100 MANUAL OVERVIEW

EFFECTIVE DATE: 02/14/96, 03/15/17

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I. PURPOSE

The AHCCCS Medical Policy Manual (AMPM) provides guidelines regarding covered health care services for Arizona residents who are eligible for Arizona’s Medicaid Program known as Arizona Health Care Cost Containment Services (AHCCCS). This manual outlines information for covered health care services available to members seeking treatment in the Acute Care, Arizona Long Term Care System/Elderly and Physical Disability Program (ALTCS/EPD), Children’s Rehabilitation Services (CRS), Arizona Department of Child Safety/Comprehensive Medical and Dental Program (DES/CMDP), Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD), and Regional Behavioral Health Authorities (RBHAs); and Fee-For-Services (FFS) Programs Including: Tribal ALTCS, TRBHAs, and American Indian Health Program (AIHP) and Federal Emergency Services (FES) programs.

II. DEFINITIONS

638 Tribal Facility

A facility that is owned and/or operated by a Federally recognized American Indian/Alaskan Native Tribe and that is authorized to provide services pursuant to Public Law 93-638, as amended. Also referred to as: tribally owned and/or operated 638 facility, tribally owned and/or operated facility, 638 tribal facility, and tribally-operated 638 health program.

Abuse

The infliction of, or allowing another person to inflict or cause physical pain or injury, impairment of bodily function, disfigurement or serious emotional damage which may be evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior. Such abuse may be caused by acts or omissions of an individual having responsibility for the care, custody or control of a member receiving behavioral health services or community services. Abuse shall also include sexual misconduct, assault, molestation, incest, or prostitution of, or with, a member under the care of personnel of a mental health agency, which may occur under circumstances outside of a licensed sponsored activity.
ABUSE (OF CHILD/MINOR)  The infliction or allowing of physical injury, impairment of bodily function or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist pursuant to section A.R.S. § 8-821 and is caused by the acts or omissions of an individual having care, custody and control of a child. Abuse includes:


2. Physical injury to a child that results from abuse as described in section A.R.S. § 13-3623, subsection C.

ACUTE CARE SERVICES  Medically necessary services that are covered for AHCCCS members and which are provided through contractual agreements with managed Care Contractors or on a Fee-For-Service (FFS) basis through AHCCCS.

ADMINISTRATIVE SERVICES SUBCONTRACTS  An agreement that delegates any of the requirements of the contract with AHCCCS, including, but not limited to the following:

a. Claims processing, including pharmacy claims.

b. Credentialing, including those for only primary source verification (i.e. Credential Verification Organization).

c. Management Service Agreements.

d. Service Level Agreements with any Division or Subsidiary of a corporate parent owner.

e. DDD acute care and behavioral health subcontractors.

f. Providers are not Administrative Services Subcontractors.

ADULT BEHAVIORAL HEALTH THERAPEUTIC HOME  A behavioral health supportive home that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to behavior for an individual 18 years of age or older based on the individual’s behavioral health issue and need for behavioral health services.
**ADULT DAY HEALTH CARE SERVICES**

As specified in Chapter 1200 of this Manual, an ALTCS service provided through facilities licensed by the Arizona Department of Health Services (ADHS). Refer to A.A.C. Title 9, Chapter 28, Article 2.

**ADULT GROUP ABOVE 106% FEDERAL POVERTY LEVEL (ADULTS > 106%)**

Adults aged 19-64, without Medicare, with income above 106% through 133% of the Federal Poverty Level (FPL).

**ADULT GROUP AT OR BELOW 106% FEDERAL POVERTY LEVEL (ADULTS <= 106%)**

Adults aged 19-64, without Medicare, with income at or below 106% of the Federal Poverty Level (FPL).

**ADULT RECOVERY TEAM (ADULT CLINICAL TEAM)**

A group of individuals, that following the nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems, work in collaboration and are actively involved in a member’s assessment, service planning and service delivery. At a minimum, the team consists of the member, his/her guardian (if applicable), advocates (if assigned), and a qualified behavioral health representative. The team may also include members of the member’s family, physical health, mental health or social service providers, representatives or other agencies serving the member, professionals representing various areas of expertise related to the member’s needs, designated representatives or other persons identified by the member.

**AGENT**

Any person who has been delegated the authority to obligate or act on behalf of a provider [42 CFR 455.101].

**AHCCCS CONTRACTOR OPERATIONS MANUAL (ACOM)**

The ACOM provides information related to AHCCCS Contractor operations and is available on the AHCCCS website at www.azahcccs.gov.

**AHCCCS MEDICAL POLICY MANUAL (AMPM)**

The AMPM provides information regarding covered health care services and is available on the AHCCCS website at www.azahcccs.gov.

**AHCCCS POLICY COMMITTEE (APC)**

A committee comprised of Agency Management and subject matter experts within AHCCCS and stakeholder representatives that review new and revised Policies.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>AHCCCS Registered Provider</strong></td>
<td>A contracted provider or noncontracting provider who enters into a provider agreement with AHCCCS under 9 A.A.C. 22, Article 7, and meets licensing or certification requirements to provide AHCCCS-covered services.</td>
</tr>
<tr>
<td><strong>American Indian Health Program (AIHP)</strong></td>
<td>An acute care Fee-For-Service program administered by AHCCCS for eligible American Indians which reimburses for services provided by and through the Indian Health Service (IHS), tribal health programs operated under 638 or any other AHCCCS registered provider. AIHP was formerly known as AHCCCS IHS.</td>
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<tr>
<td><strong>Annual Enrollment Choice (AEC)</strong></td>
<td>The opportunity for a person to change Contractors every 12 months.</td>
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<tr>
<td><strong>Annual Update</strong></td>
<td>An annual review and documented update of a member’s behavioral health assessment, treatment and progress toward meeting defined service goals over the past year. In addition to meeting with the member and other team members this involves a review of the member’s behavioral health record including previous assessments, progress notes, medications, service plans and reviews, demographic and clinical data elements for the past 12 months.</td>
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<tr>
<td><strong>Arizona Administrative Code (A.A.C.)</strong></td>
<td>State regulations established pursuant to relevant statutes. Referred to in Contract as “Rules.” AHCCCS Rules are State regulations which have been promulgated by the AHCCCS Administration and published by the Arizona Secretary of State.</td>
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<tr>
<td><strong>Arizona Health Care Cost Containment System (AHCCCS)</strong></td>
<td>Arizona’s Medicaid Program, approved by the Centers for Medicare and Medicaid Services as a Section 1115 Waiver Demonstration Program and described in A.R.S. Title 36, Chapter 29.</td>
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</table>
An AHCCCS program which delivers long-term, acute, behavioral health and case management services as authorized by A.R.S. §36-2931 et seq., to eligible members who are either elderly and/or have physical disabilities, and to members with developmental disabilities, through contractual agreements and other arrangements.

Also known as Tribal ALTCS, a program managed by AHCCCS to provide covered, medically necessary ALTCS services to ALTCS American Indian members who reside on a Tribal reservation in Arizona or resided on a reservation immediately before being placed in a nursing facility or alternative HCBS setting off-reservation.

A program for currently eligible ALTCS members who have improved, either medically, functionally or both, to the extent that they are no longer at risk of institutionalization at a Nursing Facility (NF) or Intermediate Care Facility for persons with intellectual disabilities (ICF) level of care. These members continue to require some long-term care services, but at a lower level of care. Refer to 9 A.A.C. 28, Article 3; and Chapter 1600 of this Manual.

Laws of the State of Arizona.

The department established pursuant to A.R.S. §8-451 to protect children and to perform the following:
1. Investigate reports of abuse and neglect.
2. Assess, promote and support the safety of a child in a safe and stable family or other appropriate placement in response to allegations of abuse or neglect.
3. Work cooperatively with law enforcement regarding reports that include criminal conduct allegations.
4. Without compromising child safety, coordinate services to achieve and maintain permanency on behalf of the child, strengthen the family and provide prevention, intervention and treatment services pursuant to this chapter.

