

Cenpatico Integrated Care Provider Manual Summary of Changes for August 1, 2017 Edition

SECTION 1 – INTRODUCTION TO CENPATICO INTEGRATED CARE

- 1.3 Provider Services

SECTION 2 – COVERED SERVICES AND RELATED PROGRAM REQUIREMENTS

- 2.3.1 Maternity Care Provider Standards
- 2.4 Family Planning for Title XIX/XXI Adults with SMI
- 2.10.2.1 Staffing

SECTION 3 – BEHAVIORAL HEALTH NETWORK PROVIDER SERVICE DELIVERY REQUIREMENTS

- 3.2 Appointment Standards and Timeliness of Service
- 3.2.1 Type of response by a behavioral health provider (non- hospitalized persons)
- 3.3.12 Specialty Behavioral Health Agency Referrals
- 3.4.4 Ending an Episode of Care for a Person in the Behavioral Health System
- 3.4.4.14 Engagement and Re-Engagement Activity Verification
- 3.5 SMI Eligibility Determination
- 3.5.1.2 Considerations for Person with Co-occurring Substance Abuse
- 3.6.4 Notification of SMI Eligibility Determination
- 3.6.5 Re-Enrollment or Transfer
- 3.6.7 SMI Eligibility Determination Verification (removed)
- 3.6.7 SMI Decertification
- 3.10 Special Populations
- 3.11 Special Assistance for Persons Determined to Have a Serious Mental Illness
- 3.11.3 Screening for Special Assistance
- 3.11.7 Health Home Reporting Requirements
- 3.15.7.2 Individual Service Plan (ISP) and Inpatient Treatment and Discharge Plan (ITDP)
- 3.17.6.1 Member and Family Involvement
- 3.17.14.2 Notification of Change
- 3.19.8 Children’s High Need Recovery Center Requirements (removed)
- 3.19.9 Adult High Need recovery Center Requirements (removed)

SECTION 4 – BEHAVIORAL HEALTH PROVIDER COORDINATION OF CARE REQUIREMENTS

- 4.2.2 Jurisdictional Responsibilities

SECTION 5 – PHYSICAL HEALTH PROVIDER REQUIREMENTS

- 5.1.2 PCP Assignments
- 5.1.3 Freedom of Choice Within Network
- 5.1.4 PCP Required Activities

SECTION 6 – SPECIFIC BEHAVIORAL HEALTH PROGRAM REQUIREMENTS

- 6.17.2 Fidelity to the Model
- 6.17.3 Reporting Requirements
- 6.17.4 Other Requirements

SECTION 7 – CREDENTIALING AND RE-CREDENTIALING REQUIREMENTS

- 7.1 Introduction and Processes
- 7.2 To Whom This Applies

- 7.4 Initial Credentialing Process and Requirements
- 7.5 Clean File Review Process (removed)
- 7.5 Additional Credentialing Requirements for Organizational Providers
- 7.6 Committee Review Process (removed)
- 7.6 Temporary/Provisional Credentialing Process and Requirements
- 7.7 Accreditation by a Nationally Recognized Accreditation Organization (removed)
- 7.7 Recredentialing Process and Requirements
- 7.8 Credentialing Approval/Denial Process
- 7.9 Fairness of Process
- 7.10 Fairness of Process (removed)
- 7.11 Provider File (removed)
- 7.12 Provider's Right for Reconsideration
- 7.13 Ongoing Monitoring Process Between Re-Credentialing Cycles
- 7.15 Denial of Initial credentialing Application
- 7.16 Credentialing Requirements for Individuals Who Are Not Licensed Or Certified (removed)
- 7.14 Notice of Requirements (Limited to Providers)

SECTION 8 – FINANCE/BILLING

- 8.1 General Information
- 8.5 Claim or Encounter Submission Requirements
- 8.12.3 AHCCCS Copayments for Title XIX/XXI Members
- 8.12.4 Non-Mandatory (Nominal/Optional) Copayments
- 8.12.6 Copayment Limits
- 8.14 Transportations

SECTION 9 – QUALITY MANAGEMENT REQUIREMENTS

- 9.1.3 Information Regarding Advance Directives
- 9.4.1 Purpose
- 9.4.2 General Information about PIPs
- 9.5 Evidenced Based Practices and Practice Protocols
- 9.5.1 Evidenced Based Practices and Protocols
- 9.5.2 Dissemination of Evidenced Based Practices and Protocols
- 9.5.3 Monitoring for Effectiveness
- 9.9 Seclusion and Restraint Reporting
- 9.9.1 Additional Information
- 9.9.2 Reporting to Cenpatico Integrated Care

SECTION 10 – MEDICAL MANAGEMENT/UTILIZATION MANAGEMENT REQUIREMENTS

- Changes throughout entire section

SECTION 12 – COMPLIANCE

- 12.1 Member Rights
- 12.4 Duty to Report Abuse, Neglect or Exploitation
- 12.3.1 Duty to Report Abuse, Neglect or Exploitation of a Vulnerable Adult
- 12.8.1 Corporate Compliance Plan
- 12.9.2 Provider Responsibilities

SECTION 15 – GRIEVANCE AND APPEAL SYSTEM

- 15.1 Member Grievance and Provider Complaint Process
- 15.1.1 Cenpatico IC Grievance Resolution Process
- 15.2 Grievances and Investigations Concerning Persons with SMI
- 15.3 Notice Requirements and Appeal Process (Title XIX/XXI)

- 15.3.12 Circumstances for expediting an appeal
- 15.3.14 Timeframe for resolution of an expedited appeal

SECTION 16 – DELIVERABLES

Updated Deliverable Requirements:

- EC-325 Living Room Center Admission Report (updated template)
- RF-101 Weekly BIP Report (updated template)
- RF-1021 System of Care Practice Review (SOCPR) Practice Improvement Plan Updates (due date changed)

New Deliverables: None

Terminated Deliverables:

- EC-318 Warm Line Report

SECTION 18 – PROVIDER MANUAL FORMS & ATTACHMENTS

18.1 Forms

Updated:

- Provider Manual Form 10.1.1 Certification of Need (CON)
- Provider Manual Form 10.1.3 Notice of Admission to BIP, AIC, HCTC, BHTH
- Provider Manual Form 10.1.6 Out-of-Home Admission
- Provider Manual Form 10.1.8 Out-of-Home Concurrent Review Form

New: •

- Provider Manual Form 10.1.16 Transfer Readmit Form

Removed: None

18.2 Attachments

Updated: None

New: None

Removed:

- Provider Manual Attachment 3.17.1 Adult HNRC Guidance Document
- Provider Manual Attachment 3.17.2 Children's HNRC Guidance Document

SECTION 19 – DEFINITIONS & ACRONYMS

- High Need Recovery Management Center ("HNRM Center") – (removed)