



Pascua Yaqui TRBHA
CENTERED SPIRIT PROGRAM
Provider Manual - 2023



Section 3.2 Appointment Standards and Timeliness of Service

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I. STATEMENT OF PURPOSE:

The Pascua Yaqui (PY) Centered Spirit Program (CSP) is committed to ensuring responsive and accessible services to eligible Tribal members and their families. Responses to an identified behavioral health need are timely and based on a person's clinical need to maintain stability, avoid relapse or decompensation, and achieve the best clinical outcomes. CSP uses the following three Arizona Health Care Cost Containment System (AHCCCS) response categories: Immediate responses, urgent responses, and routine responses. Each category includes parameters for when the response must occur, while emphasizing that the response time is always contingent on an assessment of the person's clinical need at that given moment. CSP tracks these responses to ensure efficient access to services. CSP is also committed to measuring program efficiency through fiscally responsible practices that ensure financial solvency. Each year CSP develops a target goal for productivity that will generate revenue necessary to sustain the program's operations and development.

II. REFERENCES:

The following PY CSP Provider Manual sections can serve as additional resources for this content area:

Section 3.10, Serious Mental Illness (SMI) Eligibility Determination
Section 7.5, Enrollment, Disenrollment, and other Data Submission

The following citations and AHCCCS document can serve as additional resources for this content area:

42 C.F.R. § 438.206
42 C.F.R. § 438.210
A.A.C. R9-20-503
A.A.C. R9-21-304



A.A.C. R9-22-210

A.A.C. R9-22-1205(H)

A.A.C. R9-22-502(B)

A.A.C. R9-31-1205(H)

AHCCCS/ Pascua Yaqui Intergovernmental Agreement (IGA) 2021

III. **STANDARDS:**

To ensure the timely response and provision of needed covered behavioral health services to persons based on their individual clinical needs, including urgent responses for children taken into the custody of the Pascua Yaqui Tribe's Child Protective Service (CPS) or Arizona's Department of Child Safety (DCS). CSP provides accessible and efficient services that meet client's routine, emergent or urgent needs.

When a person presents for crisis services, providers must first deliver needed behavioral health services and then determine eligibility and TRBHA enrollment status. Behavioral health providers must screen behavioral health recipients for Title XIX eligibility. Providers can utilize the [Health-e Arizona web tool](#) to verify potential eligibility and submit behavioral health recipient's information for formal eligibility determination and screening for other public assistance programs simultaneously. TRBHAs must maintain a resource list of providers with a sliding fee scale and associated services, as well as other community resources, that may be available to individuals who do not qualify for coverage through AHCCCS, Arizona's Medicaid program).

CSP's 24 –hour crisis intervention provides immediate response for client's emergent needs.

CSP providers ensure that psychotropic medication needs are met as part of routine, emergent or urgent treatment.

CSP tracks all referrals to demonstrate efficiency of service delivery and to identify areas where improvement is necessary.

With expedience, CSP providers ensure that non-enrolled clients become enrolled in AHCCCS during the emergency treatment.

CSP monitors and tracks fiscal performance to ensure appropriate use of resources and to anticipate program needs.



IV. PROCEDURES:

A. CSP providers follow the table below to determine the appropriate response:

	WHEN	WHAT	WHO
IMMEDIATE	Behavioral health services provided within a timeframe indicated by behavioral health condition, but no later than 2 hours from identification of need or as quickly as possible when a response within 2 hours is geographically impractical.	Services can be telephonic or face-to-face; the response may include any medically necessary covered behavioral health service.	All persons requesting assistance unless determined not to be eligible. At the time of determination that an immediate response is needed, a person's eligibility and enrollment status may not be known. Behavioral health providers must respond to all persons in immediate need of behavioral health services until the situation is clarified that the behavioral health provider is not financially responsible.
URGENT All other urgent responses	Behavioral health services provided within a timeframe indicated by behavioral health condition but no later than 24 hours from identification of need.	Includes any medically necessary covered behavioral health service.	Referrals for hospitalized persons not currently T/RBHA enrolled; All Title XIX/XXI eligible persons; All non-Title XIX persons determined to have a Serious Mental Illness; and all other non-Title XIX/XXI persons in need of crisis or emergency services.