The Division of a State agency, as defined in A.R.S. Title 36, Chapter 5.1, which is responsible for serving eligible Arizona residents with a developmental/intellectual disability. AHCCCS contracts with DES/DDD to serve Medicaid eligible individuals with a developmental/intellectual disability.
The ongoing collection and analysis of a member’s medical, psychological, psychiatric and social conditions in order to initially determine if a health disorder exists, if there is a need for behavioral health services, and on an ongoing basis ensure that the member’s service plan is designed to meet the member’s (and family’s) current needs and long term goals.

Residential care institutions that provide supervisory care services, personal care services or directed care services on a continuous basis. All ALTCS approved residential settings in this category are required to meet ADHS licensing criteria. Of these facilities, AHCCCS has approved three as covered settings:

1. **Adult Foster Care Home** – An ALTCS Home and Community Based (HCB) approved alternative residential setting that provides supervision and coordination of necessary services within a family type environment for up to four adult residents.

2. **Assisted Living Home** – An ALTCS approved residential setting that provides supervision and coordination of necessary services to ten or fewer residents.

3. **Assisted Living Center (ALC)** – An ALTCS approved residential setting that consists of rooms or residential units that provides supervision and coordination of necessary services to 11 or more residents. Under A.R.S. § 36-2939, members residing in an assisted living center must be provided the choice of single occupancy.
A 24 hour per day unit of service that is authorized by an ALTCS member’s case manager or the behavioral health case manager or a subcontractor for an acute care member, which may be billed despite the member’s absence from the facility for the purposes of short term hospitalization leave and therapeutic leave. Refer to the Arizona Medicaid State Plan, 42 CFR §§447.40 and 483.12, and 9 A.A.C. 28 for more information on the bed hold service and AMPM Chapter 100.

1. Short Term Hospitalization Leave – This service may be authorized for members residing in a Nursing Facility (NF), Intermediate Care Facility for persons with intellectual disabilities (ICF) or Residential Treatment Center (RTC) that is licensed as a Behavioral Health Inpatient Facility when short-term hospitalization is medically necessary. The total number of days available for each member per year is limited to 12 days per contract year except as in #3 below.

2. Therapeutic Leave – If included in the member’s care plan, this service may be authorized for members residing in an NF, ICF or RTC that is licensed as a Behavioral Health Inpatient Facility due to a therapeutic home visit to enhance psychosocial interaction or on a trial basis as a part of discharge planning. The total number of therapeutic leave days available for each member per year is limited to nine days per contract year except as in #3 below.

3. Members under 21 years of age may use any combination of bed hold days and therapeutic leave days per contract year with a limit of 21 days per year.

4. Payment shall be denied for any absence that is not properly authorized, is for purposes other than those listed, or is in excess of the specified time limits. Refer to the Arizona Medicaid State Plan, 42 CFR §§ 447.40 and 483.12, and 9 A.A.C. 28 for more information on the bed hold service.

One of five possible designations (i.e., child non-SED, child with SED, adult with SMI, adult non-SMI with general mental health need and adult non-SMI with substance abuse) that is assigned to each member enrolled in the behavioral health system.
**Behavioral Health Entity**

A Contractor or subcontractor, with which the member is assigned for the provision of Behavioral Health services, including RBHA, TRBHA, CRS Fully Integrated and CRS Partially Integrated Behavioral Health.

**Behavioral Health Facility**

A behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that provides only behavioral health services, or a behavioral health supportive home.

Services provided to managed care Title XIX members (including members who receive behavioral health services through a Regional Behavioral Health Authority (RBHA), or Tribal Regional Behavioral Authority (TRBHA) may be reimbursed in any behavioral health setting, regardless of age, under the Federal Provision, 42 CFR 438.6(e), when approved for managed care contracts by CMS. See Chapter 1200, Policy 1210, for limitations related to persons over age 21 and under age 65 who are admitted to an IMD.

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


**Behavioral Health Inpatient Facility**

A health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:

1. Have a limited or reduced ability to meet the individual’s basic physical needs,
2. Suffer harm that significantly impairs the individual’s judgment, reason, behavior, or capacity to recognize reality,
3. Be a danger to self,
4. Be a danger to others,
5. Be persistently or acutely disabled as defined in A.R.S. § 36-501, or

Refer to the AHCCCS Behavioral Health Services Guide for further information regarding services and settings.
### Behavioral Health Medical Professional

An individual licensed and authorized by law to use and prescribe medication and devices, as defined in A.R.S. §32-1901, and who is one of the following with at least one year of full-time behavioral health work experience:

- A physician,
- A physician assistant, or
- A registered nurse practitioner.

### Behavioral Health Paraprofessional

As specified in R9-10-101, 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:

a. 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

b. Are provided under supervision by a behavioral health professional.

### Behavioral Health Professional

As specified in A.A.C. R9-10-101, an individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:

a. Independently engage in the practice of behavioral health as defined in A.R.S. §32-3251, or

b. 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 registered nurse practitioner licensed as an adult psychiatric and mental health nurse, or

g. A behavior analyst as defined in A.R.S. §32-2091, or

A registered nurse

### Behavioral Health Residential Facilities

A health care institution that provides treatment to an individual experiencing a behavioral health issue that limits the individual’s ability to be independent or causes the individual to require treatment to maintain or enhance independence.
<table>
<thead>
<tr>
<th><strong>BEHAVIORAL HEALTH SUPPORTIVE HOME</strong></th>
<th>An adult behavioral health therapeutic home or a children’s behavioral health respite home.</th>
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</table>
| **BEHAVIORAL HEALTH TECHNICIAN**       | As specified in A.A.C. R9-10-101, 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:  
  a. 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  
  b. Are provided with clinical oversight by a behavioral health professional. |
| **CAREGIVER**                          | An individual who has the principal responsibility for caring for a child or dependent adult. |
| **CARE PLAN**                          | The individualized regimen of care and services that are prepared by the service provider and includes measurable goals and objectives for the outcome of services authorized by an ALTCS member's case manager. The Care Plan includes specific treatment methodologies and services to be rendered to an ALTCS member in order to meet established goals and objectives. |
| **CASE MANAGER**                       | An individual as described in Arizona Administrative Code, Title 9, Chapter 21 and Chapter 28, and Title 6, Chapter 6. |
| **CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)** | The Centers for Disease Control and Prevention, based in Atlanta, Georgia. The CDC is a federal agency under the Department of Health and Human Services that provides information and tools to promote health, prevent disease, injury and disability and prepare for new health threats. |
| **CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)** | An organization within the United States Department of Health and Human Services, which administers the Medicare and Medicaid programs and the State Children’s Health Insurance Program. |
A certification made by a physician that inpatient services are or were needed at the time of the member’s admission to an inpatient facility. Although a CON must be submitted prior to a member’s admission (except in an emergency), a CON is not an authorization tool designed to approve or deny an inpatient service, rather it is a federally required attestation by a physician that inpatient services are or were needed at the time of the member’s admission. The decision to authorize a service that requires prior authorization is determined through the application of admission and continued stay authorization criteria. In the event of an emergency, the CON must be submitted:

1. For members age 21 or older, within 72 hours of admission, and
2. For members under the age of 21, within 14 days of admission.

The CASII is a tool to determine the appropriate service intensity for a child or adolescent. The CASII assessment method consists of quantifying the clinical severity and service needs on six dimensions (eight ratings) that are standardized using anchor points. The ratings are quantified in order to convey information easily, but also provide a rating spectrum along which a child/adolescent may score on any given dimension. This can be done for any child/adolescent ages 6-18 in any setting regardless of diagnosis or the system with which the child is involved. The instrument also considers three distinct types of disorders: psychiatric disorders, substance use disorders, or developmental disorders (including autism and mental retardation), and has the ability to integrate these as overlapping clinical issues. Once the dimensional ratings are done, the scores are combined to generate a service intensity recommendation.

