

**SECTION: 3 CHAPTER: 900**

**POLICY: 902, Coordination of Care with AHCCCS Health Plans, PCP and Medicare Providers**

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**1. PURPOSE:**

- a. In Arizona, the acute care Medicaid program (Title XIX) and the State Children's Health Insurance Program (KidsCare/SCHIP/Title XXI) were developed as behavioral health "carve-outs," a model in which eligible persons receive general medical services through health plans and covered behavioral health services through behavioral health managed care organizations, also known as Tribal and Regional Behavioral Health Authorities (T/RBHAs). Because of this separation in responsibilities, communication and coordination between behavioral health providers, the Arizona Health Care Cost Containment System (AHCCCS) Health Plan Primary Care Providers (PCPs) and Behavioral Health Coordinators is essential to ensure the well-being of persons receiving services from both systems.
- b. Some behavioral health recipients are Medicaid (Title XIX/XXI) and Medicare (Title XVIII) eligible and are referred to as "dual eligible" persons. Medicare covers limited inpatient behavioral health services, outpatient behavioral health services and prescription medication coverage. Medicare covered behavioral health services are provided on either a fee-for-service basis or a managed care basis (through Medicare Advantage Plans). The term Medicare Provider refers to both the fee-for-service Medicare providers and the Medicare Advantage Plans. Coordination of care must also occur with Medicare providers to achieve positive health outcomes for Medicare eligible behavioral health recipients.
- c. Holistic treatment requires integration of physical health with behavioral health to improve the overall health of an individual. Behavioral health recipients may be receiving care from multiple health care entities. Duplicative medication prescribing, contraindicated combinations of prescriptions and/or incompatible treatment approaches could be detrimental to a person. For this reason, communication and coordination of care between behavioral health providers, PCPs and Medicare providers must occur on a regular basis to ensure safety and positive clinical outcomes for persons receiving care. For T/RBHA enrolled persons not eligible for Title XIX or Title XXI coverage, coordination and communication should occur with any known health care provider(s).

**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:

Acute Health Plan and Provider Coordinator  
Behavioral Health Medical Practitioner  
Medicare Advantage Prescription Drug Plan (MA-PD)  
Prescription Drug Plan (PDP)  
Prior Period Coverage

**3. PROCEDURES:**

- a. Coordinating care with AHCCCS Health Plans

**SECTION: 3 CHAPTER: 900**

**POLICY: 902, Coordination of Care with AHCCCS Health Plans, PCP and Medicare Providers**

---

- i. The following procedures will assist behavioral health providers in coordinating care with AHCCCS Health Plans:
  - (1) If the identity of the person's primary care provider (PCP) is unknown, a behavioral health provider must contact the Acute Health Plan and Provider Coordinator(s) for the T/RBHA or the Behavioral Health Coordinator of the person's designated health plan to determine the name of the person's assigned PCP. See the [AHCCCS Contracted Health Plans, Policy Attachment 902.1](#) for contact information for the Behavioral Health Coordinators for each AHCCCS Health Plan.
  - (2) T/RBHA enrolled persons who have never contacted their PCP prior to entry into the behavioral health system should be encouraged to seek a baseline medical evaluation. T/RBHA enrolled persons should also be prompted to visit their PCP for routine medical examinations annually or more frequently if necessary.
  - (3) Behavioral health providers should request medical information from the person's assigned PCP. Examples include current diagnosis, medications, pertinent laboratory results, last PCP visit, Early Periodic Screening, Diagnosis and Treatment (EPSDT) screening results and last hospitalization. ADHS/DBHS has developed a sample request form that may be utilized for this purpose (see [Policy Form 902.2, Request for Information from PCP or Medicare Provider](#)). T/RBHAs must develop and make available to providers any additional standardized forms that have been developed for requesting information from PCP. If the PCP does not respond to the request, contact the health plan's Behavioral Health Coordinator for assistance.
  - (4) Behavioral health providers must address and attempt to resolve coordination of care issues with AHCCCS Health Plans and PCPs at the lowest possible level. If problems persist, contact. T/RBHAs must develop and make available to providers, policies and procedures that indicated specific information regarding responsible person, i.e. Health Plan Liaison, or other at the T/RBHA.
- b. The T/RBHA Acute Health Plan and Provider Coordinator
  - i. T/RBHAs are required to designate an Acute Health Plan and Provider Coordinator who must gather, review and communicate clinical information requested by PCPs, Acute Care Plan Behavioral Health Coordinators and other treating professionals or involved stakeholders (see [Policy Attachment 902.2, T/RBHA Acute Health Plan and Provider Coordinator Contact Information](#)).
  - ii. The T/RBHA must have a designated and published phone number for the Acute Health Plan and Provider Coordinator or a clearly recognized prompt on an existing phone number that facilitates prompt access to the Acute Health Plan and Provider Coordinator and that must be staffed during business hours.
  - iii. T/RBHAs must ensure that T/RBHA Acute Health Plan and Provider Coordinator s receive training which includes, at a minimum, the following elements:
    - (1) Provider inquiry processing and tracking (including resolution timeframes);

