



Northern Arizona
Regional Behavioral
Health Authority

**MEMBER
HANDBOOK**

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Welcome to Northern Arizona Regional Behavioral Health Authority (NARBHA).

The mission of NARBHA is to improve the quality of life for individuals and families across Northern Arizona who are eligible for state and federally funded behavioral health services.

NARBHA carries out this mission by developing and managing a progressive, innovative and fiscally responsible network of behavioral health providers.

NARBHA strives to ensure services delivered within the system are accessible, timely, appropriate, efficient, respectful and caring.

In staying with this mission, NARBHA appropriates specialized state, federal and local block grants to community based providers with the emphases on the importance of providing primary and secondary prevention for non-eligible behavioral health individuals. This is accomplished through building partnerships and community-based initiatives that involve connecting NARBHA and its providers to people, resources and ideas through culturally appropriate efforts.

This handbook helps you to know what services you can get. It also tells you where you can go to get those services.

You can find this handbook on our website: www.narbha.org. Please check it out!

If you would like more information about the information in this Member Handbook, please call NARBHA Member Services at (928) 774-7128 or toll-free at 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

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 NARBHA Crisis Line at 1-877-756-4090 or toll-free at 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

Transportation for a behavioral health emergency may be available by contacting the NARBHA Crisis Line at 1-877-756-4090 or toll-free at 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

You may need behavioral health services while you are away from home and out of the NARBHA service area. This is called “out of area care.” Out of area care only includes emergency behavioral health services unless NARBHA approves other services. If you want to get non-emergency behavioral health services out of the NARBHA service area, please call your provider or NARBHA Member Services at (928)774-7128 or toll-free at 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

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 the NARBHA Crisis Line at 1-877-756-4090;
- The hospital or crisis center will contact NARBHA for approval to continue behavioral health services.

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: 602-244-8166; 1-800-626-5022
outside Greater Phoenix
Website: <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.

- Mental Health Association of Arizona
Phone: 480-994-4407; 1-800-MHA-9277
(1-800-642-9277)
Website: <http://www.mhaarizona.org>

The Mental Health Association (MHA) of Arizona promotes good mental health and works on behalf of all people living with mental illness by advocating, educating and shaping public policy. Programs include peer support groups, information and referral, community education and outreach, suicide prevention, and more. MHA of Arizona is the statewide affiliate of the National Mental Health Association.

- Arizona Center for Disability Law – Mental Health
Phone: 602-274-6287; 1-800-927-2260
Website: <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;
1-800-356-4543
Website: <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
Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-842-4681 for help contacting the Division of Behavioral Health Services.
Website: <http://www.azdhs.gov/bhs/>

The Department of Health Services, Division of Behavioral Health Services is the state agency that oversees the use of federal and state funds to provide behavioral health services.

- Office of Behavioral Health Licensure (OBHL)
150 N. 18th Avenue, #410
Phoenix, AZ 85007
Phone: 602-364-2595
Website: <http://www.azdhs.gov/als/behavior/index.htm>

The Division of Licensing Services, Office of Behavioral Health Licensure licenses and monitors behavioral health facilities statewide. They investigate complaints against behavioral health facilities and conduct inspections of facilities.

- Adult Protective Services
Department of Economic Security
Aging and Adult Administration

1789 W. Jefferson Street, Site Code 950A
Phoenix, AZ 85007
Phone: 602-542-4446
Website:
<https://www.azdes.gov/aaa/apsciu/default.asp>

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 (1-877-707-2385).

- Child Protective Services
P.O. Box 44240
Phoenix, AZ 85064-4240
Hotline: 1-888-767-2445
Website:
<http://www.azdes.gov/dcyf/cmdps/cps/default.asp>

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.

- Regional Children's Council of Northern Arizona
Barrier Resolution Subcommittee
Phone: Member Services at 1-800-640-2123 or Download the Barrier Resolution Referral Form on the Children's Services page of the NARBHA website: www.narbha.org and fax to: Member Services at 1-928-774-5665.

NARBHA has developed this process to resolve identified children's system barriers that cannot be resolved at the local level. The Barrier Resolution Subcommittee reviews systems issues (not member specific issues) and does not replace the existing complaint, complaint resolution, or grievance and appeal process. Subcommittee meetings are open

to representatives from the community, agency partners and family members.

- NARBHA Regional Alcohol & Drug Awareness Resource (RADAR) Network Center
Phone: 1-877-923-1400
Website:
<http://www.ncadi.samhsa.gov/radar>

The NARBHA RADAR Center is a centralized clearinghouse for behavioral health information. The Center is available to individuals, family members, consumers, stakeholders, providers and the general public. The RADAR Center has information about regulations, alcohol and drug use, scientific findings and other important information and helpful resources.

- Parent-led Community Action Teams
Website: <http://www.azcommunityactionteams.org>

Parents partner with professionals and community members to improve the quality of life for children and their families. Teams throughout Arizona provide positive and proactive resources and information regarding education, advocacy, legislative actions, local resources and support services.