1. **Children with Complex Needs** - Children who are identified as being at level 3, 4, 5, or 6 using the CASII.

2. **Children with Standard Needs** - Children who are identified as being at level 0, 1, or 2 using the CASII.
The Child and Family Team (CFT) is a defined group of people that includes, at a minimum, the child and his/her family, a behavioral health representative, and any individuals important in the child’s life and who are identified and invited to participate by the child and family. This may include, for example, physical health provider, teachers, extended family, members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from churches, synagogues or mosques, agent from other service systems like the Arizona Department of Child Safety (ADCS) or the Division of Developmental Disabilities (DDD) etc. The size, scope and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by which individuals are needed to develop an effective service plan, and can therefore expand and contract as necessary to be successful on behalf of the child.

Although, individuals other than the behavioral health service provider may lead a CFT meeting, ultimately the behavioral health service provider is responsible for facilitating the CFT practice. If designated by the CFT, a team member may assume responsibility for leading team meetings and moderating discussions to facilitate consensus in the development of Service Plan goals and interventions. Individuals other than behavioral health service providers (i.e. family members, Child Protective Services’ case managers, and natural supports) can learn to lead effective Child and Family Team meetings.

A behavioral health supportive home where respite services are provided to an individual under 18 years of age based on the individual’s behavioral health issue and need for behavioral health services and includes assistance in the self-administration of medication.

A program operated by AHCCCS that provides medical treatment, rehabilitation, and related services to Title XIX and Title XXI members who meet CRS medical eligibility criteria.
| **CLIENT ASSESSMENT AND TRACKING SYSTEM (CATS)** | A component of AHCCCS’ data management information system that supports ALTCS and that is designed to provide key information to, and receive key information from ALTCS Contractors. |
| **COMMUNITY-BASED SERVICES** | Services that are provided in the home and community rather than in offices or institutions. In addition, to fully be considered community-based services, they must be provided in partnership with the family and preserve the child’s cultural and ethnic ties. |
| **COMPREHENSIVE MEDICAL AND DENTAL PROGRAM (CMDP)** | A Contractor that is responsible for the provision of covered, medically necessary AHCCCS services for foster children in Arizona. Refer to A.R.S. §8-512. |
| **CONSULTING PROVIDER** | A licensed physician or clinical psychologist who provides an expert opinion to assist in the diagnosis or treatment of a member. |
**CONTRACTOR**

An organization or entity that has a prepaid capitated contract with the AHCCCS administration pursuant to A.R.S. §36-2904, §36-2940, or §36-2944 to provide goods and services to members either directly or through subcontracts with providers, in conformance with contractual requirements, AHCCCS Statute and Rules, and Federal law and regulations.

1. **Acute care Contractor** – A contracted managed care organization (also known as a health plan) that provides acute care medical services to AHCCCS members who are Title XIX or Title XXI eligible, and who do not qualify for another AHCCCS program.

2. **Arizona Long Term Care System (ALTCS) Contractor** – A contracted managed care organization (also known as a Program Contractor), that provides long term care, acute care, behavioral health and case management services to Title XIX eligible individuals who are either elderly and/or who have physical or developmental disabilities who are determined to be at immediate risk of institutionalization. Refer to A.R.S. Title 36, Chapter 29, Article 2.

3. **Tribal Contractor** – A Tribal organization or urban American Indian organization contracted with AHCCCS through an Intergovernmental Agreement (IGA) to arrange for case management services through registered providers to American Indians who have on-reservation status and are enrolled in ALTCS.

**CORRECTIVE ACTION PLAN (CAP)**

A written work plan that identifies the root cause(s) of a deficiency, includes goals and objectives, actions/ tasks to be taken to facilitate an expedient return to compliance, methodologies to be used to accomplish CAP goals and objectives, and staff responsible to carry out the CAP within established timelines. CAPs are generally used to improve performance of the Contractor and/or its providers, to enhance Quality Management/Process Improvement activities and the outcomes of the activities, or to resolve a deficiency.
**CREDENTIALING**

Is the process of obtaining, verifying and assessing information (e.g., validity of the license, certification, training and/or work experience) to determine whether a behavioral health professional or a behavioral health technician has the required credentials to provide behavioral health services to members enrolled in the behavioral health system. It also includes the review and primary source verification of applicable licensure, accreditation and certification of behavioral health providers.

**COURT-ORDERED EVALUATION**

A professional multidisciplinary analysis based on data describing the person's identity, biography and medical, psychological and social conditions carried out by a group of persons consisting of not less than the following:

1. Two licensed physicians, who shall be qualified psychiatrists, if possible, or at least experienced in psychiatric matters, and who shall examine and report their findings independently. The person against whom a petition has been filed shall be notified that he may select one of the physicians. A psychiatric resident in a training program approved by the American Medical Association or by the American Osteopathic Association may examine the person in place of one of the psychiatrists if he is supervised in the examination and preparation of the affidavit and testimony in court by a qualified psychiatrist appointed to assist in his training, and if the supervising psychiatrist is available for discussion with the attorneys for all parties and for court appearance and testimony if requested by the court or any of the attorneys.

2. Two other individuals, one of whom, if available, shall be a psychologist and in any event a social worker familiar with mental health and human services which may be available placement alternatives appropriate for treatment. An evaluation may be conducted on an inpatient basis, an outpatient basis or a combination of both and every reasonable attempt shall be made to conduct the evaluation in any language preferred by the person.
COURT ORDERED TREATMENT (COT)

In accordance with the A.A.C. R9-21-101 and A.R.S. § 36-533 in Arizona, an individual can be ordered by the court to undergo mental health treatment if found to fit one of the following categories due to a mental disorder:

1. A Danger to Self,
2. A Danger to Others,
3. Gravely Disabled, which means that the individual is unable to take care of his/her basic physical needs, or
4. Persistently or Acutely Disabled, which means that the individual is more likely to suffer severe mental or physical harm that impairs his/her judgment such that the person is not able to make treatment decisions for himself.

CULTURAL COMPETENCE

A set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals which enables that system, agency or those professionals to work effectively in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by members and their communities.

CULTURALLY COMPETENT CARE

Children and their families receive services from all staff members that are effective, understandable, and respectful and are provided in a manner compatible with their cultural health beliefs and practices and preferred language.

DANGER TO OTHERS (DTO)

The judgment of a person who has a mental disorder is so impaired that he is unable to understand his need for treatment and as a result of his mental disorder his continued behavior can reasonably be expected, on the basis of competent medical opinion, to result in serious physical harm to others.
**DANGER TO SELF (DTS)**

Behavior which, as the result of a mental disorder:
1. Constitutes a danger of inflicting serious physical harm upon oneself, including attempted suicide or the serious threat thereof, if the threat is such that, when considered in the light of its context and in light of the individual's previous acts, it is substantially supportive of an expectation that the threat will be carried out, or
2. Will, without hospitalization, result in serious physical harm or serious illness to the person, except that this definition shall not include behavior which establishes only the condition of gravely disabled.

**DESIGNATED CHILD PSYCHIATRIC PROVIDER**

RBHA, TRBHA Child Medical Director or assigned licensed child and adolescent psychiatrist who is responsible for approving medication requests and maintaining clinical documentation for children birth to five years of age for a designated clinic(s) or geographic service area within the RBHA or TRBHA. The RBHA or TRBHA holds this individual responsible for compliance monitoring related to birth to five prescribing practices.

**DEVELOPMENTALLY/INTELLECTUALLY DISABLED (DD)**

A member who meets the Arizona definition as outlined in A.R.S. § 36-551 and is determined eligible for services through the ADES Division of Developmental Disabilities (DDD). AHCCCS-enrolled acute and long-term care members with developmental/intellectual disabilities are managed through the ADES Division of Developmental Disabilities.

