



## **Section 2.0**

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### **2.0.1 Foreword**

NARBHA develops, distributes and maintains the Provider Manual. The NARBHA Provider Manual contains requirements applicable to providers of Arizona's publicly funded behavioral health services. The NARBHA Provider Manual is on our website at the following link <http://narbha.org/for-providers/provider-policy-manual/>

### **2.0.2 References**

The following citations can serve as additional resources for this content area:  
<http://narbha.org/for-providers/provider-policy-manual/>

### **2.0.3 Overview of the Arizona Public Behavioral Health System**

The Arizona Health Care Cost Containment System (AHCCCS) is the single state Medicaid Agency and provides funding to ADHS/DBHS to administer behavioral health benefits for persons who are Title XIX and Title XXI eligible.

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.

NARBHA is contracted with ADHS/DBHS to act as the RBHA in GSA 1/northern AZ.

NARBHA contracts with and collaborates with providers of behavioral health services to ensure members have access to the full range of behavioral health covered services.

### **2.0.4 Partnering with Providers and Other Stakeholders**

NARBHA, in partnership with providers and other stakeholders, 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

### **2.0.5 Overview of NARBHA**

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 ten Responsible Agencies (RAs).

The NARBHA region is divided into the following service/tribal areas:

- Mohave County, including all of Mohave County, with the exception of 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 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.

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

- Treatment Service;



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- Rehabilitation Services;
- Medical Services ;
- Support Services;
- Inpatient Services
- Residential Services;
- Crisis Intervention Services;
- Behavioral Health Day Programs;
- Prevention Services; and
- Housing programs;

NARBHA's service delivery model strategically places psychiatric inpatient subacute facilities in its region to allow easy access for all residents needing inpatient psychiatric treatment. In addition, NARBHA's RAs operate Chemical Dependency residential programs.

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.

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](http://www.rbha.net).

NARBHA subcontracts with its ten Responsible Agencies on a sub-capitation, shared-risk performance-based contracting system which allows NARBHA to delegate some managed care organization (MCO) functions to the RA provider network, including eligibility and enrollment, authorization/denial of care, referrals to non-RA 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 Responsible Agencies.



### **2.0.6 ADHS/DBHS System Principles**

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

- Easy access to care;
- Behavioral health recipient and family 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, families 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 involvement
- Behavioral health recipients and families 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, families 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 families 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 families (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. As such, service delivery is tailored to meet the person's social, cultural, and linguistic needs, including the needs of the deaf and hard of hearing.
- 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, natural supports, traditions, strengths and sexual orientation or gender identity when developing a person's individual treatment plan.

### **2.0.7 Arizona Children's Principles**

NARBHA requires that behavioral health services be delivered to all children according to the Arizona Children's Principles (See [12 Principles for Children's Health](#)).

### **2.0.8 Principles for Persons Determined to Have a Serious Mental Illness (SMI)**

The service delivery system shall operate in accordance with the following principles for persons who have been determined to have SMI and their families (See [Principles for Persons with a Serious Mental Illness](#)).

### **2.0.9 What is the purpose of the Provider Manual?**

The purpose of the Provider Manual is to ensure that a consistent and reliable resource containing standards and requirements is readily available and easily accessible to all



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behavioral health service providers. The Provider Manual was designed to assist behavioral health service providers by serving as a reference for federal and state laws, other regulations, and answers to many frequently asked questions.

### **2.0.10 How is the Provider Manual Structured?**

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

Main Sections
1.0 Scope
2.0 Introduction
3.0 Clinical Operations
4.0 Communication and Care Coordination
5.0 Member Rights and Provider Claims Disputes
6.0 Data and Billing Requirements
7.0 Reporting Requirements
8.0 Periodic Audits and Surveys
9.0 Training and Development
10.0 NARBHA Specific Requirements
11.0 Definitions
12.0 Fact Sheets
13.0 Forms and Attachments
14.0 Index

### **2.0.11 Revisions to the Provider Manual**

Policies established as medical policies are reviewed and/or updated annually or more frequently, if changes are necessary. Other sections of the Provider Manual are updated on an ongoing basis, and all sections will be reviewed annually. NARBHA notifies network providers of changes to the Provider Manual.