To locate other local resources in your area please contact:

Central and Northern Arizona:
Community Information and Referral
602-263-8856 from anywhere / 800-352-3792 within area codes 520 and 928.
Website: www.cirs.org

Yavapai County:
United Way Information Network
3343 N. Windsong Dr.
Prescott Valley, AZ 86314
928-443-5321
Email: sueuwyc@cableone.net

Coconino, Yavapai and Navajo

Counties:

Resource Action Network of Northern Arizona (RANNA)

2625 N. King St.

Flagstaff, AZ 86004

928-522-7943

http://www.coconino.az.gov/resource_directory

Mohave County:

United Way Colorado River Region

55 Civic Way, P.O. Box 32310

Laughlin, NV 89029

702-298-0611

If you would like to know more about the resources that are available in your community, you can contact NARBHA Member Services at (928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681 or the ADHS/DBHS Office of Human Rights at 602-364-4585 or 1-800-421-2124.

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

You may ask for help from NARBHA Member Services at 1-800-640-2123. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-842-4681 for help contacting the Division of Behavioral Health Services to make sure:

- Written information is either available in your language or can be translated 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), oral interpreter services are available at no cost to you.

Contact NARBHA Member Services at 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681 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 to allow arrangements to be made.

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/TTY).

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 (T/RBHAs) have to make sure that behavioral health services are available to their members. Members are persons enrolled with NARBHA.

In addition to making sure that services are available, NARBHA 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 website at <http://www.azdhs.gov/bhs/>.

How do I contact NARBHA 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;
- Get answers to your questions; and
- Make a complaint or give positive feedback about services.

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

To contact Member Services at NARBHA for help call: (928)774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

NARBHA offices are located at: 1300 S. Yale Street, Flagstaff, AZ 86001.

What happens after I am enrolled with NARBHA?

NARBHA and its providers believe in delivering services in a manner that is:

- Strength-based,
- Family friendly,
- Culturally sensitive, and
- Clinically sound

The first step in getting services through a NARBHA provider is the intake process. Only NARBHA providers (Responsible Agencies) can do intakes. During the intake process, a NARBHA provider (Responsible Agency) will collect information to enroll you (or your child) in the system. The provider will work with you so that the process is as easy as possible. The staff member will also give you information about the system. This includes a copy of the Member Handbook.

Each person getting services will be part of a team. The members of the team may include the following:

- The person getting services

- Family members
- Behavioral health clinician(s)
- Other agencies
- Clergy, Traditional Healer, or other religious/ spiritual representative
- Other people at the request of the person getting services

The members of the team will be involved in making decisions about your (or your child's) treatment. A Clinical Liaison is assigned to each person getting services. This person makes sure that everything is going well with treatment.

The next step is for the provider to do an assessment. During this step, the provider will ask you questions about:

- Your (or your child's) strengths
- Your (or your child's) needs
- Your (or your child's) goals
- If you (or your child) need other special evaluations

The next step is for the provider and your (or your child's) team to develop a Service Plan for you (or your child). The information from your assessment will be used to develop your (or your child's) service plan. The plan will describe what needs to be done to meet your (or your child's) needs and improve your (or your child's) health.

Your provider will give you (or your child) services based on your (or your child's) Service Plan.

Your provider and clinical team will look at your Service Plan at least every year or whenever new services are needed. This is to make sure that it is just what you (or your child) need.

What is a Provider Network?

A provider network is a group of behavioral health service providers who work with a T/RBHA and are available to provide behavioral health services.

As part of the NARBHA provider network, NARBHA has a number of service providers called Responsible Agencies (RAs). RAs are expected to provide a core set of behavioral health services to

eligible persons in their geographic areas. The map on the back of the handbook shows where these agencies are located.

These Responsible Agencies (RAs):

1. See if a person can get services;
2. Evaluate what services the person needs, including crisis services;
3. Help the person enroll as a NARBHA member; and
4. Help the person get any covered behavioral health services that are needed.

Besides the RAs, NARBHA has a large number of other service providers which can provide services to NARBHA members as described in the service plan.

A listing of all available providers, their locations, telephone numbers, and languages spoken can be found online at www.narbha.org. If you do not have access to the Internet at your home, free Internet service is usually available at libraries. You can also get a paper copy of the provider listing by calling the NARBHA Member Services Representative at (928)774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

Some providers may not be taking new members. To find out which providers in the NARBHA network are not accepting new members, contact the NARBHA Member Services Representative at (928)774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

You can choose any hospital or other setting for emergency care. However, there are certain emergency settings within the NARBHA network that may be easier for you to use. These include inpatient psychiatric care facilities.