**DOMESTICATION OR RECOGNITION OF TRIBAL COURT ORDER**

The process in which the judicial orders and judgments of tribal courts within the state of Arizona, are recognized and have the same effect and are subject to the same procedures, defenses, and proceedings as judgments of any court of record in the state as indicated in A.R.S. 12-136.

**DURABLE MEDICAL EQUIPMENT (DME), CUSTOMIZED**

Equipment that has been altered or built to specifications unique to a member’s medical needs and which, most likely, cannot be used or reused to meet the needs of another individual. Refer to A.A.C. Title 9, Chapter 22, Article 2.
**EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)**

A comprehensive child health program of prevention, treatment, correction, and improvement (amelioration) of physical and mental health problems for AHCCCS members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources as well as to assist Medicaid recipients in effectively utilizing these resources. EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical, oral and behavioral health problems for AHCCCS members less than 21 years of age. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in Federal Law 42 USC 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

**EMERGENCY SAFETY SITUATION**

Unanticipated resident behavior that places the resident or others at serious threat of violence or injury if no intervention occurs and that calls for the use of restraint or seclusion as an immediate response. (42 CFR 483.352)

**EMERGING FAMILY LEADERS**

A diverse cadre of family leaders who have been actively involved in the planning of their own children’s care and is interested in making a positive impact in the quality of services and supports delivered to all children and families in their community. These emerging leaders are supported, coached and mentored, and trained by family members who are further in their journey. For diversely identified communities, the term “Emerging Family Spokesperson” may be more appropriate than Emerging Family Leader. Explore the appropriateness of terminology and definition with the individual and the community.

**EMOTIONAL ABUSE**

A pattern of ridiculing or demeaning a vulnerable adult, making derogatory remarks to a vulnerable adult, verbally harassing a vulnerable adult or threatening to inflict physical or emotional harm on a vulnerable adult.
**EXPLOITATION**

The illegal use of a member's resources for another individual's profit or advantage according to A.R.S. Title 46, Chapter 4 or Title 13, Chapter 18, 19, 20, or 21.

**EXPLOITATION (OF INCAPACITATED OR VULNERABLE ADULT)**

The illegal or improper use of an incapacitated or vulnerable adult or his/her resources for another's profit or advantage.

**FAMILY**

The primary care-giving unit, inclusive of the wide diversity of primary care-giving units in our culture. Family therefore is a biological, adoptive or self-created unit of people residing together and consisting of adult(s) and children, with adult(s) performing duties of parenthood for the children. Persons within this unit share bonds, culture, practices and significant relationships. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family.

**FAMILY-DRIVEN CARE**

Family-driven care means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes choosing culturally and linguistically competent supports, services and providers; setting goals; designing, implementing and evaluation programs; monitoring outcomes; and partnering in funding decisions.

**FAMILY-FOCUSED THERAPY**

Involves all members of the family unit and provides psychoeducation about the nature of the mental illness and therapeutic interventions that address the family dynamics and relationships that may be contributing to conflicts within the family.
Meaningful family involvement occurs when positive outcomes are linked with system characteristics. Successful outcomes are directly linked with strategies that provide families with a cluster of three attributes: access, voice and ownership.

1. Access occurs when youth and family members are offered valid opportunities for inclusion in the process of deciding what sort of services will be provided and how they will be delivered. In other words, family members have a seat at the table when the real work of planning is taking place.

2. Voice is present when youth and family members not only have a seat at the planning table but actually have an opportunity to present their perspectives and to be heard during the planning process.

3. Ownership exists when youth and family members feel a sense of commitment to the course of action which has been developed through the planning process, identify with it, and believe it to be worthwhile. (From Access, Voice and Ownership: Examining Service Effectiveness from the Family’s Perspective by Patricia Miles and John Franz)

A diverse cadre of family members who consistently and effectively are the collective voice of families in shaping community response to children with emotional behavioral, mental health and substance abuse challenges. For diversely identified communities, the term “Family Spokesperson” may be more appropriate than Family Leader. Explore the appropriateness of terminology and definition with the individual and the community.

A spouse, parent, adult child, adult sibling, or other blood relative of a member undergoing treatment, evaluation, or receiving community services (A.R.S. § 36-501).

In this collaborative partnership, professionals and family members are equal partners. Equal partners’ does not mean that parents and professionals assume each other’s roles, but rather that they respect each other’s roles and contributions. While professionals bring technical knowledge and expertise to this relationship, parents offer the most intimate knowledge of their children, and often special skills.
FAMILY-RUN ORGANIZATIONS

A family-run organization is an organization that has a board of directors made up of more than 50% family members, who have primary responsibility for the raising of a child, youth, adolescent or young adult with a serious emotional disturbance up to age 18 or 21 if the adolescent is being served by an Individual Education Plan (IEP) or up to 26 if the young adult is being served by an Individual Service Plan in transition to the adult mental health system.

FEE-FOR-SERVICE (FFS)

A method of payment to an AHCCCS registered provider on an amount-per-service basis for services reimbursed directly by AHCCCS for members not enrolled with a managed care Contractor. Refer to A.A.C. Title 9, Chapter 22, Article 1.

GRAVELY DISABLED (GD)

A condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because he/she is unable to provide for his/her basic physical needs.

GUARDIAN

An individual or entity appointed to be responsible for the treatment or care of an individual according to A.R.S. Title 14, Chapter 5.

HABILITATION

A service encompassing the provision of training in independent living skills or special developmental skills, sensory-motor development, orientation and mobility and behavioral intervention. Physical, occupational or speech therapies may be provided as part of or in conjunction with other habilitation services. This includes habilitation services such as Day Treatment and Training (also known as day care for persons with disabilities and Supportive Employment and supportive employment).

HEALTH CARE PROFESSIONAL

All professionals included in A.R.S. §32-3201 including a physician, podiatrist, optometrist, chiropractor, psychologist, dentist, physician assistant, physical or occupational therapist, therapist assistant, speech language pathologist, audiologist, registered or practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist and certified nurse midwife), licensed social worker, registered respiratory therapist, licensed marriage and family therapist and licensed professional counselor.
HEALTH CARE POWER OF ATTORNEY

A person who is an adult, not under legal guardianship, may designate another adult individual or other adult individuals to make health care decisions on that person’s behalf by executing a written health care power of attorney that meets all the following requirements:

1. Contains language that clearly indicates that the person intends to create a health care power of attorney,

2. Is dated and signed or marked by the person who is the subject of the health care power of attorney [except as provided under A.R.S.§ 36-3221 (B)]; and

3. Is notarized or is witnessed in writing by at least one adult who affirms the notary or witness was present when the person dated and signed or marked the health care power of attorney [except as provided under A.R.S. § 36-3221 (B)] and that the person appeared to be of sound mind and free from duress at the time of the execution of the health care power of attorney.

HOME CARE TRAINING TO HOME CARE CLIENT (HCTC)

Home Care Training to Home Care Client services are delivered by a Department of Economic Security (DES)-licensed professional foster home to a child residing in the professional foster home. HCTC services assist and support a child in achieving his/her behavioral health service plan goals and objectives. HCTC services include supervision and the provision of covered behavioral health support and rehabilitation services, including personal care, psychosocial rehabilitation, skills training and development, behavioral interventions and transportation to behavioral health appointments and services including counseling and to facilitate participation in treatment and discharge planning. The Behavioral Health Services Guide allows for exceptions to billing limitations, if additional supports are needed for the HCTC provider. The clinical rationale for providing these additional services must be specifically documented in the Service Plan and Progress Note.
**HOME AND COMMUNITY BASED ALTERNATIVE RESIDENTIAL SETTING**

A living arrangement licensed or certified to provide room, board and health care, health related services and/or behavioral health services for AHCCCS members. Services provided to residents of these facilities may be covered by AHCCCS acute care and/or ALTCS; the cost of room and board is not covered. Alternative residential settings must be registered by location as an AHCCCS provider. Refer to A.A.C. Title 9, Chapter 28, Article 1 and Chapter 1200 of this Manual for additional information.

