

310-B - TITLE XIX/XXI BEHAVIORAL HEALTH SERVICE BENEFIT

EFFECTIVE DATES: 10/01/94, 10/01/19, 10/01/20

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I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: American Indian Health Program (AIHP), Tribal ALTCS, TRBHA, the; and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy describes Title XIX/XXI behavioral health services.

II. DEFINITIONS**BEHAVIORAL HEALTH
PARAPROFESSIONAL
(BHPP)**

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:

1. 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
2. Are provided under supervision by a behavioral health professional.

**BEHAVIORAL HEALTH
PROFESSIONAL (BHP)**

1. 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,
2. A psychiatrist as defined in A.R.S. §36-501,
3. A psychologist as defined in A.R.S. §32-2061,
4. A physician,
5. A behavior analyst as defined in A.R.S. §32-2091,
6. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse, or
7. A registered nurse with:
 - a. A psychiatric-mental health nursing certification, or
 - b. One year of experience providing behavioral health services.

**BEHAVIORAL HEALTH
TECHNICIAN (BHT)**

As specified in A.A.C. R9-10-101, 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:

1. 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
2. Are provided with clinical oversight by a behavioral health professional.

CLINICAL OVERSIGHT

- a. 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,
- b. Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of behavioral health services,
- c. Providing guidance to improve a behavioral health technician's skills and knowledge related to the provision of behavioral health services, and
- d. Recommending training for a behavior health technician to improve the behavioral health technician's skills and knowledge related to the provision of behavioral health services.

**FAMILY MEMBER
(CHILDREN'S SYSTEM)**

A parent or primary caregiver with lived experience who has raised or is currently raising a child with emotional, behavioral health and/or substance use disorders.

**FAMILY MEMBER (ADULT
SYSTEM)**

An individual who has lived experience as a primary natural support for an adult with emotional, behavioral health and/or substance use disorders.

**PARENT/FAMILY SUPPORT
SERVICES**

Home care training (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.

**PEER-AND-RECOVERY
SUPPORT**

Intentional partnerships based on shared 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.

**REHABILITATION
SERVICES
ADMINISTRATION/
VOCATIONAL
REHABILITATION
(RSA/VR)**

RSA is an administration within ADES that oversees several programs which are designed to assist eligible individuals who have disabilities to achieve employment outcomes and enhanced independence by offering comprehensive services and supports.

VR is a program under RSA that provides a variety of services to persons with disabilities, with the ultimate goal to prepare for, enter into, or retain employment.

**SELF-HELP/PEER
SERVICES
(PEER SUPPORT)**

Supports intended for enrolled 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.

SERVICE PLAN

A complete written description of all covered health services and other informal supports which includes individualized goals, peer-and-recovery support and family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life. For purposes of this Policy, for FFS populations the term treatment plan may be used interchangeably with the term Service Plan.

III. POLICY

AHCCCS covers Title XIX/XXI behavioral health services (behavioral health and/or substance use) within certain limits for members when medically necessary. These behavioral health service categories/subcategories and other behavioral health service requirements are described below.

For information and requirements regarding Block Grants, Discretionary Grants, and Non-Title XIX/XXI services and funding refer to AMPM Policy 320-T1 and AMPM Policy 320-T2.

