



NARBHA

Northern Arizona Regional Behavioral Health Authority

2012 Member Handbook **Manual Para Miembros 2012**

Revised 1/2012



Northern Arizona Regional Behavioral Health Authority

Managing behavioral healthcare with a conscience.

MEMBER BENEFIT CHANGES

Due to Arizona's budget problems, some of the services that you may receive are being reduced beginning **October 1, 2011**. Limits are being placed on the number of inpatient hospital days and the hours of available respite care per year. We are awaiting final approval from the Centers for Medicare & Medicaid Services (CMS) and if there are any changes, we will let you know.

Inpatient hospital day limit for persons age 21 or over:

There will be a 25-day inpatient hospital limit for adults aged 21 years or older within a 12 month period of time. The 12 months will run from October 1 through September 30 of the next year. AHCCCS will no longer pay for hospital stays past the 25th day.¹

However, this limit will NOT apply to:

- Children aged 20 and under,
- Days in certain governmentally operated burn units,
- Days that are part of a transplant stay, and
- Days in the hospital for behavioral health reasons.

It is important for you to keep track of the number of days that you are in the hospital. Hospitals can bill you for any days past the 25th day not in the list above.

Respite Care hour limit for both adults and children receiving ALTCS benefits or behavioral health services:

Respite care is offered as a temporary break for caregivers to take time for themselves. The number of respite hours available to adults and children receiving ALTCS benefits or behavioral health services is being reduced from 720 hours to 600 hours within a 12 month period of time. The 12 months will run from October 1 through September 30 of the next year.

For more information, visit the AHCCCS website at:

<http://www.azahcccs.gov/shared/news.aspx#Benefits>

If you have questions, please contact **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org

¹ If you are a Qualified Medicare Beneficiary (QMB), we will continue to pay your Medicare deductibles and co-payments.

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Welcome to NARBHA

The mission of **NARBHA** is to provide, develop, and manage the best system of behavioral health care for multicultural consumers in a rural environment.

NARBHA will carry out its vision and mission by continual demonstration of the following values at all levels of the organization:

1. Exceeding customer expectations
2. Commitment to recovery and resiliency
3. Cultural sensitivity in your care
4. Always making a difference with awareness and sensitivity
5. Open communication
6. Maintaining ethical, legal, and fiscal integrity

This handbook helps you to know what services you can get. It also tells you where you can go to get those services.

You can find this handbook in English, Spanish, and Large Print on our website at www.narbha.org. Audio versions of English and Spanish are available. Important information is also available in audio format in Navajo and Hopi languages.

If you would like more information about the information in this Member Handbook, please call **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

Other information and resources may be located on **NARBHA's Network of Care website** at www.narbha.networkofcare.org.

Statement about Terms

The Member Handbook has some words that are not always easy to understand. The "Terms" section defines some of these words. You may want to refer to the "Terms" section while reading the Member Handbook to help you better understand each section.

How can I get services in an emergency or crisis?

For life threatening situations always call **911**.

For non-life threatening behavioral health situations, call **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org or your local provider (Responsible Agency).

Transportation for a behavioral health emergency may be available by contacting **NARBHA Crisis Line** at 1-877-756-4090; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org or your local provider (Responsible Agency).

You may need behavioral health services while you are away from home and out of the **NARBHA** service area. This is called "out of area care." Out of area care only includes emergency behavioral health services unless **NARBHA** approves other services. You have a right to use any hospital or other setting for emergency care. If you want to get non-emergency behavioral health services out of the **NARBHA** service area, please call your provider (Responsible Agency) or **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

If you need out of area care:

- Go to a hospital or crisis center and ask for help;
- Ask the hospital or crisis center to call the **NARBHA Crisis Line** at 1-877-756-4090; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org or your local provider (Responsible Agency);;
- The hospital or crisis center will contact **NARBHA** for approval to continue behavioral health services.

If you experience an emergency medical condition, emergency services are available to you. Emergency services do not require approval.

What kinds of resources are available?

There are local and national organizations that provide resources for persons with behavioral health needs, family members, and caretakers of persons with behavioral health needs. Some of these are:

- **NAMI Arizona (National Alliance on Mental Illness)**
Phone: (928) 214-2218
Email: admin@namiflagstaff.org
Web site: <http://www.namiaz.org>

NAMI Arizona has a Helpline for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education, and advocacy to people of all ages who are affected by mental illness.

- **Arizona Center for Disability Law – Mental Health**

Phone: 602-274-6287 (Phoenix/voice or TTY);
1-800-927-2260 (statewide except Phoenix)
Web site: <http://www.acdl.com/mentalhealth.html>

The Arizona Center for Disability Law is a federally designated Protection and Advocacy System for the State of Arizona. Protection and Advocacy Systems throughout the United States assure that the human and civil rights of persons with disabilities are protected. Protection and Advocacy Systems can pursue legal and administrative remedies on behalf of persons with disabilities to ensure the enforcement of their constitutional and statutory rights.

- **Mentally Ill Kids In Distress (MIKID)**

Phone: 602-253-1240; 520-882-0142 (Tucson);
928-726-2191 (Yuma); 928-245-4955 (Navajo and Apache counties); 1-800-356-4543 (Toll Free)
Web site: <http://www.mikid.org/>

MIKID provides support and help to families in Arizona with behaviorally challenged children, youth, and young adults. MIKID offers information on children's issues, internet access for parents, referrals to resources, support groups, educational speakers, holiday and birthday support for children in out of home placement, and parent-to-parent volunteer mentors.

- **Division of Behavioral Health Services**

150 N. 18th Avenue, 2nd Floor
Phoenix, AZ 85007
Phone: 602-364-4558
Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services.
Web site: <http://www.azdhs.gov/bhs/>

The Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) is the state agency that oversees the use of federal and state funds to provide behavioral health services. Some offices within DBHS may be of additional help to you:

DBHS Member Services: 602-364-4558 or 1-800-421-2124

Office of Human Rights:

Maricopa, Pinal, or Gila County: 602-364-4585 or 1-800-421-2124.
Pima, Santa Cruz, Cochise, Graham, Greenlee

County, Yuma or La Paz County: 520-770-3100 or 1-877-524-6882

Mohave, Coconino, Yavapai, Navajo or Apache County: 1-928-214-8231 or 1-877-744-2250

Human Rights Committee Coordinator:

602-364-4577 or 1-800-421-2124

- **Office of Behavioral Health Licensure (OBHL)**

150 N. 18th Avenue, #410
Phoenix, AZ 85007
Phone: 602-364-2595
Web site: <http://www.azdhs.gov/als/behavior/index.htm>

The Division of Licensing Services, Office of Behavioral Health Licensure licenses and monitors behavioral health facilities statewide. They investigate complaints against behavioral health facilities and conduct inspections of facilities.

- **Adult Protective Services (APS)**

Department of Economic Security
Aging and Adult Administration
1789 W. Jefferson Street, Site Code 950A
Phoenix, AZ 85007
Phone: 602-542-4446
Web site: <https://www.azdes.gov/aaa/programs/aps/>

People can report abuse, neglect, and misuse of Arizona's vulnerable or incapacitated adults, 24 hours a day, 7 days a week at the state's hotline, 1-877-SOS-ADULT (1-877-767-2385); 1-877-815-8390 (TDD).

- **Child Protective Services (CPS)**

P.O. Box 44240
Phoenix, AZ 85064-4240
Hotline: 1-888-SOS-CHILD (1-888-767-2445)
Web site: https://www.azdes.gov/child_protective_services/

The Child Protective Services program receives, screens, and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention.

- **The Arizona Health Care Cost Containment System (AHCCCS)**

801 E. Jefferson, MD 3400
Phoenix, AZ 85034
Phone: (602) 417-7000
Web site: <https://www.MyAHCCCS.com>

The Arizona Health Care Cost Containment System (written as AHCCCS and pronounced 'access') is Arizona's Medicaid program. AHCCCS oversees contracted health plans in the delivery of health care to individuals and families who qualify for Medicaid and other medical assistance programs. AHCCCS also contracts with the Division of Behavioral Health Services for behavioral health service coverage.

- **Connect2Help Circle (C2HC)**

<http://swiftresource.com/>

The Connect2Help Circle (C2HC) is an online assistance request forum developed in partnership with the Southwest Institute for Families and Children. The site provides a connection between community members with needs and community members with resources that include information, materials and/or a helping hand.

Through the C2HC website, volunteers who live in or near Flagstaff and Lake Havasu City can register to be "Helpers," then receive email notices of individual needs from a C2HC staff. Anyone can register a need for themselves or for others; examples include equipment like a wheelchair, a request for special knowledge, like working with Individual Education Plans, or accessing community resources. The C2HC Parent Coordinators oversee, facilitate and obtain feedback on the connection experience.

- **NAZCARE (Northern Arizona Consumers Advancing Recovery by Empowerment)**

<http://www.nazcare.org/>

Administrative Phone:

(928) 442-9205

AZPIRE Recovery Center (Flagstaff)

(928) 213-0742

Discovery Recovery Center (Show Low)

(928) 532-3108

FRIENDS Recovery Center (Bullhead City)

(928) 758-3665

New Directions Recovery Center (Kingman)

(928) 753-1213

New Hope Recovery Center (Prescott)

(928) 442-9205 Ext. 7

POWER Recovery Center (Eager)

(928) 333-4990

Serenity Circle Recovery Center (Cottonwood)

(928) 634-1168

NAZCARE, Inc. serves people with mental illness, co-occurring and substance use issues throughout Northern Arizona through recovery centers and supportive housing projects in Bullhead City, Cottonwood, Eager, Flagstaff, Kingman, Prescott, and Show Low. Consumer-operated services are a way to assist persons

with serious mental illness to recover and to return to productive, satisfying lives through peer delivered recovery supported services. Peer support does not replace professional services, but provides additional coordination of care to enhance all services and reduce the burden on behavioral health systems.

- **Northern Arizona Children's Council (NACC)**
Phone: Member Services at 1-800-640-2123

The vision of the Northern Arizona Children's Council is to support partnerships among families and child-serving systems in northern Arizona in order to promote collaborative practice according to the Arizona Vision and 12 Principles. NACC is hosted by **Northern Arizona Regional Behavioral Health Authority (NARBHA)** and is open to all interested family members, youth, and system and community partners.

- **Northern Arizona Cultural Awareness and Diversity Committee (CADC)**

Phone: Member Services at 1-800-640-2123

The purpose of the Northern Arizona Cultural Awareness and Diversity Committee is to reduce disparities and to build the capacity of resources needed to serve the cultural needs and values of its members, in a way that is effective and meaningful to its members. The committee supports partnerships among families and community resources in northern Arizona. It is hosted by **Northern Arizona Regional Behavioral Health Authority (NARBHA)** and is open to all interested family members, youth, system and community partners whom have a passion for diversity.

- **Parent-led Community Action Teams**

http://www.azdhs.gov/phs/ocshcn/community_development/bullhead_partners.htm

(Bullhead City)

http://www.azdhs.gov/phs/ocshcn/community_development/verde_valley.htm

(Clarkdale, Camp Verde, Cottonwood and Sedona)

http://www.azdhs.gov/phs/ocshcn/community_development/apache_parents.htm

(The Children and Family Alliance of Southern Apache County)

Parents partner with professionals and community members to improve the quality of life for children and their families. Teams throughout Arizona provide positive and proactive resources and information regarding education, advocacy, legislative actions, local resources and support services.

If you would like to know more about the resources that are available in your community, you can contact your provider (Responsible Agency) or **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org. You may also find additional resources at www.narbha.org (see *Resources and Links*) or www.narbha.networkofcare.org.

How can I get written information in my language and oral interpreter services?

