Non-Title XIX SMI services are behavioral health services for persons who have a Serious Mental Illness (SMI) but do not qualify for Arizona's Medicaid program also known as AHCCCS (Arizona Health Care Cost Containment System). Below you will find information concerning the benefits and services for Non-Title XIX SMI members enrolled with NARBHA.

The services include 1) Case Management Services, 2) Peer Support and Planning, 3) Community Based Supports, 4) Medication Management. See also NARBHA’s Funding Allocation Plan for FY2013.

SERVICES
1. CASE MANAGEMENT SERVICES

NARBHA’s Responsible Agency Provider Behavioral Health Medical Practitioners (BHMP) will evaluate for and assign an identified Case Manager for non TXIX adults with SMI based on an objective and individualized determination of member need using DBHS standardized criteria and clinical judgment.

Case Manager Assignment Determination (CMAD)
NARBHA has developed an SMI Non TXIX/XXI Registry of all currently enrolled non TXIX adults with SMI by July 1 (completed). The SMI Non TXIX/XXI Registry will identify non TXIX members who have prior year hospital and crisis utilization, Title 36 Orders and special assistance identified. Registries will be distributed to each Responsible Agency (RA) to assist in tracking case manager assignment determinations (CMAD).

NARBHA has initiated a form modeled after the SMI Determination Form utilizing DBHS criteria for case manager assignment determination in order to assist provider BHMPs with the CMAD and with documentation. (See attached PM Form 3.13.1 Case Manager Assignment Determination)

For existing Non TXIX persons with SMI, NARBHA will instruct BHMPs by June 30, 2012 (completed June 26) to complete the CMAD and document it by September 30, 2012.
For new Non TXIX persons with SMI after July 1, 2012: RA BHMPs will complete a CMAD at the time of the SMI Determination process or when the member’s clinical needs change.

The BHMP will ensure the member is notified of appeal rights related to the determination consistent with requirements in ADHS/DBHS Policy and Procedure GA 3.5 (Notice and Appeal Requirements). NARBHA will develop model language for the CMAD Notice of Decision and ensure that the language contains text approved by DBHS Office of Grievance and Appeals.

July 2012
Northern Arizona Regional Behavioral Health Authority Inc.  Page 1 of 8
1300 South Yale Street, Flagstaff, AZ 86001  1-928 774 7128  1-800-640-2123
www.narbha.org
The assigned Case Manager will be responsible for development of and updating the Individual Service Plan per Provider Manual Form 3.9.2 (Assessment and Service Planning, Self-Developed Recovery Plan).

NARBHA’s Responsible Agency Providers (these are the agencies responsible for intake, enrollment and oversight of the full range of behavioral health services for members in our region) will determine, and adjust case load sizes for their case management staff to meet member needs.

BHMPs at the Responsible Agency Providers are also trained on the self-directed peer supported service planning options for case management planning [see protocol and plan in Peer Support and Planning Processes below]. Clinical staff (including BHMPs) will ensure that those members who are not assigned a case manager are informed about the option for developing a meaningful self-directed service plan, and the availability of services such as health promotion and peer supports in this process, as well as the additional services that are now available for non TXIX members with SMI [see Community Based Support Services below]. Clinical staff will provide clinical expertise in the review, approval and incorporation of the proposed, self-directed service plan into the required treatment plan, as per NARBHA Provider Manual Form 3.9.2 Assessment and Service Planning. NAZCARE’s seven sites in our region are accessible and in some cases co-located on the same campuses as our Responsible Agency Providers, which enables closer coordination and ongoing access especially for non TXIX SMI members who may not be assigned case managers.

BHMPs may complete a CMAD to add or remove a case manager assignment at any time based on clinical judgment and changes in clinical status, including recent hospitalization, discharge from Arizona State Hospital, frequent crisis contacts, new Court Ordered Treatment, achievement of recovery goals, etc. Members who are on Court-Ordered Treatment, Guilty Except Insane, Not Guilty by Reason of Insanity, under the jurisdiction of the Arizona Community Protection and Treatment Center (ACPTC) and who are living in the community, or who have Special Needs will be assigned a case manager for the duration of these statuses.

