

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

Section 3 – Behavioral Health Network Provider Service Delivery Requirements

- 3.17.1.2 Screening and Serving Members with High Needs
- 3.17.1.3 Declination of High Needs Services for Members Screened as Meeting High Needs Criteria
- 3.17.1.4 Dedicated Recovery Coaches
- 3.17.1.5 High Needs Recovery Center Requirements
- 3.17.4.1 Enrollment and Demographics

Section 10 – Medical Management/Utilization Management Requirements

- 10.1.16 Required Documentation for Prior Authorization and Timeframes for Making a Decision

Section 19 Definitions & Acronyms

Definition of Adult Recovery team

Section 16 – Deliverable Requirements

Eliminated Deliverables:

- CA-902 Annual Recovery Assessment

New Deliverables:

- EC-317 ACT Team Program Report
- EC-318 Warm Line Report
- EC-319 Crisis Peer Support Report
- EC-320 Urgent Transportation Report
- EC-321 PAD Report
- EC-322 Scorecard
- EC-323 Crisis Mobile Team Activity Log

Updated Deliverables:

- CA-904 Member and Family Involvement Plan (now due 15th day after quarter end)
- EC-314 HIV Early Intervention Monthly Report (Due 5th rather than 10th calendar day after month end)
- FN-101 Month End Financial Statements (updated template)
- FN-401 Quarter End Financial Statements (updated template)
- FN-403 Non-Title Funding Expenditure Report (updated template)
- OI-201 Child Dedicated Recovery Center Inventory
- OI-202 Adult Dedicated Recovery Center Inventory
- OI-204 Children's High Need Recovery Center Work Plan (for Pima Co. only)
- OI-204 Adult High Need Recovery Center Work Plan (now for Pima Co. only)

Section 18 – Provider Manual Forms & Attachments

New Forms:

None

Eliminated Forms:

4.1.1 SABG/MHBG Flex Fund Request

Updated Forms:

4.1.1 Inter-Agency Transfer Checklist & SBAR (rev.and # changed from 4.1.2 to 4.1.1)

4.1.2 Transitioning to Adulthood Checklist (revised and # changed from 4.1.3 to 4.1.2)

4.4.2 CCI Release of Information Form (Large Print)

4.4.2 CCI Release of Information Form (Spanish)

10.1.3 Prior Auth Criteria for Admission and Continued Stay Criteria BHRF

10.1.10 Inpatient Discharge Summary

New Attachments:

10.1.6 Authorization Criteria for Behavioral Health Inpatient Residential Facilities (BHIF & RTC)

Updated Attachments

4.3.2 ADHS/DBHS T/RBHA Health Plan & Provider Coordinator Contact Info

10.1.6 Authorization Criteria for Behavioral Health Inpatient Residential Facilities