

SEA TAKA NA'ASUKU  
PASCUA YAQUI  
**CENTERED SPIRIT**



**Member Handbook  
2015**

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## Welcome to the Pascua Yaqui Centered Spirit Program (CSP)

Welcome to the Pascua Yaqui Centered Spirit Program (CSP). CSP is a part of the Pascua Yaqui Tribe (PYT) Health Department; services are open to enrolled Pascua Yaqui tribal members and their immediate family. If you would like more information about the information in this Member Handbook, please call CSP Member Services by calling 1-800-443-0044. To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2000. Hearing impaired individuals may call the Arizona Relay Services at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP. Centered Spirit information is also available online at [www.pascuayaqui-nsn.gov](http://www.pascuayaqui-nsn.gov).

Locations:                    520-879-6060: Centered Spirit Program  
   7490 South Camino De Oeste  
   Tucson, AZ 85757  
   Or  
   480-768-2000: Centered Spirit Program  
   9405 South Avenida Del Yaqui  
   Tempe, AZ 85283

Hours of Operation:                    Centered Spirit Program  
   Tucson and Guadalupe:  
   Monday through Friday  
   8:00AM to 5:00PM  
   Evenings and Weekends as scheduled



New Beginnings Clinic  
Monday through Friday  
Dosing: 5:30 AM – 11:00AM

El Rio Pharmacy: 8:30AM -5:00 PM  
(Closed for lunch 12:00PM to 1:00PM)  
Medication Refill Line is (520) 838-6617

*Consultation appointment times may be arranged by  
Calling the New Beginning nurse at (20) 879-6003*

CSP Is Closed:                    Sundays, Tribal and Federal Holidays

24 Hour 7 day week Crisis Line:    Centered Spirit Tucson, (520) 591-7206  
   Centered Spirit Guadalupe, (480) 736-4943

Hearing impaired individuals may call the Arizona Relay, Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

## CSP Mission Statement

It is the mission of the Pascua Yaqui Centered Spirit Program (CSP) to provide professional, confidential, and culturally compatible behavioral health services to promote healing, personal growth, and healthy living for Pascua Yaqui Tribal members and their families in the communities we serve.

## Accreditation and Funding

Our programs are accredited by CARF International (Commission on Accreditation of Rehabilitation Facilities). CARF is an agency that ensures that providers offer high quality services that meet clients' needs. CARF also monitors CSP to make sure we provide the best possible services to our clients. If you have any questions about accreditation please speak to the CSP Program Director. We also receive funding from the Arizona Department of Health Services (ADHS) and the Arizona Health Care Cost Containment System (AHCCCS).

## 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.

The "Terms" section begins on 65 of this handbook.



How can I get services in an emergency or crisis?

For life threatening situations always call 911.

On-call services during business hours

If you feel you are in a crisis and it is not life threatening, call CSP in Tucson at (520) 879-6060 and in Guadalupe at (480) 768-2000, including specialty phone lines for the hearing impaired (TTY). Let the person who answers the phone know that you are in crisis and need to speak with someone right away. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

On-call services after hours, weekends, and holidays

In Tucson, call the crisis telephone at (520) 591-7206 to reach the on-call crisis worker directly. Please know that we may get more than one call at a time. As a result, the phone may be busy when you call. In this case please leave a message with your name and a phone number that we can reach you at. The crisis worker will call you back quickly. You should expect a response within ten minutes. If you do not hear from us right away, or the phone is busy, call 911 for assistance.

In Guadalupe, call the crisis telephone at (480) 736-4943 to reach the on-call crisis worker directly. In case of a life threatening emergency, always call 911.

The crisis worker will ask for some information about your crisis. This will help the crisis worker get you the right kind of help as soon as possible. In some cases, the crisis worker will ask to meet with you face-to-face better assist you.

You may need behavioral health services while you are away from home and out of the CSP service area. This is called "out of area care." Out of area care only includes emergency behavioral health services unless CSP approves other services. You have the right to use any hospital or other setting for emergency care. If you want to get non-emergency behavioral health services out of CSP service area, please call CSP for Tucson (520) 879-6060 Guadalupe (480) 768-2000. Hearing impaired individuals may call the Arizona Relay Service at 711-1-800-842-4681 or 1-800-367-8939 (for TTY users).

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 CSP Tucson (520) 879-6060/crisis after hours (520) 591-7206 for Guadalupe (480) 768-2000/crisis after hours (480) 736-4943.

The hospital or crisis center will contact CSP 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.

Please be aware that in emergency cases, you as the patient, an individual's or agency acting on behalf of yourself the patient, or the medical care provider, shall, within 72 hours after your admission to a health care facility, contact CSP to inform them of the admission or treatment and provide information to determine your relative medical need for the services. The 72-hour period may be extended if the ordering official determines that notification within the set time was not viable or that other good cause exists for the failure to comply.

There are two exceptions to this 72 hour notice rule. The two exceptions are: A elderly, 65 years or older,

A disabled individual (someone who has a physical or mental condition that prevents him/her from providing or cooperating with the notification of receiving emergency services).

These two categories under the Indian Health Care Improvement Act (IHCIA), as amended, allow such individuals 30 days to provide this notice to the tribal contract health care program.

#### Local and National Resources for Behavioral Health Communities

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  
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.

#### NAZCARE (Northern Arizona Consumers Advancing Recovery by Empowerment)

Phone: 928-224-4506 (Winslow); 928-213-0742 (Flagstaff); 928-793-4514 (Globe); 520-876-0004 (Casa Grande); 928-532-3108 (Show Low); 928-783-4253 (Yuma); 928-758-3665 (Bullhead); 928-753-1213 (Kingman); 928-442-9205 (Prescott); 928-333-3036 (Eagar); 928-575-4132 (Parker); 928-634-1168 (Cottonwood); 520-586-8567 (Benson)

Website: <http://www.nazcare.org>

NAZCARE is a peer-oriented agency that uses a holistic approach to recovery and wellness by addressing the whole person in mind, body and

spirit. NAZCARE provides services in Wellness Planning with a Wellness Coach to assist you on your journey to better wellness.

Wellness Connections

Phone: 520-452-0080

Website: <http://wellness-connections.org/>

Based in Southeast Arizona, Wellness Connections uses a peer-run model. Through a large number of programs, activities, training and Rehabilitation services, Wellness Connections empowers its members to lead health and fulfilling lives.

- 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(Pima); 928-775-4448 (Yavapai); 928-726-1983 (Yuma); 928-245-4955 (Navajo and Apache counties)  
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. 18<sup>th</sup> Avenue, 2<sup>nd</sup> 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](mailto: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

\*NOTE: Tribal members should contact the Office of Human Rights location that provides services to their county of residence.

Division of Licensing Services  
150 N. 18<sup>th</sup> Avenue,  
Phoenix, AZ 85007  
Phone: 602-364-2536  
Web site: <http://www.azdhs.gov/als/index.htm>

[Tucson Office](#)  
[400 W. Congress, Suite 100](#)  
[Tucson, AZ 85701](#)  
[\(520\) 628-6965](#)

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).



AZLinks.gov  
Department of Economic Security  
Web site: [www.azlinks.gov](http://www.azlinks.gov)

The website of Arizona's Aging and Disability Resource Consortium (ADRC). AZ Links helps Arizona seniors, people with disabilities, caregivers and family members locate resources and services.

