

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

Section 2 – Covered Services and Related Program Requirements

2.6.2 Coverage for Title XIX/XXI Adults with SMI 21 Years and Over

Section 3 – Behavioral Health Network Provider Service Delivery Requirements

3.3.12 Specialty Behavioral Health Agency Referrals

3.5.1.1 Minimum Elements of the Behavioral Health Assessment

3.11.8 Documentation and Reporting Requirements

3.14.1 Discharge Planning for American Indian Members in out of home placement (New)

3.17.5.19 Telemedicine

3.17.5.22 Discharge Planners/Hospital Liaison Role Definition and Responsibilities

3.17.5.23 ICC Agency Requirements Related to the Discharge Planner/Hospital Liaison Role

3.17.11.1 Documentation Conformance Plans

3.17.11.2 Areas Included in the DCP

3.19.1.21 EHR

Section 4 – Behavioral Health Provider Coordination of Care

4.1.1 Transition from Child to Adult Services

Section 6 – Specific Behavioral Health Program Requirements

6.18.2.4 Provider Title 36 Emergency Petition

6.18.4.1 Pima County Banner UMC Crisis Response Center Capacity

6.18.4.2 Pima County Pasadera Center Capacity

6.18.4.3 Yuma County Horizon Health and Wellness Capacity

6.20 Agencies to Employ Community Engagement Specialists

Section 9 – Quality Management Requirements

9.11.4 Corrective Action and Adults

Section 10 – Medical Management/Utilization Management Requirements

10.1.17 Required Documentation for Prior Authorization

10.11.10 Prior Authorization

Section 16 – Deliverables

CA-801 Annual Cultural Competency Plan - Due date changed from August 15th to October 15th

CA-907 Persons Receiving Special Assistance – only require if sent from Cenpatico to provider

EC-302 COT Title 36 Reporting – Added requirement to send to CAZTITLE 36@cenpatico.com as well as cazdeliverables@cenpatico.com

EC-319 Evidence Based Prevention Assessment (REVISED)

EC-321 PAD Report – Due date changes from 5th of month to 25th of month
EC-323 GMT Master Log (REVISED)
FN-403 Non-Title Funding Expenditure Report (REVISED)
IT-702 7 Day Access to Care – Required file format
OI-230 CCCT & CCI Program Report (REVISED)
RF-102 Assessment & Intervention Center Daily Census (CPES) – no longer required
RF-1002 Community Engagement Special Tracking Log (changed name of deliverable)
TR-001 Call Stats – Service Level Report due 15th of month (Veyo) (NEW)
TR-002 Complaints & Grievances Report due 15th of month (Veyo) (NEW)
TR-003 Executive Summary due 15th of the month (Veyo) (NEW)
TR-004 Detail and Summary Trip Report due 15th of month (Veyo) (NEW)

TR-005 Quarterly Executive Summary due 15th of month following quarter end (Veyo) (NEW)

Section 18 – Provider Manual Forms & Attachments

Attachments:

4.3.1 AHCCCS Contracted Health Plans
10.11.15 Vivitrol Prior Authorization Criteria

Forms:

3.17.4 Out of Home Discharge Plan Adult (deleted – no longer required)
3.17.5 Out of Home Discharge Plan Child (deleted – no longer required)
10.1. 9 Out of Home Discharge Plan (deleted – no longer required)
10.1.10 Inpatient Discharge Summary (form has been updated)
10.1.12 Outpatient Medicaid Prior Authorization Fax Form
10.1.13 Inpatient Medicaid Prior Authorization Fax Form