

## NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. § 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

### NOTICE OF EXEMPT RULEMAKING

#### TITLE 9. HEALTH SERVICES

#### CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) ADMINISTRATION

#### PREAMBLE

1. **Sections Affected**

<p>Article 12 R9-28-1201 R9-28-1202 R9-28-1203 R9-28-1204 R9-28-1205 R9-28-1206 R9-28-1207</p>	<b><u>Rulemaking Action</u></b> <p>Amend Amend Amend Amend Amend Amend Amend</p>
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2. **The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statute: A.R.S. § 36-2903.01(H)  
Implementing statute: A.R.S. § 36-2907(E)
3. **The effective date of the rules:**

October 1, 1995
4. **A list of all previous notices published in the Register addressing the exempt rule:**

None published.
5. **The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

Name: Fred Meister  
Address: AHCCCS Administration  
Office of Policy Analysis and Coordination  
801 East Jefferson, Mail Drop 4200  
Phoenix, Arizona 85034  
Telephone: (602) 417-4462  
Fax: (602) 256-6756
6. **An explanation of the rule, including the agency's reasons for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:**

After years of phasing in behavioral health services for various groups, AHCCCS will complete the process and begin offering the full range of behavioral health care to categorical members effective October 1, 1995. Behavioral health services will be added on that date for categorical acute care members 21 and older who are not seriously mentally ill and long-term care members 21 through 64. The two groups were the last categoricals without complete behavioral health care. On the average, about 4,000 eligible acute care members will be receiving treatment every month. The regional behavioral health authority (RBHA) system under the Department of Health Services will provide care to the acute care group over 21. Categorically eligible children under 18 and seriously mentally ill (SMI) adults 18 and older will continue to receive services through the RBHA system. Categorically eligible non-SMI members 18 through 20 will continue to receive care through the AHCCCS health plans. The referral process for the acute care group over 21 will be the same as for members currently referred to the RBHA system. Members can be self-referred or can be referred by primary care physicians, schools, parents, guardians, health plans, courts, tribal governments, or the Indian Health Service. These rule amendments will implement the above behavioral health program changes. Other revisions will update terminology and make the rules more concise, understandable, and consistent with current federal and state law. Laws 1995, Ch. 204, § 11, grants the Administration an exemption from the regular rulemaking procedures.
7. **A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable.
8. **The summary of the economic, small business, and consumer impact:**

Not applicable.

9. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):  
Not applicable.
10. A summary of the principal comments and the agency response to them:  
Not applicable.
11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:  
As required by Laws 1995, Ch. 204, § 11, AHCCCS will provide an opportunity for public comment and will make any necessary amendments to these rules. Public hearings will be scheduled later, during which oral comments may be presented.
12. Incorporations by reference and their location in the rules:  
Not applicable.
13. Was this rule previously adopted as an emergency rule?  
No.
14. The full text of the rules follows:

**TITLE 9. HEALTH SERVICES**

**CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)  
ADMINISTRATION**

**ARTICLE 12. MENTAL BEHAVIORAL HEALTH SERVICES**

Section

- R9-22-1201. Definitions
- R9-22-1202. Eligibility
- R9-22-1203. Service Delivery System and Referral
- R9-22-1204. Covered mental behavioral Health Services for Eligible Persons and Members
- R9-22-1205. Qualifications and Standards of Participation for Service Providers
- R9-22-1206. Payments
- R9-22-1207. Grievance and Appeal Process

**ARTICLE 12. MENTAL BEHAVIORAL HEALTH SERVICES**

**R9-22-1201. Definitions**

The following words and phrases, in addition to definitions contained in A.R.S. Title 36, Chapter 29, and A.A.C. Title 9, Chapter 22, Article 1, have the following meanings unless the context of the Article explicitly requires another meaning:

1. "Administration standards" means the standards established in the Title XIX state plan, federal and state statutes, and Administration rules and policies, and any subsequent amendments ~~thereto~~.
2. No change.
3. No change.
4. "Case manager" means an individual certified as a mental behavioral health professional or a mental behavioral health technician, or an individual with a high school diploma or GED and a combination of 3 years of mental behavioral health education and experience, supervised by a mental behavioral health professional or a clinical supervisor, who participates in the development of mental behavioral health treatment services, is responsible for developing the most cost-effective, clinically appropriate individual service plan; arranges for service provision; and monitors treatment to ensure that the mental behavioral health needs of the member or eligible person are met.
5. No change.
6. "Individual service plan" means a specific plan of treatment including specific mental behavioral health services, service units, anticipated time frames, and provider(s) of care for an eligible person or member.
7. "Mental Behavioral health professional" means a psychiatrist, psychologist, social worker, counselor, certified nurse practitioner, registered nurse, or

