

Instructions on Submitting Behavioral Health Program Information and Exhibit E

Dear Behavioral Health Provider:

Many Members will contact Banner and request specific types of outpatient behavioral health services. The more information you submit to Banner about the services you provide, the better we can determine if there is a network need for your services.

Please submit your letter of interest, review, complete the Exhibit E. Only check the populations and programs your clinic currently offers. ***Attach a detailed description of each program that you check and include any Evidenced Based Practice(s) utilized, services example: Assessment, Individual Therapy, Group Therapy, etc.) in the program, the license type of practitioners providing the services and the typical length of program.***

Additionally, Banner 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 located <https://www.banneruhp.com/materials-and-services/provider-manuals-and-directories>.

Behavioral Health Residential Facility (BHRF) Provider:

Please submit the 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.

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.

If you are unsure of the requirements of Behavioral Health Residential Facilities, 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.

**EXHIBIT E
FOR**

Provider Name: _____

Tax ID#: _____

Site NPI#: _____

For all sections, check all boxes that apply.

Population Served:

Types of Population

| | | |
|--|--------------------------------|----------------------------------|
| Serious Mental Illness (SMI) | <input type="checkbox"/> Males | <input type="checkbox"/> Females |
| General Mental Health/Substance Use (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 |

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"/> Telemedicine |
| <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"/> Telemedicine |
| <input type="checkbox"/> Group Counseling / Therapy | <input type="checkbox"/> Office | <input type="checkbox"/> Home | <input type="checkbox"/> Telemedicine |

Assessment/Evaluation and Screening Services (Only mark services your agency provides)

- 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 (Only mark services your agency provides)

- Skills Training and Development
- Psychosocial Rehabilitation Services (Living Skills Training)
- Cognitive Rehabilitation
- Behavioral Health Prevention Education
- Medication Training and Support
- Psychoeducational Services (Pre-Job Training and Development)
- Ongoing support maintain employment

Medical Services for Behavioral Health Conditions (Only mark services your agency provides)

- 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)

Independent Licensed Behavioral Health Professionals:

- Licensed Clinical Social Workers (Provider Type 85) Medicare Certified
- Licensed Professional Counselor (Provider Type 87)
- Licensed Marriage/Family Therapist (Provider Type 86)
- Licensed Independent Substance Abuse Counselor (Provider Type A4)
- Board Certified Behavioral Analyst

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

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

- Can accept same day appointments

Other Services: (Only mark services your agency provides)

| | | | |
|--|---------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Case Management (GMH/SU Adults) | <input type="checkbox"/> Office | <input type="checkbox"/> Out of Office | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Case Management (Children) | <input type="checkbox"/> Office | <input type="checkbox"/> Out of Office | <input type="checkbox"/> Telemedicine |

- 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
- Unskilled Respite Services
- Transportation
- Crisis Services in Emergency Department for evaluation and management of a patient
(*Note: 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 (must include detailed description of program)
- Behavioral Health Day Treatment
- Supervised Behavioral Health Day Treatment
- Substance Abuse Transitional Facility Services
- Therapeutic Behavioral Services
- 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

Specialty Services/ Programs: (Only mark services your agency provides)

- | | | |
|---|--------------------------------|--------------------------------|
| <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: | | |

Transition Aged Youth:

- First Episode Psychosis Program
- Transition to Independence (TIP) Model

Substance Abuse Service Providers/Programs: (Only mark services your agency provides)

- 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

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 all 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

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: _____

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.

Check all that apply:

_____ The Owner/Administrator and clinical staff, if applicable, have read and understood the Banner University Health Plan 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