

**PROVIDER MANUAL
SUMMARY OF CHANGES BY SECTION
JANUARY 1, 2016 EDITION**

Section 2 - Covered Services and Related Program Requirements

- 2.5 Dental Services for Title XIX/XXI Adults with SMI
- 2.7 Vaccines for Children's Program and the Arizona State Immunization Information System (ASIS)

Section 3 – Behavioral Health Network Provider Service Delivery Requirements

- 3.9 Pre-Petition Screening, Court-Ordered Evaluation, and Court-Ordered Treatment
- 3.11 Special Assistance for Persons Determined to Have a Serious Mental Illness
- 3.13 Out-of-State Placements for Children and Young Adults
- 3.15 Cultural Competence
- 3.17 Intake and Coordination of Care Agency (ICC Agency) Requirements

Section 4 – Behavioral Health Provider Coordination of Care Requirements

- 4.1 Transition of Persons

Section 6 – Specific Behavioral Health Program Requirements

- 6.14 Program Requirements for Providers of IV Drug and Opioid Treatment Services

Section 13 – Data Systems/Reporting Requirements

- 13.1 Enrollment, Disenrollment and Other Data Submission

Section 16 – Deliverable Requirements

New Deliverables:

- CA-907 Persons Receiving Special Assistance
- EC-301-1b Daily Pending Inpatient Placement Request
- EC-315 Post Crisis peer Support Report
- EC-316 Employment Work Plans

Updated Deliverables:

- EC-301-1 Adult & Children's Emergency Room Wait Times Report
- EC-301-2 Mobile Team Timeliness Report
- EC-301-3 Community Reentry
- EC-301-4 Rapid Response Report
- EC-301-5 Urgent Response Report
- EC-301-6 Acute Health Plan & Provider Inquiry Log and Detail
- EC-301-7 Crisis Call Report
- EC-301-8 Client Activity Report
- EC-301-9 REMOVE Tribal Warm Line Calls (replaced with EC-301-15)
- EC-301-10 Peer Referrals- TLC & Hope

EC-301-11	CIC Customer Service Phone Reporting
EC-301-12	Crisis Implementation Oversight
EC-301-13	Daily Exception Report
EC-301-14	High Utilizers Report
EC-301-15	Tribal Calls (Warm Line & All)
EC-301-16	MyHealthDirect Urgent Scheduling
EC-301-17	Secondary Responder Activation Report (Template TBD)
EC-301-18	Urgent Transportation Report (Template TBD)
EC-301-19	Report for Pima County-COE Detail
EC-301-20	Pima County Crisis Line Report
EC-301-21	Police Cllas via Radio Dispatch (Template TBD)
EC-301-22	Crisis Notification to Providers
EC-301-23	Crisis Notification to Health Plan
IT-702	Required Elements
OI-204	High Need Recovery List
OI-230	CCCT Program Report
OI-235	Provider Agency VR Referral Tracking
RF-1002	Outreach Specialist Tracking Log
RF-1020	Ad hoc Language Services Report

Section 18 – Provider Manual Forms & Attachments

New Forms:

3.9.15	Tx Team Request for Judicial Review of COT
3.9.15.1	Psychiatric Report from Judicial Review of COT
4.1.3	Transitioning to Adulthood Checklist
10.1.12	Outpatient Prior Authorization Form
10.1.13	Inpatient Prior Authorization Form

Updated Forms:

3.9.8	Pima County - Emergent Amendment
3.9.9	Pima County - Non-Emergent Amendment
3.9.10	Pima County - Judicial Review & Right to Legal Counsel
3.12.1	Certification of Need (CON)
3.17.2	Request for Out-of-Home Placement – Adult
3.17.3	Request for Out-of-Home Placement – Child/Adolescent
3.17.4	Out-of-Home Discharge Plan – Adults
3.17.5	Out-of-Home Discharge Plan – Child
3.17.6	Out-of-Home Concurrent Review Form
3.17.7	Request for Out-of-Network Outpatient Services
3.17.8	Out-of-Network Outpatient Services Concurrent Review Form

- 3.17.9 Notice of Priority Population BHRF Admission (For Substance Abuse Treatment Only)
- 4.4.1 Consultation and Clinical Intervention Program Referral
- 10.1.1 Certification of Needs (CON)
- 10.1.2 Recertification of Need (RON)
- 10.1.3 Notice of Admission to AIC BIP PP SUD BHRF
- 10.1.4 Request for Out-of-Network (OON) Outpatient Services
- 10.1.5 Out-of-Home Services Concurrent Review
- 10.1.6 Request for Out-of-Home Admission (Adult)
- 10.1.7 Request of Out-of-Home Admission (Child)
- 10.1.8 Out-of-Home Concurrent Review Form
- 10.1.9 Out-of-Home Discharge Plan
- 10.1.10 Inpatient Discharge summary
- 10.1.11 Request for Expedited Authorization

Updated Attachments;

- 10.1.1 Admission Psychiatric Acute Hospital & Sub-Acute Criteria
- 10.1.2 Continued Psychiatric Acute or Sub-Acute Facilities Authorization Criteria
- 10.1.3 Prior Authorization Criteria for Admission and Continued Stay for Behavioral Health Residential Facilities
- 10.1.5 Prior Authorization Criteria for Admission and Continued Stay for HCTC

Misc. Changes

Nursewise was replaced with Crisis Call Center throughout the manual