Initial training and technical assistance:
NARBHA Provider BHMP Committee/ Pharmacy &Therapeutics Committee meeting June 26, 2012 (completed); July 24, 2012

NARBHA Adult and Child Clinical Directors System Wide: July 16, 2012

Email notification to all provider CEOs, clinical directors and provider BHMPS- June 29, 2012 (completed)

Oversight and Tracking
NARBHA will notify all Provider agencies and provider BHMPs by June 29, about the DBHS guidelines for the provision of case management services for all members, including those who qualify for having an assigned case manager, effective July 1, 2012 (completed)
Every month, providers will report to NARBHA existing non TXIX eligible adults with SMI who received a CMAD and new persons with SMI who received a CMAD along with its results. (NARBHA Provider Deliverable).

On a quarterly basis, a sample will be drawn from these CMAD reports for targeted Case File Review to monitor and track the results, ensure inter-rater reliability of CMAD and member receipt of Notices of Decision (NODs). Results are reported to NARBHA Quality Management Committee.

NARBHA will review on a quarterly basis at the Medical Management Committee the percentage of non TXIX eligible adults with SMI who have an assigned Case Manager by provider to monitor over- or under- assignment.

NARBHA will monitor case manager assignments and caseloads, and direct Responsible Agency Providers about re-evaluating Case Manager Assignment Determinations based on clinical need.

NARBHA will review on a quarterly basis at the Medical Management Committee the utilization of case management services by provider to monitor over- or under- utilization against the DBHS-approved NARBHA established targets (see attached).

If upon review, a provider is not meeting the targets, the Medical Management Committee refers it to the NARBHA Performance Improvement Unit for action. Action taken can consist of the following: a letter of concern, corrective action, or a collaborative plan of improvement utilizing the Plan Do Study Act (PDSA) process.

**SERVICES**

2. **PEER SUPPORT AND SERVICE PLANNING**

**Member Communications:** NARBHA sent a letter to all Non TXIX enrolled members with Serious Mental Illness about changes to their benefits and about how to access peer support services through the NARBHA provider network, including consumer-run Recovery Centers that are located in all five counties of GSA 1, to assist them in developing a peer-driven, self-developed proposed service plan to be shared with their BHMP, Adult Recovery Team and assigned case manager (if applicable). (July 2012) These communications are mailed to all active and inactive members, and are followed up by NARBHA staff directly with provider agencies as necessary to update contact/addresses for members whose mailed communications are returned due to address failures.

NARBHA and its contractor NAZCARE will communicate the availability of these new non
FY2013 PLAN FOR SERVICES NON-TXIX ELIGIBLE ADULTS WITH SMI

TXIX SMI benefits and services through seven NAZCARE sites throughout our region. NAZCARE has continued to provide many non TXIX peer services to persons with serious mental illness since 2010 and this safety net will aid in reaching these members who are no longer enrolled despite provider outreach and attempts at re-engagement.

Website Notice: NARBHA will post the benefit changes and member letter on the NARBHA website with links to the ADHS/DBHS website page on the changes. (July 2012)

Clinical Practice Protocol, Self-Directed, Peer Supported Service Planning: NARBHA’s OIFA will convene a group of peers, family members and providers to develop a clinical practice protocol and training materials on developing a peer-driven, self-developed proposed service plan to include natural supports that can be leveraged and strengthened; as well as outline crisis prevention approaches (eg warm line availability) and how the emergence of a potential crisis will be addressed; the use of WRAP. (To be completed in August 2012) NARBHA is fortunate to utilize and build upon the existing self-directed peer supported individual service planning process and template which has been developed and is currently utilized by NAZCARE. This new practice protocol and template will be finalized the week of July 23. NARBHA understands that not all of the elements of an ISP will be required in the self-directed, peer supported service plan process, however the template that NARBHA develops in this process will be provided to DBHS for approval and will include the necessary steps for ensuring that BHMPs in the provider agencies incorporate the medically necessary self-directed, peer supported services into the service plan.