Community Counseling Centers
PineView Center (Psychiatric Inpatient Subacute Facility)
2550 Show Low Lake Road
Show Low, AZ 85901
(928) 537-1029

Mohave Mental Health Clinic
(Psychiatric Inpatient Subacute Facility)
1741 Sycamore
Kingman, AZ 86409
(928) 757-8111

The Mingus Center (Psychiatric Inpatient Subacute Facility)
636 N. Main Street
Cottonwood, AZ 86326
(928) 639-4440

The Guidance Center (Psychiatric Inpatient Hospital)
2187 North Vickey Street
Flagstaff, AZ 86004
(928) 527-1899

West Yavapai Guidance Clinic
(Psychiatric Inpatient Subacute Facility)
Hillside Center
642 Dameron Drive
Prescott, AZ 86301
(928) 445-5211

The Responsible Agencies in the NARBHA system are listed below:

Community Behavioral Health Services (CBHS)
P.O. Box 790
463 S. Lake Powell Blvd.
Page, AZ 86040
(928) 645-5113

850 E. Hwy 89A (Outpatient)
P.O. Box 522
Fredonia, AZ 86052
(928) 643-7230
(Residents of Littlefield call the Fredonia office)

Community Counseling Centers (CCC)
105 North Fifth Avenue (Outpatient)
Holbrook, AZ 86025
(928) 524-6126

1015 East Second Street (Outpatient)
Winslow, AZ 86047
(928) 289-3383

209-211 East Third Street (Outpatient)
Winslow, AZ 86047
(928) 289-4658

2500 Show Low Lake Road (Outpatient)
Show Low, AZ 85901
(928) 537-1029

Hopi Guidance Center – Office of Hopi Behavioral Health and Social Service (HOPI)
P.O. Box 68
Off Hwy. 264, Toreva Road (Outpatient)
(928) 737-2685
Second Mesa, AZ 86043

Little Colorado Behavioral Health Centers (LCBHC)
P.O. Box 579
470 W. Cleveland (Outpatient)
St. Johns, AZ 85936
(928) 337-4301

50 North Hopi (Outpatient)
Springerville, AZ 85938
(928-333-2683)

Mohave Mental Health Clinic (MMHC)
1743 Sycamore Avenue (Administration)
Kingman, AZ 86409
(928) 757-8111

3505 Western Avenue (Outpatient)
Kingman, AZ 86409
(928) 757-8111

2002 Stockton Hill Road (Outpatient)
Suite #104
Kingman, AZ 86401
(928) 718-4800

1741 Sycamore Avenue (Psychiatric Inpatient Subacute Facility)
Kingman, AZ 86409
(928) 757-8111

1145 Marina Blvd. (Outpatient)
Bullhead City, AZ 86442
(928) 758-5905

2187 Swanson (Outpatient)
Lake Havasu City, AZ 86403
(928) 855-3432

The Guidance Center (TGC) (Crisis; Intake Triage Unit; Psychiatric Inpatient Hospital)
2187 North Vickey Street
Flagstaff, AZ 86004
(928) 527-1899

2695 E. Industrial Ave (Outpatient; Pharmacy)
Flagstaff, AZ 86004
(928) 714-6470

2697 E. Industrial Ave (Chemical Dependency Residential Treatment Unit)
Flagstaff, AZ 86004
(928) 714-5259

301 South Seventh Street (Outpatient)
Williams, AZ 86046
(928) 635-4272

Verde Valley Guidance Clinic (VVGC)
(Outpatient; Children's Services; Chemical Dependency; Women's Residential)

8 E. Cottonwood Street (Outpatient; Women's Chemical Dependency Residential Unit)
Cottonwood, AZ 86326
(928) 634-2236

2880 Hopi Drive (Outpatient)
Sedona, AZ 86336
(928) 282-4886

452 Finnie Flat Road, Suite P (Outpatient)
Camp Verde, AZ 85322
(928) 567-4026

West Yavapai Guidance Clinic (WYGC)
625 W. Hillside Ave. (Outpatient; Pharmacy)
Prescott, AZ 86301
(928) 445-5211

505 South Cortez (Outpatient, Children's Services)
Prescott, AZ 86303
(928) 445-5211

Hillside Center (Psychiatric Inpatient Subacute Facility; Chemical Dependency; Residential; Crisis)
642 Dameron Drive
Prescott, AZ 86301
(928) 445-5211

Windsong (Outpatient)
3345 North Windsong
Prescott Valley, AZ 86314
(928) 445-5211

Interpreter and translator services for languages spoken other than English, are available through either staff at your provider (Responsible Agency) or through interpreter service agencies at no cost to you.

The NARBHA network also includes pharmacies where you can fill your prescriptions for medications. These include: retail pharmacies across Northern Arizona such as: CVS, Osco, Walgreens, Wal-Mart, Frys, Safeway, Target, and others (see www.narbha.org). The Guidance Center and West Yavapai Guidance Clinic provider agencies have pharmacies on site that members may find very convenient to use. Contact your provider (Responsible Agency) for a listing of additional pharmacies. A complete listing may also be found at www.narbha.org.

