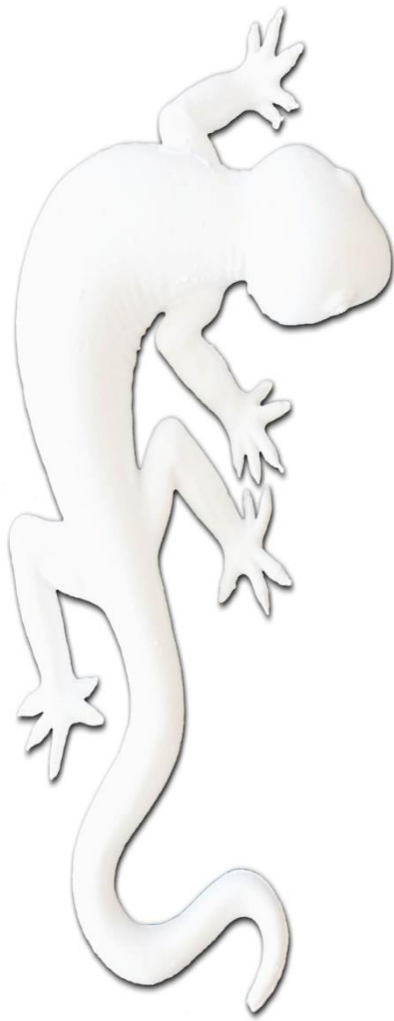


MAR TAKA NA'ASUKU
PASCUA YAQUI
CENTERED SPIRIT PROGRAM



**Member Handbook
2022**



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

Tucson: (520) 879-6060
24/7 Crisis Line: (520) 591-7206
4567 W. Tetakusim Rd.
Tucson, AZ 85746



CSP – St. Mary's: (520) 879-5450
24/7 Crisis Line: (520) 591-7206
1775 West St. Mary's Road, #115
Tucson, AZ 85745

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



Centered Spirit Program - 2022 Member Handbook

Table of Contents

Topic	Page
Welcome to our Tribal Regional Behavioral Health Authority (TRBHA) and Centered Spirit Program (CSP)!	1
Locations and Phone Numbers	1
Hours of Operation.	1
How can I get services in an emergency or crisis?	3
What if I need out of area care?	4
Local and national behavioral health resources:	5
<i>Frequently Asked Member Questions.</i>	9
What is managed care?	9
Do I have insurance enrollment options?	9
Where can I get medical healthcare services?	10
How can I get written information in my language and oral interpreter services?	10
What are my rights concerning auxiliary aids or Sign Language Interpreters if I am deaf or hard of hearing?	11
What are my rights concerning printed information if I am visually impaired?	11
How does CSP ensure that my values and beliefs are being considered when services are offered to me and while I am receiving services?	11
How can I contact CSP people?	11
How do I contact CSP Member Services?	11
What happens after I am assigned to or enrolled with CSP?	13
What is a Child and Family Team?	13
What is an Adult Recovery Team (ART)?	14
What are “best practices” in behavioral health, and how do best practices affect the services I receive?	14
What is a provider network?	14
How do I choose a provider?	15



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2022



Topic	Page
How do I contact my case manager?	15
Do I have to pay for behavioral health services?	16
What if I have health insurance?	16
Who is eligible to receive behavioral health services?	16
What behavioral health services can I get?	17
What services are covered for American Indian persons?	17
What medications are covered?	18
What if I'm a member of a special population?	19
Are there other behavioral health services available?	21
What other services may be covered?	20
Can I get a ride to my appointment?	31
When is prior authorization needed?	31
What is an approval of services and what are my notification rights?	32
What if my services are denied (Title 19/21 eligible persons)?	32
What if I am a person determined to have a Serious Mental Illness (SMI)?	34
What is a referral to another provider?	34
What services can I get if I am not eligible for AHCCCS?	35
What happens if I move or have a change in family size?	35
What is a General Consent to Treat?	36
Is my behavioral health information private?	36
What are my rights while getting behavioral health services?	37
What are my responsibilities while getting behavioral health services?	39
What is a designated representative?	41
Who is a designated representative?	41
When can a designated representative help me?	41
What can I do if I have a complaint about my care?	42
What is a formal complaint and how do I make one?	42
What is an appeal and how do I file an appeal?	43
What happens after I file an appeal?	45
How do I ask for a State Fair Hearing?	46
What is a Grievance/Request for Investigation for persons determined to have a Serious Mental Illness (SMI) and how can I file one?	49



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2022



Topic	Page
What is fraud, waste, and program abuse?	50
What is an advance directive?	51
What is Arizona’s Vision for the delivery of behavioral health services?	53
What are Arizona’s Twelve Principles for the delivery of services to children?	53
What are the Guiding Principles for recovery-oriented adult behavioral health services and systems?	56
Terms.	58
Centered Spirit Program Services List.	61





Welcome to our Tribal Regional Behavioral Health Authority (TRBHA)!

Tribal Regional Behavioral Health Authorities (TRBHAs) are tribal entities that have an Intergovernmental Agreement (IGA) with the AHCCCS administration, the primary purpose of which is to coordinate the delivery of comprehensive mental health services to all eligible persons assigned by the administration to the tribal entity. The Centered Spirit Program (CSP) is a TRBHA.

Welcome to the Pascua Yaqui Tribe PYT Centered Spirit Program (CSP)!

CSP is a part of the Pascua Yaqui Tribe Health Services Division (HSD), as well as being a separate TRBHA. Services are open to enrolled Pascua Yaqui tribal members and their immediate families. If you would like more information about this Member Handbook, please call CSP Member Services by calling 1 800-443-0044. To reach the Tucson office, call 520-879-6060. To reach the St. Mary's office, dial 520-879-5450. To reach the Guadalupe office, dial 480-755-2500. 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 AHCCCS or CSP. CSP information is also available online at our website, www.pascuayaqui-nsn.gov.

Locations and Phone Numbers:

Centered Spirit Program - Tucson
4567 W. Tetakusim Rd.
Tucson, AZ 85746
520-879-6060

Centered Spirit Program
New Beginnings Clinic
7490 S. Camino de Oeste
Tucson, AZ 85757
520-879-6003



Centered Spirit Program – St. Mary's
1775 West St. Mary's Road, #115
Tucson, AZ 85745
520-879-5450

Centered Spirit Program - Guadalupe
9405 South Avenida del Yaqui
Guadalupe, AZ 85283
480-755-2500

Hours of Operation: Centered Spirit Program: Tucson, St. Mary's and Guadalupe
Monday through Friday, 8:00AM to 5:00PM
Evenings and Weekends as scheduled

New Beginnings Clinic
Monday through Saturday, 8:00AM to 5:00PM
Monday through Friday Dosing: 5:30AM – 11:00AM



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2022



Saturday Dosing: 7:00AM to 9:00AM
El Rio Pharmacy
Monday through Friday, 8:30AM -5:00 PM
Closed for lunch 12:00PM to 1:00PM
Medication Refill Line: 520-838-6617

CSP Is closed on Sundays, Tribal and Federal Holidays.