Arizona Department of Child Safety (DCS) P.O. Box 44240  
Phoenix, AZ 85064-4240  
Hotline: 1-888-SOS-CHILD (1-888-767-2445); (602) 530-1831 (TDD)  
Web site: <https://dcs.az.gov/>

The Arizona Department of Child Safety, 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 to apply for AHCCCS coverage: Health-e Arizona PLUS  
[www.healthearizonaplus.gov](http://www.healthearizonaplus.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: [http:// www.ashline.org](http://www.ashline.org) and [www.azdhs.gov](http://www.azdhs.gov)

[Tobacco Free Arizona](http://www.azdhs.gov/tobaccofreeaz/)  
Web site: [www.azdhs.gov/tobaccofreeaz/](http://www.azdhs.gov/tobaccofreeaz/)

Many people have quit smoking through programs by the Arizona Smokers Helpline (ASHLine) and other resources available at Tobacco Free Arizona. 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](http://www.ashline.org)

or talk to your PCP. ASHLine also offers information to help protect you and your loved ones from second hand smoke.

- Pascua Yaqui Adult Protective Services  
7474 S. Camino De Oeste  
Tucson, AZ. 85746  
Phone: (520) 883-5060
- Pascua Yaqui Child Protective Services  
7474 S. Camino De Oeste  
Tucson, AZ 85746  
Phone: 520-883-5060

If you would like to know more about the resources including all residential placement options within the T/RBHA Geographic Service Area that are available in your community, you can contact CSP at 1-800-443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2000.

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

You may ask for help from CSP 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 (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.

CSP has internal staff that can assist you with Spanish and Yoeme interpreter services as well as Sign Language. CSP also contracts with the Community Outreach Program for the Deaf (COPD) who specialize in counseling and case management services for individuals who are deaf, deaf blind and hard of hearing. Contact Centered Spirit Program in Tucson at (520) 879-6060 or in Guadalupe at (480) 768-2000 to ask for any of these options. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP or visit our webpage for contact list at [http://www.pascuayaquinsn.gov/index.php?option=com\\_content&view=article&id=62&Itemid=55](http://www.pascuayaquinsn.gov/index.php?option=com_content&view=article&id=62&Itemid=55)

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.

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](http://www.acdhh.org) or call (602) 542-3323 (V); (602) 364-0990 (TTY); 800-352-8161 (V/TTY); (480) 559-9441 (Video Phone).

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 and CSP has to provide these services.

How does CSP 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”. CSP encourages its providers to understand the culture of each individual to better understand, communicate with, and treat the people CSP 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.

CSP works with its providers to better understand various cultures and to provide services in a culturally competent manner. You can view the CSP Cultural Competency Plan online at [http://www.pascuayaqui-nhs.gov/images/health/bhelath/cultural\\_competency\\_plan.pdf](http://www.pascuayaqui-nhs.gov/images/health/bhelath/cultural_competency_plan.pdf).

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 CSP.

In addition to making sure that services are available, CSP 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

### **CSP Contact List**

Executive Health Department Director	(520)879-6019
Health Department Medical Director	(520) 879-6008
Centered Spirit Director	(520) 879-6060
Adult Program Manager	(520) 879-6138
Child/Family Program Manager	(520) 879-5662
Guadalupe Program Manager	(480) 768-2025
Administrative Support Services Supervisor	(520) 879-6060
Guadalupe Office Manager	(520) 768-2024
Pascua Yaqui Tribe Toll Free Number	1-800-443-0044

### **What is Managed Care?**

In Arizona, 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 CSP.

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

To find out more about Arizona's 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/>.

### **How do I contact CSP 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 CSP are available 24 hours a day, 7 days a week.

To contact Member Services at CSP for help call: Tucson at (520) 879-6060 and in Guadalupe at (480) 768-2000. You can also reach our offices by calling 1-800-443-0044, including specialty phone lines for the hearing impaired. To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2021. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP offices are located at:

**Tucson Area**

7490 S. Camino De Oeste  
Tucson, AZ. 85757

**New Beginnings Clinic**

7490 S. Camino De Oeste  
Tucson, AZ. 85757

**Transitional Treatment**

7402 S. Camino Vahcom  
Tucson, AZ. 85757

**Vahcom House**

7426 S. Camino Vahcom  
Tucson, AZ. 85757

**Men's P.A.T.H. Program**

7402 S. Camino Vahcom  
85757

**Yoeme Kari Group Home**

2861 W. Via Hacienda  
Tucson, AZ. 85741

What happens after I am assigned to or enrolled with Centered Spirit Program (CSP)?

Individuals eligible for behavioral health services through AHCCCS are assigned to a TRBHA 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 CSP because you live within CSP service area. You will continue to receive services from CSP, unless you move to another area of the state where CSP 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 are assigned to CSP you will be given an appointment within 7 days with a Member Services Specialist who will see you for an intake appointment. In this appointment, you or your legal guardian, will be asked to sign a consent form giving permission for you to get behavioral health services. You will also meet with a provider who will conduct an assessment to get to know you and why you are coming in for services. At this appointment, the provider will also talk to you about your goals for counseling. Once you have completed your assessment you will be contacted by a provider to begin your services.

After you are assigned to CSP, 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 Arizona Department of Child Safety (DCS) 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 [http://www.pascuayaqui-nhs.gov/index.php?option=com\\_content&view=article&id=64&Itemid=57](http://www.pascuayaqui-nhs.gov/index.php?option=com_content&view=article&id=64&Itemid=57) under Behavioral Health Online Resources link Arizona Department of Behavioral Health ADHS/DBHS Clinical Practice Protocols. If you would like to receive this information by mail please contact the CSP Child and Family Team Manager at (520) 879-6067. 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's Web sites for updates, or contact your TRBHA for additional information.

## What is a Provider Network?

A provider network is a group of providers who work with a T/RBHA and are available to provide behavioral health services. CSP works with many service providers in order to provide a variety of services to meet the needs of our members. This includes prevention programs, counselors, traditional healers, residential treatment programs, psychiatrists, psychologists, and hospitals. All of these agencies, programs and providers are part of our Provider Network.

A listing of all available providers, their locations, telephone numbers, and languages spoken can be found online at [http://www.pascuayaqui-nsn.gov/images/health/bhealth/network\\_providerlist.pdf](http://www.pascuayaqui-nsn.gov/images/health/bhealth/network_providerlist.pdf) or [http://intranet/departments/health/csp/Public%20Document/network\\_providerlist.pdf](http://intranet/departments/health/csp/Public%20Document/network_providerlist.pdf). If you do not have access to the Internet at your home, no cost Internet service is usually available at libraries. You can also receive a copy of the provider listing at no charge by calling the CSP office in Tucson at (520) 879-6060 or in Guadalupe at (480) 768-2000, including specialty phone lines for the hearing impaired (TTY). Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

Some providers may not be taking new members. To find out which providers in the CSP network are not accepting new members, contact the CSP office in Tucson at (520) 879-6060 or in Guadalupe at (480) 768-2000, including specialty phone lines for the hearing impaired (TTY). Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

You can choose any hospital or other setting for emergency care. However, there are certain emergency settings within the CSP network that may be easier for you to use. These include: Carondelet St. Mary's and St. Joseph's, Kino Community Hospital, Sonora Behavioral Health, and Palo Verde Behavioral Health.

The CSP network also includes a pharmacy where you can fill your prescriptions for medications. These include: El Rio Pharmacy at 7490 South Camino De Oeste, Tucson, AZ. 85757. Pharmacy hours are 8:30am -5:00pm (Closed for lunch 12:00 PM to 1:00 PM. Medication refill line: (520) 838-6617. In Guadalupe, you can call the CSP front office at (480) 768-2000.

CSP Pharmacy is the Pascua Yaqui El Rio Pharmacy located on the reservation. If you go to fill a prescription but get turned away by PY El Rio Pharmacy please contact medication nurse at 520-879-6043. Nurse will then research and problem solve situation. Nurse will contact member with follow-up action.



