

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

Section 11.0

Definitions

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*834 Transaction Enrollment/Disenrollment*

The HIPAA-compliant transmission, by a behavioral health provider to a T/RBHA and by a T/RBHA to ADHS/DBHS, of information to establish or terminate a person's enrollment in the ADHS/DBHS behavioral health service delivery system.

7.5 Enrollment, Disenrollment and other Data Submission

*Abuse*

For purposes of this section 5.3, includes both physical and sexual abuse

5.3 Grievance and Request for Investigation for Persons Determined to Have a Serious Mental Illness (SMI)

Provider practices that are inconsistent with sound fiscal business, or medical practices, and result in an unnecessary cost to the AHCCCS program, the State of Arizona or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes behavioral health recipient practices that result in unnecessary costs to the AHCCCS program and/or the State of Arizona.

7.1 Fraud and Abuse Reporting

The infliction of, or allowing another person to inflict or cause physical pain or injury, impairment of bodily function, disfigurement or serious emotional damage which may be evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior. Such abuse may be caused by acts or omissions of an individual having responsibility for the care, custody or control of a client receiving behavioral health services or community services. Abuse shall also include sexual misconduct, assault, molestation, incest, or prostitution of, or with, a client under the care of personnel of a mental health agency.

7.4 Reporting of Incidents, Accidents and Deaths

*Action*

The denial or limited authorization or a requested service, including the type or level of service:

- The reduction, suspension or termination of a previously authorized service;
- The denial, in whole or in part, of payment for a service;
- The failure to provide services in a timely manner;
- The failure to act within established timeframes for resolving an appeal or complaint and providing notice to affected parties; and
- For a Title XIX/XXI person in a rural area, the denial of the behavioral health recipient's request to obtain services outside the network

5.1 Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons

5.2 Member Complaints

*ADHS/DBHS Medication List*

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

A list of minimum medications that must be included on each RBHA formulary.

3.16 Medication Formulary

*Administrative Hearing*

A hearing conducted by the Office of Administrative Hearings under A.R.S. Title 41, Chapter 6, Article 10.

5.5 Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI)

*Administrative Review*

The portion of the appeal process beginning with the initial filing of a formal written appeal by the provider with the TRBHA or ADHS/DBHS and concluding with the issuance of a final decision by a RBHA or ADHS/DBHS that advises of formal hearing rights under A.R.S 41-1092 et seq.

5.6 Provider Claims Disputes

*Adult Clinical Team*

A group of individuals working in collaboration who are actively involved in a person's assessment, service planning and service delivery. At a minimum, the team consists of the person, their guardian (if applicable) and a qualified behavioral health representative. The Team may also include members of the enrolled person's family, physical health providers, mental health or social service providers, representatives of other agencies serving the person, professionals representing the disciplines related to the person's needs, or other persons identified by the enrolled person.

3.14 Securing Services and Prior Authorization

*Advance Directive*

Federal regulations define an advance directive as a written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated.

3.12 Advance Directives

3.17 Transition of Persons

*Adverse Action or Decision*

For purposes of this section means an action or decision taken by a T/RBHA or ADHS/DBHS for which a provider may file an appeal. This does not include disputes between a prospective service provider and a T/RBHA in connection to the T/RBHA's contract process.

5.6 Provider Claims Disputes

*Adverse Drug Reaction*

Any response to a drug that is detrimental, unintended or unexpected in doses recognized as accepted in medical practice for prophylaxis, diagnosis or therapy of disease.

3.15 Psychotropic Medications:  
Prescribing and Monitoring

*Alcohol and Drug Abuse Program*

Alcohol and Drug Abuse Program (42 CFR Part 2)

An individual or entity (other than a general medical care facility) which holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment;

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

An identified unit within a general medical facility which holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral to treatment;

Medical personnel or other staff in a general medical care facility whose primary function is the provision of alcohol or drug abuse diagnosis, treatment or referral for treatment and who are identified as such providers.

4.1 Disclosure of Behavioral Health Information

*Annual Update*

An annual review and documented update of a person's behavioral health assessments, treatment and progress toward meeting defined service goals over the past year. In addition to meeting with the person and other team members this involves a review of the person's behavioral health record including assessments, progress notes, medications, service plans and reviews, demographic and clinical data elements for the past 12 months.

3.9 Intake, Assessment and Service Planning

*Appeal*

A request for review of an action.

5.1 Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons

*Appeal Resolution*

The written determination by the RBHA or ADHS/DBHS concerning an appeal.

5.1 Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons

For the purposes of this section, a request for review of a decision made by ADHS/DBHS, a T/RBHA or a T/RBHA provider.