ROUTINE	Appointment for initial assessment within 7 days of referral or request for behavioral health services.	Includes any allowable assessment service	All Title XIX/XXI eligible persons; and All persons referred for determination as a person with a Serious Mental Illness.
	The first behavioral health service following the initial assessment appointment within timeframes indicated by clinical need, but no later than 23 days of the initial assessment.	Includes any medically necessary covered behavioral health service including additional assessment services.	All Title XIX/XXI persons; and All persons determined to have a Serious Mental Illness.
	All subsequent behavioral health services within time frames according to the needs of the person.	Includes any medically necessary covered behavioral health service.	All Title XIX/XXI persons; and All persons determined to have a Serious Mental Illness.

B. 72-hour urgent behavioral health response for children taken into CPS or DCS custody:

An urgent response (within 72 hours) is required for all children who are taken into the custody of Pascua Yaqui Tribal CPS or Arizona’s DCS regardless of Title XIX or Title XXI eligibility status. The purposes for this urgent response are to:

1. Identify immediate safety needs and presenting problems of the child, to stabilize behavioral health crises and to be able to offer immediate services the child may need;
2. Provide behavioral health services to each child with the intention of reducing the stress and anxiety that the child may be experiencing, and offering a coherent explanation to the child about what is happening and what can be expected to happen in the near-term;
3. Provide needed behavioral health services to each child’s new caregiver, including guidance about how to respond to the child’s immediate needs in adjusting to foster care, behavioral health symptoms to watch for and



report, assistance in responding to any behavioral health symptoms the child may exhibit, and identification of a contact within the behavioral health system;

4. Initiate the development of the Child and Family Team process for each child; and
5. Provide the PY CPS or Arizona DCS Case Manager with findings and recommendations for medically necessary covered behavioral health services for the initial Preliminary Protective Hearing, which occurs within five (5) to seven (7) days of the child’s removal.

C. Appointments for psychotropic medications:

For persons who may need to be seen by a Behavioral Health Medical Practitioner (BHMP), it is required that the person’s need for medication be assessed immediately and, if clinically indicated, that the person be scheduled for an appointment within a timeframe that ensures:

- The person does not run out of any needed psychotropic medications; or
- The person is evaluated for the need to start medications to ensure that the person does not experience a decline in their behavioral health condition.

Response for referrals or requests for psychotropic medications:

	WHEN	WHAT	WHO
Referral for psychotropic medications	Assess the urgency of the need immediately; If clinically indicated, provide an appointment with a BHMP within a timeframe indicated by clinical need, but no later than 30 days from the referral/initial request for services	Screening, consultation, assessment, medication management, medications, lab testing services as appropriate	*All Title XIX/XXI eligible persons; *All persons determined to have a serious mental illness; and *Any person in an emergency or crisis.



All initial assessments and treatment recommendations that indicate a need for psychotropic medications	The initial assessment and treatment recommendations must be reviewed by a BHMP within a timeframe based on clinical need	Screening, consultation, assessment, medication management, medications, lab testing services as appropriate	*All Title XIX/XXI eligible persons; *All persons determined to have a serious mental illness; and *Any person in an emergency or crisis.
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D. Referrals for hospitalized persons:

CSP providers must quickly respond to referrals pertaining to eligible persons not yet enrolled in the TRBHA or Title XIX/XXI eligible persons who have not been receiving behavioral health services prior to being hospitalized for psychiatric reasons. Upon receipt of such a referral, the following steps must be taken:

For referrals of Title XIX/XXI eligible persons:

Initial face-to-face contact, an assessment and disposition must occur within 24 hours of the referral/request for services;

For referrals of non-Title XIX/XXI eligible persons:

Persons referred for eligibility determination of serious mental illness:

1. Initial face-to-face contact and an assessment must occur within 24 hours of the referral/request for services.
2. Determination of SMI eligibility must be made within timeframes consistent with and in accordance to *Section 3.10, SMI Eligibility Determination*; and
3. Upon the determination that the person is eligible for services and the person is in need of continued behavioral health services, the person must be enrolled and the effective date of enrollment must be no later than the date of first contact.