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. NARBHA will help you choose a provider from within the provider network. You will need to contact the provider to make, change, or cancel your appointments. If you need help with scheduling your appointments, contact NARBHA Member Services.

If you are not happy with the provider you chose, contact NARBHA. Member Services to discuss the situation.

If you are getting substance abuse services that are funded by the Substance Abuse Prevention and Treatment Federal Block Grant, 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 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.

Title XIX/XXI eligible persons are only asked to pay co-payments for the following behavioral health services:

- Title XIX members assigned to General Mental Health or Substance Abuse programs may have a \$1 co-payment for physician visits and
- Services not paid for by AHCCCS, which are:
 - Room and board in certain settings, such as Level II or Level III facilities;
 - Traditional healing services; and
 - Auricular acupuncture services.

Title XIX/XXI eligible persons cannot be denied services for non-payment of a co-payment for Title XIX/XXI services.

Non-Title XIX/XXI persons may have to pay a co-payment for behavioral health services. The co-payment amount is based on family size and household income.

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.

NARBHA or your provider will discuss with you any co-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 NARBHA or your provider. This includes Medicare. Persons with health insurance must use the benefits of that health insurance before NARBHA will pay for services. At times, NARBHA may pay for the cost of co-payments, premiums or deductibles for you, while the cost of the covered service is paid for by your health insurance. This is true even if you get services outside the NARBHA network of providers.

If there are any changes to your health insurance you must report the change to NARBHA 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 NARBHA or your provider. You may get some services from Medicare providers and some services from NARBHA providers. You may have to use Medicare for some behavioral health services before you can use your AHCCCS health insurance. In some cases, your AHCCCS health insurance may cover your Medicare co-payments, premiums, and/or deductibles. NARBHA 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 NARBHA. This is called getting services outside the NARBHA network of providers. If you choose to get services from a provider outside the NARBHA 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 NARBHA Member Services at (928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681 for more information on out of network providers.

On January 1, 2006, Medicare Part D Prescription Drug coverage began. After December 31, 2005, AHCCCS will no longer 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. If you want help in picking a plan, you can call NARBHA Member Services at (928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681. Medicare Part D and AHCCCS may not pay for some prescription drugs. NARBHA may help pay for prescription drugs not covered by Medicare Part D or for any costs you have to pay for Medicare Part D. Contact NARBHA Member Services at (928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681 to ask about getting help with your Medicare Part D plan.

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 co-payments 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. Finally, you can apply on-line on the SSA website: <http://www.socialsecurity.gov>. On-line applications are available in 14 languages. If you need help applying for the “extra help,” please contact NARBHA Member Services at (928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

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, or
- Your provider’s approval.

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 NARBHA Member Services at (928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

You decide with your clinical team what services you need. Your provider or clinical team may ask NARBHA 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 NARBHA Member Services at (928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

The table on page 13 lists the available behavioral health services and any limits they may have. NARBHA must pay only for the available behavioral health services listed.

The Arizona Department of Health Services (ADHS) does not pay for behavioral health services covered through an Indian Health Service (IHS) or a 638 tribal facility for Native American Title XIX or Title XXI members. The Arizona Health Care Cost Containment System (AHCCCS) is responsible for these payments.

A 638 tribal facility means a facility owned and operated by a Native American tribe authorized to provide services according to Public Law 93-638. ADHS is responsible for payment:

- For behavioral health services not covered through an IHS or 638 tribal facility;
- For behavioral health recipients referred off reservation from an IHS or 638 tribal facility;
- For emergency services rendered at a non-IHS or non-638 tribal facility to Native American behavioral health recipients.

Can I get a ride to my appointment?

You may be able to get a ride to and from non-emergency services. Contact NARBHA or for hearing impaired, also use TTY services at 711 or 1-800-842-4681 and ask if you can get a ride.

Transportation during an emergency does not need prior approval. Contact the NARBHA Crisis Line at: 1-877-756-4090; for hearing impaired, also use TTY services at 711 or 1-800-842-4681 for transportation in an emergency or crisis.

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

You and your clinical team will work together to make decisions about the services you need. Some services, for example non-emergency hospital admissions and residential treatment, need to be approved before you can get them except for emergency services. Your provider or clinical team must ask for approval of these services from NARBHA's appropriate behavioral health professionals. 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. You, NARBHA, or the provider can ask for more time. If NARBHA or the provider asks for more time, you will get written notice telling you why it will take longer. If you disagree with the extension, you can file a complaint with NARBHA by calling NARBHA Member Services at (928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

If the covered behavioral health 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;
- 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.

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.

