

MAR TAKA NA'ASUKU
PASCUA YAQUI
CENTERED SPIRIT PROGRAM



Member Handbook
2023

"The mission of the Centered Spirit Program (CSP) is to provide professional, confidential, and culturally compatible behavioral health services to promote healing, personal growth, and healthy living for Pascua Yaqui Tribe members and their families in the communities we serve."



"Nau te vo'oho'one
allae'ewamte vetchivo –
Together on the Journey to Health"

TOLL-FREE CRISIS LINE: (833) 860-5437
(8:00AM – 5:00PM, MONDAY – FRIDAY)

Tucson: (520) 879-6060
24/7 Crisis Line: (520) 591-7206
4567 W. Tetakusim Rd.
Tucson, AZ 85746

CSP – St. Mary's: (520) 879-5450
24/7 Crisis Line: (520) 591-7206
1775 West St. Mary's Road, #115
Tucson, AZ 85745

CSP - Guadalupe: (480)768-2021
24/7 Crisis Line: (480) 736-4943
9405 S. Avenida del Yaqui
Guadalupe, AZ 85283



CSP BEHAVIORAL HEALTH SERVICES

TABLE OF CONTENTS

Topic	Page
Welcome to CSP	3
Statement about terms	4
How can I get services in an emergency or crisis?	5
Local and national resources for behavioral health communities	6
How can I get written information in my language and oral interpreter services?	10
What are my rights concerning auxiliary aids or Sign Language Interpreters if I am deaf or hard of hearing?	10
What are my rights concerning printed information if I am visually impaired?	10
How does CSP ensure that my values and beliefs are being considered when services are offered to me and while I am receiving services?	11
What is Managed Care?	11
How do I contact CSP Member Services?	12
What happens after I am assigned to or enrolled with CSP?	13
What is a Child and Family Team?	13
What is an Adult Recovery Team (ART)?	13
What are “best practices” in behavioral health, and how do best practices affect the services I receive?	14
What is a Provider Network?	14
How do I choose a provider?	15
How do I contact my Case Manager?	15
Do I have to pay for behavioral health services?	16
What if I have health insurance?	16
Who is eligible to receive behavioral health services?	16
What behavioral health services can I get?	17
Service Coverage for American Indian Persons	17
Early Periodic Screening, Diagnostics, and Treatment (EPSDT)	18
Medication Coverage	19



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2023



Special Populations.	19
Available behavioral Health services.	20
Can I get a ride to my appointment?	30
What is an approval of services and what are my notification rights?	31
Title 19 or Title 21 eligible persons.	31
Persons determined to have a Serious Mental Illness.	33
What is a referral to another provider?	34
What services can I get if I am not eligible for AHCCCS?	34
What happens if I move or have a change in family size?	35
What is a General Consent to Treat?	35
Is my behavioral health information private?	36
What are my rights and responsibilities while getting behavioral health services?	37
What is a designated representative?	42
What can I do if I have a complaint about my care?	43
What is an appeal and how do I file an appeal?	44
Appeals for Title 19 and Title 21 AHCCCS eligible persons.	45
Appeals for persons determined to have a Serious Mental Illness.	47
Appeals for person who are not determined to have Serious Mental Illness and Non-Title 19 and Non-Title 21 eligible.	48
What is Grievance/Request for Investigation for persons determined to have a Serious Mental Illness and how can I file one?	50
What is fraud, waste, and program abuse?	51
What is an Advance Directive?	52
What is Arizona’s Vision for the delivery of behavioral health services?	53
The Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems.	57
Terms.	59
Centered Spirit Program Service List	62



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2023



Opioid treatment consultation appointments may be arranged by calling
New Beginnings at (520) 879-6003

CSP Is closed on Sundays, Tribal and Federal Holidays.

24-Hour 7-day/week Crisis Line: Centered Spirit Tucson and St. Mary's:
(520) 591-7206
Centered Spirit Guadalupe: **(480) 736-4943**

Hearing impaired individuals may call the Arizona Relay Service at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting AHCCCS or CSP.

CSP Mission Statement: It is the mission of the Pascua Yaqui Centered Spirit Program (CSP) to provide professional, confidential, and culturally compatible behavioral health services to promote healing, personal growth, and healthy living for Pascua Yaqui Tribal members and their families in the communities we serve.

Accreditation and Funding: Our programs are accredited by Commission on Accreditation of Rehabilitation Facilities (CARF International). CARF is an agency that ensures that providers offer high quality services that meet clients' needs. CARF also monitors CSP to make sure we provide the best possible services to our clients. If you have any questions about accreditation, please speak to the CSP Behavioral Health Director. We receive funding from the Arizona Health Care Cost Containment System (AHCCCS).

Statement about Terms: This Member Handbook has some words that are not always easy to understand. The "Terms" section defines some of these words. You may want to refer to the "Terms" section while reading the Member Handbook to help you better understand each section.

The "Terms" section begins on page 60 of this Member Handbook.





How can I get services in an emergency or crisis? For life threatening situations always call 9-1-1.

On-call services during business hours: If you feel you are in a crisis but it is not life-threatening, call CSP in Tucson at (520) 879-6060 or in Guadalupe at (480) 768-2000, including specialty phone lines for the hearing impaired (TTY). Let the person who answers the phone know that you are in crisis and need to speak with someone right away. Hearing impaired individuals may call the Arizona Relay Service at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting AHCCCS or CSP.

On-call services after hours, weekends, and holidays: In Tucson, call the crisis line at (520) 591-7206 to reach the crisis counselor, our crisis counselor, directly. Please know that we may get more than one call at a time. As a result, the phone may be busy when you call. In this case please leave a message with your name and a phone number. The crisis worker will call you back quickly. You should expect a response within ten minutes. If you do not hear from us right away, or the crisis line phone continues to be busy after 10 minutes, call 9-1-1 for assistance.

The crisis counselor will ask for some information about your crisis. This will help the crisis counselor get you the right kind of help as soon as possible. In some cases, the crisis counselor will ask to meet with you face-to-face to better assist you.

In Guadalupe, call the crisis line at (480) 736-4943 to reach the on-call crisis worker directly. In case of a life-threatening emergency, always call 9-1-1.

Out of area behavioral health care: You may need behavioral health services while you are away from home and out of the CSP service area. This is called “out of area care.” Out of area care only includes emergency behavioral health services, unless CSP approves other services. You have the right to use any hospital or other setting for emergency behavioral health treatment.

If you need out of area care:

- Go to a hospital or crisis center and ask for help;
- Ask the hospital or crisis center to call CSP Tucson (520) 879-6060 (business hours); CSP – St. Mary’s (520) 879-5450 (business hours), or CSP - Guadalupe (480) 768-2000 (business hours)

Tucson: Crisis after hours (520) 591-7206;

Guadalupe: Crisis after hours (480) 736-4943.

- The hospital or crisis center will contact CSP for approval to continue behavioral health services.
- If you experience a medical emergency, emergency services are available to you. Emergency services do not require prior approval from PYT.



- Please be aware that in emergency cases CSP must be contacted within 72 hours after admission. CSP must be contacted by:
 - You as the patient;
 - An individual or agency acting on behalf of you, the patient; or
 - The Emergency Medical Care Provider.

CSP needs to know about your admission or treatment. CSP also needs information to determine your relative medical need for the services. The 72-hour period may be extended if your Emergency Medical Care Provider determines that notification within 72 hours was not viable or that other good cause exists for the failure to notify CSP within 72 hours.

There are two exceptions to this 72-hour notice rule. The two exceptions are:

1. You are elderly, 65 years or older; or
2. You are a disabled person (you have a physical or mental condition that prevents you from providing or cooperating with your Emergency Medical Care Provider notifying CSP of your emergency medical needs).

These two categories under the Indian Health Care Improvement Act (IHCIA), as amended, allow you, someone assisting you, or your Emergency Medical Care Provider 30 days to provide this notice to CSP.

Local and National Resources for Mental Health Communities: There are local and national organizations that provide resources for persons with behavioral health needs, family members, and caretakers of persons with behavioral health needs. Some of these are:

- **NAMI Arizona** (National Alliance on Mental Illness)
Phone: (602) 244-8166; 1 (800) 626-5022 outside Greater Phoenix
NAMI Arizona has a HelpLine for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education, and advocacy to people of all ages who are affected by mental illness.
Web site: <http://www.namiaz.org>
- **NAZCARE** (Northern Arizona Consumers Advancing Recovery by Empowerment).
NAZCARE is a peer-oriented agency that uses a holistic approach to recovery and wellness by addressing the whole person in mind, body and spirit. NAZCARE provides services in wellness planning with a wellness coach to assist you on your journey to better wellness.
Website: <http://www.nazcare.org>



- **Arizona Department of Child Safety (DCS):** The Arizona Department of Child Safety, screens, and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention.

Contact: Arizona Department of Child Safety (DCS)
P.O. Box 44240
Phoenix, AZ 85064-4240
Hotline: 1 (888) SOS-CHILD (1 (888)767-2445); (602) 530-1831 (TDD)
Web site: <https://dcs.az.gov/>

- **Arizona Health Care Cost Containment System (AHCCCS):** The Arizona Health Care Cost Containment System (written as AHCCCS and pronounced 'access') is Arizona's Medicaid program. AHCCCS oversees contracted health plans in the delivery of health care to individuals and families who qualify for Medicaid and other medical assistance programs.

