

SECTION: 5, CHAPTER: 1400

POLICY: 1402, Communication of System Changes and Program Requirements

1. PURPOSE:

The purpose of this policy is to describe the development, maintenance and distribution of Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) documents that are used to communicate system/contract requirements and program changes. This policy also describes ADHS/DBHS' expectations for T/RBHAs to develop, maintain and distribute required documents and to provide updates to providers. In addition, this policy covers requirements for T/RBHA Provider Manuals.

2. TERMS:

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php>. The following terms are referenced in this section:

ADHS/DBHS Documents
ADHS/DBHS Medical Policies
ADHS/DBHS Policy Committee
ADHS/DBHS Public Comment
Documents Incorporated by Reference

3. PROCEDURES:

- a. ADHS/DBHS must:
 - i. Develop, maintain, post and distribute comprehensive policies.
 - ii. Ensure T/RBHAs are provided final versions of all applicable policies, and provide prompt and accurate communication of any revisions to T/RBHAs.
 - iii. Ensure that policies, manuals and standards contain detailed specifications for all operational, fiscal, program and administrative procedures applicable to ADHS/DBHS.
 - iv. Ensure that policies, manuals and standards pertaining to Title XIX and/or Title XXI members are consistent with the Arizona Health Care Cost Containment System (AHCCCS) policy requirements.
 - v. ADHS/DBHS documents are published in various formats including, but not limited to, those listed below:
 - (1) Contracts and Tribal Intergovernmental Agreements (IGAs; see ADHS/DBHS Contracts and Tribal Intergovernmental Agreements Web page)
 - (a) RBHA contracts and Tribal IGAs articulate requirements regarding the administration of health care services and reference supporting ADHS/DBHS documents that describe specific behavioral health system requirements.
 - (b) RBHA contracts and Tribal IGAs are amended to be consistent with federal and state laws, legislative and budget changes, and the Centers for Medicare and Medicare Services (CMS) regulations, as applicable.
 - (2) ADHS/DBHS Manuals and Guides provide detailed information concerning

SECTION: 5, CHAPTER: 1400

POLICY: 1402, Communication of System Changes and Program Requirements

- the administrative, organizational or operational requirements associated with a specific function (See [ADHS/DBHS Guides and Manuals Web page](#)).
- (3) ADHS/DBHS maintains clinical guidance documents for reference for T/RBHAs and T/RBHA contracted providers. ADHS/DBHS clinical guidance documents identify best practices and endorse specific approaches (e.g., child and family team practice) when providing covered health services (see [DBHS Clinical Guidance Tools Web Page](#)).
 - (4) ADHS/DBHS plans are developed and used to describe business structure and processes and to identify organizational goals related to ADHS/DBHS' core business practices (see [DBHS Plans Web Page](#)).
 - (5) ADHS/DBHS internal desktop protocols are designed to describe specific implementation steps for performing an assigned departmental function. Internal desktop protocols are directed to the individual ADHS/DBHS department responsible for the identified task or activity.
- vi. Development and Revision of ADHS/DBHS Documents
- (1) All ADHS/DBHS policies are reviewed at least annually for consistency with AHCCCS policies and requirements. Medical policies are scheduled for revision at least annually, or more frequent if necessary, by the ADHS/DBHS Medical Director or designee. ADHS/DBHS operational, fiscal, programmatic and administrative policies are scheduled for revision at least every two years or more frequently to reflect new requirements or changes to existing requirements.
 - (2) The process for development and revision of the Policy and Procedures Manual policies include the following steps:
 - (a) Securing feedback from Subject Matter Experts (SMEs) and recommendations from ADHS/DBHS functional area representatives;
 - (b) Reviewing policies and soliciting recommendations through the appropriate ADHS/DBHS committees;
 - (c) Obtaining public comment;
 - (d) Obtaining approval of finalized policies;
 - (e) Securing appropriate signatures, if applicable;
 - (f) Disseminating final policies to the T/RBHAs at least thirty days prior to the effective date when updates to the policy result in material changes in operations;
 - (3) All other ADHS/DBHS documents are reviewed and updated in accordance with the process required of the ADHS/DBHS program area. Each document will indicate the date of the last review, and new document(s) pertaining to Title XIX or Title XXI eligible persons will be checked for consistency with AHCCCS required policy content, processes or business practices.
- vii. Posting and Distribution of ADHS/DBHS Documents
-

