or part-time, competitive employment. Such activities may include, but are not limited to, the following: career/educational counseling, job training,

assistance in the use of educational resources necessary to obtain employment, attendance to RSA Vocational Rehabilitation Orientations, attendance to job fairs, assistance in finding employment, and other training, like resume preparation, job interview skills, study skills, budgeting skills (when it pertains to employment), professional decorum, and time management.

Ongoing Support to Maintain Employment Services

Services may include, but are not limited to, the following: monitoring and supervision, assistance in performing job tasks, and supportive counseling. Ongoing Support to Maintain Employment can also be used.

Pre-vocational Services and Ongoing Support to Maintain Employment

While the goal may be for Members to achieve full-time employment in a competitive, integrated work environment, having other employment goals may be necessary prior to reaching that level.

Provider Case Management (provider level)

A supportive service provided to improve treatment outcomes. Examples of case management activities to meet Member's Service Plan goals include:

- Attendance and participation as a team Member in the Division's planning process including implementing the Planning Document/Service Plan,
- Assistance in maintaining, monitoring, and modifying Behavioral Health Services,
- Assistance in finding necessary resources other than Behavioral Health Services,
- Coordination of care as identified with the Planning Team, with the Member's healthcare providers, family, community resources, and other involved supports including educational, social, judicial, community and other State agencies,
- If needed, and as identified by the Planning Team, coordination of care activities related to continuity of care between levels of care (e.g., inpatient to outpatient care) and across multiple services (e.g., personal assistant, nursing services, and family counseling),

- Assisting Members in applying for Social Security benefits when using the SSI/SSDI Outreach, Access, and Recovery (SOAR) approach. SOAR activities may include:
 - Face-to-face meetings with Member,
 - Phone contact with Member, and
 - Face-to-face and phone contact with records and data sources (e.g., jail staff, hospitals, treatment providers, schools, Disability Determination Services, Social Security Administration, physicians).
- For provider case management used to facilitate a CFT, the modifier U1 is required and the claim must be submitted to the health plan the Member is enrolled with.
- SOAR services shall only be provided by staff who have been certified in SOAR through SAMHSA SOAR Technical Assistance Center. Additionally, when using the SOAR approach, billable activities do not include:
 - Completion of SOAR paperwork without Member present,
 - Copying or faxing paperwork,

- Assisting Members with applying for benefits without using the SOAR approach, and
- Email

For provider case management utilized when assisting Members in applying for Social Security benefits (using the SOAR approach) the modifier HK is required. Billing T1016 with an HK modifier indicates the specific usage of the SOAR approach and it cannot be used for any other service. Claims must be submitted to the health plan the Member is enrolled with.

Outreach and follow-up of crisis contacts and missed appointments, and Participation in staffing, case conferences, or other meetings with or without the Member or their family participating.

Case Management Limitations

Billing for case management is limited to providers who are directly involved with providing services to the Member.

Provider Case management services provided by licensed inpatient, behavioral health residential facility or day program providers are included in

the rate for these settings and cannot be billed separately; however, providers other than the inpatient, behavioral health residential facility or day program can bill case management services provided to the Member, iii. A single practitioner may not bill case management simultaneously with any other service.

For assessments, the provider may bill all time spent in direct or indirect contact (e.g., indirect contact may include email or phone communication specific to a Member's services) with the Member and other involved parties involved in implementing the Member's Treatment/Service Plan.

More than one provider agency may bill for case management at the same time, if it is clinically necessary and documented within the Member's Treatment/Service Plan. More than one individual within the same agency may bill for case management at the same time, if it is clinically necessary and documented within the Member's Treatment/Service Plan.

When a provider is picking up and dropping off medications for more than one Member, the provider shall divide the time spent and bill the appropriate case management code for each involved Member.

Peer and Recovery Support

Assists Members with accessing services and community supports, partnering with professionals, overcoming service barriers, and/or understanding and coping with the stressors of the Member's behavioral health condition. These services are aimed at assisting in the creation of skills to promote long-term sustainable recovery. This support is coupled with specific, skill-based training, coaching, or assistance to bring about social or personal change at the individual, family or community level. Peer and Recovery Support is intended for enrolled members and their families who require greater structure and intensity of services than those available through informal community-based support groups (e.g., 12-Step Programs, SMART Recovery).