

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

Section 2.0 Introduction

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Foreword

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) presents the ADHS/DBHS Provider Manual. ADHS/DBHS has developed the statewide provider manual to articulate the requirements of the behavioral health system. The ADHS/DBHS Provider Manual contains requirements applicable to direct providers of Arizona's publicly funded behavioral health services. Each Tribal and Regional Behavioral Health Authority (T/RBHA) adds geographic specific area information and creates a T/RBHA specific version of the document. For hyperlinks to T/RBHA specific versions of the Provider Manual, go to <http://www.azdhs.gov/bhs/provider/index.htm>.

Overview of the Arizona Public Behavioral Health System

- The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) administers behavioral health programs and services for children and adults and their families. ADHS/DBHS is responsible for administering behavioral health services for several populations funded through various sources.
- The Arizona Health Care Cost Containment System (AHCCCS), the state Medicaid Agency, provides funding to the ADHS/DBHS to administer behavioral health benefits for persons receiving Title XIX and Title XXI acute care services.
- Arizona state law requires ADHS/DBHS to administer community based treatment services for adults who have been determined to have a serious mental illness.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) provides funding to ADHS/DBHS through two block grants:

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- The Substance Abuse Prevention and Treatment Performance Partnership (SAPT) Block Grant supports a variety of substance abuse services in both specialized addiction treatment and more generalized behavioral health settings, and
- The Community Mental Health Services Performance Partnership (CMHS) Block Grant supports Non-Title XIX services to severely emotionally disturbed (SED) children and seriously mentally ill (SMI) adults.
- ADHS/DBHS administers other federal, state and locally funded behavioral health services.

Partnering with Tribal and Regional Behavioral Health Authorities

ADHS/DBHS, in partnership with the Tribal and Regional Behavioral Health Authorities (T/RBHAs), promote collaboration and encourage family centered, personalized and culturally relevant behavioral health services that result in positive outcomes for persons. The expected outcomes include but are not limited to:

- Improved functioning;
- Reduced symptoms stemming from behavioral health problems; and
- Improved quality of life for families and individuals.

Tribal and Regional Behavioral Health Authorities (T/RBHAs)

ADHS/DBHS contracts with Regional Behavioral Health Authorities (RBHAs) to deliver behavioral health services to six geographic service areas (GSAs). Each RBHA must have a network of providers to deliver all covered behavioral health services. A RBHA may either deliver services directly or subcontract with behavioral health providers.

ADHS also contracts with Tribal Regional Behavioral Health Authorities (TRBHAs). The Tribal RBHAs include Pascua Yaqui Tribe of Arizona, and the Gila River Indian Community. As of July 1, 2004, the Navajo Nation transitioned from a Tribal RBHA to a Tribal Contractor providing Medicaid and state-only services to members of the Navajo Nation through a new intergovernmental agreement.

T/RBHAs by County and GSA

T/RBHA	Counties	GSA
Community Partnership of Southern Arizona (CPSA-3)	Greenlee, Graham, Cochise and Santa Cruz	3
Community Partnership of Southern Arizona (CPSA-5)	Pima	5
Behavioral Health of Arizona (Cenpatico-2)	Yuma and La Paz	2
Northern Arizona Regional Behavioral Health Authority (NARBHA)	Mohave, Coconino, Apache, Navajo and Yavapai	1

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Behavioral Health of Arizona (Cenpatico-4)	Pinal and Gila	4
ValueOptions (VO)	Maricopa	6
Pascua Yaqui Tribe of Arizona		
Gila River Indian Community		

Overview of [T/RBHA]

Founded in 1967, Northern Arizona Regional Behavioral Health Authority (NARBHA) is a private, non-profit corporation, designated by the Arizona Department of Health Services as being responsible for the planning, implementation, funding, monitoring and administration of behavioral health services. The NARBHA catchment area covers 62,000 square miles with a population of over 600,000. NARBHA subcontracts with seven Service Area Agencies (SAAs) and two Tribal Area Agencies (TAAs), who serve the Hopi and White Mountain Apache Reservations.