Training: NARBHA’s BHMPs, peer support staff and clinical staff will receive training on the OIFA developed service planning clinical practice protocol once completed. The first introduction for NARBHA providers to this practice’s role in the current ISP process occurs July 16, 2012, and is conducted by NARBHA. NARBHA has contracted with NAZCARE to develop training curricula for the new practice protocol and the self-directed peer supported service plan. The first of these will take place in Flagstaff at NARBHA’s offices and via telemed and will be recorded to allow future and continuing dissemination to clinical staff, BHMPs and provider agencies in our region. NAZCARE currently trains peer and family support staff in our provider agencies throughout the region and through their seven site locations in northern Arizona, This activity will build upon those successful training programs.

Peer and Consumer Run Organizations Collaboration: NARBHA has expanded its existing contract arrangements with NAZCARE to incorporate an array of new activities encompassed in managing the non TXIX SMI services and benefits outlined in this plan, and to facilitate these concepts and programs at each of our provider agencies. This expansion is important to ramping up the availability of peer and recovery services in northern Arizona and as reflected in our Funding Allocation Plan (Attachment B), and to reach our service goals and targets. NARBHA contracts with MiKID and will utilize that family-run agency’s resources in these efforts as well. NARBHA will continue to collaborate with consumers, Peer and Family Run Organizations in our network, including NAZCARE, to promote these concepts at all provider locations. Peer-run
organizations and staff employed by peer-run organizations will be optimized to assist in proposed service plan development for members without an assigned Case Manager. They will play a vital role in assisting individuals develop a proposed service plan and have existing tools/processes that are being adapted to meet this need. These organizations (NAZCARE and MiKID) can provide training and mentoring for peer-support staff working within other settings to develop a proposed service plan using these tools. (ongoing)

Oversight and Tracking
On a quarterly basis, NARBHA will conduct special Case File Reviews of Non TXIX Eligible persons with Serious Mental Illness to monitor the appropriate use of peer services being offered and the clinical practice protocol. Results will be reported to the Quality Management Committee.

NARBHA tracks referrals from Responsible Agency Providers to peer run agencies (such as NAZCARE) and utilizes claim data to track and monitor utilization of peer support services. Tracking of these referrals and peer support encounters is accomplished in the Medical Management Committee on a quarterly basis.

SERVICES
3. COMMUNITY BASED SUPPORT SERVICES

Utilization Targets: A primary focus of NARBHA’s non TXIX SMI Implementation Plan is to employ strategies to promote a systemic shift to the use of recovery based services vs. more traditional patterns of service utilization. NARBHA will prioritize the availability of and efficient utilization of support and rehabilitation services to foster member independence and self-sufficiency while decreasing long-term dependency on the public service system by establishing under and over utilization targets as approved by DBHS, and funding allocations to providers. With a goal of relative parity, NARBHA compared the actual current FY2012 SMI TXIX service utilization distribution of the new SMI Non TXIX benefits in the development of the proposed SMI Non TXIX/TXXI targets. We also used FY2010 SMI Non TXIX/TXXI expenditures provided by DBHS to ensure that targets were in line with DBHS expectations and did not overly rely on case management or overly utilize transportation. (See attached Funding Allocation Plan for Utilization Targets)

Ongoing Member Education: NARBHA will continue to highlight peer and recovery based services that are available at the local community levels in all five counties across our network through our Companion newsletter and website for members. NARBHA model Notice of Decision language for the CMAD will also include all the new services available. (ongoing)

Transitioning and Outreach: With the new case management and community based support
services benefit, NARBHA expects alignment of clinical practices between TXIX and SMI Non TXIX/XXI members for providers in discharge planning, safe, prompt transition back to the community and outreach and engagement, as outlined in Provider Manual 3.17 Transition of Persons; 3.2 Appointment Standards and Timeliness and 3.8 Outreach, Engagement, Re-
Engagement and Closure. Outreach by peer support staff will be encouraged. NAZCARE will continue its collaboration at each of our Responsible Agency Provider clinics. In addition to discharge and transition planning activities available through our Provider Agencies, NARBHA care managers are actively involved in coordination of care and discharge planning for all members in Arizona State Hospital, out of area hospitalizations and prior-authorized inpatient services, regardless of a member having a NARBHA hospital benefit, in order to ensure appropriate transitions to outpatient services.