Web site to apply for AHCCCS coverage: Health-e Arizona PLUS
www.healthearizonaplus.gov

Contact: AHCCCS
801 E. Jefferson, MD 3400
Phoenix, AZ 85034
Phone: (602) 417-7000

- **Arizona Smokers Helpline (ASHLine):** Many people have quit smoking through programs by ASHLine and other resources available at Tobacco Free Arizona. The ASHLine has several valuable and no cost resources to help you or a loved one quit tobacco use. ASHLine also offers information to help protect you and your loved ones from second-hand smoke

ASHLine: (800) 556-6222
Web site: www.ashline.org or www.azdhs.gov

Tobacco Free Arizona
Web site: www.azdhs.gov/tobaccofreeaz/

- **Pascua Yaqui Adult Protective Services**
7474 S. Camino De Oeste
Tucson, AZ. 85746
Phone: (520) 883-5060

- **Pascua Yaqui Child Protective Services**
7474 S. Camino De Oeste
Tucson, AZ 85746
Phone: (520) 883-5060

If you would like to know more about resources, including all residential placement options within the TRBHA Geographic Service Area available in your community, you



can contact CSP at 1 (800) 443-0044, including specialty phone lines for the hearing impaired (TTY).

To contact CSP in Tucson: (520) 879-6060; and

To contact CSP in Guadalupe: (480) 768-2000.

How can I get written information in my language and oral interpreter services?

You may ask for help from CSP to make sure:

- Written information is either available in your language or can be translated in your language so you can understand it;
- You can find providers who speak your language; and
- If you are eligible for benefits under AHCCCS and/or are a person determined to have a Serious Mental Illness (SMI), oral interpreter services are available at no cost to you.

CSP has internal staff that can assist you with Spanish and Yoeme interpreter services as well as Sign Language. CSP also contracts with the Community Outreach Program for the Deaf (COPD) that specializes in counseling and case management services for individuals who are deaf, deaf and blind, or hard of hearing. Contact Centered Spirit Program in Tucson at (520) 879-6060 or in Guadalupe at (480) 768-2000 to ask for any of these options.

Hearing impaired individuals may call the Arizona Relay Service at 7-111-800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help at CSP. You can also visit our webpage for a contact list at http://www.pascuayaqui-nsn.gov/index.php?option=com_content&view=article&id=62&Itemid=55

What are my rights concerning auxiliary aids or Sign Language Interpreters if I am deaf or hard of hearing? If you are deaf or hard of hearing, you may ask that your provider provide auxiliary aids or schedule a Sign Language Interpreter to meet your needs. Your provider must provide these services.

Auxiliary aids include computer-aided transcriptions, written materials, assistive listening devices or systems, closed and open captioning, and other effective methods of making aurally delivered materials available to individuals with hearing loss.

Sign Language Interpreters are skilled professionals certified to provide interpretation, usually in American Sign Language, to the deaf. To find a listing of sign language interpreters and for the laws regarding the profession of interpreters in the State of Arizona, please visit the Arizona Commission for the Deaf and the Hard of Hearing at www.acdhh.org or call (602) 542-3323; (602) 364-0990 (TTY); 1 (800) 352-8161 (voice or TTY); (480) 559-9441 (video phone).

What are my rights concerning printed information if I am visually impaired? If you have a visual impairment, you may ask that your provider make available to you this



Member Handbook or other materials, such as notices and consent forms, in large print. Your provider and CSP must provide these services.

How does CSP ensure that my values and beliefs are being considered when services are offered to me and while I am receiving services? Your traditions, heritage, religious or spiritual beliefs, language and other aspects of life that you and your family value most define who you are and are part of your “culture.” CSP encourages its behavioral health providers to respect and learn about the culture of everyone to better understand, communicate with, and treat the people CSP serves. Your behavioral health provider will ask you to share cultural information so he/she can help you determine the best treatment plan for you or your family member. It is important that you help your behavioral health provider understand what is important to you and your family, as this will help tailor services for your specific needs.

Be sure to discuss with your behavioral health provider what you and your family believe is most important when determining your treatment and discussing your goals. If your behavioral health provider understands what your goals are, he/she can better help you to reach those goals.

CSP works with its behavioral health providers to better understand various cultures and to provide services in a culturally competent manner. You can view the CSP Cultural Competency Plan online at http://www.pascuayaqui-nsn.gov/images/health/bhealth/cultural_competency_plan.pdf.

CSP Contact List:

Health Services Division Executive Director	(520) 879-6019
Health Services Division Medical Director	(520) 879-6008
Centered Spirit Behavioral Health Director	(520) 879-6060
CSP – St. Mary’s Program Manager	(520) 879-5450
Adult Services Program Manager	(520) 879-6138
Child and Family Therapy Program Manager	(520) 879-5662
CSP - Guadalupe Program Manager	(480) 768-2025
Administrative Associate Director	(520) 879-6060
Guadalupe Office Manager	(520) 768-2024
Pascua Yaqui Tribe Toll Free Number	1 (800) 443-0044

What is Managed Care? In Arizona, behavioral health services are provided through a Managed Care model. This means that persons getting behavioral health services choose a provider from within a network. The Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) must make sure that behavioral health services are available to their members. Members are persons enrolled with CSP.

In addition to making sure that services are available, CSP must oversee the quality of care given to members and manage the cost. CSP is responsible for providing for behavioral care for its members and seeing that those services are paid for.



Contract services are funded in part under contract with the State of Arizona. To find out more about Arizona’s behavioral health service delivery system you can visit the Arizona Health Care Cost Containment System (AHCCCS) website at <http://www.azahcccs.gov/>.

How do I contact CSP Member Services? Member Services is available to help answer your questions. Member Services can help you:

- Learn how to become a member and get behavioral health services;
- Learn about the services you can get;
- Find a provider, including providers that provide services after normal business hours;
- Get answers to your questions; and
- Make a complaint or give positive feedback about services.

Member Services at CSP are available 24 hours a day, 7 days a week. To contact Member Services at CSP, call:

Tucson at (520) 879-6060;

CSP – St. Mary’s at (520) 879-5450;

or

CSP - Guadalupe at (480) 768-2000.

You can also reach our offices by calling 1 (800) 443-0044, including specialty phone lines for the hearing impaired. To reach the Tucson office dial extension 6060; to reach the CSP – St. Mary’s dial extension 5450; and to reach the CSP - Guadalupe office dial extension 2021. Hearing impaired individuals may call the Arizona Relaservice at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting AHCCCS or CSP. CSP offices are located at:

Tucson Area
7490 S. Camino De Oeste
Tucson, AZ 85757

Vahcom House
7426 S. Camino Vahcom
Tucson, AZ 85757

New Beginnings Clinic
7490 S. Camino De Oeste
Tucson, AZ 85757

Men’s PATH. Program
7402 S. Camino Vahcom
Tucson, AZ 85757

Transitional Treatment
7402 S. Camino Vahcom
Tucson, AZ 85757

Yoeme Kari Group Home
2861 W. Via Hacienda
Tucson, AZ 85741



What happens after I am assigned to or enrolled with CSP? PYT Tribal Members eligible for behavioral health services through AHCCCS are assigned to a TRBHA, based on where they live. American Indians, however, who are assigned to a TRBHA have the option to choose to receive their services from either a RBHA or a TRBHA. You have been assigned to CSP because you live within a CSP service area. You will continue to receive services from CSP, unless you move to another area of the state where CSP does not provide services. American Indians who are not AHCCCS eligible will be enrolled with a TRBHA in the area where they live for behavioral health services

After you are assigned to CSP you will be given an appointment within seven days with a Member Services Specialist, who will see you for an intake appointment. In this appointment, you or your legal guardian will be asked to sign a consent form giving permission for you to get behavioral health services. You will also meet with a behavioral health provider who will conduct an assessment to get to know you and why you are coming in for services. At this appointment, the behavioral health provider will also talk to you about your goals for counseling. Once you have completed your assessment you will be contacted by an assigned behavioral health provider within 10 days to begin your services.

After you are assigned to CSP, you will develop a “team” to help you with identifying your behavioral health needs and obtaining behavioral health services. These teams are referred to as Clinical Teams, or more specifically, Child and Family Teams or Adult Recovery Teams.

What is a Child and Family Team? The Child and Family Team (CFT) is a defined group of people that includes, at a minimum, the child and his/her family, a behavioral health provider, and any individuals important in the child’s life who are identified and invited to participate by the child and family. This may include, for example, teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from religious affiliations like churches, synagogues or mosques, or agents from other service systems like Arizona Department of Child Safety (DCS) or Division of Developmental Disabilities (DDD), etc. The size, scope and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and resources needed to develop an effective service plan. The Child and Family Team can expand and contract as necessary to be successful on behalf of the child.

