Section 3.3 Referral and Intake Process

3.3.1 Introduction

The referral process serves as the principal pathway by which persons are able to gain prompt access to publicly supported behavioral health services. The intake process serves to collect basic demographic information from persons in order to enroll them in the ADHS/DBHS system, screen for Title XIX/XXI AHCCCS eligibility and determine the need for any co-payments (See Section 3.4, Co-payments). It is critical that both the referral process and intake process are culturally sensitive, efficient, engaging and welcoming to the person and/or family member seeking services, and leads to the provision of timely and appropriate behavioral health services based on the urgency of the situation.

3.3.2 References

The following citations can serve as additional resources for this content area:
42 C.F.R. § 438.206(b)(3)
45 C.F.R. § 160.103
45 C.F.R. § 164.501
45 C.F.R. § 164.520 (c)(1)(B)
A.A.C. R9-20-101
A.A.C. R9-21-101
A.A.C. R9-22-711 (B)(2)
AHCCCS/ADHS Contract
ADHS/RBHA Contract
ADHS/TRBHA Intergovernmental Agreements (IGAs)
Section 3.1, Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescriptions Drug Coverage, and the Limited Income Subsidy Program
Section 3.2, Appointment Standards and Timeliness of Service
Section 3.4, Co-payments
Section 3.5, Third Party Liability and Coordination of Benefits
Section 3.6, Member Handbooks
Section 3.8, Outreach, Engagement, Re-engagement and Closure

Section 3.9, Assessment and Service Planning
Section 3.10, SMI Eligibility Determination
Section 3.19, Special Populations
Section 3.20, Credentialing and Recredentialing
Section 3.21, Service Package for Non-Title XIX/XXI Persons Determined to Have a Serious Mental Illness (SMI)
Section 4.1, Disclosure of Behavioral Health Information
Section 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers
Child and Family Team Practice Protocol
The Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with CPS Practice Protocol
ADHS/DBHS Covered Behavioral Health Services Guide
Substance Abuse Prevention and Treatment Block Grant
ADHS/DBHS Policy Clarification Memorandum: Proof of Citizenship Required Effective July 1, 2006 (May 8, 2006)

3.3.3 Scope

To whom does this apply?

- All Title XIX and Title XXI eligible persons;
- Non-Title XIX persons referred for an eligibility determination for Serious Mental Illness (SMI); and
- All other persons based on available funding and requirements described in Section 3.21, Service Package for Non-Title XIX/XXI Persons Determined to Have a Serious Mental Illness (SMI).

3.3.4 Did you know…?

The T/RBHA is responsible for managing referrals and wait lists for Non-Title XIX/XXI persons in accordance with the Substance Abuse Prevention and Treatment Block Grant for identified priority populations when behavioral health services are temporarily unavailable. If the T/RBHA network is unable to provide medically necessary services to Title XIX/XXI persons, it will ensure timely and adequate coverage of needed services through an out-of-network provider until a network provider is contracted (See PM Section 3.2, Appointment Standards and Timeliness of Service).

3.3.5 Definitions

Behavioral Health Professional

Health Care Professional

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Intake/Enrollment

Notice of Privacy Practices (NPP)

Referral for behavioral health services

3.3.6 Objectives

To facilitate a person's access to behavioral health services in a timely manner, the T/RBHAs and providers will maintain an effective process for the referral and intake for behavioral health services which includes:

- Communicating to potential referral sources the process for making referrals (e.g., centralized intake at T/RBHA, identification of providers accepting referrals);
  - Recipients should contact Magellan's customer service number at 1-800-564-5465, who can assist them in locating a provider that is convenient to their location.
- Collecting enough basic information about the person to determine the urgency of the situation and subsequently scheduling the initial assessment within the required timeframes and with an appropriate provider;
- Adopting a welcoming and engaging manner with the person and/or person's legal guardian/family member;
- Ensuring that intake interviews are culturally appropriate and delivered by providers that are respectful and responsive to the recipient's cultural needs (see Section 3.23, Cultural Competence);
- Keeping information or documents gathered in the referral process confidential and protected in accordance with applicable federal and state statutes, regulations and policies;
- Informing, as appropriate, the referral source about the final disposition of the referral; and
- Conducting intake interviews that ensure the accurate collection of all the required information necessary for enrollment into the system.