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH
NARBHA**

AVAILABLE BEHAVIORAL HEALTH SERVICES

SERVICES	TITLE XIX/XXI CHILDREN AND ADULTS	SERIOUSLY MENTALLY ILL ADULTS <small>(regardless of Title XIX eligibility)</small>	NON-TITLE XIX/XXI CHILDREN AND ADULTS, NON-SERIOUSLY MENTALLY ILL ADULTS
TREATMENT SERVICES			
Behavioral Health Counseling and Therapy	Individual	Available	Provided based on available funding
	Group	Available	Provided based on available funding
	Family	Available	Provided based on available funding
Behavioral Health Screening, Mental Health Assessment and Specialized Testing	Behavioral Health Screening	Available	Provided based on available funding
	Mental Health Assessment	Available	Provided based on available funding
	Specialized Testing	Available	Provided based on available funding
Other Professional	Traditional Healing	Available	Provided based on available funding
	Auricular Acupuncture	Not Available with TXIX/XXI funding* Not Available with TXIX/XXI funding*	Provided based on available funding
REHABILITATION SERVICES			
Skills Training and Development	Individual	Available	Provided based on available funding
	Group	Available	Provided based on available funding
	Extended	Available	Provided based on available funding
Cognitive Rehabilitation	Available	Available	Provided based on available funding
Behavioral Health Prevention/Promotion Education	Available	Available	Provided based on available funding

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH
NARBHA**

AVAILABLE BEHAVIORAL HEALTH SERVICES

SERVICES	TITLE XIX/XXI CHILDREN AND ADULTS	SERIOUSLY MENTALLY ILL ADULTS <small>(regardless of Title XIX eligibility)</small>	NON-TITLE XIX/XXI CHILDREN AND ADULTS, NON-SERIOUSLY MENTALLY ILL ADULTS
Psycho Educational Services and Ongoing Support to maintain employment	Available	Available	Provided based on available funding
Psycho Educational Services	Available	Available	Provided based on available funding
Ongoing Support to maintain employment	Available	Available	Provided based on available funding
MEDICAL SERVICES			
Medication Services**	Available	Available	Provided based on available funding
Lab, Radiology and Medical Imaging	Available	Available	Provided based on available funding
Medical Management	Available	Available	Provided based on available funding
Electro-Convulsive Therapy	Available	Available	Provided based on available funding
SUPPORT SERVICES			
Case Management	Available	Available	Provided based on available funding
Personal Care	Available	Available	Provided based on available funding
Home Care Training (Family)	Available	Available	Provided based on available funding
Self-help/Peer Services	Available	Available	Provided based on available funding
Therapeutic Foster Care	Available	Available	Provided based on available funding

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH
NARBHA**

AVAILABLE BEHAVIORAL HEALTH SERVICES

SERVICES	TITLE XIX/XXI CHILDREN AND ADULTS	SERIOUSLY MENTALLY ILL ADULTS <small>(regardless of Title XIX eligibility)</small>	<u>NON-TITLE XIX/XXI CHILDREN AND ADULTS, NON-SERIOUSLY MENTALLY ILL ADULTS</u>
Unskilled Respite Care***	Available	Available	Provided based on available funding
Supported Housing	Not Available with TXIX/XXI funding* Provided free of charge	Not Available with TXIX/XXI funding* Provided free of charge	Provided based on available funding
Sign Language or Oral Interpretive Services	Provided free of charge	Provided free of charge	Provided based on available funding
Flex Fund Services	Not Available with TXIX/XXI funding*	Not Available with TXIX/XXI funding*	Provided based on available funding
Transportation	Emergency	Available	Provided based on available funding
	Non-emergency	Available	Provided based on available funding
CRISIS INTERVENTION SERVICES			
Crisis Intervention – Mobile	Available	Available	Provided based on available funding
Crisis Intervention – Telephone	Available	Available	Provided based on available funding
Crisis Services – Stabilization	Available	Available	Provided based on available funding
INPATIENT SERVICES			
Hospital	Available	Available	Provided based on available funding
Sub-acute Facility	Available	Available	Provided based on available funding
Residential Treatment Center	Available	Available	Provided based on available funding
	Level I/ IMD****		

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH
NARBHA**

AVAILABLE BEHAVIORAL HEALTH SERVICES

SERVICES	TITLE XIX/XXI CHILDREN AND ADULTS	SERIOUSLY MENTALLY ILL ADULTS <small>(regardless of Title XIX eligibility)</small>	NON-TITLE XIX/XXI CHILDREN AND ADULTS, NON-SERIOUSLY MENTALLY ILL ADULTS
RESIDENTIAL SERVICES			
Behavioral Health Residential Facilities	Available	Available	Provided based on available funding
	Level II		
	Level III	Available	Provided based on available funding
Room and Board	Not Available with TXIX/XXI funding*	Not Available with TXIX/XXI funding*	Provided based on available funding
BEHAVIORAL HEALTH DAY PROGRAMS			
Supervised Day	Available	Available	Provided based on available funding
Therapeutic Day	Available	Available	Provided based on available funding
Medical Day	Available	Available	Provided based on available funding

Limitations:

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

** Medication services are limited for recipients who have Medicare

*** Unskilled Respite Care – No more than 30 days or 720 hours of unskilled respite care per contract year (July 1st through June 30th) per person

**** Institutions for Mental Diseases (IMD) – For Title XIX members age 21-64, only 30 days per admission and 60 days per contract year (July 1st through June 30th)

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; or
- You move and get Medicaid services outside of Arizona.