5.5 Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI)

*Assessment*

The ongoing collection and analysis of a person's medical, psychological, psychiatric and social condition in order to initially determine if a behavioral health disorder exists and if there is a need for behavioral health services and on an ongoing basis ensure that the person's service plan is designed to meet the person's (and family's) current needs and long term goals.

3.9 Intake, Assessment and Service Planning

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

*Behavioral Health Category Assignment*

One of four possible designations (i.e., child, adult with SMI, adult non-SMI with general mental health need and adult non-SMI with substance abuse) that is assigned to each person enrolled in the ADHS/DBHS behavioral health system.

- 3.17 Transition of Persons
- 7.5 Enrollment, Disenrollment and other Data Submission

*Behavioral Health Professional*

Means an individual who meets the applicable requirements in A.A.C. R9-20-204 and is a:

- a. Psychiatrist
- b. Behavioral health medical practitioner
- c. Psychologist
- d. Social worker
- e. Counselor
- f. Marriage and family therapist
- g. Substance abuse counselor, or
- h. Registered nurse with at least one year of full-time behavioral health work experience; and
- i. Meets the requirements of A.A.C. Title 9, Chapter 20.

- 3.7 Clinical Liaison
- 3.14 Securing Services and Prior Authorization
- 3.20 Credentialing and Privileging

*Behavioral Health Related Field*

Includes psychology, sociology/social work, counseling (including chemical dependency), nursing, and social services-related fields with a focus on behavioral health (For a list of behavioral health classes, See [PM Attachment 3.20.1, Examples of College Classes Relevant to Behavioral Health](#)).

- 3.20 Credentialing and Privileging

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

Section 11.0

Definitions

---

*Behavioral Health Technician*

For purposes of this section, means an individual who meets the applicable requirements in A.A.C. R9-20-204 and:

- a. Has a master's degree or bachelor's degree in a field related to behavioral health
- b. Is a physician assistant who is not working as a medical clinician
- c. Has a bachelor's degree and at least one year of full-time behavioral health work experience, or
- d. Has an associate's degree and at least two years of full time behavioral health work experience.

3.7 Clinical Liaison

3.20 Credentialing and Privileging

*Certification of Need (CON)*

Certification that inpatient services are or were needed at the time of the person's admission

3.14 Securing Services and Prior Authorization

*Child and Family Team*

The Child and Family Team (CFT) is a defined group of people that includes, at a minimum, the child and his/her family, any foster parents a behavioral health representative, and any individuals important in the child's life and who are identified and invited to participate by the child and family . This may include, for example, teachers, extended family members, friends and other natural supports, family support partners, healthcare providers, coaches, community resource providers, representatives from churches, synagogues or mosques, agents from other service systems like Child Protective Services or the Division of Developmental Disabilities, etc. The size, scope and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by which individuals are needed to develop an effective service plan, and can therefore expand and contract as necessary to be successful on behalf of the child.

3.14 Securing Services and Prior Authorization

3.22 Out-of-State Placements for Children and Young Adults

*Claim Dispute*

A dispute involving a payment of a claim, denial of a claim or imposition of a sanction.

5.6 Provider Claims Disputes

*Clean Claim*

A claim that may be processed without obtaining additional data from the provider of service or from a third party but does not include claims under investigation for fraud and abuse or claims under the review for medical necessity.

6.1 Submitting Claims and Encounters

*Client Information System (CIS)*

The data system used by ADHS/DBHS

7.5 Enrollment, Disenrollment and other

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

Data Submission

*Clinical Liaison*

A behavioral health professional or a behavioral health technician who has been credentialed and privileged by the T/RBHA or their designee in accordance with ADHS/DBHS requirements to perform this function. The clinical liaison:

- Assumes the primary responsibility of clinical oversight of the person's care;
- Ensures the clinical soundness of the assessment/treatment process; and
- Serves as the point of contact, coordination and communication with the person's team and other systems where clinical knowledge of the case is important.

3.7 Clinical Liaison  
3.17 Transition of Persons  
4.2 Behavioral Health Medical Record Standards

*Clinical Teams*

A team of individuals whose primary function is to develop a comprehensive and unified service or treatment plan for an enrolled person. The team may include an enrolled person, members of the enrolled person's family, health, mental health or social service providers including professionals representing disciplines related to the person's needs, or other persons that are not health, mental health or social service providers identified by the person or family. Clinical teams include Child and Family Teams and Adult Clinical Teams.

4.1 Disclosure of Behavioral Health Information

*Complaint*

A member's expression of dissatisfaction with any aspect of care other than an action.

