

Chapter 6

BEHAVIORAL HEALTH

Behavioral health services in the State of Arizona are administered by the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS contracts with community based organizations known as Regional Behavioral Health Authorities (RBHAs) to administer behavioral health services throughout the state. RBHAs function in a fashion similar to Health Maintenance Organizations (HMOs).

Medicaid (Title XIX) funds are paid by AHCCCS to the RBHAs to provide covered behavioral health services to AHCCCS enrolled (Title XIX) and KidsCare (Title XXI) members. RBHAs contract with an array of service providers to deliver a full range of behavioral health services, including prevention programs for adults and children, a full continuum of services for adults with substance abuse and general mental health disorders, adults with serious mental illness, and children with serious emotional disturbance. The state is divided into 6 geographical service areas (GSAs) served by 3 RBHAs. In addition to the 3 RBHAs, a partially-integrated Community Plan for Children’s Rehabilitative Services serves youth who have a qualifying chronic medical condition.

CMDP provides behavioral health coverage for any CMDP members not eligible for Medicaid.

Regional Behavioral Health Authorities (RBHAs)

RBHA	Counties Served	Member Services Telephone No.	Children’s Liason
Cenpatico Integrated Care	Cochise, Graham, Greenlee, LaPaz, Pima, Pinal, Santa Cruz, Yuma	(866) 495-6738	(520) 809-6432
Health Choice Integrated Care	Apache, Coconino, Gila Mohave, Navajo, Yavapai	(800) 640-2123	(928) 214-2370
Mercy Maricopa Integrated Care	Maricopa, plus Pinal county ZIP Codes: 85120, 85140, 85143, 85220, 85240, 85243	(800) 564-5465	(480) 751-8471

Behavioral Health for Children’s Rehabilitative Services (CRS)

Health Plan	Member Eligibility	Member Services Telephone No.	Children’s Liason
United Health Care - Community Plan	Statewide for children with qualifying CRS medical conditions	(800) 348-4058	(602) 255-1692

Behavioral Health for Non-Medicaid Eligible

Health Plan	Member Eligibility	Member Services Telephone No.
CMDP	DCS involved youth who are placed in out-of-home care	(602) 351-2245

Children are automatically enrolled in the RBHA at the time they are made eligible for AHCCCS. RBHAs are assigned to members in foster care according to the ZIP Code of the court of jurisdiction involved in removing the child from the home.

BH System Components applicable to ALL CMDP members (both AHCCCS and non-AHCCCS eligible).

Rapid Response

The RBHAs are responsible for responding to Rapid Response referrals for ALL children who are taken into the custody of the Department of Child Safety (DCS) within 72 hours of receiving the Rapid Response Referral from DCS staff regardless of Title XIX or Title XXI eligibility.

Service Delivery Timeliness Standards

72 hours or 2 hours – The RBHA will dispatch an assessment team within 72 hours after being notified that the child has entered care in an out-of-home placement OR within 2 hours after being notified that the child has an urgent need. This is the Rapid Response Assessment.

7 days – The initial evaluation is expected to occur within 7 days of the referral or request for services. Typically the request is made by the Rapid Response Assessor at or after the Rapid Response Assessment.

21 days – If at the initial evaluation the child is found to need services, the BH provider will provide the initial appointment for services within 21 days of the initial evaluation.

72 hours – If a caregiver makes a request for residential treatment due to threatening behavior to self or other by the CMDP member, the Behavioral Health Provider needs to submit a prior authorization request to CMDP for this service within 72 hours of the caregiver request.

BEHAVIORAL HEALTH COORDINATION FOR CMDP:

Children and youth in foster care have a high prevalence of behavioral health disorders. CMDP values integrated coordination of care for the comprehensive needs of the child and family to be considered in the course of service planning and delivery.

AHCCCS Eligible Title XIX and Title XXI Members

BH provider agencies are contracted with RBHAs to provide BH services for CMDP members.

Coordination of Behavioral Health Services Between the PCP and the RBHA

The PCP is expected to coordinate care with the RBHA or the BH provider agency.