You may ask for help from **NARBHA** to make sure:

- Written information is either available in your language or can be translated in your language so you can understand it;
- You can find providers who speak your language; and
- If you are eligible for benefits under the Arizona Health Care Cost Containment System (AHCCCS) and/or you are a person determined to have a Serious Mental Illness (SMI), oral interpreter services are available at no cost to you.

Contact your provider or **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org to ask for any of these options.

What are my rights concerning Sign Language Interpreters and Auxiliary Aids if I am deaf or hard of hearing?

If you are deaf or hard of hearing, you may ask that your provider provide auxiliary aids or schedule a Sign Language Interpreter to meet your needs. Your provider has to provide these services, but your request must be made in a timely manner so that your provider can make arrangements for you.

Auxiliary aids include computer-aided transcriptions, written materials, assistive listening devices or systems, closed and open captioning, and other effective methods of making aurally delivered materials available to individuals with hearing loss.

Sign Language Interpreters are skilled professionals certified to provide interpretation, usually in American Sign Language, to the deaf. To find a listing of sign language interpreters and for the laws regarding the profession of interpreters in the State of Arizona, please visit the Arizona Commission for the Deaf and

the Hard of Hearing at www.acdhh.org or call (602) 542-3323 (V/VP); (602) 364-0990 (TTY); 800-352-8161 (V/TTY).

What are my rights concerning printed information if I am visually impaired?

If you have a visual impairment, you may ask that your provider make available to you this member handbook or other materials, such as notices and consent forms, in large print. Your provider has to provide these services, but your request must be made in a timely manner so that your provider can modify the materials for you.

How does NARBHA ensure that my values and beliefs are being considered when services are offered to me and while I am receiving services?

Your traditions, your heritage, religious/spiritual beliefs, language and other aspects of life that you and your family value most define who you are and are part of your "culture". **NARBHA** encourages its providers to understand the culture of each behavioral health recipient to better understand, communicate and treat the people **NARBHA** serves. Your provider will ask you to share cultural information with them so they can help you determine the best treatment plan for you or your family member. It is important that you help your provider understand what is important to you and your family, as this will help tailor services for your specific needs.

Be sure to discuss with your provider what you and your family believe is most important when determining your treatment and discussing your goals. If your provider understands what your goals are, your provider can better help you to reach those goals.

NARBHA works with its providers to better understand various cultures and to provide services in a culturally competent manner. You can view the **NARBHA** Cultural Competency Plan online at <http://narbha.org/services/interpret-translate/>.

What is Managed Care?

In Arizona, public behavioral health services are provided through a Managed Care model. This means that persons getting behavioral health services choose a provider from within a network. The Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) have to make sure that behavioral health services are available to their members. Members are persons enrolled with **NARBHA**.

In addition to making sure that services are available **NARBHA** must oversee the quality of care given to members and manage the cost.

To find out more about Arizona's public behavioral health service delivery system you can visit the Arizona Department of Health Services/Division of Behavioral Health Services Web site at <http://www.azdhs.gov/bhs/>.

How do I contact NARBHA Member Services?

Member Services is available to help answer your questions. Member Services can help you:

- Learn how to become a member and get behavioral health services;
- Learn about the services you can get;
- Find a provider, including providers that provide services after normal business hours;
- Get answers to your questions; and
- Make a complaint or give positive feedback about services.

Member Services at **NARBHA** are available 24 hours a day, 7 days a week.

To contact Member Services at **NARBHA** please call: **NARBHA** please call: (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

NARBHA offices are located at: **1300 South Yale Street, Flagstaff, AZ 86001**

What happens after I am assigned to or enrolled with NARBHA?

Individuals eligible for behavioral health services through AHCCCS are assigned to a Tribal or Regional Behavioral Health Authority based on where they live. American Indians, however, who are assigned to a TRBHA, have the option to choose to receive their services from a RBHA or TRBHA. You have been assigned to **NARBHA** because you live within **NARBHA** service area. You will continue to receive services from **NARBHA**, unless you move to another area of the state where **NARBHA** does not provide services. Individuals who are not AHCCCS eligible will be enrolled with a T/RBHA for behavioral health services. Enrollment with a T/RBHA is also based on where a person lives.

NARBHA and its providers believe in delivering services in a manner that is:

- Strength-based,
- Family friendly,

- Culturally sensitive, and
- Clinically sound

The first step in getting services through a **NARBHA** provider is the intake process. Only **NARBHA** enrollment agencies which have been designated "Responsible Agencies" (RAs) can do intakes. During the intake process, a **NARBHA** Responsible Agency will collect information to start services for you (or your child) in the system. The provider will work with you so that the process is as easy as possible. The staff member will also give you information about the system. This includes a copy of the **NARBHA** Member Handbook.

Each person getting services will be part of a team. The members of the team may include the following:

- The person getting services
- Family members
- Behavioral health clinician(s)
- Other agencies
- Clergy, Traditional Healer, or other religious/spiritual representative
- Other people at the request of the person getting services

The members of the team will be involved in making decisions about your (or your child's) treatment. A Clinical Team is assigned to each person getting services. This person makes sure that everything is going well with treatment.

The next step is for the provider to do an assessment. During this step, the provider will ask you questions about:

- Your (or your child's) strengths
- Your (or your child's) needs
- Your (or your child's) goals
- If you (or your child) need other special evaluations

The next step is for the provider and your (or your child's) team to develop a Service Plan for you (or your child). The information from your assessment will be used to develop your (or your child's) service plan. The plan will describe what needs to be done to meet your (or your child's) needs and improve your (or your child's) health.

Your provider will give you (or your child) services based on your (or your child's) Service Plan. Your provider and Clinical Team will look at your Service Plan at least once a year, every six (6) months if you are in a Seriously Mentally Ill (SMI) program, or whenever new services are needed. This is to make sure that you (or your child) are receiving the appropriate care.

Choice of Services

Members requesting or receiving behavioral health services in the **NARBHA** network can:

1. Request their choice of Responsible Agencies as their primary Intake/Service Provider.
2. Request an array of medically necessary covered behavioral health services through their Clinical Team from the entire network of **NARBHA** service providers.

Transfer of Services

- Members can request a transfer directly through their Responsible Agency and/or Child Family Team (CFT)/ Adult Recovery Team (ART). The Responsible Agency where the person is assigned then initiates the Transfer Process.

OR

- Members can request a transfer be initiated by the Responsible Agency they wish to transfer to. The requested RA would then initiate the Transfer Process through coordinating with the current assigned Responsible Agency.

A listing of NARBHA Network Providers is located on the NARBHA website www.narbha.org/services/listings

After you are assigned to **NARBHA**, you will develop a “team” to help you with identifying your behavioral health needs and obtaining behavioral health services. These teams are referred to as Clinical Teams, or more specifically, Child and Family Teams or Adult Clinical Teams.

What is a Child and Family Team?

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, 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 Child Protective Services (CPS) or 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.

What is an Adult Recovery Team?

A group of individuals working together who are actively involved in a person’s assessment, service planning and service delivery. At a minimum, the team consists of the person, their guardian (if applicable) and a qualified behavioral health representative. The team may also include members of the enrolled person’s family, physical health, mental health

or social service providers, representatives or other agencies serving the person, professionals representing disciplines related to the person’s needs, or other persons identified by the enrolled person.

You will be able to change your team, if you want to, to best support your needs and achieve the goals that you have set.

What are “best practices” in behavioral health, and how do best practices affect the services I receive? Both ADHS/DBHS and your T/RBHA create and support “best practices” in behavioral health care. Best practices are ways of delivering services to you that have been shown to be helpful, based on research and evaluation of these practices. You can learn more about these best practices by going to the ADHS/DBHS and T/RBHA Web sites. ADHS/DBHS has links to Clinical Guidance Documents and Clinical Practice Protocols online at <http://www.azdhs.gov/bhs/4providers.htm> or <http://narbha.org/providers/provider-policy-manual/>. If you would like to receive this information by mail, please contact **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org. Best practices change over time. Please refer to the ADHS/DBHS and your T/RBHA’s Web sites for updates, or contact your T/RBHA for additional information.

What is a Provider Network?

A provider network is a group of behavioral health service providers who work with a T/RBHA and are available to provide behavioral health services.

As part of the **NARBHA** provider network, **NARBHA** has a number of service providers called Responsible Agencies (RAs). RAs are expected to provide a core set of behavioral health services to eligible persons in their geographic areas. The map on the back of the handbook shows where these agencies are located.

These Responsible Agencies (RAs):

1. See if a person can get services;
2. Evaluate what services the person needs, including crisis services;
3. Help the person enroll as a **NARBHA** member; and
4. Help the person get any covered behavioral health services that are needed.

Besides the RAs, **NARBHA** has a large number of other service providers which can provide services to **NARBHA** members as described in the service plan.

A listing of all available providers, their locations, telephone numbers, and languages spoken can be

found online at <http://narbha.org/services/interpret-translate/> or <http://narbha.networkofcare.org/mh/resource/find.cfm>. If you do not have access to the Internet at your home, free Internet service is usually available at libraries. You can also get a paper copy of the provider listing free of charge by calling **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

Some providers may not be taking new members. To find out which providers in the **NARBHA** network are not accepting new members, contact **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

You can choose any hospital or other setting for emergency care. However, there are certain emergency settings within the **NARBHA** network that may be easier for you to use. These include:

Community Counseling Centers

PineView Center

(Adult Psychiatric Inpatient Facility)
1920 W. Commerce Drive
Lakeside, AZ 85929 (928) 368-4110

Mohave Mental Health Clinic

(Adult Psychiatric Inpatient Facility)
1741 Sycamore
Kingman, AZ 86409 (928) 757-8111

The Guidance Center

(Adult Psychiatric Inpatient Hospital)
2187 North Vickey Street
Flagstaff, AZ 86004 (928) 527-1899
Toll Free (888) 681-1899

West Yavapai Guidance Clinic

Windhaven

(Adult Psychiatric Inpatient Hospital)
3347 Windsong Drive
Prescott Valley, AZ 86314 (928) 583-6411

The Responsible Agencies (RAs) in the NARBHA system are listed below:

Child & Family Support Services (CFSS)

www.cfssinc.com
(Child, Youth, and Family Outpatient Services)
1515 E. Cedar Avenue, Ste. D2
Flagstaff, AZ 86004 (928) 774-0775
24-hour on call (Flagstaff) (928) 266-6244

(Child, Youth, and Family Outpatient Services)
8652 E. Eastridge Drive, Suite 103
Prescott Valley, AZ 86314 (928) 775-2500
24-hour on call (Prescott area) (928) 266-5640

Community Bridges (CBAZ)

www.communitybridgesaz.org
Winslow Stabilization Recovery Unit
(Services for Adults with Substance Abuse Issues)
105 N. Cottonwood Avenue
Winslow, AZ 86047 (928) 289-3151

Winslow Outpatient Facility
110 E 2nd Street
Winslow, AZ 86047 (928) 289-1222

Holbrook Stabilization Recovery Unit
(Services for Adults with Substance Abuse Issues)
995 Hermosa Drive
Holbrook, AZ 86025 (928) 524-1151

Community Counseling Centers (CCC)

www.ccc-az.org
(Administration)
105 North Fifth Avenue
Holbrook, AZ 86025 (928) 524-6701

Holbrook Outpatient Center
(Outpatient Services– All Ages)
105 North Fifth Avenue
Holbrook, AZ 86025 (928) 524-6126

Winslow Outpatient Center
(Outpatient Services– All Ages)
1015 East Second Street
Winslow, AZ 86047 (928) 289-4658

Show Low Outpatient Center
(Outpatient Services– All Ages; Pharmacy)
2500 Show Low Lake Road
Show Low, AZ 85901 (928) 537-2951

Winslow Center for Developmental Disabilities
(DDD Facility)
1008 E. First Street
Winslow, AZ 86047 (928) 289-3383

