

**Arizona Department of Health Services
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Section 3.2 **Appointment Standards and Timeliness of Service**

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3.2.1 Introduction

It is vital that the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) system be responsive and accessible to all the persons it serves. It is the expectation of ADHS/DBHS that provider response to a person's identified behavioral health service need is timely and based on clinical need, resulting in the best possible behavioral health outcome for that person.

Response time is always determined by the acuity of a person's assessed behavioral health condition at the moment he/she is in contact with the provider. ADHS/DBHS has organized responses into three categories: immediate responses, urgent responses, and routine responses.

3.2.2 References

The following citations can serve as additional resources for this content area:

- [42 C.F.R. § 438.206](#)
- [42 C.F.R. § 438.210](#)
- [A.A.C. R9-20-503](#)
- [A.A.C. R9-21-304](#)
- [A.A.C. R9-22-210](#)
- [A.A.C. R9-22-1205\(H\)](#)
- [A.A.C. R9-22-502\(B\)](#)
- [A.A.C. R9-31-1205\(H\)](#)
- [AHCCCS/ADHS Contract](#)
- [ADHS/RBHA Contracts](#)
- [ADHS/Tribal IGAs](#)
- [Substance Abuse Performance Partnership Block Grant](#)

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[Section 3.10, Serious Mental Illness Eligibility Determination](#)
[Section 7.5, Enrollment, Disenrollment, and other Data Submission](#)
[ADHS/DBHS Behavioral Health Covered Services Guide](#)
[Child and Family Team Practice Protocol](#)
[The Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with CPS Practice Protocol](#)
[Policy Clarification Memorandum: Appointment Standards for Referrals of Persons Needing Psychotropic Medications](#)

3.2.3 Scope

To whom does this apply?

- All Title XIX and Title XXI eligible persons;
- All persons determined to have a Serious Mental Illness; and
- All other persons based on available funding. Please note that at the time it is determined that an immediate response is needed, a person's eligibility and enrollment status may not be known. Behavioral health providers must respond to all persons in immediate need until the situation is clarified that the behavioral health provider is not financially responsible. Persons who are determined ineligible for covered services may be referred to applicable community resources.

3.2.4 Did you know...?

- The first behavioral health service following the initial assessment may be another assessment service, if determined by the child and family team or adult clinical team to be the most appropriate service.
- Persons being treated or determined to be in need of psychotropic medications may need an appointment with an individual qualified to prescribe psychotropic medications before an initial assessment is completed.

3.2.5 Definitions

[Immediate Response](#)

[Urgent Response](#)

[Routine Response](#)

3.2.6 Objectives

To ensure the timely response and provision of needed covered behavioral health services to persons based on their individual clinical needs, including urgent responses for children taken into the custody of the Arizona Department of Economic Security/Division of Children, Youth and Families/Child Protective Services (ADES/DCYF/CPS.)

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3.2.7 Procedures

3.2.7-A. Type of response by a T/RBHA or a behavioral health provider (non-hospitalized persons)

	WHEN	WHAT	WHO
IMMEDIATE	Behavioral health services provided within a timeframe indicated by behavioral health condition, but no later than 2 hours from identification of need or as quickly as possible when a response within 2 hours is geographically impractical.	Services can be telephonic or face-to-face; the response may include any medically necessary covered behavioral health service.	<ul style="list-style-type: none"> ▪ All persons requesting assistance unless determined not to be eligible. At the time of determination that an immediate response is needed, a person's eligibility and enrollment status may not be known. Behavioral health providers must respond to all persons in immediate need of behavioral health services until the situation is clarified that the behavioral health provider is not financially responsible.
URGENT	Behavioral health services provided within a timeframe indicated by behavioral health condition but no later than 24 hours from identification of need.	Includes any medically necessary covered behavioral health service.	<ul style="list-style-type: none"> ▪ Upon notification from ADES/DCYF/CPS that a child has been, or will imminently be, taken into the custody of ADES/DCYF/CPS, regardless of the child's Title XIX or Title XXI eligibility status; ▪ Referrals for hospitalized persons not currently T/RBHA enrolled; ▪ All Title XIX/XXI eligible persons; ▪ All non-Title XIX persons determined to have a Serious Mental Illness; and ▪ All other non-Title XIX persons.

