



White Mountain Apache Behavioral
Health Services, Inc.

Member Handbook

Apache Behavioral Health Services, Inc.
PO Box 1089, Whiteriver, AZ 85941; (928) 338-4811
www.wmabhs.org

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Welcome to the White Mountain Apache Behavioral Health Services, INC.

The mission of Apache Behavioral Health Services is to improve the quality of life for individuals and families who are residing on the Fort Apache Reservation and enrolled members of the White Mountain Apache Tribe. Services are available to Tribal members and their dependent family members regardless of their state or federally funded status.

Our services are provided in a timely, respectful, compassionate manner. We seek community input to insure services are geared toward addressing problems specific to the White Mountain Apache Tribe. We are committed to the development of our staff and the development of our programs that are innovative, and fiscally responsible to serve the White Mountain Apache Tribe both now and in the future.

If you would like more information about the information in this Member Handbook, please call White Mountain Apache Behavioral Health Services (WMABHS) at (928) 338-4811, Toll Free 1-877-336-4811 or go to our Web site www.wmabhs.org, TDD/TYY Users 1-800-367-8939.

Statement about Terms

The Member Handbook has some words that are not always easy to understand. The “Terms” section defines some of these words. You may want to refer to the “Terms” section while reading the Member Handbook to help you better understand each section.

How can I get services in an emergency or crisis?

For life threatening situations always call **911**.

For non-life threatening behavioral health situations, call the ABHS Crisis Line at 928-338-4811, or IHS Emergency at 928-338-3737 after hours and on weekend, TDD/TYY Users 1-800-367-8939. Emergency calls are answered 24 hours a day, 7 days a week.

Transportation for a behavioral health emergency may be available by contacting IHS Emergency at 928-338-3737, TDD/TYY Users 1-800-367-8939.

You may need behavioral health services while you are away from home and out of WMABHS service area. This is called “out of area care.” Out of area care only includes emergency behavioral health services unless WMABHS approves other services. You have a right to use any hospital or other setting for emergency care. If you want to get non-emergency behavioral health services out of WMABHS service area, please call (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939.

If you need out of area care:

- Go to a hospital or crisis center and ask for help;
- Ask the hospital or crisis center to call WMABHS at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939; the hospital or crisis center will contact WMABHS for approval to continue behavioral health services.

If you experience an emergency medical condition, emergency services are available to you. Emergency services do not require approval.

What kinds of resources are available?

There are local and national organizations that provide resources for persons with behavioral health needs, family members, and caretakers of persons with behavioral health needs. Some of these are:

- NAMI Arizona (National Alliance on Mental Illness)
Phone: **[T/RBHA, insert phone number(s) for your GSA(s)/community]**
Web site: <http://www.namiaz.org>

NAMI Arizona has a HelpLine for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education, and advocacy to people of all ages who are affected by mental illness.

- Visions of Hope
Phone: 602-404-1555
Web site: <http://phxhope.org>

Visions of Hope has programs that include peer support groups, information and referral, adult services, services to transition age youth, a warm line for confidential telephone support, and peer support training..

- Arizona Center for Disability Law – Mental Health
Phone: 602-274-6287 (Phoenix/voice or TTY); 1-800-927-2260 (statewide except Phoenix)
Web site: <http://www.acdl.com/mentalhealth.html>

The Arizona Center for Disability Law is a federally designated Protection and Advocacy System for the State of Arizona. Protection and Advocacy Systems throughout the United States assure that the human and civil rights of persons with disabilities are protected. Protection and Advocacy Systems can pursue legal and administrative remedies on behalf of

persons with disabilities to ensure the enforcement of their constitutional and statutory rights.

- Mentally Ill Kids In Distress (MIKID)
Phone: 602-253-1240; 520-882-0142 (Tucson); 928-726-2191 (Yuma); 928-245-4955 (Navajo and Apache counties); 1-800-356-4543 (Toll Free)
Web site: <http://www.mikid.org/>

MIKID provides support and help to families in Arizona with behaviorally challenged children, youth, and young adults. MIKID offers information on children's issues, internet access for parents, referrals to resources, support groups, educational speakers, holiday and birthday support for children in out of home placement, and parent-to-parent volunteer mentors.

- Division of Behavioral Health Services
150 N. 18th Avenue, 2nd Floor
Phoenix, AZ 85007
Phone: 602-364-4558
Toll-free: 1-800-867-5808
Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services.
Web site: <http://www.azdhs.gov/bhs/>
Email: dbhsinfo@azdhs.gov

The Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) is the state agency that oversees the use of federal and state funds to provide behavioral health services. Some offices within DBHS may be of additional help to you:

DBHS Member Services: 602-364-4558 or 1-800-867-5808

Office of Human Rights:

Maricopa, Pinal, or Gila County: 602-364-4585 or 1-800-421-2124.

Pima, Santa Cruz, Cochise, Graham, Greenlee County, Yuma or La Paz County: 520-770-3100 or 1-877-524-6882

Mohave, Coconino, Yavapai, Navajo or Apache County: 1-928-214-8231 or 1-877-744-2250

Human Rights Committee Coordinator: 602-364-4577 or 1-800-421-2124

- Division of Licensing Services
150 N. 18th Avenue,
Phoenix, AZ 85007
Phone: 602-364-2595
Web site: <http://www.azdhs.gov/als/residential/index.htm>

The Division of Licensing Services licenses and monitors behavioral health facilities statewide. They investigate complaints against behavioral health facilities and conduct inspections of facilities.

- Adult Protective Services (APS)
Department of Economic Security
Aging and Adult Administration
1789 W. Jefferson Street, Site Code 950A
Phoenix, AZ 85007
Phone: 602-542-4446
Web site: <https://www.azdes.gov/aaa/programs/aps/>

People can report abuse, neglect, and misuse of Arizona's vulnerable or incapacitated adults, 24 hours a day, 7 days a week at the state's hotline, 1-877-SOS-ADULT (1-877-767-2385); 1-877-815-8390 (TDD).

- Child Protective Services (CPS)
P.O. Box 44240
Phoenix, AZ 85064-4240
Hotline: 1-888-SOS-CHILD (1-888-767-2445)
Web site: https://www.azdes.gov/child_protective_services/

The Child Protective Services program receives, screens, and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention.

- The Arizona Health Care Cost Containment System (AHCCCS)
801 E. Jefferson, MD 3400
Phoenix, AZ 85034
Phone: (602) 417-7000
Web site: <https://www.MyAHCCCS.com>
Web site to apply for AHCCCS coverage: www.healtharizonaplus.gov

The Arizona Health Care Cost Containment System (written as AHCCCS and pronounced 'access') is Arizona's Medicaid program. AHCCCS oversees contracted health plans in the delivery of health care to individuals and families who qualify for Medicaid and other medical

assistance programs. AHCCCS also contracts with the Division of Behavioral Health Services for behavioral health service coverage.

- Arizona Smokers Helpline (ASHLine)
ASHLine: (800) 556-6222
Web site: www.ashline.org

Many people have quit smoking through programs by the Arizona Smokers Helpline (ASHLine). The ASHLine has several valuable and no cost resources. If you want more information to help quit tobacco, please call the Arizona Smokers Helpline (ASHLine) at (800) 556-6222, or visit www.ashline.org or talk to your PCP. ASHLine also offers information to help protect you and your loved ones from second hand smoke.

If you would like to know more about the resources that are available in your community, you can contact WMABHS at (928) 338-4811, Toll Free 1-877-336-4811 or go to our Web site www.wmabhs.org, TDD/TYY Users 1-800-367-8939.

How can I get written information in my language and oral interpreter services?

You may ask for help from WMABHS to make sure:

- Written information is either available in your language or can be translated in your language so you can understand it;
- You can find providers who speak your language; and
- If you are eligible for benefits under the Arizona Health Care Cost Containment System (AHCCCS) and/or you are a person determined to have a Serious Mental Illness (SMI), oral interpreter services are available at no cost to you.

Contact WMABHS Customer Services at (928) 338-4811 Ext. 2231, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939 to ask for any of these options.

What are my rights concerning Sign Language Interpreters and Auxiliary Aids if I am deaf or hard of hearing?

If you are deaf or hard of hearing, you may ask that your provider provide auxiliary aids or schedule a Sign Language Interpreter to meet your needs. Your provider has to provide these services, but your request must be made in a timely manner so that your provider can make arrangements for you.

Auxiliary aids include computer-aided transcriptions, written materials, assistive listening devices or systems, closed and open captioning, and other effective methods of making aurally delivered materials available to individuals with hearing loss.

Sign Language Interpreters are skilled professionals certified to provide interpretation, usually in American Sign Language, to the deaf. To find a listing of sign language interpreters and for the laws regarding the profession of interpreters in the State of Arizona, please visit the Arizona Commission for the Deaf and the Hard of Hearing at www.acdhh.org or call (602) 542-3323 (V/VP); (602) 364-0990 (TTY); 800-352-8161 (V/TTY).

What are my rights concerning printed information if I am visually impaired?

If you have a visual impairment, you may ask that your provider make available to you this member handbook or other materials, such as notices and consent forms, in large print. Your provider has to provide these services, but your request must be made in a timely manner so that your provider can modify the materials for you.

How does WMABHS ensure that my values and beliefs are being considered when services are offered to me and while I am receiving services?

Your traditions, your heritage, religious/spiritual beliefs, language and other aspects of life that you and your family value most define who you are and are part of your “culture”. WMABHS encourages its providers to understand the culture of each individual to better understand, communicate with, and treat the people WMABHS serves. Your provider will ask you to share cultural information with them so they can help you determine the best treatment plan for you or your family member. It is important that you help your provider understand what is important to you and your family, as this will help tailor services for your specific needs.

Be sure to discuss with your provider what you and your family believe is most important when determining your treatment and discussing your goals. If your provider understands what your goals are, your provider can better help you to reach those goals.

WMABHS works with its providers to better understand various cultures and to provide services in a culturally competent manner. You can view the WMABHS Cultural Competency Plan online at www.wmabhs.org.