- The NARBHA region is divided into the following service/tribal areas:
- Mohave County, including all of Mohave County, except the Arizona Strip north of the Grand Canyon.
- The West Yavapai County area, from the top of Mingus Mountain, north, south, and west to the boundaries of Yavapai County. This area includes towns on and west of State Route 69 and west of State Route 89.
- The East Yavapai or Verde Valley area, from the top of Mingus Mountain to the top of the “switchbacks” on State Route 89 north of Oak Creek Canyon, including Sedona and Oak Creek Canyon.
- The Southern Coconino County service area, which includes all of Coconino County with the exception of the Navajo and Hopi Reservations located in Coconino County, that portion of Coconino County beginning at the Oak Creek Canyon switchbacks and continuing south through Sedona, and the Northern Coconino County service area as described in subsection 8 of this section.
- The Navajo County area which is all of Navajo County, excluding the portions of the Navajo, Hopi and White Mountain Apache Reservations located in Navajo County.
- The Apache County area, which is all of Apache County, excluding the portions of the Navajo and White Mountain Apache Reservations located in Apache County, but including the non-Indian population of McNary.
- The White Mountain Apache Tribal area which follows the boundaries of the White Mountain Apache Reservation and includes parts of Navajo, Apache, and Gila Counties, with the exception of the non-Indian population of McNary, which is included in the Apache County area.

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- The Lake Powell or Northern Coconino Service Area, which includes the Page, Fredonia, Kaibab Paiute Reservation areas of northern Coconino
- County, and that portion of Mohave County known as the Arizona Strip located north of the Grand Canyon.

Each agency provides behavioral health services to children, adolescents, and adults. The Service Area Agencies are currently accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) as behavioral health providers, while NARBHA is JCAHO accredited as a managed behavioral health care organization.

The NARBHA Network is responsible for providing comprehensive behavioral services in accordance with the Arizona System Principles. Services include:

- Individual, family and group counseling;
- Emergency and crisis services;
- Psychiatric evaluation and management services, psychotropic medications and laboratory studies;
- Support services such as case management, personal assistance, therapeutic foster care, respite, housing support, and transportation;
- Inpatient, residential, and day program services for psychiatric and substance use disorders;
- Prevention Services;
- Housing programs;
- Rehabilitation services, such as health promotion, living skills training, and supported employment.

NARBHA's service delivery model strategically places five psychiatric inpatient subacute facilities in its region to allow easy access for all residents needing inpatient psychiatric treatment. Operated by the SAAs, inpatient treatment is provided in Flagstaff, Kingman, Prescott, and Show Low. These programs provide acute crisis stabilization to both voluntary and involuntary members and have contributed greatly to decreased admissions to the Arizona State Hospital, while providing services closer to home. In addition, NARBHA's SAAs operate Chemical Dependency residential programs in Prescott and Flagstaff.

NARBHA also subcontracts with specialized service providers who provide prevention/early intervention services, consumer support services, and residential and shelter services for children, adolescents and adults.

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NARBHA is known for its innovative approach to the delivery of cost effective behavioral health services in a rural area. NARBHA's telemedicine program, which allows psychiatry, training, and meetings to be delivered to 13 rural sites, was recognized in 1997, 1998 and 1999 by TeleHealth Magazine, as one of the top ten programs in the country. NARBHA has developed a website to promote our Telemedicine program at www.rbha.net.

NARBHA subcontracts with its seven Service Area Agencies on a sub-capitation, shared-risk performance-based contracting system which allows NARBHA to delegate many managed care organization (MCO) functions to the SAA provider network, including eligibility and enrollment, authorization/denial of care, referrals to non-SAA providers, emergency services, member services, case management, and staff privileging.

NARBHA has retained the typical MCO functions of needs assessment and planning, provider network development, contracts, provider credentialing, fiscal management, utilization management, pharmacy benefits, grievance and appeals, claims payment, human resources, MIS, and the responsibility to monitor all of the functions delegated to the Service Area Agencies.

ADHS/DBHS System Principles

All behavioral health services must be delivered in accordance with ADHS/DBHS system principles. ADHS/DBHS supports a behavioral health delivery system that includes:

- Easy access to care;
- Behavioral health recipient and family member involvement;
- Collaboration with the Greater Community;
- Effective innovation;
- Expectation for improvement; and
- Cultural competency.