The provider must provide the RBHA or BH provider with medical records within 10 business days of receiving the request.

The behavioral health information received from the RBHA or BH provider is to be placed in the member's medical chart or may be kept in a labeled file that is associated with the member's medical record as soon as one is established, regardless of whether the PCP has seen the member.

The PCP must document or initial the medical record signifying review of member's behavioral health information that has been received from the RBHA. For additional information, contact the CMDP Behavioral Health Coordinator.

Psychotropic Medication

CMDP members are children who have experienced multiple traumas in their lives. As children in foster care they may have suffered abuse and neglect, in addition to the trauma of being removed from their families. As such, they are at great risk of having unmet behavioral health needs. As PCPs interact with these children, they may identify them as having simple depression, anxiety, or ADHD. PCPs must have a high degree of suspicion and a trauma informed approach to dealing with these issues. If trauma is suspected, refer the child for BH services through the RBHA.

PCPs are permitted to provide medication management services (such as prescriptions, medication monitoring visits, and laboratory and other diagnostic tests necessary for the diagnosis and treatment of behavioral disorders) to members with diagnoses of:

- Uncomplicated depression
- Anxiety
- Attention-Deficit Hyperactivity Disorder (ADHD) without co-morbidities
- All other Behavioral Health conditions must be referred to Behavioral Health Services.

PCPs that elect to prescribe medications to treat ADHD, depression, or anxiety disorders must complete an annual assessment of the member's behavioral health condition and treatment plan.

For each of the 3 named diagnoses, there are clinical guidelines that include assessment tools and algorithms that have been developed to assist PCPs in the service, planning, or treatment for members seeking behavioral health treatment through their PCP. These can be found at the AHCCCS website at <https://www.azahcccs.gov/shared/MedicalPolicyManual/> under Plans/Provider, Contractor Guides & Manuals, AMPM, [Appendix E](#). These clinical guides can also be found on the CMDP Provider Services webpage at <https://dcs.az.gov/cmdp/providers>, and are also included at the end of this chapter.

CMDP lists available medications for the treatment of these disorders on its formulary. CMDP makes available on the Preferred Drug List (PDL) medications for the treatment of these disorders. Medications prescribed by the PCP for AHCCCS Title XIX and non-AHCCCS non-Title XIX members should be filled by a CMDP contracted pharmacy.

The CMDP Behavioral Health unit (BHU) may assist the PCP with coordinating the transition of behavioral health care. This occurs when a PCP has initiated medication management to treat behavioral health disorders (uncomplicated depression, anxiety, and ADHD disorders), and it is subsequently determined by the PCP that the member should go to the RBHA for evaluation and/or continued medical management of more complex behavioral health disorders. Please contact the Behavioral Health unit at CMDP for assistance. 602-351-2245

CMDP conducts reviews of all psychotropic medication prescribed by PCPs. After taking the potential impact of trauma into consideration, the PCP can elect to prescribe medications to treat ADHD, depression, or anxiety disorders. In the management of these disorders, CMDP reviews PCP records to determine:

1. The appropriate prescribing of medication
2. Informed consent
3. The discussion of side effects and potential adverse effects is documented
4. The appropriate physical exam, review of blood pressure, and weight
5. The appropriate follow-up visits
6. The documentation of an annual assessment of the member's behavioral health condition and treatment plan.

Prior Authorization

Psychotropic medication for children under 6 years of age require prior authorization. A prior authorization request be submitted to the PBM (MedImpact).

It is considered best practice that the use of psychosocial interventions be employed prior to the initiation of medication for children who are 6 years of age or younger. Prior authorization documentation should reflect intervention that have been attempted and failed.

Psychotropic Medication Troubleshooting

If a RBHA network provider has prescribed a behavioral health medication for an AHCCCS Title XIX or Title XXI member, this medication must be filled by a RBHA contracted pharmacy, using the RBHA ID number.