5.2 Member Complaints

*Condition Requiring Investigation*

An incident or condition that appears to be dangerous, illegal or inhumane, including the death of a person with SMI

5.3 Grievance and Request for Investigation for Persons Determined to Have a Serious Mental Illness (SMI)

*Confidential HIV Information*

(A.R.S. § 36-661) Information concerning whether a person has had an HIV-related or has HIV infection, HIV related illness or acquired immune deficiency syndrome and includes information which identifies or reasonably permits identification of that person or the person's contacts.

4.1 Disclosure of Behavioral Health Information

*Cost avoidance*

Avoiding payment of claims when third party payment sources are available.

3.5 Third Party Liability and Coordination of Benefits

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

*Court Ordered Evaluation*

A professional multidisciplinary analysis based on data describing the person's identity, biography and medical, psychological and social conditions carried out by a group of persons consisting of not less than the following:

(a) Two licensed physicians, who shall be qualified psychiatrists, if possible, or at least experienced in psychiatric matters, and who shall examine and report their findings independently. The person against whom a petition has been filed shall be notified that he may select one of the physicians. A psychiatric resident in a training program approved by the American Medical Association or by the American Osteopathic Association may examine the person in place of one of the psychiatrists if he is supervised in the examination and preparation of the affidavit and testimony in court by a qualified psychiatrist appointed to assist in his training, and if the supervising psychiatrist is available for discussion with the attorneys for all parties and for court appearance and testimony if requested by the court or any of the attorneys.

(b) Two other individuals, one of whom, if available, shall be a psychologist and in any event a social worker familiar with mental health and human services which may be available placement alternatives appropriate for treatment. An evaluation may be conducted on an inpatient basis, an outpatient basis or a combination of both and every reasonable attempt shall be made to conduct the evaluation in any language preferred by the person.

3.18 Pre-petition Screening, Court  
Ordered Evaluation and Treatment

*Credentialing*

Is the process of obtaining, verifying and assessing information (e.g., validity of the license, certification, training and/or work experience) to determine whether a behavioral health professional or a behavioral health technician has the required credentials to provide behavioral health services to persons enrolled in the ADHS/DBHS behavioral health system. It also includes the review and primary source verification of applicable licensure, accreditation and certification of behavioral health providers.

3.20 Credentialing and Privileging

*Cross-tapering*

A process by which one medication is added to a person's medication regime, and its dosage gradually increased, while the dosage of another medication that has been prescribed for the same clinical purpose is gradually reduced and discontinued. This provides a safe and cautious way to substitute one medication for another.

3.15 Psychotropic Medications:  
Prescribing and Monitoring

*Cultural Competence*

A set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals which enables that system, agency or those professionals to work effectively in cross-cultural situations.

3.23 Cultural Competence

*Danger to Others (DTO)*

The judgment of a person who has a mental disorder is so impaired that he is unable to understand his need for treatment and as a result of his mental disorder his continued behavior can reasonably be expected, on the basis of competent medical opinion, to result in serious physical harm to others.

3.18 Pre-petition Screening, Court  
Ordered Evaluation and Treatment

*Danger to Self (DTS)*

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

(a) Behavior which, as a result of a mental disorder, constitutes a danger of inflicting serious physical harm upon oneself, including attempted suicide or the serious threat thereof, if the threat is such that, when considered in the light of its context and in light of the individual's previous acts, it is substantially supportive of an expectation that the threat will be carried out.

(b) Behavior which, as a result of a mental disorder, will, without hospitalization, result in serious physical harm or serious illness to the person, except that this definition shall not include behavior which establishes only the condition of gravely disabled.

3.18 Pre-petition Screening, Court  
Ordered Evaluation and Treatment

*Dangerous*

A condition that poses or posed a danger or the potential of danger to the health or safety of a person with SMI.

5.3 Grievance and Request for  
Investigation for Persons Determined  
to Have a Serious Mental Illness  
(SMI)

*Day*

A calendar day unless otherwise specified.

5.1 Notice Requirements and Appeal  
Process for Title XIX and Title XXI  
Eligible Persons

5.6 Provider Claims Disputes

*Denial*

The decision to deny an initial request made by, or on behalf of, a behavioral health recipient for the authorization of a covered service.

3.14 Securing Services and Prior  
Authorization

5.1 Notice Requirements and Appeal  
Process for Title XIX and Title XXI  
Eligible Persons

5.5 Notice and Appeal Requirements (SMI  
and Non-SMI/Non-Title XIX/XXI)

*Designated T/RBHA*

The T/RBHA responsible for the geographic service area where an eligible person has established his/her residence.

3.17 Transition of Persons

*Drug used as a Restraint*

A pharmacological restraint that is not standard treatment for a behavioral health recipient's medical condition or behavioral health issue and is administered to:

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

Manage the behavioral health recipient's behavior in a way that reduces the safety risk to the person or others;

Temporarily restrict the behavioral health recipient's freedom of movement.