**HOME AND COMMUNITY BASED SERVICES (HCBS)**

Services provided, in lieu of institutionalization, to ALTCS members who reside in their own home or in an ALTCS-approved HCB alternative residential setting in order to habilitate, rehabilitate or maintain the member’s highest level of functioning. Members enrolled in the ALTCS Transitional Program also receive HCBS even though they are no longer at risk of institutionalization. Refer to 42 CFR § 440.180 AND A.R.S. § 36-2939.

**HOME HEALTH SERVICES**

The services provided by a Home Health Agency (HHA) that coordinate in-home intermittent services for curative and/or habilitative care. This service is provided under the direction of a Primary Care Provider (PCP) or an attending physician to prevent unnecessary or preventable hospitalization or institutionalization and may include home health aide services, licensed nurse services, medical supplies, equipment and appliances. Refer to 42 CFR § 440.70 and A.R.S. § 36.2939.

**HUMAN RIGHTS COMMITTEES**

Human Rights Committees are established by state statute to provide independent oversight and to ensure the rights of members are protected. There is one Human Rights Committee established for each region and the Arizona State Hospital, with each committee providing independent oversight and review within its respective jurisdiction.

**INDIAN HEALTH SERVICE (IHS)**

<table>
<thead>
<tr>
<th><strong>INDIVIDUAL SERVICE PLAN (ISP)</strong></th>
<th>A complete written description of all covered behavioral health services and other informal supports that have been identified through the assessment process that will assist the member to meet his/her specified goals. The ISP is documented in the comprehensive clinical record and provided to all agencies involved in providing services identified on the ISP.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INFANT AND EARLY CHILDHOOD MENTAL HEALTH</strong></td>
<td>The ability of children from birth to age five to grow, develop and learn in a way that enhances their psychological, physical, social and emotional health both as an individual and in relationship to their caregivers, environment and culture with respect for each child’s uniqueness.</td>
</tr>
<tr>
<td><strong>INFORMED CONSENT</strong></td>
<td>A voluntary agreement, oral or written, except when explicitly required to be written, following presentation of all facts necessary to form the basis of an intelligent consent by the person or guardian prior to the provision of specified behavioral health services.</td>
</tr>
<tr>
<td><strong>INITIAL EVALUATION (INTAKE)</strong></td>
<td>The collection by appropriately trained staff of basic demographic information and preliminary determination of the member’s needs.</td>
</tr>
<tr>
<td><strong>INPATIENT SERVICES</strong></td>
<td>A behavioral health service provided in a psychiatric acute hospital (including a psychiatric unit in a general hospital), a Behavioral Health Inpatient Facility for members under the age of 21, or a sub-acute facility.</td>
</tr>
<tr>
<td><strong>INTERMEDIATE CARE FACILITY FOR PERSONS WITH INTELLECTUAL DISABILITIES (ICF)</strong></td>
<td>A health care institution, which is Medicaid certified through the ADHS and monitored by the ADES, providing room, board and a continuous active treatment program of health and rehabilitation services to individuals with intellectual disabilities or related conditions. Services are a higher level of care than provided through personal care but less intensive than skilled nursing care. A unit of service is one 24-hour day and includes ongoing evaluation, planning and supervision of residents in addition to coordination and integration of individualized health, habilitative or rehabilitative services as needed by each individual. Federal law refers to an ICF for Persons with Intellectual Disabilities as an Intermediate Care Facility for the Mentally Retarded (ICF/MR).</td>
</tr>
</tbody>
</table>
KIDS CARE PROGRAM

Federal and State Children’s Health Insurance Program (Title XXI – SCHIP) administered by AHCCCS. The KidsCare Program offers comprehensive medical preventive and treatment services and a full array of behavioral health care services statewide to eligible children under the age of 19, in households with income at or below 200% Federal Poverty Level (FPL). AHCCCS has agreements with Contractors, the Indian Health Service and 638 Tribal Facilities for services to be provided to members. All members, except American Indian members, are required to pay a premium amount based on the number of children in the family and the gross family income.

MEDICAL FOODS

Metabolic formula or modified low protein foods that are produced or manufactured specifically for members with a qualifying metabolic disorder and that are not generally used by persons in the absence of a qualifying metabolic disorder. Soy formula is also included within the limitations set by AMPM Policy 320, when used by members diagnosed with galactosemia.

MEDICAL PRACTITIONER

A physician, physician assistant or registered nurse practitioner.

MEDICAL SERVICES

Medical care and treatment provided by a Primary Care Provider (PCP), attending physician or dentist, or by a nurse or other health related professional and technical personnel at the direction/order of a licensed physician or dentist.

MEDICALLY NECESSARY

As defined in 9 A.A.C 22, Article 1. Medically necessary means a covered service provided by a physician or other licensed practitioner of the healing arts within the scope of practice under State law to prevent disease, disability or other adverse conditions or their progression, or prolong life.

MEMBERS

As defined in A.R.S. §§ 36-2901.01, 36-2931 and 36-2981, individuals eligible for AHCCCS services, based on their income and resources, citizenship, Arizona residency and/or medical condition, who are enrolled with an AHCCCS Contractor or are FFS.
MENTAL HEALTH CARE POWER OF ATTORNEY
A designated agent who may make decisions about mental health treatment on behalf of a person if the person is found incapable. These decisions shall be consistent with any wishes the person has expressed in the mental health care directive, mental health care power of attorney, health care power of attorney or other advance directive (see A.R.S. § 36-3283).

MENTAL DISORDER
A substantial disorder of the person’s emotional processes, thought, cognition or memory. Mental disorder is distinguished from:
1. Conditions that are primarily those of drug abuse, alcoholism or mental retardation, unless, in addition to one or more of these conditions, the person has a mental disorder,
2. The declining mental abilities that directly accompany impending death, and
3. Character and personality disorders characterized by lifelong and deeply ingrained antisocial behavior patterns, including sexual behaviors that are abnormal and prohibited by statute unless the behavior results from a mental disorder.

MENTAL HEALTH PROVIDER
Any physician or provider of mental health or behavioral health services involved in evaluating, caring for, treating or rehabilitating a patient.

NATURAL SUPPORT
Refers collectively to support commonly identified as:
1. Informal Support (support provided by those individuals who know or are related to the individual/family, but do not provide a paid service, such as a grandparent or neighbor who is connected to the individual/family) and
2. Community Support (those supports that are part of the individuals/family's community, such as faith community, neighborhood or community organizations).
NEGLECT

With respect to an adult, “neglect” is a pattern of conduct without the member’s informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating or other services necessary to maintain minimum physical or behavioral health.

With respect to a child/minor, “neglect” is the inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or unwillingness causes substantial risk of harm to the child’s health or welfare, except if the inability of a parent or guardian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.

NURSING FACILITY (NF)

A health care facility that is licensed and Medicare/Medicaid certified by ADHS in accordance with 42 CFR 483 to provide inpatient room, board and nursing services to members who require these services on a continuous basis but who do not require hospital care or direct daily care from a physician.

OFFICE OF HUMAN RIGHTS

The Office of Human Rights is established within AHCCCS and is responsible for the hiring, training, supervision, and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of members determined to have a serious mental illness in resolving appeals and grievances. Advocates coordinate and assist Human Rights Committees in performing their duties.

OWN HOME

The ALTCS member's residential dwelling, including a house, a mobile home, an apartment, or similar shelter. A home is not a facility, a setting, an institution or an ALTCS HCB approved alternative residential setting. Refer to 9 A.A.C. 28, Article 1.