Transfer of Psychiatric Care from RBHA to PCP

Members with uncomplicated depression, anxiety, or ADHD may be transferred from the RBHA back to a willing PCP, if they have been stabilized at the RBHA and do not require any ancillary RBHA services such as counseling or other supports. In these cases, the RBHA must inform CMDP of the returning member, including what stabilizing medication the member is taking, and must coordinate with the receiving PCP. This coordination must ensure that the member does not run out of prescribed medications prior to the first appointment back with the PCP. The PCP should not change the medication or the dose of the member's stabilizing medication unless there is a change of condition. If the member's condition becomes unstable, the PCP should consider referring the member back to the RBHA.

State Only Members (Non-Title XIX/XXI)

The standard of care for CMDP non-title XIX members remains the same as the Title XIX members.

Non-AHCCCS eligible (non-Title XIX/XXI) members receive medically necessary behavioral health services directly through AHCCCS registered behavioral health providers who have also registered as a provider with CMDP.

BH providers are required to contact CMDP when any concerns arise which indicate the member is not engaged in treatment effectively, or if the services presently offered or available to the member seem inefficient to meet the needs of the member. CMDP supports utilization of the CFT process to engage the family, child, and custodial guardian in the provision of appropriate services.

When custodial agency(s) elect to initiate a service through their own contracts, the BH Provider will actively render services identified in the CFT process to ensure cohesive delivery of services.

CMDP retains the right to request any information and documentation pertaining to non-TXIX/XXI CMDP members receiving BH services for quality management.

Services

After an intake assessment as outlined above, the CFT process is initiated through a Behavioral Health Case Manager (also known as Recovery Coach) who will begin to coordinate services, including initiating referrals for services to meet the clinical needs identified through the intake assessment and any identified needs through the inherent assessment process of service delivery and the CFT model. Service delivery is expected to follow the Arizona Vision – 12 principles for Children Service Delivery.

To obtain providers registered with CMDP for non-AHCCCS (non-Title XIX/XXI) CMDP members, contact the CMDP Behavioral Health Coordinator or Provider Services for assistance.

CMDP covers Behavioral Health services detailed in the AHCCCS Covered Services Guide. **Covered services include but are not limited to:**

- Behavior management (behavioral health personal assistance, family support/home care training, self-help/peer support)
- Behavioral health case management services
- Behavioral health nursing services
- Emergency behavioral health care
- Emergency and non-emergency transportation
- Evaluation and assessment
- Individual, group, and family therapy and counseling
- Laboratory and radiology services for psychotropic medication regulation and diagnosis
- Opioid agonist treatment
- Psychosocial rehabilitation (living skills training, health promotion, supportive employment services)
- Psychotropic medication*
- Psychotropic medication adjustment and monitoring*
- Respite care (with limitations)
- Rural substance abuse transitional agency services
- Screening

Services Requiring Prior Authorization:

- Inpatient hospital services (the contractor may provide services in alternative inpatient settings that are licensed by ADHS/DLS/OBHL, in lieu of services in an inpatient setting. The cost of the alternative settings will be considered in capitation rate development);
- Non-hospital inpatient psychiatric facilities (Behavioral Health Inpatient Facilities and sub-acute facilities);
- Behavioral Health Residential Facilities;
- Partial care (supervised day program, therapeutic day program, and medical day program);
- Home Care Training to Home Care Clients (HCTC) services;
- Psychotropic medication prescribed to CMDP members ages 6 and younger*; and
- AHCCCS designated controlled substances.

Obtaining Prior Authorization for BH Services:

For general information related to CMDP prior authorization process, please review Chapter 7 of CMDP Provider Manual.

For obtaining Prior Authorization and/or Continued Stay Authorization of Behavioral Health services:

Behavioral Health Providers are responsible to gather and submit:

Clinical and non-clinical documentation in support of establishing medical necessity for the prior authorized service(s). Documentation requirements include:

- Copy of the most recent CFT Service Plan
- Completed CMDP prior authorization form
- Supporting clinical documentation including, but not limited to:
 - Any completed Clinical Assessments from a BH service provider
 - Most recent psychiatric evaluation
 - Recent psychological evaluation(s)
 - Evaluations provided by recent Behavioral Health Facility (Hospital, BHIF, BHRF, HCTC, BIP, AIC)
 - Discharge planning documentation

CMDP Clinical Review will convene to determine authorization based on medical necessity for prior authorization requests.