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 Commission on Accreditation of Rehabilitation Facilities (CARF International). 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 Behavioral Health Director. We receive funding from the Arizona Health Care Cost Containment System (AHCCCS).

Statement about terms: This 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 this Member Handbook to help you better understand each section.

The "Terms" section begins on page 60 of this Member Handbook.

AHCCCS Member ID cards: It is very important that you bring your AHCCCS ID card and your Arizona driver's license, State-issued ID card, or Tribal Enrollment card with you and show it when you receive services from CSP. The card shows that you are an AHCCCS member and helps your provider know what steps to follow for approval and payment to AHCCCS/Medicaid/Fee-For-Service.

If you have Medicare or other insurance, you also need to bring those health cards with you and show them before you get services.

Do not loan, sell or give your AHCCCS card to anyone else to use. This could result in loss of your eligibility or legal action against you. Do not discard your ID card.

If you lose your AHCCCS card, call either 602-417-7000 (from 602, 480 or 623 area codes) or toll-free 1-800-962-6690 (for all other area codes), Press Option 1 for English, Press Option 2 for all other calls, then Press Option 1 to Verify Eligibility or to request a new card.

Do not allow anyone else to use your ID card!



How can I get services in an emergency or crisis?

If you need emergency care, go to the nearest emergency room (ER) or call 9-1-1.

AHCCCS Member Services, call 1-800-654-8713

In Maricopa County, call 602-417-4000

CSP – Guadalupe, call 480-736-4943 to reach the on-call crisis worker directly

CSP – Tucson and St. Mary's, call 520-591-7206

Crisis services: You can 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.
- 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
- Substance abuse-related crisis services, including follow-up services for stabilization.

Crisis Hotlines

If you or someone you know is experiencing a behavioral health crisis, please contact:

24-Hour Crisis Hotlines – National:

- 1-800-273-TALK 8255- - National Suicide Prevention Lifeline
- 1-800-662-HELP 4357- - National Substance Use and Disorder Issues Referral and Treatment Hotline
- Text the word “HOME” to 741741

Suicide/Crisis Hotlines by County:

- **Maricopa County:**
 - 1-800-631-1314 or 602-222-9444
- **Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma Counties:**
 - 1-866-495-6735
- **Apache, Coconino, Gila, Mohave, Navajo and Yavapai Counties:**
 - 1-877-756-4090



- **Gila River and Ak-Chin Indian Communities:**
 - 1-800-259-3449

Teen Crisis Line:

- **Teen Lifeline phone or text:**
- 1-602-248-TEEN (8336)

On-call services during business hours: If you feel you are in a crisis but it is not life-threatening, call CSP in Tucson at 520-879-6060 or in Guadalupe at 480-755-2500, including specialty phone lines for the hearing impaired. 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 CSP.

On-call services after hours, weekends, and holidays: In Tucson, call the crisis line at 520-591-7206 to reach our crisis counselor directly. In Guadalupe, please call 480-736-4943. 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 that case, please leave a message with your name and a phone number. 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 crisis line phone continues to be busy after 10 minutes, call 9-1-1 for assistance.

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

Out of area behavioral health care: 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 behavioral health treatment.

What if I 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 (business hours); CSP – St. Mary’s 520-879-5450 (business hours) or CSP - Guadalupe 480-755-2500 (business hours).

CSP - Tucson and St. Mary’s: Crisis after hours 520-591-7206;

CSP - Guadalupe: Crisis after hours 480-736-4943.

- The hospital or crisis center will contact CSP for approval to continue behavioral health services.
- If you experience a medical emergency, emergency services are available to you. Emergency services do not require prior approval from PYT.



- Please be aware that in emergency cases CSP must be contacted within 72 hours after admission. CSP must be contacted by:
 - You as the patient;
 - An individual or agency acting on behalf of you, the patient; or
 - The Emergency Medical Care Provider.

CSP needs to know about your admission or treatment. CSP also needs information to determine your relative medical need for the services. The 72-hour period may be extended if your Emergency Medical Care Provider determines that notification within 72 hours was not viable or that other good cause exists for the failure to notify CSP within 72 hours.

There are two exceptions to this 72-hour notice rule. The two exceptions are:

1. You are elderly, 65 years or older; or
2. You are a disabled person. You have a physical or behavioral health condition that prevents you from providing or cooperating with your Emergency Medical Care Provider notifying CSP of your emergency medical needs.

These two categories under the Indian Health Care Improvement Act (IHCIA), as amended, allow you, someone assisting you, or your Emergency Medical Care Provider 30 days to provide this notice to CSP.

Local and national behavioral health resources: 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:

Pascua Yaqui Adult Protective Services

7474 S. Camino De Oeste
Tucson, AZ. 85757
Phone: 520-883-5060

Pascua Yaqui Child Protective Services

4567 W. Tetakusim Rd.
Tucson, AZ 85746
Phone: 520-883-5060

NAMI Arizona (National Alliance on Mental Illness)

Phone: 602-244-8166; 1 800-626-5022 outside Greater Phoenix
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.
Web site: <http://www.namiaz.org>

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

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

NAZCARE Regional Phone Numbers:

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

Wellness Connections

Phone: 520-452-0080

Based in Southeast Arizona, Wellness Connections (also operating as Hope, Incorporated) uses a peer-run model. Through many programs, activities, training and rehabilitation services, Wellness Connections empowers its members to lead healthy and fulfilling lives.

Website: [Home \(hopearizona.org\)](http://Home(hopearizona.org))

Arizona Center for Disability Law – Mental Health

Phone: Phoenix (voice or TTY): 602-274-6287;

Statewide, except Phoenix: 1 800-927-2260

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.

Web site: [Arizona Center for Disability Law - Tucson & Phoenix, AZ \(azdisabilitylaw.org\)](http://Arizona Center for Disability Law - Tucson & Phoenix, AZ (azdisabilitylaw.org))

MIKID - Mentally Ill Kids in Distress. MIKID provides support and help to families in Arizona with mentally 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.

Web site: <http://www.mikid.org/>



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2022



MIKID Phone Numbers:

- Phoenix Area: 602-253-1240;
- Tucson Area: 520-882-0142;
- Yavapai Area: 928-775-4448;
- Yuma Area: 928-726-1983;
- Navajo and Apache Areas: 928-245-4955

Office of Human Rights:

Maricopa, Pinal, or Gila County: 602-364-4585 or
Toll free: 1 800-421-2124;

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

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

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

*NOTE: Tribal members should contact the Office of Human Rights location in their county of residence.

Division of Licensing Services (DOLS): Licenses and monitors behavioral health facilities statewide. They investigate complaints against behavioral health facilities and conduct inspections of facilities

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

DOLS: Tucson Office
400 W. Congress, Suite 100
Tucson, AZ 85701
520-628-6965

Adult Protective Services (APS)

Department of Economic Security: People can report abuse, neglect, and misuse of Arizona's vulnerable, elderly 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).