OUTREACH

Activities designed to inform persons in a culturally and linguistically appropriate manner of behavioral health services availability and engage or refer those persons in need of services.
<table>
<thead>
<tr>
<th><strong>Parent-Delivered Support or Service</strong></th>
<th>Emotional and informational support provided by a parent or caregiver who has similar personal life expertise and has navigated two child serving systems.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient</strong></td>
<td>Any person undergoing examination, evaluation or behavioral health treatment.</td>
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<tr>
<td><strong>Peace Officers</strong></td>
<td>Sheriffs of counties, constables, marshals and/or police officers of cities and towns.</td>
</tr>
<tr>
<td><strong>Peer/Recovery Support</strong></td>
<td>Social and emotional support, generally coupled with specific, skill-based training, coaching or assistance, that is provided to bring about a targeted social or personal change at the symptom, individual, family or community level. Targets for peer support services can include a variety of individualized and personal goals, including living preferences, employment or educational goals and development of social networks and interests.</td>
</tr>
<tr>
<td><strong>Peer/Recovery Support Specialist</strong></td>
<td>A peer who has completed training and passed a competency test through an AHCCCS Approved Peer Support Employment Training Program, and meets the requirements to function as a behavioral health paraprofessional, behavioral health technician, or behavioral health professional, as defined in A.A.C. R9-10-101.</td>
</tr>
</tbody>
</table>
PEER SUPPORT SERVICES

The provision of assistance to more effectively utilize the service delivery system (e.g., assistance in developing plans of care, identifying needs, accessing supports, partnering with professionals, overcoming service barriers) or understanding and coping with the stressors of the member’s disability (e.g., support groups), coaching, role modeling and mentoring. Self-help/peer services are intended for members and/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 (e.g., AA, NA, Dual Recovery). These services may be provided to a person, group or family.

1. If not treated has a substantial probability of causing the member to suffer or continue to suffer severe and abnormal mental, emotional, or physical harm that significantly impairs judgment, reason, behavior, or capacity to recognize reality.

2. Substantially impairs the member’s capacity to make an informed decision regarding treatment and this impairment causes the member to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting treatment and understanding and expressing an understanding of the alternatives to the particular treatment offered after the advantages, disadvantages, and alternatives are explained to that member.

3. Has a reasonable prospect of being treatable by outpatient, inpatient, or combined inpatient and outpatient treatment.

PERSON CENTERED PLANNING

Person-centered planning is a process-oriented approach to empowering people with disability labels. It focuses on the people and their needs by putting them in charge of defining the direction for their lives, not on the systems that may or may not be available to serve them. This ultimately leads to greater inclusion as valued members of both community and society.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSONAL RESTRAINT (BEHAVIORAL HEALTH INPATIENT FACILITY PROVIDING SERVICES TO PERSONS UNDER THE AGE OF 21)</strong></td>
<td>The application of physical force without the use of any device, for the purpose of restricting the free movement of a member’s body. Personal restraint does not include briefly holding without undue force a resident in order to calm or comfort him or her, or holding a resident’s hand to safely escort a resident from one area to another (42 CFR 483.352).</td>
</tr>
<tr>
<td><strong>PERSONAL RESTRAINT (BEHAVIORAL HEALTH INPATIENT PSYCHIATRIC ACUTE HOSPITAL PROGRAMS)</strong></td>
<td>The application of physical force without the use of any device, for the purpose of restricting the free movement of a member’s body. Personal restraint does not include the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a resident to walk to a safe location ((42 CFR 482.13(1)(ii)).</td>
</tr>
<tr>
<td><strong>PHYSICAL INJURY</strong></td>
<td>The impairment or physical condition that includes any skin bruising, pressure sores, bleeding, failure to thrive, malnutrition, dehydration, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to any internal organ or any physical condition that imperils health or welfare.</td>
</tr>
<tr>
<td><strong>POST STABILIZATION CARE SERVICES</strong></td>
<td>Medically necessary services, related to an emergency medical condition provided after the member’s condition is sufficiently stabilized in order to maintain, improve or resolve the member’s condition so that the member could alternatively be safely discharged or transferred to another location [42 CFR 438-114(a)].</td>
</tr>
<tr>
<td><strong>POTENTIAL ENROLLEE</strong></td>
<td>A Medicaid-eligible recipient who is not yet enrolled with a Contractor [42 CFR 438.10(a)].</td>
</tr>
<tr>
<td><strong>PRELIMINARY PROTECTIVE HEARING (PPH)</strong></td>
<td>A Hearing held within 5-7 days of when a dependency petition is filed. At the PPH, the court will make orders about the child’s placement, visitation and tasks and services to be provided.</td>
</tr>
</tbody>
</table>
The review of each application requesting court-ordered evaluation, including an investigation of facts alleged in such application, an interview with each applicant and an interview, if possible, with the proposed patient. The purpose of the interview with the proposed patient is to assess the problem, explain the application and, when indicated, attempt to persuade the proposed patient to receive, on a voluntary basis, evaluation or other services.

An individual who meets the requirements of A.R.S. § 36-2901, and who is responsible for the management of the member’s health care. A PCP may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of persons, such as a clinic.

Process by which AHCCCS DFSM/PA or Contractors approve a service. This is later subject to medical review for appropriateness and coverage for payment. Prior authorization is not a guarantee of payment. Refer to 9 A.A.C. 22, Article 1.

The period of time prior to the member’s enrollment, during which a member is eligible for covered services. The timeframe is from the effective date of eligibility to the day a member is enrolled with a Contractor. Refer to 9 A.A.C. 22 Article 1. If a member made eligible via the Hospital Presumptive Eligibility (HPE) program is subsequently determined eligible for AHCCCS via the full application process, prior period coverage for the member will also be covered by AHCCCS fee for service and the member will be enrolled with the Contractor only on a prospective basis.
## Private Duty Nursing Services

Nursing services for ALTCS members who require more individual and continuous care than is available from a nurse providing intermittent care. These services are provided by a registered nurse or licensed practical nurse under the direction of the ALTCS member's primary care provider or attending physician. ALTCS Contractors who contract with independent nurses to provide private duty nursing must develop oversight activities to monitor service delivery and quality of care. Refer to 42 CFR 440.80 and Chapter 1200 of this Manual for more information.

## Privileging

The process by which a health organization reviews training, clinical competency and the scope of practice of its health providers.

## Regional Behavioral Health Authority (RBHA)

A Managed Care Organization that has a contract with the administration, the primary purpose of which is to coordinate the delivery of comprehensive mental health services to all eligible members assigned by the administration to the managed care organization. Additionally the Managed Care Organization shall coordinate the delivery of comprehensive physical health services to all eligible members with a serious mental illness enrolled by the administration to the managed care organization.

## Religious Non-Medical Health Care Institutions

Religious facilities that provide only non-medical items and services exclusively to inpatients on a 24-hour basis through non-medical nursing personnel, who are experienced in caring for the physical needs of such patients. These facilities, based on its religious beliefs, do not provide, through its personnel or otherwise, medical items and services (including any medical screening, examination, diagnosis, prognosis, treatment or the administration of drugs) for its patients. These institutions are lawfully operated under all applicable Federal, State and local laws and regulations, but are exempt from being licensed or certified. Refer to 42 CFR 440.170.

## Residential Treatment Center (RTC)

Refer to Behavioral health inpatient.
Respite Care

A service that provides short-term care and supervision to relieve primary caregivers.

In the ALTCS program, it is a service provided in an NF or an HCB setting to an individual if necessary to relieve a family member or other person caring for the individual. Refer to A.A.C. Title 9, Chapter 28 Article 1 and AMPM Policy 1250-E, Respite Care.