Encompass Health Services (Formerly Community Behavioral Health Services)

www.encompass-az.org
(Outpatient Services– All Ages)
P.O. Box 790
463 S. Lake Powell Blvd.
Page, AZ 86040 (928) 645-5113

(Outpatient Services– All Ages)
150 N. Main Street
P. O. Box 522
Fredonia, AZ 86022 (928) 643-7230

(Outpatient Services– All Ages)
4103 E. Fleet Street, Suite 100
Littlefield, AZ 86432 (928) 347-4566

Liberty House Drop-in Center
5 South Lake Powell Blvd, Suite 3
Page AZ 86040 (928) 645-4906

Hopi Guidance Center – Office of Hopi Behavioral Health and Social Service (HOPI)

(Outpatient Services– All Ages)
P.O. Box 68
Off Hwy. 264, Toreva Road
Second Mesa, AZ 86043
Behavioral Health Services (928) 737-6300
Social Services (928) 737-2685

Little Colorado Behavioral Health Centers (LCBHC)

www.lcbhc.org
St. Johns Office
(Outpatient Services– All Ages)
P.O. Box 579
470 W. Cleveland
St. Johns, AZ 85936 (928) 337-4301

Springerville Office
(Outpatient Services– All Ages)
P.O. Box 699
50 North Hopi Drive
Springerville, AZ 85938 (928) 333-2683

Mohave Mental Health Clinic, Inc. (MMHC)

www.mmhc-inc.org
(Adult Outpatient Services)
3505 Western Avenue
Kingman, AZ 86409 (928) 757-8111

(Children and Adolescent Outpatient Services)
2002 Stockton Hill Road
Suite #104
Kingman, AZ 86401 (928) 718-4800

(Children and Adolescent Outpatient Services)
2580 HWY 95
Suite #210
Bullhead City, AZ 86442 (928) 758-5905

(Adult Outpatient Services)
1145 Marina Blvd.
Bullhead City, AZ 86442 (928) 758-5905

(Outpatient Services– All Ages)
2187 Swanson
Lake Havasu City, AZ 86403 (928) 855-3432

Southwest Behavioral Health Services

www.sbhservices.org
(Adult & Child Outpatient Services)
2580 Hwy 95, Suite 120
Bullhead City, AZ 86442 (928) 763-7776

Bullhead City Opioid Replacement Services
809 Hancock Road, Suite #1
Bullhead City, AZ 86442 (928) 763-7111

Northeast Professional Plaza
(Adult Outpatient Services)
1515 E. Cedar Avenue, Suite B4
Flagstaff, AZ 86004 (928) 779-4550

Flagstaff Opioid Replacement Services
(as of January 2012)
1515 E. Cedar Avenue, Suite E2
Flagstaff, AZ 86004 (928) 714-0010

Lake Havasu City Outpatient Clinic
(Adult & Child Outpatient Services)
1845 McCulloch Blvd.
Lake Havasu City, AZ 86403 (928) 453-2661

Prescott Outpatient Clinic
(Adult Outpatient Services)
600 W. Gurley Street
Prescott, AZ 86305 (928) 717-1800

Prescott Valley Outpatient Clinic
(Adult Outpatient Services)
7763 Florentine
Prescott Valley, AZ 86314 (928) 772-1610

Prescott Valley Opioid Replacement Services
3050 N. Navajo Road
Prescott Valley, AZ 86314 (928) 775-7088

(Adult & Child Outpatient Services)
2215 Hualapai Mountain Road
Kingman, AZ 86401 (928) 753-9387

The Guidance Center (TGC)

www.tgcaz.org
(Administration; Crisis; Intake Triage Unit; Psychiatric Inpatient Hospital)
2187 North Vickey Street
Flagstaff, AZ 86004 (928) 527-1899

Outpatient Facility
(Outpatient Services – All Ages; Pharmacy)
2695 E. Industrial Drive
Flagstaff, AZ 86004
Adult Services (928) 714-6450
Child Services (928) 714-6452

Williams Facility
(Outpatient Services– All Ages)
220 W. Grant Street
Williams, AZ 86046 (928) 635-4272

Recovery Unit
(Chemical Dependency Residential)
2697 E. Industrial Drive
Flagstaff, AZ 86004 (928) 527-1899

Verde Valley Guidance Clinic (VVGK)
www.verdevalleyguidanceclinic.com
(Adult & Child Outpatient Services)
8 E. Cottonwood Street, Building A
Cottonwood, AZ 86326 (928) 634-2236

Women' World
(Women's Chemical Dependency Residential Facility)
8 E. Cottonwood Street, Building B
Cottonwood, AZ 86326 (928) 634-2236

(Adult & Child Outpatient Services; Pharmacy;
Primary Care)
8 E. Cottonwood Street, Building C
Cottonwood, AZ 86326 (928) 634-2236

(Outpatient Services– All Ages)
2880 Hopi Drive
Sedona, AZ 86336 (928) 634-2236

(Outpatient Services– All Ages)
452 Finnie Flat Road
Camp Verde, AZ 86322 (928) 634-2236

West Yavapai Guidance Clinic (WYGC)
www.wygc.org
(Chemical Dependency Residential; Crisis; Adult
Case Management, Green Tree Pharmacy)
642 Dameron Drive
Prescott, AZ 86301 (928) 445-5211

Ruth Street Office
(Outpatient Services; Adult Psychiatry)
625 W. Hillside Avenue
Prescott, AZ 86301 (928) 445-5211

Cortez Clinic
(Child Outpatient Services; Senior Peer Prevention)
505 South Cortez Street
Prescott, AZ 86303
(928) 445-5211

Windsong Center
(Adult & Child Outpatient Services; Crisis)
3345 N. Windsong Drive
Prescott Valley, AZ 86314 (928) 583-6411

Windhaven Center
(Adult Case Management, Windhaven Pharmacy,
Windhaven Psychiatric Hospital)

3347 N. Windsong Drive
Prescott Valley, AZ 86314 (928) 583-6411

The **NARBHA** network also includes pharmacies where you can fill your prescriptions for medications. These include retail pharmacies across Northern Arizona such as: CVS, Osco, Walgreens, Wal-Mart, Frys, Safeway, Target, and others (see <http://narbha.org/services/listings/>). The Guidance Center, Community Counseling Centers, Verde Valley Guidance Clinic, Mohave Mental Health Clinic, and West Yavapai Guidance Clinic provider agencies have pharmacies on site that members may find very convenient to use. Contact your RA for a listing of additional pharmacies or go to <http://narbha.org/includes/media/docs/NARBHA-Pharmacy-Network.pdf>.

How do I choose a provider?

A provider network is a group of providers who work with a T/RBHA and are available to provide behavioral health services. **NARBHA** will help you choose a provider from within the provider network. If you would like to select a provider based on convenience, location, or cultural preference, please tell **NARBHA Member Services**. You will need to contact the provider to make, change, or cancel your appointments. If you need help with scheduling your appointments, contact **NARBHA Member Services**.

If you are not happy with your current provider, **NARBHA Member Services** to discuss other available options.

If you are getting substance abuse services that are funded by the Substance Abuse Prevention and Treatment Federal Block Grant (SAPT), you have the right to get services from a provider to whose religious character you do not object. If you object to the religious character of your substance abuse provider, you may ask for a referral to another provider of substance abuse treatment. You will get an appointment with the new provider within 7 days of your request for a referral, or earlier if your behavioral health condition requires. The new provider must be available to you and provide substance abuse services that are similar to the services that you were receiving at the first provider.

Do I have to pay for behavioral health services I get?

Title XIX (Medicaid) and Title XXI (KidsCare) covered services are paid for through the Arizona Health Care Cost Containment System (AHCCCS), the State Medicaid agency. Persons eligible for these programs are sometimes called AHCCCS eligible. AHCCCS eligible persons cannot be billed for covered behavioral

health services other than applicable co-payments as described below.

AHCCCS Co-payments

Some people who get AHCCCS Medicaid benefits are asked to pay co-payments for some of the AHCCCS medical services that they receive.

The following persons are never asked to pay co-payments:

- Children under age 19
- People determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services
- Individuals up through age 20 eligible to receive services from the Children’s Rehabilitative Services program
- People who are in nursing homes, residential facilities such as an Assisted Living Home or who receive Home and Community Based Services such as attendant care or a visiting nurse
- People who receive hospice care

In addition, co-payments are never charged for the following services for anyone:

- Hospitalizations
- Emergency services
- Family Planning services and supplies
- Pregnancy related health care including tobacco cessation treatment for pregnant women
- Services paid on a fee-for-service basis

Nominal (Low) Co-pays for Some AHCCCS Programs

Most people who get AHCCCS benefits are asked to pay the following nominal co-payments for medical services:

Prescriptions	\$2.30
Out-patient services for physical, occupational and speech therapy	\$2.30
Doctor or other provider outpatient office visits for evaluation and management of your care	\$3.40

Medical providers will ask you to pay these amounts but will NOT refuse you services if you are unable to pay.

People with Required Co-payments

Families with Children who are no Longer Eligible Due to Earnings

If a family is no longer eligible for any AHCCCS program due to higher income that they get from working, they may still get AHCCCS benefits through the Transitional Medical Assistance (TMA) program. People on TMA have to pay higher co-pays for some medical services and will need to pay the co-pays in order to get the services.

Families receiving TMA benefits have the following co-payment amounts:

Prescriptions	\$2.30
Doctor or other provider outpatient office visits for evaluation and management of your care	\$4.00
Outpatient Physical, Occupational and Speech Therapies	\$3.00
Outpatient Non-emergency or voluntary surgical procedures	\$3.00

Pharmacists and Medical Providers can refuse services if the co-payments are not made.

A family receiving TMA will not be required to make the co-pays if the total amount of the co-pays made is more than 5% of the gross family income (before taxes and deductions) during a calendar quarter (January through March, April through June, July through September, and October through December.)

For example, if a family has gross income of \$3,000, then for the months of January, February and March, the most co-pays that the family will need to pay is 5% of \$3000 = \$150. If by February the family has paid \$150 in co-pays, the family will not have to pay co-pays for the rest of the calendar quarter.

When a family receiving TMA benefits thinks that they have paid co-pays that equal 5% of the family’s total quarterly income and AHCCCS has not already told them this has happened, they should send copies of receipts or other proof of how much they have paid to AHCCCS, 801 E. Jefferson, Mail Drop 4600, Phoenix, Arizona 85034.

If you are on this program but your circumstances have changed, contact your local DES office to ask them to review your eligibility.

Other Adults

An adult may get AHCCCS benefits through the AHCCCS Care Program. An adult is on AHCCCS Care because the adult:

- Does not have an eligible deprived child living with them (see Arizona Administrative Code R9-22-1427),
- Is not pregnant,
- Is not aged 65 or over, or
- Is not disabled.

People on AHCCCS Care have to pay higher co-pays for some medical services and will need to pay the co-pays in order to get the services. Persons on AHCCCS Care will need to make the following co-payments in order to receive the following services:

Generic Prescriptions and Brand Name Prescriptions when there is no generic	\$4.00
Brand Name Prescriptions when there is a generic prescription that can be used	\$10.00
Non-emergency use of an emergency room	\$30.00
Doctor or other provider outpatient office visits for evaluation and management of your care	\$5.00

Pharmacists and Medical Providers can refuse services if the co-payments are not made.

If your circumstances have changed and you don't think you belong in the AHCCCS Care program, contact your local DES office to ask them to review your eligibility.