If a behavioral health recipient will be moving to a GSA other than where he/she has been receiving inpatient treatment services, coordination by NARBHA Care Managers and Member Services ensures appropriate services/placement and necessary re-engagement activities occur upon discharge.

**Oversight and Tracking**
NARBHA will utilize claims and encounter data to track the spending in these community support services and will evaluate utilization of service areas through the Medical Management Committee at a minimum quarterly. If upon review, a provider is not meeting the targets, the Medical Management Committee refers it to the NARBHA Performance Improvement Unit for action. Action taken can consist of the following: a letter of concern, corrective action, or a collaborative plan of improvement utilizing the Plan Do Study Act (PDSA) process.

NARBHA currently monitors the level of referrals to peer recovery centers.

As per NARBHA’s MCE plans for July 2012, all persons on inpatient units who have had a hospitalization in the past 12 months are eligible to be randomized to enhanced NARBHA care management for discharge planning and transition.

NARBHA Care Management Unit may identify persons discharging from ASH, out of area hospitals, incarceration or COT (Court Ordered Treatment) as needing a CMAD and will refer to the Medical Director where the member receives services.
Revised Combined Formulary: Starting July 1, 2012, there will be one Medication Formulary for all T19 and NonT19 SMI members as per DBHS policy. (completed)

Prior Authorization: In addition to Abilify, persons already on a non-formulary medication that was prior authorized within the 2 months before July 1, will continue to receive that medication without a new prior authorization. If the medication is discontinued, prior authorization is required prior to being re-started. [See Attachment C: Implementing Prior Authorization Criteria for Abilify July 1, 2012].

Abilify Prior Authorization and Other Atypical Brand-Name Only Neuroleptics: Persons who are newly starting Abilify or a Brand-Name Neuroleptic after 7/1/12 will need to have the medication prior authorized following the Prior Authorization Criteria provided by DBHS for Abilify, with the exception that a Metabolic Syndrome, Diabetes and BMI would not be a reason for authorization for those other neuroleptics. NARBHA will submit a request for prior authorizing brand name Seroquel XR.

NOA/ NOD: Persons who are denied a prior authorized medication will receive a Notice of Decision or a Notice of Action and right to appeal as per ADHS/DBHS Policy.

Ongoing Member and Provider Education: The revised NARBHA Formulary will be posted on the NARBHA website by July 15, 2012.

Initial training, input and technical assistance:
NARBHA Provider BHMP Committee/ Pharmacy & Therapeutics Committee meeting June 26, 2012 (completed); July 24, 2012

NARBHA Adult and Child Clinical Directors July 16, 2012

Email notification to all provider CEOs, clinical directors and provider BHMPS- June 29, 2012 (completed)

NARBHA’s pharmacy benefit manager manages medication payment at the point of sale.

Oversight and Tracking
Medication utilization and expenditures are tracked by medication type, number of prescriptions and cost on a quarterly basis, are reviewed in the NARBHA Medical Management Committee and the NARBHA Pharmacy and Therapeutics Committee. Flat files and narrative discussion of data

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trends and actions are provided to DBHS quarterly.

New prior authorization requests for Abilify will be tracked by reason for request, age of member, population, BHMP, provider agency, approvals and denials.

Medication expenditures are tracked and reported regularly to the NARBHA Budget Committee for analysis, truing and action.

