Banner Plan Administration

Instructions on Submitting Behavioral Health Program Questionnaire

Dear Behavioral Health Provider:
Many Members 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.

Check the populations and programs your clinic currently offers in the form below. Attach a detailed description of each program that you checked and include any Evidenced Based Practice(s) utilized. Include in the description the types of therapy utilized 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 Family Care Provider Manual – Appendix Behavioral Health Specific and other applicable manuals located on our website at 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 the 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 the 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.

Behavioral Health Program Questionnaire

Provider Name: _____

Tax ID#: _____ **Site NPI#:** _____

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

*For all sections below, check **only** the boxes that apply.*

Population Served:	**Types of Population**	
Serious Mental Illness (SMI)	☐ Males	☐ Females
General Mental Health/Substance Use (GMH/SU)	☐ Males	☐ Females
Transitional Age Youth	☐ Males	☐ Females
Children /Adolescents	☐ Males	☐ Females
0-5 Children	☐ Males	☐ Females

Licensed Practitioners:

☐ 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
☐ Licensed Psychologist
☐ Psychiatrists
☐ Nurse Practitioner

Treatment & Assessment Services

☐ Autism Assessment	☐ Office	☐ Home	☐ Telemedicine
☐ Mental Health Assessments	☐ Office	☐ Home	☐ Telemedicine
☐ Psychiatric Evaluations	☐ Office	☐ Home	☐ Telemedicine
☐ Psychological Testing	☐ Office	☐ Home	☐ Telemedicine
☐ Individual Counseling / Therapy	☐ Office	☐ Home	☐ Telemedicine
☐ Hypnotherapy	☐ Office	☐ Home	
☐ Family Counseling / Therapy	☐ Office	☐ Home	☐ Telemedicine
☐ Group Counseling / Therapy	☐ Office	☐ Home	☐ Telemedicine

Medical Services for Behavioral Health Conditions

☐ Medication Services
☐ Laboratory, Radiology and Medical Imaging for Behavioral Health Conditions
☐ Medication Management
☐ Long Acting Injectables☐ RN Services
☐ LPN Services
☐ Electroconvulsive Therapy (Outpatient)

Facility Services:

(Must include a detailed Program Description, Behavioral Health Facility Questionnaire and AzAHP Practitioner Roster along with AzAHP Facility Application for each facility.

- ☐ Behavioral Health Outpatient Clinic (77)
- ☐ Licensed Counseling Center (77)
- ☐ Integrated Clinic (IC)
- ☐ Sub-Acute/Detox (B5, B6)
- ☐ Inpatient Services-Level 1 Psychiatric
- ☐ Behavioral Health Inpatient Services
- ☐ Behavioral Health Residential Facility
- ☐ Behavioral Health Day Treatment
- ☐ Supervised Behavioral Health Day Treatment
- ☐ Substance Abuse Transitional Facility Services
- ☐ Child Therapeutic Foster Care Services
- ☐ Adult Therapeutic Foster Care 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.*

Specialty Services/ Programs:

☐ First Episode Psychosis Program		
☐ Transition to Independence (TIP) Model		
☐ Case Management	☐ Adult	☐ Child
☐ Treatment of maladaptive sexual behavioral behaviors and sex offenders	☐ Adult	☐ Child
☐ Trauma/Post Traumatic Stress Disorder/Abuse/Victims of Sex Trafficking	☐ Adult	☐ Child
☐ Transmagnetic Stimulation (TMS)	☐ Adult	☐ Child
☐ Eye movement Desensitization and Reprocessing (EMDR)	☐ Adult	☐ Child
☐ Eating Disorders	☐ Adult	☐ Child
☐ Traumatic Brain Injury/Cognitive Rehabilitation	☐ Adult	☐ Child
☐ Intellectual Disabilities	☐ Adult	☐ Child
☐ Domestic Violence Programs for Offenders	☐ Adult	☐ Child
☐ Programs/Services for Anxiety Disorders/Phobias	☐ Adult	☐ Child
☐ LGBTQ Programs / Groups	☐ Adult	☐ Child
☐ Programs/Services for Veterans	☐ Adult	☐ Child
☐ Programs for members with co-morbid physical conditions/disabilities	☐ Adult	☐ Child
☐ Faith-Based Programs	☐ Adult	☐ Child
☐ Cognitive Behavioral Therapy	☐ Adult	☐ Child
☐ Dialectical Behavioral Therapy	☐ Adult	☐ Child
☐ Equine Therapy	☐ Adult	☐ Child
☐ Wellness Programs/ Health Promotion	☐ Adult	☐ Child
☐ Grief/Bereavement Counseling	☐ Adult	☐ Child
☐ Birth through five/infant toddler interventions: Modality Used:		
☐ Dyadic/relational therapies		
☐ 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		
☐ Multisystemic therapy for juveniles		
☐ 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.)
☐ Other Cultural Population Programs/ Services (e.g. American Indian, African American, Refugees etc. not listed above). Please describe here:
☐ Other: Please list all other additional programs/services:

_____
_____
_____

Substance Abuse Service Providers/Programs:

☐ Alcohol and Drug Services: Methadone Administration
☐ Opioid Dependence/ Suboxone
☐ Gender Specific Programs
☐ Pregnant Substance Dependent Women Programs
☐ Outpatient Programs
☐ Intensive Outpatient Programs
☐ Methadone Maintenance Programs
☐ Detoxification services
☐ DUI Program
☐ 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)

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 request to join the network 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 Manual – Appendix Behavioral Health Specific

_____ ***For Behavioral Health Residential Facilities (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 for which the BHRF does not have expertise. 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 _____

Behavioral Health Facility Questionnaire

(To be completed if your facility utilizes Behavioral Health Technicians and/or Paraprofessionals)

Does your facility utilize Behavioral Health Technicians and Paraprofessionals?

Yes☐ No☐

If yes, please submit an explanation on your process for the supervision of BHT's or your policy and procedure explaining the process of supervision:

Please explain your process for supervision/clinical oversight by a licensed professional and how it is documented in the health plan member's record or treatment plan:

Signature: _____ Title: _____ Date: _____