ADHS/DBHS Co-payments

Non-Title XIX/XXI persons determined to have a Serious Mental Illness may have to pay for behavioral health services. The payment amount is a fixed co-payment amount of \$3. If you have Medicare or private insurance, you will pay the \$3 ADHS/DBHS co-payment for services covered by ADHS/DBHS, or the co-payment that your insurance requires (if it is less than \$3) for those services. In other words, you will not have to pay a higher payment for services that ADHS/DBHS covers, just because you have other insurance. However, if you are getting services through your insurance for services or medications that ADHS/DBHS does not cover (see the Available Services Matrix on page 16), you will be responsible for paying the co-payment or other fees that your insurance requires.

A non-covered service is one that is not available to you. It is a service your provider did not set up or approve or is a service that is not covered by the T/RBHA. Services you get from a provider outside of the provider network are non-covered services, unless you have been referred by your provider. If you get a non-covered service you may have to pay for it.

Prior to your appointment for services, **NARBHA** or your provider will discuss with you any payments you will have to pay.

What if I have health insurance?

You must report any health insurance that you have, other than AHCCCS, to **NARBHA** or your provider. This includes Medicare. Persons with health insurance must use the benefits of that health insurance before **NARBHA** will pay for services. At times, **NARBHA** may pay for the cost of co-payments for you, while the cost of the covered service is paid for by your

health insurance. This may occur even if you get services outside the **NARBHA** network of providers.

If there are any changes to your health insurance you must report the change to **NARBHA** or your provider right away.

Medicare coverage

Some people have Medicare and AHCCCS health insurance. If you have Medicare and AHCCCS health insurance, you must tell **NARBHA** or your provider. You may get some services from Medicare providers and some services from **NARBHA** providers. You may have to use Medicare for some behavioral health services before you can use your AHCCCS health insurance. If you are in a Medicare Cost Saving (MCS) program, your Medicare co-payments, premiums, and/or deductibles may be covered for you. **NARBHA** or your provider can help you find out what services Medicare will cover and what services your AHCCCS health insurance will cover.

Sometimes people with Medicare want to get services from a provider that does not work with **NARBHA**. This is called getting services outside the **NARBHA** network of providers. If you choose to get services from a provider outside the **NARBHA** network, you may have to pay for your Medicare co-payment, premium and/or deductible. This does not apply to emergency or other prescribed services. Call **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org for more information on out of network providers.

On January 1, 2006, Medicare Part D Prescription Drug coverage began. AHCCCS does not pay for prescription drugs available with Medicare Part D for persons who have AHCCCS and Medicare. Medicare eligible persons must get their prescription drugs through a Medicare Part D Prescription Drug Plan (PDP) or Medicare Advantage Prescription Drug Plan (MA-PD). These plans will pay for both brand name and generic drugs. If you have Medicare, but you are not enrolled in a Medicare Part D drug plan, AHCCCS will not pay for any prescription drugs that would be paid for by Medicare Part D. You may have to pay for your prescription drugs. If you have questions about this change, you can call 1-800-MEDICARE (TTY: 1-877-486-2048) or visit www.medicare.gov. If you want help in picking a plan, you can call **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

Medicare Part D and AHCCCS may not pay for some prescription drugs. **NARBHA** may assist you with

obtaining prescription drugs not covered by Medicare Part D. **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org to ask about getting help with requesting medication from your Medicare Part D plan.

The Limited Income Subsidy (LIS) program

The Social Security Administration (SSA) has a Limited Income Subsidy (LIS) program that will help pay for the costs of the Medicare Part D prescription drug benefit. This program, also known as "extra help," will pay all or part of the monthly premium, annual deductible, and coinsurance. However, the "extra help" does not pay the copayments for Medicare Part D prescription drugs.

If you have both AHCCCS and Medicare, you do not have to apply for the "extra help". You will get a notice from the Centers for Medicare and Medicaid Services (CMS) telling you that you get the "extra help" and you do not have to apply.

If you are in a Medicare Cost Saving (MCS) program you do not have to apply for the "extra help". MCS programs include the following:

- QMB Only (Qualified Medicare Beneficiary),
- SLMB Only (Specified Low Income Medicare Beneficiary), and
- QI-1 (Qualified Individual).

You will also get a notice from CMS telling you that you get the "extra help" and you do not have to apply.

Other persons may be able to get the "extra help." If your income is below 150% of the Federal Poverty Level (FPL) and you do not have AHCCCS or an MCS program, you have to apply for the "extra help." There are a few ways you can apply. The Social Security Administration (SSA) has a paper application in English and Spanish. You can fill out a paper application and mail it to SSA. You can also apply by calling 1-800-772-1213 (TTY: 1-800-325-0778). Finally, you can apply on-line on the SSA Web site: <http://www.socialsecurity.gov>. On-line applications are available in 14 languages. If you need help applying for the "extra help," please contact **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

What behavioral health services can I get?

Behavioral health services help people think, feel, and act in healthy ways. There are services for mental health problems and there are services for substance abuse.

You can get services based on three things:

- Your need,
- Your insurance coverage, and
- Your provider's approval, if required.

All services are not available to all members. If you would like to see the guidelines that are used to determine admission, continued stay, and discharge, contact **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

You decide with your provider or clinical team^{1*} what services you need. Your provider or clinical team may ask **NARBHA** for approval of a service for you, but the approval may be denied. If a request for services is denied, you can file an appeal. For more information on filing an appeal, see the section called "What is an appeal and how do I file an appeal."

You and your provider may not agree about the services you need. If you feel you need a service, and your provider does not, contact **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

The table **on page 16** lists the available behavioral health services and any limits they may have. **NARBHA** must pay only for the available behavioral health services listed.

Service Coverage for American Indian Persons:

American Indian persons have choices of where to access behavioral health services, including receiving services through a Regional Behavioral Health Authority (RBHA) that serves the zip code you live in or Tribal Regional Behavioral Health Authority (TRBHA) that serves a specific tribe, Indian Health Services (IHS) and/or 638 tribal facilities with behavioral health programs. If you receive services through a RBHA or TRBHA, those services are paid for through the Arizona Department of Health Services/Division of Behavioral Health services (ADHS/DBHS). If you are Title XIX/XXI eligible and receive services through an IHS or 638 tribal facility, the Arizona Health Care Cost Containment System (AHCCCS) pays for those services. Regardless of who pays for the services, your RBHA or TRBHA and/or IHS or 638 tribal facility will coordinate your care to ensure you receive all necessary behavioral health services.

A 638 tribal facility means a facility owned and operated by an American Indian tribe authorized to provide services according to Public Law 93-638, as

¹ * Clinical Teams include both Child and Family Teams and Adult Recovery Teams

amended. A 638 tribal facility may not provide all covered behavioral health services, so ADHS/DBHS is responsible for covering certain services:

- Behavioral health services for persons referred off reservation from an IHS or 638 tribal facility; and
- Emergency services rendered at a non-IHS or non-638 tribal facility to American Indian behavioral health recipients.

If you are unsure about your choices or if you have questions about how your behavioral health services are coordinated, you can contact **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org for additional information.

Medication Coverage

NARBHA has lists of medications, called formularies, that include medications available to you through **NARBHA**. You can find the **NARBHA** formulary and ADHS/DBHS Non-Title XIX/XXI Medication Formulary online at <http://www.narbha.org/includes/media/docs/3.16.1-Form-NARBHA-Medication-Formulary.pdf>; the ADHS/DBHS Non-Title XIX/XXI Formulary is online at <http://azdhs.gov/bhs/updates/documents/NT19Formulary.pdf>. You may need medication that is not on the formularies, or you may need approval for your medication. Your medical practitioner may request non-formulary medications by contacting **NARBHA Pharmacy Help Desk** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

If you go to your pharmacy and you are unable to get your medication(s), call **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org for help.

Special Populations

Special populations include groups of individuals who are eligible to receive services funded by federal block grants. These federal block grants include the Substance Abuse Prevention and Treatment (SAPT), Project for Assistance in Transition from Homelessness (PATH), and Community Mental Health Services (CMHS) federal block grants. SAPT Block Grant funds are used for treatment and long-term recovery support services for the following persons, in order of priority:

- Pregnant women/teenagers who use drugs by injection;
- Pregnant women/teenagers who use substances

- Other persons who use drugs by injection;
- Substance using women and teenagers with dependent children and their families, including women who are attempting to regain custody of their children; and
- *As Funding is Available* - all other persons with a substance use disorder, regardless of gender or route of use.

The PATH Grant provides funds for services to persons or families who:

- Are homeless or at imminent risk of becoming homeless; and
- Are suffering from serious mental illness; or
- Have a substance abuse disorder and are suffering from a serious mental illness.

Expanded outreach efforts include the following populations:

- Victims of domestic violence;
- Elderly individuals;
- Families; and
- Abandoned and/or runaway youth.

The PATH Grant provides the following services and assistance:

- Outreach and community education;
- Field assessment and evaluations;
- Intake assistance/emergent and non-emergent triage;
- Transportation assistance;
- Hotel vouchers in emergency situations;
- Assistance in meeting basic needs (e.g., applications for AHCCCS, SSI/SSDI, food stamps, coordination of health care, etc.);
- Transition into a behavioral health case management system;
- Assistance in getting prescriptions filled;
- Assistance in locating cooling or heating and water stations during extreme heat and winter alerts;
- Moving assistance; and
- Housing referrals, both transitional and permanent placements.

The Community Mental Health Services (CMHS) block grant provides funds to establish or expand community-based services for Non-Title XIX/XXI reimbursable mental health services to children with Serious Emotional Disturbances (SED) and adults with Serious Mental Illness (SMI).

AHCCCS and ADHS/DBHS Benefit Changes

This handbook and the table on pages 16-18 describe the services you can get. You will get a notice if there are changes to the services you can get. This year, there are changes to respite care. Respite care is offered as a temporary break for caregivers to take time for themselves. The number of respite hours available to adults and children receiving ALTCS

benefits or behavioral health services is being reduced from 720 hours to 600 hours within a 12 month period of time. The 12 months will run from October 1 through September 30 of the next year.

Can I get a ride to my appointment?

You may be able to get a ride to and from non-emergency services. Contact your provider (Responsible Agency) or **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org and ask if you can get a ride.

Transportation during an emergency does not need prior approval. Contact the **NARBHA Crisis Line** at 1-877-756-4090 for hearing impaired; please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org for transportation in an emergency or crisis.

What is an approval of services and what are my notification rights?

You and your provider or clinical team^{2*} will work together to make decisions about the services you need. Emergency services needed for an emergency medical condition do not need to be approved before you can get them. Some services, for example non-emergency hospital admissions or other inpatient services, residential treatment services and ECT, need to be approved before you can get them. Your provider or clinical team must ask for approval of these services by **NARBHA**. If a Title XIX/XXI covered service included in your Service Plan is denied, reduced, or terminated, you will receive notice and have the right to file an appeal. The process for filing an appeal is described in the section called, "What is an appeal and how do I file an appeal?"

Only a physician trained to treat your condition may deny a service your provider or clinical team is trying to get approved.

Title XIX/XXI eligible persons:

You will get written notice telling you if the services asked for by your provider or clinical team are not approved. You will get this notice within 14 days of your provider or clinical team asking for approval for standard approval requests or within 3 working days for expedited approval requests. Expedited means that a decision needs to be made sooner due to your behavioral health needs.

The timeframes in which the T/RBHA or the provider must give you written notice of their decision about the requested services can be extended for up to 14 days. This means that a decision may take up to 28 days for the standard approval process, and up to 17 or more days for the expedited process. (The reason that the expedited process may take more than 17 days is because the initial 3 day period is *working* days.) You, **NARBHA**, or the provider can ask for more time. If **NARBHA** or the provider asks for more time, you will get a written notice, called a Notice of Extension of Timeframe for Service Authorization Decision, telling you why it will take longer. If you disagree with the extension, you can file a complaint with **NARBHA Member Services** by calling (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org. If a decision about your requested services is not made within the maximum allowable timeframe, including extensions, the request for approval (authorization) shall be considered denied on the date the timeframe expires.

