



Instructions on Submitting Information with the Letter of Interest

Dear Behavioral Health Provider:

Many Members will contact Banner – University Health Plans (B – UHP) and request specific types of outpatient behavioral health services for their AHCCCS or Medicare Members. It is important for us to know how you can best serve our member population. For example, B – UHP may receive a request for a male therapist who has expertise in working with someone with a personality disorder and a substance abuse disorder and is struggling with gender identity issues. The more information you submit to B – UHP about the services you provide, the better we can determine if there is a network need for your services.

Additionally, B – UHP expects that every interested behavioral health provider has read and understands the Banner – University Health Plan Behavioral Health Provider Manual and other applicable manuals located on our website. The Behavioral Health Manual describes B – UHP's requirements for contracted behavioral health provider for AHCCCS and DSNP Members. This includes understanding the processes and forms required for prior authorization requests, utilization management, discharge planning, quality of care and general requirements to serve our members with behavioral health conditions.

Please read the following Exhibit carefully when selecting the choices. It is the responsibility of the provider to understand the AHCCCS or B – UHP description of the programs and services listed. If there are questions about a description choice, please contact the B – UHP Provider Contracting Department.

1. Independently Licensed Behavioral Health Professionals (including Outpatient & Integrated Care Clinics)

- a) Submit a list and explanation of all evidence-based practices and approaches that are available for members with specific behavioral health conditions. For example, EMDR for Adults with trauma, Cognitive Behavioral Therapy for individuals with Depression/ Anxiety, etc.
- b) Include a description of your office hours, walk in or same day availability and whether appointments after normal business hours or weekends are available.
- c) Include a description of any other clinical services offered such as substance abuse groups for adolescents, adult group therapy for Depression or Anxiety, family therapy, etc.
- d) Include any description of experience/preference of working with specific cultures, for example, African American youth, American Indians, LGBTQ youth, Veterans with substance abuse and trauma concerns.
- e) Sign and submit the Attestation Form

2. Behavioral Health Medical Practitioners (MD, DO, NP, PA)

- a) Submit a brief explanation of the populations you serve (children, adults, teens, geriatric)
- b) Submit hours of operation including nights and weekend availability. Please indicate if you have same day appointment availability.
- c) Submit a brief description of evidence-based practices you employ, if any.
- d) Sign and submit the Attestation Form.

3. Behavioral Health Residential Facility (BHRF) Provider

Please submit the following with your Letter of Interest. If you are unsure of the definitions please refer to the Arizona Administrative Code 10, Article 7: Behavioral Health Residential Facilities and the licensing requirements R9-10-701 through R9-10-722.

- a) Submit Scope of Services/Program Description that includes a program of scheduled activities, experience of staff that provide these activities, mission and goals and overall philosophy of how residents are oriented to the facility's programs and expected lengths of stay.
- b) (R9-10-702) Describe respite services, if offered, for those who admit for an overnight stay and those who admit for non-overnight stay. Briefly describe program activities and staff ratios. Include education and skill set of staff responsible for members receiving respite services.
- c) (R9-10-703) Provide the name of the administrator, their contact information and emergency contact information, and their resume.
- d) Briefly Describe:
 - i. Policy and procedures for staff to employ when the Administrator is not on site. Include a description of staff that are in charge of all operations. Include the staff to resident ratio.
 - ii. Briefly describe the orientation and training that staff receive for new staff and existing employees. Describe the frequency of training and level of staff that deliver the training.
 - iii. Briefly describe how a resident is identified as needing physical health services. Describe how residents will receive immediate and unscheduled unmet need of behavioral health or physical health services.
 - iv. Submit a policy or brief description of medication administration.
 - v. If the facility has more than 10 beds, submit the name of the Clinical Director, their contact information and emergency contact information, and resume. Include credentials to document that the Clinical Director meets the requirements for a Behavioral Health Professional.
- e) (R9-10-704) Briefly describe the description of the Quality Management program including incident reporting, keeping residents safe, transportation of a resident, resident time out and responding to physically aggressive residents, and reporting of any kind of abuse and services that are delivered in an outdoor program.
 - i. Submit the program policy on how the staff will identify a member at risk or in crisis and the requirements for intervention including how staff assess member risk, contact a crisis mobile team and/or ensuring the member is directed to a local crisis center or emergency department for further assessment.
- f) (R9-10-706) Provide the job descriptions of clinical staff that deliver clinical services to residents in the facility;, include the qualifications, experience, skills and knowledge necessary to provide the services in the BHRF scope of services that meet the needs of the residents and ensure the health and safety of the resident.
- g) (R9-10-707) Submit the name and credential of licensed staff that will review and sign an assessment that is conducted by a behavioral health technician or registered nurse within 24 hours of the assessment.