**MONITORING EXPENDITURES**

To monitor expenditures to ensure that the funding is consistent and sufficient to last throughout the fiscal year: NARBHA allocates a fixed amount of annual funding to providers, and places in contract/policy a statement that the funding must be utilized in a way that services can be available and are sustained throughout the fiscal year. Additionally internal encounter reports enable monitoring of utilization of this fund source monthly. NARBHA uses its truing mechanism to move funds among providers to address situations of under or over-utilization.

To bring the budget into alignment if it is discovered that funding is insufficient for the budgeted expenditures: The monitoring plans described above are in place, accompanying the allocation of a fixed amount of funding to providers. If utilization significantly exceeds available funding, NARBHA will work with the affected providers to remedy the situation promptly.

To notify ADHS/DBHS if there are any funding or programmatic changes necessary as a result of this monitoring: NARBHA’s CFO will contact the DBHS CFO to request programmatic changes or to seek additional funding.

**Attachments:**

A. Provider Manual Form 3.13.1 Case Manager Assignment Determination
   Provider Manual Form 3.9.2 Self-Developed Recovery Plan
   Provider Manual Form 5.5.1 Notice of Decision

B. NARBHA FY2013 Funding Allocation Plan

C. Implementing Prior Authorization for Abilify
ATTACHMENT A

PROVIDER MANUAL FORM 3.13.1  SMI NON-TXIX CASE MANAGER ASSIGNMENT DETERMINATION
PROVIDER MANUAL FORM 3.9.2  SELF-DEVELOPED RECOVERY PLAN
PROVIDER MANUAL 5.5.1  NOTICE OF DECISION AND RIGHT TO APPEAL
NARHBA PROVIDER MANUAL FORM 3.13.1
SMI NON-TXIX Case Manager Assignment Determination

MEMBER NAME: ___________________________ DOB: __________________
RESPONSIBLE AGENCY: ___________________________ ID: __________________

A Case Manager shall be assigned to non-TXIX eligible adults with SMI when the member has been determined to be at-risk for safety and successfully managing themselves in the community due to treatment non-adherence, severity of symptoms, or inability to independently coordinate their own care or transition between systems, as evidenced by one of the criteria below. Persons with "required" criteria should be assigned a case manager at least until this status is no longer applicable.

Timing: All SMI NonT19 persons as of July 1, 2012 will have this review completed and documented no later than Sept 30, 2012. New enrollees will have the review completed as part of the SMI Determination process. Check each section I, II, III, IV with determination or attestation:

I. Preliminary Case Manager Assignment Determination
   The member currently meets the following criteria:

<table>
<thead>
<tr>
<th>Check all that apply</th>
<th>DBHS Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals who require ongoing assistance to access, maintain and monitor needed services</td>
<td></td>
</tr>
<tr>
<td>Individuals who frequently access crisis services</td>
<td></td>
</tr>
<tr>
<td>Individuals in need of frequent hospitalizations or inpatient services</td>
<td></td>
</tr>
<tr>
<td>Individuals under civil court ordered treatment pursuant to ARS 36-501 et seq (REQUIRED)</td>
<td></td>
</tr>
<tr>
<td>Individuals residing in the community under the jurisdiction of the Psychiatric Security Review Board (PSRB) as GEI or Not Guilty by Reason of Insanity (NGRI) (REQUIRED)</td>
<td></td>
</tr>
<tr>
<td>Individuals under the jurisdiction of the Arizona Community Protection and Treatment Center (ACPTC) that are living in the community (REQUIRED)</td>
<td></td>
</tr>
<tr>
<td>Individuals discharged from long term hospitalization or an institutional setting, including the Arizona State Hospital (REQUIRED)</td>
<td></td>
</tr>
<tr>
<td>Individuals with active involvement in the criminal justice system, including probation, parole or repeated arrests</td>
<td></td>
</tr>
<tr>
<td>Individuals on an Assertive Community Treatment (ACT) or Intensive Recovery Team</td>
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</tr>
<tr>
<td>Individuals who have been determined to need special assistance under ADHS/DBHS Provider Manual Section 5.4 and Policy Manual Section GA 3.4 (REQUIRED)</td>
<td></td>
</tr>
</tbody>
</table>

II. Final Case Manager Assignment Determination
   □ Needs Assigned Case Manager - Based on the criteria identified above, as well as clinical judgment, the individual meets criteria for assignment of a case manager.
   □ Does Not Need Assigned Case Manager - Based on the criteria identified above, as well as clinical judgment, the individual does not meet criteria for assignment of a case manager.