Contact: The Aging and Adult Administration
1789 W. Jefferson Street, Site Code 950A
Phoenix, AZ 85007
Phone: 602-542-4446



Web site: [Division of Aging and Adult Services - Department of Economic Security | Arizona Department of Insurance \(az.gov\)](#); **AZLinks.gov**

Department of Economic Security: The website of Arizona's Aging and Disability Resource Consortium (ADRC). AZLinks helps Arizona seniors, people with disabilities, caregivers and family members locate resources and services.

Web site: www.azlinks.gov

Arizona Department of Child Safety (DCS): 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.

Contact: 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/>

Arizona Health Care Cost Containment System (AHCCCS): 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.

Web site to apply for AHCCCS coverage: Health-e Arizona PLUS
www.healtharizonaplus.gov

Contact: AHCCCS
801 E. Jefferson, MD 3400
Phoenix, AZ 85034
Phone: 602-417-7000

Arizona Smokers Helpline (ASHLine): Many people have quit smoking through programs by ASHLine and other resources available at Tobacco Free Arizona. The ASHLine has several valuable and no cost resources to help you or a loved one quit tobacco use. ASHLine also offers information to help protect you and your loved ones from second-hand smoke

ASHLine: 800-556-6222
Web site: www.ashline.org or www.azdhs.gov

Tobacco Free Arizona
Web site: www.azdhs.gov/tobaccofreeaz/

If you would like to know more about resources, including all residential placement options within the TRBHA Geographic Service Area available in your community, you can contact CSP at 1 800-443-0044, including specialty phone lines for the hearing-impaired TTY.



To contact CSP in Tucson: 520-879-6060; and
To contact CSP in Guadalupe: 480-750-2500.

Frequently Asked Member Questions

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 TRBHAs must 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. CSP is responsible for providing for behavioral care for its members and seeing that those services are paid for.

Contract services are funded in part under contract with the State of Arizona. To find out more about Arizona's behavioral health service delivery system you can visit the Arizona Health Care Cost Containment System (AHCCCS) website at <http://www.azahcccs.gov/>.

Do I have insurance enrollment options? CSP encourages all tribal members who do not have insurance to apply for AHCCCS benefits.

AHCCCS enrollment options: As an American Indian or Alaskan Native member, you can receive physical and behavioral health services. Your enrollment choice may affect what services are covered and what providers are in your plan's network.

You have the option to choose a health plan and may enroll in either:

- The AHCCCS American Indian Health Program (AIHP); or
- The AHCCCS Complete Care (ACC) plan of your choice.
 - A list of ACC plans can be found on the AHCCCS website at: <https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/availablehealthplans.html>

You may switch your enrollment between AHCCCS AIHP and an AHCCCS Complete Care plan. There are two ways for you to change your AHCCCS enrollment:

- Online: www.healtharizonaplus.gov
- Phone:
 - In Maricopa County: 602-417-7100
 - Outside Maricopa County: 1-800-962-6690

Tribal Regional Behavioral Health Authority (TRBHA): You may enroll to receive your behavioral health care through a TRBHA. You may only choose a TRBHA if you live within the geographic service area the TRBHA serves. For Pascua Yaqui tribal members, any Arizona residence falls under the TRBHA. A list of TRBHAs in your area



can be found on the AHCCCS website at

<https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/behavioralhealthservicesmap.html>

Refer to your AHCCCS Medical Identification card to identify your behavioral health coverage.

If you are unsure about your choices or have questions about how your behavioral health services are coordinated, contact AHCCCS Member Services at 1-800-654-8713.

Note: Members with a Serious Mental Illness (SMI) designation may receive behavioral health care through either a TRBHA or a Regional Behavioral Health Authority (RBHA). Additional information regarding SMI determination can be found on page 36.

Where can I get medical healthcare services? Regardless of health plan enrollment, physical and behavioral health services may always be received at **any** IHS or tribally owned and/or operated 638 facilities.

If you choose an AHCCCS Complete Care (ACC) plan you are still able to receive physical and behavioral health services from IHS providers and tribally owned and/or operated 638 facilities. In addition, you can receive services from any provider that is a part of your ACC plan's network.

- If you are unsure which providers are in your ACC plan's network, you can contact your ACC plan.

American Indian Medical Home. The American Indian Medical Home (AIMH) Program is for American Indian/Alaskan Native (AI/AN) members enrolled in the American Indian Health Program (AIHP). AHCCCS has partnered with IHS and tribally owned and/or operated 638 facilities to provide the AIMH program for AIHP members. IHS/638 facilities that qualify to become an AIMH provide case management, care coordination services and access to your care team 24 hours/7 days a week. AIHP members may choose to sign up with any IHS/638 facility that is a registered medical home. A list of the American Indian Medical Homes can be found on the AHCCCS website.

The AIMH program is voluntary. AIHP members may leave the program or change AIMH sites at any time. AIHP members may sign up at the AIMH facility of their choice, or call AHCCCS Member Services to request assignment to an AIMH facility.

Additional information about the AIMH program can be found on the AHCCCS website: <https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>

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 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) that specializes in counseling and case management services for individuals who are deaf, deaf and blind, or hard of hearing. Contact Centered Spirit Program in Tucson at 520-879-6060 or in Guadalupe at 480-755-2500 to ask for any of these options.

Hearing impaired individuals may call the Arizona Relay Service at 1 711-800-842-4681 (or 1 800-367-8939 for TTY users) for help at CSP. You can also visit our webpage for a contact list at <http://www.pascuayaqui-nsn.gov/>

What are my rights concerning auxiliary aids or Sign Language Interpreters 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 must 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 or call 602-542-3323; (602-364-0990 TTY); 1 800-352-8161 (voice or 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 must 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, heritage, religious or 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 behavioral health providers to respect and learn about the culture of everyone to better understand, communicate with, and treat the people CSP serves. Your behavioral health provider will ask you to share cultural information so he/she can help you determine the best treatment plan for you or your family member. It is important that you help your behavioral health 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 behavioral health provider what you and your family believe is most important when determining your treatment and discussing your goals. If your



behavioral health provider understands what your goals are, he/she can better help you to reach those goals.

CSP works with its behavioral health 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-nsn.gov/>.

How can I contact CSP people?

Health Services Division Executive Director	520-879-6019
Health Services Division Medical Director	520-879-6008
Centered Spirit Behavioral Health Director	520-879-6060
CSP – St. Mary’s Program Manager	520-879-5450
Adult Services Program Manager	520-879-6138
Child and Family Therapy Program Manager	520-879-5662
CSP - Guadalupe Program Manager	480-755-2500
Administrative Associate Director	520-879-6060
Guadalupe Office Manager	480-755-2500
Pascua Yaqui Tribe Toll Free Number	1 800-443-0044

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, call:

CSP - Tucson at 520-879-6060;

CSP – St. Mary’s at 520-879-5450; or

CSP - Guadalupe at 480-755-2500.

