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Chapter 6

BEHAVIORAL HEALTH

Behavioral health services in the State of Arizona are administered by the Arizona Department of Health Services (ADHS), Division of Behavioral Health Services (DBHS). ADHS/DBHS 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.

Medicaid (Title XIX) funds are paid by AHCCCS to ADHS/DBHS for distribution to the RBHAs to provide covered behavioral health services to AHCCCS (Title XIX) and KidsCare (Title XXI) members. RBHAs contract with a network of service providers to deliver a full range of behavioral health care 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 six geographical service areas (GSAs) served by four RBHAs.

Regional Behavioral Health Authorities (RBHA)

RBHA	Counties Served	Member Services Telephone No.
CPSA (Community Partnership of Southern Arizona)	Pima	(800) 771-9889
Cenpatico	Cochise, Gila, Graham, Greenlee, LaPaz, Pinal, Santa Cruz, Yuma	(866) 495-6738
NARBHA (Northern Arizona Regional Behavioral Health Authority)	Apache, Coconino, Mohave, Navajo, Yavapai	(800) 640-2123
Magellan	Maricopa	(800) 564-5465

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.

72 Hour Urgent Response

The RBHA is responsible for responding to urgent referrals for all children who are taken into the custody of the Department of Economic Security/Child Protective Services (DES/CPS) within 72 hours of notification that they are or will be removed from their

homes. This urgent response for CMDP members does not depend on Medicaid (Title XIX) or KidsCare (Title XXI) eligibility.

Children and youth in foster care have a high prevalence of behavioral health disorders. Quality of care issues may exist when the child or youth is not receiving services through the RBHA. This limits access to comprehensive behavioral health planning and services, and family-directed case planning.

AHCCCS (Title XIX) and KidsCare (Title XXI) Members

Referrals

The PCP must ensure that developmental and behavioral health screenings are completed for members up to 21 years of age in compliance with the federal EPSDT Program.

CMDP members are automatically enrolled in the RBHA at the time they are found eligible for Medicaid. However, PCPs should ensure that members who need services are actually receiving those services from the RBHA.

Covered Services

Covered services provided by the RBHA include:

- Behavior management (behavioral health personal assistance, family support/home care training, self-help/peer support)
- Behavioral health case management services (limited)
- Behavioral health nursing services
- Emergency behavioral health care
- Emergency and non-emergency transportation
- Evaluation and assessment
- Individual, group and family therapy and counseling
- 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 (level I residential treatment centers and sub-acute facilities)
- Behavioral health residential services, level 2 and level 3
- Laboratory and radiology services for psychotropic medication regulation and diagnosis
- Opioid agonist treatment

- Partial care (supervised day program, therapeutic day program, and medical day program)
- 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
- Behavioral health therapeutic home care services

AHCCCS (Titles XIX and XXI) eligible members placed outside of Arizona for behavioral health treatment purposes receive behavioral health services paid for through the RBHA's contracted providers in the child's last county of residence in Arizona.

Medication Management Services

CMDP allows PCPs to provide medication management services (prescriptions, medication monitoring visits, laboratory and other diagnostic tests necessary for diagnosis and treatment of behavioral disorders) to members with diagnoses of uncomplicated depression, anxiety and attention-deficit hyperactivity disorder (ADHD) without co-morbidities. CMDP lists available medications for the treatment of these disorders on its formulary.

Behavioral Health Tool Kits, developed jointly by AHCCCS, health plans and ADHS, are available on the CMDP website and can be used by PCPs to direct behavioral health care for these members. The Tool Kits list formulary medications agreed upon by every AHCCCS acute care health plan and every RBHA.

The CMDP Behavioral Health Coordinator (BHC) 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.

Coordination of Behavioral Health Services Between the PCP and the RBHA

CMDP requires the PCP to respond to the RBHA provider's request for medical records pertaining to AHCCCS (Title XIX) and KidsCare (Title XXI) enrolled members within 10 business days of receiving the request.

The behavioral health information received from the RBHA 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 if the PCP has seen the member. CMDP requires the PCP to 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.

Transfer of 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. The medications on which the member has been stabilized at the RBHA will be paid for by CMDP once the child transfers back, even if the medication is not on the CMDP formulary.

Psychiatric Consultations

For non-Title XIX (State only) Members

- CMDP Medical Services staff must provide an initial prior authorization for a psychiatric consultation.
- The behavioral health provider submits supporting documentation to establish medical necessity for ongoing psychiatric consultation to Medical Services.
- Clinical staff review the submissions to determine medical necessity.
- Authorizations, per documentation of medical necessity, may be issued up to a maximum of 6 months.
- Authorization renewals are based on ongoing documentation of services delivered, eligibility, and medical necessity for continuation of psychiatric consultations and behavioral health services.
- Non-psychiatric behavioral health services such as counseling will be paid through the CPS district offices. Coordinate with the CPS Specialist if you believe the child/youth would benefit from such services.