**SECTION: 3 CHAPTER: 900**

**POLICY: 902, Coordination of Care with AHCCCS Health Plans, PCP and Medicare Providers**

---

- (2) T/RBHA procedures for initiating provider contracts or AHCCCS provider registration;
  - (3) Claim submission methods and resources (see [Policy 501, Submitting Claims and Encounters](#));
  - (4) Claim dispute and appeal procedures ([Policy 1805, Provider Claims Disputes](#)); and
  - (5) Identifying and referring quality of care issues.
- c. Sharing information with PCPs, AHCCCS Acute Health Plans, other treating professionals, and involved stakeholders
- i. To support quality medical management and prevent duplication of services, behavioral health providers are required to disclose relevant behavioral health information pertaining to Title XIX and Title XXI eligible persons to the assigned PCP, AHCCCS Acute Health Plans, other treating professionals and other involved stakeholders within the following required timeframes:
    - (1) “Urgent” – requests for intervention, information, or response within 24 hours.
    - (2) “Routine – Requests for intervention, information, or response within 10 days.
  - ii. For all behavioral health recipients referred by the PCP and have been determined to have a Serious Mental Illness and/or a diagnosis of a chronic medical condition on Axis III, the following information must be provided to the person’s assigned PCP:
    - (1) The person’s diagnosis; and
    - (2) The person’s current prescribed medications (including strength and dosage).
  - iii. T/RBHAs and/or subcontracted providers must provide the required information annually, and/or when there is a significant change in the person’s diagnosis and/or prescribed medications.
  - iv. For all Title XIX/XXI enrolled persons, behavioral health providers are required to:
    - (1) Notify the assigned PCP of the results of PCP initiated behavioral health referrals;
    - (2) Provide a final disposition to the health plan Behavioral Health Coordinator in response to PCP initiated behavioral health referrals, (for more information on the referral process, see [Policy 103, Intake and Referral Process](#));
    - (3) Coordinate the placement of persons in out-of-state treatment settings as described in [Policy 408, Out-of State Placement for Children and Young Adults](#);
    - (4) Notify, consult with or disclose information to the assigned PCP regarding persons with Pervasive Developmental Disorders and Developmental Disabilities, such as the initial assessment and treatment plan and care and consultation between specialists;
    - (5) Provide a copy to the PCP of any executed advance directive, or documentation of refusal to sign an advance directive, for inclusion in the behavioral health recipient’s medical record; and
    - (6) Notify, consult with or disclose other events requiring medical consultation with the person’s PCP.
  - v. Upon request by the PCP or member, information for any enrolled member must be provided to the PCP consistent with requirements outlined in [Policy 1401, Confidentiality](#).