- h) Submit a copy of the assessment and treatment plan forms. Treatment plans should include the number of hours of clinical programming a resident will receive.
- i) (R9-10-709) Submit a description of the discharge planning process. Include when discharge planning is initiated, what staff conducts the discharge plan, confirmation of how staff will introduce the PYX (for adult BHRFs) application for discharge planning, collaboration with outpatient providers and the health plan, and care coordination with physical health care providers.
- j) (R9-10-716) Provide a description of how a staff member providing counseling that addresses a specific type of behavioral health issue (i.e. substance abuse, trauma, depression, etc) has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue.
- k) Sign and submit the Attestation Form.

EXHIBIT 5

FOR

Provider Name: _____

Tax ID#: _____

Site NPI#: _____

For all sections, check all boxes that apply.

Population Served:

SMI	<input type="checkbox"/> Males	<input type="checkbox"/> Females
GMH/SU	<input type="checkbox"/> Males	<input type="checkbox"/> Females
Transitional Age Youth	<input type="checkbox"/> Males	<input type="checkbox"/> Females
Children /Adolescents	<input type="checkbox"/> Males	<input type="checkbox"/> Females
0-5 Children	<input type="checkbox"/> Males	<input type="checkbox"/> Females

Types of Population:

<input type="checkbox"/> Substance Abuse Only - Adults
<input type="checkbox"/> Substance Abuse Only - Children
<input type="checkbox"/> Peers Only
<input type="checkbox"/> Families Only

AHCCCS Medicaid Behavioral Health Services: For Providers that provide Medicaid behavioral health services, the codes and service definitions can be found in the AHCCCS Behavioral Health Covered Services Guide. Providers are responsible for ensuring that the services checked below meet the AHCCCS definition and the accompanying codes, billing limitations, and staff qualifications.

Treatment Services

<input type="checkbox"/> Individual Counseling / Therapy	<input type="checkbox"/> Office	<input type="checkbox"/> Home
<input type="checkbox"/> Hypnotherapy	<input type="checkbox"/> Office	<input type="checkbox"/> Home
<input type="checkbox"/> Family Counseling / Therapy	<input type="checkbox"/> Office	<input type="checkbox"/> Home
<input type="checkbox"/> Group Counseling / Therapy	<input type="checkbox"/> Office	<input type="checkbox"/> Home

Assessment/Evaluation and Screening Services

- Psychiatric Evaluation
- Psychological Testing
- Developmental Screening
- Developmental Testing
- Neurobehavioral Status Exam
- Neuropsychological Testing
- Alcohol/Drug Assessment
- Mental Health Assessment
- Mental Health Assessment by Board Certified Behavioral Analysts
- Individual Biofeedback Therapy
- Alcohol Intensive Outpatient Program

Rehabilitation Services

- Skill Training and Development

- Skill Training and Development by Board Certified Behavioral Analyst
- Psychosocial Rehabilitation Services (Living Skills Training)
- Cognitive Rehabilitation
- Behavioral Health Prevention Education
- Medication Training and Support