SECTION: 5, CHAPTER: 1400

POLICY: 1402, Communication of System Changes and Program Requirements

- (1) ADHS/DBHS documents are distributed to the T/RBHAs electronically when new documents are developed and when current documents are revised.
 - (2) ADHS/DBHS documents are posted on the [ADHS/DBHS Web site](#) as appropriate.
 - (3) The ADHS/DBHS web based edition of ADHS/DBHS documents are updated upon revision. T/RBHAs will receive prompt notification of all changes pertaining to ADHS/DBHS documents incorporated by reference in contracts and IGAs, which are posted on the [ADHS/DBHS Web site](#).
- b. T/RBHAs must
- i. Develop, maintain, post and distribute comprehensive policies.
 - ii. Ensure contracted providers are provided final versions of all applicable policies, and provide prompt and accurate communication of any revisions to providers.
 - iii. Ensure that policies, manuals and standards contain detailed specifications for all operational, fiscal, program and administrative procedures applicable to the T/RBHAs.
 - iv. Ensure that policies, manuals and standards pertaining to Title XIX and/or Title XXI members are consistent with AHCCCS and ADHS/DBHS policy requirements.
 - v. Develop or adopt and disseminate practice guidelines in accordance with the [AHCCCS Medical Policy Manual \(AMPM\) Chapter 1000, Policy 1020](#).
 - vi. Develop, distribute and maintain a Provider Manual. T/RBHAs shall ensure that each contracted provider is made aware of a website provider manual or, if requested, issued a hard copy of the provider manual and is encouraged to distribute a provider manual to any individual or group that submits claim and encounter data. The T/RBHA remains liable for ensuring that all providers, whether contracted or not, meet the applicable AHCCCS and ADHS/DBHS requirements with regard to covered services, billing, etc. At a minimum, the T/RBHA's provider manual must contain information on the following:
 - (1) Introduction to the T/RBHA which explains the T/RBHA's organization and administrative structure
 - (2) Provider responsibility and the T/RBHA's expectation of the provider
 - (3) Overview of the T/RBHA's Provider Service department and function and handling of provider complaints
 - (4) Listing and description of covered and non-covered services, requirements and limitations (Integrated RBHA to include description of covered physical health care services)
 - (5) Emergency room utilization (appropriate and non-appropriate use of the emergency room)
 - (6) EPSDT Services - screenings include a comprehensive history, developmental/ behavioral health screening, comprehensive unclothed