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 that did not have to be approved 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 the NARBHA Member Service Representatives at (928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681 with questions about the approval of services and your notification rights.

What is a referral to another provider?

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

You may contact NARBHA or your provider/ clinical liaison 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, NARBHA must provide for a second opinion from a health care professional within the NARBHA network or arrange for the person to get one outside the network, at no cost to the person. You may contact NARBHA Member Services at (928) 774-7128 or toll free 1-800-640-2123 for referral; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

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
- All other persons based on available state funding and the person’s income.

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.

NARBHA 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. Your provider (Responsible Agency) will make a determination of serious mental illness at your request or your provider's.

If you are not eligible for AHCCCS benefits and are not determined to have a serious mental illness, you may get services based on available state funding and may have to pay a co-payment based on your income.

What does service prioritization mean?

For persons not eligible for AHCCCS benefits and determined not to have a serious mental illness, NARBHA must first prioritize services to persons not covered by Title XIX/XXI with the following conditions or needs:

- Pregnant, substance abusing women needing treatment services,
- Persons needing crisis services,
- Persons not enrolled as a person with serious mental illness and who need court-ordered services,
- Persons who lose AHCCCS eligibility while receiving behavioral health services.

What happens if I move?

If you move, tell your provider/ clinical liaison and NARBHA. 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. NARBHA or your provider/ clinical liaison can help you with a referral to a new provider and/or T/RBHA.

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),
- 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 you 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 Arizona Department of Health Services / Division of Behavioral Health Services 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. 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 will ask you to sign a consent form or give verbal permission if you want to take the medication.

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

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 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 NARBHA Member Services at (928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

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 a copy of your medical record. Contact your provider or NARBHA to ask to see or get a copy of your medical record. You may also contact the NARBHA Member Service representatives at (928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

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 (i.e., 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 making your Service Plan,
- 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,
- 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,
- Use your rights with no negative action by the Arizona Department of Health Services or NARBHA, and
- 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 NARBHA;
- 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,
- 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,
- Physician incentive plans, and
- The grievance, appeal, and fair hearing procedures and timeframes.

To request any of this information, contact NARB-HA Member Services at (928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

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 Clinical Liaison;
- 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.

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.

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 NARBHA Member Services at (928) 774-7128 or toll free 1-800-640-2123. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-842-4681 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 NARBHA.

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.

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 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 that was approved in the past,

- 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.

Formal complaints can be made either orally or in writing. You can call or write to NARBHA Member Services at (928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681 or write to the NARBHA Office of Grievance and Appeals, 1300 S. Yale Street, Flagstaff, AZ 86001

You will get oral or written notice that your complaint was received within 5 working days. A decision regarding the results of your complaint must be given to you within 45 days of making your complaint unless an extension is asked for. An extension can be asked for by you or NARBHA to gather more information. You will be given notice if an extension is asked for by NARBHA.

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 exceptions and appeals 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 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 NARBHA within 60 days of receiving a Notice of Action. A Notice of Action is a written letter that tells 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 NARBHA 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 (928)774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

To file a written appeal, mail the appeal to NARBHA Office of Grievance and Appeals, 1300 S. Yale Street, Flagstaff, AZ 86001.

You will get written notice that your appeal was received within 5 working days. If your appeal needs to be expedited, you will get notice that your appeal was received within 1 working day.

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 was approved in the past,
- 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.

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 NARBHA. 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, NARBHA, or the provider can ask for more time in order to gather more information. If NARBHA 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 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. Requests for State Fair Hearings should be mailed to: NARBHA, Office of Grievance and Appeals, 1300 South Yale Street, Flagstaff, AZ 86001.

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. Any time-frame extensions that you asked for and the number of days from the time you received the Notice of Appeal Resolution to the date your request for a State Fair Hearing was submitted do not count toward the 90 days. 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:

- Correctness of your assessment;
- Long-term view, goals or timelines stated in your Service Plan or Inpatient Treatment and Discharge Plan;
- Services recommended in your assessment report, Service Plan, or Inpatient Treatment and Discharge Plan;
- Services to be provided in your Service Plan, plan for interim services or Inpatient Treatment and Discharge Plan;
- Failure to act within the procedures and timeframes for developing your Service Plan or Inpatient Treatment and Discharge Plan or failure to implement your Service Plan or Inpatient Treatment and Discharge Plan;

- Provision of service planning to an individual who is refusing such services, or failure to provide service planning to all other individuals;
- Changes to your Service Plan or Inpatient Treatment and Discharge Plan, including a review of, the outcome of, a modification to, the failure to modify, or termination of your Service Plan or Inpatient Treatment and Discharge Plan;
- Access to and timely receipt of services through Title XIX (Medicaid, AHCCCS);
- Assessment of competence or the need for special assistance;
- Assessment of fees and waivers;
- Denial of payment of services; and
- Failure to act within the timeframes for appeal.