What is Managed Care?

In Arizona, public behavioral health services are provided through a Managed Care model. This means that persons getting behavioral health services choose a provider from within a network. The Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) have to make sure that behavioral health services are available to their members. Members are persons enrolled with WMABHS.

In addition to making sure that services are available, WMABHS must oversee the quality of care given to members and manage the cost.

To find out more about Arizona's public behavioral health service delivery system you can visit the Arizona Department of Health Services/Division of Behavioral Health Services Web site at <http://www.azdhs.gov/bhs/>.

Contract services are funded in part under contract with the State of Arizona.

How do I contact WMABHS Member Services?

Member Services is available to help answer your questions. Member Services can help you:

- Learn how to become a member and get behavioral health services;
- Learn about the services you can get;
- Find a provider, including providers that provide services after normal business hours;
- Get answers to your questions; and
- Make a complaint or give positive feedback about services.

Member Services at WMABHS are available 24 hours a day, 7 days a week.

To contact Member Services at White Mountain Apache Behavioral Health Services please call: (928) 338-4811, Toll Free 1-877-336-4811 Ext. 2231, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939.

White Mountain Apache Behavioral Health Services office is located in the Pink Building located behind Basha's at 249 West Ponderosa Drive in Whiteriver and in Cibecue at the old fairgrounds at 293 E. Rodeo Drive.

What happens after I am assigned to or enrolled with WMABHS?

Individuals eligible for behavioral health services through AHCCCS are assigned to a Tribal or Regional Behavioral Health Authority based on where they live. American Indians, however, who are assigned to a TRBHA, have the option to choose to receive their services from a RBHA or TRBHA. You have been assigned to WMABHS because you live within the Fort Apache Reservation or are an enrolled member of the White Mountain Apache Tribe. You will continue to receive services from WMABHS, unless you move to another area of the state where WMABHS does not provide services. Individuals who are not AHCCCS eligible will be enrolled with a T/RBHA for behavioral health services. Enrollment with a T/RBHA is also based on where a person lives.

After you enroll with WMABHS, we will provide you with a Clinician according to your needs and a Case Manager who speaks Apache. Your Clinician/Case Manager are the people who help coordinate your care with anyone you want

involved. This team of individuals is sometimes called your clinical team. Your Clinician will talk to you about your strengths and needs; help you to decide the kinds of services and support that would help you the most; and work with you to make sure that the services and support you receive continue to meet your needs.

You will receive outpatient services at White Mountain Apache Behavioral Health Services in Whiteriver, Cibecue, and McNary or at the school you attend. If you need residential services, you will be served off-reservation by a provider that has a contract with WMABHS.

After you are assigned to WMABHS, you will develop a “team” to help you with identifying your behavioral health needs and obtaining behavioral health services. These teams are referred to as Clinical Teams, or more specifically, Child and Family Teams or Adult Recovery Teams.

What is a Child and Family Team?

The Child and Family Team (CFT) is a defined group of people that includes, at a minimum, the child and his/her family, a behavioral health representative, and any individuals important in the child’s life who are identified and invited to participate by the child and family. This may include, for example, teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from religious affiliations like churches, synagogues or mosques, or agents from other service systems like Child Protective Services (CPS) or Division of Developmental Disabilities (DDD), etc. The size, scope and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and resources needed to develop an effective service plan. The Child and Family Team can expand and contract as necessary to be successful on behalf of the child.

What is an Adult Recovery Team?

A group of individuals working together who are actively involved in a person’s assessment, service planning and service delivery by following the nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems. At a minimum, the team consists of the person, their guardian (if applicable), advocates (if assigned) and a qualified behavioral health representative. The team may also include members of the enrolled person’s family, physical health, mental health or social service providers, representatives or other agencies serving the person, professionals representing disciplines related to the person’s needs, or other persons identified by the enrolled person.

You will be able to change your team, if you would like, to best support your needs and achieve the goals that you have set.

What are “best practices” in behavioral health, and how do best practices affect the services I receive?

Both ADHS/DBHS and your T/RBHA create and support “best practices” in behavioral health care. Best practices are ways of delivering services to you that have been shown to be helpful, based on research and evaluation of these practices. You can learn more about these best practices by going to the ADHS/DBHS and T/RBHA Web sites. ADHS/DBHS has links to Clinical Practice Guidelines and Clinical Practice Protocols online at <http://www.azdhs.gov/bhs/guidance/index.htm>, or www.wmabhs.org. If you would like to receive this information by mail, please contact Member Services at White Mountain Apache Behavioral Health Services at (928) 338-4811 Ext. 2231, Toll Free 1-877-336-4811 or TDD/TYY Users 1-800-367-8939. Best practices change over time. Please refer to the ADHS/DBHS and your T/RBHA’s Web sites for updates, or contact your T/RBHA for additional information.

What is a Provider Network?

WMABHS works with many service providers including prevention programs, counselors, support staff, traditional healers, residential treatment programs, hospitals and other community resources. This group of providers is called a network.

WMABHS provides outpatient services through the Apache Behavioral Health Services Offices in Whiteriver, Cibecue and McNary. If a client is living off-reservation and wishes to remain enrolled with WMABHS, the Provider Network Coordinator will develop a contract or a Single Case Agreement with a provider in your area.

For persons requiring residential services, WMABHS contracts with providers off-reservation to provide these services. WMABHS Clinicians and the Out of Home Case Manager provide ongoing oversight of the client’s care and manage all required authorizations for services.

A listing of all available providers, their locations, telephone numbers, and languages spoken can be found online at www.wmabhs.org. If you do not have access to the Internet at your home, no cost Internet service is usually available at libraries. You can also get a paper copy of the provider listing at no charge by calling Member Services at WMABHS at (928) 338-4811 Ext. 2231, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939.

Some providers may not be taking new members. To find out which providers in the WMABHS network are not accepting new members, contact WMABHS Customer Services at (928) 338-4811 Ext. 2231, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939.

You can choose any hospital or other setting for emergency care. However, there are certain emergency settings within the WMABHS network that may be easier for you to use. These include: Whiteriver Indian Hospital Emergency Room, 200 West Hospital Drive, Whiteriver, Arizona (Children and Adults). The psychiatrist at the Whiteriver Indian Hospital provides medication management services. Appointments can be arranged through your Clinician or Case Manager or by contacting the IHS Mental Health Department at (928) 338-3678 or (928) 338-3677 or, TDD/TYY Users 1-800-367-8939. You can fill your prescriptions at the Whiteriver Indian Hospital in Whiteriver, Arizona and at the Cibecue Health Center in Cibecue, Arizona.

The WMABHS network also includes pharmacies off-reservation where you can fill your prescriptions for medications. Enrolled members of the White Mountain Apache Tribe or other federally recognized tribes can utilize the Indian Medical Center in Phoenix, the San Xavier IHS or WMABHS will develop a single case agreement with local pharmacies close to where you are placed. For Information regarding pharmacy and contact information for hours, the contracted providers, or the formulary, contact WMABHS Provider Network Coordinator at (928) 338-4811.

How do I choose a provider?

A provider network is a group of providers who work with a T/RBHA and are available to provide behavioral health services. WMABHS will help you choose a provider from within the provider network. If you would like to select a provider based on convenience, location, or cultural preference, please tell WMABHS Member Services. You will need to contact the provider to make, change, or cancel your appointments. You may also contact WMABHS if you would like assistance with making, changing, or canceling your appointments. If you need help with scheduling your appointments, contact WMABHS Member Services.

If you are not happy with your current provider, contact WMABHS Member Services to discuss other available options.

If you are getting substance abuse services that are funded by the Substance Abuse Prevention and Treatment Federal Block Grant (SAPT), you have the right to get services from a provider to whose religious character you do not object. If you object to the religious character of your substance abuse provider, you may ask for a referral to another provider of substance abuse treatment. You will get an appointment with the new provider within 7 days of your request for a referral, or earlier if your behavioral health condition requires. The new provider must be available to you and provide substance abuse services that are similar to the services that you were receiving at the first provider.

Do I have to pay for behavioral health services I get?

Title XIX (Medicaid) and Title XXI (KidsCare) covered services are paid for through the Arizona Health Care Cost Containment System (AHCCCS), the State Medicaid agency. Persons eligible for these programs are sometimes called AHCCCS eligible. AHCCCS eligible persons cannot be billed for covered behavioral health services other than applicable co-payments as described below.

AHCCCS Co-payments

Some people who get AHCCCS Medicaid benefits are asked to pay co-payments for some of the AHCCCS medical services that they receive.

The following persons are never asked to pay co-payments:

- Children under age 19
- People determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services
- Individuals up through age 20 eligible to receive services from the Children's Rehabilitative Services program
- People who are acute care members and who are residing in nursing homes or residential facilities such as an Assisted Living Home and only when the acute care member's medical condition would otherwise require hospitalization. The exemption from copayments for acute care members is limited to 90 days in a contract year
- People who are enrolled in the Arizona Long Term Care System
- People who are eligible for Medicare Savings Programs only*
- American Indian members who are active or previous users of the Indian Health Service, tribal health programs operated under P.L. 93-638, or urban Indian health programs
- People who receive hospice care

* NOTE: Copayments referenced in this section means copayments charged under Medicaid (AHCCCS). It does not mean a person is exempt from Medicare copayments.

In addition, co-payments are never charged for the following services for anyone:

- Hospitalizations
- Emergency services
- Family Planning services and supplies
- Pregnancy related health care including tobacco cessation treatment for pregnant women
- Services paid on a fee-for-service basis

Nominal (Low) Co-pays for Some AHCCCS Programs

Most people who get AHCCCS benefits are asked to pay the following nominal co-payments for medical services:

Prescriptions	\$2.30
Out-patient services for physical, occupational and speech therapy	\$2.30
Doctor or other provider outpatient office visits for evaluation and management of your care	\$3.40

Medical providers will ask you to pay these amounts but will NOT refuse you services if you are unable to pay.