SECTION: 5, CHAPTER: 1400

POLICY: 1402, Communication of System Changes and Program Requirements

- physical examination, appropriate vision testing, hearing testing, laboratory tests, dental screenings and immunizations. EPSDT providers must document immunizations into ASIIS and enroll every year in the Vaccine for Children program. (Integrated RBHA only)
- (7) Description of Dental services coverage and limitations (Integrated RBHA only)
 - (8) Description of Maternity/Family Planning services (Integrated RBHA only)
 - (9) The Contractor's policy regarding PCP assignments (Integrated RBHA only)
 - (10) Referrals to specialists and other providers
 - (11) Grievance system process and procedures for providers and enrollees (notice requirements, member complaints, grievance and requests for investigations for persons determined SMI, provider claims disputes)
 - (12) Billing and encounter submission information
 - (13) Information about policies and procedures relevant to the providers including, but not limited to, utilization management and claims submission
 - (14) Reimbursement, including reimbursement for members with other insurance, including dual eligible members (i.e. Medicare and Medicaid)
 - (15) Cost sharing responsibility, including description of member co-payment requirements
 - (16) Explanation of remittance advice
 - (17) Prior authorization and notification requirements
 - (18) Claims medical review
 - (19) Concurrent review
 - (20) Fraud and program abuse
 - (21) Information on the False Claims Act provisions of the Deficit Reduction Act as required in the Corporate Compliance paragraph of the contract.
 - (22) Formulary information, including updates when changes occur, must be provided in advance to providers, including pharmacies. The Contractor is not required to send a hard copy, unless requested, of the formulary each time it is updated. A memo may be used to notify providers of updates and changes, and refer providers to view the updated formulary on the T/RBHA's website.
 - (23) AHCCCS appointment standards
 - (24) Americans with Disabilities Act (ADA) and Title VI requirements, as applicable
 - (25) Eligibility verification
 - (26) Cultural competency information, including notification about Title VI of the Civil Rights Act of 1964. Providers should also be informed of how to access interpretation services to assist members who speak a language other than English including Sign Language.
 - (27) Peer review and appeal process.

SECTION: 5, CHAPTER: 1400

POLICY: 1402, Communication of System Changes and Program Requirements

- (28) Medication management services.
- (29) Information about a member's right to be treated with dignity and respect as specified in 42 CFR 438.100.
- (30) Notification that the contractor has no policies which prevent the provider from advocating on behalf of the member as specified in 42 CFR 438.102.
- (31) Information on how to access or obtain Practice Guidelines and coverage criteria for authorization decisions.
- (32) Member handbook and other new member materials
- (33) Outreach, engagement, re-engagement and closure
- (34) Behavioral health assessment and service planning
- (35) SMI eligibility determination
- (36) General and informed consent for treatment
- (37) Advance directives
- (38) Prescribing and monitoring psychotropic medications
- (39) Transition of members
- (40) Pre-petition screening, court ordered evaluations, and court ordered treatment
- (41) Special Populations (federal block grant funded services)
- (42) Credentialing and re-credentialing
- (43) Out of state placements for children and young adults
- (44) Behavioral health crisis intervention services
- (45) Housing for individuals determined to have SMI
- (46) Disclosure of behavioral health information
- (47) Behavioral health medical record standards
- (48) Coordination of care (AHCCCS, PCPs, Medicare, government entities)
- (49) Partnerships with families and family-run organizations in the children's behavioral health system
- (50) Medical Institution reporting for Medicare Part D
- (51) Seclusion and restraint reporting
- (52) Reporting of incidents, accidents, and deaths
- (53) Duty to warn
- (54) Encounter validation studies
- (55) Behavioral health recipient satisfaction survey
- (56) Training requirements
- (57) Peer support/recovery support training, certification, and clinical supervision requirements
- (58) Community Service Agency (CSA) application process

4. REFERENCES:

[42 CFR 431.10](#)

[9 A.A.C. 21-210](#)

[AHCCCS/ADHS Contract](#)

SECTION: 5, CHAPTER: 1400

POLICY: 1402, Communication of System Changes and Program Requirements

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA Intergovernmental Agreements \(IGAs\)](#)

[ADHS/DBHS Interagency Service Agreements](#)

[ADHS/DBHS Memorandums of Understanding](#)

[ADHS/DBHS Manuals and Guides](#)

[ADHS/DBHS Clinical Practice Protocols](#)

[National Clinical Practice Guidelines](#)

[Demographic and Outcome Data Set User Guide](#)

Section 5, Chapter 1400
Policy 1402 Communication of System Changes and Program Requirements

5. APPROVED BY:



Cory Nelson, MPA
Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

3/26/14
Date



Steven Dingle, M.D.
Chief Medical Officer
Arizona Department of Health Services
Division of Behavioral Health Services

3/26/14
Date