Restraint

Means personal restraint, mechanical restraint or drug used as a restraint and is the following in accordance with 42 CFR 482.13(e)(1):

1. Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a member to move his or her arms, legs, body, or head freely; or

2. A drug or medication when it is used as a restriction to manage the member’s behavior or restrict the member’s freedom of movement and is not a standard treatment or dosage for the member’s condition.

3. A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a member for the purpose of conducting routine physical examinations or tests, or to protect the member from falling out of bed, or to permit the member to participate in activities without the risk of physical harm (this does not include a physical escort).
## Serious Emotional Disturbance (SED)

1. Children from birth up to age 18,
2. Child currently or at any time during the past year, has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria, and
3. The mental, behavioral or emotional disorder has resulted in functional impairment, which substantially interferes with or limits the child’s role or functioning in family, school, or community activities. Such roles or functioning include achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment.

## Seclusion (Individuals Determined to Have a Serious Mental Illness)

The restriction of a member to a room or area through the use of locked doors or any other device or method which precludes a member from freely exiting the room or area or which a member reasonably believes precludes his/her unrestricted exit. In the case of an inpatient facility, confining a member to the facility, the grounds of the facility, or a ward of the facility does not constitute seclusion. In the case of a community residence, restricting a member to the residential site, according to specific provisions of an individual service plan or court order, does not constitute seclusion.

1. **Seclusion- Level I Programs** - The involuntary confinement of a person in a room or an area where the person is physically prevented from leaving. Refer to 42 CFR 482.13(1)(ii).

2. **Seclusion, Sub-Acute Agency** - The involuntary confinement of a member in a room or an area from which the member cannot leave, but does not include the confinement of a member in a correctional facility. Refer to A.A.C. R9-21-101.

## Serious Mental Illness (SMI)

A condition as defined in A.R.S. §36-550 diagnosed in persons 18 years and older.
### Serious Mental Illness (SMI) Eligibility Determination

An SMI eligibility determination means the process, after assessment and submission of required documentation to determine whether a member meets the criteria for Serious Mental Illness. It is an administrative review process in which the standardized SMI eligibility criteria is applied to the information obtained through the intake and the behavioral health assessment, the evaluation and all the relevant treatment records to determine SMI eligibility.

### Serious Physical Injury

Physical injury that creates a reasonable risk of death or that causes serious or permanent disfigurement, serious impairment of health or loss or protracted impairment of the function of any bodily organ or limb.

### Single Case Agreement

If the services to meet an identified clinical need are not available within the contracted network, necessary services are provided in a timely manner through an out-of-network provider. A single case agreement is a contractual agreement developed for a member based on that member’s behavioral health needs and for a predetermined period of time.

### Skilled Nursing Facility (SNF)

A facility or distinct part of an institution that is licensed to provide inpatient care of persons requiring skilled nursing services for a chronic disease or convalescence over a prolonged period.

### Special Assistance

The support provided to a member determined to have a Serious Mental Illness who is unable to articulate treatment preferences and/or participate effectively in the development of the Individual Service Plan (ISP), Inpatient Treatment and Discharge Plan (ITDP), grievance and/or appeal processes due to cognitive or intellectual impairment and/or medical condition.

### Special Health Care Needs

Serious and chronic physical, developmental and/or behavioral health conditions. Members with special health care needs require medically necessary services of a type or amount beyond that required by members generally.
STATE PLACING AGENCIES
This term refers to the Department of Juvenile Corrections (DOJC), the Department of Economic Security (DES), the Department of Health Services (DHS) or the Administrative Office of the Court (AOC). Refer to A.R.S. §15-1181(12).

SUBSTANCE ABUSE
As specified in R9-10-101, an individual’s misuse of alcohol or other drug or chemical that:

a. Alters the individual’s behavior or mental functioning,
b. Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical, and
c. Impairs, reduces, or destroys the individual’s social or economic functioning.

SUBSTANCE ABUSE TRANSITIONAL FACILITY
A class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem (refer to R9-10-101).

SUPPORT AND REHABILITATION SERVICES
Support and Rehabilitation Services are two categories of Medicaid covered services that behavioral health providers in Arizona may provide to enrolled children and their families. These services are sometimes known by other names, such as Direct Support Services, In-Home and Community-Based Support Services, Peer and Family-Delivered In-Home and Community – Based Support Services, or Wraparound Services. Because there are potential differences between each of these terms, this protocol uses the name Support and Rehabilitation Services.
SUPPORT AND REHABILITATION SERVICES PROVIDER

A behavioral health provider agency that delivers Support and Rehabilitation Services as defined above. There are two main types of Support and Rehabilitation Services providers:

1. **Generalist Support and Rehabilitation Services Providers** - configure their program operations to the needs of the Child and Family Team without arbitrary limits on frequency, duration, type of service, age, gender, population or other factors associated with the delivery of Support and Rehabilitation Services.

2. **Specialist Support and Rehabilitation Services Providers** - provide either a limited scope of Support and Rehabilitation Services (such as primarily specializing in respite services or skills training services) and/or services that may be designed for a specific population, age, gender, frequency, duration or some other factor (such as a service specializing in working with teenagers or those with a history of displaying harmful sexual behaviors).

TEAM DECISION MAKING (TDM)

A Division of Child Safety (DCS) meeting process that includes family members, their extended family or other support persons, foster parents (if the child is in placement), child (12 years of age or older) service providers, other community representatives, the caseworker of record, the supervisor and, often, resource staff from DCS. The meeting is a sharing of all information about the family which relates to the protection of the children and functioning of the family. The goal is to reach consensus on a decision regarding placement and to make a plan which protects the children and preserves or reunifies the family. TDM meetings should be held for ALL placement related decisions, for all families served by DCS.

TELEDENTISTRY

The use of data transmitted through interactive audio, video or data communications for the purposes of diagnosis, treatment planning, consultation and directing the delivery of treatment by dentists and dental providers in settings permissible under A.R.S. § 32-11 or specified in rules adopted by the board.
TELEMEDICINE

The practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data between the originating and distant sites through real time interactive audio, video or data communications that occur in the physical presence of the member. Refer to A.R.S. § 36-3601.

TITLE 14 GUARDIAN

Any person or agency who has been appointed by a Court to have specific powers, rights, and duties with respect to matters involving the “incapacitated person.”

TITLE 14 GUARDIAN WITH MENTAL HEALTH POWERS (T-14+)

Any person or agency who has been appointed by a Court to have specific additional mental health powers with respect to matters involving the “incapacitated person” when the ward has been determined to be incapacitated due to a mental disorder.

TITLE XIX

Title XIX members include those eligible under 1931 provisions of the Social Security Act (previously AFDC), Sixth Omnibus Budget Reconciliation Act (SOBRA), Supplemental Security Income (SSI) or SSI-related groups, Medicare Cost Sharing groups, Adult Group above 106% Federal Poverty Level (Adults > 106%), Breast and Cervical Cancer Treatment program, Title IV-E Foster Care and Adoption Subsidy, Young Adult Transitional Insurance, and Freedom to Work.

TITLE XXI

Referred to in Federal legislation as the State Children’s Health Insurance Program (SCHIP), Title XXI of the Social Security Act provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low income children in an effective and efficient manner that is coordinated with other sources of child health benefits coverage. In Arizona, the SCHIP program is known as KidsCare.

TREATMENT

A procedure or method to cure, improve, or palliate an individual’s medical condition or behavioral health issue. Refer to R9-10-101.
TRIBAL REGIONAL
BEHAVIORAL HEALTH
AUTHORITY (TRBHA)

A tribal entity that has an intergovernmental agreement with the administration, the primary purpose of which is to coordinate the delivery of comprehensive mental health services to all eligible members assigned by the administration to the tribal entity. Tribal governments, through an agreement with the State, may operate a Tribal Regional Behavioral Health Authority for the provision of behavioral health services to American Indian members. Refer to A.R.S. §36-3401, §36-3407, and A.A.C. R9-22-1201.