## 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. CSP 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 CSP Member Services. You will need to contact the provider to make, change, or cancel your appointments. You may also contact CSP if you would like assistance with making, changing, or canceling your appointments, contact our Member Services Specialists at (520) 879-6010 or (520) 879-5693.

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

If you are getting substance abuse services that are funded by the Substance Abuse Block Grant (SABG), 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.

## How do I contact my Case Manager?

If you require assistance with any of the following items please contact your case manager; for Tucson 520-879-6060 for Guadalupe 480-768-2000 and request to speak to your assigned case manager or therapist. Services available;

- AHCCCS/DES information assistance
- Court correspondence assistance
- Medical appointments coordination assistance
- Transportation assistance and coordination
- To schedule psychiatry, psychological, respite, appointments and home visits
- To schedule CFTs and ARTs
- To request referral for resources such as housing, utility assistance, food, etc.
- To provide an update or change of plans
- To get help seeking employment

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

Title 19 (Medicaid) and Title 21 covered services are paid for through the 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. Some members will be required to pay co-payments for certain medical services 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. Copays can be mandatory (also known as required) or optional (also known as nominal) as exempt from copays which means that no mandatory or optional copays will be charged as explained below.

\*NOTE: Copayments referenced in this section means copayments charged under Medicaid (AHCCCS). This section does not describe copay requirements under

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

- People 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 (ALTCS)
- People who are Qualified Medicare Beneficiaries
- People who receive hospice care
- 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 in the Breast & Cervical Cancer Treatment Program
- People receiving child welfare services under Title IV-B on the basis of being a child in foster care or receiving adoption or foster care assistance under Title IV-E regardless of age.
- People who are pregnant and throughout the postpartum period following pregnancy
- People in Adult Group (for a limited time\*)

\* For a limited time persons who are eligible in the Adult Group will not have any copays. Members in the Adult Group include persons who were transitioned from the AHCCCS Care program as well as individuals who are between the ages of 19-64, and who are not entitled to Medicare, and are not pregnant, and who have income at or below 133% of the Federal Poverty Level (FPL) and who

are not AHCCCS eligible under any other category. Copays for persons in the Adult Group with income over 106% FPL are planned for 2015. Members will be told about any changes in copays before they happen.

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

- Hospitalizations and services in the Emergency Department
- Emergency services
- Family Planning services and supplies
- Pregnancy related health care for any other medical condition that may complicate the pregnancy, including tobacco cessation treatment for pregnant women
- Well visits and preventive services such as pap smears, colonoscopies and immunizations
- Services paid on a fee-for-service basis
- Provider preventable services
- Services received in the emergency department

#### People with Nominal (Optional) Co-payments

Individuals eligible for AHCCCS through any of the programs below may be charged nominal copayments, unless they are receiving one of the services above that cannot be charged a copayment or unless they are in one of the groups above that cannot be charged a copayment. Nominal copayments are also called optional copayments. If a member has a nominal copayment, then a provider cannot deny the service if the member states that s/he is unable to pay the copayment. Members in the following programs may be charged nominal copayments unless they are receiving one of the services above that cannot be charged a copayment or unless they are in one of the groups above that cannot be charged a copayment by their provider.

- AHCCCS for Families with Children (1931)
- Young Adult Transitional Insurance (YATI) for young adults who were in foster care
- State Adoption Assistance for Special Needs Children who are being adopted
- Receiving Supplemental Security Income (SSI) through the Social Security Administration for people who are age 65 or older, blind or disabled
- SSI Medical Assistance Only (SSI MAO) for individuals who are age 65 or older, blind or disabled
- Freedom to Work (FTW)

Ask your provider to look up your eligibility to find out what copayments you may have. You can also find out by calling CSP Member Services. You can also check CSP website for more information.

AHCCCS members with nominal copayments may be asked to pay the following nominal copayments for services:

Nominal Copayment Amounts for Some 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 (This excludes emergency room/emergency department visits).	\$3.40

Detailed service codes and category description that comprise each of the above categories are outlined

Medical providers will ask you to pay these amounts but will NOT refuse you services if you are unable to pay. If you cannot afford your copayment, tell your provider you are unable to pay these amounts so you will not be refused services.

#### People with Required (Mandatory) Co-payments

Some AHCCCS members have required (or mandatory) copayments unless they are receiving one of the services about that cannot be charged a copayment or unless they are in one of the groups above that cannot be charged a copayment. Members with required copayments will need to pay the copayments in order to get the services. Providers can refuse services to these members if they do not pay the mandatory copayments. However, a provider may choose to waive or reduce any copayment under this section. Mandatory copayments are charged to the persons in Families with Children that are no Longer Eligible Due to Earnings- also known as Transitional Medical Assistance (TMA).

Adults on TMA have to pay required (or mandatory) copayments for some services. If you are on the TMA Program now or if you become eligible to receive TMA benefits later the notice from DES or AHCCCS will tell you so. Copayments for TMA members are listed below.

Copayment Amounts for Persons Receiving TMA Benefits	
Prescriptions	\$2.30
Doctor or other provider outpatient office visits for evaluation and management of your care (This excludes emergency room/emergency department visits)	\$4.00
Physical, Occupational and Speech Therapies	\$3.00

Outpatient Non-emergency or voluntary surgical procedures. (This excludes emergency room/emergency department visits).	\$3.00
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Detailed service codes and category description that make up each of the above categories are outlined

#### 5% Limit on All Copayments

The total amount of copayments cannot be more than 5% of the family's total income during a calendar quarter (January through March, April through June, July through September, and October through December.) If this 5% limit is reached, no more copayments will be charged for the rest of that quarter. AHCCCS has a process to track cost sharing.

If a member thinks that the total copayments they have paid are more than 5% of the family's total quarterly income and AHCCCS has not already told them this has happened, the member 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 or income have changed, it is important to contact the eligibility office right away.

#### ADHS/DBHS Co-payments

Non- Title 19/21 persons determined to have a SMI 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 29-36 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 CSP. 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, CSP 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 CSP or your provider. This includes Medicare and health insurance obtained using the Federal Health Insurance Marketplace. Persons with health insurance must use the benefits of that health insurance before CSP pay for services. At times, CSP 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 CSP network of providers.

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

*The following sections Medicare Coverage and Limited Income Subsidy do not apply to the Centered Spirit Program. This information is exclusively for your convenience.*

#### Medicare coverage

Some people have Medicare and AHCCCS health insurance. If you have Medicare and AHCCCS health insurance, you must tell CSP or your provider. You may get some services from Medicare providers and some services from CSP 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 Savings Program (MSP) program, your Medicare co-payments, premiums, and/or deductibles may be covered for you. CSP 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 CSP. This is called getting services outside the CSP network of providers. If you choose to get services from a provider outside the CSP 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 CSP by calling 1-800-443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2000 for more information on out of network providers. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

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](http://www.medicare.gov) . If you want help in picking a plan, you can call Pascua Yaqui Health Department Patients Benefits Coordinator at (520) 879-6000. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

Medicare Part D and AHCCCS may not pay for some prescription drugs. Your provider may assist you with obtaining prescription drugs not covered by Medicare Part D. Contact the Pascua Yaqui Health Department Patient Benefit Coordinator at (520) 879-6000 to ask about getting help with requesting medication from your Medicare Part D plan. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

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.

AHCCCS I 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 pay for these drugs. Some of the common names for benzodiazepines and barbiturates are:

<b>Generic Name</b>	<b>Brand Name</b>
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.