- physician's assistant who meets appropriate licensure and/or certification requirements.
- 8. "Mental Behavioral health services" means those Title XIX covered and medically necessary treatment services for mental behavioral health or substance abuse disorders as set forth in Administration standards.
- 9. "Mental Behavioral health technician" means an individual with a bachelor's degree in a mental behavioral health-related field; or a bachelor's degree in any field, plus one year of experience in a mental behavioral health service delivery; or a high school diploma or GED and a combination of mental behavioral health education and experience totaling 4 years. Mental Behavioral health technicians shall be supervised by a mental behavioral health professional or a clinical supervisor.
- 10. "Certified Nurse nurse practitioner" means a registered nurse licensed certified by the Arizona Board of Nursing to A.R.S. Title 32, Chapter 15.
- 11. "Physician's assistant" means a person who is certified by the Joint Board on the Regulation of Physician's Assistants pursuant to A.R.S. Title 32, Chapter 25. In addition, physician's assistants providing mental behavioral health services to eligible persons or members must have a minimum of one year of experience in a mental behavioral health-related field.
- 12. No change.
- 13. No change.
- 14. "Referral" means directing, as appropriate, an eligible person or member requiring mental behavioral health services to a RBHA or contractor for screening, evaluation, ~~diagnosis~~ and treatment.
- 15. "Regional Behavioral Health Authority" (or "RHBA") means an organization under contract with ADHS to coordinate the delivery of mental behavioral health services in a geographically specific service area of the state.
- 16. "Registered nurse" means a person who is licensed by the Arizona Board of Nursing pursuant to A.R.S. Title 32, Chapter 15. In addition, registered nurses providing mental behavioral health services to eligible persons or members must have a minimum of one year of experience in a mental behavioral health-related field.
- 17. "Seriously Mentally Ill" (or "SMI") means those adult persons whose emotional or behavioral functioning is so impaired as to interfere with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. The mental

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disability is severe and persistent and may result in a long-term limitation of their functional capabilities for primary activities of daily living, interpersonal relationships, homemaking, self-care, employment, or recreation. The mental impairment may limit their ability to seek or receive local, state, or federal assistance such as housing, medical and dental care, rehabilitation services, income assistance, and food stamps or protective services. Although persons with primary diagnoses of mental retardation, head injuries, senile dementia, or Alzheimer's Disease frequently have similar problems or limitations, they are not to be included in this definition.

18. No change.
19. No change.
20. "Treatment" means the range of mental behavioral health care received by an eligible person or member that is consistent with the therapeutic goals outlined in the individual service plan.
21. No change.

**R9-22-1202. Eligibility**

- A. ~~The following Title XIX All categorically~~ eligible persons and members with a mental behavioral or substance abuse disorder shall be eligible for covered services set forth in R9-22-1204.
1. ~~Children under 18 years of age eligible pursuant to A.R.S. § 36-2901(4)(b).~~
  2. ~~Non-SMI persons between 18 and 21 years of age are eligible pursuant to A.R.S. § 36-2901(4)(b).~~
  3. ~~Persons 18 years of age and older determined to be SMI by ADHS in accordance with diagnostic procedures established by ADHS pursuant to A.R.S. § 36-550.06 and also eligible pursuant to A.R.S. § 36-2901(4)(b).~~

**R9-22-1203. Service Delivery System and Referral**

- A. The Arizona Department of Health Services (ADHS) shall be responsible, pursuant to A.R.S. § 36-2907.01, 36-2907.02, and 36-2907.03, for the provision of medically necessary mental behavioral health services set forth under this Article to categorically eligible persons and members under 18 years of age, and SMI persons adults 18 years of age and older, and non-SMI adults 21 years of age or older.
1. ADHS shall contract with RBHAs for the provision of mental behavioral health services set forth in R9-22-1204 to eligible persons and members.
  2. RBHAs shall arrange for the availability of covered mental behavioral health services through contracts with qualified services providers within and, if unavailable, outside their service areas.
- B. ~~ADHS, jointly with the Administration,~~ may contract with federally recognized tribal governments for the provision of mental behavioral health services to eligible persons and members. In the absence of such contracts, eligible persons or members who are enrolled in the Indian Health Service (IHS) may receive on-reservation mental behavioral health services through the IHS or the eligible person or member may be referred off-reservation to the RBHA which is responsible for the provision of covered mental behavioral health services off-reservation.
- C. Contracts shall be responsible for:
1. The provision of covered mental behavioral health services to non-SMI categorically eligible persons and members 18 through 20 years of age old non-SMI eligible persons; and
  2. The referral of eligible persons members under 18 years of age; and, SMI adults 18 years of age and older, and