E. Waiting times:

CSP follows the established AHCCCS standards so that persons presenting for scheduled appointments do not have to wait unreasonable amounts of time. Unless a behavioral health provider is unavailable due to an emergency, a



person appearing for an established appointment must not wait for more than 45 minutes.

Behavioral health providers arranging for, or providing, non-emergency transportation services for members must adhere to the following standards:

- A person must not arrive sooner than one hour before their scheduled appointment; and
- A person must not have to wait for more than one hour after the conclusion of their appointment for transportation home or to another pre-arranged destination.

F. Other requirements:

All referrals from a person's primary care provider (PCP) requesting a psychiatric evaluation and/or psychotropic medications must be accepted and acted upon in a timely manner according to the needs of the person, and the response time must help ensure that the person does not experience a lapse in necessary psychotropic medications, as described in *Subsection 3.2 C, Appointments for Psychotropic Medications*.

Title XIX and Title XXI persons must never be placed on a "wait list" for any Title XIX/XXI covered service. If the TRBHA network is unable to provide medically necessary services for Title XIX or Title XXI persons, it must ensure timely and adequate coverage of needed services through an alternative provider until a network provider is contracted. In this circumstance, the T/RBHA must ensure coordination with respect to authorization and payment issues. If a covered behavioral health service is temporarily unavailable to a Title XIX/XXI eligible person, the behavioral health provider must adhere to the following procedure. CSP Providers will staff such cases in an *ad hoc* Child and Family Team, Wrap-Around and/or Team Multi-Disciplinary Review meeting to determine the most appropriate course of action to ensure the timely and clinically appropriate provision of services for the safety and well-being of the client. This may require extended inpatient or residential treatment or intensive outpatient treatment until appropriate determination is reached.

G. Special populations:

AHCCCS receives some funding for behavioral health services through the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT). SAPT funds are used to provide substance abuse services for Non-Title XIX/XXI eligible persons. As a condition of receiving this funding, certain populations are identified as priorities for the timely receipt of designated behavioral health services. Currently, not all TRBHAs receive SAPT Block Grant funding through AHCCCS; any providers contracted with a TRBHA or for SAPT funds must follow



the requirements found in this section. For all other contracted behavioral health providers that do not currently receive these funds, the following expectations do not apply.

SAPT Block Grant Populations:

The following populations are prioritized and covered under the SAPT Block Grant:

First: Pregnant females who use drugs by injection;

Then: Pregnant females who use substances;

Then: Other injection drug users;

Then: Substance-using females with dependent children, including those attempting to regain custody of their child(ren); and

Finally: All other persons in need of substance abuse treatment.

Response times for designated behavioral health services under the SAPT Block Grant (based on available funding):

WHEN	WHAT	WHO
Behavioral health services provided within a timeframe indicated by clinical need, but no later than 48 hours from the referral/initial request for services.	Any needed covered behavioral health service, including admission to a residential program if clinically indicated. If a residential program is temporarily unavailable, an attempt shall be made to place the person within another provider agency facility, including those in other geographic service areas. If capacity still does not exist, the person shall be placed on an actively managed wait list and interim services must be provided until the individual is admitted. Interim services include education about HIV and TB (include the risks of transmission), the risks of needle sharing and referral for HIV and TB treatment services if necessary, counseling on the effects of alcohol/drug use on the fetus and referral for prenatal care.	Pregnant women/teenagers referred for substance abuse treatment (includes pregnant injection drug users and pregnant substance abusers) and Substance-using females with dependent children, including those attempting to regain custody of their child(ren)



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