Easy Access to Care

- Accurate information is readily available that informs behavioral health recipients, family members and stakeholders how to access services;
- The behavioral health network is organized in a manner that allows for easy access to behavioral health services; and
- Services are delivered in a manner, location and timeframe that meet the needs of behavioral health recipients and their families.

Behavioral health recipient and family member involvement

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- Behavioral health recipients and family members are active participants in behavioral health delivery system design, prioritization of behavioral health resources and planning for and evaluating the services provided to them; and
- Behavioral health recipients, family members and other parties involved in the person and family's lives are central and active participants in the assessment, service planning and delivery of behavioral health services and connection to natural supports.

Collaboration with the Greater Community

- Stakeholders including general medical, child welfare, criminal justice, education and other social service providers are actively engaged in the planning and delivery of integrated services to behavioral health recipients and their families;
- Relationships are fostered with stakeholders to maximize access by behavioral health recipients and their families to needed resources such as housing, employment, medical and dental care, and other community services; and
- Providers of behavioral health services collaborate with community stakeholders to assist behavioral health recipients and family members in achieving their goals.

Effective Innovation

- Behavioral health providers are continuously educated in and use best practices;
- The services system recognizes that substance abuse and other mental health disorders are inextricably intertwined, and integrated substance abuse and mental health evaluation and treatment is the community standard; and
- Behavioral health recipients and family members (who want to) are provided training and supervision to become and be retained as providers of peer support services.

Expectation for Improvement

- Services are delivered with the explicit goal of assisting people to achieve or maintain success, recovery, gainful employment, success in age-appropriate education, return to or preservation of adults, children and families in their own homes, avoidance of delinquency and criminality, self-sufficiency and meaningful community participation;
- Services are continuously evaluated, and modified if they are ineffective in helping to meet these goals; and
- Behavioral health providers instill hope that achievement of goals is possible even for the most disabled.

Cultural Competency

Cultural competence in health care demonstrates the ability of systems to provide care to persons with diverse values, beliefs and behaviors, including tailoring service delivery to meet

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the person's social, cultural, and linguistic needs. As behavioral health care providers, the goal should be to create a behavioral health system of care that fits everyone's needs. To accomplish this goal, it is necessary to ensure that staff providing services have the skills to meet the person's unique family, culture, traditions, strengths and gender considerations when developing a person's individual treatment plan. ADHS/DBHS endorses the following activities for ensuring a culturally competent behavioral health system:

- Behavioral health service providers are recruited, trained and evaluated based upon competency in linguistically and culturally appropriate skill in responding to the individual needs of each behavioral health recipient and family members;
- T/RBHA management reflects cultural diversity in values and in policies; and
- T/RBHA management and behavioral health service providers strive to improve through periodic cultural self-assessment and modify individual services or the system as a whole when applicable.

Arizona Children's Principles

ADHS/DBHS requires that behavioral health services be delivered to all children according to the Arizona Children's Principles:

Collaboration with the Child and Family

Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.

Functional Outcomes

Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.

Collaboration with Others

When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health service plan is collaboratively implemented. Client-centered teams plan and deliver services. Each child's team includes the child and parents and any foster parents, and any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, the child's Child Protective Services and/or Division of Developmental Disabilities case worker, and the child's probation officer. The team (a) develops a common assessment of the child and family's strengths and needs, (b) develops an individualized service plan, (c) monitors implementation of the plan, and (d) makes adjustments in the plan if it is not succeeding.

Accessible Services

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Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need. Case management is provided as needed. Behavioral health service plans identify transportation that the parents and child need to access behavioral health services, and how transportation assistance will be provided. Behavioral health services are adapted or created when they are needed but not available.

Best Practices

Behavioral health services are provided by competent individuals who are adequately trained and supervised. Behavioral health services are delivered in accordance with guidelines adopted by ADHS/DBHS that incorporate “best practice.” Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class members’ lives, especially class members in foster care. Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

Most Appropriate Setting

Children are provided behavioral health services in their home and community to the extent possible. Behavioral health services are provided in the most integrated setting appropriate to the child’s needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child’s needs.

