

**COMMENTS ON ADHS/BH Rules
Rec'd as of 09/15/14**

Item #	Rule Cite Line #	Comment From	Comment	Analysis/ Recommendation
1.	R9-22-101	Susan Watchman 08/13/14	<p>R9-22-101(B) (Definitions)</p> <p>On page 19 of my printed copy, the definition of “Behavioral Health Professional “appears to have an incorrect reference to “A.A.C. R9-10-101, excluding subsection (g).” I cannot locate a “subsection (g).”</p>	<p>Subsection (g) is in the final filing of the ADHS rules effective July 1, 2014. See: http://www.azsos.gov/public_services/Register/2014/26/exempt.pdf</p>
2.	R9-22-201	Susan Watchman 08/13/14	<p>R9-22-201 (Scope of Service Related definitions)</p> <p>There are a series of definitions starting on page 25 and continuing on page 26 related to various aspects of emergency services. In each case the definition is restricted to “for a non-FES member” but goes onto say “except as provided under R9-22-217.” R9-22-217 is the section that deals with services to FES members. As these definitions are all for <u>non FES members</u> by their express terms, the stated exception in each case is unnecessary.</p> <p>As written the language now reads, on essence (using one example): “Emergency behavioral health services for a non FES member” means, except for services to an FES member. . .”</p>	<p>Agreed, updated language.</p>
3.	R9-22-210.01	Susan Watchman 08/13/14	<p>R9-22-210.01(A)(9)(b):</p> <p>This is the section on Notification for emergency behavioral health services for FFS members. On page 32 it reads “. . . shall notify the Administration no later than 72 hours after a FFS member receiving emergency <i>medical</i> services presents. . . .” In this context, shouldn’t it read “emergency <i>behavioral</i></p>	<p>Agreed, updated language.</p>

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			<p>services?” Also, it would be preferable use the same language as in (9)(a) above (regarding notification to ADHS or subcontractors) -- that is, “emergency inpatient behavioral health services,” unless you intend that the notification to the Administration to encompass a broader range of “emergency “ situations. Does the Administration, for example, want to be notified when patient present to the UPC? Use of different language infers different meaning and scope.</p>	
4.	R9-22-1201	Susan Watchman 08/13/14	<p>R9-22-1201 (Definitions)</p> <p>(a) The definition of ”agency” on page 35 states that it ”means a behavioral health <i>service agency</i>, a classification of a health care institution. . . . “ To be consistent with the new ADHS regulations, I believe that should read “a behavioral health <i>facility</i>. . . .” “Facility” is the word used by ADHS licensing.</p> <p>(b) On page 37, the definition of “healthcare institution “is the same as in A.R.S. § 36-401. In other case where you lifted a definition from § 36-401 you did a simple cross reference. For consistency and legal clarity it should be the same here.</p>	Agreed, updated R9-22-1201 definition of “agency”.
5.	R9-22-1204	Susan Watchman 08/13/14	<p>R9-22-1204(A) (General Service Requirements)</p> <p>The editing turned this into an ungrammatical conglomerate of concepts. It should be revised.</p>	Agreed, revised language.
6.	R9-22-1205	Susan Watchman	R9-22-1205(C) & (D)	Agreed, revised language.

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		08/13/14	The old term “agency” should be revised to “facility.”	
7.	R9-22-1207	Susan Watchman 08/13/14	R9-22-1207 ((A)(1). The second/last sentence states “ADHS/DBHS shall require all <i>service providers</i> to submit encounters. . . “I believe this reference should be to <i>ADHS/DBHS subcontractors</i> . Providers submit claims; it’s the plans/RBHAs that submit encounters.	The Administration decided to strike subsection (A)(1) since this information is not required in rule, it is covered under statute A.R.S. §36-2904. In addition, A.R.S. §41-1005 states that terms of contract are not required in rule. .