

580 - BEHAVIORAL HEALTH REFERRAL AND INTAKE PROCESS

EFFECTIVE DATES: 07/01/~~20~~16, 10/01/19¹

APPROVAL DATE: 09/19/19²

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: Tribal ALTCS, TRBHA, the American Indian Health Program (AIHP), and all FFS providers, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). ~~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.~~³ This Policy describes behavioral health intake and referral requirements for Title XIX and Non-Title XIX eligible members, as applicable, in order to ensure individuals with~~This Policy outlines requirements for referral and intake in order to ensure individuals~~ behavioral health and substance use disorders⁴ are able to gain prompt access to behavioral health services. See AMPM Policy 320-T for information regarding Non-Title XIX funded⁵ services.

¹ Date policy is effective

² Date policy is approved

³ Deleted this language because it is redundant

⁴ Added substance use disorders as part of the intake referral process

⁵ Added to clarify members

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~~a.b.e.~~

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 un-emancipated 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. §§-514.05, A.R.S. §§-36-3221, 36-3231 or 36-3281.⁶

~~INITIAL EVALUATION (INTAKE)~~
INTAKE The initial evaluation and collection, by appropriately trained staff, of basic demographic information and preliminary ~~determination~~ identification of the member’s needs.⁷

REFERRAL For purposes of this Policy, ~~Any oral a verbal~~, written, ~~telephonic~~~~faxed~~, ~~or electronic~~, or in-person⁸ 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.~~⁹

SERIOUS MENTAL ILLNESS¹⁰ (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 ~~person~~’s eligibility for SMI services.

III. POLICY

A. GENERAL REQUIREMENTS FOR BEHAVIORAL HEALTH REFERRAL AND INTAKE¹¹

⁶ Added definition to clarify legal representatives of the member

⁷ “Initial evaluation” did not appear as a term in this policy-. Changed to intake for consistency but kept reference to initial evaluation in definition for consistency with other policies/contract language

⁸ Revised language for clarity

⁹ Relocated to ‘Policy’ section below for better flow

¹⁰ Spelled out acronym

1. A referral may be made directly by the member or prospective member, his/her Health Care Decision Maker, family member/designated representative, a Contractor¹², Primary Care Provider (PCP) or other provider within their scope of practice¹³, 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 449.¹⁴

To facilitate timely access to behavioral health services,
2. ~~To facilitate a member's access to behavioral health services in a timely manner, Contractors and TRBHAs—FFS Providers —shall are to~~¹⁵ 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 ~~behavioral health~~ services, members determined to have a SMI, and assessments for SMI eligibility¹⁶.

~~The- referral and intake~~^{This} process shall include:

a. Engaging with the member/designated representative/Health Care Decision Maker,¹⁷

~~and/or member's legal guardian/family representativemember.~~

b. Communicating the process for making referrals, including self-referrals, ensuring that the referral process maximizes member and family voice and choice of¹⁸ service providers, and¹⁹ allowing FFS members to see any AHCCCS registered provider²⁰.

~~to potential referral sources;
the process for making referrals.~~

~~a.c.~~ Keeping information or documents collected in the referral process confidential and protected in accordance with applicable federal and state statutes, regulations, and policies.

¹¹ Revised for flow

¹² POST APC CHANGE: updated to Contractor

¹³ POST APC CHANGE: included or other provider within their scope

¹⁴ Revised language for clarity

¹⁵ Revised to include FFS Programs and providers to clarify their role in the members access to services

¹⁶ Revised for specificity of demographic of individuals seeking behavioral health services

¹⁷ Revised section to include Health Care Decision Maker. Removed sentence below as it is duplicative

¹⁸ Incorporated member choice language

¹⁹ POST APC CHANGE: Moved from below for better flow and for a better description of referrals

²⁰ To emphasize choice for FFS members

~~After obtaining appropriate consents informing the referral source as appropriate about the final disposition of the referral.~~²¹

- d. ~~Conducting intakes that e~~Ensure the accurate collection of all ~~the~~ required information and ~~ensure~~ that members who have difficulty communicating ~~because of due to~~ a disability, or who require language services, are afforded appropriate accommodations to assist them in fully expressing their needs.