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 call 520-879-6060; to reach the CSP – St. Mary’s call 520-879-5450; and to reach the CSP - Guadalupe office dial 480-755-2500. 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 AHCCCS or CSP. CSP offices are located at:

CSP - Tucson
4567 W. Tetakusim Rd.
Tucson, AZ 85746

Vahcom House
7426 S. Camino Vahcom
Tucson, AZ 85757



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2022



New Beginnings Clinic
7490 S. Camino De Oeste
Tucson, AZ 85757

Men's PATH Program
6830 S. Camino de Oeste,
Tucson, AZ 85746

Women's PATH Program
6820 S. Camino de Oeste
Tucson, AZ 85746

Transitional Treatment
7402 S. Camino Vahcom
Tucson, AZ 85757

CSP – Guadalupe
9405 South Avenida del Yaqui
Guadalupe, AZ 85283

CSP – St. Mary's
1775 W. St. Mary's Road, #115
Tucson, AZ 85745

What happens after I am assigned to or enrolled with CSP? PYT Tribal Members 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 either a RBHA or a TRBHA. You have been assigned to CSP because you live within a 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. American Indians who are not AHCCCS eligible will be enrolled with a TRBHA in the area where they live for behavioral health services.

After you are assigned to CSP you will be given an appointment within seven (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 behavioral health provider who will conduct an assessment to get to know you and why you are coming in for services. At this appointment, the behavioral health provider will also talk to you about your goals for counseling. Once you have completed your assessment you will be contacted by an assigned behavioral health provider within 10 days 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 provider, 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 (ART)? An ART is 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 Mental Health Services and Systems. At a minimum, the team consists of the person, their guardian if applicable-, advocates if assigned- and a behavioral health provider. The team may also include members of the enrolled person's family, physical health, behavioral 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 AHCCCS and your TRBHA 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 AHCCCS and TRBHA websites. AHCCCS has links to Clinical Practice Guidelines and Clinical Practice Protocols online at <http://www.azahcccs.gov/> or <http://www.pascuayaqui-nsn.gov/>, under the Behavioral Health Online Resources, “AHCCCS 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 AHCCCS and your TRBHA's websites 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 TRBHA and are available to provide behavioral health services. CSP works with many service providers 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 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/> or <http://intranet/departments/health/csp/>. 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 480-755-2500, 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 AHCCCS 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 480-755-2500, 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 AHCCCS 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, Banner-University Medical Center South, 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 4567 W. Tetakusim, Tucson, AZ. 85746. Pharmacy hours are 8:30am - 5:00pm (closed for lunch 12:00pm to 1:00pm). Medication refill line: 520-838-6617. In Guadalupe, you can call the CSP front office at 480-755-2500.

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 PYT El Rio Pharmacy, please contact the medication nurse at 520-879-6043. The nurse will then research and problem-solve the situation. The nurse will contact you with follow-up action.

How do I choose a provider? A provider network is a group of providers who work with a TRBHA 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 520-879-6060.

If you are not happy with your current behavioral health 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 seven (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 like 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 CSP – St. Mary's 520-879-5450, and for CSP - Guadalupe 480-755-2500 and request to speak to your assigned case manager or behavioral health provider. Services available include:

- Inpatient services in a hospital and other facilities;
- Partial care (supervised, treatment or medical day programs);
- Individual, group, and/or family counseling and therapy;
- Emergency/crisis services;



- Behavior management (behavioral health personal assistance, family, and peer support);
- Evaluation and diagnosis;
- Medicine and monitoring of medicine;
- Psychosocial rehabilitation living skills training, health promotion, pre-job training, education and development, job coaching, and employment support;
- Laboratory and radiology services;
- Screening;
- Emergency transportation;
- Non-emergency transportation; and
- Respite care (with limits).

Do I have to pay for behavioral health services? Title 19 and Title 21 Medicaid-covered services are paid for through AHCCCS, Arizona's Medicaid agency. Persons eligible for these programs are sometimes called AHCCCS eligible. AHCCCS eligible persons cannot be billed for covered behavioral health services. You will never be asked to pay co-payments for behavioral health services.

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.

Who is eligible to receive behavioral health services? The following are eligible to receive behavioral health services from CSP or another TRBHA:

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

Title 19 is Medicaid 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 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 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 (SMI) 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 complete an assessment to determine if a member has an SMI. CSP can also make a determination of SMI upon referral or request.

What behavioral health services can I get? Behavioral health services help people think, feel, and act in healthy ways. There are services for behavioral health problems. We also offer services for substance abuse.

You can get services based on two things:

1. Your need; and
2. Your provider's approval, if required.

You decide with your behavioral health provider or clinical team* what services you need. Your behavioral health 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 this Member's Handbook section called "What is an appeal and how do I file an appeal" (page 45).

You and your behavioral health provider may not agree about the services you need. If you feel you need a service, and your behavioral health 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 call 520-879-6060 and to reach the Guadalupe office dial 480-755-2500. 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 AHCCCS or CSP.

The table on pages 23 through 29 lists the available behavioral health services and any limits they may have. CSP will pay only for the available behavioral health services listed.

What services are covered for American Indian persons? American Indian persons have choices of where to access behavioral health services, including receiving services through a RBHA that serves the zip code you live in or a 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 AHCCCS. If you are Title 19 or Title 21 eligible and receive services through IHS or 638 tribal facilities, AHCCCS pays for those services. Regardless of who pays for the services, your RBHA or TRBHA and/or IHS or 638 tribal facilities will coordinate your care to ensure you receive all necessary behavioral health services.

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



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 AHCCCS 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 and St. Mary's offices, call 520-879-6060 and to reach the Guadalupe office dial 480-755-2500 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 AHCCCS or CSP for additional information.

What medications are covered? CSP has a list of medications, called a formulary that includes medications available to you through CSP. You can find the CSP formulary, AHCCCS Non-Title 19 or Non-Title 21 Medication online at <http://www.pascuayaqui-nsn.gov/>. 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 both Tucson and St. Mary's offices at 520-879-6060 and in Guadalupe at 480-750-2500. 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 user) for help contacting AHCCCS or CSP.

If you go to your pharmacy and you are unable to get your medications-, call 1 800-443-0044. To reach the Tucson office call 520-879-6060 and to reach the Guadalupe office dial 480-755-2500. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 (or 1 800-367-8939 for TTY users).

AHCCCS pays for medicines prescribed by your provider. There are three places you can go to get your medicines:

- Indian Health Service facilities,
- Tribal Facilities, or
- Pharmacies that are part of Optum's network.

Please work with your physician, dentist, or other health care provider to get your prescriptions through the appropriate pharmacy. It is best to have your prescriptions filled at the same pharmacy each time. AHCCCS uses a list of preferred medicines. If your provider prescribes a medicine that is not on the preferred list, the pharmacy will work with your provider to change to a preferred medicine. If your provider disagrees with the change, your provider may need to request prior authorization for the non-preferred medicine for AHCCCS to pay for it.



Medicines filled outside of an IHS or 638 pharmacy will have their scripts filled through Optum, AHCCCS' Pharmacy Benefit Manager (PBM).