III. Peer-Driven, Self-Developed Proposed Treatment Plan Availability
   □ I understand that member may develop this plan to include natural supports, crisis prevention approaches and/or WRAP. A full array of recovery oriented services may be considered including peer support, family support, living skills training, health promotion, personal assistance, respite care, supported employment and permanent supportive housing.

IV. Notice of Decision regarding Assigned Case Manager:
   □ Member was given a Notice of Decision (PM Form 5.5.1), including the right to appeal, as per ADHS/DBHS Policy GA 3.5 Notice of Appeal, Requirements (SMI and Non-SMI, NXIX/XXI).

Comments: ____________________________________________________________

Behavioral Health Medical Practitioner Reviewer Name (print) / Signature ___________________________ Credentials ___________ Date ___________

Last Revision Date: 07/31/2012
NARBHA PROVIDER MANUAL FORM 3.9.2
SELF-DEVELOPED RECOVERY PLAN

Name: ________________________________ Date: ____________________

My goals are:
1) ____________________________________________________________
2) ____________________________________________________________
3) ____________________________________________________________

My strengths are:
_________________________________________________________________

These goals will help me to:
_________________________________________________________________

To reach my goals I will participate in the following:

<table>
<thead>
<tr>
<th>Service</th>
<th>Where will I receive this service?</th>
<th>How often will I engage in this service?</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Peer Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Skills Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☐ Family Support</td>
<td></td>
<td></td>
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<tr>
<td>☐ Health Promotion</td>
<td></td>
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<tr>
<td>☐ Supported Employment</td>
<td></td>
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<tr>
<td>☐ Respite</td>
<td></td>
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<tr>
<td>☐ Personal Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I will also participate in the following activities with community resources to help me reach my goals:
1) ____________________________________________________________
2) ____________________________________________________________
3) ____________________________________________________________

I have identified these family members, friends and other support people that will work with me to reach my goals:
1) ____________________________________________________________
2) ____________________________________________________________
3) ____________________________________________________________

When I see myself starting to not do well and heading for a crisis I will:
_________________________________________________________________
NARBHA PROVIDER MANUAL FORM 3.9.2
SELF-DEVELOPED RECOVERY PLAN

I will also participate in the following medical services:

<table>
<thead>
<tr>
<th>Service</th>
<th>How often will I engage in this service?</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Evaluation and monitoring by a Behavioral Health Medical Practitioner (BHMP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other Service:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other Service:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have created this recovery plan and agree to participate as noted above.

Signature: ____________________________ Date: ________________

I have assisted in developing this recovery plan.

Peer/Recovery Coach Signature: ____________________________ Date: ________________

I have reviewed and agree with the terms of this recovery plan and considered them in the development of the individual service plan.

BHMP Signature: ____________________________ Date: ________________
NARHBA PROVIDER MANUAL FORM 5.5.1

NOTICE OF DECISION AND RIGHT TO APPEAL
(FOR INDIVIDUALS WITH A SERIOUS MENTAL ILLNESS)

TO: [APPLICANT/CLIENT'S NAME/ADDRESS]
[REPRESENTATIVE NAME/ADDRESS]

FROM: (Name of agency)
(Address)
CONTACT PERSON/NUMBER

OUR DECISION:
This decision concerns:

☐ your eligibility for SMI services  ☐ a change in your services
☐ fees  ☐ case manager assignment
☐ your clinical assessment  ☐ other
☐ your outpatient or inpatient service plan

Our decision is: _______________________________________

The effective date of this decision is: ____________________________

The reason for our decision is: __________________________________

DATE OF DECISION: ___________ (AN APPEAL MUST BE FILED WITHIN 60 DAYS OF THIS DATE)