Timeliness

Children identified as needing behavioral health services are assessed and serviced promptly.

Services Tailored to the Child and Family

The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

Stability

Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system. Behavioral health service plans anticipate and appropriately plan for transitions in children’s lives, including transitions to new schools and new placements, and transitions to adult services.

Respect for the Child and Family’s Unique Cultural Heritage

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Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family. Services are provided in Spanish to children and parents whose primary language is Spanish.

Independence

Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management. Behavioral service plans identify parents' and children's need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

Connection to Natural Supports

The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

Principles for Persons determined to have a Serious Mental Illness

The service delivery system shall operate in accordance with the following principles for persons who have been determined to have a serious mental illness and their families:

- Human dignity;
- Respect for the person's individuality, abilities, needs, and aspirations without regard to the client's psychiatric condition;
- Self-determination, freedom of choice and participation in treatment to the individuals fullest capacity;
- Freedom from the discomfort, distress and deprivation which arise from an unresponsive and inhumane environment;
- Privacy including the opportunity, wherever possible, to be provided clearly defined private living, sleeping and personal care spaces;
- Humane and adequate support and treatment that is responsive to the person's needs, that recognizes that a person's needs may vary, and that is sufficiently flexible to adjust to a person's changing needs;
- The opportunity to receive services which are adequate, appropriate, consistent with the person's individual needs, and least restrictive of the person's freedom;
- The opportunity to receive treatment and services that are culturally sensitive in their structure, process and content;

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- The opportunity to receive services on a voluntary basis to the maximum extent possible and entirely if possible;
- Integration of individuals into their home communities through housing and residential services which are located in residential neighborhoods, which rely as much as possible on generic support services to provide training and assistance in ordinary community experiences, and which utilize specialized mental health programs that are situated in or near natural community services;
- The opportunity to live in one's own home and the flexibility of a service system which responds to individual needs by increasing, decreasing and changing service as needs change;
- The opportunity to undergo normal experiences, even though such experiences may entail an element of risk; provided however, that an individual's safety or well-being or that of others shall not be unreasonably jeopardized;
- The opportunity to engage in activities and styles of living, consistent with the person's interests, which encourage and maintain the integration of the individual into the community.

What is the purpose of the Provider Manual?

The purpose of the provider manual is to ensure that a consistent and reliable resource containing all standards and requirements is readily available and easily accessible to all behavioral health service providers. The provider manual was designed to assist behavioral health service providers by serving as a reference for answers to many frequently asked questions.

Use of Terms

An attempt was made to use consistent terminology throughout the provider manual to the extent possible. Persons receiving behavioral health services are referred to as "behavioral health recipients" or simply as "persons". The use of the term T/RBHA conveys both Tribal Regional Behavioral Health Authorities and Regional Behavioral Health Authorities, though the manual also uses the term Tribal Regional Behavioral Health Authority when a clearer distinction is necessary. Some requirements only apply to RBHAs or Tribal RBHAs and these terms should be interpreted as such when presented in this manner.

How is the Provider Manual Structured?

The provider manual contains 14 main sections. Eight sections (Sections 3-10) contain policies and procedures delineating the standards and requirements that must be met when delivering public behavioral health services in the State of Arizona.

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Main Sections

Main Sections
Scope
Introduction
Clinical Operations
Communication and Care Coordination
Member Rights and Provider Claims Disputes
Data and Billing Requirements
Reporting Requirements
Periodic Audits and Surveys
Training and Development
T/RBHA Specific Requirements
Definitions
Fact Sheets
Forms and Attachments
Index

Within each section of the provider manual, a standardized format was used to present and organize the information. Most sections contain the following topic headers:

Topic Headers within Main Sections and What You Will Find In Each

Topic Area	What You Will Find
Section	Identifies the specific section number and title. The section number and title correspond with the Table of Contents.
Introduction	Identifies the content area, provides an overview of the section and describes the reason for the requirement. The introduction section attempts to answer the following questions: Why is the standard important? and, What is the purpose of the requirement?
Scope	Identifies to whom the standards and requirements in the section apply.
Objective(s)	A concise statement that describes the intent of the topic area.
Did you know?	Offers additional information relevant to the topic area. Although presented in a user-friendly manner, the information described under this header may be either directive or suggestive based on how it is presented.
Definitions	A list of key words associated with the topic areas. All definitions presented in the manual are consolidated in Section 11.0, "Definitions".
Procedures	Step by step instructions for implementing the topic area.