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	WHEN	WHAT	WHO
ROUTINE	Appointment for initial assessment within 7 days of referral or request for behavioral health services.	Includes any allowable assessment service as identified in the ADHS/DBHS Covered Behavioral Health Services Guide .	<ul style="list-style-type: none"> ▪ All Title XIX/XXI eligible persons; ▪ All persons referred for determination as a person with a Serious Mental Illness; and ▪ All other persons based on available funding.
	The first behavioral health service following the initial assessment appointment within timeframes indicated by clinical need, but no later than 23 days of the initial assessment.	Includes any medically necessary covered behavioral health service including additional assessment services.	<ul style="list-style-type: none"> ▪ All Title XIX/XXI persons; ▪ All persons determined to have a Serious Mental Illness; and ▪ All other persons based on available funding.
	All subsequent behavioral health services within time frames according to the needs of the person.	Includes any medically necessary covered behavioral health service.	<ul style="list-style-type: none"> ▪ All Title XIX/XXI persons; ▪ All persons determined to have a Serious Mental Illness; and ▪ All other persons based on available funding.

3.2.7-B. 24-hour urgent behavioral health response for children taken into DES/CPS custody

An urgent response (within 24 hours) is required for all children who are taken into the custody of ADES/DCYF/CPS regardless of Title XIX or Title XXI eligibility status. The purposes for this urgent response are to:

- Identify immediate safety needs and presenting problems of the child, to stabilize behavioral health crises and to be able to offer immediate services the child may need;
- Provide behavioral health services to each child with the intention of reducing the stress and anxiety that the child may be experiencing, and offering a coherent explanation to the child about what is happening and what can be expected to happen in the near-term;
- Provide needed behavioral health services to each child's new caregiver, including guidance about how to respond to the child's immediate needs in adjusting to foster care, behavioral health symptoms to watch for and report, assistance in responding to any behavioral health symptoms the child may exhibit, and identification of a contact within the behavioral health system;
- Initiate the development of the Child and Family Team process for each child (see [Child and Family Team Practice Protocol](#)); and

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- Provide the ADES/DCYF/CPS Case Manager with findings and recommendations for medically necessary covered behavioral health services for the initial Preliminary Protective Hearing, which generally occurs within 5 days of the child’s removal.

3.2.7-C Appointments for psychotropic medications

For persons who may need to be seen by an individual qualified to prescribe psychotropic medications (Physicians, Nurse Practitioners, Physician Assistants), it is very important that the person’s need for medication be assessed immediately and, if clinically indicated, that the person be scheduled for an appointment within a timeframe that ensures:

- The person does not run out of any needed psychotropic medications; or
- The person is evaluated for the need to start medications to ensure that the person does not experience a decline in his/her behavioral health condition.

Response for referrals or requests for psychotropic medications:

	WHEN	WHAT	WHO
Referral for psychotropic medications	Assess the urgency of the need immediately. If clinically indicated, provide an appointment with an individual qualified to prescribe psychotropic medications within a timeframe indicated by clinical need, but no later than 30 days from the referral/initial request for services.	Screening, consultation, assessment, medication management, medications, and/or lab testing services as appropriate.	<ul style="list-style-type: none"> ▪ All Title XIX/XXI eligible persons; ▪ All persons determined to have a Serious Mental Illness; ▪ All other persons based on available funding; and ▪ Any person in an emergency or crisis.
All initial assessments and treatment recommendations that indicate a need for psychotropic medications	The initial assessment and treatment recommendations must be reviewed by an individual qualified to prescribe psychotropic medications within a timeframe based on clinical need.	Screening, consultation, assessment, medication management, medications, and/or lab testing services as appropriate.	<ul style="list-style-type: none"> ▪ All Title XIX/XXI eligible persons; ▪ All persons determined to have a Serious Mental Illness; ▪ All other persons based on available funding; and ▪ Any person in an emergency or crisis.