non-SMI adults 21 years of age and older to RBHAs in accordance with standards established by the Director.

- D. No change.

**R9-22-1204. Covered mental Behavioral Health Services for Eligible Persons and Members**

- A. The following general service requirements apply with respect to mental behavioral health services provided under this Article, subject to all applicable exclusions and limitations.
1. No change.
  2. No change.
  3. No change.
  4. No change.
  5. The person is shall be eligible for Title XIX on the date the service is provided and is shall not be in an institution for mental diseases (IMD) unless the eligible person or member is under 21 years of age and in a Title XIX participating inpatient psychiatric facility, or 65 years of age or older and in a Title XIX participating IMD.
  6. No change.
- B. The following mental behavioral health services shall be covered, subject to the limitations and exclusions in this Article, and further subject to approval by the Health Care Financing Administration.
1. No change.
  2. Professional services, including:
    - a. Individual therapy and counseling provided by a mental behavioral health professional or a mental behavioral health technician in face-to-face interaction with the eligible person or member.
    - b. Group and/or family therapy/counseling provided by a mental behavioral health professional or a mental behavioral health technician in face-to-face interaction with the eligible person or member and his/her family, and/or spouse, or other group.
    - c. Psychotropic medication adjustment and monitoring which includes prescriptions, review of the effects and side effects of psychotropic medications, and adjustment of the type and dosage of medication provided by a psychiatrist; or a physician's assistant, certified nurse practitioner, or registered nurse under the direction of a physician.
    - d. Limitations: Only psychiatrists and psychologists may bill independently for services provided. Other mental behavioral health professionals and mental behavioral health technicians shall be affiliated with a qualified agency such as a rehabilitation or clinic agency or an inpatient or outpatient hospital, RTC, or an alternative residential care facility and services provided by these individuals shall be billed through that agency.
  3. Rehabilitation services, including:
    - a. Basic partial care services which are provided by a mental behavioral health professional or a mental behavioral health technician following residential or inpatient treatment, or to prevent placement in a more restrictive setting. Basic partial care services are provided within a structured, coordinated, and continuous program of goal-oriented therapeutic activities.
    - b. Intensive partial care services which are provided by a mental behavioral health professional or a mental behavioral health technician as an

