

The CON must be completed and signed by the treating BHP, licensed under A.R.S. Title 32, Chapter 33, and submitted to DFSM within 72 hours of the treatment begin date for the Intensive Outpatient Treatment Program (IOP), or no later than the date of admission to a Behavioral Health Residential Facility (BHRF). The CON covers the first 72 hours of treatment and shall be accompanied by a copy of the Comprehensive Behavioral Health Assessment.

Intensive Outpatient Programs

- IOP for substance use disorder (SUD) are structured non-residential treatment programs which address addictions, depression, eating disorders, and other dependencies in medically stable individuals that do not require detoxification.
- IOP for psychiatric services is a comprehensive treatment for mental health and/or behavioral health disorders for medically stable individuals that do not require detoxification. Treatment consists of: Sessions with the member's psychiatrist (weekly, monthly), weekly counseling with a behavioral provider (BHP), a minimum of two group counseling sessions per week, in addition to assessment, counseling, crisis intervention, activity therapies, and education. These programs are usually used as a step down from acute IP care, residential care, or a partial hospitalization program. They may also be viewed as a step up from regular outpatient behavioral health treatment services.

Behavioral Health Residential Facility

- As specified in R9-10-101, a Behavioral Health Residential Facility (BHRF) is a health care institution that provides treatment to an individual experiencing a behavioral health issue that limits the individual's ability to be independent, or causes the individual to require treatment to maintain or enhance independence. BHRF treatment is an outpatient level of care that includes all behavioral health treatment services as specified in the treatment plan created by the member's outpatient treatment team. Members in a BHRF shall not receive consecutive treatment from providers outside of the BHRF when that treatment is duplicative of services the BHRF is expected to provide.

I. Treatment Type

Check the Applicable Treatment Type (required):

IOP SUD Treatment (H0015): is an all-inclusive behavioral health service and all IOP related services and programming are included in the rate. Treatment for alcohol and/or drug services is at least three hours/day and at least three days/week (Nine hours or more per week, may be less with adolescents), based on the individualized treatment plan.

Non-IHS/638 IOPs focused on the treatment of substance use and co-occurring disorders shall include a copy of the American Society of Addiction Medicine (ASAM, 3rd edition) with the CON.

IOP Psychiatric Mental and Behavioral Health (S9480): is an all-inclusive behavioral health service and all IOP related services and programming are included in the rate. Treatment is at

least three hours per day for two or more days per week (9-19 hours per week). Non-IHS/638 IOPs focused on the treatment of substance use and co-occurring disorders shall submit a copy of the American Society of Addiction Medicine (ASAM, 3rd edition) with the CON.

BHRF Treatment: includes treatment for an individual experiencing issues that limits their ability to be independent, or causes the individual to require treatment to maintain or enhance independence, as specified in the member's treatment plan. Non-IHS/638 Programs focused on the treatment of substance use and co-occurring disorders shall submit a copy of the the American Society of Addiction Medicine (ASAM, 3rd edition) with the CON.

II. Member and BHP Demographic Information

Member

Member Last Name:

Member First Name:

Member DOB:

Member AHCCCS ID Number:

Member Behavioral Health ICD-10 Diagnosis- Primary:

Other ICD-10 Diagnoses:

Member's Phone:

Member's Email:

Certifying BHP

BHP Printed Name and Credentials:

BHP AHCCCS Provider ID Number (six digits)

BHP Phone Number:

BHP Business Email:

III. BHP Certification (Required)

The BHP signature on the CON certifies all of the following:

He/She has current knowledge of the client's behavioral health condition and treatment needs, and

He/She has sufficient information to determine that treatment at the specified care level is most appropriate to safely meet the behavioral health needs of this member.

The member has agreed to participate in treatment at the level of care specified above, OR In the case of a member who has a health care decision maker (HCDM), including minors, the HCDM has agreed to the member's participation in treatment at the level of care specified above.

He/She has developed a current treatment plan that specifies the need for treatment at the level of care selected above, and that is dated less than one year from the start of that treatment indicated.

BHP Signature:

Date:

BHP AHCCCS Provider ID Number (six digits):

BHP Phone Number:

Complete Section IV. & VI. For IOP. Complete Section V. & VI. For BHRF. (required)

IV. IOP Service Medical Necessity

Specify the signs and symptoms that are the result of the member's diagnosed behavioral health condition and which necessitate treatment in the IOP. Please specify what evidence-based practices and programs (EBPPs) were used to determine medical necessity.

V. BHRF Admissions

Specify the signs and symptoms that are the result of the member's diagnosed behavioral health condition and which necessitate continued treatment in a Behavioral Health Residential Facility.

VI. Accompanying Documentation (required for BHRF and IOP services)

The member's comprehensive behavioral health assessment is required and must be submitted with this CON.

* Prior Authorization is not a guarantee of payment. Additional documentation may be requested as needed by AHCCCS/DFSM for the purpose of determining the medical necessity and quality of services delivered.