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3.2.7-D. Referrals for hospitalized persons not currently T/RBHA enrolled

Behavioral health providers must quickly respond to referrals pertaining to eligible persons not yet enrolled in the T/RBHA who have been hospitalized for psychiatric reasons. Upon receipt of such a referral, the following steps must be taken:

For referrals of Title XIX/XXI eligible persons:

- Initial face-to-face contact, an assessment and disposition must occur within 24 hours of the referral/request for services; and
- The person must be enrolled and the effective date of enrollment must be no later than the date of first contact. The person must be enrolled whether or not additional behavioral health services will be provided.

For referrals of non-Title XIX/XXI eligible persons:

Persons referred for eligibility determination of Serious Mental Illness:

- Initial face-to-face contact and an assessment must occur within 24 hours of the referral/request for services. Determination of SMI eligibility must be made within timeframes consistent with [Section 3.10, SMI Eligibility Determination](#); and
- Upon the determination of the continued need for behavioral health services, the person must be enrolled and the effective date of enrollment must be no later than the date of first contact.

All other persons:

- Initial face-to-face contact, an assessment and disposition must occur within 24 hours of the referral/request for services based on available funding.

3.2.7-E. Waiting times

ADHS/DBHS has established standards so that persons presenting for scheduled appointments do not have to wait unreasonable amounts of time. Unless a behavioral health provider is unavailable due to an emergency, a person appearing for an established appointment must not wait for more than 45 minutes.

Behavioral health providers arranging for, or providing non-emergency transportation services for members must adhere to the following standards:

- A person must not arrive sooner than one hour before his/her scheduled appointment; and
- A person must not have to wait for more than one hour after the conclusion of his/her appointment for transportation home or to another pre-arranged destination.

3.2.7-F. Other requirements

Upon delivery of a covered behavioral health service, including emergency or crisis services, the person must be immediately enrolled in the behavioral health system and the effective date of enrollment must correspond with the date of first contact. (See [Section 7.5, Enrollment, Disenrollment and Other Data Submission](#)). Persons who receive telephone crisis services only are not enrolled with the T/RBHA.

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All referrals from a person's primary care provider (PCP) requesting a psychiatric evaluation and/or psychotropic medications must be accepted and acted upon in a timely manner according to the needs of the person, and the response time must help ensure that the person does not experience a lapse in necessary psychotropic medications, as described in subsection [3.2.7-C, Appointments for psychotropic medications](#).

Title XIX and Title XXI persons must never be placed on a "wait list" for any Title XIX/XXI covered behavioral health service. If the T/RBHA network is unable to provide medically necessary covered behavioral health services for Title XIX or Title XXI persons, it must ensure timely and adequate coverage of needed services through an alternative provider until a network provider is contracted. In this circumstance, the T/RBHA must ensure coordination with respect to authorization and payment issues. In the event that a covered behavioral health service is temporarily unavailable to a Title XIX/XXI eligible person, the behavioral health provider must adhere to the following procedure.

Select an appropriate Magellan contracted provider.

1. Confirm that the Magellan contracted provider can deliver the needed covered service;
2. Confirm the Magellan contracted provider can meet the timeliness of the needed service; and
3. Coordinate the referral.
4. If no Magellan contracted provider can meet the timeliness of the needed service:
 - a. Select an appropriate non-contracted provider (AHCCCS);
 - b. Confirm that the non-contracted provider can deliver the needed covered service;
 - c. Confirm the non-contracted provider can meet the timeliness of the needed service;
 - d. Call Magellan at 1-800-564-5465 to discuss clinical necessity for a Single Case Agreement/ad hoc; and
 - e. Coordinate the referral.