For information about copayments for drugs that are covered by AHCCCS, please read the section about copayments beginning on Page 17.

#### The –Low Income Subsidy (LIS) Program

The Social Security Administration (SSA) has a Low 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 Savings Program (MSP) program you do not have to apply for the “extra help”. MSP 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 MSP 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 your provider in Tucson at (520) 879-6060 or in Guadalupe at (480) 768-2000, including specialty phone lines for the hearing impaired (TTY). Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

#### Who is eligible to receive behavioral health services?

- Persons AHCCCS eligible through either Title 19 (Medicaid) or Title 21;
- Persons determined to have a Serious Mental Illness; and
- Special populations who are eligible to receive services funded through federal block grants.



Title 19 (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 21 (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 19 benefits. It pays for medical, dental and behavioral health services.

CSP 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 benefits application. If so, they can help you complete an AHCCCS application. If you are ineligible for AHCCCS CSP or your provider can help you apply for medical coverage on the Federal Health Care Market Place.

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. CSP Psychiatrists would do a Serious mental Illness determination or CSP will make a determination of Serious Mental Illness upon referral/request.

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.

You decide with your provider or clinical team\* what services you need. Your provider or clinical team may ask CSP 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 CSP by calling this toll free number 1-800-443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2000. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

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

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

#### 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 Title19/21 eligible and receive services through an IHS or 638 tribal facility, 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 CSP by calling 1-800-443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2021 for additional information on out of network providers. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP for additional information.

#### Early Periodic Screening, Diagnostics and Treatment (EPSDT)

EPSDT is a comprehensive child health program of prevention and treatment, correction, and improvement (amelioration) of physical and mental health problems for AHCCCS members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist Medicaid recipients in effectively utilizing these resources.

EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care

of physical and behavioral health problems for AHCCCS members less than 21 years of age.

EPSDT services include screening services, vision services, dental services, hearing services and all other medical necessary mandatory and optional services listed in federal law 42 USC 1396d (a) to or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS state plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness do not apply to EPSDT services.

A well child visit is synonymous with an EPSDT visit and includes all screenings and services described in the AHCCCS EPSDT and dental periodicity schedules.

#### Amount, Duration, and Scope:

The Medicaid Act defines EPSDT services to include screening services, vision services, dental services, hearing services and “such other necessary health care, diagnostic services, treatment and other measures described in federal law subsection 42 USC 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the (AHCCCS) state plan.” This means that EPSDT covered services include services that correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within one of the 28 optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 28 categories of services in the federal law even when they are not listed as covered services in the AHCCCS state plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.

EPSDT includes, but is not limited to, coverage of inpatient and outpatient hospital services, laboratory and x-ray services, physician services, nurse practitioner services, medications, dental services, therapy services, behavioral health services, medical supplies, prosthetic devices, eyeglasses, transportation, and family planning services.

EPSDT also includes diagnostic, screening, preventive and rehabilitative services. However, EPSDT services do not include services that are solely for cosmetic purposes, or that are not cost effective when compared to other interventions.

#### Medication Coverage

CSP has a list of medications, called a formulary that includes medications available to you through CSP. You can find the CSP formulary ADHS/DBHS Non-Title -19/21 Medication online at [http://www.pascuayqui-nsn.gov/index.php?option=com\\_content&view=article&id=64&Itemid=57](http://www.pascuayqui-nsn.gov/index.php?option=com_content&view=article&id=64&Itemid=57). You may

need medication that is not on the CSP formulary, or you may need approval for your medication. If you need information about the formulary or a medication that is not in the formularies please contact CSP Member Services for Tucson at (520) 879-6060 and in Guadalupe at (480) 768-2000. You can also reach our office by calling 1-800-443-0044, including specialty phone lines for the hearing impaired. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

If you go to your pharmacy and you are unable to get your medication(s), call 1-800-443-0044. To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2000. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users).

### 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 Block Grant (SABG) Project for Assistance in Transition from Homelessness (PATH), and Mental Health Block Grant (MHBG). SABG 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;

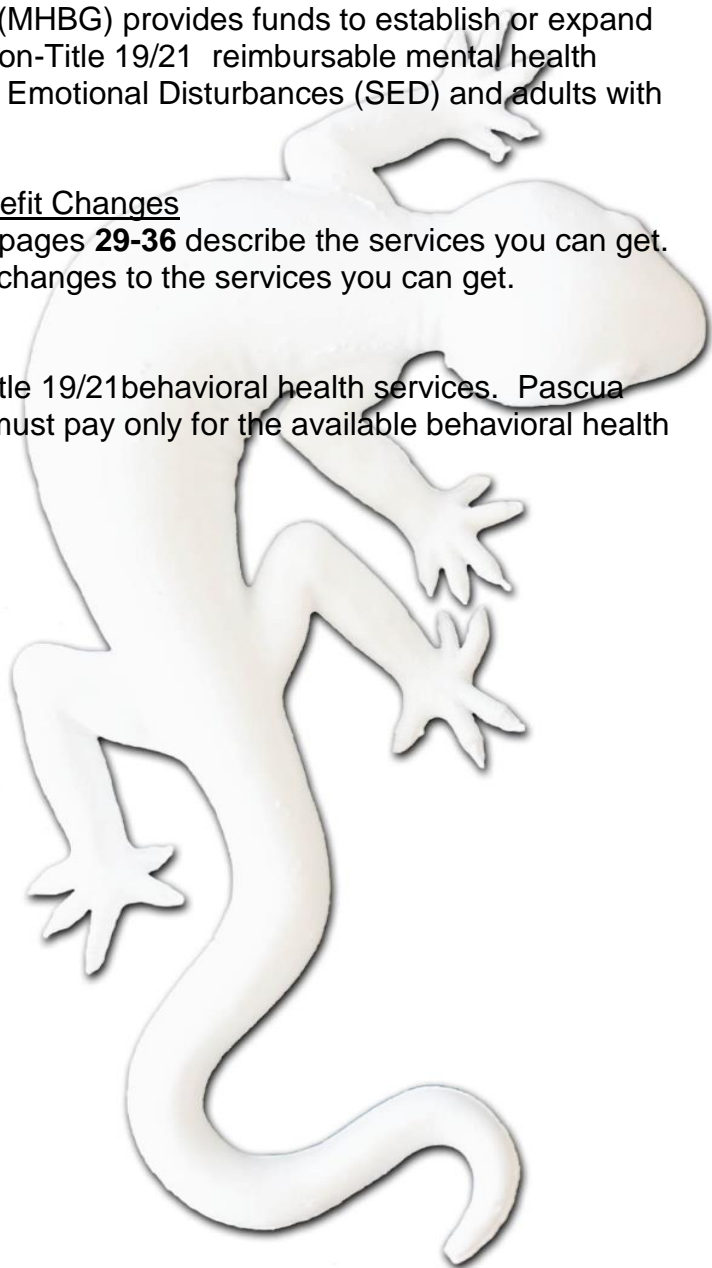
- Intake assistance/emergent and non-emergent triage;
- Transportation assistance;
- Hotel vouchers in emergency situations;
- Assistance in meeting basic needs (e.g., applications for AHCCCS, SSI/SSDI, food stamps, coordination of health care, etc.);
- Transition into a behavioral health case management 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 Mental Health Block Grant (MHBG) provides funds to establish or expand community-based services for Non-Title 19/21 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 pages **29-36** describe the services you can get. You will get a notice if there are changes to the services you can get.

Listed below are the available Title 19/21 behavioral health services. Pascua Yaqui Centered Spirit Program must pay only for the available behavioral health services listed.