7.3 Seclusion and Restraint Reporting

*Dual eligible*

Refers to a behavioral health recipient who is eligible for both Title XIX and Medicare services. There are two types of dual eligible behavioral health recipients: those eligible for Qualified Medicare Beneficiary (QMB) benefits (QMB dual), and Medicare beneficiaries that are not eligible for QMB benefits (Non-QMB dual).

3.5 Third Party Liability and Coordination of Benefits

*Emergency Behavioral Health Services*

Covered inpatient and outpatient services provided after the sudden onset of an emergency behavioral health condition. These services must be furnished by a qualified provider, and must be necessary to evaluate or stabilize the emergency behavioral health condition.

3.14 Securing Services and Prior Authorization

*Encounter*

A record of a covered service rendered by a provider to a person enrolled with a capitated RBHA on the date of service.

6.1 Submitting Claims and Encounters

*Family Member*

(A.R.S. § 36-501) A spouse, parent, adult child, adult sibling, or other blood relative of a person undergoing treatment, evaluation, or receiving community services.

4.1 Disclosure of Behavioral Health Information

*Fee-for-Service*

A fee is paid for each service based on actual utilization of services, using payment rates set for units of care provided.

6.1 Submitting Claims and Encounters

*Filed*

The date on which the claim dispute is received by the RBHA or ADHS/DBHS.

5.6 Provider Claims Disputes

*Flex Funds*

Funds utilized to purchase any of a variety of one-time or occasional goods and/or services needed for enrolled persons (children or adults) and their families, when the goods and/or services cannot be purchased by any other funding source, and the service or good is directly related to the enrolled person's service plan.

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

3.13 Covered Services

*Formulary*

A list of medications that are made available by individual T/RBHAs for their enrolled behavioral health recipients. The list must encompass all medications included on the ADHS/DBHS minimum list of medications.

3.16 Medication Formulary

*Fraud*

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to the person or some other person. It includes any act that constitutes fraud under applicable Federal or State Law.

7.1 Fraud and Abuse Reporting

*General Consent*

A voluntary written agreement to receive behavioral health services.

3.11 General and Informed Consent to Treatment

*Gravely Disabled (GD)*

A condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because he/she is unable to provide for his/her basic physical needs.

3.18 Pre-petition Screening, Court Ordered Evaluation and Treatment

*Grievance or Request for Investigation*

For purposes of this section means a complaint that is filed by a person with SMI or other concerned person's regarding a violation of the person with SMI's rights or a condition requiring an investigation.

5.3 Grievance and Request for Investigation for Persons Determined to Have a Serious Mental Illness (SMI)

*Health Care Decision-Maker*

A person who is authorized to make health care treatment decisions for the patient, including a parent of a minor and a person who is authorized to make these decisions pursuant title 14, chapter 5, article 2 or 3, or section 8-514.05, 36-3221, 36-3231 or 36-3281.

4.1 Disclosure of Behavioral Health Information

*Health Care Power of Attorney*

A person who is an adult may designate another adult individual or other adult individuals to make health care decisions on that person's behalf by executing a written health care power of attorney that meets all the following requirements:

- Contains language that clearly indicates that the person intends to create a health care power of attorney;
- Is dated and signed or marked by the person who is the subject of the health care power of attorney [except as provided under A.R.S. § 36-3221 (B)]; and
- Is notarized or is witnessed in writing by at least one adult who affirms the notary or witness was present when the

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

person dated and signed or marked the health care power of attorney [except as provided under A.R.S. § 36-3221 (B)] and that the person appeared to be of sound mind and free from duress at the time the of execution of the health care power of attorney.

3.12 Advance Directives

*Health Care Professional*

A physician (allopathic or osteopathic), licensed psychologist, physician assistant, registered nurse (including nurse practitioner and clinical nurse specialist), licensed independent social worker, licensed marriage and family therapist, and licensed professional counselor.

3.3 Referral Process

5.1 Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons

5.2 Member Complaints

*Health Insurance Portability and Accountability Act of 1996 (HIPAA)*

A federal law that includes a section on administrative simplification requiring standardization of electronic data interchanges and greater protection of confidentiality and security of health data.

7.5 Enrollment, Disenrollment and other Data Submission

*HIPAA*

(45 CFR §§ 160.103 and 164.501) The HIPAA Rule contains a number of words and phrases that have specific meaning as applied to the HIPAA Rule. Examples of such words and phrases include, but are not limited to, "treatment," "payment," "health care operations", "designated record set", "covered entity" and "protected health information."