What is an Adult Recovery Team (ART)? An ART is a group of individuals working together who are actively involved in a person’s assessment, service planning and service delivery by following the nine Guiding Principles for Recovery-Oriented Adult Mental Health Services and Systems. At a minimum, the team consists of the person, their guardian (if applicable), advocates (if assigned) and a behavioral health provider. The team may also include members of the enrolled person’s family, physical health, behavioral health or social service providers, representatives or other agencies serving the person, professionals representing disciplines related to the person’s needs, or other persons identified by the enrolled person.

You will be able to change your team, if you would like, to best support your needs and achieve the goals that you have set.



What are “best practices” in behavioral health, and how do best practices affect the services I receive? Both AHCCCS and your TRBHA create and support “best practices” in behavioral health care. Best practices are ways of delivering services to you that have been shown to be helpful, based on research and evaluation of these practices. You can learn more about these best practices by going to the AHCCCS and TRBHA websites. AHCCCS has links to Clinical Practice Guidelines and Clinical Practice Protocols online at <http://www.azahcccs.gov/> or <http://www.pascuayaqui-nsn.gov/>, under the Behavioral Health Online Resources, “AHCCCS Clinical Practice Protocols.” If you would like to receive this information by mail, please contact the CSP Child and Family Team Manager at (520) 879-6067. Best practices change over time. Please refer to the AHCCCS and your TRBHA’s websites for updates or contact your TRBHA for additional information.

What is a Provider Network? A provider network is a group of providers who work with a TRBHA and are available to provide behavioral health services. CSP works with many service providers in order to provide a variety of services to meet the needs of our members. This includes prevention programs, counselors, traditional healers, residential treatment programs, psychiatrists, psychologists, and hospitals. All these agencies, programs and providers are part of our Provider Network.

A listing of all available providers, their locations, telephone numbers, and languages spoken can be found online at http://www.pascuayaqui-nsn.gov/images/health/bhealth/network_providerlist.pdf or http://intranet/departments/health/csp/Public%20Document/network_providerlist.pdf. If you do not have access to the Internet at your home, no cost Internet service is usually available at libraries. You can also receive a copy of the provider listing at no charge by calling the CSP office in Tucson at (520) 879-6060 or in Guadalupe at (480) 768-2000, including specialty phone lines for the hearing impaired (TTY). Hearing impaired individuals may call the Arizona Relay Service at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting AHCCCS or CSP.

Some providers may not be taking new members. To find out which providers in the CSP network are not accepting new members, contact the CSP office in Tucson at (520) 879-6060 or in Guadalupe at (480) 768-2000, including specialty phone lines for the hearing impaired (TTY). Hearing impaired individuals may call the Arizona Relay Service at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting AHCCCS or CSP.

You can choose any hospital or other setting for emergency care. However, there are certain emergency settings within the CSP network that may be easier for you to use. These include Carondelet St. Mary’s and St. Joseph’s, Banner-University Medical Center South, Sonora Behavioral Health, and Palo Verde Behavioral Health.

The CSP network also includes a pharmacy where you can fill your prescriptions for medications. These include: El Rio Pharmacy at 7490 South Camino De Oeste, Tucson, AZ. 85757. Pharmacy hours are 8:30am -5:00pm (closed for lunch 12:00pm to 1:00pm). Medication refill line: (520) 838-6617. In Guadalupe, you can call the CSP front office at (480) 768-2000.



CSP Pharmacy is the Pascua Yaqui El Rio Pharmacy located on the reservation. If you go to fill a prescription but get turned away by PYT El Rio Pharmacy, please contact the medication nurse at (520) 879-6043. The nurse will then research and problem-solve the situation. The nurse will contact you with follow-up action.

How do I choose a provider? A provider network is a group of providers who work with a TRBHA and are available to provide behavioral health services. CSP will help you choose a provider from within the provider network. If you would like to select a provider based on convenience, location, or cultural preference, please tell CSP Member Services. You will need to contact the provider to make, change, or cancel your appointments. You may also contact CSP if you would like assistance with making, changing, or canceling your appointments. Contact our Member Services Specialists at (520) 879-6010 or (520) 879-5693.

If you are not happy with your current behavioral health provider, contact CSP Member Services to discuss other available options.

If you are getting substance abuse services that are funded by the Substance Abuse Block Grant (SABG), you have the right to get services from a provider to whose religious character you do not object. If you object to the religious character of your substance abuse provider, you may ask for a referral to another provider of substance abuse treatment. You will get an appointment with the new provider within seven days of your request for a referral, or earlier if your behavioral health condition requires. The new provider must be available to you and provide substance abuse services that are like the services that you were receiving at the first provider.

How do I contact my Case Manager? If you require assistance with any of the following items, please contact your case manager: for Tucson (520) 879-6060; for CSP – St. Mary's (520) 879-5450, and for CSP - Guadalupe (480) 768-2000 and request to speak to your assigned case manager or behavioral health provider. Services available include:

- AHCCCS/DES information assistance;
- Court correspondence assistance;
- Medical appointments coordination assistance;
- Transportation assistance and coordination;
- To schedule psychiatry, psychological, respite, appointments, and home visits;
- To schedule CFTs and ARTs;
- To request referral for resources such as housing, utility assistance, food, etc.;



- To provide an update or change of plans; and
- To get help seeking employment.

Do I have to pay for behavioral health services? Title 19 (Medicaid) and Title 21 covered services are paid for through AHCCCS, Arizona's Medicaid agency. Persons eligible for these programs are sometimes called AHCCCS eligible. AHCCCS eligible persons cannot be billed for covered behavioral health services. You will never be asked to pay co-payments for behavioral health services.

What if I have health insurance? You must report any health insurance that you have, other than AHCCCS, to CSP or your provider. This includes Medicare and health insurance obtained using the Federal Health Insurance Marketplace. Persons with health insurance must use the benefits of that health insurance before CSP pay for services. At times, CSP may pay for the cost of co-payments for you, while the cost of the covered service is paid for by your health insurance. This may occur even if you get services outside the CSP network of providers.

If there are any changes to your health insurance, you must report the change to CSP or your provider right away.

Who is eligible to receive behavioral health services? The following are eligible to receive behavioral health services from CSP or another TRBHA:

- Persons AHCCCS eligible through either Title 19 (Medicaid) or Title 21;
- Persons determined to have a Serious Mental Illness (SMI); and
- Special populations who are eligible to receive services funded through federal block grants.

Title 19 (Medicaid) is insurance for low-income persons, children, and families. It pays for medical, dental (for children up to 21 years of age), and behavioral health services.

Title 21 is insurance for children under the age of 19 who do not have insurance and are not eligible for Title 19 benefits. It pays for medical, dental and behavioral health services.

CSP or your provider will ask you questions to help identify if you could be eligible for AHCCCS benefits. If so, they can help you complete an AHCCCS benefits application. If you are ineligible for AHCCCS, CSP or your provider can help you apply for medical coverage on the Federal Health Care Market Place.

A Serious Mental Illness (SMI) is a mental disorder in persons 18 years of age or older that is severe and persistent. Persons may be so impaired that they cannot remain in the community without treatment and/or services. CSP psychiatrists complete an assessment to determine if a member has an SMI. CSP can also make a determination of SMI upon referral or request.



What behavioral health services can I get? Behavioral health services help people think, feel, and act in healthy ways. There are services for behavioral health problems and there are services for substance abuse.

You can get services based on two things:

1. Your need; and
2. Your provider's approval, if required.

You decide with your behavioral health provider or clinical team * what services you need. Your behavioral health provider or clinical team may ask CSP for approval of a service for you, but the approval may be denied. If a request for services is denied, you can file an appeal. For more information on filing an appeal, see the section called "What is an appeal and how do I file an appeal."

You and your behavioral health provider may not agree about the services you need. If you feel you need a service, and your behavioral health provider does not, contact CSP by calling this toll-free number 1 (800) 443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2000. Hearing impaired individuals may call the Arizona Relay Service at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting AHCCCS or CSP.

The table on pages 21-23 lists the available behavioral health services and any limits they may have. CSP will pay only for the available behavioral health services listed.

Service coverage for American Indian Persons: American Indian persons have choices of where to access behavioral health services, including receiving services through a Regional Behavioral Health Authority (RBHA) that serves the zip code you live in or Tribal Regional Behavioral Health Authority (TRBHA) that serves a specific tribe, Indian Health Services (IHS) and/or 638 tribal facilities with behavioral health programs. If you receive services through a RBHA or TRBHA, those services are paid for through AHCCCS. If you are Title 19 or Title 21 eligible and receive services through an IHS or 638 tribal facility, AHCCCS pays for those services. Regardless of who pays for the services, your RBHA or TRBHA and/or IHS or 638 tribal facility will coordinate your care to ensure you receive all necessary behavioral health services.

A 638 tribal facility means a facility owned and operated by an American Indian tribe authorized to provide services according to Public Law 93-638, as amended. A 638 tribal facility may not provide all covered behavioral health services, so AHCCCS is responsible for covering certain services:

- Behavioral health services for persons referred off reservation from an IHS or 638 tribal facility; and

* Clinical Teams include both Child and Family Teams and Adult Recovery Teams



- Emergency services rendered at a non-IHS or non-638 tribal facility to American Indian behavioral health recipients.