For title XIX/XXI individuals in Level I,II or III facilities who are discharge-ready but there are no discharge services available within the Magellan contracted provider network:

1. Select an appropriate non-contracted provider (AHCCCS);
2. Confirm that the non-contracted provider can deliver the needed covered service.
3. Providers can access information relative to outpatient treatment appointment and residential bed availability by call Magellan at 1-800-564-5465.
4. Confirm that non-contracted provider can meet the timeliness of the needed service;
5. Call Magellan at 1-800-564-5465 to discuss clinical necessity for a Single Case Agreement/ad hoc; and

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6. Coordinate the referral.
7. If no non-contracted provider can deliver the needed service or meet the timeliness of the needed service, the individual may remain at the Level I, II or III facility until necessary discharge services are arranged.

3.2.7-G. Special populations

ADHS/DBHS receives some funding for behavioral health services through the Federal Substance Abuse Prevention and Treatment Performance Partnership Block Grant (SAPT). SAPT funds are used to provide services for Non-Title XIX/XXI eligible persons. As a condition of receiving this funding, certain populations are identified as priorities for the timely receipt of designated behavioral health services. Currently, all Regional Behavioral Health Authorities and the Gila River Health Care Corporation Tribal RBHA receive SAPT Block Grant funding through ADHS/DBHS; therefore any providers contracted with a RBHA or the Gila River Health Care Corporation must follow the requirements found in this section. All other Tribal RBHAs and their contracted behavioral health providers do not currently receive these funds, so the following expectations do not apply.

SAPT Block Grant Populations

The following populations are prioritized and covered under the SAPT Block Grant:

- First:** Pregnant injection drug users;
- Then:** Pregnant substance abusers;
- Then:** Other injection drug users; and
- Finally:** All other persons in need of substance abuse treatment.

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Response Times for Designated Behavioral Health Services under the SAPT Block Grant (Based on available funding):

WHO	WHEN	WHAT
Pregnant women/teenagers referred for substance abuse treatment (includes pregnant injection drug users and pregnant substance abusers)	Behavioral health services provided within a timeframe indicated by clinical need, but no later than 48 hours from the referral/initial request for services.	Any needed covered behavioral health service, including admission to a residential program if clinically indicated; If a residential program is temporarily unavailable, an attempt shall be made to place the person within another geographic service area. If capacity still does not exist, the person shall be placed on an actively managed list and interim services must be provided until the individual is admitted. Interim services include: counseling/education about HIV and Tuberculosis (include the risks of transmission), the risks of needle sharing and referral for HIV and TB treatment services if necessary, counseling on the effects of alcohol/drug use on the fetus and referral for prenatal care.

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<p>All other injection drug users</p>	<p>Behavioral health services provided within a timeframe indicated by clinical need but no later than 14 days following the initial request for services/referral; or if services are temporarily unavailable, within 120 days after the request/referral. (In these cases, interim services must be offered within 48 hours of request/referral for treatment.)</p> <p>All subsequent behavioral health services must be provided within timeframes according to the needs of the person.</p>	<p>Includes any needed covered behavioral health services;</p> <p>Admit to a clinically appropriate substance abuse treatment program (can be residential or outpatient based on the person's clinical needs); if unavailable, interim services must be offered to the person. Interim services shall minimally include education/interventions with regard to HIV and tuberculosis and the risks of needle sharing and must be offered within 48 hours of the request for treatment.</p>
<p>All other persons in need of substance abuse treatment</p>	<p>Behavioral health services provided within a timeframe indicated by clinical need but no later than 23 days following the initial assessment.</p> <p>All subsequent behavioral health services must be provided within timeframes according to the needs of the person.</p>	<p>Includes any needed covered behavioral health services.</p>

Corrections Officer/Offender Liaison (COOL) Program

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This program does not apply to the Tribal RBHAs. The COOL Program has been established to serve the behavioral health service needs of high-risk offenders on parole from the Arizona Department of Corrections. Behavioral health providers must help ensure that persons referred through the COOL Program receive a first treatment service 14 days from the date of referral.