If you have questions about your prescription benefits, please call **1-855-577-6310**. You can get information about your prescription benefits 24 hours a day every day of the week. You may also visit our website at:

<https://ahcccs.rportal.mycatamaranrx.com/rxclaim/portal/preLogin>

What if I'm a member of a special population? 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). The SABG 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.

PATH 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 with emergent or 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.);



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2022



- 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.

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).

Are there other behavioral health services available? AHCCCS covers behavioral health services provided at an Indian Health Service (IHS) facility, at a tribally owned and/or operated 638 facility or at an AHCCCS registered provider who accepts fee-for-service. AHCCCS pays for mental health, substance (drug and alcohol) abuse, and crisis services. AIHP covers both physical and behavioral health services.

All AHCCCS members have access to behavioral health services, including:

- Persons determined to have a serious mental illness (SMI); and
- Members who are eligible to receive services funded through federal block grants.

A member determined to have a serious mental illness (SMI) is 18 years or older with a mental, behavioral, or emotional disorder that severely and negatively affects their daily life. The member may not be able to remain in the community without treatment and/or services. A referral or request can be coordinated with the member's behavioral health provider or TRBHA to assess and determine if a member is eligible to receive SMI services. If a member is determined to have an SMI, they may receive SMI services through either a TRBHA or a RBHA.

Note: Information regarding appeals for persons determined to have a Serious Mental Illness can be found on page 51 in the Grievance and Appeals section below.

What other services may be covered? AHCCCS may cover additional services when there is a medical need. Please remember that many services do have limits. Please contact CSP Member Services at 520-879-6060 if you have any questions about what services are available to you.

This Member Handbook and the table on pages 21 through 27 describe the services you can get. You will get a notice if there are changes to available services.

The table below shows the different types and descriptions of behavioral health services that may be used by members. For more information, please see the CSP website.



Behavioral Health Services and Descriptions		
SERVICE/BENEFIT TREATMENT SERVICES	DESCRIPTION	OTHER
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, Behavioral 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 to ease symptoms and improve or maintain functioning.	Includes but not limited to: Psychiatric services without face-to-face contact; biofeedback
REHABILITATION SERVICES		
Skills Training and Development	Teaching independent living, social and communication skills to persons and/or their families 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 behavioral issues to be more independent or function at the highest level possible.	Includes but not limited to: Relearning of certain behavioral 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 each 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
Psychoeducational 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



Behavioral Health Services and Descriptions		
		person's age, behavioral and physical status.
MEDICAL SERVICES		
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 used for major depression.	Services must be provided by a licensed physician with anesthesia support in a hospital.
SUPPORT SERVICES		
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	Includes but not limited to: Assistance with homemaking; personal



Behavioral Health Services and Descriptions		
	living activities needed to live in a community.	care; taking medicines properly
Home Care Training Family	Home care training family services family support (involve face-to-face contact with family members) with a goal to rebuild, improve, or keep the family functioning so the person can stay in the home and community.	May involve support activities such as: Assisting the family to adjust to the person's disability; building skills to 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 using support groups, coaching, role modeling, and/or mentoring.	For members and/or their families who need more structure and services than those available 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 resident to help and support the person to meet his/her service plan goals. It also helps the person stay in the community setting and stay out of residential care.	Includes but not 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 person 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 apartment 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.



Behavioral Health Services and Descriptions		
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 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 behavioral health services they need.
Flex Fund Services	TRBHAs 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 purchased by any other funding source, and the service or good is directly related to the member's service plan.	The funds are intended to promote wellness, comfort and safety for vulnerable children and adults returning to the community in a respectful, individualized manner. Non-medically necessary covered services and/or supports.
Transportation	Assisting a member in going from one place to another to receive services and achieve service plan goals.	This includes both emergency and non-emergency transportation. Emergency transportation does not require prior authorization. Non-emergency transportation is 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 to access medically necessary covered behavioral health services.



Behavioral Health Services and Descriptions		
CRISIS INTERVENTION SERVICES		
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 home, emergency room, jail, community setting)	Includes services aimed at the assessment and immediate stabilization of acute symptoms of behavioral illness, alcohol and other drug abuse, and emotional distress. The purpose of this service is to: Stabilize acute psychiatric or behavioral symptoms; Evaluate treatment needs; and develop plans to meet the needs of the client.
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 in response to an individual's behavioral health issue to prevent imminent harm, to stabilize or resolve an acute behavioral health issue, or at an inpatient facility or outpatient treatment center	Crisis intervention services stabilization- must be provided by facilities that are DOLS licensed facilities. Individuals providing these services must be behavioral health professionals, or behavioral health para-professionals.
INPATIENT SERVICES		
Hospital	Inpatient services including room and board-	Provides continuous treatment that includes general psychiatric care, medical detoxification, and/or forensic services in a general hospital or a general hospital with a separate psychiatric facility. Also includes 24-hour nursing supervision



Behavioral Health Services and Descriptions		
		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 is a residential treatment center which generally employs security guards and uses monitoring equipment and alarms. Non-secure is 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.
RESIDENTIAL SERVICES		
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 are 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
BEHAVIORAL HEALTH DAY PROGRAMS		
Supervised Day	A regularly scheduled program of individual, group, and/or family activities or services related to the client's treatment	May include the following rehabilitative and support services: Skills training and development;



Behavioral Health Services and Descriptions		
	plan, designed to improve the ability of the person to function in the community	behavioral health prevention/promotion; medication training and support; ongoing support to maintain employment; and self-help and peer services.
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 and promotion; medication training and support; ongoing support to maintain employment; home care training family support; medication monitoring; case management; and self-help and 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 and promotion; medication training and support; ongoing support to maintain employment home care training family support; and/or other nursing services such as medication monitoring, methadone administration, and medical/nursing assessments.



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

Availability of Services to Members, by Funding Source			
SERVICES		Title 19/21 CHILDREN AND ADULTS*	NON-Title 19/21 PERSONS DETERMINED TO HAVE SMI*
TREATMENT SERVICES			
Behavioral Health Counseling and Therapy	Individual	Available	Provided based on available funding
	Group	Available	Provided based on available funding
	Family	Available	Provided based on available funding
Behavioral Health Screening, Behavioral Health Assessment and Specialized Testing	Behavioral Health Screening	Available	Provided based on available funding
	Behavioral Health Assessment	Available	Available
	Specialized Testing	Available	Provided based on available funding
Other Professional	Traditional Healing	Provided based on available funding	Provided based on available funding
	Auricular Acupuncture	Provided based on available funding	Provided based on available funding
REHABILITATION SERVICES			
Skills Training and Development	Individual	Available	Available
	Group	Available	Available
	Extended	Available	Available
Cognitive Rehabilitation		Available	Available
Behavioral Health Prevention/Promotion Education		Available	Available
Psycho Educational Services and Ongoing	Psycho Educational Services	Available	Available