Medical necessity is defined as the clinical conceptualization of need based on the preceding 30 days of active behavioral health symptomology, in the context of the member's history of biopsychosocial indicators, trauma, and services.

- If clinical needs and medical necessity appear to meet the threshold for authorization, then notice will be sent of authorization approval.
 - Upon notification of authorization, the BH provider is thus responsible to initiate the service.
- If clinical needs and/or medical necessity do not appear to meet the threshold for authorization, the following actions may occur:

Notice of Extension accompanied by a request for additional information

- Additional documentation
- Peer to peer discussion between CMDP medical director and Behavioral Health Medical Practitioner related to clinical and service needs
- Telephonic Consultation with BH provider and/or Custodial Agency representative(s)

Notice of Action, including:

- Reason for the denial
- Alternative service recommendations
- Appeal rights
- Authorizations, per documentation of medical necessity, may be issued up to a maximum of 6 months.
- Authorization renewals, or Continued Stay Authorizations, are based on ongoing documentation of services delivered, eligibility, and medical necessity for continuation of psychiatric consultations and behavioral health services.

Appeal of a Denied Service to CMDP member who is Non-TXIX/TXXI eligible:

For appeal process, please refer to *Chapter 10*.

After consultation of the CMDP Provider Manual, if you have any further questions or inquiries please outreach CMDP Behavioral Health unit at: DCSBHUnit@azdes.gov.

Providers

CMDP reimburses behavioral health professionals who deliver authorized covered services.

CMDP Members Not Eligible for TXIX/TXXI – Receiving Treatment Out of State

If the member requires behavioral health services not available from behavioral health facilities within Arizona, CMDP is responsible to oversee the coordination of behavioral health services with the identified out of state facility.

CMDP would be responsible for procuring medical providers and services. These providers must register with AHCCCS and CMDP in order to be paid by CMDP.

The Behavioral Health Agency will assist with the coordination of care and referral process to the out of state BH Facility.

The legal guardian will initiate the Inter State Compact on the Placement of Children (ICPC) process prior to the member crossing Arizona borders.

If a non-Title XIX eligible member is admitted to an out of state Behavioral Health Facility but remains in the custody of the State of Arizona with the intention to return to Arizona, the member remains eligible for CMDP services.

Appeal of a Denied Service

For a description of the appeal process please refer to *Chapter 10*.

Claims

CMDP reimburses health care professionals who deliver authorized covered services. CMDP can only reimburse providers who are registered with CMDP and AHCCCS.

Please contact CMDP for the registration and claims payment procedures at (602) 351-2245 or 1 (800) 201-1795.

For more information on the CMDP claims process, coding, and procedures, please refer to *Chapter 9*.

If, after consultation of the CMDP Provider Manual, there are any further questions or inquiries related to claims, please reach out to CMDP Provider Services at: CMDPProviderServices@azdes.gov.

CHAPTER APPENDIX

Child ADHD

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/AppendixE_ChildADHD.pdf

Child Anxiety

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/AppendixE_ChildAnxiety.pdf

Child Depression

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/AppendixE_ChildDepression.pdf

Postpartum Depression

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/AppendixF_PostpartumDepression.pdf

ADHS/DBHS Policy and Procedure Manual Policy Form 103.1, Referral for Behavioral Health Services

https://www.azahcccs.gov/PlansProviders/Downloads/GM/BHSPolicy/bhs-policy-form-103_1.pdf

Behavioral Health Contractor/RBHA Point of Contact Information

<https://www.azahcccs.gov/Members/Downloads/Resources/BHSChildreninFosterCarebilingual10-2017.pdf>

Behavioral Health Contractor/RBHA Crisis Services Contact Information

<https://www.azahcccs.gov/Members/Downloads/Resources/CrisisServicesforChildreninFosterCare10-17bilingual.pdf>