If you are unsure about your choices or if you have questions about how your behavioral health services are coordinated, you can contact CSP by calling 1 (800) 443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson offices, dial extension 6060 and to reach the Guadalupe office dial extension 2021 for additional information on out of network providers. Hearing impaired individuals may call the Arizona Relay Service at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting AHCCCS or CSP for additional information.

Early Periodic Screening, Diagnostics and Treatment (EPSDT): EPSDT is a comprehensive child health program of prevention and treatment, correction, and improvement (amelioration) of physical and behavioral health problems for AHCCCS members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist Medicaid recipients in effectively utilizing these resources.

EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health problems for AHCCCS members less than 21 years of age.

EPSDT services include screening services, vision services, dental services, hearing services and all other medical necessary mandatory and optional services listed in Federal Law 42 USC 1396d (a) to correct or ameliorate defects and physical and behavioral illnesses and conditions identified in an EPSDT screening whether the services are covered under the AHCCCS state plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness do not apply to EPSDT services.

A well child visit is synonymous with an EPSDT visit and includes all screenings and services described in the AHCCCS EPSDT and dental periodicity schedules.

Amount, Duration, and Scope of EPSDT Services: The Medicaid Act defines EPSDT services to include screening services, vision services, dental services, hearing services and “such other necessary health care, diagnostic services, treatment and other measures described in Federal Law subsection 42 USC 1396d(a) to correct or ameliorate defects and physical and behavioral illnesses and conditions discovered by the screening services, whether or not such services are covered under the AHCCCS state plan.” This means that EPSDT covered services include services that correct or ameliorate physical and behavioral defects, conditions, and illnesses discovered by the screening process when those services fall within one of the 28 optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 28 categories of services in the federal law even when they are not listed as covered services in the AHCCCS state plan, AHCCCS statutes, rules, or policies if the services are medically necessary and cost effective.

EPSDT includes, but is not limited to, coverage of inpatient and outpatient hospital services, laboratory and x-ray services, physician services, nurse practitioner services,



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2023



- Have a substance abuse disorder and are suffering from a Serious Mental Illness.
- Expanded outreach efforts include the following populations:
 - Victims of domestic violence;
 - Elderly individuals;
 - Families; and
 - Abandoned and/or runaway youth.

The PATH Grant provides the following services and assistance:

- Outreach and community education;
- Field assessment and evaluations;
- Intake assistance with emergent or non-emergent triage;
- Transportation assistance;
- Hotel vouchers in emergency situations;
- Assistance in meeting basic needs (e.g., applications for AHCCCS, SSI/SSDI, food stamps, coordination of health care, etc.);
- Transition into a behavioral health case management system;
- Assistance in getting prescriptions filled;
- Assistance in locating cooling or heating and water stations during extreme heat and winter alerts;
- Moving assistance; and
- Housing referrals, both transitional and permanent placements.

The Mental Health Block Grant (MHBG) provides funds to establish or expand community-based services for Non-Title 19 or Non-Title 21 reimbursable mental health services to children with Serious Emotional Disturbances (SED) and adults with Serious Mental Illness (SMI).

Available Behavioral Health Services: This Member Handbook and the table on pages 21- 23 describe the services you can get. You will get a notice if there are changes to the services you can get.



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2023



SERVICES		Title 19 or Title 21 CHILDREN AND ADULTS	NON-Title 19 or NON-Title 21 PERSONS DETERMINED TO HAVE SMI
Support to maintain employment	Ongoing Support to maintain employment	Available	Available
MEDICAL SERVICES			
Medication Services ***		Available	Available
Lab, Radiology and Medical Imaging		Available	Available
Medical Management		Available	Available
Electro-Convulsive Therapy		Available	Provided based on available funding
SUPPORT SERVICES			
Case Management		Available	Available*****
Personal Care		Available	Available
Home Care Training (Family)		Available	Available
Self-help/Peer Services		Available	Available
Home Care Training to Home Care Client (HCTC)		Available	Provided based on available funding
Respite Care****		Available****	Available****
Supported Housing		Provided based on available funding**	Provided based on available funding**
Sign Language or Oral Interpretive Services		Provided at no charge to the member	Provided at no charge to the member
Flex Fund Services		Provided based on available funding**	Provided based on available funding**
Transportation	Emergency	Available	Limited to crisis service-related transportation
	Non-emergency	Available	Available
CRISIS INTERVENTION SERVICES			
Crisis Intervention – Mobile		Available	Available
Crisis Intervention – Telephone		Available	Available
Crisis Services – Stabilization		Available	Available



***** Coverage is limited to 23-hour crisis observation/stabilization services, including detoxification services. Up to 72 hours of additional crisis stabilization may be covered based upon the availability of funding.

Behavioral Health Service/ Benefit Descriptions
For more information see CSP (website) for the TRBHA covered service guide

SERVICE/BENEFIT TREATMENT SERVICES	DESCRIPTION	OTHER
Behavioral Health Counseling and Therapy	Interactive therapy designed to draw out information, identify behavioral problems or conflicts and provide support, and education for future use.	Can be provider to an individual, a group of people, a family or multiple families
Behavioral Health Screening, Behavioral Health Assessment and Specialized Testing	Gathering and assessment of historical and current information, face to face with member, family, or group of individuals in a written summary or report	
Other Professional	Other treatment services provided by qualified individuals in order to ease symptoms and improve or maintain functioning.	Includes but not limited to: Psychiatric services without face-to-face contact; biofeedback
REHABILITATION SERVICES		
Skills Training and Development	Teaching independent living, social and communication skills to persons and/or their families in order to help them live more independently and be a part of the community.	Includes but not limited to: Self-care; taking care of residence; managing money and using other resources.
Cognitive Rehabilitation	Assisting in the recovery form cognitive (behavioral) issues to be more independent or function at the highest level possible.	Includes but not limited to: Relearning of certain behavioral abilities; making functions stronger; substituting new skills to replace lost ones
Behavioral Health Prevention/Promotion Education	Educating and training an individual or group in relation to each person's treatment plan.	Includes but not limited to: Increasing knowledge of a health-related topic, use of medicines for best results; stress management; parenting skills



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2023



Psychoeducational Services and Ongoing Support to maintain employment	Designed to assist a person or group to choose, find and keep a job or other meaningful community activity.	Custom-made to support persons in a variety of settings such as part time work, unpaid work experience or meaningful volunteer work appropriate to the person's age, behavioral and physical status.
MEDICAL SERVICES		
Medication Services	Drugs prescribed by a licensed physician, nurse practitioner or physician assistant to prevent, stabilize or improve symptoms that are part of a behavioral health condition or its treatment.	See formulary link
Lab, Radiology and Medical Imaging	Medical tests for diagnosing, screening or monitoring a behavioral health condition.	This may include but is not limited to blood and urine tests, CT scans, MRI, EKG, and EEG.
Medical Management	Assessment and management services that are provided by a licensed medical professional (i.e., physician, nurse practitioner, physician assistant or nurse) to a person as part of their medical visit for ongoing treatment purposes.	Includes use of medicines for best results which includes learning about the effects and side effects of medications and how new medicines can make you feel when you first start taking them.
Electro-Convulsive Therapy	A treatment where a brief electric current is passed through a person's brain, most often used for major depression.	Services must be provided by a licensed physician with anesthesia support in a hospital.
SUPPORT SERVICES		
Case Management	A supportive service provided to boost treatment goals and effectiveness.	Includes but not limited to: Assistance in using and continuing use of covered services; telephone or face-to-face contacts with a person, or family to help improve and keep a person functioning well; assistance in finding help to meet basic needs; communication and coordination of care with the person's family, care



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2023



	leased by a subcontracted provider.	families can find and keep a home.
Sign Language or Oral Interpretive Services	Services that are available to members at no cost: Services for all non-English languages, and the hearing impaired when asking for information.	Sign language or oral interpretive services are provided to persons and/or families with limited language skills or other communication barriers (e.g., sight or sound) during instructions on how to access services, counseling, and treatment activities that will help them get the behavioral health services they need.
Flex Fund Services	TRBHAs may access flex funds to purchase any of a variety of one-time or occasional goods and/or services needed for members (children or adults) and their families, when the goods and or services cannot be purchased by any other funding source, and the service or good is directly related to the member's service plan.	The funds are intended to promote wellness, comfort and safety for vulnerable children and adults returning to the community in a respectful, individualized manner. Non-medically necessary covered services and/or supports.
Transportation	Assisting a member in going from one place to another to receive services and achieve service plan goals.	This includes both emergency and non-emergency transportation. Emergency transportation does not require prior authorization. Non-emergency transportation is provided for persons and/or families who are unable to arrange or pay for their transportation or who do not have access to free transportation in order to access medically necessary covered behavioral health services.



