

580 - BEHAVIORAL HEALTH REFERRAL ~~AND INTAKE~~¹ PROCESS

EFFECTIVE DATES: 07/01/16, 11/01/19, 10/01/21²

APPROVAL DATES: 11/17/16, 09/19/19, 04/13/21³

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, Comprehensive Health Plan (CHP)⁴, DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA; and all FFS providerspopulations⁵, excluding Federal Emergency Services (FES). (For FES, see refer to AMPM Chapter 1100). This Policy describes-specifies behavioral health intake⁶ ~~essand~~ referral requirements ~~for Title XIX and Non Title XIX~~⁷ ~~eligible members, in order~~ to ensure individuals-members 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.⁸

II. DEFINITIONS

~~ASSESSMENT~~⁹

~~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 (DR)¹⁰

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.

¹ ~~Removed, policy no longer addresses intake.~~

² Date Policy is effective

³ Date presented at APC Meeting.

⁴ Revised to apply name change for CMDP from Comprehensive Medical and Dental Program to Comprehensive Health Plan (CHP) effective April 1, 2021 due to CHP behavioral health integration. Refer to Laws 2019, 1st Regular Session. Change made throughout Policy.

⁵ Purpose statement revised to align with Policy formatting.

⁶ POST APC CHANGE: deleted ‘intake’ to align with updated policy title.

⁷ Referrals for NonT19 members is not addressed in this policy.

⁸ Removed – inaccurate reference.

⁹ The term and associated definition for the word “Assessment” was removed because the word is used only once and that sentence was reworked to remove the word (therefore, no need for a definition).

¹⁰ Adding new approved acronym, edited throughout policy.

**HEALTH CARE
DECISION MAKER
(HCDM)¹¹**

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.¹²~~

REFERRAL

A verbal, written, telephonic, electronic, or in-person request for health services.¹³

**SERIOUS MENTAL
ILLNESS (SMI)
ELIGIBILITY
DETERMINATION
REFERRAL**

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.

~~For purposes of this Policy, a verbal, written, telephonic, electronic, or in-person request for behavioral health services.¹⁴~~

~~**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.¹⁵~~

III. POLICY

A. GENERAL REQUIREMENTS ~~FOR BEHAVIORAL HEALTH REFERRAL AND INTAKE~~

A referral may be ~~made but~~made but is not required to initiate behavioral health services.

A member may directly outreach their ~~enrolled health plan's~~Contractor of enrollment's member services department to initiate services, or to identify a contracted service provider.

If behavioral health services ~~are identified as necessary, and~~ are not available within the service array of an existing provider, a referral may be made by any of the following: ~~in collaboration with the member's team Child and Family Team, or Adult Recover Team, if applicable:~~

1. A Member/Health Care Decision Maker (HCDM)¹⁶,

¹¹ Adding new approved acronym, edited throughout policy.

¹² Removed definition as the policy no longer covers intake Replaced with Referral to align with contract language.

¹³ Revised to align with Contract definitions.

¹⁴ Revised to align with Contract definitions.

¹⁵ Deleted and replaced with two other definitions (Referral & SMI Elig Det) for clarity

¹⁶ Approved acronym to align throughout policy HCDM – Health Care Decision Maker

2. Contractor,
3. Primary Care Provider (PCP),
4. Hospital,
5. Treat and refer provider or other provider within their scope of practice,
6. Jail,
7. Court,
8. Probation or parole officer,
9. Tribal entitygovernment,
10. Indian Health Services/638 Tribally Operated Facility,
11. School,
12. Other governmental or community agency, and For members in the legal custody of the Arizona Department of Child Safety (DCS), the out-of-home caregiver¹⁷, as specified in A.R.S. § 8-512.01 and ACOM Policy 449.¹⁸
13. TRBHA responsibilities regarding referrals are specified in the TRBHA Intergovernmental Agreements (IGAs).¹⁹

~~To ensure timely access to medically necessary behavioral health services, The Contractors and FFS providers shall ensure an effective referral process is in place for all individuals seeking or screened as at-risk for needing behavioral health services, including but not limited to general mental health/substance use services, members with an Serious Mental Illness (SMI) designation, and assessments for SMI eligibility those seeking a SMI designation.²⁰ The Contractors and FFS providers²¹ shall ensure:~~

1. The process for making referrals, including self-referrals, is clearly communicated to members and providers. This process shall ensure the engagement of the member/

¹⁷ Recent revisions of ACOM Policy 449 now refer to out of home caregiver.

¹⁸ Listing was numbered for clearer reference.

¹⁹ Moved from section below for flow and clarity.

²⁰ Sentence was reworked to remove the single usage of the word “assessments”.

²¹ “and FFS providers” was added to be correctly identifying applicability.

- HCDM, or Designated Representative (DR)²², if applicable and maximize member and family voice and choice of service providers, as well as the allowance of FFS members to see any AHCCCS registered provider.²³;
2. Referrals are accepted for behavioral health services 24 hours a day, seven days a week. The pProcessing of rReferrals shall not be delayed due to missing or incomplete information. An acknowledgement of receipt of a referral shall be provided to the referring entity within 72 hours from the date it was received.²⁴
 3. Sufficient information is collected through the referral to:
 - a. Assess the urgency of the member’s needs, and to
—Track and document the disposition of referrals to ensure subsequent initiation of services. The Contractor shall comply with timeliness standards specified in ACOM Policy 417.²⁵
 - b.
 - a.c. Ensure 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.²⁶
 4. Information or documents collected in the referral process are kept confidential and protected in accordance with applicable federal and state statutes, regulations, and policies.²⁷
 - 3-5. Providers offer a range of appointment availability and flexible scheduling options based upon the needs of the member.²⁸

B. REFERRALS FOR INDIVIDUALS ADMITTED TO A HOSPITAL

The Contractors shall ensure Rreferrals that involving individuals admitted to a hospital for psychiatric reasons are who are identified as in need of behavioral health services are responded to as outlined specified below:

²² New approved acronym, edited throughout policy – Designated Representative DR

²³ content was already there but it has been reworked in terms of formatting.

²⁴ Added expectation to acknowledge receipt of referral.

²⁵ Reference to ACOM 417 was included to accommodate all referrals meeting timeliness standards.

²⁶ Listing was reworked to edit for process flow alignment.

²⁷ Listing was reworked to align it with process flow.

²⁸ Listing was reordered to align with the flow of the processes listed.

1. Upon notification of an individual who is not currently receiving behavioral health services, the Contractor shall ensure a referral is made to a provider agency within 24 hours.
2. ~~For referrals involving an individual not currently receiving behavioral health services, Contractors shall~~ Provider agencies shall attempt to conduct²⁹ ~~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.
3. For members already receiving behavioral health services, the ~~Contractors~~ shall ensure coordination, transition, and discharge planning activities are completed in a timely manner as specified in AMPM Policy 1020-1.³⁰

~~TRBHA responsibilities regarding referrals are outlined in the TRBHA Intergovernmental Agreements (IGAs).~~³¹

~~C. REFERRALS INITIATED BY DEPARTMENT OF CHILD SAFETY~~³²

~~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 Rreferral to the RBHA for 72-hour rapid response.~~

²⁹ Rephrased for flow. Including notification of Contractor vs. a referral to reflect systemic change.

³⁰ Updated policy number to align language.

³¹ This language was moved to top for process and flow.

³² Deletion of language as it is included in ACOM 449.