Availability of Services to Members, by Funding Source			
SERVICES		Title 19/21 CHILDREN AND ADULTS*	NON-Title 19/21 PERSONS DETERMINED TO HAVE SMI*
Support to maintain employment	Ongoing Support to maintain employment	Available	Available
MEDICAL SERVICES			
Medication Services ***		Available	Available
Lab, Radiology and Medical Imaging		Available	Available
Medical Management		Available	Available
Electro-Convulsive Therapy		Available	Provided based on available funding
SUPPORT SERVICES			
Case Management		Available	Available*****
Personal Care		Available	Available
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
CRISIS INTERVENTION SERVICES			
Crisis Intervention – Mobile		Available	Available
Crisis Intervention – Telephone		Available	Available



Availability of Services to Members, by Funding Source		
SERVICES	Title 19/21 CHILDREN AND ADULTS*	NON-Title 19/21 PERSONS DETERMINED TO HAVE SMI*
Crisis Services – Stabilization	Available	Available
INPATIENT SERVICES		
Hospital	Available	Available but limited*****
Behavioral Health Inpatient Facility	Available	Available but limited*****
RESIDENTIAL SERVICES		
Behavioral Health Residential Facility	Available	Available but limited*****
Room and Board	Provided based on available funding	Provided based on available funding
BEHAVIORAL HEALTH DAY PROGRAMS		
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 19.
- ** 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.
- **** 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. 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.



Can I get a ride to my appointment? AHCCCS pays for medically needed non-emergency medical transportation (NEMT) to and from covered medical and behavioral health appointments. This service is available for members who are unable to provide or pay for their own transportation, when free transportation services are not available. Your health care provider may need to obtain approval (prior authorization) from AHCCCS before the transportation occurs.

AHCCCS pays for NEMT to the **nearest** IHS/Tribal 638 medical or behavioral health facility or to the **nearest** medical or behavioral health provider capable of meeting your needs.

Transportation from a hospital to another facility: Round-trip ground ambulance transportation may be covered if you are hospitalized and need to be taken to the nearest appropriate facility for special services if:

- Use of any other type of transportation may be unsafe, or
- You cannot get the needed services at the hospital where you are staying.

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 1 800-443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson offices call 520-879-6060. To reach the Guadalupe office, dial 480-755-2500. Hearing impaired individuals may call the Arizona Relay Service at 711 7-800-842-4681 (or 1-800-367-8939 for TTY users) for help contacting AHCCCS 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 call 520-879-6060 and to reach the Guadalupe office dial 480-755-2500. 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 AHCCCS or CSP.

When is prior authorization needed? To receive some services from a non-IHS/638 provider, you first must have approval from your health plan provider. This is called prior authorization. The need for prior authorization will depend on your health plan.

If you are in the American Indian Health Program (AIHP) and/or enrolled in a TRBHA, your health care provider should contact AHCCCS before you receive the following services:

- Non-emergency medical or behavioral health inpatient admissions,
- Non-emergency and elective surgeries,
- Nursing home placements,
- Home health services,
- Admission to a Residential Treatment Center (for children only),
- Admission to a Behavioral Health Residential Facility,



- Non-emergency transportation over 100 miles (one-way or round trip),
- Medical equipment and medical supplies,
- Hospice services, and
- Medically necessary eyeglasses for adults.

Members enrolled in an AHCCCS Complete Care (ACC) plan should contact the ACC plan with questions about prior authorization.

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, prior approval may be needed for 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; and
- Some physical health services.

Your provider or clinical team must ask for approval of these services by the CSP Behavioral Health Director. If a Title 19/21 covered service included in your Individualized 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 this Member Handbook section called, "What is an appeal and how do I file an appeal?" (page 45).

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

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 480-750-2500.

What if my services are denied (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 to decide. Expedited means that a decision needs to be made sooner due to your behavioral health needs.

The timeframes in which the TRBHA 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 Utilization Review/Quality 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 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 services will be denied, reduced, suspended, or terminated;
- The reason the services will be denied, reduced, suspended, or terminated and the legal basis for the action;
- The date the services 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 Behavioral Health 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 and St. Mary's offices call 520-879-6060 and to reach the Guadalupe office dial 480-755-2500. 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 AHCCCS or CSP for assistance. If the Notice of Action still does not give you enough information and the issue is not resolved by CSP, you may call AHCCCS 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 five (5) days before the reduction, suspension, or termination of services.

If non-emergency inpatient services are terminated due to the denial of a continued stay request, you will be sent a Notice of Action in two (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.

What if I am a person determined to have a Serious Mental Illness (SMI)? As a person determined to have an SMI, 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 an SMI is made,
- A decision about fees or a waiver from fees is made,
- The Assessment, Individualized Service Plan or Inpatient Treatment and Discharge Plan are developed or reviewed,
- Your Individualized 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 an SMI.

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

Please contact the Centered Spirit Behavioral Health 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 call 520-879-6060 and to reach the Guadalupe office dial 480-755-2500. 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 AHCCCS 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 TRBHA network, arrangements are made 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 480-755-2500. 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 AHCCCS or CSP.



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

Crisis services. You can 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 480-755-2500. 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, or 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 approved by the Arizona Legislature. You can see a list of these services on page 23 - 26. Please contact CSP. For Tucson call 520-879-6060 and for Guadalupe 480-755-2500 if you have questions about what services are available.

Supported 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, who receive 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 contact Member Services at 520-879-6060.

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 TRBHA. If that happens, your provider will ask you to sign a release of information so the new provider and/or TRBHA 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 TRBHA. 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 19/21 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 19/21 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 website at www.healthearizonaplus.gov to update your address, Department of Economic Security call 602-542-5065 (or 1 800-352-8168), or Social Security Administration at 1 800-772-1213.

What is a General Consent to Treat? 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 General Consent to Treat form giving your or your legal guardian's permission for you to get behavioral health services. When you sign a General Consent to Treat form, you are also giving AHCCCS 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.



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 call 520-879-6060 and to reach the Guadalupe office dial 480-755-2500. 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 AHCCCS 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 call 520-879-6060 and to reach the Guadalupe office dial 480-755-2500. 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 AHCCCS 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; and
- 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:



- Receive a written list and verbal explanation of your rights before treatment begins;
- Be treated fairly and with respect regardless of race, ethnicity, religion, behavioral or physical disability, sex, age, sexual preference, or ability to pay;
- Participate in decisions regarding your behavioral health care and participate in making your Individualized Service Plan;
- Receive information on treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand the information;
- Receive services free of humiliation, neglect, or exploitation of any kind;
- Give informed consent and expression of choice regarding services received, your clinical team, and the release of information about your care;
- Discuss with your counselor any information concerning diagnosis, treatment, alternatives to treatment, prognosis, use of crisis procedures and any restrictions of rights and to be offered or referred for recommended care;
- Engage in ongoing communication of Client's Rights in a manner that is clear and understandable and is in your own language;
- Be given safety and privacy in all aspects of treatment, including the right not to be photographed, recorded, or fingerprinted without consent;
- 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;
- Have personal and private property treated respectfully and not subject to misappropriation;
- Refuse to acknowledge gratitude to CSP through written statements, other media, or public gatherings;
- Refuse to perform labor for CSP or to be compensated according to state and federal law for labor that primarily benefits CSP;
- Be treated in a tobacco-free facility;
- Participate or refuse to participate in research and to give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research studies or in treatment that is not professionally recognized;
- Request to view copies of all recent accreditation and licensure inspections and corrective actions;
- Review your record upon written request as permitted by law and under guidance or program staff;
- Complain about AHCCCS;
- Complain about your TRBHA;
- File a complaint, appeal, or grievance without penalty;
- Have the opportunity to choose a Primary Care Provider (PCP);
- 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;