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH  
PASCUA YAQUI CENTERED SPIRIT PROGRAM**

AVAILABLE BEHAVIORAL HEALTH SERVICES\*

<b>SERVICES</b>		<b>Title 19/21 CHILDREN AND ADULTS</b>	<b>NON- Title 19/21 PERSONS DETERMINED TO HAVE SMI</b>
<b>TREATMENT SERVICES</b>			
<b>Behavioral Health Counseling and Therapy</b>	Individual	Available	Provided based on available funding
	Group	Available	Provided based on available funding
	Family	Available	Provided based on available funding
<b>Behavioral Health Screening, Mental Health Assessment and Specialized Testing</b>	Behavioral Health Screening	Available	Provided based on available funding
	Mental Health Assessment	Available	Available
	Specialized Testing	Available	Provided based on available funding
<b>Other Professional</b>	Traditional Healing	Provided based on available funding	Provided based on available funding
	Auricular Acupuncture	Provided based on available funding	Provided based on available funding
<b>REHABILITATION SERVICES</b>			
<b>Skills Training and Development</b>	Individual	Available	Available
	Group	Available	Available
	Extended	Available	Available
<b>Cognitive Rehabilitation</b>		Available	Available
<b>Behavioral Health Prevention/Promotion Education</b>		Available	Available
<b>Psycho Educational Services and Ongoing Support to maintain employment</b>	<b>Psycho Educational Services</b>	Available	Available
	Ongoing Support to maintain employment	Available	Available
<b>MEDICAL SERVICES</b>			
<b>Medication Services ***</b>		Available	Available
<b>Lab, Radiology and Medical Imaging</b>		Available	Available
<b>Medical Management</b>		Available	Available
<b>Electro-Convulsive Therapy</b>		Available	Provided based on available funding
<b>SUPPORT SERVICES</b>			
<b>Case Management</b>		Available	Available*****
<b>Personal Care</b>		Available	Available

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AVAILABLE BEHAVIORAL HEALTH SERVICES\*

SERVICES		Title 19/21 CHILDREN AND ADULTS	NON- Title 19/21 PERSONS DETERMINED TO HAVE SMI
Home Care Training (Family)		Available	Available
Self-help/Peer Services		Available	Available
Home Care Training to Home Care Client (HCTC)		Available	Provided based on available funding
Respite Care****		Available****	Available****
Supported Housing		Provided based on available funding**	Provided based on available funding**
Sign Language or Oral Interpretive Services		Provided at no charge to the member	Provided at no charge to the member
Flex Fund Services		Provided based on available funding**	Provided based on available funding**
Transportation	Emergency	Available	Limited to crisis service-related transportation
	Non-emergency	Available	Available
<b>CRISIS INTERVENTION SERVICES</b>			
Crisis Intervention – Mobile		Available	Available
Crisis Intervention – Telephone		Available	Available
Crisis Services – Stabilization		Available	Available
<b>INPATIENT SERVICES</b>			
Hospital		Available	Available but limited*****
Behavioral Health Inpatient Facility		Available	Available but limited*****
<b>RESIDENTIAL SERVICES</b>			
Behavioral Health Residential Facility		Available	Available but limited*****
Room and Board		Provided based on available funding	Provided based on available funding
<b>BEHAVIORAL HEALTH DAY PROGRAMS</b>			
Supervised Day		Available	Available
Therapeutic Day		Available	Provided based on available funding
Medical Day		Available	Provided based on available funding

**Limitations:**

\* For services available through federal block grants, please see the Special Populations section on page 27

\*\* Services not available with Title 19/21 funding, but may be provided based upon available grant funding and approved use of general funds.

\*\*\* See the CSP Formulary for further information on covered medications.

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**\*\*\*\* Respite Care-** Respite care is offered as a temporary break for caregivers to take time for themselves. A member's need is the basis for determining the number of respite hours used. The maximum number of 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.**

**\*\*\*\*\* 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.**

<b>Behavioral Health Service/ Benefit Descriptions</b> <b>For more information see CSP (website) for the T/RBHA covered service guide</b>
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<b>SERVICE/BENEFIT TREATMENT SERVICES</b>	<b>DESCRIPTION</b>	<b>OTHER</b>
Behavioral Health Counseling and Therapy	Interactive therapy designed to draw out information, identify behavioral problems or conflicts and provide support, and education for future use.	Can be provider to an individual, a group of people, a family or multiple families
Behavioral Health Screening, Mental Health Assessment and Specialized Testing	Gathering and assessment of historical and current information, face to face with member, family, or group of individuals in a written summary or report	
Other Professional	Other treatment services provided by qualified individuals in order to ease symptoms and improve or maintain functioning.	Includes but not limited to: Psychiatric services without face to face contact, biofeedback
<b>REHABILITATION SERVICES</b>		
Skills Training and Development	Teaching independent living, social and communication skills to persons and/or their families in order to help them live more independently and be a part of the community.	Includes but not limited to: Self-care, taking care of residence, managing money and using other resources.
Cognitive Rehabilitation	Assisting in the recovery from cognitive (mental) issues to be more independent or function at the highest level possible.	Includes but not limited to: Relearning of certain mental abilities, making functions stronger, substituting new skills to replace lost ones
Behavioral Health Prevention/Promotion Education	Educating and training an individual or group in relation to a person's treatment plan.	Includes but not limited to: Increasing knowledge of a health related topic, use of medicines for best results, stress management, parenting skills



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Psycho Educational Services and Ongoing Support to maintain employment	Designed to assist a person or group to choose, find and keep a job or other meaningful community activity.	Custom-made to support persons in a variety of settings such as part time work, unpaid work experience or meaningful volunteer work appropriate to the person's age, mental and physical status.
<b>MEDICAL SERVICES</b>		
Medication Services	Drugs prescribed by a licensed physician, nurse practitioner or physician assistant to prevent, stabilize or improve symptoms that are part of a behavioral health condition or its treatment.	SEE formulary link
Lab, Radiology and Medical Imaging	Medical tests for diagnosing, screening or monitoring a behavioral health condition.	This may include but is not limited to blood and urine tests, CT scans, MRI, EKG, and EEG.
Medical Management	Assessment and management services that are provided by a licensed medical professional (i.e., physician, nurse practitioner, physician assistant or nurse) to a person as part of their medical visit for ongoing treatment purposes.	Includes use of medicines for best results which includes learning about the effects and side effects of medications and how new medicines can make you feel when you first start taking them.
Electro-Convulsive Therapy	A treatment where a brief electric current is passed through a person's brain, most often use for major depression.	Services must be provided by a licensed physician with anesthesia support in a hospital.
<b>SUPPORT SERVICES</b>		
Case Management	A supportive service provided to boost treatment goals and effectiveness.	Includes but not limited to: Assistance in using and continuing use of covered services; -Telephone or face-to-face contacts with a person, or family to help improve and keep a person functioning well; -Assistance in finding help to meet basic needs; -Communication and coordination of care with the person's family, care providers, community and other State agencies;
Personal Care	Support activities to assist a person in carrying out daily living activities needed to live in a community.	Includes but not limited to: assistance with homemaking, personal care, taking medicines properly.
Home Care Training (Family)	Home care training family services (family support) involve face-to-face contact with family member(s) with a	May involve support activities such as assisting the family to adjust to the person's disability, building skills to