YOUR RIGHT TO APPEAL:
How to Appeal
Within 60 days of this decision, you may appeal orally by calling 1-928-774-7128 or 1-800-640-2123, or in writing by completing PM Form 5.3.1, ADHS/DBHS Appeal or SMI Grievance Form and sending it to NARHBA, OGA, 1300 South Yale Street, Flagstaff, AZ 86001. Your appeal will begin at the RBHA or ADHS/DBHS for T/RBHA-related issues. If your appeal is not resolved by the RBHA, you have a right to request an administrative hearing pursuant to A.R.S. §36-111-112, A.R.S. §41-1061 et seq of the Administrative Procedure Act.

Continued Benefits
If this decision concerns services you are currently receiving and if you appeal, your services will continue throughout the appeal process, unless a qualified clinician determines that the change is required to avoid a serious or immediate threat to your health or safety, or that of another person.

HOW TO GET HELP WITH YOUR APPEAL:
Any adult client or client's legal guardian may represent himself, use a designated representative or legal counsel. To get help with this appeal you may contact the State Protection and Advocacy System, the Arizona Center for Disability Law 1-800-922-1447 in Tucson and 1-800-927-2260 in Phoenix, or the Office of Human Rights at 1-602-364-4585 or 1-800-421-2124. You may also refer to your member handbook for more information about the appeals process.

Name and Signature of Individual Completing this Form

For translation or alternative format requests, call 1-800-640-2123 or 928-774-7128
Para receber esta forma en español, llame a: 1-800-640-2123 or 928-774-7128

Last Revision: 007/13/2012
ATTACHMENT B

NARBHA FUNDING ALLOCATION PLAN FY2013
## Community Based Support Services

<table>
<thead>
<tr>
<th>Service Codes</th>
<th>NARBHA FY2013 Plan %</th>
<th>NARBHA FY2013 Plan Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supported Employment (1)+A38</strong></td>
<td>9.0%</td>
<td>$681,741</td>
</tr>
<tr>
<td><strong>Peer Support (1)</strong></td>
<td>12.0%</td>
<td>$908,988</td>
</tr>
<tr>
<td><strong>Family Support (2)</strong></td>
<td>4.0%</td>
<td>$302,996</td>
</tr>
<tr>
<td><strong>Permanent Supportive Housing</strong></td>
<td>4.5%</td>
<td>$340,871</td>
</tr>
<tr>
<td><strong>Living Skills Training</strong></td>
<td>6.0%</td>
<td>$454,494</td>
</tr>
<tr>
<td><strong>Health Promotion (3)</strong></td>
<td>7.0%</td>
<td>$530,243</td>
</tr>
<tr>
<td><strong>Personal Assistance (4)</strong></td>
<td>3.0%</td>
<td>$227,247</td>
</tr>
<tr>
<td><strong>Respite Care (5)</strong></td>
<td>1.0%</td>
<td>$75,749</td>
</tr>
<tr>
<td><strong>Medications/Management (6)</strong></td>
<td>43.0%</td>
<td>$3,257,210</td>
</tr>
<tr>
<td><strong>Case Management (7)</strong></td>
<td>9.0%</td>
<td>$681,741</td>
</tr>
<tr>
<td><strong>Transportation (8)</strong></td>
<td>1.5%</td>
<td>$113,624</td>
</tr>
<tr>
<td><strong>Cognitive Rehabilitation (see Living Skills Training)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em><em>Other</em> (Assertive Comm. Treat. Flex Funds, Human Serv Campus)</em>*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### % of Total Amount Allocated

| Total SMI & Sup. Housing Allocation | 100.0% | $7,574,904 |

### NARBHA

| NT SMI | $7,847,727 |
| NT Supportive Housing | $341,358 |
| Total SMI & Sup. Housing Allocation | $8,189,085 |
| less: 7.5% admin | ($614,181) |
| Total Amount Allocated for Support Services | $7,574,904 |