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2022



- Use your rights with no negative action by AHCCCS 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:

- A CSP Member Handbook at least annually;
- The name, location, and telephone number of the current providers in your service area that speak a language other than English and what languages 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 9-1-1 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 Member Handbook section entitled “What is an approval of services and what are my notification rights?” (page 34).
- 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 AHCCCS or AHCCCS 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 call 520-879-6060 and to reach the Guadalupe office dial 480-755-2500. 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 AHCCCS or CSP.

What are my responsibilities? You have the responsibility to:



- Share information;
- Show your member ID card or identify yourself as an AHCCCS member to health care providers before getting services;
- Ask your provider to explain if you don't understand your health condition or treatment plan;
- Give your health care providers and case managers all the facts about your health problems, past illnesses, hospital stays, all medications, shots and other health concerns;
- Follow instructions that you and your health care providers have agreed on, including the instructions of nurses and other health care professionals;
- Schedule appointments during office hours when possible, instead of using urgent or emergency care; and
- Keep appointments and come on time. Call your provider's office ahead of time when you cannot keep your appointments.

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.

The following policies are broadly applied across all programs in the Health Services Division and CSP:

Seclusion and restraint. CSP does not use seclusion or restraint in any of its programs or sites. Instead, the program clinicians work toward building positive relationships with all persons served and empowering clients to be responsible for appropriately managing their own behavior.

Use of tobacco products. The use of tobacco products including e-cigarettes is not permitted inside any CSP program location. In some programs tobacco products may be used in designated locations only. Ceremonial tobacco is allowed with permission.

Policies regarding weapons brought onto the premises. CSP does not permit weapons in any facility. The CSP safety policy is posted in visible areas for all clients to see and indicates that weapons are not allowed in the buildings. If a client brings a weapon into a CSP facility, they will be asked to leave and may not be permitted to return unless the weapons has been relinquished or returned to their home. All CSP programs reserve the rights to call Tribal or local Police if a situation is perceived as unsafe for staff or clients, or visitors.

Policies regarding licit and illicit substances brought onto the premises. CSP clients may not bring illicit drugs or alcohol into any program. If clients are discovered to have illicit drugs or alcohol in their possession, they will have the drugs or alcohol disposed of in the presence of two employees. CSP clients participating in alcohol and drug treatment programs, including CSP outpatient programs, PATH, or TTP are



also subject to the consequences of illicit drug possession and/or use associated with their treatment program rules. All CSP clients are responsible for the safe management of licit drugs (OTC or prescription) brought into the building. Safe management refers to keeping OTC and prescription medications on their person or appropriately stored in a childproof container, in a locked file cabinet, to ensure the safety of others. Prescription medications are only allowed if they are in the possession of the person for whom they are prescribed or per residential treatment rules.

Facility tour. As part of your CSP orientation, you will be given a tour of the facility so that you are aware of the emergency exits and emergency exit maps, location of first aid kits and fire extinguishers, and can review our posted safety policy regarding your expected participation in safety drills.

Participation in treatment for adults and children with parents/guardians. You will be asked to be an active participant in your all aspects of your care. After your intake, you will be taking part in a psychosocial assessment that will help staff know about your needs and how to develop an initial treatment plan to help address your immediate needs. You will provide the clinician with information about your current issues, history, and previous treatment experiences. Together, with the information you provide an initial care plan will be developed.

If the situation is urgent, a crisis plan may be developed and implemented on the day of your appointment. Next, when you meet with your assigned counselor you will continue to complete an assessment, implement your initial plan and begin to develop a new Individualized Service Plan to address your needs and to consider any needs beyond the program for which appropriate referrals might be needed. If you like, you may include others in your care. Throughout the assessment and treatment planning process, your input is valued. You are encouraged to talk with our staff or leadership about any concerns you might have about your care, or any suggestions you may have about how we can improve services at CSP.

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 an SMI, 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 Individualized 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 your treatment, your Individualized 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 480-755-2500, including specialty phone lines for the hearing-impaired (TTY) or the 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 AHCCCS or CSP.

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 at CSP. If you have a complaint or grievance you can also send a written complaint to the TRBHA, who may be able to help you resolve the problem right away.

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 received;
- 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 520-879-6060 or write to:

Centered Spirit Program
c/o Quality Manager
4567 W. Tetakusim Rd.
Tucson, AZ 85746

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 AHCCCS 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 five 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 this Member Handbook section called, “What is an appeal and how do I file an appeal” (page 45). 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 an SMI, you can file a grievance or request for investigation if you feel that your rights have been violated. See “What is a grievance or request for investigation for persons determined to have a Serious Mental Illness and how can I file one” (page 51 of this Member Handbook) 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. Appeals can be filed orally or in writing with CSP, or in writing with the AHCCCS Office of Administrative Legal Services within 120 days after the date listed on a Notice of Adverse Benefit Determination or a Notice of Appeal Resolution. A Notice of Adverse Benefit Determination or a Notice of Appeal Resolution 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 can be expedited.

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

For help with filing an appeal, call or call the AHCCCS Office of Grievance and Appeals 602-364-4575 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 Arizona Health Care Cost Containment System.

For help with filing an appeal, call your CSP provider in Tucson at 520-879-6060, in Guadalupe at 480-755-2500, including specialty phone lines for the hearing impaired (TTY) or the 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 or call AHCCCS Member Services 602-364-4575 or 1-800-421-2124.

All appeals submitted to the AHCCCS Office of Administrative Legal Services need to be in writing. Eligibility appeals must be sent to the agency that made the determination AHCCCS (or DES). Appeals related to denials, discontinuances, or reductions in medical services must be sent to the AHCCCS Office of Administrative Legal Services:



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2022



AHCCCS
Office of Administrative Legal Services
801 E. Jefferson, MD-3900
Phoenix, AZ 85034
FAX: 602-253-9115

Additional information about how members with an SMI can file a Grievance or Appeal can be found on the AHCCCS website:
<https://www.azahcccs.gov/Members/GetCovered/RightsAndResponsibilities/grievanceandappeals.html>

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

1. Appeals for Title 19/21 AHCCCS eligible persons (page 34);
2. Appeals for persons determined to have a Serious Mental Illness (page); and
3. Appeals for persons who are not enrolled as a person with Serious Mental Illness and are Non-Title 19/21 eligible (page 35).