People with Required Co-payments

Families with Children who are no Longer Eligible Due to Earnings

If a family is no longer eligible for any AHCCCS program due to higher income that they get from working, they may still get AHCCCS benefits through the Transitional Medical Assistance (TMA) program. People on TMA have to pay higher co-pays for some medical services and will need to pay the co-pays in order to get the services.

Families receiving TMA benefits have the following co-payment amounts:

Prescriptions	\$2.30
Doctor or other provider outpatient office visits for evaluation and management of your care	\$4.00
Outpatient Physical, Occupational and Speech Therapies	\$3.00
Outpatient Non-emergency or voluntary surgical procedures	\$3.00

Pharmacists and Medical Providers can refuse services if the co-payments are not made.

A family receiving TMA will not be required to make the co-pays if the total amount of the co-pays made is more than 5% of the gross family income (before taxes and deductions) during a calendar quarter (January through March, April through June, July through September, and October through December.)

When a family receiving TMA benefits thinks that they have paid co-pays that equal 5% of the family's total quarterly income and AHCCCS has not already told them this has happened, they should send copies of receipts or other proof of how much they have paid to *AHCCCS, 801 E. Jefferson, Mail Drop 4600, Phoenix, Arizona 85034.*

If you are on this program but your circumstances have changed, contact your local DES office to ask them to review your eligibility.

Other Adults (Childless Adults)

An adult may get AHCCCS benefits through the AHCCCS Care Program. An adult is on AHCCCS Care because the adult:

- Does not have an eligible deprived child living with them (see Arizona Administrative Code R9-22-1427),
- Is not pregnant,
- Is not aged 65 or over, or
- Is not disabled.

People on AHCCCS Care have to pay higher co-pays for some medical services and will need to pay the co-pays in order to get the services.

Persons on AHCCCS Care will need to make the following co-payments in order to receive the following services:

Generic Prescriptions and Brand Name Prescriptions when there is no generic	\$4.00
Brand Name Prescriptions when there is a generic prescription that can be used	\$10.00
Non-emergency use of an emergency room	\$30.00
Doctor or other provider outpatient office visits for evaluation and management of your care	\$5.00
Taxi ride to obtain medical services (for adults in Maricopa and Pima counties only)	\$2.00 each way

Pharmacists and Medical Providers and taxi companies can refuse services if the co-payments are not made.

If your circumstances have changed and you don't think you belong in the AHCCCS Care program, contact your local DES office to ask them to review your eligibility.

ADHS/DBHS Co-payments

Non-Title XIX/XXI persons determined to have a Serious Mental Illness may have to pay for behavioral health services. The payment amount is a fixed co-payment amount of \$3. If you have Medicare or private insurance, you will pay the \$3 ADHS/DBHS co-payment for services covered by ADHS/DBHS, or the co-payment that your insurance requires (if it is less than \$3) for those services. In other words, you will not have to pay a higher payment for services that ADHS/DBHS covers, just because you have other insurance. However, if you

are getting services through your insurance for services or medications that ADHS/DBHS does not cover (see the Available Services Matrix on page 22 and 23, you will be responsible for paying the co-payment or other fees that your insurance requires.

A non-covered service is one that is not available to you. It is a service your provider did not set up or approve or is a service that is not covered by the T/RBHA. Services you get from a provider outside of the provider network are non-covered services, unless you have been referred by your provider. If you get a non-covered service you may have to pay for it.

Prior to your appointment for services, WMABHS or your provider will discuss with you any payments you will have to pay.

What if I have health insurance?

You must report any health insurance that you have, other than AHCCCS, to WMABHS or your provider. This includes Medicare. Persons with health insurance must use the benefits of that health insurance before WMABHS will pay for services. At times, WMABHS may pay for the cost of co-payments for you, while the cost of the covered service is paid for by your health insurance. This may occur even if you get services outside the WMABHS network of providers.

If there are any changes to your health insurance you must report the change to WMABHS or your provider right away.

Medicare coverage

Some people have Medicare and AHCCCS health insurance. If you have Medicare and AHCCCS health insurance, you must tell WMABHS or your provider. You may get some services from Medicare providers and some services from WMABHS providers. You may have to use Medicare for some behavioral health services before you can use your AHCCCS health insurance. If you are in a Medicare Cost Saving (MCS) program, your Medicare co-payments, premiums, and/or deductibles may be covered for you. WMABHS or your provider can help you find out what services Medicare will cover and what services your AHCCCS health insurance will cover.

Sometimes people with Medicare want to get services from a provider that does not work with WMABHS. This is called getting services outside the WMABHS network of providers. If you choose to get services from a provider outside the WMABHS network, you may have to pay for your Medicare co-payment, premium and/or deductible. This does not apply to emergency or other prescribed services. Call the WMABHS Provider Network Coordinator at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939 for more information on out of network providers.

AHCCCS does not pay for prescription drugs available with Medicare Part D for persons who have AHCCCS and Medicare. Medicare eligible persons must get their prescription drugs through a Medicare Part D Prescription Drug Plan (PDP) or Medicare Advantage Prescription Drug Plan (MA-PD). These plans will pay for both brand name and generic drugs. If you have Medicare, but you are not enrolled in a Medicare Part D drug plan, AHCCCS will not pay for any prescription drugs that would be paid for by Medicare Part D. You may have to pay for your prescription drugs. If you have questions about this change, you can call 1-800-MEDICARE (TTY: 1-877-486-2048) or visit www.medicare.gov. If you want help in picking a plan, you can call WMABHS Customer Services at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939.

Medicare Part D and AHCCCS may not pay for some prescription drugs. WMABHS may assist you with obtaining prescription drugs not covered by Medicare Part D. Contact the Whiteriver IHS Pharmacy and your WMABHS Case Manager at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939 to ask about getting help with requesting medication from your Medicare Part D plan.

AHCCCS covers drugs which are medically necessary, cost effective, and allowed by federal and state law.

For AHCCCS recipients with Medicare, AHCCCS does NOT pay for any drugs paid by Medicare or for the cost-sharing (coinsurance, deductibles, and copayments) for these drugs. AHCCCS and its Contractors are prohibited from paying for these medications or the cost-sharing (coinsurance, deductibles, and copayments) for drugs available through Medicare Part D even if the member chooses not to enroll in the Part D plan.

Beginning January 1, 2013 AHCCCS will no longer pay for barbiturates to treat epilepsy, cancer, or mental health problems or any benzodiazepines for members with Medicare.

This is because federal law requires Medicare to begin paying for these drugs starting January 1, 2013. Some of the common names for benzodiazepines and barbiturates are:

Generic Name	Brand Name
Alprazolam	Xanax
Diazepam	Valium
Lorazepam	Ativan
Clorazepate Dipotassium	Tranxene
Chlordiazepoxide Hydrochloride	Librium
Clonazepam	Klonopin
Oxazepam	Serax
Temazepam	Restoril
Flurazepam	Dalmane
Phenobarbital	Phenobarbital
Mebaral	Mephobarbital

AHCCCS will still pay for barbiturates for Medicare members that are **NOT** used to treat epilepsy, cancer, or mental health problems even if it is after January 1, 2013.

For information about copayments for drugs that are covered by AHCCCS, please read the section about copayments.

The Limited Income Subsidy (LIS) program

The Social Security Administration (SSA) has a Limited Income Subsidy (LIS) program that will help pay for the costs of the Medicare Part D prescription drug benefit. This program, also known as “extra help,” will pay all or part of the monthly premium, annual deductible, and coinsurance. However, the “extra help” does not pay the copayments for Medicare Part D prescription drugs.

If you have both AHCCCS and Medicare, you do not have to apply for the “extra help”. You will get a notice from the Centers for Medicare and Medicaid Services (CMS) telling you that you get the “extra help” and you do not have to apply.

If you are in a Medicare Cost Saving (MCS) program you do not have to apply for the “extra help”. MCS programs include the following:

- QMB Only (Qualified Medicare Beneficiary),
- SLMB Only (Specified Low Income Medicare Beneficiary), and
- QI-1 (Qualified Individual).

You will also get a notice from CMS telling you that you get the “extra help” and you do not have to apply.

Other persons may be able to get the “extra help.” If your income is below 150% of the Federal Poverty Level (FPL) and you do not have AHCCCS or an MCS program, you have to apply for the “extra help.” There are a few ways you can apply. The Social Security Administration (SSA) has a paper application in English and Spanish. You can fill out a paper application and mail it to SSA. You can also apply by calling 1-800-772-1213 (TTY: 1-800-325-0778). Finally, you can apply on-line on the SSA Web site: <http://www.socialsecurity.gov>. On-line applications are available in 14 languages. If you need help applying for the “extra help,” please contact Member Services at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939, or your Case Manager.

What behavioral health services can I get?

Behavioral health services help people think, feel, and act in healthy ways. There are services for mental health problems and there are services for substance abuse.

You can get services based on three things:

- Your need,
- Your insurance coverage, and
- Your provider’s approval, if required.

All services are not available to all members. If you would like to see the guidelines that are used to determine admission, continued stay, and discharge, contact Member Services at White Mountain Apache Behavioral Health Services at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939..

You decide with your provider or clinical team* what services you need. Your provider or clinical team may ask WMABHS for approval of a service for you, but the approval may be denied. If a request for services is denied, you can file an appeal. For more information on filing an appeal, see the section called “What is an appeal and how do I file an appeal.”

You and your provider may not agree about the services you need. If you feel you need a service, and your provider does not, contact Member Services at WMABHS at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939..

The table on the next page lists the available behavioral health services and any limits they may have. WMABHS must pay only for the available behavioral health services listed.