3.3.7 Procedures

3.3.7-A. Where to send referrals

In situations in which the T/RBHA does not have a single centralized intake process, provider directories will be developed and distributed by the T/RBHA to the AHCCCS Health Plans, Department of Economic Security /Division of Developmental Disabilities District Program Administrators (DES/DDD) and, upon request, to other referral sources. These directories will indicate which providers are accepting referrals and conducting initial assessments. It is important for providers to promptly notify the T/RBHA of any changes that would impact the accuracy of the provider directory (e.g., change in telephone or fax number, no longer accepting referrals).

All Magellan providers must notify Magellan immediately at 1-800-564-5465 of any change in the provider's licensure or hospital privileges, regardless of whether or not such privileges are granted by a hospital under contract with Magellan

Our policy is to update our databases in a timely manner with accurate information received from our providers to facilitate efficient and effective referral and claims processing, and to provide accurate and timely information in provider-related publications (e.g., provider directories). To comply with this policy, your responsibility is to notify us within ten (10) business days of any changes in your practice information including, but not limited to changes of:

- Service, mailing, or financial address

- Telephone number
- Business hours
- E-mail address
- Taxpayer Identification Number

Changes in services/levels of care offered by facilities/agencies/organizations.
Promptly notify Magellan if you are unable to accept referrals for any reason, including but not limited to:

- Illness
- Practice full to new enrollees
- Professional travel, sabbatical, vacation, leave of absence, etc.

Group Practice Changes
Promptly notify us of any changes in group practice information, including, but not limited to:

- Practitioners departing from your practice
- Practitioners joining your group practice
- Changes of service, mailing, or financial address
- Telephone number
- Business hours
- E-mail address
- Taxpayer Identification Number.

Promptly review and revise for accuracy any confirmation of Provider Data Change Forms you receive from Magellan. Failure to notify Magellan of changes may result in delay of payment of claims or change in your network status.

Submit changes in your practice by signing in at www.Magellanhealth.com/Provider and selecting “Display/Edit Practice Information”; or submit fax or written notice of such changes to:

Magellan Health Service of Arizona
Attn: Network Department
P.O. Box 67870
Phoenix, AZ 85082-7870

3.3.7-B. Referral to a provider for a second opinion

Title XIX/XXI behavioral health recipients are entitled to a second opinion. Upon a Title XIX/XXI eligible behavioral health recipient's request or at the request of the T/RBHA treating physician, the T/RBHA must provide for a second opinion from a health care professional within the network, or arrange for the behavioral health recipient to obtain one outside the network, at no cost to the behavioral health recipient.

The assigned Primary Provider Services Agency (PPSA) coordinates requests for second opinions for behavioral health recipients. The PPSA is responsible for identifying qualified behavioral health professionals and arranging for the needed service. The PPSA must first exhaust all resources within their own agency and/or the contracted provider network prior to arranging for an out-of-network provider to perform the service. Services must be arranged in accordance with PM section 3.14.7-A. Securing Services and Prior Authorization. The behavioral health recipient's PPSA will ensure that this appointment is arranged in a timely fashion. Second opinion services shall be provided within time frames according to the needs of the person, as stated in PM section 3.2 Appointment Standards and Timeliness of Service.

For children, obtaining a second opinion is coordinated through the Provider Network Organization (PNO).

In the event a behavioral health recipient is not enrolled in a PNO and the PPSA is unable to secure a timely second opinion within their own agency, the PPSA will contact the Magellan Customer Service Department at 1-800-564-5465.

3.3.7-C. Referrals initiated by DES/DCYF pending the removal of a child

Upon notification from DES/Division of Children, Youth and Families (DCYF) that a child has been, or is at risk of being taken into the custody of DES/DCYF/Child Protective Services (CPS), behavioral health providers are expected to respond in an urgent manner (for additional information see Section 3.2, Appointment Standards and Timeliness of Service, Child and Family Team Practice Protocol and The Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with CPS Practice Protocol).

