310-B  BEHAVIORAL HEALTH SERVICES

DESCRIPTION

AHCCCS covers behavioral health services (mental health and/or substance abuse services) within certain limits for all members. The following outlines the service delivery system for behavioral health services.

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 Integrated Regional Behavioral Health Authorities (Integrated RBHAs), Regional Behavioral Health Authorities (RBHA) and Tribal Regional Behavioral Health Authorities (TRBHA). American Indian members may receive behavioral health services from an IHS/638 facility, a TRBHA, or be referred to an Integrated RBHA or RBHA. Services are listed in the amount, duration and scope section of this policy and described with limitations in the ADHS/Behavioral Health Services Guide.

Managed care primary care providers, within the scope of their practice, who wish to provide psychotropic medications and medication adjustment and monitoring services may do so for members diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, depressive (including postnatal depression) and/or anxiety disorders. There are two appendices, AMPM Appendix E for children and adolescents and AMPM Appendix F for adults. For each of the three named diagnoses there are clinical guidelines that include assessment tools and algorithms. The clinical guidelines are to be used by the PCPs as an aid in treatment decisions.

2. 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 ADHS Behavioral
CHAPTER 300
MEDICAL POLICY FOR AHCCCS COVERED SERVICES

POLICY 310
COVERED SERVICES

Health Services Guide and AMPM Chapters 1200 and 1600 of this Manual for additional information regarding ALTCS behavioral health services.

AMOUNT, DURATION AND SCOPE

Covered behavioral health services for Acute and ALTCS members include, but are not limited to:

1. Inpatient hospital services
2. Inpatient Behavioral Health facility services
3. Institution for mental disease with limitations (refer to AMPM 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, psycho-educational 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 supportive home care services, and/or
16. Emergency behavioral health services for managed care and FFS members who are not in the FESP (refer to AMPM Chapter 1100 for all requirements regarding FESP).

a. Emergency behavioral health services are described under A.A.C. R9-22-210.1 Emergency Behavioral Health Services for Non-FES members. 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.

i. An emergency behavioral health evaluation is covered as an emergency behavioral health service if:

ii. Required to evaluate or stabilize an acute episode of mental disorder or substance abuse, and

iii. Provided by a qualified provider who is:

(a) A behavioral health medical practitioner as defined in A.A.C. R9-22, 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 AMPM 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.

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 AMPM 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.

Refer to the Behavioral Health Services Guide for further information on AHCCCS covered behavioral health services and settings.