- alternative to inpatient care. Intensive partial care services are a planned, structured, and coordinated program of intensive care, which are scheduled on a regular basis, providing active treatment for full or partial resolution of the eligible person's or member's acute or episodic mental behavioral health problems and includes on-site visits with a psychiatrist.
- c. Emergency/crisis mental behavioral health services provided by a mental behavioral health professional or a mental behavioral health technician. Emergency/crisis mental behavioral health services are immediate and intensive, time-limited, community-based, face-to-face crisis interventions and resolution services which are available on a 24-hour basis in situations where an eligible person or member is a danger to self or others.
  - d. Behavior management services provided by a mental behavioral health professional or a mental behavioral health technician. Behavior management services primarily involve direct patient behavior management and may also include services related to activities of daily living and household services incidental to and consistent with the mental behavioral health rehabilitation needs of the eligible person or member.
  - e. Psychosocial rehabilitation services provided by a mental behavioral health professional or a mental behavioral health technician. Psychosocial rehabilitation services are a comprehensive program of active treatment, including activities of daily living, training in communication, and assistance with psychotropic medication.
  - f. Limitations:
    - i. Intensive partial care services shall be limited to eligible persons or members whose emotional, behavioral, or substance abuse problems indicate a serious emotional disturbance and/or evidence of abuse or neglect.
    - ii. No change.
    - iii. Emergency/crisis mental behavioral health services are limited to emergencies or crises as defined in R9-22-101.38.
4. Evaluation, ~~diagnosis~~ and case management services, including:
- a. Screening provided by a mental behavioral health professional or a mental behavioral health technician. Screening is an in-person interaction with the eligible person or member to determine the need for mental behavioral health services and the assignment of the eligible person or member for further evaluation, diagnosis, or care and treatment.
  - b. Evaluation and ~~diagnosis~~ services provided by a mental behavioral health professional or a mental behavioral health technician. Evaluation and ~~diagnosis~~ is the assessment of the eligible person's or member's medical, psychiatric, psychological, or social conditions to determine if a mental disorder exists and, if so, to provide diagnosis for the direction of care.
  - e. ~~SMI clinical case management provided to SMI eligible persons by a clinical case management~~ team. ~~SMI clinical case management includes evaluation, diagnosis, case management, individual service plan development and treatment, identification of service providers, authorization of services, face to face contact, periodic follow up, medication adjustment and monitoring, crisis management, and therapy.~~
- d. ~~Children's intensive case management provided by a case manager, in consultation with a case management team, to eligible persons under 18 years of age with serious mental illnesses. Children's intensive case management services includes individual service plan development, treatment planning, identification of service providers, authorization of services, face to face and telephone contact, and collateral contacts and support.~~
  - c. Case management services. Case management consists of a set of services and activities through which appropriate and cost-effective Title XIX covered services are identified, planned, coordinated, obtained, monitored, and continuously evaluated.
  - e.d. Limitations:
    - i. Screening services are limited to no more than once for every 6-month period of continuous mental behavioral health services.
    - ii. Reimbursement for evaluation and diagnosis services and non-emergency medication monitoring provided to SMI-eligible persons or members is included in the clinical case management per diem rate and must not be billed separately. An SMI clinical case management team member must not bill independently for the delivery of mental behavioral health services.
    - iii. SMI clinical case management services shall only be provided by a RBHA to SMI-eligible persons or members.
5. ~~Mental Behavioral health-related services, including:~~
- a. No change.
  - b. No change.
6. Transportation services which include emergency and medically necessary transportation to and from settings providing mental behavioral health services.
- a. Limitations:
    - i. No change.
    - ii. No change.
    - iii. Emergency transportation is limited to situations where there is an imminent threat of harm to the eligible person or member if care is not rendered expeditiously.
- R9-22-1205. Qualifications and Standards of Participation for Service Providers
- A. To provide mental behavioral health services to eligible persons or members, qualified service providers shall, at a minimum:
    1. Be employed by or contracted in writing with either a RBHA or a contractor to provide mental behavioral health services to eligible persons or members.
    2. No change.
    3. No change.
    4. No change.
  - B. No change.

R9-22-1206. Payments

- A. No change.
- B. ~~ADHS shall be paid a capitated per month amount for eligible persons receiving services in accordance with standards established by the Administration. ADHS shall receive a monthly capitation payment, based on the number of acute care categorically eligible persons and members at the beginning of each month, in accordance with standards established by the Administration.~~ Administrative costs shall be incorporated into the capitation payment.
- C. Contractors shall be paid for mental behavioral health services provided to enrolled non-SMI persons ~~members~~ 18 through 20 years of age through a capitation adjustment in their contract with the Administration
- D. Claims submissions
  - 1. Contracted service providers shall submit clean claims to ADHS or its designated representative, as specified in the ~~ADHS Intergovernmental Agreement contract~~ with the Administration.

- 2. ~~Payments for claims submitted to ADHS, and for fee-for-service claims for non-enrolled non-SMI eligible persons 18 through 20 years of age submitted to the Administration shall be limited to amounts that do not exceed the capped fee schedule adopted by the Administration, adjusted for third-party payments. The fee schedule is on file at the central office of the Administration.~~
- 3. Claims submitted to contractors and the Administration for non-SMI ~~members or~~ eligible persons 18 through 20 years of age shall comply with the timeframes and other applicable procedures set forth in Article 7.