- If your covered behavioral health services are denied, or if the services you have been getting are terminated, suspended or reduced, you will get a Notice of Action. The Notice of Action is a written document that will tell you:
- What service(s) will be denied, reduced, suspended, or terminated;
- The reason the service(s) will be denied, reduced, suspended, or terminated and the legal basis for the action;
- The date the service(s) will be reduced, suspended, or terminated;
- Your right to file an appeal;
- How to exercise your right to file an appeal;
- When and how you can ask for an expedited decision if you file an appeal; and
- How to ask that your services continue during the appeal process.

You will get a Notice of Action 10 days before the effective date if services you were getting will be reduced, suspended or terminated. If the Notice of Action does not tell you what you asked for, what was decided and why the decision was made in language you can understand, please call **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org for assistance. The Notice of Action is also available in other languages and formats if you need it. If the Notice of Action is not adequate, a new Notice of Action will be issued. If the Notice of Action is still not adequate and the issue is not resolved **NARBHA**, you may call AHCCCS Medical Management at 602-417-4000 to register your complaint.

² * Clinical Teams include both Child and Family Teams and Adult Recovery Teams

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH
NARBHA**

AVAILABLE BEHAVIORAL HEALTH SERVICES

SERVICES		TITLE XIX/XXI CHILDREN AND ADULTS	NON-TITLE XIX/XXI PERSONS DETERMINED TO HAVE SMI §
TREATMENT SERVICES			
Behavioral Health Counseling and Therapy	Individual	Available	Not Available
	Group	Available	Not Available
	Family	Available	Not Available
Behavioral Health Screening, Mental Health Assessment and Specialized Testing	Behavioral Health Screening	Available	Not Available
	Mental Health Assessment	Available	Available
	Specialized Testing	Available	Not Available
Other Professional	Traditional Healing	Not Available with TXIX/XXI funding**	Not Available**
	Auricular Acupuncture	Not Available with TXIX/XXI funding**	Not Available**
REHABILITATION SERVICES			
Skills Training and Development	Individual	Available	Not Available
	Group	Available	Not Available
	Extended	Available	Not Available
Cognitive Rehabilitation		Available	Not Available
Behavioral Health Prevention/Promotion Education		Available	Not Available
Psycho Educational Services and Ongoing Support to maintain employment	Psycho Educational Services	Available	Not Available
	Ongoing Support to maintain employment	Available	Not Available

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH
NARBHA**

AVAILABLE BEHAVIORAL HEALTH SERVICES

SERVICES		TITLE XIX/XXI CHILDREN AND ADULTS	NON-TITLE XIX/XXI PERSONS DETERMINED TO HAVE SMI §
MEDICAL SERVICES			
Medication Services***		Available	Available
Lab, Radiology and Medical Imaging		Available	Available
Medical Management		Available	Available
Electro-Convulsive Therapy		Available	Not Available
SUPPORT SERVICES			
Case Management		Available	Not Available
Personal Care		Available	Not Available
Self-help/Peer Services		Available	Not Available
Home Care Training to Home Care Client (HCTC)		Available	Not Available
Unskilled Respite Care****		Available	Not Available
Supported Housing		Not Available with TXIX/XXI funding**	Not Available to new members
Sign Language or Oral Interpretive Services		Provided free of charge	Provided free of charge
Flex Fund Services		Not Available with TXIX/XXI funding**	Not Available**
Transportation	Emergency	Available	Not Available
	Non-emergency	Available	Not Available
CRISIS INTERVENTION SERVICES			
Crisis Intervention – Mobile		Available	Available
Crisis Intervention – Telephone		Available	Available
Crisis Services – Stabilization		Available	Available
INPATIENT SERVICES			
Hospital		Available	Provided based on available funding
Sub-acute Facility		Available	Provided based on available funding
Residential Treatment Center		Available	Not Available

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH
NARBHA**

AVAILABLE BEHAVIORAL HEALTH SERVICES

SERVICES		TITLE XIX/XXI CHILDREN AND ADULTS	NON-TITLE XIX/XXI PERSONS DETERMINED TO HAVE SMI §
RESIDENTIAL SERVICES			
Behavioral Health Residential Facilities	Level II	Available	Not Available
	Level III	Available	Provided based on available funding
Room and Board		Not Available with TXIX/XXI funding*	Not Available
BEHAVIORAL HEALTH DAY PROGRAMS			
Supervised Day		Available	Not Available
Therapeutic Day		Available	Not Available
Medical Day		Available	Not Available

Limitations:

* For services available through federal block grants, please see the Special Populations section on page 14.

** Services not available with TXIX/XXI funding, but may be provided if grant funding is available

*** Medication services are limited for recipients who have Medicare

**** Unskilled Respite Care – Respite care is offered as a temporary break for caregivers to take time for themselves. The number of respite hours available to adults and children receiving ALTCS benefits or behavioral health services is being reduced from 720 hours to 600 hours within a 12 month period of time. The 12 months will run from October 1 through September 30 of the next year.

§ Exception: May be provided to the extent of available funding through federal block grants. This excludes inpatient hospital services

Exceptions to the 10 day Notice of Action requirement
If fraud is suspected, the notice will be sent to you 5 days before the reduction, suspension or termination of services.

If non-emergency inpatient services are terminated as a result of the denial of a continued stay request, you will be sent a Notice of Action in 2 days.

- You may get a Notice of Action less than 10 days from the effective date in some other situations, such as:
- You told your provider on paper that you no longer want services;
- Your mail is returned and the provider does not know where you are;
- You enter a facility that makes you ineligible for services;
- You move and get Medicaid services outside of Arizona; or

Your physician prescribes a change in the level of your behavioral health care.

Persons determined to have a Serious Mental Illness:

- As a person determined to have a Serious Mental Illness, you may get notices besides the Notice of Action. This may include a Notice of Decision and Right to Appeal. You would get this notice when:
- The initial determination of Serious Mental Illness is made,
- A decision about fees or a waiver from fees is made,
- The Assessment, Service Plan or Inpatient Treatment and Discharge Plan are developed or reviewed,
- Your Service Plan is changed and any services you have been receiving are reduced, suspended or terminated, or

It is determined that you do not have a Serious Mental Illness.

Based upon the behavioral health services you get, you may get other notices about the Grievance and Appeal process, your legal rights and that discrimination is not allowed.

Please contact **NARBHA Grievance and Appeals** staff or **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org with questions about the approval of services and your notification rights.

What is a referral to another provider?

You or your provider may feel that you need specialized care from another behavioral health

provider. If that happens, your provider will give you a "referral" to go to another provider for specialized care.

You may contact **NARBHA** or your provider if you feel you need a referral for specialized care.

Title XIX/XXI eligible persons can get a second opinion. Upon a Title XIX/XXI eligible person's request, **NARBHA** must provide for a second opinion from a health care professional within the **NARBHA** network or arrange for the person to get one outside the network, at no cost to the person. You may contact **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

Who is eligible to receive behavioral health services?

- Persons AHCCCS eligible through either Title XIX (Medicaid) or Title XXI (KidsCare);
- Persons determined to have a Serious Mental Illness; and
- Special populations who are eligible to receive services funded through federal block grants.

Title XIX (Medicaid; may also be called AHCCCS) is insurance for low-income persons, children, and families. It pays for medical, dental (for children up to 21 years of age), and behavioral health services.

Title XXI (KidsCare; may also be called AHCCCS) is insurance for children under the age of 19 who do not have insurance and are not eligible for Title XIX benefits. It pays for medical, dental and behavioral health services.

NARBHA or your provider will ask you questions to help identify if you could be eligible for AHCCCS benefits. If so, they can help you complete an AHCCCS application.

A Serious Mental Illness is a mental disorder in persons 18 years of age or older that is severe and persistent. Persons may be so impaired that they cannot remain in the community without treatment and/or services. **Your Responsible Agency** will make a determination of Serious Mental Illness upon referral/request.

What services can I get if I am not eligible for AHCCCS?

Crisis Services

- You are able to get crisis services, even if you are not Title XIX/XXI eligible (i.e., not eligible for AHCCCS) or determined to have a Serious Mental Illness. Crisis services available to you include:
- Crisis Intervention phone services, including a toll free number, available 24 hours per day, 7 days a week at **1-(877) 756-4090**;
- Mobile crisis Intervention services, available 24 hours per day, 7 days a week;
- 23-hour crisis observation/stabilization services, including detoxification services, and as funding allows, up to 72 hours of additional crisis stabilization; and Substance abuse-related crisis services, including follow-up services for stabilization.

If you are not Title XIX/XXI eligible, you will receive generic medications from the [ADHS/DBHS Non-Title XIX/XXI Formulary](#).

Services for Non-Title XIX/XXI persons determined to have a Serious Mental Illness (SMI)

If you are a Non-Title XIX/XXI person determined to have SMI, you are eligible for a medication-only benefit. This means that services, other than medications and medication-related services are not covered. You will continue to receive the following services:

- Crisis Services, as listed above;
- Generic medication listed on the [ADHS/DBHS Non-Title XIX/XXI Formulary](#). You will only be able to get generic (non-brand name) medications listed on the formulary. This means that brand name medications are not covered. If you want brand name medications, you will have to pay for them yourself (unless you have health insurance that will cover brand name medication);
- Laboratory services;
- Psychiatric assessments;
- Psychiatric follow-up appointments to talk about your medication and make sure it's the right medication for you;
- Telephone calls between the doctor who prescribed your medication and any other doctor or nurse involved in your care to talk about your medication treatment; and
- Nursing (RN, LPN) assistance to help your doctor with your medication.

Housing Services

Supported Housing is a service which helps people stay in housing and become self-sufficient. Supported Housing services may include help with rent, gas and

electric payments, and help in avoiding eviction. Non-Title XIX/XXI persons determined to have SMI, who are currently receiving supported housing services, will continue to receive services until other safe, stable housing is found. Members currently receiving supported housing services will not be evicted. Beginning on May 3, 2010, **NARBHA** stopped providing supported housing services to new Non-Title XIX/XXI persons determined to have SMI. Title XIX/XXI eligible and Non-Title XIX/XXI persons determined to have SMI receiving housing services in residential facilities may be asked to help pay for the cost of room and board.

Special Populations

Some people are eligible to receive behavioral health services that are funded through federal block grants. For more information about these services and who is eligible for these services, please go to page 14.

What happens if I move?

If you move, tell your provider and **NARBHA** right away so they can make sure you continue to receive your services and/or medications. You may need to change to a new provider and/or T/RBHA. If that happens, your provider will ask you to sign a release of information so the new provider and/or T/RBHA can transfer your services. Your records may be given to the new provider once you give written permission. **NARBHA** or your provider can help you with a referral to a new provider and/or T/RBHA.

- If you are Title XIX or Title XXI eligible, call the agency where you applied for those benefits to let them know you moved and give them your new address. This could be:
- AHCCCS (call 602-417-7100 in Maricopa County or 1-800-334-5283 outside of Maricopa County) or go to the MyAHCCCS member Web site at www.MyAHCCCS.com to update your address,
- Department of Economic Security (call 1-800-352-8168), or
- Social Security Administration (1-800-772-1213).

What is consent to treatment?

You have the right to accept or refuse behavioral health services that are offered to you. If you want to get the behavioral health services offered, you or your legal guardian must sign a "Consent to Treatment" form giving your or your legal guardian's permission for you to get behavioral health services. When you sign a "Consent to Treatment" form you are also giving the Arizona Department of Health Services / Division of Behavioral Health Services (ADHS/DBHS) permission to access your records.