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2023



CRISIS INTERVENTION SERVICES		
Crisis Intervention-Mobile	Services provided by a mobile team or individual who travels to the place where the person is having the crisis (e.g., person's home, emergency room, jail, community setting)	Includes services aimed at the assessment and immediate stabilization of acute symptoms of behavioral illness, alcohol and other drug abuse, and emotional distress. The purpose of this service is to: Stabilize acute psychiatric or behavioral symptoms; Evaluate treatment needs; and develop plans to meet the needs of the client.
Crisis Intervention Telephone	Services to provide triage, referral and telephone-based support to persons in crisis; often providing the first place of access to the behavioral health system.	The service may also include a follow-up call to ensure the person is stabilized.
Crisis Intervention Stabilization	Immediate and unscheduled behavioral health service provided in response to an individual's behavioral health issue to prevent imminent harm, to stabilize or resolve an acute behavioral health issue, or at an inpatient facility or outpatient treatment center	Crisis intervention services (stabilization) must be provided by facilities that are DOLS licensed facilities. Individuals providing these services must be behavioral health professionals, or behavioral health para-professionals.
INPATIENT SERVICES		
Hospital	Inpatient services (including room and board)	Provides continuous treatment that includes general psychiatric care, medical detoxification, and/or forensic services in a general hospital or a general hospital with a separate psychiatric facility. Also includes 24-hour nursing supervision and physicians on site and on call.



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2023



Behavioral Health Inpatient Facility	<p>Inpatient psychiatric treatment, which includes an integrated residential program of therapies, activities, and experiences provided to persons who are under 21 years of age and have severe or acute behavioral health symptoms. There are two types of residential treatment centers:</p> <p>Secure is a residential treatment center which generally employs security guards and uses monitoring equipment and alarms.</p> <p>Non-secure is an unlocked residential treatment center setting.</p>	<p>Continuous treatment to a person who is experiencing acute and severe behavioral health and/or substance abuse symptoms. Services may include emergency reception and assessment; crisis intervention and stabilization; individual, group and family counseling; detoxification, and referral. Also includes 24-hour nursing supervision and physicians on site or on call.</p>
RESIDENTIAL SERVICES		
Behavioral Health Residential Facility	<p>Residential services are provided by a licensed behavioral health agency. These agencies provide a structured treatment setting with 24-hour supervision and counseling or other therapeutic activities for persons who do not require on-site medical services, under the supervision of an on-site or on-call behavioral health professional.</p>	<p>Room and board are not covered by Title 19 or Title 21 for persons residing in behavioral health residential facilities.</p>
Room and Board	<p>The provision of lodging and meals to a person residing in a residential facility or supported independent living setting.</p>	<p>Includes, but is not limited to services such as food and food preparation, personal laundry, and housekeeping</p>
BEHAVIORAL HEALTH DAY PROGRAMS		
Supervised Day	<p>A regularly scheduled program of individual, group, and/or family activities or services related to the client's treatment plan, designed to improve the ability of the person to function in the community</p>	<p>May include the following rehabilitative and support services: Skills training and development; behavioral health prevention/promotion; medication training and support; ongoing support</p>



Transportation during an emergency does not need prior approval. Contact CSP for transportation in an emergency or crisis. Contact CSP by calling this toll-free number 1-800-443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2000. Hearing impaired individuals may call the Arizona Relay Service at 711, 1-800-842-4681 or 1-800-367-8939 (for TTY users) for help contacting AHCCCS or CSP.

What is an approval of services and what are my notification rights? You and your provider or clinical team will work together to make decisions about the services you need. Emergency services needed for an emergency medical condition do not need to be approved before you can get them.

Some services, for example non-emergency hospital admissions or other inpatient services and residential treatment, need to be approved before you can get them. For example, prior approval may be needed for non-emergency hospital admissions or other such as:

- Behavioral Health Inpatient Facility;
- Behavioral Health Residential Facility;
- Home Care Training to Home Care Clients (HCTC);
- Psychological and Neuropsychological Testing;
- Electroconvulsive Therapy (ECT);
- Non-emergency out of network single case agreements; and
- Some physical health services

Your provider or clinical team must ask for approval of these services by the CSP Behavioral Health Director. If a Title 19 or Title 21 covered service included in your Individualized Service Plan is denied, reduced, or terminated, you will receive notice and have the right to file an appeal. The process for filing an appeal is described in the section called, “What is an appeal and how do I file an appeal?”

Only a physician trained to treat your condition may deny a service your provider or clinical team is trying to get approved.

All services are not available to all members. If you would like to see the guidelines that are used to determine admission, continued stay, and discharge, contact CSP for Tucson call (520) 879-6060 for Guadalupe call (480) 768-2000.

Title 19 or Title 21 eligible persons: You will get written notice telling you if the services asked for by your provider or clinical team are not approved. Providers may not take more than 17 days to decide. Expedited means that a decision needs to be made sooner due to your behavioral health needs.



The timeframes in which the TRBHA or the provider must give you written notice of their decision about the requested services can be extended for up to 14 days. This means that a decision may take up to 28 days for the standard approval process, but the expedited approval process may not take more than 17 days. You, CSP or the provider can ask for more time. If CSP or the provider ask for more time, you will get a written notice, called a Notice of Extension of Timeframe for Service Authorization Decision, telling you why it will take longer.

If you disagree with the extension, you can file a complaint with CSP by calling the CSP Utilization Review/Quality Manager at (520) 879-6060. Hearing impaired individuals may call the Arizona Relay at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting CSP. If a decision about your requested services is not made within the maximum allowable timeframe, including extensions, the request for approval (authorization) shall be considered denied on the date the timeframe expires.

If your covered behavioral health services are denied, or if the services you have been getting are terminated, suspended or reduced, you will get a Notice of Action. The Notice of Action is a written document that will tell you:

- What service(s) will be denied, reduced, suspended, or terminated;
- The reason the service(s) will be denied, reduced, suspended, or terminated and the legal basis for the action;
- The date the service(s) will be reduced, suspended, or terminated;
- Your right to file an appeal;
- How to exercise your right to file an appeal;
- When and how you can ask for an expedited decision if you file an appeal; and
- How to ask that your services continue during the appeal process.

You will get a Notice of Action 10 days before the effective date if services you were getting will be reduced, suspended or terminated. If the Notice of Action does not tell you what you asked for, what was decided and why the decision was made in language you can understand, please call Centered Spirit Behavioral Health Director (520) 879-6060 for assistance. You may also contact CSP by calling this toll-free number 1 (800) 443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson offices dial extension 6060 and to reach the Guadalupe office dial extension 2000. Hearing impaired individuals may call the Arizona Relay Service at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting AHCCCS or CSP for assistance. If the Notice of Action still does not give you enough information and the issue is not resolved by CSP, you may call AHCCCS at (602) 364-4574 to make your complaint. The Notice of Action is also available in other languages and formats if you need it.



Exceptions to the 10-day Notice of Action requirement: If fraud is suspected, the notice will be sent to you five (5) days before the reduction, suspension, or termination of services.

If non-emergency inpatient services are terminated as a result of the denial of a continued stay request, you will be sent a Notice of Action in two (2) days.

You may get a Notice of Action less than 10 days from the effective date in some other situations, such as:

- You told your provider on paper that you no longer want services;
- Your mail is returned, and the provider does not know where you are;
- You enter a facility that makes you ineligible for services;
- You move and get Medicaid services outside of Arizona; or
- Your physician prescribes a change in the level of your behavioral health care.

Persons determined to have a Serious Mental Illness: As a person determined to have a Serious Mental Illness, you may get notices besides the Notice of Action. This may include a Notice of Decision and Right to Appeal. You would get this notice when:

- The initial determination of Serious Mental Illness is made,
- A decision about fees or a waiver from fees is made,
- The Assessment, Individualized Service Plan or Inpatient Treatment and Discharge Plan are developed or reviewed,
- Your Service Plan is changed and any services you have been receiving are reduced, suspended or terminated, or
- It is determined that you do not have a Serious Mental Illness.

Based upon the behavioral health services you get, you may get other notices about the Grievance and Appeal process, your legal rights and that discrimination is not allowed.

Please contact the Centered Spirit Behavioral Health Director (520) 879-6060 with questions about the approval of services and your notification rights. You may also contact CSP by calling this toll-free number 1 (800) 443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2020. Hearing impaired individuals may call the Arizona Relay Service at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting AHCCCS or CSP.



Exceptions to Confidentiality: There are times when we cannot keep information confidential. The following information is not protected by the law:

- If you commit a crime or threaten to commit a crime at the program or against any person who works at the program, we must call the police;
- If you are going to hurt another person, we must let that person know so that he or she can protect himself or herself. We must also call the police;
- We must also report suspected child abuse to local authorities; and
- If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (e.g., hospitals and other counselors) to protect you. Only necessary information to keep you safe is shared.

What are my rights and responsibilities while getting behavioral health services?

What are my rights?