3.3.7-D. Accepting referrals

T/RBHAs or their providers are required to accept referrals for behavioral health services 24 hours a day, 7 days a week. The following information will be collected from referral sources:

- Date and time of referral;
- Information about the referral source including name, telephone number, fax number, affiliated agency, and relationship to the person being referred;
- Name of person being referred, address, telephone number, gender, age, date of birth and, when applicable, name and telephone number of parent or legal guardian;
- Whether or not the person, parent or legal guardian is aware of the referral;
- Special needs for assistance due to impaired mobility, visual/hearing impairments or developmental or cognitive impairment;
- Accommodations due to cultural uniqueness and/or the need for interpreter services;

- Information regarding payment source (i.e., AHCCCS, private insurance, Medicare or self pay) including the name of the AHCCCS health plan or insurance company;
- Name, telephone number and fax number of AHCCCS primary care provider (PCP) or other PCP as applicable;
- Reason for referral including identification of any potential risk factors such as recent hospitalization, evidence of suicidal or homicidal thoughts, pregnancy, and current supply of prescribed psychotropic medications; and
- The names and telephone numbers of individuals the member, parent or guardian may wish to invite to the initial appointment with the referred person.

Don't Delay…Act on a referral regardless of how much information you have. While the information listed above will facilitate evaluating the urgency and type of practitioner the person may need to see, timely triage and processing of referrals must not be delayed because of missing or incomplete information.

When psychotropic medications are a part of an enrolled person's treatment or have been identified as a need by the referral source, behavioral health providers must respond as outlined in Section 3.2, Appointment Standards and Timeliness of Service.

For the convenience of referral sources (e.g., AHCCCS health plans and AHCCCS primary care providers, state agencies, hospitals) ADHS/DBHS has developed PM Form 3.3.1, ADHS/DBHS Referral for Behavioral Health Services. The T/RBHAs and providers must make this form available to their key referral sources. Referral sources, however, may use any other written format or they may contact the T/RBHAs and providers orally (e.g., telephone).

In situations in which the person seeking services or his/her family member, legal guardian or significant other contacts the T/RBHA or provider directly about accessing behavioral health services, the T/RBHA or provider will ensure that the protocol used to obtain the necessary information about the person seeking services is engaging and welcoming.

When an SMI eligibility determination is being requested as part of the referral or by the person directly, the T/RBHAs and providers must conduct an eligibility determination for SMI in accordance with Section 3.10, SMI Eligibility Determination.

3.3.7-E. Responding to referrals

Follow-Up

When a request for behavioral health services is initiated but the person does not appear for the initial appointment, the T/RBHA or provider must attempt to contact the person and implement engagement activities consistent with Section 3.8, Outreach, Engagement, Re-engagement and Closure.

Final Dispositions

Within 30 days of receiving the initial assessment, or if the person declines behavioral health services, within 30 days of the initial request for behavioral health services, the T/RBHA or provider must notify the following referral sources of the final disposition:

- AHCCCS health plans;

- AHCCCS PCPs;
- Arizona Department of Economic Security/Division of Children, Youth and Families (specifically Child Protective Services and adoption subsidy);
- Arizona Department of Economic Security/Division of Developmental Disabilities;
- Arizona Department of Corrections;
- Arizona Department of Juvenile Corrections;
- Administrative Offices of the Court;
- Arizona Department of Economic Security/Rehabilitation Services Administration; and
- Arizona Department of Education and affiliated school districts.

The final disposition must include 1) the date the person was seen for the initial assessment; and 2) the name and contact information of the provider who will assume primary responsibility for the person's behavioral health care, or 3) if no services will be provided, the reason why. When required, authorization to release information will be obtained prior to communicating the final disposition to the referral sources referenced above. (See Section 4.1, Disclosure of Behavioral Health Information).