4.1 Disclosure of Behavioral Health Information

*HIV Related Information*

(A.R.S. § 36-661) Information concerning whether a person has had an HIV-related or has HIV infection. HIV related illness or acquired immune deficiency syndrome and includes information which identifies or reasonably permits identification of that person or the person's contacts.

4.1 Disclosure of Behavioral Health Information

*Home T/RBHA*

The T/RBHA with which the person is currently enrolled.

3.17 Transition of Persons

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

*Illegal*

An incident or occurrence that is or was likely to constitute a violation of a state or federal statute, regulation, court decision or other law.

5.3 Grievance and Request for Investigation for Persons Determined to Have a Serious Mental Illness (SMI)

*Immediate Response*

An expedited and instant response to a person who may be in need of medically necessary covered behavioral health services. An immediate response should be initiated without delay, within a timeframe indicated by the person's clinical needs, but no later than two hours from the initial identification of need.

3.2 Appointment Standards and Timeliness of Service

*Incapacity*

An impairment by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication or other cause to the extent that the person lacks sufficient understanding or capacity to make or communicate informed decisions concerning his person.

7.4 Reporting of Incidents, Accidents and Deaths

*Incident or Accident*

Include the following:

- a. Deaths;
- b. Medication error(s) requiring medical services;
- c. Adverse reaction to medications requiring medical services;
- d. Suicide attempt;
- e. Self-inflicted injury;
- f. Suspected or alleged abuse;
- g. Suspected or alleged neglect;
- h. Suspected or alleged exploitation of client;
- i. Physical injury occurring on premises or during a licensee-sponsored activity;
- j. Food poisoning possibly resulting from food provided at the agency or during a licensee-sponsored activity off the premises;
- k. Unauthorized absence from a residential agency, inpatient treatment program, Level IV transitional agency providing services to clients under the age of 18, or an adult in therapeutic foster home;
- l. Physical injury that occurred as a the result of a personal or mechanical restraint;
- m. Suspected or alleged criminal activity that occurs on the premises or during a licensee-sponsored activity off the premises;
- n. Incidents or allegations of violations of the rights contained in A..A.C. R9-2-203 for all persons or in 9 A. C. 21, Article 2 for persons determined to have a serious mental illness; and
- o. Discovery that a client, staff member, or employee has a communicable disease listed in A..A.C. R9-6-202 (A) or (B).

7.4 Reporting of Incidents, Accidents and Deaths

*Independent Living Setting*

A setting in which a person lives without supervision or ongoing and intensive in-home services provided by a T/RBHA or subcontracted provider agency.

3.17 Transition of Persons

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

*Individual*

Any person currently or previously enrolled in a T/RBHA.

4.1 Disclosure of Behavioral Health Information

*Informed Consent*

A voluntary agreement, oral or written, except when explicitly required to be written, following presentation of all potential risks and benefits to the person or guardian prior to the provision of specified behavioral health services

3.11 General and Informed Consent to Treatment

*Inhumane*

An incident, condition or occurrence that is demeaning to a person with SMI or which is inconsistent with the proper regard for the right of the person to humane treatment.

5.3 Grievance and Request for Investigation for Persons Determined to Have a Serious Mental Illness (SMI)

*Inpatient Services*

A behavioral health service provided in a psychiatric acute hospital (including a psychiatric unit in a general hospital), a residential treatment center for persons under the age of 21, or a sub-acute facility.

3.14 Securing Services and Prior Authorization

*Institution for Mental Disease (IMD)*

A hospital, nursing facility or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. An institution is an IMD if its overall character is that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases (42 CFR 435.1009). In the State of Arizona, Level I facilities with more than 16 beds are IMDs except when licensed as a unit of a General Medical Hospital

3.17 Transition of Persons

7.2 Institutions for Mental Disease (IMD) Reporting

*Intake*

The collection by appropriately trained T/RBHA/provider staff of basic demographic information about a person in order to enroll him/her in the ADHS/DBHS system, to screen for Title XIX/XXI AHCCCS eligibility and to determine the need for any co-payments

3.9 Intake, Assessment and Service Planning

*Level I Facility*

A facility licensed per 9 A.A.C. 20 and includes a psychiatric acute hospital (including a psychiatric unit in a general hospital), a residential treatment center for persons under the age of 21, or a sub-acute facility.

3.14 Securing Services and Prior

Arizona Department of Health Services  
 Division of Behavioral Health Services  
**PROVIDER MANUAL**  
 Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

*Level II Facility*

A facility licensed per 9 A.A.C. 20.

Authorization  
 7.4 Reporting of Incidents, Accidents and Deaths

*Limited English Proficiency*

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be limited English proficient, or "LEP".