You have the right to:

- Receive a written list and verbal explanation of your rights before treatment begins;
- Be treated fairly and with respect regardless of race, ethnicity, religion, behavioral or physical disability, sex, age, sexual preference, or ability to pay;
- Participate in decisions regarding your behavioral health care and participate in making your Service Plan;
- To receive information on treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand the information;
- Receive services free of humiliation, neglect, or exploitation of any kind;
- Give informed consent and expression of choice regarding services received, your clinical team, and the release of information about your care;
- Discuss with your counselor any information concerning diagnosis, treatment, alternatives to treatment, prognosis, use of crisis procedures and any restrictions of rights and to be offered or referred for recommended care;
- Engage in ongoing communication of Client's Rights in a manner that is clear and understandable and is in your own language;
- Be given safety and privacy in all aspects of treatment, including the right not to be photographed, recorded, or fingerprinted without consent;



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2023



- Include any persons you wish in your treatment;
- Have your protected health information kept private;
- Get your services in a safe place;
- Make an advance directive;
- Agree to or refuse treatment services, unless the services are court ordered;
- Get information in your own language or have it translated;
- Have personal and private property treated respectfully and not subject to misappropriation;
- Refuse to acknowledge gratitude to CSP through written statements, other media, or public gatherings;
- Refuse to perform labor for CSP or to be compensated according to state and federal law for labor that primarily benefits CSP;
- Be treated in a tobacco-free facility;
- Participate or refuse to participate in research and to give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research studies or in treatment that is not professionally recognized;
- Request to view copies of all recent accreditation and licensure inspections and corrective actions;
- Review your record upon written request as permitted by law and under guidance or program staff;
- Complain about AHCCCS;
- Complain about your TRBHA;
- File a complaint, appeal, or grievance without penalty;
- Receive good care from providers who know how to take care of you;
- Choose a provider within the Provider Network;
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation;



Pascua Yaqui Tribe – Centered Spirit Program
Member Handbook 2023



- Use your rights with no negative action by AHCCCS or CSP; and
- The same civil and legal rights as anyone else.

You also have the right to request and obtain the following information at any time:

- Receive a Member Handbook at least annually from CSP;
- The name, location, and telephone number of the current providers in your service area that speak a language other than English and the name of the language(s) spoken;
- The name, location, and telephone number of the current providers in your service area that are not accepting new members;
- Any limits of your freedom of choice among network providers;
- Your rights and protections;
- A description of how after-hours and emergency coverage is provided;
- A description of what is an emergency medical condition and what are emergency and post stabilization services;
- The process for getting emergency services, including the use of the 9-1-1 telephone system or local emergency numbers;
- The location of providers and hospitals that provide emergency and post stabilization services;
- Your right to use any hospital or other setting for emergency care;
- Your right to get emergency services without prior approval;
- The amount, duration, and scope of your benefits;
- The process for getting services, including approval requirements and criteria used to make decisions about the services you can get (see the Member Handbook section entitled “What is an approval of services and what are my notification rights?”).
- The extent to which, and how, you may get benefits from out-of-network providers;
- The rules for post stabilization care services;
- Cost sharing, if any;



Pascua Yaqui Tribe – Centered Spirit Program Member Handbook 2023



- How and where to access services including any cost sharing required and how transportation can be provided;
- Advanced directives;
- The structure and operation of AHCCCS or AHCCCS contractors;
- Physician incentive plans (including the plan's effect on the use of referral services, the types of compensation arrangements the plan uses, whether stop-loss insurance is required);
- Member survey results, and
- The grievance, appeal, and fair hearing procedures and timeframes.

To request any of this information, contact CSP or your provider by calling 1 (800) 443-0044, including specialty phone lines for the hearing impaired (TTY). To reach the Tucson office dial extension 6060 and to reach the Guadalupe office dial extension 2000. Hearing impaired individuals may call the Arizona Relay Service at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting AHCCCS or CSP.

What are my responsibilities? You have the responsibility to:

- Give information needed for your care to your providers;
- Follow instructions and guidelines from your providers;
- Know the name of your provider/case manager;
- Schedule appointments during regular office hours when possible, limiting the use of Urgent Care and Emergency Room facilities;
- Arrive on time for appointments;
- Tell providers if you must cancel an appointment before the scheduled time;
- Participate in creating your Service Plan;
- Be aware of your rights;
- Assist in moving towards your recovery;
- Take care of yourself; and
- Treat others with respect and work cooperatively with others.



Title 19 or Title 21 eligible persons are responsible for:

- Protecting your identification (ID) card;
- Not misusing your ID card, including loaning, selling or giving your card to others, which may result in the loss of your eligibility or legal action; and
- Keeping, not discarding, your ID card.

The following policies are broadly applied across all programs in the Health Services Division and CSP:

Seclusion and Restraint. The Centered Spirit does not use seclusion or restraint in any of its programs or sites. Instead, the program clinicians work toward building positive relationships with all persons served and empowering clients to be responsible for appropriately managing their own behavior.

Use of Tobacco Products. The use of tobacco products including e-cigarettes is not permitted inside any CSP program location. In some programs tobacco products may be used in designated locations only. Ceremonial tobacco is allowed with permission.

Policies Regarding Weapons Brought onto the Premises. CSP does not permit weapons in any facility. The CSP safety policy is posted in visible areas for all clients to see and indicates that weapons are not allowed in the buildings. If a client brings a weapon(s) into a CSP facility, they will be asked to leave and may not be permitted to return unless the weapon(s) has been relinquished or returned to their home. All CSP programs reserve the rights to call Tribal or local Police if a situation is perceived as unsafe for staff or clients, or visitors.

Policies Regarding Licit and Illicit Substances Brought onto the Premises. CSP clients may not bring illicit drugs or alcohol into any program. If Clients are discovered to have illicit drugs or alcohol in their possession, they will have the drugs or alcohol disposed of in the presence of two employees. CSP Clients participating in alcohol and drug treatment programs, including CSP outpatient programs, PATH, TTP, or are also subject to the consequences of illicit drug possession and/or use associated with their treatment program rules. All CSP Clients are responsible for the safe management of licit drugs (OTC, Prescription) brought into the building. Safe Management refers to keeping OTC and prescription medications on their person or appropriately stored in a childproof container, in a locked file cabinet, to ensure the safety of others. Prescription Medications are only allowed if they are in the possession of the person for whom they are prescribed or per residential treatment rules.

Facility Tour. As part of your orientation you will be given a tour of the facility so that you are aware of the emergency exits and emergency exit maps, location of first aid kits and fire extinguishers, and can review our posted safety policy regarding your expected participation in safety drills.

Participation in treatment For Adults and Children with Parents/Guardians. You will be asked to be an active participant in your all aspects of your care. After your



intake, you will be taking part in a psychosocial assessment that will help staff know about your needs and how to develop an initial treatment plan to help address your immediate needs. You will provide the clinician with information about your current issues, history, and previous treatment experiences. Together, with the information you provide an initial care plan will be developed.

If the situation is urgent, a crisis plan may be developed and implemented on the day of your appointment. Next, when you meet with your assigned counselor you will continue to complete an assessment, implement your initial plan and begin to develop a new comprehensive treatment plan to address your needs and to consider any needs beyond the program for which appropriate referrals might be needed. If you like, you may include others in your care. Throughout the assessment and treatment planning process, your input is valued. You are encouraged to talk with our staff or leadership about any concerns you might have about your care, or any suggestions you may have about how we can improve services at CSP.

What is a designated representative? Advocating for your rights can be hard work. Sometimes it helps to have a person with you to support your point of view. If you have been determined to have a Serious Mental Illness, you have the right to have a designated representative help you in protecting your rights and voicing your service needs.

Who is a designated representative? A designated representative may be a parent, guardian, friend, peer advocate, relative, human rights advocate, member of a Human Rights Committee, an advocate from the State Protection and Advocacy system, or any other person who may help you protect your rights and voice your service needs.

When can a designated representative help me? You have the right to have a designated representative help you protect your rights and voice your service needs during any meetings about your Service Plan or Inpatient Treatment and Discharge Plan. Your designated representative must also receive written notice of the time, date and location of Service Plan and Inpatient Treatment and Discharge Plan meetings, and your designated representative must be invited to the Individual Treatment and Discharge Plan meetings.

You have the right to have a designated representative help you in filing an appeal of your treatment, your Service Plan, Inpatient Treatment and Discharge Plan or attend the informal conference or administrative hearing with you to protect your rights and voice your service needs.

You have the right to have a designated representative help you in filing a grievance. A designated representative may also go to the meeting with the investigator, the informal conference, or an administrative hearing with you to protect your rights and voice your service needs.

If you have questions about designated representatives, call your CSP provider in Tucson at (520) 879-6060, in Guadalupe at (480) 768-2000, including specialty phone lines for the hearing impaired (TTY) or the Office of Human Rights at (602) 364-4585 or



1 (800) 421-2124. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1 (800) 367-8939 for help contacting AHCCCS or CSP.

What can I do if I have a complaint about my care? If you are not happy with the care you are getting, try to solve any issues at the lowest possible level by talking with your provider or CSP.

What is a formal complaint and how do I make one? A formal complaint is when you are not happy with any aspect of your care. Reasons for complaints could include such things as:

- The quality of care or services you received;
- A disagreement with the denial to process an appeal as expedited;
- The failure of a provider to respect a person's rights; or
- A provider or employee of a provider being rude to you.

Formal complaints can be made either orally or in writing. You can call (520) 879-6060 or write to:

Centered Spirit Program
c/o Quality Manager
4567 West Tetakusim Road
Tucson, AZ 85746

Hearing impaired individuals may call the Arizona Relay Service at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting AHCCCS or CSP.

If you make your complaint by phone, it will be acknowledged at that time. For written complaints, you will be notified that your complaint was received within 5 working days. A decision regarding the results of your complaint must be given to you in a timely manner. Most complaints will be resolved within 10 business days but in no case longer than 90 days.