**SECTION: 3 CHAPTER: 900**

**POLICY: 902, Coordination of Care with AHCCCS Health Plans, PCP and Medicare Providers**

---

- vi. When contacting or sending any of the above referenced information to the person's PCP, behavioral health providers must provide the PCP with an agency contact name and telephone number in the event the PCP needs further information.
  - vii. ADHS/DBHS has developed a communications form ([Policy Form 902.1](#)) for coordinating care with the AHCCCS Health Plan PCP or Behavioral Health Coordinator. The form includes the required elements for coordination purposes and must be completed in full for coordination of care to be considered to occur. For complex problems, direct provider-to-provider contact is recommended to support written communications.
  - viii. [Policy Form 902.1](#) will not have to be used if there is a properly documented progress note. To be considered properly documented the progress note must:
    - (1) Include a header that states "Coordination of Care";
    - (2) Be legible; and
    - (3) Include all of the required elements contained in [Policy Form 902.1](#).
    - (4) The T/RBHA must track/log all the requests received from PCPs, AHCCCS Acute Health Plans, other treating professionals and other involved stakeholders, (see Policy [Form 902.3, T/RBHA Acute Health Plan and Provider Inquiry Monthly Log](#)).
    - (5) Completed [Policy Form 902.3, T/RBHA Acute Health Plan and Provider Inquiry Monthly Log](#), must be submitted to ADHS/ DBHS by the 30<sup>th</sup> day after the end of the month.
  - ix. Submission of the Acute Health Plan and Provider Inquiry Logs must be timely. The T/RBHA may be subject to corrective action if not compliant with this requirement.
  - x. ADHS/DBHS will communicate items of concern with T/RBHAs, if there are systemic issues evident in the information submitted on the T/RBHA Acute Health Plan and Provider Inquiry Monthly Log. T/RBHAs must resolve any such noted systemic issues.
- d. Responsibility for fee-for-service persons
- i. It is the responsibility of the T/RBHA to provide fee-for-service behavioral health services to Title XIX/XXI eligible persons not enrolled with an AHCCCS Health Plan.
  - ii. The T/RBHA is responsible for providing all inpatient emergency behavioral health services for fee-for-service persons with psychiatric or substance abuse diagnoses.
  - iii. The T/RBHA is responsible for behavioral health services to Native American Title XIX and Title XXI eligible persons referred by an Indian Health Services (IHS) or tribal facility for emergency services rendered at non-IHS facilities.
- e. Responsibility for persons enrolled in an AHCCCS Health Plan
- i. Services which may have been covered by the AHCCCS Health Plan Contractor for Prior Period Coverage will now be the responsibility of the T/RBHA. This is limited to the behavioral health services only and after the individual has been medically cleared. The Health Plan Contractor is still obligated to provide all necessary medical services.
  - ii. The following rules apply for other areas of coverage:
    - (1) Pre-petition Screenings and Court Ordered Evaluations

**SECTION: 3 CHAPTER: 900**

**POLICY: 902, Coordination of Care with AHCCCS Health Plans, PCP and Medicare Providers**

---

- (a) Payment for pre-petition screenings and court ordered evaluations is the responsibility of the county. RBHAs must develop and make available to providers any additional information as part of their policies and procedures.
- (2) Emergency Behavioral Health Services
  - (a) When a Title XIX or Title XXI eligible person presents in an emergency room setting, the person's AHCCCS Health Plan is responsible for all emergency medical services including triage, physician assessment, and diagnostic tests.
  - (b) The T/RBHA, or when applicable, its designated behavioral health provider, is responsible for psychiatric and/or psychological evaluations in emergency room settings provided to all Title XIX and Title XXI persons enrolled with a T/RBHA.
  - (c) The T/RBHA is responsible for providing all non-inpatient emergency behavioral health services to Title XIX and Title XXI eligible persons. Examples of non-inpatient emergency services include assessment, psychiatric evaluation, mobile crisis, peer support and counseling. <sup>1</sup>
  - (d) The T/RBHA is responsible for providing all inpatient emergency behavioral health services to persons with psychiatric or substance abuse diagnoses for all Title XIX and Title XXI eligible persons.
  - (e) Emergency transportation of a Title XIX or Title XXI eligible person to the emergency room (ER) when the person has been directed by the T/RBHA or T/RBHA provider to present to this setting in order to resolve a behavioral health crisis is the responsibility of the T/RBHA. The T/RBHA or subcontracted provider directing the person to present to the ER must notify the emergency transportation provider of the T/RBHAs fiscal responsibility for the service.
  - (f) Emergency transportation of a Title XIX or Title XXI eligible person required to manage an acute medical condition, which includes transportation to the same or higher level of care for immediate medically necessary treatment, is the responsibility of the person's AHCCCS Health Plan.
  - (g) For information on emergency services for Non-Title XIX/XXI persons see [Policy 111, Crisis Intervention Services](#)
- (3) Non-emergency Behavioral Health Services
  - (a) For Title XIX and Title XXI eligible persons, the T/RBHA is responsible for the provision of all non-emergency behavioral health services.
  - (b) If a Title XIX or Title XXI eligible person is assessed as needing inpatient psychiatric services by the T/RBHA or subcontracted provider prior to admission to an inpatient psychiatric setting, the T/RBHA is responsible for authorization and payment for the full inpatient stay, as per [Policy 1101, Securing Services and Prior Authorization](#).