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 AHCCCS within 60 days after the date a Notice of Action and Notice of Decision and Right to Appeal enrolled members is received, and within 60 days of a receipt of a Notice of Action for FFS members. Fee for Service (FFS) members are those members receiving services from a TRBHA. 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 AHCCCS or CSP.



To file a written appeal, mail the appeal to AHCCCS Office of Grievance and Appeals, 150 North 18th Avenue, Suite 230, Phoenix, Arizona 85007.

You will get written notice that your appeal was received within five working days. If your appeal is expedited, you will get notice that your appeal was received within one (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 prompt oral notice of the decision not to expedite your appeal and follow up within two (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 TRBHA or AHCCCS in person or in writing. 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 TRBHA or AHCCCS will be used when deciding the resolution of the appeal.

How is my appeal resolved? The TRBHA or AHCCCS 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 TRBHA 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 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;
- 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: AHCCCS Office of Grievance and Appeals, 150 North 18th 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 three working days after the date that AHCCCS receives your case file and appeal information from the TRBHA or AHCCCS. 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;
- Your 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 Pre-Screening Admission and Resident Review (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 five working days of AHCCCS' receipt. You will have an informal conference with the TRBHA within seven (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 one (1) working day of AHCCCS' receipt, and the informal conference must occur within two (2) working days of filing the appeal.

If the appeal is resolved to your satisfaction at the informal conference, you will get a written notice that describes the reason for the appeal, the issues involved, the resolution achieved and the date that the resolution will be implemented. If there is no resolution of the appeal during this informal conference, and if the appeal does not relate to your eligibility for behavioral health services, the next step is a second informal conference with AHCCCS. 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 two (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 AHCCCS 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.

As part of the appeal process, you have the right to give evidence that supports your appeal. You can give the evidence to the TRBHA or AHCCCS in person or in writing. 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 TRBHA or AHCCCS will be used when deciding the resolution of the appeal.

How is my appeal resolved? The TRBHA or AHCCCS 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 TRBHA 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: AHCCCS Office of Grievance and Appeals, 150 North 18th 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 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 AHCCCS 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 (SMI) and how can I file one?

You have the right to make a complaint if you have concerns about or problems with your care and services. A complaint is also called a "grievance." If you or your representative would like to file a grievance or make a complaint with AHCCCS, please call the AHCCCS Office of Administrative Legal Services (OALS):

- Within Maricopa County 602-417-4232
- Statewide 1-800-654-8713 ext. 74232

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 an 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: AHCCCS Office of Grievance and Appeals, 150 North 18th Avenue, Suite 230, Phoenix, Arizona 85007.

AHCCCS or CSP will send you a letter within five (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 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 and 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;
- 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, a State-issued Identification (ID) card, or a Tribal Enrollment 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 AHCCCS or CSP;
- AHCCCS Fraud and Abuse Hotline at 602-364-3758; or 1-866-569-4927. Hearing impaired individuals may call the Arizona Relay Service at 711, 1 800-842-1681 (or 1 800-367-8939 for TTY users) for help contacting AHCCCS or CSP;
- 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? There may be a time when you are unable to make medical decisions for yourself. An Advance Directive is a legal document that you sign to



protect your right to refuse any health care that you do not want, and to receive any health care you do want.

The following are different types of Advance Directives:

- A living will tells providers what types of services you do or do not want if you become sick.
- A medical power of attorney lets you choose a person to make decisions about your health care when you cannot do it yourself.
- A pre-hospital medical care directive tells providers if you do not want certain lifesaving emergency care that you would get outside a hospital or in a hospital emergency room.

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 behavioral health advance directive tells the behavioral health provider a person's wishes if the person cannot state his/her wishes because of a behavioral illness.

One type of a behavioral health advance directive is a Behavioral 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 Behavioral 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 Behavioral Health Care Power of Attorney. If, however, the adult person's wishes are not stated in a Behavioral 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 Licensing Services (DOLS) if this authority is stated in the Behavioral 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 AHCCCS 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 AHCCCS system principles. AHCCCS 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.

What are Arizona's Twelve Principles for the delivery of services to children require collaboration with the child and family?

1. 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, and 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 Pascua Yaqui Child Protective Services (CPS), Arizona Department of Children's Services (DCS) or Department of Developmental Disability (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
 - Adjusts 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 AHCCCS 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;
- Other similar traumatic or frightening circumstances;
- Substance abuse problems;
- The specialized behavioral health needs of children who are developmentally disabled;
- Displaying 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 service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops.
- In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system.
- Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.

10. Respect for the child and family's unique cultural heritage: Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family. Services are provided in Spanish to children and parents whose primary language is Spanish.

11. Independence: Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management. Behavioral health service plans identify parents and children's need for training and support to participate as partners in the assessment process.

The child and parents will also participate 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.

What are the Guiding Principles for recovery-oriented adult behavioral health services and systems?

- 1. Respect is the cornerstone.** Meet the person where he/she is 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 are 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 the 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 underscore 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 his or her 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 due to someone's 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 must be approved before you can get them.

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 (CFT) or Adult Recovery Team (ART).

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 TRBHA'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 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 TRBHA to get behavioral health services.

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

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

Provider Network is a group of providers that contract with the TRBHAs 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 (AMPM), 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 AHCCCS 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 behavioral 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, behavioral 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 TRBHAs 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 Medicaid (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 behavioral 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 AHCCCS to deliver or arrange for behavioral health services for eligible persons who are residents of the federally recognized Tribal Nation.



Centered Spirit Program Services List

CSP Adult Services Program: Provides services in Pima and Maricopa counties or surrounding areas for adult PYT members and their families who are experiencing behavioral 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 and education;
- Home visits;
- Crisis intervention; and
- Referrals to:
 - Psychiatrist;
 - Psychologist;
 - Inpatient treatment or hospitalization; and
 - Residential treatment and/or 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 or buprenorphine 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 or buprenorphine dosing; and
- Referrals to:
 - Psychiatrist;
 - Psychologist;
 - Inpatient treatment or hospitalization; and
 - Residential treatment/detoxification.

CSP Child and Family Therapy Program: Provides services in Pima and Maricopa counties or surrounding areas for PYT children and their families who are experiencing behavioral 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 and education;
- Home visits;
- Crisis intervention; and
- Referrals to:
 - Psychiatrist;
 - Psychologist;
 - Inpatient treatment or hospitalization; and
 - Residential treatment.

Men's Pascua Assessment Treatment Healing (PATH) Program: Provides residential treatment 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:

- On-site individual counseling;
- On-site group counseling;
- 12-step program;
- Prevention and education; and
- Case management.

New in 2022: Women's Pascua Assessment Treatment Healing (PATH) Program: Provides residential treatment services to Pima and Maricopa counties or surrounding areas for PYT members and their families who are female, over the age of 18 and are seeking a quality sober lifestyle, services include but are not limited to:

- On-site individual counseling;
- On-site group counseling;
- 12-step program;
- Prevention and education; and
- 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 and education;
- Temporary housing; and
- Case management.

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:



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2022



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