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 appointment standards²², Contractor appointment²³ ~~standards, see standards, see~~ ACOM Policy 417),

e. _____

3. Contractors' provider directories²⁴ shall be maintained ~~in hardcopy and on the Contractor's website~~²⁵ in accordance with ACOM Policy 406²⁶ 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).²⁷

A.B. REFERRALS FOR INDIVIDUALS ADMITTED TO A HOSPITAL

Contractors ~~and TRBHAs must~~ shall ensure ~~respond to~~ referrals²⁸ ~~involving regarding~~ individuals admitted to a hospital for psychiatric reasons are responded to as outlined below.

1. ~~If the~~ For referrals involving an individual not currently receiving behavioral health services, Contractors and TRBHAs shall attempt to conduct a face-to-face intake evaluation with the individual within 24 hours of referral, but ensure the evaluation occurs prior to discharge from the hospital.
2. For members already receiving behavioral health services, Contractors are responsible for ensuring coordination, transition, and discharge planning activities are completed in a timely manner as specified in AMPM Policy 1020²⁹.

²¹ Deleted as it is redundant

²² Added language for clarity

²³ POST APC CHANGE: undeleted reference for Contractors to review ACOM 417

²⁴ ACOM requires that the information be maintained on the website, but added language

²⁵ POST APC CHANGE: deleted extraneous language

²⁶ Revised to correct reference of policy ACOM Policy 406

²⁷ Moved from section below for better flow

²⁸ POST APC CHANGE: removed 'notifications'

TRBHA responsibilities regarding referrals are outlined in the TRBHA Intergovernmental Agreements (IGA).³⁰

~~B.C. REFERRALS INITIATED BY DEPARTMENT OF CHILD SAFETY (DCS) PENDING THE REMOVAL OF A CHILD~~³¹

Upon notification from the Department of Child Safety (DCS) that a child has been placed in DCS custody, or is at risk ~~of disruption~~ 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 ~~and adoptive parents~~³² may refer to the AHCCCS foster care webpage for further direction of where to³³ call for, and consent to, an urgent crisis response and/or a 72-hour rapid response, when a referral has not been initiated by DCS, ~~in accordance with ACOM Policy 449.~~

~~TRBHAs are responsible for coordinating care with DCS to ensure continuity of care~~³⁴.

~~REFERRALS~~³⁵

~~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.~~³⁶

D. ACCEPTING REFERRALS

1. Contractors shall ensure the following:³⁷

²⁹ Added clarification for contractor and TRBHA responsibility for members whom are already enrolled

³⁰ POST APC CHANGE: Restructured section B for clarity

³¹ Revised to align with content below

³² Deleted due to the BH referral being only done when the child enters DCS custody, and not when adoption has been finalized

³³ POST APC CHANGE: Revised for clarity for foster care givers

³⁴ Deleted as it duplicative

³⁵ Moved to section A above for better flow

³⁶ Removed as it is duplicative to section G below. Documenting and Tracking

³⁷ Added for specificity

1. ~~Contractors and TRBHAs shall ensure r~~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.
- 2.4. A streamlined process for PCPs to refer members who are screened as at-risk for a behavioral health need³⁸.
5. ~~Timely triage and~~³⁹Processing of referrals ~~must~~shall not be delayed due to missing or incomplete information.
- 3.6. 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^{40 41}.
- 4.7. When psychotropic medications are a part of a member's treatment or have been identified as a need by the referral source, Contractors- ~~must~~shall assess the urgency to ensure referrals meet the time requirements as ~~outlined~~specified in ACOM Policy 417.
- 5.8. When an ~~an~~ Serious Mental Illness (SMI) eligibility determination is being requested as part of the referral or by the ~~member~~individual⁴² directly, Contractors, Tribal ALTCS, TRBHAs, Indian Health Service facilities, or Tribally owned or operated 638 facilities and FFS providers⁴³ 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.