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	goal to rebuild, improve, or keep the family functioning so the person can stay in the home and community.	help guide the person, understanding the causes and treatment of behavioral health issues, understanding and being able to use system services.
Self-Help/Peer Services	Help with using services such as building care plans, identifying needs, finding supports, working with professionals, getting past barriers, or understanding and coping with the stress that is part of the person's disability (e.g., support groups), coaching, role modeling and mentoring.	For members and/or their families who need more structure and services that those you can get through community-based recovery fellowship groups.
Home Care Training to Home Care Client (HCTC)	Services provided by staff of a behavioral health therapeutic home to a person who lives in the home to help and support the person to meet their service plan goals. It also helps the person stay in the community setting, and stay out of residential care.	Includes but limited to behavioral health support services such as personal care. Community living, skills training, transportation to scheduled therapy or treatment appointments.
Respite Care	Short term behavioral health services or general supervision that provides rest or relief to a family member or other individual caring for the behavioral health member.	Services may be provided on a short-term basis (i.e., few hours during the day) or for longer periods of time involving overnight stays.
Supported Housing	Support to obtain and maintain housing in an independent community setting including the person's own home or apartments and homes owned or leased by a subcontracted provider.	May include help with paying for rent and utilities, and help with moving so members and their families can find and keep a home.
Sign Language or Oral Interpretive Services	Services that are available to members at no cost; services for all non-English languages and the hearing impaired must be available to potential members, at no cost, when asking for information.	Sign language or oral interpretive services are provided to persons and/or families with limited language skills or other communication barriers (e.g., sight or sound) during instructions on how to access services, counseling, and treatment activities that will help them get the mental health services they need.
Flex Fund Services	T/RBHAs may access flex funds to purchase any of a variety of one-time or occasional goods and/or services needed for members (children or adults) and their families, when the goods and or services cannot be	The funds are intended to promote wellness, comfort and safety for vulnerable children and adults returning to the community in a respectful, individualized manner.

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	purchased by any other funding source, and the service or good is directly related to the member's service plan.	Non-medically necessary covered services and/or supports.
Transportation	Assisting a member in going from one place to another to help them get services and achieve their service plan goals.	<p>This includes both emergency and non-emergency transportation.</p> <p>Emergency transportation does not prior authorization.</p> <p>Non- emergency transportation must be provided for persons and/or families who are unable to arrange or pay for their transportation or who do not have access to free transportation in order to access medically necessary covered behavioral health services.</p>
<b>CRISIS INTERVENTION SERVICES</b>		
Crisis Intervention- Mobile	Services provided by a mobile team or individual who travels to the place where the person is having the crisis (e.g., person's place of residence, emergency room, jail, community setting)	<p>Includes services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress. The purpose of this service is to:</p> <ul style="list-style-type: none"> <li>• Stabilize acute psychiatric or behavioral symptoms;</li> <li>• Evaluate treatment needs; and</li> <li>• Develop plans to meet the needs of the persons served.</li> </ul>
Crisis Intervention Telephone	Services to provide triage, referral and telephone-based support to persons in crisis; often providing the first place of access to the behavioral health system.	The service may also include a follow-up call to ensure the person is stabilized.
Crisis Intervention Stabilization	Immediate and unscheduled behavioral health service provided: (a) in response to an individual's behavioral health issue to prevent imminent harm, to stabilize or resolve an acute behavioral health issue; and (b) At an inpatient facility or outpatient treatment center	Crisis intervention services (stabilization) must be provided by facilities that are DLS licensed facilities. Individuals providing these services must be behavioral health professionals, behavioral health para-professionals.
<b>INPATIENT SERVICES</b>		
Hospital	Inpatient services (including room and board)	Provides continuous treatment that includes general psychiatric care,

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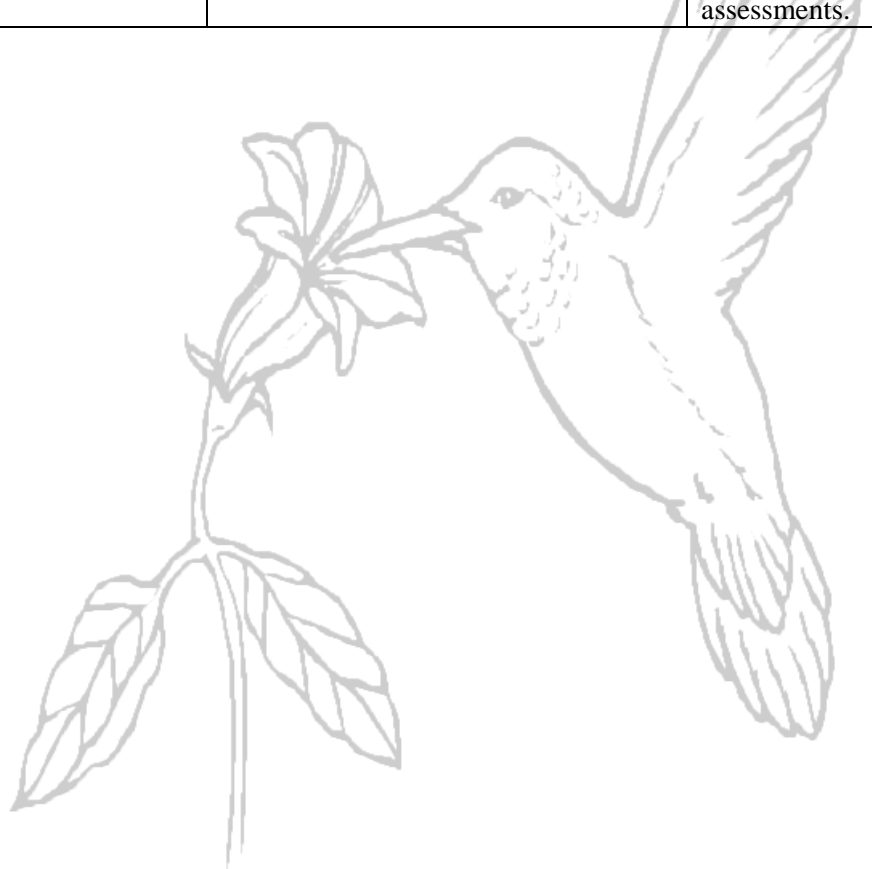
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		medical detoxification, and/or forensic services in a general hospital or a general hospital with a distinct part or a freestanding psychiatric facility. Also includes 24 hour nursing supervision and physicians on site and on call.
Behavioral Health Inpatient Facility	Inpatient psychiatric treatment, which includes an integrated residential program of therapies, activities, and experiences provided to persons who are under 21 years of age and have severe or acute behavioral health symptoms. There are two types of residential treatment centers: Secure- a residential treatment center which generally employs security guards and uses monitoring equipment and alarms. Non-secure- an unlocked residential treatment center setting.	Continuous treatment to a person who is experiencing acute and severe behavioral health and/or substance abuse symptoms. Services may include emergency reception and assessment; crisis intervention and stabilization; individual, group and family counseling; detoxification and referral. Also includes 24 hour nursing supervision and physicians on site or on call.
<b>RESIDENTIAL SERVICES</b>		
Behavioral Health Residential Facility	Residential services are provided by a licensed behavioral health agency. These agencies provide a structured treatment setting with 24 hour supervision and counseling or other therapeutic activities for persons who do not require on-site medical services, under the supervision of an on-site or on-call behavioral health professional.	Room and Board is not covered by Title 19/21 for persons residing in behavioral health residential facilities.
Room and Board	The provision of lodging and meals to a person residing in a residential facility or supported independent living setting.	Includes but is not limited to services such as food and food preparation, personal laundry, and housekeeping
<b>BEHAVIORAL HEALTH DAY PROGRAMS</b>		
Supervised Day	A regularly scheduled program of individual, group, and/or family activities/services related to the enrolled person's treatment plan designed to improve the ability of the person to function in the community	May include the following rehabilitative and support services: skills training and development, behavioral health prevention/promotion, medication training and support, ongoing support to maintain employment, and self-help/peer services.