Psychoeducational Services and Ongoing Support to Maintain Employment

- Psychoeducational Services (Pre-Job Training and Development)
- Ongoing support maintain employment

Medical Services for Behavioral Health Conditions

- Medication Services
- Comprehensive Medication Services (Opioid Agonist Treatment)
- Alcohol and Drug Services: Methadone Administration
- Laboratory, Radiology and Medical Imaging for Behavioral Health Conditions
- Medication Management
- RN Services
- LPN Services
- Electroconvulsive Therapy (Outpatient)

Other Services:

<input type="checkbox"/> Case Management (GMHSA Adults)	<input type="checkbox"/> Office	<input type="checkbox"/> Out of Office
<input type="checkbox"/> Case Management (Children)	<input type="checkbox"/> Office	<input type="checkbox"/> Out of Office

- Personal Care Services (must be licensed to provide)
- Therapeutic Foster Care/Children
- Adult Behavioral Health Therapeutic Home/Adult Foster Care
- Self Help/Peer Support Services
- Home Care Training (Family Support Services)
- Unskilled Respite Services
- Transportation
- Crisis Services in Emergency Department for evaluation and management of a patient
 (*Note: all mobile, telephonic and crisis stabilization services are excluded from this contract.)
- Inpatient Services--Level 1 Psychiatric
- Inpatient Services-- Sub acute
- Behavioral Health Inpatient Services (formerly Residential Treatment Center)
- Behavioral Health Residential Facility

- Behavioral Health Day Treatment
- Supervised Behavioral Health Day Treatment
- Substance Abuse Transitional Facility Services
- Therapeutic Behavioral Services
- Community Psychiatric Support Treatment/Medical Day Treatment Program
- Supervising Agency-One site or multiple sites that are considered to be a **Supervising Agency as licensed by ADHS** and have capacity to accept, treat and follow statutory requirements for members placed on Court Ordered Treatment for GMH/SU Adults.
- Supported Housing

For Integrated Providers:

- One site or multiple sites registered with AHCCCS as an Integrated Clinic-Provider Type (IC)
 - Integrated services for SMI members only
 - Integrated services for adults
 - Integrated services for children only
 - Integrated services for ALL populations

For integrated providers check all that apply at your integrated site(s):

- Primary Care services
- On site pharmacy
- Immunizations/Flu shots
- Well Child/EPSTD visits
- Well Woman/Well Adult Exams
- On site laboratory

Independent Licensed Behavioral Health Professionals:

<input type="checkbox"/> Licensed Clinical Social Workers (Provider Type 85)	<input type="checkbox"/> Medicare Certified
<input type="checkbox"/> Licensed Professional Counselor (Provider Type 87)	<input type="checkbox"/> Medicare Certified
<input type="checkbox"/> Licensed Marriage/Family Therapist (Provider Type 86)	<input type="checkbox"/> Medicare Certified
<input type="checkbox"/> Licensed Independent Substance Abuse Counselor (Provider Type A4)	
<input type="checkbox"/> Board Certified Behavioral Analyst	

Specialty Services/ Programs:

<input type="checkbox"/> Treatment of maladaptive sexual behavioral behaviors (including sexual offenders)	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Trauma/Post Traumatic Stress Disorder/Abuse/Victims of Sex Trafficking	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Transmagnetic Stimulation (TMS)	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Eye movement Desensitization and Reprocessing (EMDR)	<input type="checkbox"/> Adult	<input type="checkbox"/> Child