* Clinical Teams include both Child and Family Teams and Adult Recovery Teams

Service Coverage for American Indian Persons:

American Indian persons have choices of where to access behavioral health services, including receiving services through a Regional Behavioral Health Authority (RBHA) that serves the zip code you live in or Tribal Regional Behavioral Health Authority (TRBHA) that serves a specific tribe, Indian Health Services (IHS) and/or 638 tribal facilities with behavioral health programs. If you receive services through a RBHA or TRBHA, those services are paid for through the Arizona Department of Health Services/Division of Behavioral Health services (ADHS/DBHS). If you are Title XIX/XXI eligible and receive services through an IHS or 638 tribal facility, the Arizona Health Care Cost Containment System (AHCCCS) pays for those services. Regardless of who pays for the services, your RBHA or TRBHA and/or IHS or 638 tribal facility will coordinate your care to ensure you receive all necessary behavioral health services.

A 638 tribal facility means a facility owned and operated by an American Indian tribe authorized to provide services according to Public Law 93-638, as amended. A 638 tribal facility may not provide all covered behavioral health services, so ADHS/DBHS is responsible for covering certain services:

- Behavioral health services for persons referred off reservation from an IHS or 638 tribal facility; and
- Emergency services rendered at a non-IHS or non-638 tribal facility to American Indian behavioral health recipients.

If you are unsure about your choices or if you have questions about how your behavioral health services are coordinated, you can contact WMABHS Member Services at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939, or your Case Manager for additional information.

Medication Coverage

Whiteriver IHS has a list of medications, called a formulary, that includes medications available to you through IHS. If you are residing off-reservation, you can utilize the IHS facility where you are located or WMABHS will develop a contract with a pharmacy that will utilize the ADHS/DBHS formulary. You may need medication that is not on the ADHS/DBHS formulary, or you may need approval for your medication. If you are not receiving medication from IHS and require medication not on the ADHS/DBHS formulary, you and the prescriber will need to work with your WMABHS case manager and therapist to complete required paperwork that is sent to ADHS/DBHS Medical Director to make a determination about the medication.

If you go to your pharmacy and you are unable to get your medication(s), contact your WMABHS Clinician at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939 for help.

Special Populations

Special populations include groups of individuals who are eligible to receive services funded by federal block grants. These federal block grants include the Substance Abuse Prevention and Treatment (SAPT), Project for Assistance in Transition from Homelessness (PATH), and Community Mental Health Services (CMHS) federal block grants. SAPT Block Grant funds are used for treatment and long-term recovery support services for the following persons, in order of priority:

- Pregnant women/teenagers who use drugs by injection;
- Pregnant women/teenagers who use substances
- Other persons who use drugs by injection;
- Substance using women and teenagers with dependent children and their families, including women who are attempting to regain custody of their children; and
- *As Funding is Available* - all other persons with a substance use disorder, regardless of gender or route of use.

The PATH Grant provides funds for services to persons or families who:

- Are homeless or at imminent risk of becoming homeless; and
- Are suffering from serious mental illness; or
- Have a substance abuse disorder and are suffering from a serious mental illness.

Expanded outreach efforts include the following populations:

- Victims of domestic violence;
- Elderly individuals;
- Families; and
- Abandoned and/or runaway youth.

The PATH Grant provides the following services and assistance:

- Outreach and community education;
- Field assessment and evaluations;
- Intake assistance/emergent and non-emergent triage;
- Transportation assistance;
- Hotel vouchers in emergency situations;
- Assistance in meeting basic needs (e.g., applications for AHCCCS, SSI/SSDI, food stamps, coordination of health care, etc.);
- Transition into a behavioral health case management system;
- Assistance in getting prescriptions filled;
- Assistance in locating cooling or heating and water stations during extreme heat and winter alerts;
- Moving assistance; and
- Housing referrals, both transitional and permanent placements.

The Community Mental Health Services (CMHS) block grant provides funds to establish or expand community-based services for Non-Title XIX/XXI reimbursable mental health services to children with Serious Emotional Disturbances (SED) and adults with Serious Mental Illness (SMI).

AHCCCS and ADHS/DBHS Benefit Changes

This handbook and the table on the next page describe the services you can get. You will get a notice if there are changes to the services you can get.

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH
White Mountain Apache Behavioral Health Services

AVAILABLE BEHAVIORAL HEALTH SERVICES*

SERVICES		TITLE XIX/XXI CHILDREN AND ADULTS	NON-TITLE XIX/XXI PERSONS DETERMINED TO HAVE SMI
TREATMENT SERVICES			
Behavioral Health Counseling and Therapy	Individual	Available	Not Available
	Group	Available	Not Available
	Family	Available	Not Available
Behavioral Health Screening, Mental Health Assessment and Specialized Testing	Behavioral Health Screening	Available	Not Available
	Mental Health Assessment	Available	Available
	Specialized Testing	Available	Not Available
Other Professional	Traditional Healing	Not Available with TXIX/XXI funding**	Not Available**
	Auricular Acupuncture	Not Available with TXIX/XXI funding**	Not Available**
REHABILITATION SERVICES			
Skills Training and Development	Individual	Available	Available
	Group	Available	Available
	Extended	Available	Available
Cognitive Rehabilitation		Available	Available
Behavioral Health Prevention/Promotion Education		Available	Available
Psycho Educational Services and Ongoing Support to maintain employment	Psycho Educational Services	Available	Available
	Ongoing Support to maintain employment	Available	Available
MEDICAL SERVICES			
Medication Services		Available	Available
Lab, Radiology and Medical Imaging		Available	Available
Medical Management		Available	Available
Electro-Convulsive Therapy		Available	Not Available
SUPPORT SERVICES			
Case Management		Available	Available****
Personal Care		Available	Available
Home Care Training (Family)		Available	Available
Self-help/Peer Services		Available	Available

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH
White Mountain Apache Behavioral Health Services**

AVAILABLE BEHAVIORAL HEALTH SERVICES*

SERVICES		TITLE XIX/XXI CHILDREN AND ADULTS	NON-TITLE XIX/XXI PERSONS DETERMINED TO HAVE SMI
Home Care Training to Home Care Client (HCTC)		Available	Not Available
Respite Care***		Available	Available***
Supported Housing		Provided based on available grant funding**	Provided based on available grant funding**
Sign Language or Oral Interpretive Services		Provided at no charge	Provided at no charge
Flex Fund Services		Provided based on available grant funding**	Provided based on available grant funding**
Transportation	Emergency	Available	Limited to crisis service-related transportation
	Non-emergency	Available	Available
CRISIS INTERVENTION SERVICES			
Crisis Intervention – Mobile		Available	Available
Crisis Intervention – Telephone		Available	Available
Crisis Services – Stabilization		Available	Available
INPATIENT SERVICES			
Hospital		Available	Available but limited*****
Behavioral Health Inpatient Facility		Available	Available but limited*****
RESIDENTIAL SERVICES			
Behavioral Health Residential Facility			
		Available	Available but limited*****
Room and Board		Not Available with TXIX/XXI funding*	Not Available
BEHAVIORAL HEALTH DAY PROGRAMS			
Supervised Day		Available	Available
Therapeutic Day		Available	Not Available
Medical Day		Available	Not Available

Limitations:

* For services available through federal block grants, please see the Special Populations section on page 20

** Services not available with TXIX/XXI funding, but may be provided if grant funding is available.

*** Respite Care – Respite care is offered as a temporary break for caregivers to take time for themselves. The number of respite hours available is 600 hours within a 12 month period of time. The 12 months will run from October 1 through September 30 of the next year.

**** A person may be assigned a case manager, based on his/her needs.

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH
White Mountain Apache Behavioral Health Services**

AVAILABLE BEHAVIORAL HEALTH SERVICES*

***** Coverage is limited to 23 hour crisis observation/stabilization services, including detoxification services. Up to 72 hours of additional crisis stabilization may be covered based upon the availability of funding.

Can I get a ride to my appointment?

You may be able to get a ride to and from non-emergency services for covered behavioral health services, such as medication appointments. Contact WMABHS at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939 and ask if you can get a ride.

Transportation during an emergency does not need prior approval. Call 911 or WMAT Ambulance Services at (928) 338-3095 for transportation in an emergency or crisis.

What is an approval of services and what are my notification rights?

You and your provider or clinical team* will work together to make decisions about the services you need. Emergency services needed for an emergency medical condition do not need to be approved before you can get them. Some services, for example non-emergency hospital admissions or other inpatient services such as a RTC placement, need to be approved before you can get them. Your provider or clinical team must ask for approval of these services by submitting an authorization for services to ADHS/DBHS. If a Title XIX/XXI covered service included in your Service Plan is denied, reduced, or terminated, you will receive notice and have the right to file an appeal. The process for filing an appeal is described in the section called, "What is an appeal and how do I file an appeal?"

Only a physician trained to treat your condition may deny a service your provider or clinical team is trying to get approved.

Title XIX/XXI eligible persons:

You will get written notice telling you if the services asked for by your provider or clinical team are not approved. You will get this notice within 14 days of your provider or clinical team asking for approval for standard approval requests or within 3 working days for expedited approval requests. Expedited means that a decision needs to be made sooner due to your behavioral health needs.

The timeframes in which the T/RBHA or the provider must give you written notice of their decision about the requested services can be extended for up to 14 days. This means that a decision may take up to 28 days for the standard approval process, and up to 17 or more days for the expedited process. (The reason that the expedited process may take more than 17 days is because the initial 3-day period is *working* days.) You, WMABHS, or the provider can ask for more time. If WMABHS or the provider ask for more time, you will get a written notice, called a Notice of Extension of Timeframe for Service Authorization Decision, telling you why it will take longer. If you disagree with the extension, you can file a

* Clinical Teams include both Child and Family Teams and Adult Recovery Teams

complaint with WMABHS by calling Member Services at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939. If a decision about your requested services is not made within the maximum allowable timeframe, including extensions, the request for approval (authorization) shall be considered denied on the date the timeframe expires.

If your covered behavioral health services are denied, or if the services you have been getting are terminated, suspended or reduced, you will get a Notice of Action. The Notice of Action is a written document that will tell you:

- What service(s) will be denied, reduced, suspended, or terminated;
- The reason the service(s) will be denied, reduced, suspended, or terminated and the legal basis for the action;
- The date the service(s) will be reduced, suspended, or terminated;
- Your right to file an appeal;
- How to exercise your right to file an appeal;
- When and how you can ask for an expedited decision if you file an appeal; and
- How to ask that your services continue during the appeal process.