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Therapeutic Day	A regularly scheduled program of active treatment modalities	Includes but not limited to services such as individual, group and/or family behavioral health counseling and therapy, skills training and development, behavioral health prevention/promotion, medication training and support, ongoing support to maintain employment, home care training family (family support), medication monitoring, case management, and self-help/peer services.
Medical Day	A regularly scheduled program of active treatment modalities, including medical interventions, in a group setting.	May include individual, group and/or family behavioral health counseling and therapy, skills training and development, behavioral health prevention/promotion, medication training and support, ongoing support to maintain employment, home care training family (family support), and/or other nursing services such as medication monitoring, methadone administration, and medical/nursing assessments.



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 CSP by calling this toll free number 1-443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2000. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

Transportation during an emergency does not need prior approval. Contact CSP for transportation in an emergency or crisis. Contact CSP by calling this toll free number 1-800-443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2000. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

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 and residential treatment, need to be approved before you can get them. For example non-emergency hospital admissions or other such as:

- Behavioral Health Inpatient Facility
- Behavioral Health Residential Facility
- Home Care Training to Home Care Clients (HCTC)
- Psychological and Neuropsychological Testing
- Electroconvulsive Therapy (ECT)
- Non-emergency out of network single case agreements
- Some physical health services

Your provider or clinical team must ask for approval of these services by the CSP Director. If a Title 19/21 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.

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

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 CSP for Tucson call 520-879-6060 for Guadalupe call 480-768-2000.

Title 19/21 eligible persons:

You will get written notice telling you if the services asked for by your provider or clinical team are not approved. Providers may not take more than 17 days. 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, but the expedited approval process may not take more than 17 days. You, CSP or the provider can ask for more time. If CSP 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 complaint with CSP by calling the CSP Quality/Utilization Review Manager at (520) 879-6060. Hearing impaired individuals may call the Arizona Relay at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health services or CSP. 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 Centered Spirit Director (520) 879-6060 for assistance. You may also contact CSP by calling this toll free number 1-800-443-0044, including specialty phone lines for the hearing impaired

(TTY). To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2000. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of for assistance. If the Notice of Action is not enough, a new Notice of Action will be issued. If the Notice of Action still does not give you enough information and the issue is not resolved by CSP, you may call ADHS/DBHS at 602-364-4574 to make your complaint. The Notice of Action is also available in other languages and formats if you need it.

#### 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 Centered Spirit Director (520) 879-6060 with questions about the approval of services and your notification rights. You may also contact CSP by calling this toll free number 1-800-443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2020. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939



(for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

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 CSP or your provider if you feel you need a referral for specialized care.

Title 19/21 eligible persons can get a second opinion. Upon a Title 19/21 eligible person’s request, CSP must provide for a second opinion from a qualified health care professional within the CSP network or, if one is not available as part of T/RBHA network, arrange for the person to get one outside the network, at no cost to the person. For more information contact your provider in Tucson at (520) 879-6060 or in Guadalupe at (480) 768-2021. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

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 19/21 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 in Tucson at (520) 879-6060, and in Guadalupe at (480) 768-2020. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users). For on-call services after hours, weekends, Holidays: Tucson at (520) 591-7206, Guadalupe (480) 736-4943. If you do not hear from us right away, or the phone is busy, call 911 for assistance.
- 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; and
- Substance abuse-related crisis services, including follow-up services for stabilization.

Services for Non-Title 19/21 persons determined to have a Serious Mental Illness (SMI)

If you are a Non-Title 19/21 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 page 26-28.

Please contact CSP. For Tucson call (520) 879-6060 and for Guadalupe (480) 768-2000 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 19/21 eligible and Non-Title 19/21 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 pages 29 through 36.

What happens if I move or have a change in family size?

If you move, tell your provider and CSP 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. CSP 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 TRBHA may be able to help you link to services in your new location.

If you are Title 19 or Title 21 eligible, you must report all changes in your family, like births and deaths, as well as changes to issues such as your residential or mailing address, your income, household member's change of job, etc. Please report these changes to your provider and CSP and to the agency where you applied for your benefits.

If you are Title 19 or Title 21 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 Health-e-Arizona PLUS member Web site at [www.healthearizonaplus.gov](http://www.healthearizonaplus.gov) to update your address,
- Department of Economic Security (call 602-542-5065 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; 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 any 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.

To help arrange and pay for your care, there are times when your information is shared without first getting your written permission. 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 and schools following the law, involved in your care and treatment, as needed; and
- Members of the clinical team\* involved in your care.

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

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 CSP Medical Records by calling 1-800-443-0044, including specialty phone lines for the hearing impaired (TTY). To reach Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2000. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

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 copy per year of your medical record at no cost to you. Contact your provider or CSP to ask to see or get a copy of your medical record. You can contact CSP or your provider by calling 1-800-443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2000. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP. 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;
- Complain about the Tribal/Regional Behavioral Health Authorities (TRBHAs)
- 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 CSP 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 CSP;
- 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 (See the handbook Section titled “What is an approval of services and what are my notification rights?”)
- 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),
- Member survey results, and
- The grievance, appeal, and fair hearing procedures and timeframes.

To request any of this information, contact CSP or your provider by calling 1-800-443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2000. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

#### 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 19/21 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 your CSP provider in Tucson at (520) 879-6060, in Guadalupe at (480) 768-2000, including specialty phone lines for the hearing impaired (TTY) 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 CSP.

### 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:

(520) 879-6060:  
Centered Spirit Program  
c/o Member Services Specialist  
Quality/Utilization Review Manager  
7490 South Camino de Oeste  
Tucson, AZ 85757

Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

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. Most complaints will be resolved within 10 business days but in no case longer than 90 days.

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

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



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 19/21 AHCCCS eligible persons, (Page 50)
- Appeals for persons determined to have a Serious Mental Illness (Page 52)
- Appeals for persons who are not enrolled as a person with Serious Mental Illness and are Non- Title 19/21 eligible. (Page 54)

#### 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 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 a Notice of Action and 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 T/RBHA. All other members receiving services from a RHBA 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 CSP 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 1-800-421-2124, including specialty phone lines for the hearing impaired (TTY). Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

To file a written appeal, mail the appeal to ADHS/DBHS Office of Grievance and Appeals, 150 North 18<sup>th</sup> Avenue, Suite 230,, 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 CSP has decided that your appeal does not need to be expedited, your appeal will follow the standard appeal timeliness. CSP 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 19/21 AHCCCS eligible persons

If you are Title 19/21 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
- 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 CSP. 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, CSP or the provider can ask for more time in order to gather more information. If CSP 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,

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

- 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 18<sup>th</sup> Avenue, Suite 230, 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 19/21 funds<sup>1</sup>;
- 
- 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.

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.

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<sup>1</sup> 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.

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. If the appeal is not decided in your favor CSP may require you to pay for the services you received during the appeal process.

Appeals for persons who are not determined to have Serious Mental Illness and Non- Title 19/21 eligible

If you are Non- Title 19/21 (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 CSP

#### 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 CSP. 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, CSP or the provider can ask for more time in order to gather more information. If CSP 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 18<sup>th</sup> Avenue, Suite 230, 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 SMI Grievance/Request for Investigation process applies only to adult persons who have been determined to have a Serious Mental Illness and to any behavioral health services received by the member.

You can file a SMI 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 SMI Grievance/Request for Investigation having to do with any behavioral health services that you received. You may file a Grievance/Request for Investigation orally or in writing. Grievance/Request for Investigation forms are available at CSP 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 18<sup>th</sup> Avenue, Suite 230, 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 CSP 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, waste 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 the 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.