Some issues require you to file an appeal instead of a formal complaint. This process is described in the section called, "What is an appeal and how do I file an appeal." These issues include:

- The denial or limited approval of a service asked for by your provider or clinical team;
- The reduction, suspension, or termination of a service you were receiving;
- The denial, in whole or part, of payment for a service;
- The failure to provide services in a timely manner;



- The failure to act within timeframes for resolving an appeal or complaint; and
- The denial of a request for services outside of the provider network when services are not available within the provider network.

If you are a person determined to have a Serious Mental Illness (SMI), you can file a grievance/request for investigation if you feel that your rights have been violated. See “What is a Grievance/Request for Investigation for persons determined to have a Serious Mental Illness and how can I file one?” for more information.

What is an appeal and how do I file an appeal?

What is an appeal? An appeal is a formal request to review an action or decision related to your behavioral health services.

There are three types of appeals depending on what is being appealed and who is filing the appeal. The three types of appeals are:

1. Appeals for Title 19 or Title 21 AHCCCS eligible persons (page 42);
2. Appeals for persons determined to have a Serious Mental Illness (page 45); and
3. Appeals for persons who are not enrolled as a person with Serious Mental Illness and are Non-Title 19 or Non-Title 21 eligible (page 46).

Medicare Part D Exceptions and Appeals: Every Medicare Part D plan must have an exception and appeal process. If you have Medicare Part D Prescription Drug coverage and you file an exception or appeal, you may be able to get a prescription drug that is not normally covered by your Part D plan. Contact your Part D plan for help in filing an exception or appeal regarding your prescription drug coverage.

How do I file an appeal? Appeals can be filed orally or in writing with AHCCCS within 60 days after the date a Notice of Action and Notice of Decision and Right to Appeal (enrolled members) and within 60 days of a receipt of a Notice of Action for FFS members. “FFS” or Fee for Service Members are those members receiving services from a TRBHA. All other members receiving services from a RHBA are “enrolled members”. A Notice of Action and Notice of Decision and Right to Appeal are written letters that tell you about a change in your services. An expedited appeal will be resolved sooner than a standard appeal due to the urgent behavioral health needs of the person filing the appeal. Contact CSP Member Services or your provider to see if your appeal will be expedited.

You can file an appeal or your legal or authorized representative, including a provider, can file an appeal for you with your written permission. You can also get help with filing an appeal by yourself.

To file an appeal orally or for help with filing a written appeal, call (602) 364-4575 or 1 (800) 421-2124, including specialty phone lines for the hearing impaired (TTY). Hearing



impaired individuals may call the Arizona Relay Service at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting AHCCCS or CSP.

To file a written appeal, mail the appeal to AHCCCS Office of Grievance and Appeals, 150 North 18th Avenue, Suite 230, Phoenix, Arizona 85007.

You will get written notice that your appeal was received within five working days. If your appeal is expedited, you will get notice that your appeal was received within 1 working day. If CSP has decided that your appeal does not need to be expedited, your appeal will follow the standard appeal timeliness. CSP will make reasonable efforts to give you prompt oral notice of the decision not to expedite your appeal and follow up within 2 calendar days with a written notice.

Appeals for Title 19 or Title 21 AHCCCS eligible persons: If you are Title 19 or Title 21 AHCCCS eligible, you have the right to ask for a review of the following actions:

- The denial or limited approval of a service asked for by your provider or clinical team;
- The reduction, suspension, or termination of a service that you were receiving;
- The denial, in whole or part, of payment for a service;
- The failure to provide services in a timely manner;
- The failure to act within timeframes for resolving an appeal or complaint; and
- The denial of a request for services outside of the provider network when services are not available within the provider network.

What happens after I file an appeal? As part of the appeal process, you have the right to give evidence that supports your appeal. You can provide the evidence to the TRBHA or AHCCCS in person or in writing. To prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process, if the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or CSP. The evidence you give to the TRBHA or AHCCCS will be used when deciding the resolution of the appeal.

How is my appeal resolved? The TRBHA or AHCCCS must give you a decision, called a Notice of Appeal Resolution, in person or by certified mail within 30 days of getting your appeal for standard appeals, or within 3 working days for expedited appeals. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

The time frames in which the TRBHA or provider must give you the Notice of Appeal Resolution may be extended up to 14 days. You, CSP or the provider can ask for more time in order to gather more information. If CSP or the provider ask for more time, you will be given written notice of the reason for the delay.



The Notice of Appeal Resolution will tell you:

- The results of the appeal process; and
- The date the appeal process was completed.

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:

- How you can ask for a State Fair Hearing;
- How to ask that services continue during the State Fair Hearing process, if applicable;
- The reason why your appeal was denied and the legal basis for the decision to deny your appeal; and
- That you may have to pay for the services you get during the State Fair Hearing process if your appeal is denied at the State Fair Hearing.

What if I am not happy with my appeal results? You can ask for a State Fair Hearing if you are not happy with the results of an appeal. If your appeal was expedited, you can ask for an expedited State Fair Hearing. You have the right to have a representative of your choice assist you at the State Fair Hearing.

How do I ask for a State Fair Hearing? You must ask for a State Fair Hearing in writing within 30 days of getting the Notice of Appeal Resolution. This includes both standard and expedited requests for a State Fair Hearing. Requests for State Fair Hearings should be mailed to: AHCCCS Office of Grievance and Appeals, 150 North 18th Avenue, Suite 230, Phoenix, Arizona 85007.

What is the process for my State Fair Hearing? You will receive a Notice of State Fair Hearing at least 30 days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:

- The time, place, and nature of the hearing;
- The reason for the hearing;
- The legal and jurisdictional authority that requires the hearing; and
- The specific laws that are related to the hearing.

How is my State Fair Hearing resolved? For standard State Fair Hearings, you will receive a written AHCCCS Director's Decision no later than 90 days after your appeal was first filed. This 90-day period does not include:



- Any timeframe extensions that you have requested; and
- The number of days between the date that you received the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted.

The AHCCCS Director's Decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

For expedited State Fair Hearings, you will receive a written AHCCCS Director's Decision within three working days after the date that AHCCCS receives your case file and appeal information from the TRBHA or AHCCCS. AHCCCS will also try to call you to notify you of the AHCCCS Director's Decision.

Will my services continue during the Appeal/State Fair Hearing process? You may ask that the services you were already getting continue during the appeal process or the State Fair Hearing process. If you want to keep getting the same services, you must ask for your services to be continued in writing. If the result of the appeal or State Fair Hearing is to agree with the action to either end or reduce your services, you may have to pay for the services received during the appeal or State Fair Hearing process.

Appeals for persons determined to have a Serious Mental Illness: Persons asking for a determination of Serious Mental Illness and persons who have been determined to have a Serious Mental Illness can appeal the result of a Serious Mental Illness determination.

Persons determined to have a Serious Mental Illness may also appeal the following adverse decisions:

- Initial eligibility for SMI services;
- A decision regarding fees or waivers;
- The assessment report, and recommended services in the service plan or individual treatment or discharge plan;
- The denial, reduction, suspension, or termination of any service that is a covered service funded through Non-Title 19 or Non-Title 21 funds;
- Your capacity to make decisions, need for guardianship or other protective services or need for special assistance;
- A decision is made that the person is no longer eligible for SMI services; and
- A PASRR determination in the context of either a preadmission screening or an annual resident review, which adversely affects the person.

What happens after I file an appeal? If you file an appeal, you will get written notice that your appeal was received within five working days of AHCCCS' receipt. You will



have an informal conference with the TRBHA within seven working days of filing the appeal. The informal conference must happen at a time and place that is convenient for you. You have the right to have a designated representative of your choice assist you at the conference. You and any other participants will be informed of the time and location of the conference in writing at least two days before the conference. If you are unable to come to the conference in person, you can participate in the conference over the telephone.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within one working day of AHCCCS' receipt, and the informal conference must occur within two working days of filing the appeal.

If the appeal is resolved to your satisfaction at the informal conference, you will get a written notice that describes the reason for the appeal, the issues involved, the resolution achieved and the date that the resolution will be implemented. If there is no resolution of the appeal during this informal conference, and if the appeal does not relate to your eligibility for behavioral health services, the next step is a second informal conference with AHCCCS. This second informal conference must take place within 15 days of filing the appeal. If the appeal needs to be expedited, the second informal conference must take place within two working days of filing the appeal. You have the right to skip this second informal conference.

If there is no resolution of the appeal during the second informal conference, or if you asked that the second informal conference be skipped, you will be given information that will tell you how to get an Administrative Hearing. Appeals of Serious Mental Illness eligibility determinations move directly to the Administrative Hearing process if not resolved in the first informal conference and skip the second informal conference. The Office of Grievance and Appeals at AHCCCS handles requests for Administrative Hearings.

Will my services continue during the appeal process? If you file an appeal you will continue to get any services you were already getting unless a qualified clinician decides that reducing or terminating services is best for you or you agree in writing to reducing or terminating services. If the appeal is not decided in your favor, CSP may require you to pay for the services you received during the appeal process.

Appeals for persons who are not determined to have Serious Mental Illness and Non-Title 19 or Non-Title 21 eligible: If you are Non-Title 19 or Non-Title 21 (AHCCCS) eligible and not determined to have Serious Mental Illness you may appeal actions or decisions related to decisions about behavioral health services you need that are available through CSP.