You will get a Notice of Action 10 days before the effective date if services you were getting will be reduced, suspended or terminated. If the Notice of Action does not tell you what you asked for, what was decided and why the decision was made in language you can understand, please call Member Services at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939 for assistance. The Notice of Action is also available in other languages and formats if you need it. If the Notice of Action is not adequate, a new Notice of Action will be issued. If the Notice of Action is still not adequate and the issue is not resolved by WMABHS, you may call AHCCCS Medical Management at 602-417-4000 to register your complaint.

Exceptions to the 10 day Notice of Action requirement

If fraud is suspected, the notice will be sent to you 5 days before the reduction, suspension or termination of services.

If non-emergency inpatient services are terminated as a result of the denial of a continued stay request, you will be sent a Notice of Action in 2 days.

You may get a Notice of Action less than 10 days from the effective date in some other situations, such as:

- You told your provider on paper that you no longer want services;
- Your mail is returned and the provider does not know where you are;
- You enter a facility that makes you ineligible for services;
- You move and get Medicaid services outside of Arizona; or
- Your physician prescribes a change in the level of your behavioral health care.

Persons determined to have a Serious Mental Illness:

As a person determined to have a Serious Mental Illness, you may get notices besides the Notice of Action. This may include a Notice of Decision and Right to Appeal. You would get this notice when:

- The initial determination of Serious Mental Illness is made,
- A decision about fees or a waiver from fees is made,
- The Assessment, Service Plan or Inpatient Treatment and Discharge Plan are developed or reviewed,
- Your Service Plan is changed and any services you have been receiving are reduced, suspended or terminated, or
- It is determined that you do not have a Serious Mental Illness.

Based upon the behavioral health services you get, you may get other notices about the Grievance and Appeal process, your legal rights and that discrimination is not allowed.

Please contact Member Services, WMABHS at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939 with questions about the approval of services and your notification rights.

What is a referral to another provider?

You or your provider may feel that you need specialized care from another behavioral health provider. If that happens, your provider will give you a “referral” to go to another provider for specialized care.

You may contact WMABHS or your provider if you feel you need a referral for specialized care.

Title XIX/XXI eligible persons can get a second opinion. Upon a Title XIX/XXI eligible person’s request, WMABHS must provide for a second opinion from a health care professional within the WMABHS network or arrange for the person to get one outside the network, at no cost to the person. Please contact Member Services at WMABHS at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939.

Who is eligible to receive behavioral health services?

- Persons AHCCCS eligible through either Title XIX (Medicaid) or Title XXI (KidsCare);
- Persons determined to have a Serious Mental Illness; and
- Special populations who are eligible to receive services funded through federal block grants.

Title XIX (Medicaid; may also be called AHCCCS) is insurance for low-income persons, children, and families. It pays for medical, dental (for children up to 21 years of age), and behavioral health services.

Title XXI (KidsCare; may also be called AHCCCS) is insurance for children under the age of 19 who do not have insurance and are not eligible for Title XIX benefits. It pays for medical, dental and behavioral health services.

WMABHS or your provider will ask you questions to help identify if you could be eligible for AHCCCS benefits. If so, they can help you complete an AHCCCS application.

A Serious Mental Illness is a mental disorder in persons 18 years of age or older that is severe and persistent. Persons may be so impaired that they cannot remain in the community without treatment and/or services. A licensed Clinical Psychologist at WMABHS will make a determination of Serious Mental Illness upon referral/request.

What services can I get if I am not eligible for AHCCCS?

Crisis Services

You are able to get crisis services, even if you are not Title XIX/XXI eligible (i.e., not eligible for AHCCCS) or determined to have a Serious Mental Illness. Crisis services available to you include:

- Crisis Intervention phone services, including a toll free number, available 24 hours per day 7 days a week. Call WMABHS and ask for the clinician on call at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939. If you call after hours, inform the receptionist that you need to speak to the clinician on call.
- Mobile crisis Intervention services, available 24 hours per day, 7 days a week;
- 23-hour crisis observation/stabilization services, including detoxification services, and as funding allows, up to 72 hours of additional crisis stabilization under IHS Contract Health with follow-up services at WMABHS;
- Substance abuse-related crisis services, including follow-up services for stabilization.

Services for Non-Title XIX/XXI persons determined to have a Serious Mental Illness (SMI)

If you are a Non-Title XIX/XXI person determined to have SMI, you are eligible for an array of services based on available funding, as appropriated by the Arizona Legislature. You can see a list of these services on pages 22 and 23.

Please contact WMABHS at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939 if you have questions about what services are available to you.

Housing Services

Supported Housing is a service for individuals determined to have a Serious Mental Illness which helps them find and stay in independent, safe housing. Supported Housing services may include help with rent, gas and electric payments, and help in avoiding eviction. Title XIX/XXI eligible and Non-Title XIX/XXI persons determined to have SMI receiving housing services in residential facilities may be asked to help pay for the cost of room and board.

Special Populations

Some people are eligible to receive behavioral health services that are funded through federal block grants. For more information about these services and who is eligible for these services, please go to page 20.

What happens if I move?

If you move, tell your provider and WMABHS right away so they can make sure you continue to receive your services and/or medications. You may need to change to a new provider and/or T/RBHA. If that happens, your provider will ask you to sign a release of information so the new provider and/or T/RBHA can transfer your services. Your records may be given to the new provider once you give written permission. WMABHS or your provider can help you with a referral to a new provider and/or T/RBHA. If you are moving out of state or out of the country, the T/RBHA may be able to help you link to services in your new location.

If you are Title XIX or Title XXI eligible, call the agency where you applied for those benefits to let them know you moved and give them your new address. This could be:

- AHCCCS (call 602-417-7100 in Maricopa County or 1-800-334-5283 outside of Maricopa County) or go to the MyAHCCCS member Web site at www.MyAHCCCS.com to update your address,
- Department of Economic Security (call 1-800-352-8168), or
- Social Security Administration (1-800-772-1213).

What is a consent to treatment?

You have the right to accept or refuse behavioral health services that are offered to you. If you want to get the behavioral health services offered, you or your legal guardian must sign a "Consent to Treatment" form giving your or your legal guardian's permission for you to get behavioral health services. When you sign a "Consent to Treatment" form you are also giving the Arizona Department of

Health Services / Division of Behavioral Health Services (ADHS/DBHS)
permission to access your records.

To give you certain services, your provider needs to get your permission. Your provider may ask you to sign a form or to give verbal permission to get a specific service. You will be given information about the service so you can decide if you want that service or not. This is called informed consent. Informed consent means advising a patient of a proposed treatment, surgical procedure, psychotropic drug or diagnostic procedure; alternatives to the treatment surgical procedure, psychotropic drug or diagnostic procedure; associated risks and possible complications, and obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure from the patient or the patient's representative. An example would be if your provider prescribes a medication. Your provider will tell you about the benefits and risks of taking the medication and other options for treatment. Your provider will ask you to sign a consent form or give verbal permission if you want to take the medication. Let your provider know if you have questions or do not understand the information your provider gave you. You have the right to withdraw your consent at any time. Your provider will explain to you what will happen if you choose to withdraw your consent.

Is my behavioral health information private?

There are laws about who can see your behavioral health information with or without your permission. Substance abuse treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without your written permission.

At times your permission is not needed to share your behavioral health information to help arrange and pay for your care. These times could include the sharing of information with:

- Physicians and other agencies providing health, social, or welfare services;
- Your medical primary care provider;
- Certain state agencies involved in your care and treatment, as needed; and
- Members of the clinical team* involved in your care.

At other times, it may be helpful to share your behavioral health information with other agencies, such as schools. Your written permission may be required before your information is shared.

There may be times that you want to share your behavioral health information with other agencies or certain individuals who may be assisting you. In these cases, you can sign an Authorization for the Release of Information Form, which

* Clinical Teams include both Child and Family Teams and Adult Recovery Teams

states that your medical records, or certain limited portions of your medical records, may be released to the individuals or agencies that you name on the form. For more information about the Authorization for the Release of Information Form, contact WMABHS at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939.

You can ask to see the behavioral health information in your medical record. You can also ask that the record be changed if you do not agree with its contents. You can also receive one no cost copy per year of your medical record. Contact your provider or WMABHS to ask to see or get a copy of your medical record. Call WMABHS Member Services at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939. You will receive a response to your request within 30 days. If you receive a written denial to your request, you will be provided with information about why your request to obtain your medical record was denied and how you can seek a review of that denial.

Exceptions to Confidentiality

There are times when we cannot keep information confidential. The following information is not protected by the law:

If you commit a crime or threaten to commit a crime at the program or against any person who works at the program, we must call the police.

If you are going to hurt another person, we must let that person know so that he or she can protect himself or herself. We must also call the police.

We must also report suspected child abuse to local authorities.

If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (e.g., hospitals and other counselors) to protect you. Only necessary information to keep you safe is shared.

What are my rights and responsibilities while getting behavioral health services?

What are my rights?

You have the right to:

- Be treated fairly and with respect regardless of race, ethnicity, religion, mental or physical disability, sex, age, sexual preference, or ability to pay,
- Participate in decisions regarding your behavioral health care and participate in making your Service Plan,
- To receive information on treatment options and alternatives presented in a manner appropriate to the enrollee's condition and ability to understand the information,
- Include any persons you wish in your treatment,
- Have your protected health information kept private,
- Get your services in a safe place,

- Make an advance directive,
- Agree to or refuse treatment services, unless the services are court ordered,
- Get information in your own language or have it translated,
- Complain about the Arizona Department of Health Services;
- File a complaint, appeal, or grievance without penalty,
- Receive good care from providers who know how to take care of you,
- Choose a provider within the Provider Network,
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation,
- Use your rights with no negative action by the Arizona Department of Health Services or WMABHS,
- The same civil and legal rights as anyone else.