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<sup>1</sup> Note: in inpatient settings, these services would be included in the per diem rate.

**SECTION: 3 CHAPTER: 900**

**POLICY: 902, Coordination of Care with AHCCCS Health Plans, PCP and Medicare Providers**

---

- (c) When a medical team or health plan requests a behavioral health or psychiatric evaluation prior to the implementation of a surgery, medical procedure or medical therapy to determine if there are any behavioral health contraindications, the T/RBHA is responsible for the provision of this service. Surgeries, procedures or therapies can include gastric bypass, interferon therapy or other procedures for which behavioral health support for a patient is indicated.
    - (4) Non-emergency Transportation
      - (a) Transportation of a Title XIX or Title XXI eligible person to an initial behavioral health intake appointment is the responsibility of the T/RBHA.
    - (5) Medical Treatment for Persons in Behavioral Health Treatment Facilities
      - (a) When a Title XIX or Title XXI eligible person is in a Level II or Level III residential treatment center and requires medical treatment, the AHCCCS Health Plan is responsible for the provision of covered medical services.
      - (b) If a Title XIX or Title XXI eligible person is in a Level I psychiatric facility and requires medical treatment, those services are included in the per diem rate for the treatment facility. If the person requires inpatient medical services that are not available at the Level I psychiatric facility, the person must be discharged from the psychiatric facility and admitted to a medical facility. The AHCCCS Health Plan is responsible for medically necessary services received at the medical facility, even if the person is enrolled with a T/RBHA.
  - f. PCPs prescribing psychotropic medications
    - i. Within their scope of practice and comfort level, an AHCCCS Health Plan PCP may elect to treat select behavioral health disorders. The select behavioral health disorders that AHCCCS Health Plan PCPs can treat are:
      - (1) Attention-Deficit/Hyperactivity Disorder;
      - (2) Uncomplicated depressive disorders; and
      - (3) Anxiety disorders.
    - ii. The “Agreed Conditions”
      - (1) Certain requirements and guiding principles regarding medications for psychiatric disorders have been established for persons under the care of both a health plan PCP and behavioral health provider simultaneously. The following conditions apply:
        - (a) Title XIX and Title XXI eligible persons must not receive medications for psychiatric disorders from the health plan PCP and behavioral health provider simultaneously. If a person is identified to be simultaneously receiving medications from the health plan PCP and behavioral health provider, the behavioral health provider must immediately contact the PCP to coordinate care and agree on who will continue to medically manage the person’s behavioral health condition.
        - (b) Medications prescribed by providers within the T/RBHA behavioral health system must be filled by T/RBHA contracted pharmacies under the T/RBHA pharmacy benefit (see exceptions to this requirement for dual eligible

**SECTION: 3 CHAPTER: 900**

**POLICY: 902, Coordination of Care with AHCCCS Health Plans, PCP and Medicare Providers**

---

- persons in subsection 4.3.7-F, Coordination of care with Medicare providers). This is particularly important when the pharmacy filling the prescription is part of the contracted pharmacy network for both the prescribing T/RBHA and the person's AHCCCS Health Plan. The T/RBHA and contracted providers must take active steps to ensure that prescriptions written by providers within the T/RBHA system are not charged to the person's AHCCCS Health Plan.
- iii. Transitions of persons with ADHD, depression, and/or anxiety to the care of their Primary Care Physician
- (1) Members who have a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), depression, and/or anxiety and who are stable on their medications may transition back to the care of their PCP for the management of these diagnoses, as long as the member, their guardian or parent and the PCP agree to this treatment transition. The T/RBHA is required to facilitate this process and to ensure that the following steps are taken:
- (a) The T/RBHA must contact the member's PCP to discuss the member's current medication regime and to confirm that the PCP is willing and able to provide treatment for the member's ADHD, depression, and/or anxiety.
  - (b) If the PCP agrees to transition treatment for the member's diagnosis of ADHD, depression and/or anxiety, the T/RBHA must provide the PCP with a transition packet that includes (at a minimum):
    - (i) A written statement indicating that the member is stable on a medication regime;
    - (ii) A medication sheet or list of medications currently prescribed by the T/RBHA Behavioral Health Medical Practitioner (BHMP);
    - (iii) A psychiatric evaluation;
    - (iv) Any relevant psychiatric progress notes that may assist in the ongoing treatment of the member; and
    - (v) A discharge summary outlining the member's care and any adverse responses the member has had to treatment or medication.
  - (vi) A copy of the packet must be sent to the member's AHCCCS Health Plan Behavioral Health Coordinator as well as to the member's PCP.
  - (c) The T/RBHA will ensure that the member's transition to the PCP is seamless, and that the member does not go without medications during this transition period.
  - (d) Each month, the T/RBHA will complete [Policy Form 902.4 Member Transition from T/RBHA to PCP Tracking Log](#) and submit it to ADHS/DBHS in order to monitor the transition process.
  - (e) T/RBHAs must develop and make available to providers policies and procedures which describe the process for handling referrals to the PCP from the T/RBHA for these members and the coordination/communication process for ongoing care/treatment.
- iv. General Psychiatric Consultations