<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Traumatic Brain Injury/Cognitive Rehabilitation	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Intellectual Disabilities	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Domestic Violence Programs for Offenders	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Programs/Services for Anxiety Disorders/Phobias	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> LGBTQ Programs / Groups	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Programs/Services for Veterans	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Programs for members with co-morbid physical conditions/disabilities	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Faith-Based Programs	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Cognitive Behavioral Therapy	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Dialectical Behavioral Therapy	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Equine Therapy	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Wellness Programs/ Health Promotion	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Grief/Bereavement Counseling	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
<input type="checkbox"/> Birth through five/infant toddler interventions: Modality Used:		
<input type="checkbox"/> Dyadic/relational therapies		
<input type="checkbox"/> Specialists endorsed by the Infant Toddler Mental Health Coalition of Az. (ITMHCA) or other endorsing program under the Alliance for the Advancement of Infant Mental Health		
<input type="checkbox"/> Multisystemic therapy for juveniles		
<input type="checkbox"/> Other Cultural Population Programs/ Services (e.g. American Indian, African American, Refugees etc. not listed above). Please describe here:		
<input type="checkbox"/> Other: Please list all other additional programs/ services:		

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Transition Aged Youth:

<input type="checkbox"/> First Episode Psychosis Program		
<input type="checkbox"/> Transition to Independence (TIP) Model		
<input type="checkbox"/> Specialist Support and Rehabilitation Services	<input type="checkbox"/> Adult	<input type="checkbox"/> Child

Autism Spectrum Programs:

- Board Certified Analyst
- Board Certified Technicians
- Applied Behavioral Analysis
- Early Intensive Behavioral Interventions (EIBI)

Substance Abuse Service Providers/Programs:

- IV Programs
- Opioid Dependence/ Suboxone
- Gender Specific Programs
- Pregnant Substance Dependent Women Programs
- Outpatient Programs
- Intensive Outpatient Programs
- Methadone Maintenance Programs
- Residential treatment services
- Detoxification services
- DUI Program
- Sub-Acute Facility
- Auricular Acupuncture
- Transitional Substance Abuse Facility
- Substance Programs for Children/Adolescents:
 - Modality used:
 - Adolescent Community Reinforcement Approach(A-CRA)
 - Assertive Community Care (ACC)
 - Global Appraisal of Individual Needs (GAIN)
- Medicare Certified Providers/Programs- Check all that apply

- Medicare Certified Psychiatrists
- Medicare Certified Nurse Practitioners
- Medicare Certified Physician Assistants
- Medicare Certified Social Workers
- Medicare Certified Marriage and Family Therapists
- Medicare Certified to provide Partial Hospitalization Programs

Outpatient/Clinic or Individual Provider Accessibility of Services:

- Open access scheduling for outpatient services
- Open access Psychiatric/Medication Services
- Accept Walk Ins
- Extended Business Hours: *(Please list hours and location)*

Hours: _____ Location: _____

Hours: _____ Location: _____

Hours: _____ Location: _____

For Psychiatrists/ Psychiatric Nurse Practitioner/ Behavioral Health Medical Practitioner:

- Adult
- Children
- Please list any specialty populations here:

- Can accept same day appointments

Behavioral Health Provider Attestation

I _____ (Owner/Administrator) attest to the following requirements below in order to have my Letter of Interest reviewed for a possible contract with Banner – University Health Plans.

_____ The Owner/Administrator and clinical staff, if applicable, have read and understood the Banner – University Health Plans Behavioral Health Provider Manual.

_____ ***For BHRF only***- The Owner/Administrator understands that the per diem rate includes all requirements as outlined in the Arizona Administrative Code Arizona Administrative Code 10, Article 7: including counseling for residents. Residents are not to receive counseling services outside of the BHRF unless a prior authorization has been submitted to Banner Behavioral Health Medical Management with a justification as to why the BHRF is unable to provide counseling for the member during their residential stay. *(For example, the member may require a specialty type of counseling for trauma-related conditions that the BHRF does not have expertise in. The BHRF is permitted to subcontract with outside vendors; however, they must be AHCCCS-registered providers and must not bill Banner for their services. Their contract is with the BHRF provider and not Banner).*

Printed Name

Signature (Owner/Administrator)

Date of Signature