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 NARBHA's 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.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within 1 working day of NARBHA's 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 and 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 seriously mentally ill and non-Title XIX/XXI eligible

If you are Non-Title XIX/XXI AHCCCS eligible and not seriously mentally ill you may appeal actions or decisions related to decisions about what behavioral health services you need.

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 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

NARBHA. 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 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, NARBHA or the provider can ask for more time in order to gather more information. If NARBHA 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: NARBHA Office of Grievance and Appeals at 1300 S. Yale Street, Flagstaff, AZ 86001. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-842-4681 for help contacting the Division of Behavioral Health Services.

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. Any timeframe extensions that you requested and the number of days from the time you received the Notice of Appeal Resolution to the date your request for a State Fair Hearing was submitted do not count toward the 90 days. 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 NARBHA 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:

NARBHA Office of Grievance and Appeals
1300 S. Yale Street
Flagstaff, AZ 86001
(928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.

Any grievance concerning physical abuse, sexual abuse or a person's death must be submitted to ADHS/DBHS. To file an oral or written grievance concerning physical abuse, sexual abuse or a person's death, contact 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 1-800-842-4681 for help contacting the Division of Behavioral Health Services.

ADHS/DBHS or NARBHA will send you a letter within 7 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 abuse?

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.

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.

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

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

- NARBHA Corporate Compliance Officer at (928) 774-7128 or toll free 1-877-923-1400; for hearing impaired, also use TTY services at 711 or 1-800-842-4681.
- ADHS/DBHS Fraud and Abuse Hotline at (602) 364-3758; or 1-866-569-4927 or
- AHCCCS Member Fraud Line at (602) 417-4193 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 can not 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, they 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 NARBHA Member Services at (928) 774-7128 or toll free 1-800-640-2123; for hearing impaired, also use TTY services at 711 or 1-800-842-4681 to ask whether or not any providers in the NARBHA 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 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 NARBHA 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:

- Collaboration with the child and family;
- Functional outcomes - Behavioral health

services are designed to aid children to achieve success in school, live with their families, avoid criminal actions, and become stable and productive adults;

- Collaboration with others;
- Accessible services;
- Best practices;
- Most appropriate setting;
- Timeliness;
- Services tailored to the child and family;
- Stability;
- Respect for the child and family's unique cultural heritage;
- Independence;
- Connection to natural supports.

The principles for delivery of services to adults are:

- Behavioral health assessments and service plans are developed with the understanding that the system has an unconditional commitment to its members.
- Behavioral health assessments and service plans begin with empathetic relationships that foster ongoing partnerships, expect equality and respect throughout the service delivery.
- Behavioral health assessment and service plans are developed collaboratively to engage and empower members, include other individuals involved in the member's life, include meaningful choice and are accepted by the member.
- Behavioral health assessment and service plans are strength-based and are clinically sound.
- Behavioral health assessment and service plans are developed with the expectation that the individual is capable of positive change, growth, and leading a life of value.

The principles for the delivery of services to persons determined to have a Serious Mental Illness are:

- Human dignity;
- Respect for the person's individuality, abilities, needs, and aspirations without regard to the client's psychiatric condition;
- Self-determination, freedom of choice, and

participation in treatment to the individual's fullest capacity;

- Freedom from the discomfort, distress, and deprivation which arise from an unresponsive and inhumane environment;
- Privacy including the opportunity, wherever possible, to be provided clearly defined private living, sleeping, and personal care spaces;
- Humane and adequate support and treatment that is responsive to the person's needs, that recognizes that a person's needs may vary and that is sufficiently flexible to adjust to a person's changing needs;
- The opportunity to receive services which are adequate, appropriate, consistent with the person's individual needs, and least restrictive of the person's freedom;
- The opportunity to receive treatment and services that are culturally sensitive in their structure, process, and content;
- The opportunity to receive services on a voluntary basis to the maximum extent possible and entirely if possible;
- Integration of individuals into their home communities through housing and residential services which are located in residential neighborhoods, which rely as much as possible on generic support services to provide training and assistance in ordinary community experiences and which utilize specialized mental health programs that are situated in or near generic community services;
- The opportunity to live in one's own home and the flexibility of a service system which responds to individual needs by increasing, decreasing, and changing service as needs change;
- The opportunity to undergo normal experiences, even though such experiences may entail an element of risk; provided however, that an individual's safety or well-being or that of others shall not be unreasonably jeopardized; and
- The opportunity to engage in activities and styles of living, consistent with the person's interests, which encourage and maintain the integration of the individual into the community.

Terms

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 previously approved service, 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 NARBHA.

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

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

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.