A. GENERAL REQUIREMENTS

1. All applicable Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Uniform Billing (UB-04) revenue codes for Title XIX/XXI Services are listed in the [AHCCCS Behavioral Health Services Matrix](#) (previously referred to as the B2 Matrix) found on the AHCCCS website. Providers are required to utilize national coding standards including the use of applicable modifier(s). Refer to the AHCCCS Medical Coding Resources webpage and [AHCCCS Behavioral Health Services Matrix](#).
2. ICD Diagnostic Codes
For outpatient behavioral health services, services are considered medically necessary regardless of a member's diagnosis, so long as there are documented behaviors and/or symptoms that will benefit from behavioral health services and a valid ICD-10-CM diagnostic code is utilized.
3. Service Planning
Services shall be provided timely. Provision of services shall not be delayed or pended in order to have all CFT/ART members present for a service planning meeting or until all are able to sign off on the Service Plan.
4. Emergency Behavioral Health Services
Prior authorization is not required for emergency behavioral health services (A.A.C. R9-22-210.01), including Crisis Intervention Services.
5. Behavioral Health Services provided by Behavioral Health Technicians (BHT)s
BHTs that provide services in the public behavioral health system shall be provided Clinical Oversight by a Behavioral Health Professional (BHP).
6. Clinical Oversight
In addition to possessing the requisite licenses and other qualifications, BHPs providing Clinical Oversight of BHTs shall have demonstrated competence in delivering the same or similar services to members of comparable acuity and intensity of service needs as the BHTs they supervise. BHPs providing Clinical Oversight of BHTs shall also demonstrate the following key competencies:
 - a. Demonstrated knowledge of the relevant best clinical practices and policies that guide the services being provided,
 - b. Demonstrated knowledge of the policies and principles governing ethical practice,
 - c. Demonstrated ability to develop individualized BHT competency development goals and action steps to accomplish these goals, and
 - d. Demonstrated ability to advise, coach, and directly model behavior to improve interpersonal and service delivery skills.
7. Behavioral Health Services to Family Members
Behavioral health services can be provided to the member's Family members, 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 are aimed at

accomplishing the member's Service Plan goals (i.e. they show a direct, positive effect on the member). The member does not have to be present when the services are being provided to Family members.

8. Indirect Contact

Indirect contact with member includes email or phone communication (excluding leaving voice mails) specific to a member's services, obtaining collateral information, and/or picking up and delivering medications. Refer to the [AHCCCS Fee-For-Service Provider Manual \(Chapter 19\)](#) and the [AHCCCS IHS/Tribal Provider Manual \(Chapter 12 for IHS/638 providers\)](#) for additional guidance.

9. Room and Board

Room and Board is covered only for Inpatient Hospitals, Intermediate Care Facilities for individuals with Intellectual Disability (ICF/ID), and Nursing Facilities.

10. Self-Referral

To ensure timely access to medically necessary behavioral health services:

- a. Members, guardian, or designated representative may initiate requests,
- b. Qualified BHPs, including specialty providers not part of the behavioral health home, may engage in assessment and treatment/service planning activities, and
- c. Shall comply with the Rules set forth in A.A.C. R9-10 and A.A.C. R9-21, as applicable.

11. Transportation

Refer to AMPM Policy 310-BB and the [AHCCCS Fee-For-Service Provider Manual \(Chapter 14\)](#) and the [AHCCCS IHS/Tribal Provider Manual \(Chapter 11\)](#) for additional information.

12. Provider Travel

- a. Provider travel is the cost associated with certain provider types traveling to provide a covered behavioral health service. This is different than transportation, which is provided to take a member to and from a covered behavioral health service.

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. The following examples demonstrate when to bill for additional miles:

- i. 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,
- ii. 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),
- iii. If Provider C travels to multiple out-of-office settings (in succession), he/she shall calculate provider travel mileage by segment. For example:
 - 1) First segment = 15 miles, 0 travel miles are billed,
 - 2) Second segment = 35 miles, 10 travel miles are billed,
 - 3) Third segment = 30 miles, 5 travel miles are billed, and
 - 4) 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.
- iv. Providers may not bill for travel for missed appointments.

Provider Travel Limitations

If a BHP, (BHT), or Behavioral Health Paraprofessional (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.

B. TITLE XIX/XXI BEHAVIORAL HEALTH SERVICES CATEGORIES/SUBCATEGORIES

1. Treatment Services
 - a. The following treatment services are covered under the behavioral health benefit:
 - i. Assessment, Evaluation (non-court ordered)*, and Screening Services,
 - ii. Behavioral Health Counseling and Therapy, and
 - iii. Psychophysiological Therapy and Biofeedback.

*Refer to AMPM Policy 320-U for Court-Ordered Evaluation responsibilities.

Assessment, Evaluation, and Screening Services, and Behavioral Health Counseling and Therapy shall be provided by individuals who are qualified BHPs or BHTs supervised by BHPs when clinically appropriate. For additional information regarding Behavioral Health Assessment and Treatment/Service Planning for AHCCCS members, refer to AMPM Policy 320-O.

Psychophysiological Therapy and Biofeedback shall be provided by qualified BHPs.