You also have the right to request and obtain the following information at any time:

- Receive a Member Handbook at least annually from WMABHS;
- The name, location, and telephone number of the current providers in your service area that speak a language other than English and the name of the language(s) spoken,
- The name, location, and telephone number of the current providers in your service area that are not accepting new members,
- Any limits of your freedom of choice among network providers,
- Your rights and protections,
- A description of how after-hours and emergency coverage is provided,
- A description of what is an emergency medical condition and what are emergency and post stabilization services,
- The process for getting emergency services, including the use of the 911 telephone system or local emergency numbers,
- The location of providers and hospitals that provide emergency and post stabilization services,
- Your right to use any hospital or other setting for emergency care,
- Your right to get emergency services without prior approval,
- The amount, duration, and scope of your benefits,
- The process for getting services, including approval requirements and criteria used to make decisions about the services you can get,
- The extent to which, and how, you may get benefits from out-of-network providers,
- The rules for post stabilization care services,
- Cost sharing, if any,
- How and where to access services including any cost sharing required and how transportation can be provided,
- Advanced directives,

- The structure and operation of the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) or ADHS/DBHS contractors,
- Physician incentive plans (including the plan's effect on the use of referral services, the types of compensation arrangements the plan uses, whether stop-loss insurance is required, and member survey results), and
- The grievance, appeal, and fair hearing procedures and timeframes.

To request any of this information, contact WMABHS Member Services at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939.

What are my responsibilities?

You have the responsibility to:

- Give information needed for your care to your providers;
- Follow instructions and guidelines from your providers;
- Know the name of your provider/case manager;
- Schedule appointments during regular office hours when possible limiting the use of Urgent Care and Emergency Room facilities;
- Arrive on time for appointments;
- Tell providers if you have to cancel an appointment before the scheduled time;
- Participate in creating your Service Plan;
- Be aware of your rights;
- Assist in moving towards your recovery;
- Take care of yourself; and
- Treat others with respect and work cooperatively with others.

Title XIX/XXI eligible persons are responsible for:

- Protecting your identification (ID) card;
- Not misusing your ID card, including loaning, selling or giving your card to others, which may result in the loss of your eligibility or legal action; and
- Keeping, not discarding, your ID card.

What is a designated representative?

Advocating for your rights can be hard work. Sometimes it helps to have a person with you to support your point of view. If you have been determined to have a Serious Mental Illness, you have the right to have a designated representative help you in protecting your rights and voicing your service needs.

Who is a designated representative?

A designated representative may be a parent, guardian, friend, peer advocate, relative, human rights advocate, member of a Human Rights Committee, an

advocate from the State Protection and Advocacy system, or any other person who may help you protect your rights and voice your service needs.

When can a designated representative help me?

You have the right to have a designated representative help you protect your rights and voice your service needs during any meetings about your Service Plan or Inpatient Treatment and Discharge Plan. Your designated representative must also receive written notice of the time, date and location of Service Plan and Inpatient Treatment and Discharge Plan meetings, and your designated representative must be invited to the Individual Treatment and Discharge Plan meetings.

You have the right to have a designated representative help you in filing an appeal of the treatment you got, your Service Plan, Inpatient Treatment and Discharge Plan or attend the informal conference or administrative hearing with you to protect your rights and voice your service needs.

You have the right to have a designated representative help you in filing a grievance. A designated representative may also go to the meeting with the investigator, the informal conference, or an administrative hearing with you to protect your rights and voice your service needs.

If you have questions about designated representatives, call WMABHS Member Services at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939 or the ADHS/DBHS Office of Human Rights at 602-364-4585 or 1-800-421-2124. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services.

What can I do if I have a complaint about my care?

If you are not happy with the care you are getting, try to solve any issues at the lowest possible level by talking with your provider or WMABHS.

What is a formal complaint and how do I make one?

A formal complaint is when you are not happy with any aspect of your care.

Reasons for complaints could include such things as:

- The quality of care or services you got,
- A disagreement with the denial to process an appeal as expedited,
- The failure of a provider to respect a person's rights, or
- A provider or employee of a provider being rude to you.

Formal complaints can be made either orally or in writing. You can call or write to WMABHS Member Services at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939..

If you make your complaint by phone, it will be acknowledged at that time. For written complaints, you will be notified that your complaint was received within 5 working days. A decision regarding the results of your complaint must be given to you in a timely manner, but within 90 days of making your complaint.

Some issues require you to file an appeal instead of a formal complaint. This process is described in the section called, "What is an appeal and how do I file an appeal." These issues include:

- The denial or limited approval of a service asked for by your provider or clinical team*,
- The reduction, suspension, or termination of a service you were receiving,
- The denial, in whole or part, of payment for a service,
- The failure to provide services in a timely manner,
- The failure to act within timeframes for resolving an appeal or complaint, and
- The denial of a request for services outside of the provider network when services are not available within the provider network.

If you are a person determined to have a Serious Mental Illness (SMI), you can file a grievance/request for investigation if you feel that your rights have been violated. See "What is a Grievance/Request for Investigation for persons determined to have a Serious Mental Illness and how can I file one?" for more information.

What is an appeal and how do I file an appeal?

What is an appeal?

An appeal is a formal request to review an action or decision related to your behavioral health services.

There are 3 types of appeals depending on what is being appealed and who is filing the appeal. The 3 types of appeals are:

- Appeals for Title XIX/XXI AHCCCS eligible persons,
- Appeals for persons determined to have a Serious Mental Illness, and
- Appeals for persons who are not enrolled as a person with Serious Mental Illness and are Non-Title XIX/XXI eligible.

Medicare Part D Exceptions and Appeals

Every Medicare Part D plan must have an exception and appeal process. If you have Medicare Part D Prescription Drug coverage and you file an exception or appeal, you may be able to get a prescription drug that is not normally covered

* Clinical Teams include both Child and Family Teams and Adult Recovery Teams

by your Part D plan. Contact your Part D plan for help in filing an exception or appeal regarding your prescription drug coverage.

How do I file an appeal?

Appeals can be filed orally or in writing with ADHS/DBHS within 60 days after the date of a Notice of Action or Notice of Decision and Right to Appeal (enrolled members) and within 60 days of a receipt of a Notice of Action (FFS members). “FFS” or Fee For Service Members are those members receiving services from a TRBHA. All other members receiving services from a RBHA are “enrolled members”. A Notice of Action and Notice of Decision and Right to Appeal are written letters that tell you about a change in your services. An expedited appeal will be resolved sooner than a standard appeal due to the urgent behavioral health needs of the person filing the appeal. Contact WMABHS Member Services or your provider to see if your appeal will be expedited.

You can file an appeal or your legal or authorized representative, including a provider, can file an appeal for you with your written permission. You can also get help with filing an appeal by yourself.

To file an appeal orally or for help with filing a written appeal, call 602-364-4575 or for the hearing impaired, 1-800-421-2124 (TTY).

To file a written appeal, mail the appeal to ADHS/DBHS Office of Grievance and Appeals, 150 North 18th Avenue, Phoenix, Arizona 85007.

You will get written notice that your appeal was received within 5 working days. If your appeal is expedited, you will get notice that your appeal was received within 1 working day. If WMABHS has decided that your appeal does not need to be expedited, your appeal will follow the standard appeal timelines. WMABHS will make reasonable efforts to give you prompt oral notice of the decision not to expedite your appeal and follow up within 2 calendar days with a written notice.

Appeals for Title XIX/XXI AHCCCS eligible persons

If you are Title XIX/XXI AHCCCS eligible, you have the right to ask for a review of the following actions:

- The denial or limited approval of a service asked for by your provider or clinical team*,
- The reduction, suspension, or termination of a service that you were receiving,
- The denial, in whole or part, of payment for a service,
- The failure to provide services in a timely manner,
- The failure to act within timeframes for resolving an appeal or complaint, and

* Clinical Teams include both Child and Family Teams and Adult Recovery Teams

- The denial of a request for services outside of the provider network when services are not available within the provider network.

What happens after I file an appeal?

As part of the appeal process, you have the right to give evidence that supports your appeal. You can provide the evidence to the RBHA or ADHS/DBHS in person or in writing. In order to prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process, as long as the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or WMABHS. The evidence you give to the RBHA or ADHS/DBHS will be used when deciding the resolution of the appeal.

How is my appeal resolved?

The RBHA or ADHS/DBHS must give you a decision, called a Notice of Appeal Resolution, in person or by certified mail within 30 days of getting your appeal for standard appeals, or within 3 working days for expedited appeals. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

The time frames in which the T/RBHA or provider must give you the Notice of Appeal Resolution may be extended up to 14 days. You, WMABHS or the provider can ask for more time in order to gather more information. If WMABHS or the provider ask for more time, you will be given written notice of the reason for the delay.

The Notice of Appeal Resolution will tell you:

- The results of the appeal process and
- The date the appeal process was completed.

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:

- How you can ask for a State Fair Hearing,
- How to ask that services continue during the State Fair Hearing process, if applicable,
- The reason why your appeal was denied and the legal basis for the decision to deny your appeal, and
- That you may have to pay for the services you get during the State Fair Hearing process if your appeal is denied at the State Fair Hearing.

What if I am not happy with my appeal results?

You can ask for a State Fair Hearing if you are not happy with the results of an appeal. If your appeal was expedited, you can ask for an expedited State Fair

Hearing. ***YOU HAVE THE RIGHT TO HAVE A REPRESENTATIVE OF YOUR CHOICE ASSIST YOU AT THE STATE FAIR HEARING.***

How do I ask for a State Fair Hearing?

You must ask for a State Fair Hearing in writing within 30 days of getting the Notice of Appeal Resolution. This includes both standard and expedited requests for a State Fair Hearing. Requests for State Fair Hearings should be mailed to: ADHS/DBHS Office of Grievance and Appeals, 150 North 18th Avenue, Phoenix, Arizona 85007.

What is the process for my State Fair Hearing?