3.14 Securing Services and Prior Authorization

*Linguistic Competence*

The capacity of an organization and its personnel to effectively communicate with persons of limited English proficiency, those who are illiterate or have low literacy skills, and individuals with disabilities. This may include, but is not limited to, bilingual/bicultural staff and other organizational capacity such as telecommunication systems, sign or foreign language interpretation services, alternative formats, and translation of legally binding documents (e.g. consent forms, confidentiality and patient rights statements, release of information, member handbooks and health education materials).

3.23 Cultural Competence

*Mechanical Restraint*

Any device, article, or garment attached or adjacent to a behavioral health recipient's body that the person cannot easily remove and that restricts the person's freedom of movement or normal access to the person's body, but does not include a device, article, or garment:

Used for orthopedic or surgical reasons; or

Necessary to allow a person to heal from a medical condition or participate in a treatment program for a medical condition.

3.23 Cultural Competence

7.3 Seclusion and Restraint Reporting

*Medical Records*

(A.R.S. § 12-2291) All communications that are recorded in any form or medium and that are maintained for purposes of evaluation, treatment or the provision of community services to a person, including reports, notes, orders, test results, diagnosis, treatments, photographs, videotapes, X-rays, billing records and the results of independent medical, psychiatric or psychological examinations that describe patient care. Medical records also include all psychological, psychiatric or medical records held by a health care provider, including records that are prepared by other providers. Medical records do not include materials that are prepared in connection with utilization review, peer review or quality assurance activities.

4.1 Disclosure of Behavioral Health Information

*Medically Necessary Covered Services*

Covered services provided by qualified service providers within the scope of their practice to prevent disease, disability, and

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

other adverse health conditions or their progression or to prolong life.

3.13 Covered Services

3.14 Securing Services and Prior Authorization

***Medication Error***

Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in control of the health care professional or patient.

3.15 Psychotropic Medications: Prescribing and Monitoring

***Mental Health Care Power of Attorney***

A designated agent who may make decisions about mental health treatment on behalf of a person if the person is found incapable. These decisions shall be consistent with any wishes the person has expressed in the mental health care directive, mental health care power of attorney, health care power of attorney or other advance directive.

3.12 Advance Directives

***Mistreatment***

An intentional, reckless or negligent action or omission that exposes a behavioral health recipient to a serious risk of physical or emotional harm. Mistreatment includes but is not limited to:

- Abuse, neglect or exploitation;
- Corporal punishment;
- Any unreasonable use or degree of force or threat of force not necessary to protect the person or another person from bodily harm;
- Infliction of mental or verbal abuse, such as screaming, ridicule, or name calling;
- Incitement or encouragement of others to mistreat a behavioral health recipient;
- Transfer or the threat of transfer of a behavioral health recipient for punitive reasons;
- Restraint or seclusion used as a means of coercion, discipline, convenience or retaliation;
- Use of medication as punishment;
- Any act in retaliation against a behavioral health recipient for reporting an incident of mistreatment; and
- Commercial exploitation including but not limited to requiring work with no pay, use of photographs for commercial purposes without consent, spending funds belonging to enrolled persons without consent.

7.4 Reporting of Incidents, Accidents and Deaths

***Non-QMB dual***

A person who is eligible for Title XIX services and has Medicare coverage, but who is not eligible for QMB benefits.

3.5 Third Party Liability and Coordination of Benefits

***Out-of-Area Service***

The provision of a behavioral health service to a person in a geographic area other than that of the person's home or designated T/RBHA. Out-of-area service provision includes services provided to a person who is discharged from an inpatient or residential setting to a different T/RBHA's area, but who does not live in an independent living setting.

3.17 Transition of Persons

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

*Payment Records*

All communications related to payment for a patient's health care that contain individually identifiable information.

4.1 Disclosure of Behavioral Health Information

*Persistently or Acutely Disabled (PAD)*

A severe mental disorder that meets all the following criteria:

(a) If not treated has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional or physical harm that significantly impairs judgment, reason, behavior or capacity to recognize reality.

(b) Substantially impairs the person's capacity to make an informed decision regarding treatment and this impairment causes the person to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting treatment and understanding and expressing an understanding of the alternatives to the particular treatment offered after the advantages, disadvantages and alternatives are explained to that person.

(c) Has a reasonable prospect of being treatable by outpatient, inpatient or combined inpatient and outpatient treatment.

3.18 Pre-petition Screening, Court Ordered Evaluation and Treatment

*Personal Restraint*

The application of physical force without the use of any device, for the purpose of restricting the free movement of a behavioral health recipient's body, but for a behavioral health agency licensed as an OBHL Level I RTC, or a Level I sub-acute facility, does not include:

Holding a person for no longer than five minutes, without undue force, in order to calm or comfort the person; or

Holding a person's hand to escort the person from one area to another.