C.E. FINAL DISPOSITIONS**DISPOSITION OF REFERRALS**⁴⁴

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~~is provided to the referring individual or entity,

³⁸ Adding expansion to the PCPs' scope of practice

³⁹ POST APC CHANGE: deleted timely triage

⁴⁰ POST APC CHANGE: included reference to ACOM 417

⁴¹ Adding for clarification regarding flexible scheduling

⁴² Person might not be a "member" in this case

⁴³ Deleted IHS and 638 facilities-. Added FFS providers, Tribal ALTCS , and TRBHA

⁴⁴ Revised for flow

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 (DCS⁴⁵) and adoption subsidy⁴⁶,~~
- e. ~~Arizona Department of Economic Security/Division of Developmental Disabilities,⁴⁷~~
- f. Arizona Department of Corrections (ADOC),
- g. Arizona Department of Juvenile Corrections (ADJC),
- h. Administrative Offices of the Court (AOC),
- i. Arizona Department of Economic Security/Rehabilitation Services Administration, and (DES/RSA), and
- j. Arizona Department of Education (ADE) and affiliated school districts.

The final disposition ~~must~~shall ~~includ~~include t:

2. ~~The~~ 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.~~;~~;

~~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 550.⁴⁸~~

D.F. DOCUMENTING AND TRACKING REFERRALS

Contractors ~~and TRBHAs~~ shall ensure referrals for behavioral health services are documented and⁴⁹ 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.

⁴⁵ Removed spelling of DCS, defined above

⁴⁶ Removed as it is not applicable

⁴⁷ Removed as DDD is integrated as of 10-1-19 - they wouldn't refer out of DDD for BH services any longer

⁴⁸ Deleted as it is duplicative

⁴⁹ Added for clarity

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.

E.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),⁵⁰
 - c. The collection of ~~required~~⁵⁰-demographic information ~~and completion of member demographic information sheet~~⁵¹, 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~~⁵²;
 - 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,
~~Advising members with an SMI designation if they are found to be Non-Title XIX/XXI they may be assessed a copayment~~⁵³;
 - h. The review and dissemination of Contractors ~~and TRBHA's~~⁵⁴ Notice of Privacy Practices (NPP) and the AHCCCS Notice of Privacy Practices (NPP) in compliance with 45 CFR 164.520 (c)(1)(B), and
 - i. The review of the member's rights and responsibilities, including an explanation of the Title XIX/XXI ~~and/or SMI~~⁵⁵ member grievance and appeal process, ~~if as~~ applicable. The member and/or the member's ~~legal~~ Health Care Decision Maker, guardian⁵⁶/family member/designated representative, advocate, and/or ~~individual 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 Health Care Decision Maker or designated representative, guardian/family members, advocate, and/or person individual~~ providing special assistance as ~~referenced~~ specified in AMPM 320-R.⁵⁷

⁵⁰ Deleted for flexibility

⁵¹ Removed as this is redundant

⁵² Deleted because it is requirement for the contractors and for FFS plans

⁵³ Omitting this requirement from Member Handbook and here to align

⁵⁴ Deleted TRBHA as verified

⁵⁵ Revised to specify that SMI is included

⁵⁶ POST APC CHANGE: removed guardian – is duplicative with Health Care Decision Maker

⁵⁷ Revised section to include health care decision maker and designated representative

2. Behavioral health providers conducting intake interviews ~~must~~shall ~~be appropriately trained in accordance with AMPM ACOM Policy 1060407, and must~~shall approach the member and the member's Health Care Decision Maker, family member/designated representative⁵⁸ ~~member and family~~ in an ~~ana~~ 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 407.⁵⁹
- ~~2.3.~~The behavioral health⁶⁰ provider shall attempt to contact the member and initiate outreach and engagement activities if the member does not appear for the intake appointment.⁶¹

~~F. 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~~
~~Verification of out of pocket medical expenses.~~⁶²

⁵⁸ Revised to include health care decision maker and designated representative

⁵⁹ POST APC CHANGE: revised paragraph

⁶⁰ POST APC CHANGE: added behavioral health

⁶¹ Added to clarify expectations for outreach

⁶² Deleted. These requirements are discussed in AMPM Policy 320-T