2. Rehabilitation Services
 - a. Skills training and development and psychosocial rehabilitation living skills training is teaching independent living, social, and communication skills to members and/or their families. 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 community resources. Services may be provided to a member, a group of individuals or their families with the member(s) present,

- i. Skills training and development and psychosocial rehabilitation living skills training shall be provided by individuals who are qualified BHPs or BHTs/BHPPs supervised by BHPs or qualified BHT, and
 - ii. 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 is the facilitation of recovery from cognitive impairments in order to achieve independence or the highest level of functioning possible. Goals of cognitive rehabilitation include: relearning of targeted mental abilities, strengthening of intact functions, relearning of social interaction skills, substitution of new skills to replace lost functioning and controlling the emotional aspects of one's functioning. Treatment may include techniques such as auditory and visual attention directed tasks, memory training, and training in the use of assistive technology, and anger management. Training can be done through exercises or stimulation, cognitive neuropsychology, cognitive psychology and behavioral psychology, or a holistic approach to include social and emotional aspects. Training is generally provided one-on-one and is highly customized to each individual's strengths, skills, and needs,
- i. Cognitive rehabilitation services shall be provided by qualified BHPs.
- c. Health promotion is education and training about health-related topics that can be provided in single or multiple sessions provided to an individual or a group of people and/or their families. Health promotion sessions are usually presented using a standardized curriculum with the purpose of increasing an individual's behavioral knowledge of a health-related topic such as the nature of an illness, relapse and symptom management, medication management, stress management, safe sex practices, HIV education, parenting skills education and healthy lifestyles (e.g. diet, exercise). Driving under the Influence (DUI) health promotion education and training shall be approved by ADHS, Division of Licensing Services (DLS),
- i. Health promotion shall be provided by qualified BHPs or BHTs supervised by BHPs, and
 - ii. 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. Psychoeducational Services (pre-vocational services) and Ongoing Support to Maintain Employment (post-vocational services, or Job Coaching) are designed to assist members to choose, acquire, and maintain employment or other meaningful community activity (e.g. volunteer work). Refer to ACOM Policy 447.
- i. 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 Rehabilitation Services Administration/Vocational Rehabilitation (RSA/VR) 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. Pre-vocational services may be provided individually or in a group setting, but not telephonically,

- ii. Ongoing Support to Maintain Employment services are post-vocational services, often called Job Coaching, which enable members to maintain their current employment. 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 be also used when assisting employed members with services traditionally used as pre-vocational in order to gain skills for promotional employment or alternative employment. Ongoing Support to Maintain Employment may be provided individually or in a group setting, as well as telephonically,
- iii. Pre-vocational Services and Ongoing Support to Maintain Employment shall be provided using tools, strategies, and materials which meet the member's support needs. 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. Therefore, these services need to be tailored to support members in a variety of settings. Some members may not be ready to identify an educational or employment goal and may need assistance in exploring their strengths and interests, and
- iv. Pre-vocational Services and Ongoing Support to Maintain Employment shall be provided by individuals who are qualified BHPs or BHTs/BHPPs supervised by BHPs or Qualified BHTs.

More than one provider agency may bill for Psychoeducational Services and Ongoing Support to Maintain Employment services provided to a member at the same time, if indicated by the member's clinical needs as identified in their Service Plan.

For Community Service Agencies, refer to AMPM Policy 965 for further detail on service standards and provider qualifications for this service.

Psychoeducational services and ongoing support to maintain employment services are 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: Rehabilitative employment support assessments when available through the federally funded Rehabilitation Act program administered by the Tribal Rehabilitation Services Administration, and preparation of a report of a member's psychiatric status for primary use with a court.

3. Medical Services

Medical services are provided or ordered within the scope of practice by a licensed physician, nurse practitioner, physician assistant, or nurse to reduce a member's symptoms and improve or maintain functioning. These services fall into one of the

following four subcategories (medication, laboratory/radiology and medical imaging, medical management, and Electroconvulsive Therapy (ECT)):

- a. Medication: AHCCCS maintains a minimum list of medications to ensure the availability of necessary, safe and cost-effective medications for members with behavioral health disorders as further described in AMPM Policy 310-V,
- b. Laboratory, radiology, and medical imaging services may 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. This may include but is not limited to blood and urine tests, CT scans, MRI, EKG, and EEG,
 - i. With the exception of specimen collections in a medical practitioner's office, laboratory services are 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. In addition, see requirements related to federal Clinical Laboratory Improvement Amendments in A.A.C. R9-14-101 and the federal code of regulations 42 CFR 493, Subpart A,
- c. Medical management services are 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 but is not limited to medication management services such as the review of medication(s) side effects and the adjustment of the type and dosage of prescribed medications, and
- d. Electroconvulsive Therapy (Outpatient) and Transcranial Magnetic Stimulation (Outpatient) performed by a physician within their scope of practice.