Funding allocations are based upon recent utilization of support and rehabilitation services by the TXIX/TXXI SMI population. NARBHA's goal is to achieve parity in the utilization of support and rehabilitation services between the TXIX/TXXI SMI and the non-TXIX/TXXI populations.
Footnotes:
(1) The expansion of supported employment and peer support is consistent with NARBHA region-wide under-utilization initiatives.
(2) Utilization of family support services (SS110) has historically been low among NARBHA's adult populations. While this code is in the contracts of all NARBHA-contracted providers of peer support services (including NAZCARE) utilization among adult populations is low because the ADHS/DBHS Covered BH Services Guide (pg 95) allows peer support services to be provided to, "enrolled persons and/or their families...."
(3) NARBHA anticipates that health promotion will be expanded to reflect region-wide health integration and wellness initiatives.
(4) Utilization of personal assistance has historically been low among the SMI population. Personal care services are typically encountered by dually enrolled members (DD/BH) and members in the substance abuse population receiving services at Level IV Rural Substance Abuse Transitional Agencies.
(5) Utilization of respite services has historically been low among adult populations because it provides, "rest or relief to a family member or other individual caring for the behavioral health recipient."
(6) In FY10 Medications/Management expenditures for the Non TXIX SMI was $3,957,072
(7) In FY10 Case Management expenditures for the Non TXIX SMI population was $772,139.
(8) In FY10 Transportation expenditures for the Non TXIX SMI population was $139,709.
ATTACHMENT C

PRIOR AUTHORIZATION FOR ABILIFY
Prior Authorization Criteria for Abilify (aripiprazole)

1. Bipolar I disorder:
   a. FDA-approved for (a) acute treatment of manic and mixed episodes, both as monotherapy and as an adjunct to lithium or valproate in adult and pediatric patients 10-17 years of age and (b) maintenance treatment, both as monotherapy and as an adjunct to either lithium or valproate
   b. Prior Authorization Criteria: Failure to respond (or intolerance) to an adequate trial (at least 30 days) of each of the following:
      i. Lithium,
      ii. Valproic acid, and
      iii. A combination of 2 mood stabilizers or a combination of one mood stabilizer and one atypical antipsychotic

2. Major Depressive disorder
   a. FDA-approved for adjunctive treatment in adults
   b. Prior Authorization Criteria: Failure to respond (or intolerance) to an adequate trial (4-6 weeks) of each of the following:
      i. Two different Selective Serotonin Reuptake Inhibitors, and
      ii. Venlafaxine or duloxetine, and
      iii. Mirtazapine or bupropion, and
      iv. Two combination trials of an antidepressant with any of the following adjucctive agents (lithium, thyroid hormone, bupropion, or mirtazapine)

3. Schizophrenia
   a. FDA-approved for adults and adolescents 13 to 17 years of age
   b. Prior Authorization Criteria for adults: Failure to respond (or intolerance) to an adequate trial (4-6 weeks) of 3 separate trials of any of the three following:
      i. Olanzapine and/or,
      ii. Quetiapine and/or,
      iii. Ziprasidone and/or,
      iv. Risperidone
   c. Prior Authorization Criteria for adolescents (ages 13-17): Failure to respond (or intolerance) to an adequate trial (4 – 6 weeks) of each of the following:
      i. Quetiapine and
      ii. Risperidone

4. Irritability associated with autistic disorder
   a. FDA-approved for pediatric patients 6 to 17 years of age
   b. Prior Authorization Criteria: Failure to respond (or intolerance ) to an adequate trial (30 days) of Risperidone

For all above indications, prior authorization is not required for those individuals prescribed Abilify (aripiprazole) prior to July, 1, 2012. If Abilify is discontinued after July 1, 2012, however, prior authorization is required prior to Abilify being re-started.

For all of the above indications, prior authorization shall be approved for (a) individuals with a current diagnosis of Metabolic Syndrome or Diabetes Mellitus, (b) adolescents (13-17 years old) with a significant clinical concern for the development of metabolic syndrome or obesity, or (c) individuals with a body mass index (BMI) > 30.