**SECTION: 3 CHAPTER: 900**

**POLICY: 902, Coordination of Care with AHCCCS Health Plans, PCP and Medicare Providers**

---

- (1) Behavioral health medical practitioners must be available to AHCCCS Health Plan PCPs to answer diagnostic and treatment questions of a general nature.
  - (2) General psychiatric consultations are not person specific and are usually conducted over the telephone between the PCP and the behavioral health medical practitioner.
- v. One-Time Face-to-Face Psychiatric Evaluations
- (1) Behavioral health providers must be available to conduct a face-to-face evaluation with a Title XIX/XXI eligible person upon his/her PCPs request in accordance with [Policy 102, Appointment Standards and Timeliness of Service](#).
  - (2) A one-time face-to-face evaluation is used to answer PCPs specific questions and provide clarification and evaluation regarding a person's diagnosis, recommendations for treatment, need for behavioral health care, and/or ongoing behavioral health care or medication management provided by the PCP.
  - (3) The PCP must have seen the person prior to requesting a one-time face-to-face psychiatric evaluation with the behavioral health provider.
  - (4) AHCCCS Health Plan PCPs must be provided current information about how to access T/RBHA psychiatric consultation services; T/RBHAs must provide contact information and/or additional information to providers. The T/RBHA is obligated to offer general consultations and one-time face-to-face psychiatric evaluations and must provide direct and timely access to behavioral health medical practitioners (physicians, nurse practitioners and physician assistants) or other behavioral health practitioners if requested by the PCP.
- g. Coordination of care with Medicare providers
- i. Medicare Advantage plans
- (1) Medicare health plans, also known as Medicare Advantage (MA) plans, are managed care entities that have a Medicare contract with the Centers for Medicare and Medicaid Services (CMS) to provide services to Medicare beneficiaries. MA plans provide the full array of Medicare benefits, including Medicare Part A, hospital insurance, and Medicare Part B, medical insurance. As of January 1, 2006, MA plans also included Medicare Part D, prescription drug coverage.
  - (2) Many of the AHCCCS Contracted Health Plans are MA plans (see [Policy Attachment 902.1](#)). These plans provide Medicare Part A, Part B and Part D benefits in addition to Medicaid services for dual eligible persons and are referred to as MA-PD SNPs (Medicare Advantage-Prescription Drug/Special Needs Plans).
  - (3) Some MA plans contract with the T/RBHA to provide some or all of the Medicare covered behavioral health services. In such cases, coordination of care should be simplified as the T/RBHA is providing Title XIX and state funded behavioral health services, as well as Medicare behavioral health services. Coordination with MA plans must be attempted by the T/RBHA and/or behavioral health provider when the Medicare behavioral health services are provided by the MA plan. ADHS/DBHS has developed sample forms for use when requesting or sharing