You will receive a Notice of State Fair Hearing at least 30 days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:

- The time, place and nature of the hearing,
- The reason for the hearing,
- The legal and jurisdictional authority that requires the hearing, and
- The specific laws that are related to the hearing.

How is my State Fair Hearing resolved?

For standard State Fair Hearings, you will receive a written AHCCCS Director's Decision no later than 90 days after your appeal was first filed. This 90 day period does not include:

- Any timeframe extensions that you have requested, and
- The number of days between the date that you received the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted.

The AHCCCS Director's Decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

For expedited State Fair Hearings, you will receive a written AHCCCS Director's Decision within 3 working days after the date that AHCCCS receives your case file and appeal information from the RBHA or ADHS/DBHS. AHCCCS will also try to call you to notify you of the AHCCCS Director's Decision.

Will my services continue during the Appeal/State Fair Hearing process?

You may ask that the services you were already getting continue during the appeal process or the State Fair Hearing process. If you want to keep getting the same services, you must ask for your services to be continued in writing. If the result of the appeal or State Fair Hearing is to agree with the action to either end or reduce your services, you may have to pay for the services received during the appeal or State Fair Hearing process.

Appeals for persons determined to have a Serious Mental Illness

Persons asking for a determination of Serious Mental Illness and persons who have been determined to have a Serious Mental Illness can appeal the result of a Serious Mental Illness determination.

Persons determined to have a Serious Mental Illness may also appeal the following adverse decisions:

- Initial eligibility for SMI services;
- A decision regarding fees or waivers;
- The assessment report, and recommended services in the service plan or individual treatment or discharge plan;
- The denial, reduction, suspension or termination of any service that is a covered service funded through Non-Title XIX/XXI funds¹;
- Findings of the clinical team with regard to the person's competency, capacity to make decisions, need for guardianship or other protective services or need for special assistance;
- A decision is made that the person is no longer eligible for SMI services; and
- A PASRR determination in the context of either a preadmission screening or an annual resident review, which adversely affects the person.

What happens after I file an appeal?

If you file an appeal, you will get written notice that your appeal was received within 5 working days of ADHS/DBHS' receipt. You will have an informal conference with the RBHA within 7 working days of filing the appeal. The informal conference must happen at a time and place that is convenient for you. You have the right to have a designated representative of your choice assist you at the conference. You and any other participants will be informed of the time and location of the conference in writing at least two days before the conference. If you are unable to come to the conference in person, you can participate in the conference over the telephone.

¹ Persons determined to have a Serious Mental Illness cannot appeal a decision to deny, suspend or terminate services that are no longer available due to a reduction in State funding.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within 1 working day of ADHS/DBHS' receipt, and the informal conference must occur within 2 working days of filing the appeal.

If the appeal is resolved to your satisfaction at the informal conference, you will get a written notice that describes the reason for the appeal, the issues involved, the resolution achieved and the date that the resolution will be implemented. If there is no resolution of the appeal during this informal conference, and if the appeal does not relate to your eligibility for behavioral health services, the next step is a second informal conference with ADHS/DBHS. This second informal conference must take place within 15 days of filing the appeal. If the appeal needs to be expedited, the second informal conference must take place within 2 working days of filing the appeal. You have the right to skip this second informal conference.

If there is no resolution of the appeal during the second informal conference, or if you asked that the second informal conference be skipped, you will be given information that will tell you how to get an Administrative Hearing. Appeals of Serious Mental Illness eligibility determinations move directly to the Administrative Hearing process if not resolved in the first informal conference and skip the second informal conference. The Office of Grievance and Appeals at ADHS/DBHS handles requests for Administrative Hearings.

Will my services continue during the appeal process?

If you file an appeal you will continue to get any services you were already getting unless a qualified clinician decides that reducing or terminating services is best for you or you agree in writing to reducing or terminating services. You will not have to pay for services you get during the appeal process or Administrative Hearing process.

Appeals for persons who are not determined to have Serious Mental Illness and Non-Title XIX/XXI eligible

If you are Non-Title XIX/XXI (AHCCCS) eligible and not determined to have Serious Mental Illness you may appeal actions or decisions related to decisions about behavioral health services you need that are available through WMABHS.

What happens after I file an appeal?

As part of the appeal process, you have the right to give evidence that supports your appeal. You can give the evidence to ADHS/DBHS in person or in writing. In order to prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process as long as the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or

WMABHS. The evidence you give to ADHS/DBHS will be used when deciding the resolution of the appeal.

How is my appeal resolved?

The RBHA or ADHS/DBHS must give you a Notice of Appeal Resolution in person or by certified mail within 30 days of getting your appeal. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

The time frames in which the T/RBHA or provider must give you the Notice of Appeal Resolution may be extended up to 14 days. You, WMABHS or the provider can ask for more time in order to gather more information. If WMABHS or the provider asks for more time, you will be given written notice of the reason for the delay.

The Notice of Appeal Resolution will tell you:

- The results of the appeal process and
- The date the appeal process was completed.

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:

- How you can request a State Fair Hearing and
- The reason why your appeal was denied and the legal basis for the decision to deny your appeal.

What if I am not happy with my appeal results?

You can ask for a State Fair Hearing if you are not happy with the results of an appeal.

How do I ask for a State Fair Hearing?

You must ask for a State Fair Hearing in writing within 30 days of getting the Notice of Appeal Resolution. Requests for State Fair Hearings should be mailed to: ADHS/DBHS Office of Grievance and Appeals, 150 North 18th Avenue, Phoenix, Arizona 85007.

What is the process for my State Fair Hearing?

You will receive a Notice of State Fair Hearing at least 30 days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:

- The time, place and nature of the hearing,
- The reason for the hearing,
- The legal and jurisdictional authority that requires the hearing, and
- The specific laws that are related to the hearing.

How is my State Fair Hearing resolved?

For standard State Fair Hearings, you will receive a written ADHS Director's Decision no later than 90 days after your appeal was originally filed. This 90 day period does not include:

- Any timeframe extensions that you have requested; and
- The number of days between the date you received the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted.

The ADHS Director's Decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

What is a Grievance/Request for Investigation for persons determined to have a Serious Mental Illness and how can I file one?

The Grievance/Request for Investigation process applies only to adult persons who have been determined to have a Serious Mental Illness.

You can file a Grievance/Request for Investigation if you feel:

- Your rights have been violated;
- You have been abused or mistreated by staff of a provider; or
- You have been subjected to a dangerous, illegal or inhumane treatment environment.

You have 12 months from the time that the rights violation happened to file a Grievance/Request for Investigation. You may file a Grievance/Request for Investigation orally or in writing. Grievance/Request for Investigation forms are available at WMABHS and providers of behavioral health services. You may ask staff for help in filing your grievance. Contact the following to make your oral or written Grievance/Request for Investigation:

ADHS/DBHS Office of Grievance and Appeals, 150 North 18th Avenue, Suite 210, Phoenix, Arizona 85007, 1-800-421-2124 or 602-364-4575. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services.

ADHS/DBHS or WMABHS will send you a letter within 5 days of getting your Grievance/Request for Investigation form. This letter will tell you how your Grievance/Request for Investigation will be handled.

If there will be an investigation, the letter will tell you the name of the investigator. The investigator will contact you to hear more about your Grievance/Request for Investigation. The investigator will then contact the person that you feel was

responsible for violating your rights. The investigator will also gather any other information they need to determine if your rights were violated.

Within 35 days of an investigator being assigned to investigate, unless an extension has been asked for, you will get a written decision of the findings, conclusions and recommendations of the investigation. You will also be told of your right to appeal if you do not agree with the conclusions of the investigation.

If you file a Grievance/Request for Investigation, the quality of your care will not suffer.

What is fraud and program abuse?

Fraud is defined by Federal law (42 CFR 455.2) as "an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law."

Members need to use behavioral health services properly. It is considered fraud if a member or provider is dishonest in order to:

- Get a service not approved for the member, or
- Get AHCCCS benefits that they are not eligible for.

Program abuse is defined by Federal law (42 CFR 455.2) as "provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program."

Program abuse happens if a member causes unnecessary costs to the system on purpose, for example:

- Loaning an AHCCCS card or the information on it to someone else, or
- Selling an AHCCCS card or the information on it to someone else.

Provider fraud and program abuse happens if a provider:

- Falsifies claims/encounters, such as double billing or submitting false data, or
- Performs administrative/financial actions, such as kickbacks or falsifying credentials, or
- Falsifying services, such as billing for services not provided, or substituting services.

Misuse of your AHCCCS identification card, including loaning, selling or giving it to others, could result in your loss of AHCCCS eligibility. Fraud and program abuse are felony crimes and are punishable by legal action against the member or provider.

For all AHCCCS members who have an Arizona driver's license or a State issued Identification (ID) card, AHCCCS will get their picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). When providers use the online member verification tool and enter a member's social security number, the member's picture, if available from MVD, will be shown on the verification screen along with other AHCCCS coverage information. The picture will help providers to quickly confirm the member's identity.

If you think that somebody is committing fraud or program abuse, contact:

- Member Services, WMABHS at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939;
- ADHS/DBHS Fraud and Abuse Hotline at 602-364-3758; or 1-866-569-4927. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the Division of Behavioral Health Services,
- AHCCCS Member Fraud Line at 602-417-4193 or 1-888-487-6686, or
- AHCCCS Provider Fraud Line at 602-417-4045 or 1-888-487-6686.

What is an Advance Directive?

You have the right to make an advance directive. An advance directive tells a person's wishes about what kind of care he or she does or does not want to get when the person cannot make decisions because of his or her illness.

- A medical advance directive tells the doctor a person's wishes if the person cannot state his/her wishes because of a medical problem.
- A mental health advance directive tells the behavioral health provider a person's wishes if the person cannot state his/her wishes because of a mental illness.

One type of a mental health advance directive is a Mental Health Care Power of Attorney that gives an adult person the right to name another adult person to make behavioral health care treatment decisions on his or her behalf.