When did the Provider Manual go into effect?

- The provider manual became effective on January 1, 2004. Each T/RBHA has incorporated geographic specific information (e.g., crisis telephone numbers) and T/RBHA specific requirements into the provider manual.

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NARBHA Provider Manual Authors

NARBHA assigns an author to each policy in the ADHS/DBHS/NARBHA Provider Manual (see [ADHS/DBHS/NARBHA Provider Manual Author List](#)) These individuals are responsible for:

Adding NARBHA specific information to the ADHS/DBHS/NARBHA Provider Manual policy as indicated by the prompts.

Updating the policy as requested by DBHS or as NARBHA specific information changes.

Reviewing the policy on an annual basis as requested by the NARBHA Policy Coordinator.

Notifying the NARBHA Policy Coordinator of any changes to the policy or forms in order to ensure timely updates to the manual.

Revisions to the Provider Manual

- The provider manual is updated on an ongoing basis, but at a minimum, content will be reviewed every two years. Behavioral health providers and others may provide comments and request for revisions to the provider manual. Behavioral health providers and other interested persons should contact:

NARBHA's Process for Adding New or Revising Existing Policies in the Provider Manual

- When a new ADHS/DBHS/NARBHA Provider Manual policy is received, the NARBHA Policy Coordinator forwards a request to the Administrative Support Manager requesting that a new policy be placed on the Leadership Council agenda the following Monday.
- Leadership Council reviews the new policy and assigns an author.
- The Policy Coordinator forwards the new policy to the author and indicates a due date by which the RBHA specific information must be entered.
- If DBHS requests a revision to an existing policy, the Policy Coordinator forwards the request to the assigned author within 2 days of receipt and indicates a due date for its completion.
- The assigned author forwards the draft to 2-5 internal reviewers using the ADHS/DBHS/NARBHA Provider Manual Policy Tracking Form. These reviewers are either staff members who are involved in the process or impacted by the process.
- If the reviewers have any corrections, they return the policy to the author.
- If an agreement cannot be reached by the author and the assigned reviewers as to how a policy should be written, it is forwarded to the Leadership Council for review. This is

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also true if a staff member has a question/concern after an updated policy has been distributed.

- Once the policy is approved as written, the author forwards the completed Policy Tracking Form and the policy (with attachments if applicable) to the Policy Coordinator.
- The Policy Coordinator makes any appropriate formatting changes and forwards the policy to the Network Administrator within 2 working days.
- If the policy is subject to ADHS/DBHS review and approval as defined in the ADHS/DBHS Policy Development and Review Process Policy, the Policy Coordinator forwards it to the appropriate division prior to implementation. NARBHA does not delay the implementation of any policy for DBHS approval but rather makes changes as requested by DBHS.
- The Network Administrator places the policy on the NARBHA website within 5 working days of receipt.
- The Policy Coordinator distributes a weekly update memo and the redline/strikeout versions of the revised policies via email to notify all Contracted Providers, NARBHA staff, and ADHS/DBHS when changes to the manual occur.
- On a quarterly basis, a CD of the entire ADHS/DBHS/NARBHA Provider Manual is sent out to the designated contacts that includes all revisions that have been posted on the NARBHA website for that quarter. The Policy Coordinator ensures that providers have the ability to access the CD files.
- If a Contracted Provider cannot view the ADHS/DBHS/NARBHA Provider Manual on the website, or by the CD, a hardcopy of the policies will be provided.

Training of Provider Manual Policies

Provider Manual authors train appropriate staff and providers as necessary or upon request. Any training provided is documented and tracked by the NARBHA Human Resources Training and Compliance Manager.