4. Support Services

Support services are provided to facilitate the delivery of or enhance the benefit received from other behavioral health services. Support services shall be provided by individuals who are qualified BHPs or BHTs/BHPPs supervised by BHPs. Support services are classified into the following subcategories:

- a. Case Management (provider level) is a supportive service provided to improve treatment outcomes. Examples of case management activities to meet member's Service Plan goals include:
 - i. Assistance in maintaining, monitoring and modifying behavioral health services,
 - ii. Assistance in finding necessary resources other than behavioral health services,
 - iii. Coordination of care with the member's healthcare providers, Family, community resources, and other involved supports including educational, social, judicial, community and other State agencies,
 - iv. 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),
 - v. Assisting members in applying for Social Security benefits when using the SSI/SSDI Outreach, Access, and Recovery (SOAR) approach. SOAR activities may include:
 - 1) Face-to-face meetings with member,
 - 2) Phone contact with member, and

- 3) 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).
 - vi. For provider case management used to facilitate a Child and Family Team (CFT), the modifier U1 is required,
 - vii. 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:
 - 1) Completion of SOAR paperwork without member present,
 - 2) Copying or faxing paperwork,
 - 3) Assisting members with applying for benefits without using the SOAR approach, and
 - 4) Email.
 - viii. 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,
 - ix. Outreach and follow-up of crisis contacts and missed appointments, and
 - x. Participation in staffing, case conferences, or other meetings with or without the member or their Family participating.
- b. Case Management limitations include:
- i. Billing for case management is limited to providers who are directly involved with providing services to the member,
 - ii. Provider Case Management is not a reimbursable service for ALTCS E/PD, including Tribal ALTCS. Case Management is provided through the ALTCS E/PD Contractors or Tribal ALTCS Program,
 - iii. Provider Case management services provided by licensed inpatient, residential (BHRF) or day program providers are included in the rate for these settings and cannot be billed separately. However, providers other than the inpatient, residential (BHRF) facility, or day program can bill case management services provided to the member,
 - iv. A single practitioner may not bill case management simultaneously with any other service,
 - v. 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,
 - vi. More than one provider agency may bill for case management at the same time, as long as it is clinically necessary *and* documented within the member's Treatment/Service Plan,
 - vii. More than one individual within the same agency may bill for case management at the same time, as long as it is clinically necessary *and* documented within the member's Treatment/Service Plan, and
 - viii. 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.

- c. Personal care services involve the provision of support activities to assist an individual in carrying out activities of daily living such as bathing, shopping, dressing and other activities essential for living in a community,
 - i. Personal care services may be provided in an unlicensed setting such as a member's own home or community setting. 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. Personal Care Services provided by a member's spouse is not covered, and
 - ii. 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.
- d. Home Care Training Family (Family Support) support services 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. Family support services may involve activities such as assisting the Family to adjust to the members illness, developing skills to effectively interact and/or guide the member, understanding the causes and treatment of behavioral health issues, and understanding and effectively utilizing the healthcare system. Refer to AMPM Policy 964 for training and credentialing standards for Credentialed Parent/Family Support individuals providing Parent/Family Support Services,
 - 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.
- e. Self-Help/Peer Services (Peer and Recovery Support) are intentional partnerships based on shared experiences of living with behavioral health and/or substance use disorders, to provide social and personal support. 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). Peer and Recovery Support is provided by individuals who meet the requirements of AMPM Policy 963,
 - i. More than one provider agency may bill for Self-Help/Peer Services provided to a member at the same time if indicated by the member's clinical needs,
- f. Therapeutic Foster Care (TFC) for Children and Adult Behavioral Health Therapeutic Home (ABHTH). Refer to AMPM Policy 320-W Therapeutic Foster Care for Children and AMPM Policy 320-X Adult Behavioral Health Therapeutic Home.
 - i. Behavioral health therapeutic home providers who provide TFC shall:
 - 1) Have access to crisis intervention and emergency services,