7.3 Seclusion and Restraint Reporting

*Post Stabilization Services*

Medically necessary services, related to an emergency medical condition, provided after the person's condition is sufficiently stabilized in order to maintain, improve or resolve the person's condition so that the person could alternatively be safely discharged or transferred to another location.

3.14 Securing Services and Prior Authorization

*Pre-petition Screening*

The review of each application requesting court-ordered evaluation, including an investigation of facts alleged in such application, an interview with each applicant and an interview, if possible, with the proposed patient. The purpose of the interview with the proposed patient is to assess the problem, explain the application and, when indicated, attempt to persuade the proposed patient to receive, on a voluntary basis, evaluation or other services.

3.18 Pre-petition Screening, Court

Arizona Department of Health Services  
 Division of Behavioral Health Services  
**PROVIDER MANUAL**  
 Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

Ordered Evaluation and Treatment

*Prescriber*

For purposes of this section, a prescriber is a behavioral health medical practitioner licensed to prescribe medications and includes: a. A physician; b. A physician assistant; or c. A nurse practitioner.

- 3.11 General and Informed Consent to Treatment
- 3.15 Psychotropic Medications: Prescribing and Monitoring
- 3.16 Medication Formulary

*Primary Source Verification*

Verification is a direct contact with the sources of credentials. For example, this may include residency programs, licensing agencies, specialty boards and schools to guarantee that statements about training, experience and other qualifications are legitimate, unchallenged and appropriate.

- 3.20 Credentialing and Privileging

*Prior Authorization*

An action taken by ADHS/DBHS, a RBHA or a subcontracted provider that approves the provision of a covered service prior to the service being provided.

- 3.14 Securing Services and Prior Authorization

*Privileging*

IS the process used to determine if credentialed clinicians are competent to perform their assigned responsibilities, based on training, supervised practice and/or competency testing.

- 3.20 Credentialing and Privileging

*Provider Appeal*

A formal written disagreement with a decision made by a T/RBHA or ADHS/DBHS

- 5.6 Provider Claims Disputes

*Prudent Layperson*

A person without medical training who exercises those qualities of attention, knowledge, intelligence and judgment which society requires of its members for the protection of their own interest and interests of others.

- 3.14 Securing Services and Prior Authorization

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

*Psychiatric Acute Hospital*

A hospital that provides inpatient services licensed per 9 A.A.C. 20 and includes a general hospital with a psychiatric unit and a specialty psychiatric hospital (including the Arizona State Hospital).

3.14      Securing Services and Prior  
                 Authorization

*QMB dual*

A person who is eligible for QMB benefits as well as Title XIX services. QMB duals are entitled to Title XIX services and Medicare Part A and Part B services.

3.5        Third Party Liability and Coordination  
                 of Benefits

*Qualified Clinician*

For purposes of this section, qualified clinician is a behavioral health professional as defined by R9-20-101 (15) or a behavioral health technician who is supervised by a licensed behavioral health professional.

5.5        Notice and Appeal Requirements (SMI  
                 and Non-SMI/Non-Title XIX/XXI)

*Qualified Service Organization*

(42 CFR Part 2) A person or organization that provides services to a program, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, medical, accounting, or other professional services, or services to prevent or treat child abuse or neglect, including training on nutrition and child care and individual and group therapy. The person or organization has entered into a written agreement with a program providing drug or alcohol referral, diagnosis or treatment under which the person or organization acknowledges that in receiving, storing, processing or otherwise dealing with any records concerning enrolled persons, it is fully bound by these regulations and, if necessary, will resist in judicial proceedings any efforts to obtain access to records of enrolled persons except as permitted by these regulations.

4.1        Disclosure of Behavioral Health  
                 Information

*Recertification of Need (RON)*

A certification by a physician, physician assistant or nurse practitioner that inpatient services continue to be needed for a person.

3.14      Securing Services and Prior  
                 Authorization

*Referral for Behavioral Health Services*

Any oral, written, faxed, or electronic request for behavioral health services made by any person, or person's legal guardian, family member, an AHCCCS health plan, primary care provider, hospital, jail, court, probation and parole officer, tribal government, Indian Health Services, school, or other state or community agency

3.3        Referral Process

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

*Reduction of Service*

*Reduction of service occurs when a decision is made to reduce the frequency or duration of an ongoing service. A reduction of service does not include a planned change in service frequency or duration that is initially identified in the person's service plan and agreed to in writing by the person receiving services or his/her legal guardian.*

5.5 Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI)

*Residence*

The place where a person lives on a permanent basis.

3.17 Transition of Persons

*Residential Treatment Center (RTC)*

A facility that provides Level I services licensed per 9 A.A.C. 20 to provide services to persons under the age of 21.