- The person named, the designee, may make decisions on behalf of the adult person if she or he cannot make these types of decisions.
- The designee, however, must not be a provider directly involved with the behavioral health treatment of the adult person at the time the Mental Health Care Power of Attorney is named.
- The designee may act in this capacity until his or her authority is revoked by the adult person or by court order.
- The designee has the same right as the adult person to get information and to review the adult person's medical records about possible behavioral health treatment and to give consent to share the medical records.
- The designee must follow the wishes of the adult person as stated in the Mental Health Care Power of Attorney. If, however, the adult person's wishes are not stated in a Mental Health Care Power of Attorney and are

not known by the designee, the designee must act in good faith and consent to treatment that she or he believes to be in the adult person's best interest. The designee may consent to admitting the adult person to a level one behavioral health facility licensed by the Department of Health Services if this authority is stated in the Mental Health Care Power of Attorney.

In limited situations, some providers may not uphold an advance directive as a matter of conscience. If your behavioral health provider does not uphold advance directives as a matter of conscience, the provider must give you written policies that:

- State institution-wide conscience objections and those of individual physicians,
- Identify the law that permits such objections, and
- Describe the range of medical conditions or procedures affected by the conscience objection.

Contact WMABHS Member Services at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939 or ask your case manager for assistance to find out whether or not any providers in the WMABHS network do not uphold aspects of advance directives as a matter of conscience.

Your provider cannot discriminate against you because of your decision to make or not make an advance directive.

Tell your family and providers if you have made an advance directive. Give copies of the advance directive to:

- All providers caring for you, including your Primary Care Provider (PCP);
- People you have named as a Medical or Mental Health Care Power of Attorney; and
- Family members or trusted friends who could help your doctors and behavioral health providers make choices for you if you cannot do it.

Contact WMABHS Member Services to ask more about advance directives or for help with making one.

What is Arizona's Vision for the delivery of behavioral health services?

All behavioral health services are delivered according to ADHS/DBHS system principles. ADHS/DBHS supports a behavioral health delivery system that includes:

- Easy access to care;
- Behavioral health recipient and family member involvement;
- Collaboration with the Greater Community;
- Effective Innovation;

- Expectation for Improvement; and
- Cultural Competency.

The twelve principles for the delivery of services to children are:

1. Collaboration with the child and family:

- Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes.
- Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.

2. Functional outcomes:

- Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults.
- Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.

3. Collaboration with others:

- When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented.
- Client-centered teams plan and deliver services.
- Each child's team includes the child and parents and any foster parents, any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, the child's Child Protective Service and/or Division of Developmental Disabilities case worker, and the child's probation officer.
- The team;
 - (a) develops a common assessment of the child's and family's strengths and needs,
 - (b) develops an individualized service plan,
 - (c) monitors implementation of the plan and
 - (d) makes adjustments in the plan if it is not succeeding.

4. Accessible services:

- Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need.
- Case management is provided as needed.
- Behavioral health service plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided.

- Behavioral health services are adapted or created when they are needed but not available.

5. *Best practices:*

- Behavioral health services are provided by competent individuals who are adequately trained and supervised.
- Behavioral health services are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based “best practice.”
- Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class members’ lives, especially class members in foster care.
- Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. *Most appropriate setting:*

- Children are provided behavioral health services in their home and community to the extent possible.
- Behavioral health services are provided in the most integrated setting appropriate to the child’s needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child’s needs.

7. *Timeliness:*

- Children identified as needing behavioral health services are assessed and served promptly.

8. *Services tailored to the child and family:*

- The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided.
- Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

9. *Stability:*

- Behavioral health service plans strive to minimize multiple placements.
- Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk.

- Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops.
- In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system.
- Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.

10. Respect for the child and family's unique cultural heritage:

- Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family.
- Services are provided in Spanish to children and parents whose primary language is Spanish.

11. Independence:

- Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management.
- Behavioral health service plans identify parents' and children's need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

12. Connection to natural supports:

- The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

The Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems are:

1. Respect

Respect is the cornerstone. Meet the person where they are without judgment, with great patience and compassion.

2. Persons in recovery choose services and are included in program decisions and program development efforts.

A person in recovery has choice and a voice. Their self-determination in driving services, program decisions and program development is made possible, in part, by the ongoing dynamics of education, discussion, and

evaluation, thus creating the “informed consumer” and the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.

3. Focus on individual as a whole person, while including and/or developing natural supports

A person in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual’s social community.

4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure.

A person in recovery finds independence through exploration, experimentation, evaluation, contemplation and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.

5. Integration, collaboration, and participation with the community of one’s choice.

A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscores one’s role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.

6. Partnership between individuals, staff, and family members/natural supports for shared decision making with a foundation of trust.

A person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants, and lead to the creation of optimum protocols and outcomes.

7. Persons in recovery define their own success.

A person in recovery -- by their own declaration -- discovers success, in part, by quality of life outcomes, which may include an improved sense of well-being, advanced integration into the community, and greater self-determination. Persons in recovery are the experts on themselves, defining their own goals and desired outcomes.

8. Strengths-based, flexible, responsive services reflective of an individual’s cultural preferences.

A person in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. A person in recovery is the source of his/her own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.

9. Hope is the foundation for the journey towards recovery.

A person in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. A person in recovery is held as boundless in potential and possibility.

Terms

638 Tribal Facility means a facility operated by an Indian tribe authorized to provide services pursuant to Public Law 93-638, as amended.

Action is the denial or limited approval of a requested service, including the type or level of service, a reduction, suspension or termination of a service someone has been receiving, the denial, in whole or part of payment for a service, the failure to provide services in a timely manner, the failure to act within established timeframes for resolving an appeal or complaint and providing notice to affected parties, and , the denial of the Title XIX/XXI eligible person's request to get services outside the network when services are not available within the provider network.

Advance Directive is a written instruction telling your wishes about what types of care you do or do not want.

Appeal is a formal request to review an action or decision related to your behavioral health service that you can file if you are not happy with an action, or adverse decision for persons determined to have a Serious Mental Illness, taken by a provider or WMABHS.

Approval of services is the process used when certain non-emergency services have to be approved before you can get them.

Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) is the state agency that oversees the use of federal and state funds to provide behavioral health services.

Arizona Health Care Cost Containment System (AHCCCS) is the state agency that oversees the Title XIX (Medicaid), Title XXI (KidsCare) and Arizona Long Term Care Services (ALTCS) programs.

Auricular Acupuncture is provided by a certified acupuncturist practitioner, who uses auricular acupuncture needles to treat alcoholism, substance abuse or chemical dependency.

Behavioral health provider is whom you choose to get behavioral health services from. It can include doctors, counselors, other behavioral health professionals/technicians and behavioral health treatment centers.

Clinical Team is a Child and Family Team or Adult Recovery Team.

Complaint is the expression of dissatisfaction with any aspect of your care that is not an action that can be appealed.

Consent to treatment is giving your permission to get services.

Cost sharing refers to a RBHA's responsibility for payment of applicable premiums, deductibles and co-payments.

Emergency Medical Condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: a) placing the patient's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; b) serious impairment to bodily functions; or c) serious dysfunction of any bodily organ or part.

Enrolled is the process of becoming eligible to receive public behavioral health services.

Expedited appeal is an appeal that is processed sooner than a standard appeal in order to not seriously jeopardize the person's life, health or ability to attain, maintain or regain maximum functioning.

Grievance/Request for Investigation is for persons determined to have a Serious Mental Illness when they feel their rights have been violated.

Indian Health Service (IHS) means the bureau of the United States Department of Health and Human Services that is responsible for delivering public health and medical services to American Indians and Alaskan Natives throughout the country. The federal government has direct and permanent legal obligation to provide health services to most American Indians according to treaties with Tribal Governments.

Member is a person enrolled with a T/RBHA to get behavioral health services.

Notice of Action is the notice you get of an intended action or adverse decision made by the T/RBHA or a provider regarding services.

Power of Attorney is a written statement naming a person you choose to make health care or mental health decisions for you if you cannot do it.

Provider Network is a group of providers that contract with the T/RBHAs to provide behavioral health services. Some counties may have a limited number of providers in their provider network to choose from.

Referral is the process (oral, written, faxed or electronic request) by which your provider will "refer" you to a provider for specialized care.

Regional Behavioral Health Authority (RBHA) is the agency under contract with ADHS to deliver or arrange for behavioral health services for eligible persons within a specific geographic area.

Restraint means personal restraint, mechanical restraint or drug used as a restraint. Personal restraint is the application of physical force without the use of any device, for the purpose of restricting the free movement of a behavioral health recipient's body. Mechanical restraint is any device, article, or garment attached or adjacent to a behavioral health recipient's body that the person cannot easily remove and that restricts the person's freedom of movement or normal access to the person's body. Drug used as a restraint is a pharmacological restraint that is not standard treatment for a behavioral health recipient's medical condition or behavioral health issue and is administered to manage the behavioral health recipient's behavior in a way that reduces the safety risk to the person or others or temporarily restrict the behavioral health recipient's freedom of movement.

Seclusion is the involuntary confinement of a behavioral health recipient in a room or an area from which the person cannot leave or which a person reasonably believes prevents him/her from leaving.

Serious Mental Illness (SMI) is a condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. § 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

Service Prioritization is the process by which the T/RBHAs must determine how available state funds are used.

Title XIX (Medicaid; may also be called AHCCCS) is medical, dental and behavioral health care insurance for low-income persons, children and families.

Title XXI (KidsCare; may also be called AHCCCS) is medical, dental and behavioral health care insurance for children under 19 years of age with low income, no other insurance and who are not eligible for Title XIX (Medicaid).

Traditional Healing Services for mental health or substance abuse problems are provided by qualified traditional healers. These services include the use of routine or advanced techniques aimed to relieve the emotional distress that may be evident by disruption of the person's functional ability.

Tribal Regional Behavioral Health Authority (TRBHA) is an American Indian tribe under contract with ADHS to deliver or arrange for behavioral health services for eligible persons who are residents of the Federally recognized Tribal Nation.