R9-22-1207. Grievance and Appeal Process

- A. All grievances relating to any adverse action, decision, or policy regarding mental behavioral health issues shall be processed in accordance with standards by the Administration pursuant to contract with the ADHS, contractors, and provider agreements.
- B. No change.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)  
ARIZONA LONG-TERM CARE SYSTEM

PREAMBLE

1. Sections Affected

R9-28-1102	<u>Rulemaking Action</u>
R9-28-1103	Amend
R9-28-1104	Amend
R9-28-1105	Amend
2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):  
 Authorizing statute: A.R.S. § 36-2932(P)  
 Implementing statute: A.R.S. §§ 36-2907(E) and 36-2939(A)(2)
3. The effective date of the rules:  
 October 1, 1995
4. A list of all previous notices published in the Register addressing the exempt rule:  
 None published.
5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:  
 Name: Fred Meister  
 Address: AHCCCS Administration  
 Office of Policy Analysis and Coordination  
 801 East Jefferson, Mail Drop 4200  
 Phoenix, Arizona 85034  
 Telephone: (602) 417-4462  
 Fax: (602) 256-6756
6. An explanation of the rule, including the agency's reasons for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:  
 After years of phasing in behavioral health services for various groups, AHCCCS will complete the process and begin offering the full range of behavioral health care to categorical members effective October 1, 1995. Behavioral health services will be added on that date for categorical acute care members 21 and older who are not seriously mentally ill and long-term care members 21 through 64. The two groups were the last categoricals without complete behavioral health care. Program contractors with the Arizona Long-term Care System (ALTCS) will provide services to eligible ALTCS members 21 through 64. ALTCS members under age 21 or over 64 will continue to receive services through the ALTCS program contractors. These rule amendments will implement the above behavioral health program changes. Other revisions will update terminology and make the rules more concise and understandable, consistent with current federal and state law. Laws 1995, Ch. 204, § 11, grants the Administration an exemption from the regular rulemaking procedures.
7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:  
 Not applicable.

8. The summary of the economic, small business, and consumer impact:  
Not applicable.
9. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):  
Not applicable.
10. A summary of the principal comments and the agency response to them:  
Not applicable.
11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:  
As required by Laws 1995, Ch. 204, § 11, AHCCCS will provide an opportunity for public comment and will make any necessary amendments to these rules. Public hearings will be scheduled later, during which oral comments may be presented.
12. Incorporations by reference and their location in the rules:  
Not applicable.
13. Was this rule previously adopted as an emergency rule?  
No.
14. The full text of the rules follows:

**TITLE 9. HEALTH SERVICES**

**CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)  
ARIZONA LONG-TERM CARE SYSTEM**

**ARTICLE 11. MENTAL BEHAVIORAL HEALTH SERVICES**

Section

- R9-28-1102. Eligibility
- R9-28-1103. Service Delivery System
- R9-28-1104. ALTCS Covered ~~mental Behavioral~~ Health Services for ~~eligible persons~~
- R9-28-1105. Qualifications and Standards of Participation for Service Providers

**ARTICLE 11. MENTAL BEHAVIORAL HEALTH SERVICES**

**R9-28-1102. Eligibility**

Persons with a ~~mental behavioral~~ health or substance abuse disorder ~~under 21 years of age or, beginning July 1, 1993, 65 years of age and older~~ and eligible pursuant to A.R.S. § 36-2931(5) shall be eligible for covered ~~mental behavioral~~ health services set forth in R9-28-1104.

**R9-28-1103. Service Delivery System**

Program contractors, including the Administration for counties in which there is no program contractor, shall be responsible for the provision of medically necessary ~~mental behavioral~~ health services set forth under this Article to ~~eligible persons members~~.

1. Program contractors shall determine if ~~eligible persons members~~ need ~~mental behavioral~~ health services and, if determined to be medically necessary, arrange for ~~mental behavioral~~ health services set forth in R9-28-1104.
2. No change.
3. Program contractors may contract with a Regional Behavioral Health Authority (RBHA) which will be responsible for the provision of ~~mental behavioral~~ health services through its service provider network.

**R9-28-1104. ALTCS Covered ~~mental Behavioral~~ Health Services for ~~eligible persons~~**

- A. The following general service requirements apply with respect to ~~mental behavioral~~ health services provided under this Article, subject to all applicable exclusions and limitations set forth in this Article:
  1. No change.
  2. No change.
  3. No change.

4. The person is eligible for Title XIX on the date the service is provided and is not a resident in an institution for mental diseases (MD), unless the ~~member or~~ eligible person is under 21 years of age and in a Title XIX participating inpatient psychiatric facility, or 65 years of age and older and in a Title XIX participating IMD.
5. No change.

