

580 - BEHAVIORAL HEALTH REFERRAL AND INTAKE PROCESS

EFFECTIVE DATES: 07/01/16, 11/01/19

APPROVAL DATE: 11/17/16, 09/19/19

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: American Indian Health Program (AIHP), Tribal ALTCS, TRBHA, and all FFS providers, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy describes behavioral health intake and referral requirements for Title XIX and Non-Title XIX eligible members, in order to ensure individuals with behavioral health and substance use disorders are able to gain prompt access to behavioral health services. See AMPM Policy 320-T for information regarding Non-Title XIX funded services.

II. DEFINITIONS

ASSESSMENT	The collection and analysis of a person’s medical, psychological, psychiatric and social conditions in order to initially determine if a health disorder exists, if there is a need for behavioral health services, and on an ongoing basis ensure that the person’s service plan is designed to meet the person’s (and family’s) current needs and long term goals.
DESIGNATED REPRESENTATIVE	A parent, guardian, relative, advocate, friend, or other person, designated orally or in writing by a member or guardian who, upon the request of the member, assists the member in protecting the member’s rights and voicing the member’s service needs.
HEALTH CARE DECISION MAKER	An individual who is authorized to make health care treatment decisions for the patient. As applicable to the particular situation, this may include a parent of an unemancipated minor or a person lawfully authorized to make health care treatment decisions pursuant to A.R.S. Title 14, Chapter 5, Article 2 or 3; or A.R.S. §8-514.05, A.R.S. §§36-3221, 36-3231 or 36-3281.
INTAKE	The initial evaluation and collection, by appropriately trained staff, of basic demographic information and preliminary identification of the member’s needs.
REFERRAL	For purposes of this Policy, a verbal, written, telephonic, electronic, or in-person request for behavioral health services.

**SERIOUS MENTAL
ILLNESS
(SMI)
DETERMINATION**

A determination as to whether or not an individual meets the diagnostic and functional criteria established for the purpose of determining an individual’s eligibility for SMI services.

III. POLICY

A. GENERAL REQUIREMENTS FOR BEHAVIORAL HEALTH REFERRAL AND INTAKE

1. A referral may be made directly by the member or prospective member, his/her Health Care Decision Maker, a Contractor, Primary Care Provider (PCP) or other provider within their scope of practice, hospital, treat and refer provider, jail, court, probation or parole officer, tribal government, Indian Health Services, school, or other governmental or community agency; and for members in the legal custody of the DCS, the out-of-home placement, as specified in A.R.S. §8-512.01 and ACOM Policy 449.
2. To facilitate timely access to behavioral health services Contractors, and FFS Providers shall ensure an effective referral and intake process is in place for individuals seeking behavioral health services, including but not limited to General Mental Health/Substance Use services, members determined to have a SMI, and assessments for SMI eligibility.

The referral and intake process shall include:

- a. Engaging with the member/Health Care Decision Maker, and designated representative,
 - b. Communicating the process for making referrals, including self-referrals, ensuring that the referral process maximizes member and family voice and choice of service providers, and allowing FFS members to see any AHCCCS registered provider,
 - c. Keeping information or documents collected in the referral process confidential and protected in accordance with applicable federal and state statutes, regulations, and policies,
 - d. Ensuring the accurate collection of all required information and that members who have difficulty communicating due to a disability, or who require language services, are afforded appropriate accommodations to assist them in fully expressing their needs,
 - e. Collecting sufficient information about the member to determine the urgency of the situation and subsequently scheduling an assessment within the required timeframes and with an appropriate provider. (For further details regarding Contractor appointment standards, see ACOM Policy 417).
3. Contractors’ provider directories shall be maintained in accordance with ACOM Policy 406 and shall indicate which providers are accepting referrals. Providers shall

promptly notify the Contractor of any changes that would impact the accuracy of the provider directory (e.g. change in telephone or fax number, no longer accepting referrals).

B. REFERRALS FOR INDIVIDUALS ADMITTED TO A HOSPITAL

Contractors shall ensure referrals involving individuals admitted to a hospital for psychiatric reasons are responded to as outlined below.

1. For referrals involving an individual not currently receiving behavioral health services, Contractors shall attempt to conduct a face-to-face intake evaluation with the individual within 24 hours of referral, but shall ensure the evaluation occurs prior to discharge from the hospital.
2. For members already receiving behavioral health services, Contractors shall ensure coordination, transition, and discharge planning activities are completed in a timely manner as specified in AMPM Policy 1020.

TRBHA responsibilities regarding referrals are outlined in the TRBHA Intergovernmental Agreements (IGAs).