**SECTION: 3 CHAPTER: 900**

**POLICY: 902, Coordination of Care with AHCCCS Health Plans, PCP and Medicare Providers**

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- information for purposes of coordinating care with Medicare providers (see [Policy Form 902.1, Communication Document](#), and [Policy Form 902.2, Request for Information from PCP or Medicare Plan/Provider](#)).
- (4) T/RBHAs must provide information to providers indicating which MA plans, if any, the T/RBHA contracts with to provide Medicare services.
- ii. Medicare Fee-for-Service Program
    - (1) Instead of enrolling in a Medicare Advantage plan, Medicare eligible behavioral health recipients may elect to receive all Medicare services (Parts A, B and/or D) through any provider authorized to deliver Medicare services. Therefore, behavioral health recipients in the Medicare Fee-for-Service program may receive services from Medicare registered providers in the T/RBHA provider network.
  - iii. Inpatient Psychiatric Services
    - (1) Medicare has a lifetime benefit maximum for inpatient psychiatric services. T/RBHA cost sharing responsibilities and billing for inpatient psychiatric services must be in accordance with [Policy 701, Third Party Liability and Coordination of Benefits](#), and [Policy 501, Submitting Claims and Encounters](#).
    - (2) T/RBHAs must develop and make available to providers information specifying coordination of care of inpatient psychiatric services with Medicare providers.
  - iv. Outpatient Behavioral Health Services
    - (1) Medicare provides some outpatient behavioral health services that are also ADHS/DBHS covered behavioral health services. T/RBHA cost sharing responsibilities and billing for outpatient behavioral health services must be in accordance with [Policy 701, Third Party Liability and Coordination of Benefits](#) and [Policy 501, Submitting Claims and Encounters](#).
  - v. Prescription Medication Services
    - (1) Medicare eligible behavioral health recipients must enroll in a Medicare Part D Prescription Drug Plan (PDP) or a Medicare Advantage Prescription Drug Plan (MA-PD) to receive the Part D benefit. PDPs only provide the Part D benefit and any Medicare registered provider may prescribe medications to behavioral health recipients enrolled in PDPs. Some MA-PDs may contract with the T/RBHA or T/RBHA providers to provide the Part D benefit to Medicare eligible behavioral health recipients.
    - (2) T/RBHAs must develop and make available to providers information specifying coordination of care of prescription medication services with MA plans.
    - (3) While PDPs and MA-PDs are responsible for ensuring prescription drug coverage to behavioral health recipients enrolled in their plans, there are some prescription medications that are not included on plan formularies (non-covered) or are excluded Part D drugs. The T/RBHA is responsible for covering non-covered or excluded Part D behavioral health prescription medications listed on the T/RBHA formulary, in addition to Part D cost sharing, in accordance with [Policy 701, Third Party Liability and Coordination of Benefits](#).

**4. REFERENCES:**  
[42 CFR 400.202](#)

**SECTION: 3 CHAPTER: 900**  
**POLICY: 902, Coordination of Care with AHCCCS Health Plans, PCP and Medicare Providers**

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[42 CFR 409.62](#)  
[42 CFR 422.2](#)  
[42 CFR 422.4](#)  
[42 CFR 422.106](#)  
[42 CFR 422.114](#)  
[42 CFR 423.4](#)  
[42 CFR 423.34](#)  
[42 CFR 423.100](#)  
[42 CFR 423.104](#)  
[42 CFR 423.272](#)  
[42 CFR 423.505](#)  
[42 CFR 438.208](#)  
[A.R.S. § 32-1901](#)  
[A.R.S. § 36-545.04](#)  
[9 A.A.C.20](#)  
[9 A.A.C.21](#)  
[A.A.C. R9-22-210.01](#)  
[AHCCCS/ADHS Contract](#)  
[ADHS/RBHA Contracts](#)  
[ADHS/Tribal IGAs](#)  
[CMS Medicare Benefit Policy Manual](#)  
[AHCCCS Behavioral Health Services Guide](#)  
[AHCCCS Medical Policy Manual](#)  
[Policy 102, Appointment Standards and Timeliness of Service](#)  
[Policy 103, Referral and Intake Process](#)  
[Policy 403, Training Requirements](#)  
[Policy 501, Submitting Claims and Encounters to the RBHA](#)  
[Policy 701, Third Party Liability and Coordination of Benefits](#)  
[Policy 801, Out-of-State Placements for Children and Young Adults](#)  
[Policy 901, Transition of Persons](#)  
[Policy 1401, Confidentiality](#)  
[Policy 1601, Enrollment, Disenrollment and Other Data Submission](#)  
[ADHS/DBHS Covered Behavioral Health Services Guide](#)  
[ADHS/DBHS Practice Improvement Protocol, Pervasive Developmental Disorders and Developmental Disabilities](#)  
[ADHS/DBHS Policy Clarification Memorandum: Coordination of Care Between AHCCCS Health Plan PCPs and Other PCPs in the Behavioral Health System](#)  
[ADHS/DBHS Policy Clarification Memorandum: Coordination of Care with AHCCCS Health Plans and Primary Care Physicians](#)