- 2) Have a BHP as a clinical supervisor assigned to provide oversight of services, and
 - 3) Complete pre-service training specific to the type of care and services required for the member being placed in the home.
- g. Unskilled Respite Care (Respite) is short term behavioral health services or general supervision that provides an interval of rest or relief to a Family member or other individual caring for the member receiving behavioral health services. The availability and use of informal supports and other community resources to meet the caregiver's respite needs shall be evaluated in addition to formal respite services. 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. 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 (i.e. few hours during the day) or for longer periods of time involving overnight stays. Respite services can be planned or unplanned. If unplanned respite is needed, behavioral health provider will assess the situation with the caregiver and recommend the appropriate setting for respite. Community Service Agencies cannot provide respite services.
- i. Respite services may be provided in a variety of settings including but not limited to:
 - 1) Habilitation Provider (A.A.C. R6-6-1523),
 - 2) Outpatient Clinic (A.A.C. R9-10-1025),
 - 3) Adult Therapeutic Foster Care – with collaboration health care institution (A.A.C. R9-10-1803),
 - 4) Behavioral Health Respite Homes (A.A.C. R9-10 Article 16), and Behavioral Health Residential Facilities.
 - ii. A member's clinical 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. The respite provider shall receive orientation from the Family/caregiver regarding the member's needs and the Service Plan, and
 - 2) Respite services, including the goals, setting, frequency, duration, and intensity of the service shall be defined in the member's Service Plan. Respite services are not a substitute for other covered services. Summer day camps, day care, or other ongoing, structured activity programs are not respite unless they meet the definition/criteria of respite services and the provider qualifications.
 - iii. Parents receiving behavioral health services may receive necessary respite services for their non-enrolled children as indicated in their Service Plan, and
 - iv. Non-enrolled siblings of a child receiving respite services are not eligible for behavioral health respite benefits.

Providers shall meet the requirements in A.A.C. R9-10.

5. Behavioral Health Day Programs

Behavioral health day programs provide services scheduled on a regular basis either hourly, half day or full day and may include services such as therapeutic nursery, in-home stabilization, after school programs, and specialized outpatient substance abuse

programs. These programs can be provided to a person, group of individuals and/or families in a variety of settings.

Behavioral health day programs are categorized as Supervised, Therapeutic, or Community Psychiatric Supportive Treatment.

- a. Supervised behavioral health day programs consist of a regularly scheduled program of individual, group and/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: skills training and development, behavioral health prevention/promotion, medication training and support, pre-vocational services and ongoing support to maintain employment, Peer and Recovery Support, and home care training Family (Family Support),
 - i. Supervised behavioral health day programs may be provided by either ADHS DLS licensed behavioral health agencies or Title XIX certified Community Service Agencies (CSA). The individual staff that delivers specific services within the supervised behavioral health day program shall meet the individual provider qualifications associated with those services. Supervised behavioral health treatment and day programs provided by a CSA shall be supervised by a BHT.
- b. Therapeutic behavioral health day programs are regularly scheduled program of active treatment modalities which may include services such as individual, group and/or Family behavioral health counseling and therapy, skills training and development, behavioral health prevention/promotion, medication training and support, pre-vocational services and ongoing support to maintain employment, home care training Family (Family support), medication monitoring, case management, Peer and Recovery Support, and/or medical monitoring,
 - i. Therapeutic behavioral health day programs shall be provided by an appropriately licensed DLS behavioral health agency and in accordance with applicable service requirements set forth in A.A.C. Title 9, Chapter 10. These programs shall be under the direction of a BHP. The staff who delivers the specific services within the therapeutic behavioral health day program shall meet the individual provider qualifications associated with those services.
- c. Community Psychiatric Supportive Treatment Program are a regularly scheduled program of active treatment modalities, including medical interventions, in a group setting and may include individual, group and/or Family behavioral health counseling and therapy, skills training and development, behavioral health prevention/promotion, medication training and support, ongoing support to maintain employment, pre-vocational services, home care training Family (Family support), Peer and Recovery Support, and/or other nursing services such as medication monitoring, methadone administration, and medical/nursing assessments.
 - i. Community Psychiatric Supportive Treatment Programs shall be provided by an appropriately licensed ADHS DLS behavioral health agency and in accordance with applicable service requirements set forth in A.A.C. R9-10. These programs shall be under the direction of a licensed physician, nurse practitioner, or physician assistant. The staff who delivers the specific services

within the medical behavioral health day program shall meet the individual provider qualifications associated with those services.