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 Liaison is the person who is in charge of the oversight of your care, ensures clinical soundness of your assessment and treatment and serves as the point of contact for coordination with any persons involved in your care.

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.

Enrolled is the process of becoming eligible with the T/RBHA to receive 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.

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.

Responsible Agency (RA) has replaced “Service Area Agency (SAA)” and “Tribal Area Agency (TAA)” to indicate a designated provider responsible to enroll members for service, provide treatment services, and/ or coordinate any other behavioral health services needed by the member. RAs maintain the primary responsibility for these behavioral health service functions in specific geographic areas; the map on the back of the Handbook shows where these RAs are located.

Serious Mental Illness is a mental disorder in persons at least 18 years of age that is severe and persistent.

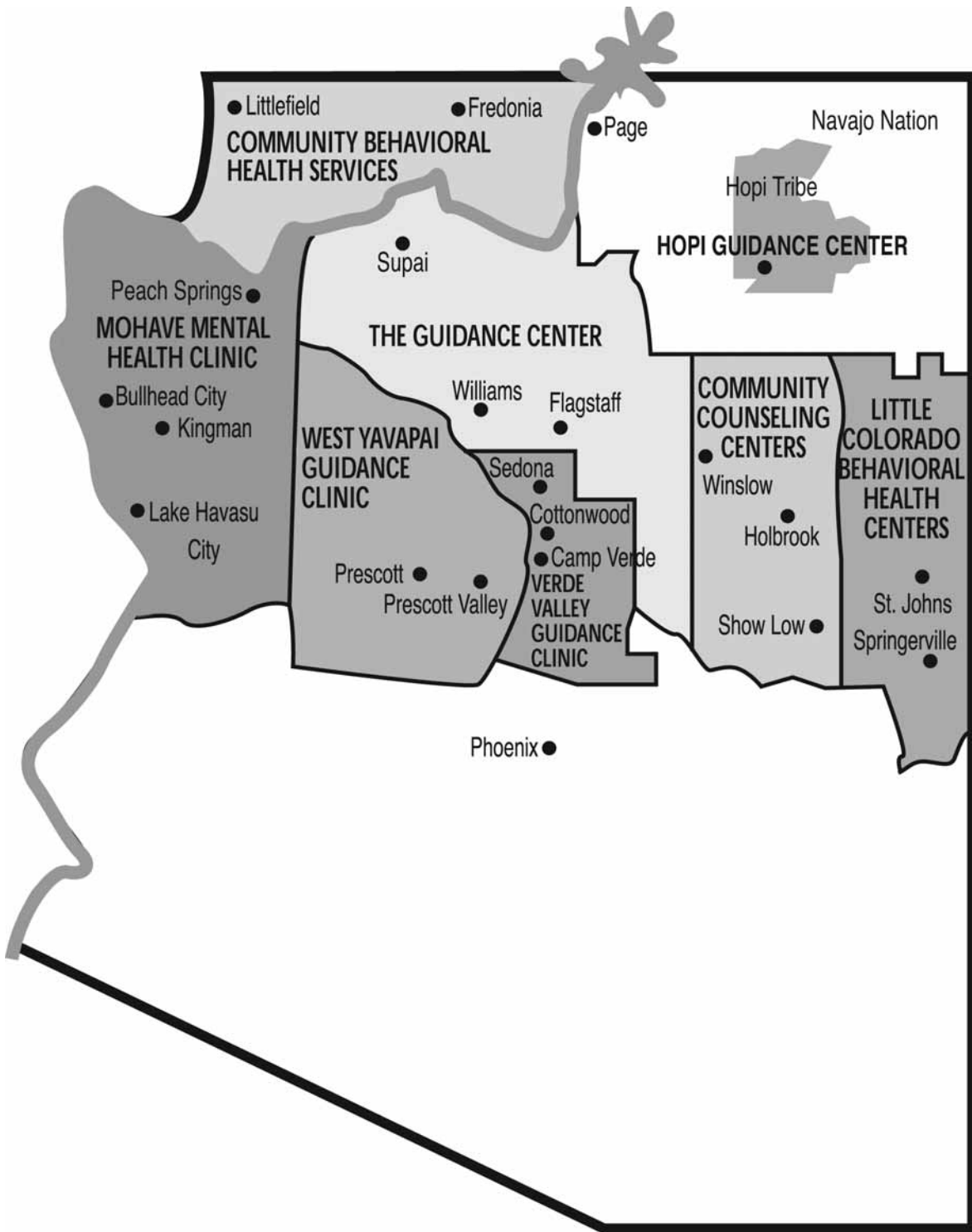
Service Prioritization is the process by which the T/RBHAs must determine how available state funds are used.

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 a Native 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.



Northern Arizona Regional Behavioral Health Authority

1300 S. Yale Street, Flagstaff, AZ 86001

(928) 774-7128 • (800) 640-2123 *Member Services* • (877)756-4090 *Crisis Line*

www.narbha.org