I. PURPOSE

This Policy applies to AHCCCS Contractors responsible for the provision of behavioral health services and Tribal Regional Behavioral Health Authorities (TRBHAs) for Title XIX/XXI and Non-Title XIX/XXI members. This Policy outlines requirements for referral and intake in order to ensure individuals are able to gain prompt access to behavioral health services.

II. DEFINITIONS

**ASSESSMENT**
The ongoing 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.

**INITIAL EVALUATION**
The collection by appropriately trained staff of basic demographic information and preliminary determination of the member’s needs.

**REFERRAL**
Any oral, written, faxed, or electronic request for behavioral health services made by a member, or member’s legal guardian, a family member, an AHCCCS health plan, primary care provider, hospital, jail, court, probation and parole officer, tribal government, Indian Health Services, school, or other governmental or community agency; and for members in the legal custody of the Department of Child Safety (DCS), the out-of-home placement, in accordance with A.R.S. §8-512.01 in accordance with ACOM 449.

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

A. General Requirements for Behavioral Health Services Referral and Intake

To facilitate a member’s access to behavioral health services in a timely manner, Contractors and TRBHAs are to ensure an effective referral and intake process is in place for behavioral health services. This process shall include:

1. Engaging with the member and/or member’s legal guardian/family member,
2. Communicating to potential referral sources the process for making referrals,
3. Keeping information or documents collected in the referral process confidential and protected in accordance with applicable federal and state statutes, regulations and policies,
4. After obtaining appropriate consents, informing the referral source as appropriate about the final disposition of the referral,
5. Conducting intakes that ensure the accurate collection of all the required information and ensure that members who have difficulty communicating because of a disability or who require language services are afforded appropriate accommodations to assist them in fully expressing their needs.
6. 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 Contractor appointment standards, see ACOM Policy 417.)

B. Referrals for Individuals Admitted to a Hospital

Contractors and TRBHAs must respond to referrals regarding individuals admitted to a hospital for psychiatric reasons. Contractors and TRBHAs shall attempt to conduct a face-to-face intake evaluation with the individual prior to discharge from the hospital.

C. Referrals Initiated by Department of Child Safety (DCS) Pending the Removal of a Child

1. Upon notification from DCS that a child has been placed in DCS custody, or is at risk of disruption of placement, Contractors shall ensure that the behavioral health providers respond according to A.R.S. §8-512.01 and ACOM Policy 449. Foster caregivers and adoptive parents may call for and
consent to an urgent crisis response and/or 72 hour rapid response in accordance with ACOM Policy 449.

2. TRBHAs are responsible for coordinating care with DCS to ensure continuity of care.

D. SENDING REFERRALS

Contractors’ provider directories shall be maintained in accordance with ACOM Policy 404 and ACOM Policy 416 and must indicate which providers are accepting referrals and conducting initial intake evaluations. 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).

Referrals may be submitted in written format or provided orally. Oral referrals shall be documented in writing.

E. ACCEPTING REFERRALS

1. Contractors and TRBHAs shall ensure referrals are accepted for behavioral health services 24 hours a day, seven days a week.

2. Timely triage and processing of referrals must not be delayed due to missing or incomplete information.

3. When psychotropic medications are a part of a member’s treatment or have been identified as a need by the referral source, Contractors must ensure referrals meet the time requirements as outlined in ACOM Policy 417.

4. When a Serious Mental Illness (SMI) eligibility determination is being requested as part of the referral or by the member directly, Contractors TRBHAs, Indian Health Service facilities, or Tribally owned or operated 638 facilities 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.

F. FINAL DISPOSITIONS

1. Within 30 days of receiving the intake evaluation, or if the member declines behavioral health services, Contractors and TRBHAs shall ensure notification regarding the final disposition shall be 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. Arizona Department of Child Safety and adoption subsidy,
e. Arizona Department of Economic Security/Division of Developmental Disabilities,
f. Arizona Department of Corrections,
g. Arizona Department of Juvenile Corrections,
h. Administrative Offices of the Court,
i. Arizona Department of Economic Security/Rehabilitation Services Administration, and 
j. Arizona Department of Education and affiliated school districts.

2. The final disposition must include:
   a. 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, or
   b. If no services will be provided, the reason why. Authorization to release information will be obtained prior to communicating the final disposition to the referral sources referenced above. See AMPM Policy 550.

G. DOCUMENTING AND TRACKING REFERRALS

Contractors and TRBHAs shall ensure referrals for behavioral health services are 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.
H. 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 required demographic information and completion of member demographic information sheet, including the member’s primary/preferred language in accordance with AHCCCS Technical Interface Guidelines,
   d. The completion of any applicable authorizations for the release of information to other parties,
   e. The dissemination of a Member Handbook to the member,
   f. The review and completion of a general consent to treatment,
   g. The collection of financial information, including the identification of third party payers and information necessary to screen and apply for Title XIX/XXI eligibility,
   h. Advising members with an SMI designation if they are found to be Non-Title XIX/XXI they may be assessed a copayment,
   i. The review and dissemination of Contractors and TRBHA’s Notice of Privacy Practices (NPP) and the AHCCCS Notice of Privacy Practices (NPP) in compliance with 45 CFR 164.520 (c)(1)(B), and
   j. The review of the member’s rights and responsibilities, including an explanation of the Title XIX/XXI member grievance and appeal process, if applicable. The member and/or the member’s legal guardian/family member, advocate, and/or person providing special assistance, may complete some of the paperwork associated with the intake evaluation, if acceptable to the member and/or the member’s legal guardian/family members, advocate, and/or person providing special assistance as referenced in AMPM 320-R.

2. Behavioral health providers conducting intake interviews must be appropriately trained in accordance with AMPM Policy 1060, and must approach the member and family in an strength-based manner and possess a clear understanding of the information that needs to be collected.

I. ELIGIBILITY SCREENING

1. Persons who are not already determined eligible for Title XIX/XXI must be screened at the time of the intake interview for Title XIX/XXI eligibility.

2. The individual conducting the intake interview must request the supporting documentation listed below and explain to the applicant supporting
documentation will only be used for the purpose of assisting in applying for Title XIX/XXI benefits through AHCCCS.

a. Verification of gross family income for the last month and current month (e.g., pay check stubs, social security award letter, retirement pension letter),

b. For those who have other health insurance, bring the corresponding health insurance card (e.g., Medicare card),

c. For all applicants, documentation to prove United States citizenship or immigration status and identity in accordance with AHCCCS Eligibility Policy and Procedure Manual,

d. For those who pay for dependent care (e.g., adult or child daycare), proof of the amount paid for the dependent care, and

e. Verification of out-of-pocket medical expenses.