6. Behavioral Health Residential Facility Services

Refer to AMPM Policy 320-V for information on behavioral health residential facility services.

7. Behavior Analysis

Behavior analysis is the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis. Behavior analysis interventions are based on scientific research and the direct observation and measurement of behavior and the environment. Behavior analysts utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions. Refer to AMPM Policy 320-S for more information.

8. Crisis Intervention Services

Crisis intervention services are provided to stabilize or prevent a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior. These intensive and time-limited services may include screening (e.g. triage and arranging for the provision of additional crisis services), counseling to stabilize the situation, medication stabilization and monitoring, observation and/or follow-up to ensure stabilization, and/or other therapeutic and supportive services to prevent, reduce, or eliminate a crisis situation. Crisis intervention services can be provided telephonically, in the community through mobile teams, and in facility-based settings as further described in this section.

The RBHAs are responsible for the delivery of timely crisis services, including telephone, community-based mobile, and facility-based stabilization (including observation not to exceed 24 hours), along with any associated covered services delivered by the crisis provider in these settings during the first 24 hours. The RBHAs are responsible for notifying the Contractor of enrollment, or AHCCCS for FFS Members, within 24 hours of a member engaging in crisis services so subsequent services can be initiated by the Contractor. The RBHA located in the RBHA GSA where the crisis occurs is responsible for the first 24 hours of crisis services. The crisis providers have an ongoing obligation to serve the member and coordinate with the member's health plan beyond the initial 24 hours. The Contractor or DFSM for FFS members is responsible for care coordination and covered services (which may include follow up stabilization services) post-24 hours, the RBHA will remain responsible for any costs associated with follow up phone calls related to the crisis episode post-24 hours.

Contractors shall notify appropriate parties when a shared member engages in the crisis system. Contractors are responsible for timely follow up and care coordination for these members after receiving crisis service, to ensure stabilization of the member

and appropriate delivery of ongoing necessary treatment and services. Refer to Contract/IGA for additional Crisis Services requirements. When a member is enrolled in a TRBHA or Tribal ALTCS program, care coordination shall occur between the member's enrolled program and the RBHA and crisis providers serving the member. TRBHAs are responsible for crisis services as outlined in their IGA.

a. Telephonic Crisis Intervention Services (Telephone Response)

Telephonic crisis intervention services provide triage, referral, and telephone-based support to persons in crisis, the service may also include a follow-up call to ensure the person is stabilized. While some situations may be resolved on the telephone, other situations may require face-to-face intervention where the provider shall be able to refer to the most appropriate intervention (e.g. call 911, dispatch mobile team, referral to crisis intervention services). Telephonic crisis intervention services shall be provided by individuals who are qualified BHPs and/or BHTs supervised by BHPs, and

b. Mobile Crisis Intervention Services (Mobile Crisis Teams)

Mobile crisis intervention services are provided by a mobile team/individual who travels to the place where the individual is having the crisis (e.g. individual's place of residence, emergency room, jail, community setting). Mobile crisis intervention services include reasonable efforts to stabilize acute psychiatric or behavioral symptoms, evaluate treatment needs, and develop plans to meet the individual's immediate needs.

Mobile crisis intervention services shall be provided on reservation when right of entry has been granted by the Tribe.

i. Mobile crisis intervention services shall be provided by qualified BHPs or BHTs supervised by BHPs. If a BHT is providing the mobile crisis intervention services, a BHP shall be directly available for consultation. If a two-person team responds, one individual may be a BHPP, including a Peer or Family member, provided he/she has supervision and training as currently required for all mobile team members,

ii. Individuals providing this service shall have a means of direct communication, such as a cellular phone or radio for dispatch, that is available at all times,

iii. Individuals providing mobile crisis intervention services shall be trained in first aid, Cardiopulmonary Resuscitation (CPR), and non-violent crisis resolution, and

iv. Mobile crisis teams shall have the capacity, when clinically indicated, to transport the individual to a more appropriate facility for further care.