Psychotropic Medications

PCPs may provide medication management services (prescriptions, medication monitoring visits, laboratory and other diagnostic tests necessary for diagnosis and treatment of behavioral disorders) to members with diagnoses of uncomplicated depression, anxiety and attention deficit hyperactivity disorder (ADHD). CMDP makes available on the Preferred Medication List (PML) 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.

If a RBHA network provider has prescribed a behavioral health medication for an AHCCCS (Title XIX) or KidsCare (Title XXI) member, this medication must be filled by a RBHA contracted pharmacy, using the **RBHA ID number**, not the CMDP ID card.

Transportation to Behavioral Health Providers

Transportation to behavioral health providers is the responsibility of the RBHA for members enrolled in the RBHA, if the foster caregiver is unable to provide transportation. After the member is enrolled in the RBHA, the RBHA becomes responsible for arranging non-emergency transportation, and emergency transportation when there is an imminent threat of harm to the child if care is not rendered expeditiously. CMDP is responsible for transporting the member to the first appointment with the RBHA, if necessary. If there is any question about responsibility for transportation to behavioral health providers, contact the CMDP Behavioral Health Coordinator (BHC).

Emergency Services and Prior Period Coverage

The RBHAs are responsible for providing all necessary emergency behavioral health services during prior period coverage.

Appeal of a Denied Service

Outpatient Services

If an outpatient service (e.g., psychiatric care) is denied by the RBHA, refer to the RBHA's appeal process. If you need assistance, contact the CMDP Behavioral Health Coordinator.

Inpatient Services

If an inpatient admission is denied by the RBHA, contact the CMDP Behavioral Health Coordinator or the child's custodial agency representative. If the patient is non-AHCCCS (non-Title XIX/XXI, State only), CMDP will provide behavioral health services until the member is eligible for AHCCCS (Title XIX/XXI) and enrolled in the RBHA.

State Only Members (Non Title XIX/XXI)

Non-AHCCCS eligible (non-Title XIX/XXI) members receive medically necessary behavioral health services directly through CMDP registered behavioral health providers. A prior authorization is required and the CMDP Behavioral Health Coordinator must assist

in arranging these services. These services are regularly reviewed by CMDP to assure that they are delivered in the most appropriate level of care and least restrictive setting. Additional behavioral health services may be provided by the custodial agencies, such as CPS.

CMDP Provider Intake Standards

All behavioral health professionals are requested to adhere to the following AHCCCS mandated standards:

- Children presenting for inpatient hospitalization or emergency services must be assessed within twenty-four (24) hours of notification of the emergency.
- Children referred for non-emergent services must be assessed within seven days of the referral.

Referrals

To obtain behavioral health services for a non-AHCCCS (non-Title XIX/XXI) child through the Preferred Provider Network, contact the CMDP Behavioral Health Coordinator or Provider Services for assistance.

Services

The following behavioral health services are covered for non-AHCCCS (Non-Title XIX/XXI) eligible members, with **prior authorization** from CMDP:

- Inpatient psychiatric hospitalization
- Outpatient psychiatric treatment
- Psychiatric evaluations
- Medication monitoring

Providers

CMDP reimburses behavioral health professionals who deliver authorized covered services.

Appeal of a Denied Service

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

State Only Members Placed Out Of State

If a non-Title XIX eligible child is placed out of state but remains in the custody of the State of Arizona with the intention to return to Arizona, the child remains eligible for CMDP services. If the child is placed out-of-state by the RBHA for services not available in Arizona, the RBHA is responsible for all behavioral health services. CMDP would be responsible for all medical services, and the legal guardian would be responsible for finding out-of-state medical providers interested in providing medical care for the children. These providers must register with AHCCCS and CMDP in order to be paid by CMDP.

Referrals

To obtain behavioral health services for a child placed in foster care outside the State of Arizona, contact the CMDP Behavioral Health Coordinator for assistance.

Services

The following behavioral health services are covered for members placed in foster care outside the State of Arizona and must receive prior authorization from CMDP:

- Inpatient psychiatric hospitalization
- Outpatient psychiatric treatment
- Medication monitoring
- Psychotropic medications

Additional services may be covered for certain members placed out of state on a case-by-case basis. The CMDP Behavioral Health Coordinator will work with the member's custodial agency representative and the out-of-state courtesy custodial agency representative to arrange for behavioral health services.

Appeal of a Denied Service

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

Claims

CMDP reimburses health 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.

See the Claims section in *Chapter 9* for more about claims coding instructions for all services.