C. REFERRALS INITIATED BY DEPARTMENT OF CHILD SAFETY

Upon notification from the Department of Child Safety (DCS) that a child has been placed in DCS custody, or is at risk of placement disruption, Contractors shall ensure that the behavioral health providers respond according to A.R.S. §8-512.01 and ACOM Policy 449. DCS is responsible for notifying the behavioral health system of all removals and initiating a referral to the RBHA for 72-hour rapid response.

Foster caregivers may refer to the AHCCCS foster care webpage for further direction of where to call for, a 72-hour rapid response, when a referral has not been initiated by DCS, in accordance with ACOM Policy 449.

D. ACCEPTING REFERRALS

1. Contractors shall ensure the following:
Referrals are accepted for behavioral health services 24 hours a day, seven days a week.
2. PCPs may treat behavioral health conditions within their scope of practice.
3. PCPs who prescribe medication to treat Opioid Use Disorder refer the member to a behavioral health provider for behavioral health services.
4. A streamlined process for PCPs to refer members who are screened as at-risk for a behavioral health need.
5. Processing of referrals shall not be delayed due to missing or incomplete information.

6. Providers offer a range of appointment availability and flexible scheduling options based upon the needs of the member and according to timeliness standards as specified ACOM Policy 417.
7. When psychotropic medications are part of a member's treatment or have been identified as a need by the referral source, Contractors shall assess the urgency to ensure referrals meet the time requirements as specified in ACOM Policy 417.
8. When an SMI eligibility determination is being requested as part of the referral or by the individual directly, Contractors, Tribal ALTCS, TRBHAs, and FFS providers shall ensure an eligibility assessment is conducted in accordance with AMPM Policy 320-P. The SMI eligibility assessment, and pending determination, shall not delay behavioral health service delivery to the member, regardless of Title XIX or Title XXI eligibility as funding allows.

E. FINAL DISPOSITION OF REFERRALS

1. Within 30 days of receiving the intake evaluation, or if the member declines behavioral health services, Contractors shall ensure notification regarding the final disposition is provided to the referring individual or entity, with appropriate release of information signed by the member, as applicable, including but not limited to:
 - a. Contractor,
 - b. Behavioral Health Coordinator,
 - c. PCP,
 - d. DCS,
 - e. Arizona Department of Corrections (ADOC),
 - f. Arizona Department of Juvenile Corrections (ADJC),
 - g. Administrative Offices of the Court (AOC),
 - h. Arizona Department of Economic Security/Rehabilitation Services Administration, and (DES/RSA), and
 - i. Arizona Department of Education (ADE) and affiliated school districts.
 - j. TRBHAs.
2. The final disposition shall include the date the member was seen for the intake evaluation, and the name and contact information of the provider who will assume primary responsibility for the member's behavioral health care.

F. DOCUMENTING AND TRACKING REFERRALS

Contractors shall ensure referrals for behavioral health services are documented and tracked, and include at a minimum, the following information:

1. Member name and, if available, AHCCCS identification number.
2. Date of birth.
3. Name and affiliation of referral source.
4. Type of referral per ACOM Policy 417.

5. Date and time the referral was received.
6. If applicable, date and location of first available appointment and, if different, date and location of actual scheduled appointment, and
7. Final disposition of the referral.

G. INTAKE

1. The intake process by the provider shall include:
 - a. The collection of member contact and insurance information,
 - b. The reason why the member is seeking services and information on any accommodations the member may require to effectively participate in treatment services (e.g. need for oral interpretation or sign language services, consent forms in large font),
 - c. The collection of demographic information, including the member's primary/preferred language,
 - d. The completion of any applicable authorizations for the release of information to other parties,
 - e. The review and completion of a general consent to treatment,
 - f. The collection of financial information, including the identification of third party payers and information necessary to screen and apply for Title XIX/XXI eligibility,
 - g. The review and dissemination of Contractors Notice of Privacy Practices (NPP) and the AHCCCS Notice of Privacy Practices (NPP) in compliance with 45 CFR 164.520 (c)(1)(B), and
 - h. The review of the member's rights and responsibilities, including an explanation of the Title XIX/XXI and/or SMI member grievance and appeal process, as applicable. The member and/or the member's Health Care Decision Maker, and designated representative, advocate, and/or individual providing special assistance, may complete some of the paperwork associated with the intake evaluation, if acceptable to the member as specified in AMPM 320-R.
2. Behavioral health providers conducting intake interviews shall approach the member/ the member's Health Care Decision Maker, and designated representative in a strength-based manner and possess a clear understanding of the information that needs to be collected. Contractor behavioral health providers shall be trained appropriately in accordance with ACOM Policy 407.
3. The behavioral health provider shall attempt to contact the member, and where applicable, designated representative and initiate outreach and engagement activities if the member does not appear for the intake appointment.