To give you certain services, your provider needs to get your permission. Your provider may ask you to sign a form or to give verbal permission to get a specific service. You will be given information about the service so you can decide if you want that service or not. An example would be if your provider prescribes a medication. Your provider will tell you about the benefits and risks of taking the medication and other options for treatment. Your provider will ask you to sign a consent form or give verbal permission if you want to take the medication. Let your provider know if you have questions or do not understand the information your provider gave you. You have the right to withdraw your consent at any time. Your provider will explain to you what will happen if you choose to withdraw your consent.

Is my behavioral health information private?

There are laws about who can see your behavioral health information with or without your permission. Substance abuse treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without your written permission.

- At times your permission is not needed to share your behavioral health information to help arrange and pay for your care. These times could include the sharing of information with:
 - Physicians and other agencies providing health, social, or welfare services;
 - Your medical primary care provider;
 - Certain state agencies involved in your care and treatment, as needed; and
 - Members of the clinical team^{3*} involved in your care.

At other times, it may be helpful to share your behavioral health information with other agencies, such as schools. Your written permission may be required before your information is shared.

There may be times that you want to share your behavioral health information with other agencies or certain individuals who may be assisting you. In these cases, you can sign an Authorization for the Release of Information Form, which states that your medical records, or certain limited portions of your medical records, may be released to the individuals or agencies that you name on the form. For more information about the Authorization for the Release of Information Form, contact **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

3 Clinical Teams include both Child and Family Teams and Adult Recovery Teams

You can ask to see the behavioral health information in your medical record. You can also ask that the record be changed if you do not agree with its contents. You can also receive one free copy per year of your medical record. Contact your provider or **NARBHA** to ask to see or get a copy of your medical record.

You may contact **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

You will receive a response to your request within 30 days. If you receive a written denial to your request, you will be provided with information about why your request to obtain your medical record was denied.

Exceptions to Confidentiality

There are times when we cannot keep information confidential. The following information is not protected by the law:

If you commit a crime or threaten to commit a crime at the program or against any person who works at the program, we must call the police.

If you are going to hurt another person, we must let that person know so that he or she can protect himself or herself. We must also call the police.

We must also report suspected child abuse to local authorities.

If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (e.g., hospitals and other counselors) to protect you. Only necessary information to keep you safe is shared.

What are my rights and responsibilities while getting behavioral health services?

What are my rights?

You have the right to:

- Be treated fairly and with respect regardless of race, ethnicity, religion, mental or physical disability, sex, age, sexual preference, or ability to pay,
- Participate in decisions regarding your behavioral health care and participate in making your Service Plan,
- Include any persons you wish in your treatment,
- Have your protected health information kept private,
- Get your services in a safe place,
- Make an advance directive,
- Agree to or refuse treatment services, unless the services are court ordered,

- Get information in your own language or have it translated,
- Complain about the Arizona Department of Health Services;
- File a complaint, appeal, or grievance without penalty,
- Receive good care from providers who know how to take care of you,
- Choose a provider within the Provider Network,
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation,
- Use your rights with no negative action by the Arizona Department of Health Services or **NARBHA**, and
- The same civil and legal rights as anyone else.

To request any of this information, contact **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

You also have the right to request and obtain the following information at any time:

- Receive a Member Handbook at least annually from **your provider (Responsible Agency) or NARBHA**;
- The name, location, and telephone number of the current providers in your service area that speak a language other than English and the name of the language(s) spoken,
- The name, location, and telephone number of the current providers in your service area that are not accepting new members,
- Any limits of your freedom of choice among network providers,
- Your rights and protections,
- A description of how after-hours and emergency coverage is provided,
- A description of what is an emergency medical condition and what are emergency and post stabilization services,
- The process for getting emergency services, including the use of the 911 telephone system or local emergency numbers,
- The location of providers and hospitals that provide emergency and post stabilization services,
- Your right to use any hospital or other setting for emergency care,
- Your right to get emergency services without prior approval,
- The amount, duration, and scope of your benefits,
- The process for getting services, including approval requirements and criteria used to make decisions about the services you can get,
- The extent to which, and how, you may get benefits from out-of-network providers,
- The rules for post stabilization care services,
- Cost sharing, if any,
- How and where to access services including any cost sharing required and how transportation can be provided,
- Advanced directives,

What are my responsibilities?

- You have the responsibility to:
- Give information needed for your care to your providers;
- Follow instructions and guidelines from your providers;
- Know the name of your provider/case manager;
- Schedule appointments during regular office hours when possible limiting the use of Urgent Care and Emergency Room facilities;
- Arrive on time for appointments;
- Tell providers if you have to cancel an appointment before the scheduled time;
- Participate in creating your Service Plan;
- Be aware of your rights;
- Assist in moving towards your recovery;
- Take care of yourself; and
Treat others with respect and work cooperatively with others.

Title XIX/XXI eligible persons are responsible for:

- Protecting your identification (ID) card;
- Not misusing your ID card, including loaning, selling or giving your card to others, which may result in the loss of your eligibility or legal action; and
- Keeping, not discarding, your ID card.

What is a designated representative?

Advocating for your rights can be hard work. Sometimes it helps to have a person with you to support your point of view. If you have been determined to have a Serious Mental Illness, you have the right to have a designated representative help you in protecting your rights and voicing your service needs.

Who is a designated representative?

A designated representative may be a parent, guardian, friend, peer advocate, relative, human rights

advocate, member of a Human Rights Committee, an advocate from the State Protection and Advocacy system, or any other person who may help you protect your rights and voice your service needs.

When can a designated representative help me?

You have the right to have a designated representative help you protect your rights and voice your service needs during any meetings about your Service Plan or Inpatient Treatment and Discharge Plan. Your designated representative must also receive written notice of the time, date and location of Service Plan and Inpatient Treatment and Discharge Plan meetings, and your designated representative must be invited to the Individual Treatment and Discharge Plan meetings.

You have the right to have a designated representative help you in filing an appeal of the treatment you got, your Service Plan, Inpatient Treatment and Discharge Plan or attend the informal conference or administrative hearing with you to protect your rights and voice your service needs.

You have the right to have a designated representative help you in filing a grievance. A designated representative may also go to the meeting with the investigator, the informal conference, or an administrative hearing with you to protect your rights and voice your service needs.

If you have questions about designated representatives, call **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org or the ADHS/DBHS Office of Human Rights at 602-364-4585 or 1-800-421-2124. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services.

What can I do if I have a complaint about my care?

If you are not happy with the care you are getting, try to solve any issues at the lowest possible level by talking with your provider or **NARBHA**.

What is a formal complaint and how do I make one?

- A formal complaint is when you are not happy with any aspect of your care. Reasons for complaints could include such things as:
- The quality of care or services you got,
- A disagreement with the denial to process an appeal as expedited,
- The failure of a provider to respect a person's rights, or
- A provider or employee of a provider being rude to you.

Formal complaints can be made either orally or in writing. You can call or write to **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org or write **NARBHA** 1300 South Yale Street, Flagstaff, AZ 86001.

If you make your complaint by phone, it will be acknowledged at that time. For written complaints, you will be notified that your complaint was received within 5 working days. A decision regarding the results of your complaint must be given to you in a timely manner, but within 90 days of making your complaint.

- Some issues require you to file an appeal instead of a formal complaint. This process is described in the section called, "What is an appeal and how do I file an appeal." These issues include:
- The denial or limited approval of a service asked for by your provider or clinical team^{4*},
- The reduction, suspension, or termination of a service you were receiving,
- The denial, in whole or part, of payment for a service,
- The failure to provide services in a timely manner,
- The failure to act within timeframes for resolving an appeal or complaint, and
- The denial of a request for services outside of the provider network when services are not available within the provider network.

If you are a person determined to have a Serious Mental Illness (SMI), you can file a grievance/request for investigation if you feel that your rights have been violated. See "What is a Grievance/Request for Investigation for persons determined to have a Serious Mental Illness and how can I file one?" for more information.

What is an appeal and how do I file an appeal?

What is an appeal?

An appeal is a formal request to review an action or decision related to your behavioral health services.

There are 3 types of appeals depending on what is being appealed and who is filing the appeal. The 3 types of appeals are:

- Appeals for Title XIX/XXI AHCCCS eligible persons,
- Appeals for persons determined to have a Serious Mental Illness, and
- Appeals for persons who are not enrolled as a person with Serious Mental Illness and are Non-Title XIX/XXI eligible.

4 * Clinical Teams include both Child and Family Teams and Adult Recovery Teams

Medicare Part D Exceptions and Appeals

Every Medicare Part D plan must have an exception and appeal process. If you have Medicare Part D Prescription Drug coverage and you file an exception or appeal, you may be able to get a prescription drug that is not normally covered by your Part D plan. Contact your Part D plan for help in filing an exception or appeal regarding your prescription drug coverage.

How do I file an appeal?

Appeals can be filed orally or in writing with **NARBHA** within 60 days of receiving a Notice of Action or Notice of Decision and Right to Appeal. A Notice of Action and Notice of Decision and Right to Appeal are written letters that tell you about a change in your services. An expedited appeal will be resolved sooner than a standard appeal due to the urgent behavioral health needs of the person filing the appeal. Contact **NARBHA Member Services** or your provider to see if your appeal will be expedited.

You can file an appeal or your legal or authorized representative, including a provider, can file an appeal for you with your written permission. You can also get help with filing an appeal by yourself.

To file an appeal orally or for help with filing a written appeal, call **NARBHA Grievance and Appeals** or **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org.

To file a written appeal, mail the appeal to **NARBHA Office of Grievance and Appeals, 1300 South Yale Street, Flagstaff, AZ 86001**.

You will get written notice that your appeal was received within 5 working days. If your appeal needs to be expedited, you will get notice that your appeal was received within 1 working day.

Appeals for Title XIX/XXI AHCCCS eligible persons

- If you are Title XIX/XXI AHCCCS eligible, you have the right to ask for a review of the following actions:
- The denial or limited approval of a service asked for by your provider or clinical team^{5*},
- The reduction, suspension, or termination of a service that you were receiving,
- The denial, in whole or part, of payment for a service,
- The failure to provide services in a timely manner,
- The failure to act within timeframes for resolving an appeal or complaint, and

- The denial of a request for services outside of the provider network when services are not available within the provider network.

What happens after I file an appeal?

As part of the appeal process, you have the right to give evidence that supports your appeal. You can provide the evidence to the RBHA or ADHS/DBHS in person or in writing. In order to prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process, as long as the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or **NARBHA**. The evidence you give to the RBHA or ADHS/DBHS will be used when deciding the resolution of the appeal.

How is my appeal resolved?

The RBHA or ADHS/DBHS must give you a decision, called a Notice of Appeal Resolution, in person or by certified mail within 30 days of getting your appeal for standard appeals, or within 3 working days for expedited appeals. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

The time frames in which the T/RBHA or provider must give you the Notice of Appeal Resolution may be extended up to 14 days. You, **NARBHA** or the provider can ask for more time in order to gather more information. If **NARBHA** or the provider ask for more time, you will be given written notice of the reason for the delay.

The Notice of Appeal Resolution will tell you:

- The results of the appeal process and
- The date the appeal process was completed.

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:

- How you can ask for a State Fair Hearing,
- How to ask that services continue during the State Fair Hearing process, if applicable,
- The reason why your appeal was denied and the legal basis for the decision to deny your appeal, and
- That you may have to pay for the services you get during the State Fair Hearing process if your appeal is denied at the State Fair Hearing.

What if I am not happy with my appeal results?

You can ask for a State Fair Hearing if you are not happy with the results of an appeal. If your appeal was expedited, you can ask for an expedited State Fair Hearing. **YOU HAVE THE RIGHT TO HAVE A REPRESENTATIVE OF YOUR CHOICE ASSIST YOU AT THE STATE FAIR HEARING.**

5 Clinical Teams include both Child and Family Teams and Adult REcovery Teams

How do I ask for a State Fair Hearing?