As part of the appeal process, you have the right to give evidence that supports your appeal. You can give the evidence to the TRBHA or AHCCCS in person or in writing. To prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process as long as the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or CSP. The evidence you give to the TRBHA or AHCCCS will be used when deciding the resolution of the appeal.



How is my appeal resolved? The TRBHA or AHCCCS must give you a Notice of Appeal Resolution in person or by certified mail within 30 days of getting your appeal. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

The time frames in which the TRBHA or provider must give you the Notice of Appeal Resolution may be extended up to 14 days. You, CSP or the provider can ask for more time in order to gather more information. If CSP or the provider asks for more time, you will be given written notice of the reason for the delay.

The Notice of Appeal Resolution will tell you:

- The results of the appeal process; and
- The date the appeal process was completed.

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:

- How you can request a State Fair Hearing; and
- The reason why your appeal was denied and the legal basis for the decision to deny your appeal.

What if I am not happy with my appeal results? You can ask for a State Fair Hearing if you are not happy with the results of an appeal.

How do I ask for a State Fair Hearing? You must ask for a State Fair Hearing in writing within 30 days of getting the Notice of Appeal Resolution. Requests for State Fair Hearings should be mailed to: AHCCCS Office of Grievance and Appeals, 150 North 18th Avenue, Suite 230, Phoenix, Arizona 85007.

What is the process for my State Fair Hearing? You will receive a Notice of State Fair Hearing at least 30 days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:

- The time, place, and nature of the hearing;
- The reason for the hearing;
- The legal and jurisdictional authority that requires the hearing; and
- The specific laws that are related to the hearing.

How is my State Fair Hearing resolved? For standard State Fair Hearings, you will receive a written AHCCCS Director's Decision no later than 90 days after your appeal was originally filed. This 90-day period does not include:



Transportation Motor Vehicle Division (MVD). When providers use the online member verification tool and enter a member's social security number, the member's picture, if available from MVD, will be shown on the verification screen along with other AHCCCS coverage information. The picture will help providers to quickly confirm the member's identity.

If you think that somebody is committing fraud or program abuse, contact:

- CSP Corporate Compliance Officer at (520) 879-6065. Hearing impaired individuals may call the Arizona Relay Service at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting AHCCCS or CSP;
- AHCCCS Fraud and Abuse Hotline at (602) 364-3758; or 1-866-569-4927. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1 (800) 367-8939 for help contacting AHCCCS or CSP;
- AHCCCS Member Fraud Line at (602) 417-4193 or 1-888-487-6686, or
- AHCCCS Provider Fraud Line at (602) 417-4045 or 1-888-487-6686.

For your convenience there is a confidential fraud and abuse tip box located at the front office of the CSP Tucson and Guadalupe main buildings.

What is an Advance Directive? You have the right to make an advance directive. An advance directive tells a person's wishes about what kind of care he or she does or does not want to get when the person cannot make decisions because of his or her illness. A medical advance directive tells the doctor a person's wishes if the person cannot state his/her wishes because of a medical problem. A behavioral health advance directive tells the behavioral health provider a person's wishes if the person cannot state his/her wishes because of a behavioral illness.

One type of a behavioral health advance directive is a Behavioral Health Care Power of Attorney that gives an adult person the right to name another adult person to make behavioral health care treatment decisions on his or her behalf. The person named, the designee, may make decisions on behalf of the adult person if she or he cannot make these types of decisions. The designee, however, must not be a provider directly involved with the behavioral health treatment of the adult person at the time the Behavioral Health Care Power of Attorney is named. The designee may act in this capacity until his or her authority is revoked by the adult person or by court order. The designee has the same right as the adult person to get information and to review the adult person's medical records about possible behavioral health treatment and to give consent to share the medical records.

The designee must follow the wishes of the adult person as stated in the Behavioral Health Care Power of Attorney. If, however, the adult person's wishes are not stated in a Behavioral Health Care Power of Attorney and are not known by the designee, the designee must act in good faith and consent to treatment that she or he believes to be in the adult person's best interest. The designee may consent to admitting the adult person to a behavioral health inpatient facility licensed by the Department of Licensing



Services (DOLS) if this authority is stated in the Behavioral Health Care Power of Attorney.

In limited situations, some providers may not uphold an advance directive as a matter of conscience. If your behavioral health provider does not uphold advance directives as a matter of conscience, the provider must give you written policies that:

- State institution-wide conscience objections and those of individual physicians;
- Identify the law that permits such objections; and
- Describe the range of medical conditions or procedures affected by the conscience objection.

For more information please contact your CSP Network Service Coordinator at (520) 879-6060. Hearing impaired individuals may call the Arizona Relay Service at 711, 1 (800) 842-4681 or 1 (800) 367-8939 (for TTY users) for help contacting AHCCCS or CSP.

Your provider cannot discriminate against you because of your decision to make or not make an advance directive.

Tell your family and providers if you have made an advance directive. Give copies of the advance directive to all providers caring for you, including your Primary Care Provider (PCP).

Contact CSP Member Services to ask more about advance directives or for help with making one.

What is Arizona's Vision for the delivery of behavioral health services? All behavioral health services are delivered according to AHCCCS system principles. AHCCCS supports a behavioral health delivery system that includes:

- Easy access to care;
- Behavioral health recipient and family member involvement;
- Collaboration with the greater community;
- Effective innovation;
- Expectation for improvement; and
- Cultural competency.

Arizona's Twelve Principles for the delivery of services to children require collaboration with the child and family. They are:



1. Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.

2. Functional outcomes: Behavioral health services are designed and implemented to aid children to:

- Achieve success in school;
- Live with their families;
- Avoid delinquency; and
- Become stable and productive adults.

Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.

3. Collaboration with others: When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented.

- Client-centered teams plan and deliver services.
- Each child's team includes the child and parents and any foster parents, and any individual important in the child's life who is invited to participate by the child or parents.
- The team also includes all other persons needed to develop an effective plan, including, as appropriate the child's teacher, the child's Pascua Yaqui Child Protective Services (CPS), Arizona Department of Children's Services (DCS) or Department of Developmental Disability (DDD) case worker, and the child's probation officer.
- The team:
 - Develops a common assessment of the child's and family's strengths and needs;
 - Develops an individualized service plan;
 - Monitors implementation of the plan; and
 - Adjusts the plan if it is not succeeding.

4. Accessible services: Children have access to a comprehensive array of behavioral health services sufficient to ensure that they receive the treatment they need.



8. Services tailored to the child and family: The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided.

- Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

9. Stability: Behavioral health service plans strive to minimize multiple placements.

- Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk.
- Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops.
- In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system.
- Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.

10. Respect for the child and family's unique cultural heritage: Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family.

- Services are provided in Spanish to children and parents whose primary language is Spanish.

11. Independence: Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management.

- Behavioral health service plans identify parents and children's need for training and support to participate as partners in the assessment process.
- The child and parents will also participate in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

12. Connection to natural supports: The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network



of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

The Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems are:

1. Respect is the cornerstone.

Meet the person where he/she is without judgment, with great patience and compassion.

2. Persons in recovery choose services and are included in program decisions and program development efforts.

A person in recovery has choice and a voice. Their self-determination in driving services, program decisions and program development are made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the “informed consumer” and the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.

3. Focus on the individual as a whole person, while including and/or developing natural supports.

A person in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual’s social community.

4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure.

A person in recovery finds independence through exploration, experimentation, evaluation, contemplation and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.

5. Integration, collaboration, and participation with the community of one’s choice.

A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscore one’s role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.

6. Partnership between individuals, staff, and family members/natural supports for shared decision making with a foundation of trust.



A person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants, and lead to the creation of optimum protocols and outcomes.

7. Persons in recovery define their own success.

A person in recovery -- by his or her own declaration -- discovers success, in part, by quality-of-life outcomes, which may include an improved sense of well-being, advanced integration into the community, and greater self-determination. Persons in recovery are the experts on themselves, defining their own goals and desired outcomes.

8. Strengths-based, flexible, responsive services reflective of an individual's cultural preferences.

A person in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. A person in recovery is the source of his/her own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.

9. Hope is the foundation for the journey towards recovery.

A person in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. A person in recovery is held as boundless in potential and possibility.





Men's Pascua Assessment Treatment Healing (PATH) Program: Provides residential treatment services to Pima and Maricopa counties or surrounding areas for PYT members and their families who are male, over the age of 18 and are seeking a quality sober lifestyle, services include but are not limited to:

- On-site individual counseling;
- On-site group counseling;
- 12-step program;
- Prevention and education; and
- Case management.

Transitional Treatment Program: Provides services to Pima and Maricopa counties or surrounding areas for PYT members and their families who have children and are on the road to alcohol or substance abuse recovery. Services include but are not limited to:

- Individual counseling;
- Group counseling;
- Family counseling;
- 12-step program;
- Prevention and education;
- Temporary housing; and
- Case management.

CSP Medication Assistance: Provide medication assistance to PYT members who are under the care of the CSP Psychiatrist. Services include but are not limited to:

- Medication box monitoring and assistance;
- Medication pick-up and refill; and
- Coordination with PYT El Rio Pharmacy.