Waste is defined (per Centers for Medicare & Medicaid Services) as the “...overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.”

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:

- CSP Corporate Compliance Officer at (520) 879-6065. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP;
- 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.

For your convenience there is a confidential fraud and abuse tip box located at the front office of the CSP Tucson and Guadalupe main buildings.

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 behavioral health inpatient 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.

For more information please contact your CSP Network Service Coordinator at (520) 879-6060. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting the Division of Behavioral Health Services or CSP.

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);
- Contact CSP 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 DCS DDD case worker, and the child's probation officer.
- The team
  - develops a common assessment of the child's and family's strengths and needs
  - develops an individualized service plan
  - monitors implementation of the plan and
  - 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 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 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 serve 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 serve 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.

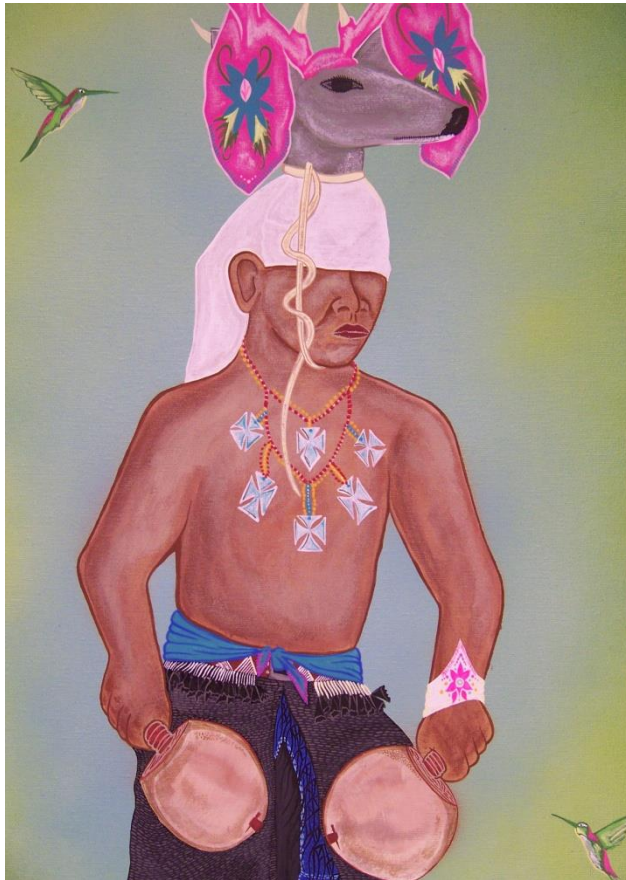
8. Strengths-based, flexible, responsive services reflective of an individual's cultural preferences.

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 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 19/21 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 CSP.

**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 19 (Medicaid), Title 21 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.

**Provider Preventable Conditions** are complications or mistakes caused by hospital conditions, hospital staff, or a medical professional that negatively affect the health of a member. These conditions are listed in the AHCCCS Medical Policy and Manual, Chapter 1000.

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

**Title 21 (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 19 (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.

### **Centered Spirit Program Listing**

#### ***CSP Adult Services Program***

Provides services in Pima and Maricopa counties or surrounding areas for Adult PYT members and their families who are experiencing mental health and/or alcohol substance abuse issues, services include but are not limited to:

- Intake Assessments and Screenings
- Individual counseling
- Couples counseling
- Group counseling
- Family counseling
- Native American Traditional counseling/Sweat lodge
- Prevention/Education
- Home visits
- Crisis intervention
- Referrals to:  
Psychiatrist  
Psychologist  
Inpatient Treatment/Hospitalization  
Residential Treatment/Detox Respite Care

#### ***New Beginnings Clinic***

Provides services in Pima County and surrounding areas for PYT members and their families who are seeking treatment for Opioid addiction through Methadone maintenance and those who have been prescribed medication through a CSP Psychiatrist, services include but are not limited to:

- Intake Assessments and Screenings
- Substance Abuse counseling
- Physical Exams
- Native American Traditional counseling/Sweat lodge
- Acupuncture
- Methadone dosing
- Referrals to:  
Psychiatrist  
Psychologist  
Inpatient Treatment/Hospitalization

## Residential Treatment/Detox

### ***CSP Child/Family Services Program***

Provides services in Pima and Maricopa counties or surrounding areas for PYT Children and their families who are experiencing mental health and/or alcohol substance abuse issues, services include but are not limited to:

- Intake Assessments and Screenings
- Individual counseling
- Group counseling
- In-School counseling
- Family counseling
- Native American Traditional counseling/Sweat lodge
- Prevention/Education
- Home visits
- Crisis intervention
- Referrals to:
  - Psychiatrist
  - Psychologist
  - Inpatient Treatment/Hospitalization
  - Residential Treatment

### ***Men's Pascua Assessment Treatment Healing (PATH) Program***

Provides inpatient services to Pima and Maricopa counties or surrounding areas for PYT members and their families who are male, over the age of 18 and are seeking a quality sober lifestyle, services include but are not limited to:

- Inpatient Individual counseling
- Inpatient Group counseling
- 12 Step Program
- Prevention/Education
- Case Management

### ***Transitional Treatment Program***

Provides services to Pima and Maricopa counties or surrounding areas for PYT members and their families who have children and are on the road to alcohol or substance abuse recovery, services include but are not limited to:

- Individual counseling
- Group counseling
- Family counseling
- 12 Step Program
- Prevention/Education
- Temporary Housing
- Case Management

***Yoeme Kari Group Home***

Provides inpatient services to Pima and Maricopa counties or surrounding areas for PYT members and their families who are male, and under the age of 18 and are having family, emotional or legal issues, services include but are not limited to:

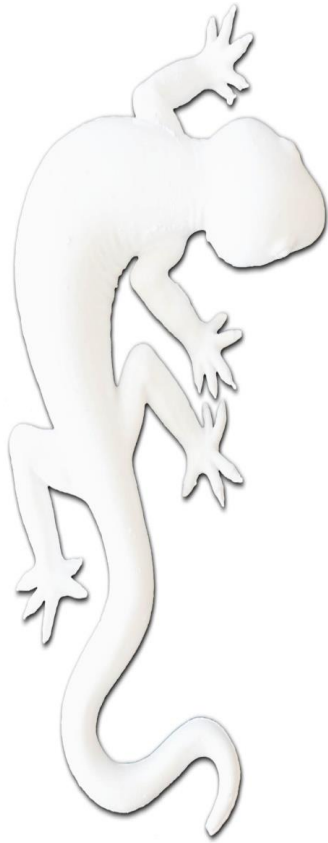
- Individual counseling
- Group counseling
- Family counseling
- Prevention/Education
- Life Skills Development

***CSP Medication Assistance***

Provide medication assistance to PYT members who are under the care of the CSP Psychiatrist. Services include but are not limited to:

- Medication box monitoring and assistance
- Medication pick-up and refill
- Coordination with PYT El Rio Pharmacy





*"It is the mission of the  
Centered Spirit Program  
(CSP) to provide  
professional, confidential,  
and culturally compatible  
behavioral health services  
to promote healing,  
personal growth, and  
healthy living for Pascua  
Yaqui Tribal members and  
their families in the  
Communities we serve"*



**Tucson:** (520) 879-6060  
24/7 Crisis Line: (520) 591-7206  
7490 S. Camino De Oeste  
Tucson, AZ 85757

**Guadalupe:** (480) 768-2021  
24/7 Crisis Line: (480) 736-4943  
9405 S. Avenida Del Yaqui  
Tempe, AZ 85283