You must ask for a State Fair Hearing in writing within 30 days of getting the Notice of Appeal Resolution. This includes both standard and expedited requests for a State Fair Hearing. Requests for State Fair Hearings should be mailed to: **NARBHA Office of Grievance and Appeals, 1300 South Yale Street, Flagstaff, AZ 86001.**

What is the process for my State Fair Hearing?

- You will receive a Notice of State Fair Hearing at least 30 days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:
- The time, place and nature of the hearing,
- The reason for the hearing,
- The legal and jurisdictional authority that requires the hearing, and
- The specific laws that are related to the hearing.

How is my State Fair Hearing resolved?

For standard State Fair Hearings, you will receive a written AHCCCS Director's Decision no later than 90 days after your appeal was first filed. This 90 day period does not include:

- Any timeframe extensions that you have requested, and
- The number of days between the date that you received the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted.

The AHCCCS Director's Decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

For expedited State Fair Hearings, you will receive a written AHCCCS Director's Decision within 3 working days after the date that AHCCCS receives your case file and appeal information from the RBHA or ADHS/DBHS. AHCCCS will also try to call you to notify you of the AHCCCS Director's Decision.

Will my services continue during the Appeal/State Fair Hearing process?

You may ask that the services you were already getting continue during the appeal process or the State Fair Hearing process. If you want to keep getting the same services, you must ask for your services to be continued in writing. If the result of the appeal or State Fair Hearing is to agree with the action to either end or reduce your services, you may have to pay for the services received during the appeal or State Fair Hearing process.

Appeals for persons determined to have a Serious Mental Illness

Persons asking for a determination of Serious Mental Illness and persons who have been determined to have a Serious Mental Illness can appeal the result of a Serious Mental Illness determination.

Persons determined to have a Serious Mental Illness may also appeal the following adverse decisions:

- Initial eligibility for SMI services;
- A decision regarding fees or waivers;
- The assessment report, and recommended services in the service plan or individual treatment or discharge plan;
- The denial, reduction, suspension or termination of any service that is a covered service funded through Non-Title XIX/XXI funds⁶;
- Findings of the clinical team with regard to the person's competency, capacity to make decisions, need for guardianship or other protective services or need for special assistance;
- A decision is made that the person is no longer eligible for SMI services; and
- A PASRR determination in the context of either a preadmission screening or an annual resident review, which adversely affects the person.

What happens after I file an appeal?

If you file an appeal, you will get written notice that your appeal was received within 5 working days of **NARBHA's** receipt. You will have an informal conference with the RBHA within 7 working days of filing the appeal. The informal conference must happen at a time and place that is convenient for you. You have the right to have a designated representative of your choice assist you at the conference. You and any other participants will be informed of the time and location of the conference in writing at least two days before the conference. If you are unable to come to the conference in person, you can participate in the conference over the telephone.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within 1 working day of **NARBHA's** receipt, and the informal conference must occur within 2 working days of filing the appeal.

If the appeal is resolved to your satisfaction at the informal conference, you will get a written notice that describes the reason for the appeal, the issues involved, the resolution achieved and the date that the resolution will be implemented. If there is no resolution of the appeal during this informal

⁶ Persons determined to have a Serious Mental Illness cannot appeal a decision to deny, suspend or terminate services that are no longer available due to a reduction in State funding.

conference, and if the appeal does not relate to your eligibility for behavioral health services, the next step is a second informal conference with ADHS/DBHS. This second informal conference must take place within 15 days of filing the appeal. If the appeal needs to be expedited, the second informal conference must take place within 2 working days of filing the appeal. You have the right to skip this second informal conference.

If there is no resolution of the appeal during the second informal conference, or if you asked that the second informal conference be skipped, you will be given information that will tell you how to get an Administrative Hearing. Appeals of Serious Mental Illness eligibility determinations move directly to the Administrative Hearing process if not resolved in the first informal conference and skip the second informal conference. The Office of Grievance and Appeals at ADHS/DBHS handles requests for Administrative Hearings.

Will my services continue during the appeal process?

If you file an appeal you will continue to get any services you were already getting unless a qualified clinician decides that reducing or terminating services is best for you or you agree in writing to reducing or terminating services. You will not have to pay for services you get during the appeal process or Administrative Hearing process.

Appeals for persons who are not determined to have Serious Mental Illness and Non-Title XIX/XXI eligible

If you are Non-Title XIX/XXI (AHCCCS) eligible and not determined to have Serious Mental Illness you may appeal actions or decisions related to decisions about behavioral health services you need that are available through **NARBHA**.

What happens after I file an appeal?

As part of the appeal process, you have the right to give evidence that supports your appeal. You can give the evidence to the RBHA or ADHS/DBHS in person or in writing. In order to prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process as long as the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or **NARBHA**. The evidence you give to the RBHA or ADHS/DBHS will be used when deciding the resolution of the appeal.

How is my appeal resolved?

The RBHA or ADHS/DBHS must give you a Notice of Appeal Resolution in person or by certified mail within 30 days of getting your appeal. The Notice of Appeal

Resolution is a written letter that tells you the results of your appeal.

The time frames in which the T/RBHA or provider must give you the Notice of Appeal Resolution may be extended up to 14 days. You, **NARBHA**, or the provider can ask for more time in order to gather more information. If **NARBHA** or the provider asks for more time, you will be given written notice of the reason for the delay.

The Notice of Appeal Resolution will tell you:

- The results of the appeal process and
- The date the appeal process was completed.

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:

- How you can request a State Fair Hearing and
- The reason why your appeal was denied and the legal basis for the decision to deny your appeal.

What if I am not happy with my appeal results?

You can ask for a State Fair Hearing if you are not happy with the results of an appeal.

How do I ask for a State Fair Hearing?

You must ask for a State Fair Hearing in writing within 30 days of getting the Notice of Appeal Resolution. Requests for State Fair Hearings should be mailed to: **NARBHA Office of Grievance and Appeals, 1300 South Yale Street, Flagstaff, AZ 86001.**

What is the process for my State Fair Hearing?

- You will receive a Notice of State Fair Hearing at least 30 days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:
- The time, place and nature of the hearing,
- The reason for the hearing,
- The legal and jurisdictional authority that requires the hearing, and
- The specific laws that are related to the hearing.

How is my State Fair Hearing resolved?

For standard State Fair Hearings, you will receive a written ADHS Director's Decision no later than 90 days after your appeal was originally filed. This 90 day period does not include:

- Any timeframe extensions that you have requested; and
- The number of days between the date you received the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted.

The ADHS Director's Decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

What is a Grievance/Request for Investigation for persons determined to have a Serious Mental Illness and how can I file one?

The Grievance/Request for Investigation process applies only to adult persons who have been determined to have a Serious Mental Illness.

You can file a Grievance/Request for Investigation if you feel:

- Your rights have been violated;
- You have been abused or mistreated by staff of a provider; or
- You have been subjected to a dangerous, illegal or inhumane treatment environment.

You have 12 months from the time that the rights violation happened to file a Grievance/Request for Investigation. You may file a Grievance/Request for Investigation orally or in writing. Grievance/Request for Investigation forms are available at **NARBHA** and providers of behavioral health services. You may ask staff for help in filing your grievance. Contact the following to make your oral or written Grievance/Request for Investigation:

NARBHA Grievance and Appeals Office
1300 South Yale Street
Flagstaff, AZ 86001

Or call **NARBHA Member Services** at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org

Any grievance concerning physical abuse, sexual abuse or a person's death must be submitted to ADHS/DBHS. To file an oral or written grievance concerning physical abuse, sexual abuse or a person's death, contact ADHS/DBHS Office of Grievance and Appeals, 150 North 18th Avenue, Suite 210, Phoenix, Arizona 85007, 1-800-421-2124 or 602-364-4575. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services.

ADHS/DBHS or **NARBHA** will send you a letter within 5 days of getting your Grievance/Request for Investigation form. This letter will tell you how your Grievance/Request for Investigation will be handled.

If there will be an investigation, the letter will tell you the name of the investigator. The investigator will contact you to hear more about your Grievance/Request for Investigation. The investigator will then contact the person that you feel was responsible for violating your rights. The investigator will also

gather any other information they need to determine if your rights were violated.

Within 35 days of an investigator being assigned to investigate, unless an extension has been asked for, you will get a written decision of the findings, conclusions and recommendations of the investigation. You will also be told of your right to appeal if you do not agree with the conclusions of the investigation.

If you file a Grievance/Request for Investigation, the quality of your care will not suffer.

What is fraud and abuse?

Members need to use behavioral health services properly. It is considered fraud if a member or provider is dishonest in order to:

- Get a service not approved for the member, or
- Get AHCCCS benefits that they are not eligible for.

Abuse happens if a member causes unnecessary costs to the system on purpose, for example:

- Loaning an AHCCCS card or the information on it to someone else, or
- Selling an AHCCCS card or the information on it to someone else.

Misuse of your AHCCCS identification card, including loaning, selling or giving it to others, could result in your loss of AHCCCS eligibility. Fraud and abuse are felony crimes and are punishable by legal action against the member or provider.

If you think that somebody is committing fraud or abuse, contact:

- **The NARBHA Corporate Compliance Hotline** at (928) 214-1178 or toll-free at 1-877-923-1400 and push 6; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org
- ADHS/DBHS Fraud and Abuse Hotline at 602-364-3758; or 1-866-569-4927. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services,
- AHCCCS Member Fraud Line at 602-417-4193 or 1-888-487-6686, or
- AHCCCS Provider Fraud Line at 602-417-4045 or 1-888-487-6686.

What is an Advance Directive?

You have the right to make an advance directive. An advance directive tells a person's wishes about what kind of care he or she does or does not want to get

when the person cannot make decisions because of his or her illness.

- A medical advance directive tells the doctor a person's wishes if the person cannot state his/her wishes because of a medical problem.
- A mental health advance directive tells the behavioral health provider a person's wishes if the person cannot state his/her wishes because of a mental illness.

One type of a mental health advance directive is a Mental Health Care Power of Attorney that gives an adult person the right to name another adult person to make behavioral health care treatment decisions on his or her behalf.

- The person named, the designee, may make decisions on behalf of the adult person if she or he cannot make these types of decisions.
- The designee, however, must not be a provider directly involved with the behavioral health treatment of the adult person at the time the Mental Health Care Power of Attorney is named.
- The designee may act in this capacity until his or her authority is revoked by the adult person or by court order.
- The designee has the same right as the adult person to get information and to review the adult person's medical records about possible behavioral health treatment and to give consent to share the medical records.
- The designee must follow the wishes of the adult person as stated in the Mental Health Care Power of Attorney. If, however, the adult person's wishes are not stated in a Mental Health Care Power of Attorney and are not known by the designee, the designee must act in good faith and consent to treatment that she or he believes to be in the adult person's best interest. The designee may consent to admitting the adult person to a level one behavioral health facility licensed by the Department of Health Services if this authority is stated in the Mental Health Care Power of Attorney.

In limited situations, some providers may not uphold an advance directive as a matter of conscience. If your behavioral health provider does not uphold advance directives as a matter of conscience, the provider must give you written policies that:

- State institution-wide conscience objections and those of individual physicians,
- Identify the law that permits such objections, and
- Describe the range of medical conditions or procedures affected by the conscience objection.

Contact your provider (Responsible Agency) or **NARBHA Member Services** at (928) 774-7128 or

toll-free at 1-800-640-2123; for hearing impaired, please use the Arizona Relay Service at 711 or 1-800-367-8939 or internet assistance at www.azrelay.org to find out whether or not any providers in the **NARBHA** network do not uphold aspects of advance directives as a matter of conscience.

Your provider cannot discriminate against you because of your decision to make or not make an advance directive.