- B. The following ~~mental behavioral~~ health services shall be covered, subject to the limitations and exclusions in this Article and further subject to approval by the Health Care Financing Administration.
  1. Inpatient services, including:
    - a. No change.
    - b. Inpatient psychiatric facility services under the direction of a psychiatrist, for persons under 21 years of age in a residential treatment center (RTC) or an inpatient psychiatric hospital accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) or an inpatient psychiatric hospital.
    - c. IMD services for persons 65 years of age and older.
    - d. Limitations:
      - i. No change.
      - ii. No change.
  2. Professional services, including:
    - a. Individual therapy and counseling provided by a ~~mental behavioral~~ health professional or a ~~mental behavioral~~ health technician in face-to-face interaction with the ~~member or~~ eligible person.
    - b. Group and/or family therapy/counseling provided by a ~~mental behavioral~~ health professional or a ~~mental behavioral~~ health technician in face-to-face interaction with the ~~member or~~ eligible person and his or her family, and/or spouse or other group.
    - c. Limitations: Only psychiatrists and psychologists may bill independently for services provided. Other ~~mental behavioral~~ health professionals and ~~mental behavioral~~ health technicians shall be affiliated with qualified agencies such as a rehabilitation or clinic agency or hospital, and services provided by these individuals shall be billed through that agency.
  3. Rehabilitation services, including:
    - a. Basic partial care services which are provided by a behavioral health technician following residential or inpatient treatment, or to prevent placement in a

more restrictive setting. Basic partial care services are provided within a structured, coordinated, and continuous program of goal-oriented therapeutic activities.

- a-b. Intensive partial care services which are provided by a mental behavioral health professional or a mental behavioral health technician as an alternative to inpatient care for members or eligible persons who are developmentally disabled. Intensive partial care services are a planned, structured, and coordinated program of intensive care which is scheduled for a minimum of 3 consecutive hours on a regular basis, provides providing active treatment for full or partial resolution of the member's or eligible person's acute or episodic mental behavioral health problems and includes on-site visits with a psychiatrist.
  - b-c. Emergency/crisis mental behavioral health services provided by a mental behavioral health professional or a mental behavioral health technician. Such services are immediate and intensive, time-limited, community-based, face-to-face crisis interventions and resolution services available on a 24-hour basis in situations where an a member or eligible person is a danger to self or others.
  - d. Behavior management services provided by a behavioral health professional or a behavioral health technician. Behavior management services primarily involve direct patient behavior management for home and community-based services and may also include services related to activities of daily living and household services incidental to and consistent with the behavioral health rehabilitation needs of the member or eligible person.
4. Evaluation and diagnosis services provided by a mental behavioral health professional or a mental behavioral health technician. Evaluation and diagnosis is services include the assessment of the member's or eligible person's psychiatric, psychological, or social conditions to determine if a mental disorder exists and, if so, to provide diagnosis for the direction of care.

- 5. Mental behavioral health-related services, including:
  - a. No change.
  - b. In addition to the mental behavioral health services covered in subsection (B) the covered services set forth in R9-28-202 shall incorporate mental behavioral health needs as appropriate.
- 6. Limitation Limitations:
  - a. Intensive partial care services shall be limited to members or eligible persons whose emotional, behavioral, or substance abuse problems indicate a serious emotional disturbance and/or evidence of abuse or neglect.
  - b. Prevocational or vocational activities and school attendance educational hours are not included in intensive and basic partial care services and shall not be billed simultaneously with these services.
  - c. Emergency/crisis behavioral health services are limited to emergencies or crises as defined in R9-22-101.

**R9-28-1105. Qualifications and Standards of Participation for Service Providers**

To provide behavioral health services to members or eligible persons, service providers shall comply with requirements set forth in R9-22-1205.

- ~~A. To provide mental health services to eligible persons, qualified service providers shall, at a minimum:~~
  - ~~1. Be employed by or contracted in writing with a program contractor or, if applicable, a RBHA.~~
  - ~~2. Have all applicable state licenses or certifications or comply with alternative requirements established by the Administration.~~
  - ~~3. Register with the Administration as a service provider.~~
  - ~~4. Comply with all applicable criteria set forth in A.A.C. Title 9, Chapter 22, Article 12, and this Article.~~
- ~~B. Utilization control.~~
  - ~~1. Service providers shall cooperate with utilization review and quality management programs of the program contractors and the Administration.~~
  - ~~2. Service providers shall comply with applicable procedures set forth in 42 CFR 456, incorporated by reference herein and on file with the Office of the Secretary of State.~~