3.14 Securing Services and Prior Authorization

*Restraint*

Personal restraint, mechanical restraint or drug used as a restraint.

7.3 Seclusion and Restraint Reporting

*Retro-eligibility Claim*

A claim where no eligibility was entered in the AHCCCSA system for the date(s) of service but, at a later date, eligibility was posted retroactively to cover the date(s) of service.

6.1 Submitting Claims and Encounters

*Routine Response*

A response that is within timeframes indicated by the person's clinical needs, but does not require an immediate or urgent response.

3.2 Appointment Standards and Timeliness of Service

*Sanction*

The portion of a capitation or allocation funding payment that is held back (permanently) from the RBHA by ADHS/DBHS because the RBHA failed to submit a sufficient amount (see Table 2) of CIS "clean" encounters. This should be recorded by the RBHA as an administrative expense.

6.1 Submitting Claims and Encounters

*Seclusion*

The involuntary confinement of a behavioral health recipient in a room or an area from which the person cannot leave.

Arizona Department of Health Services  
 Division of Behavioral Health Services  
**PROVIDER MANUAL**  
 Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

7.3 Seclusion and Restraint Reporting

*Serious Injury*

Any significant impairment of the physical condition of the person as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma and injuries to internal organs, whether self-inflicted or inflicted by someone else.

7.4 Reporting of Incidents, Accidents and Deaths

*Serious Mental Illness (SMI)*

A condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term limitation or indefinite duration. In these persons mental disability is severe and persistent, resulting in long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

3.10 SMI Eligibility Determination

3.17 Transition of Persons

*Serious Occurrence*

A behavioral health recipient's death, a serious injury to a behavioral health recipient or a suicide attempt by a behavioral health recipient.

7.4 Reporting of Incidents, Accidents and Deaths

*Service Authorization Request*

A request made by, or on behalf of, a Title XIX/XXI eligible person for the provision of a covered service.

5.1 Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons

*Service Plan*

A written description of the covered behavioral health services and other informal supports that have been identified through the assessment process that will assist the person to meet his/her specified goals.

3.9 Intake, Assessment and Service Planning

*Sub-Acute Facility*

A facility that provides inpatient services licensed per 9 A.A.C. 20.

3.14 Securing Services and Prior Authorization

*Suspension of Service*

A decision to temporarily stop providing a service.

5.5 Notice and Appeal Requirements (SMI)

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

and Non-SMI/Non-Title XIX/XXI)

*Team*

A group of individuals working in collaboration who are actively involved in a person's assessment, service planning and service delivery. At a minimum, the team consists of the person, family members as appropriate in the case of children and a qualified behavioral health clinician. As applicable, the team would also include representatives from other state agencies, clergy, other relevant practitioners involved with the person and any other individuals requested by the person.

3.9 Intake, Assessment and Service Planning

*Telemedicine*

The practice of health care delivery, diagnosis, consultation, treatment and transfer of medical data through interactive audio, video or data communications.

3.11 General and Informed Consent to Treatment  
4.1 Disclosure of Behavioral Health Information

*Termination of Service*

A decision to stop providing a covered behavioral health service.

5.5 Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI)

*Third Party Liability*

Payment sources available to pay all or a portion of the cost of services incurred by a person

3.5 Third Party Liability and Coordination of Benefits

*Transfer*

The closure of a person's record by the home T/RBHA and simultaneous enrollment of the person by a different T/RBHA.

3.17 Transition of Persons

*Urgent Response*

A rapid and prompt response to a person who may be in need of medically necessary covered behavioral health services. An urgent response should be initiated in a punctual manner, within a timeframe indicated by the person's clinical needs, but no later than twenty-four hours from the initial identification of need. Urgent responses must be initiated upon notification by DES/CPS that a child has been, or will be, removed from their home.

3.2 Appointment Standards and Timeliness of Service

*Voluntary Evaluation*

An inpatient or outpatient evaluation service that is provided after a determination that a person will voluntarily receive an evaluation and is unlikely to present a danger to self or others until the voluntary evaluation is completed. A voluntary evaluation may be invoked after the filing of a pre-petition screening but before the filing of a court ordered evaluation and requires the informed consent of the person.

3.11 General and Informed Consent to

Treatment

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Gila River Regional Behavioral Health Authority Edition

**Section 11.0**

**Definitions**

---

*Working Day*

A Monday, Tuesday, Wednesday, Thursday or Friday unless:

- a. A legal holiday falls on Monday, Tuesday, Wednesday, Thursday or Friday; or
- b. A legal holiday falls on Saturday or Sunday and a contractor is closed for business the prior Friday or following Monday.

5.1 Notice Requirements and Appeal  
Process for Title XIX and Title XXI  
Eligible Persons