3.3.7-F. Documenting and tracking referrals

The T/RBHA level or subcontracted provider will document and track all referrals for behavioral health services including, at a minimum, the following information:

- Person's name and, if available, AHCCCS identification number;
- Name and affiliation of referral source;
- Date of birth;
- Type of referral (immediate, urgent, routine) as defined in ADHS/DBHS Section 3.2, Appointment Standards and Timeliness of Service;
- Date and time the referral was received;
- If applicable, date and location of first available appointment and, if different, date and location of actual scheduled appointment; and
- Final disposition of the referral.

3.3.7-G. Eligibility screening & supporting documentation

Supporting Documentation

Persons who are not already AHCCCS eligible must be asked to bring supporting documentation to the screening interview to assist the behavioral health provider in identifying if the person could be AHCCCS eligible (See Section 3.1, Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescription Drug Coverage, and the Limited Income Subsidy Program). Explain to the person that the supporting documentation will only be used for the purpose of assisting the person in applying for AHCCCS health care benefits. Let the person know that AHCCCS health care benefits may help pay for behavioral health services. Ask the person to bring the following supporting documentation to the screening interview:

- Verification of gross family income for the last month and current month (e.g., pay check stubs, social security award letter, retirement pension letter);
- Social security numbers for all family members (social security cards if available);
- For those who have other health insurance, bring the corresponding health insurance card (e.g., Medicare card);

- For all applicants, documentation to prove United States citizenship or immigration status and identity, see ADHS/DBHS Proof of Citizenship Policy Clarification Memorandum;
- For all applicants, documentation to prove United States citizenship or immigration status and identity, see ADHS/DBHS Proof of Citizenship Policy Clarification Memorandum;
- 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.

3.3.7-H Intake

Behavioral health providers must conduct intake interviews in an efficient and effective manner that is both "person friendly" and ensures the accurate collection of all the required information necessary for enrollment into the system or for collection of information for AHCCCS eligible individuals who are already enrolled. The intake process must:

- Be flexible in terms of when and how the intake occurs. For example, in order to best meet the needs of the person seeking services, the intake might be conducted over the telephone prior to the visit, at the initial appointment prior to the assessment and/or as part of the assessment; and

- Make use of readily available information (e.g., referral form, AHCCCS eligibility screens) in order to minimize any duplication in the information solicited from the person and his/her family.

What happens during the intake?

During the intake, the behavioral health provider will collect, review and disseminate certain information to persons seeking behavioral health services. Examples can include:

- The collection of contact information, insurance information, the reason why the person is seeking services and information on any accommodations the person may require to effectively participate in treatment services (i.e., need for oral interpretation or sign language services, consent forms in large font, etc.).
- The collection of required demographic information and completion of client demographic information sheet, including the behavioral health recipient's primary/preferred language (See Section 7.5, Enrollment, Disenrollment and other Data Submission);

- The completion of any applicable authorizations for the release of information to other parties (see Section 4.1, Disclosure of Behavioral Health Information);

- The dissemination of a Member Handbook to the person (see Section 3.6, Member Handbooks);

- The review and completion of a general consent to treatment (see Section 3.11, General and Informed Consent to Treatment);

- The collection of financial information, including the identification of third party payers and information necessary to screen and apply for AHCCCS health insurance, when necessary (see Section 3.1, Eligibility Screening for AHCCCS Health Insurance, Medicare Part D

Prescription Drug Coverage, and the Limited Income Subsidy Program and Section 3.5, Third Party Liability and Coordination of Benefits);

- Advising Non-Title XIX/XXI persons determined to have a Serious Mental Illness (SMI) that they may be assessed a co-payment (see Section 3.4, Co-payments).

- The review and dissemination of the T/RBHA Notice of Privacy Practices (NPP) and the ADHS/DBHS HIPAA Notice of Privacy Practices (NPP) located at www.azdhs.gov/bhs/hipaa/notice_0306.pdf in compliance with 45 CFR 164.520 (c)(1)(B); and

- The review of the person's rights and responsibilities as a recipient of behavioral health services, including an explanation of the appeal process.

The person and/or family members may complete some of the paperwork associated with the intake, if acceptable to the person and/or family members.

Who can complete an intake?
Behavioral health providers conducting intakes must be appropriately trained, approach the person and family in an engaging manner and possess a clear understanding of the information that needs to be collected.