

General Provider Communication

*Maricopa County Regional Behavioral Health Authority
Magellan Health Services of Arizona, Inc.*

Dear Provider,

Linked below for your review and comment are draft Provider Manual sections and Policy and Procedure Manual sections from the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS):

Draft Provider Manual Sections:

[PM 3.4, Co-payments;](#)

[NEW PM 3.24, Community Service Agencies;](#)

[PM Form 3.24.1, Community Service Agency Title XIX Certification Application;](#)

[PM Form 3.24.2, Community Service Agency Criminal History Affidavit;](#)

[PM Form 3.24.3, Community Service Agency Self Declaration of Criminal History;](#)

[NEW PM 3.25, Crisis Intervention Services;](#)

[PM 4.1, Disclosure of Behavioral Health Information;](#)

[PM 5.4, Special Assistance for Persons Determined to Have a Serious Mental Illness;](#)

[PM Form 5.4.1, Notification of Person in Need of Special Assistance;](#)

[PM 7.1, Fraud and Program Abuse Reporting;](#)

[PM 7.2, Medical Institution Reporting for Medicare Part D;](#)

[PM Form 7.2.1, AHCCCS Notification to Waive Medicare Part D Co-payments for Members in a Medicaid Funded Institution;](#)

Draft Policy and Procedure Manual Sections:

[GA 3.4, Special Assistance for Persons Determined to Have a Serious Mental Illness;](#)

[MI 5.2, Community Service Agencies - Title XIX Certification;](#)

[Attachment 1, Notice of Deficiency:](#)

[Attachment 2, Sample Community Service Agency Title XIX Certificate:](#)

[Attachment 3, Certification Audit Results Template.](#)

Please identify the sections you are referencing and submit any comments regarding these drafts by 12 noon, Friday, August 27, 2010, to:

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If you have any questions, please call Caroline at (602) 652-5902 or William Eichelberger at (602) 652-5812.

Thank you.