TRIBAL SOVEREIGNTY IN THE UNITED STATES

The inherent authority of indigenous tribes to govern themselves within the borders of the United States of America. The US federal government recognizes tribal nations as "domestic dependent nations" and has established a number of laws attempting to clarify the relationship between the United States federal and state governments and the tribal nations. The Constitution and later federal laws grant to tribal nations more sovereignty than is granted to states or other local jurisdictions, yet do not grant full sovereignty equivalent to foreign nations, hence the term "domestic dependent nations".

URGENT RESPONSE

A rapid and prompt response to a member who may be in need of medically necessary covered behavioral health services. An urgent response should be initiated in a punctual manner, within a timeframe indicated by the member’s clinical needs, but no later than twenty-four hours from the initial identification of need. Urgent responses must be initiated within 72 hours of notification by DCS that a child has been, or will be, removed from their home.

VULNERABLE ADULT

An individual who is eighteen years of age or older who is unable to protect himself from abuse, neglect or exploitation by others because of a physical or mental impairment.

YOUNG CHILD

Children birth to five years of age.

YOUTH/YOUNG ADULT-DELIVERED SUPPORT

A young adult who has been a recipient of services or sibling that provides support guidance, training and coaching of the youth with the goal of enhancing the youth’s life skills.
MANUAL CONTENT

The AMPM consists of 16 chapters and 11 appendices. Each chapter contains individual Policies and corresponding Policy Attachments and/or Exhibits. The Policy Attachments and Exhibits are considered Policy requirements and are provided in the appropriate format (e.g. Microsoft Word, Microsoft Excel, etc.) as necessary for ease of use.

NOTE: Service descriptions, service provider requirements, and Fee-For-Service (FFS) quality and utilization management are addressed in separate chapters.

The Policy Manual Chapters include:

Chapter 100 Introduction
Chapter 200 Reserved
Chapter 300 Medical Policy for AHCCCS Covered Services
Chapter 400 Medical Policy for Maternal and Child Health
Chapter 500 Care Coordination Requirements
Chapter 600 Provider Qualifications and Provider Requirements
Chapter 700 School-Based Claiming/Direct Services Claiming
Chapter 800 Fee-For-Service Quality and Utilization Management
Chapter 900 Quality Management and Performance Improvement Program
Chapter 1000 Medical Management/Utilization Management
Chapter 1100 Federal Emergency Services Program
Chapter 1200 Arizona Long Term Care System Services and Settings for Members who are Elderly and/or Have Physical Disabilities and/or Have Developmental Disabilities
Chapter 1300 Self Directed Attendant Care (SDAC) Option
Chapter 1400 Reserved
Chapter 1500 Reserved
Chapter 1600 Case Management
Appended documents and forms include:

A. EPSDT Improvement and Adult Quarterly Monitoring Report Instructions and Template

B. EPSDT Standards and Tracking Forms

C. Medical Management (MM) Plan Checklist

D. Reserved

E. Child and Adolescent Behavioral Health Tool Kits

F. Adult Behavioral Health Tool Kits

G. Medical Management (MM) Work Plan Guide and Template

H. Management of Acute Behavioral Health Situations (NFs with No BH Units)

I. Reserved

J. Fee-For-Service Mileage Reimbursement Form for Independent Service Providers

K. Select ALTCS Case Management Forms in Spanish

Both the Contractor and the Providers are responsible for complying with the requirements set forth within the AMPM. Upon adoption by AHCCCS, updates to the AMPM are made available to Contractors and Providers on the AHCCCS Medical Policy Manual (AMPM) are of the AHCCCS website.

B. THE DIVISION OF HEALTH CARE MANAGEMENT (DHCM)

DHCM, in conjunction with other divisions within AHCCCS, is responsible for the formulation of AMPM Policies. AMPM Policies are developed and/or revised in order to maintain a consistent, uniform approach and to ensure the following:

1. Consistency with statutes and rules and contractual requirements,

2. Regular review,

3. Timely communication of updates, and

4. Reduction of duplication and inconsistencies.

New or revised Policies can stem from a variety of sources including, but not limited to, federal or state legislation, contractual requirements, internal operational changes, and
requests for written guidelines in a particular area. Policy modifications are assessed for a financial impact and the need for input/comments from external parties (e.g. health plans, state agencies, stakeholders, CMS).

C. AHCCCS POLICY COMMITTEE

The AHCCCS Policy Committee (APC) is comprised of AHCCCS management and subject matter experts and stakeholder representation including member, advocate and Tribal representatives.

APC reviews policies within the ACOM related to Contractor operations and the AMPM regarding medical policy. In addition, other policies are reviewed as designated by the Director, Deputy Director, or the head of divisions/offices. Policies are reviewed to ensure compliance with the guidelines set forth by the Centers for Medicare and Medicaid (CMS), Federal and/or State Citations, and are in the best interest of the State. In addition, new policies and substantive modifications to existing policies and are reviewed by the committee.

In the event of an expedited review request, AHCCCS Executive Management may approve policy changes. APC determines if the proposed policy changes are substantial and require a Public Comment review period prior to final publication.

D. TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT

All Policies and related materials that have been opened for review and revisions will be posted to the AHCCCS Web Site within the AMPM Tribal Consultation Notification/Public Comment location. This page allows for both Tribal members and the general public to review and submit comments regarding changes that are being presented. The policy will be open for not more than 45 days unless otherwise stipulated. Due to extreme circumstances there will be on occasion the need to provide an expedited time period that will be not less than two weeks and will be noted if utilized. The comment deadline will be specified on each document. Comments must be limited only to policies that are currently open and listed on the site.

AHCCCS will review all comments submitted; however, will not be responding to any submissions. When the open period has concluded, the Policies will be removed from the page and review of all comments will be done.

To receive a notification when policies are available for comment, Tribal members, Contractors and the general public are encouraged to subscribe to Constant Contact in order to receive timely notifications.
E. Published Policies

At the conclusion of the public comment period, comments are reviewed and policies are finalized and published to the AHCCCS website. An overview of changes can be found within the AMPM Revision Memo. AHCCCS has instituted Constant Contact to communicate updates regarding the AMPM. In order to be notified of updates it is the Contractor’s responsibility to subscribe to Constant Contact in order to receive timely updates.

Updates to the AMPM webpage occur as-needed but, are typically published at the beginning of each month.

F. Other AHCCCS Guides and Manuals

The AMPM frequently provides references to other AHCCCS manuals and legal references or documents which provide more detailed information. These include, but are not limited to:

- AHCCCS ALTCS Member Change Report User Guide
- AHCCCS Covered Behavioral Health Services Guide
- AHCCCS Claims Dashboard Reporting Guide
- AHCCCS Contractor Operations Manual (ACOM)
- AHCCCS Eligibility Policy Manual
- AHCCCS Encounter Manual
- AHCCCS Fee-For-Service Provider Manual
- AHCCCS Financial Reporting Guides
- AHCCCS Grievance and Appeal System Reporting Guide
- AHCCCS Guide to Languages in Notices of Action (NOA)
- AHCCCS Medical Policy Manual (AMPM)
- AHCCCS Minimum Subcontract Provisions
- AHCCCS Operations Reporting Guidelines
- AHCCCS Program Integrity Reporting Guide
- AHCCCS Provider Affiliation Transmission (PAT) Manual
- AHCCCS Public Notices and Opportunities for Public Comment
- AHCCCS Reinsurance Policy Manual
- AHCCCS State Plan
- AHCCCS Technical Interface Guidelines
- Arizona Administrative Code (A.A.C.)
- Arizona Revised Statutes (A.R.S.)
- Arizona Section 1115 Waiver
- Code of Federal Regulations (CFR)
- Medicare D-SNP Agreements (MIPPA Agreements)