Tell your family and providers if you have made an advance directive. Give copies of the advance directive to:

- All providers caring for you, including your Primary Care Provider (PCP);
- People you have named as a Medical or Mental Health Care Power of Attorney; and
- Family members or trusted friends who could help your doctors and behavioral health providers make choices for you if you cannot do it.

Contact **NARBHA Member Services** to ask more about advance directives or for help with making one.

What is Arizona's Vision for the delivery of behavioral health services?

All behavioral health services are delivered according to 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.

The twelve principles for the delivery of services to children are:

- Collaboration with the child and family;
- Functional outcomes - Behavioral health services are designed to aid children to achieve success in school, live with their families, avoid criminal actions, and become stable and productive adults;
- Collaboration with others;
- Accessible services;
- Best practices;
- Most appropriate setting;
- Timeliness;
- Services tailored to the child and family;
- Stability;
- Respect for the child and family's unique cultural heritage;
- Independence;
- Connection to natural supports.

The Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems are:

1. Respect
Respect is the cornerstone. Meet the person where they are without judgment, with great patience and compassion.
2. Persons in recovery choose services and are included in program decisions and program development efforts.
A person in recovery has choice and a voice. Their self-determination in driving services, program decisions and program development is made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the "informed consumer" and the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.
3. Focus on individual as a whole person, while including and/or developing natural supports
A person in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual's social community.
4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure
A person in recovery finds independence through exploration, experimentation, evaluation, contemplation and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.
5. Integration, collaboration, and participation with the community of one's choice
A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscores one's role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.
6. Partnership between individuals, staff, and family members/natural supports for shared decision making with a foundation of trust
A person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants, and lead to the creation of optimum protocols and outcomes.
7. Persons in recovery define their own success
A person in recovery -- by their own declaration -- discovers success, in part, by quality of life

- outcomes, which may include an improved sense of wellbeing, advanced integration into the community, and greater self-determination. Persons in recovery are the experts on themselves, defining their own goals and desired outcomes.
8. Strengths-based, flexible, responsive services reflective of an individual's cultural preferences
A person in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. A person in recovery is the source of his/her own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.
 9. Hope is the foundation for the journey towards recovery
A person in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. A person in recovery is held as boundless in potential and possibility.

Terms

638 Tribal Facility means a facility operated by an Indian tribe authorized to provide services pursuant to Public Law 93-638, as amended.

Action is the denial or limited approval of a requested service, including the type or level of service, a reduction, suspension or termination of a service someone has been receiving, the denial, in whole or part of payment for a service, the failure to provide services in a timely manner, the failure to act within established timeframes for resolving an appeal or complaint and providing notice to affected parties, and , the denial of the Title XIX/XXI eligible person's request to get services outside the network when services are not available within the provider network.

Advance Directive is a written instruction telling your wishes about what types of care you do or do not want.

Appeal is a formal request to review an action or decision related to your behavioral health service that you can file if you are not happy with an action, or adverse decision for persons determined to have a Serious Mental Illness, taken by a provider or **NARBHA**.

Approval of services is the process used when certain non-emergency services have to be approved before you can get them.

Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) is the state agency that oversees the use of federal and state funds to provide behavioral health services.

Arizona Health Care Cost Containment System (AHCCCS) is the state agency that oversees the Title XIX (Medicaid), Title XXI (KidsCare) and Arizona Long Term Care Services (ALTCSS) programs.

Auricular Acupuncture is provided by a certified acupuncturist practitioner, who uses auricular acupuncture needles to treat alcoholism, substance abuse or chemical dependency.

Behavioral health provider is whom you choose to get behavioral health services from. It can include doctors, counselors, other behavioral health professionals/technicians and behavioral health treatment centers.

Clinical Team Is a team of individuals whose primary function is to develop a comprehensive and unified service or treatment plan for an enrolled person. The team may include an enrolled person, members of the enrolled person's family, health, mental health or social service providers including professionals

representing disciplines related to the person's needs, or other persons that are not health, mental health or social service providers identified by the person or family. Clinical teams include Child and Family Teams and Adult Recovery Teams.

Complaint is the expression of dissatisfaction with any aspect of your care that is not an action that can be appealed.

Consent to treatment is giving your permission to get services.

Cost sharing refers to a RBHA's responsibility for payment of applicable premiums, deductibles and co-payments.

Emergency Medical Condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: a) placing the patient's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; b) serious impairment to bodily functions; or c) serious dysfunction of any bodily organ or part.

Enrolled is the process of becoming eligible to receive public behavioral health services.

Expedited appeal is an appeal that is processed sooner than a standard appeal in order to not seriously jeopardize the person's life, health or ability to attain, maintain or regain maximum functioning.

Grievance/Request for Investigation is for persons determined to have a Serious Mental Illness when they feel their rights have been violated.

Indian Health Service (IHS) means the bureau of the United States Department of Health and Human Services that is responsible for delivering public health and medical services to American Indians and Alaskan Natives throughout the country. The federal government has direct and permanent legal obligation to provide health services to most American Indians according to treaties with Tribal Governments.

Member is a person enrolled with a T/RBHA to get behavioral health services.

Notice of Action is the notice you get of an intended action or adverse decision made by the T/RBHA or a provider regarding services.

Power of Attorney is a written statement naming a person you choose to make health care or mental health decisions for you if you cannot do it.

Provider Network is a group of providers that contract with the T/RBHAs to provide behavioral health services. Some counties may have a limited number of providers in their provider network to choose from.

Referral is the process (oral, written, faxed or electronic request) by which your provider will “refer” you to a provider for specialized care.

Regional Behavioral Health Authority (RBHA) is the agency under contract with ADHS to deliver or arrange for behavioral health services for eligible persons within a specific geographic area.

Responsible Agency (RA) has replaced “Service Area Agency (SAA)” and “Tribal Area Agency (TAA)” to indicate a designated provider responsible to intake eligible persons and/or members for service, to provide treatment services, and/ or to coordinate any other behavioral health services needed by a member. RAs maintain the primary responsibility for these behavioral health service functions in specific geographic areas; the map on the back of the Member Handbook shows where these RAs are located.

Restraint means personal restraint, mechanical restraint or drug used as a restraint. Personal restraint is the application of physical force without the use of any device, for the purpose of restricting the free movement of a behavioral health recipient’s body. Mechanical restraint is any device, article, or garment attached or adjacent to a behavioral health recipient’s body that the person cannot easily remove and that restricts the person’s freedom of movement or normal access to the person’s body. Drug used as a restraint is a pharmacological restraint that is not standard treatment for a behavioral health recipient’s medical condition or behavioral health issue and is administered to manage the behavioral health recipient’s behavior in a way that reduces the safety risk to the person or others or temporarily restrict the behavioral health recipient’s freedom of movement.

Seclusion is the involuntary confinement of a behavioral health recipient in a room or an area from which the person cannot leave or which a person reasonably believes prevents him/her from leaving.

Serious Mental Illness (SMI) is a condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. § 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

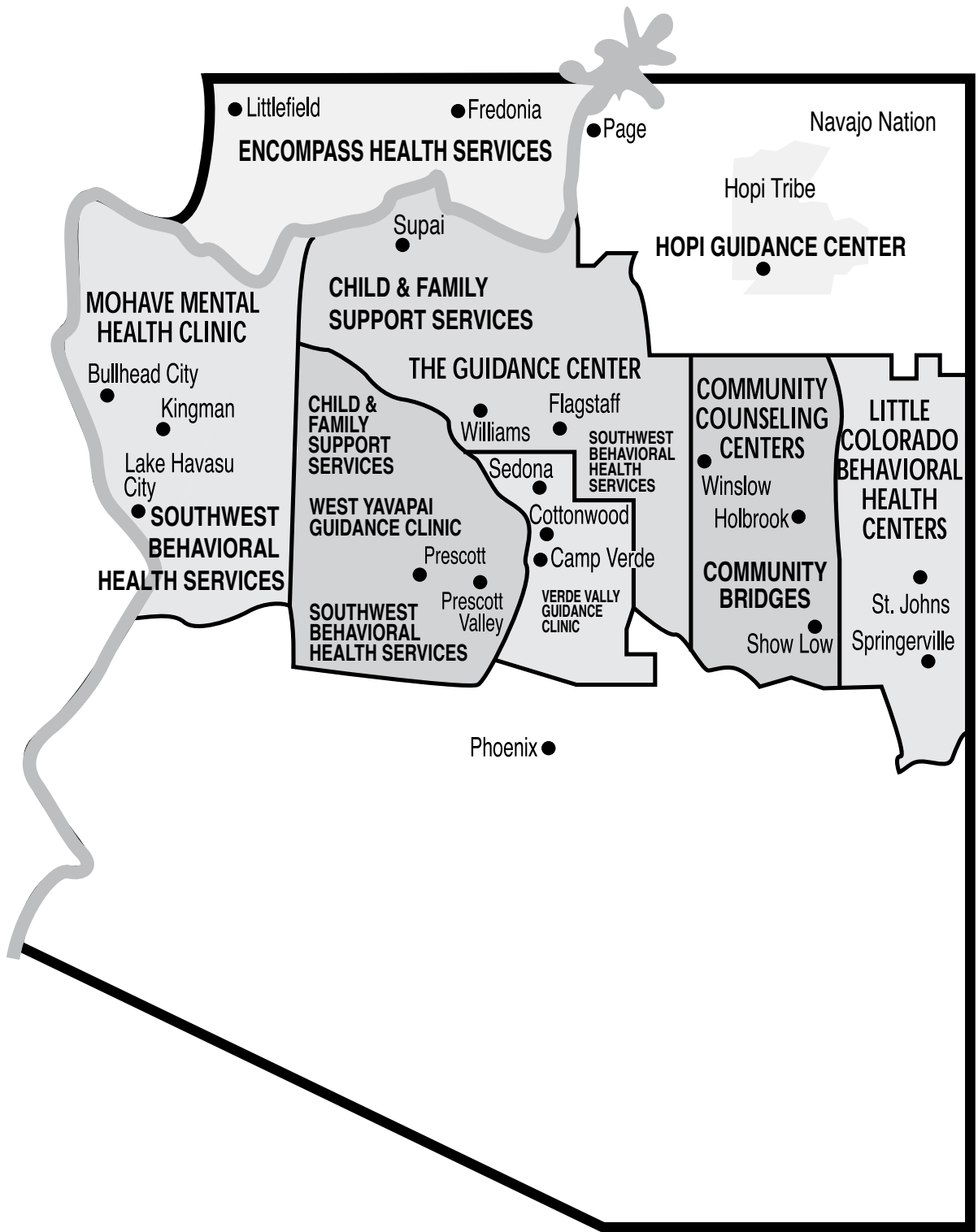
Service Prioritization is the process by which the T/RBHAs must determine how available state funds are used.

Title XIX (Medicaid; may also be called AHCCCS) is medical, dental and behavioral health care insurance for low-income persons, children and families.

Title XXI (KidsCare; may also be called AHCCCS) is medical, dental and behavioral health care insurance for children under 19 years of age with low income, no other insurance and who are not eligible for Title XIX (Medicaid).

Traditional Healing Services for mental health or substance abuse problems are provided by qualified traditional healers. These services include the use of routine or advanced techniques aimed to relieve the emotional distress that may be evident by disruption of the person’s functional ability.

Tribal Regional Behavioral Health Authority (TRBHA) is an American Indian tribe under contract with ADHS to deliver or arrange for behavioral health services for eligible persons who are residents of the Federally recognized Tribal Nation.



Northern Arizona Regional Behavioral Health Authority

1300 S. Yale Street, Flagstaff, AZ 86001

(928) 774-7128 • (800) 640-2123 Member Services • (877)756-4090 Crisis Line

www.narbha.org • www.narbha.networkofcare.org