1) Greater AZ RBHAs – Mobile crisis teams shall respond on site within the average of 90 minutes of receipt of the crisis call. Average of 90 minutes is calculated by utilizing the monthly average of all crisis call response times, and

2) Maricopa County RBHA - Mobile crisis teams shall respond on site within the average of 60 minutes of receipt of the crisis call. Average of 60 minutes is calculated by utilizing the monthly average of all crisis call response times.

c. Facility-Based Crisis Intervention Services

Facility-based crisis intervention is an immediate and unscheduled behavioral health service provided: (a) in response to an individual's behavioral health

condition to prevent imminent harm, to stabilize or resolve an acute behavioral health issue, and (b) at an ADHS licensed inpatient facility or outpatient treatment center in accordance with A.A.C. R9-10. Individuals may walk-in or be referred/transported to these settings.

Facility-based crisis intervention services shall be provided by individuals who are qualified BHPs and/or BHTs/BHPPs supervised by BHPs.

Emergent and non-emergent medical transportation from the Crisis Observation and Stabilization Unit to another level of care or other location shall be the responsibility of the ACC, CMDP, DDD, E/PD Contractors, or AIHP, regardless of the timing within the crisis episode.

Generally, the ACC, CMDP, DDD, E/PD Contractors, or AIHP is responsible for covering transportation to and from providers for services which are their responsibility. Transportation during a crisis episode to a crisis service provider is the responsibility of the RBHA.

9. Inpatient Services

Inpatient services are provided by ADHS licensed inpatient facilities in accordance with A.A.C. R9-10. IHS/638 facilities are subject to CMS certification requirements. These facilities provide a structured treatment setting with 24-hour supervision and an intensive treatment program, including medical support services. For information regarding Institutions for Mental Diseases, refer to ACOM Policy 109.

Inpatient services (including room and board) are further classified into the following subcategories:

a. Hospital

Hospital services provide continuous treatment with 24-hour nursing supervision and physicians on site and on call that includes general psychiatric care, medical detoxification, and/or forensic services in a general hospital, a general hospital with a distinct psychiatric unit, or a freestanding psychiatric facility. Services provided in hospitals are inclusive of all services, supplies, accommodations, staffing, and equipment,

i. General and freestanding hospitals may provide services to members if the hospital:

1) Meets the requirements of 42 CFR 440.10 and CFR Title 42, Chapter IV, Subchapter G, Part 482, and

2) Is licensed pursuant to A.R.S. Title 36, Chapter 4 and A.A.C. R9-10.

ii. Prior authorization is required for Bed Hold/Therapeutic Leave,

iii. Bed Hold or home pass are 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 (i.e. home pass) to enhance psychosocial interaction or as a trial basis for discharge planning. Pursuant to the Arizona State Plan under Title XIX of the Social Security Act:

1) 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,

- 2) For members under 21 years of age, total therapeutic leave and/or bed hold days may not exceed 21 days per contract year.
- b. Behavioral Health Inpatient Facilities (BHIF)

BHIFs provide continuous treatment to a person who is experiencing acute and significant behavioral health symptoms. BHIFs may provide Observation/Stabilization services and Child and Adolescent Residential Treatment Services, in addition to other behavioral health and/or physical health services, as identified under their licensure capacity (A.A.C. R9-10- 3),

 - i. Observation/Stabilization Services,

In addition to 24-hour nursing supervision and physicians on site or on call, observation/stabilization services include emergency reception, screening, assessment, crisis intervention and stabilization, and counseling, and referral to appropriate level of services/care. Refer to the section on facility-based crisis intervention services for more information (A.A.C. R9-10-1016),
 - ii. Observation/stabilization services, within a BHIF, shall be provided according to the requirements in A.A.C. R9-10-1012 for Outpatient Treatment Centers,
 - iii. 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 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 Policy 962, and
 - iv. Child and adolescent residential treatment services are behavioral health and physical health services 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.

Residential treatment services shall be accredited. Additionally, the facility shall meet the requirements for seclusion and restraint 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.