

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

Section 10.17 Member Choice and Transfers between Providers

- **10.17.1 Introduction**
- **10.17.2 References**
- **10.17.3 Scope**
- **10.17.4 Did you know...?**
- **10.17.5 Objectives**
- **10.17.6 Definitions**
- **10.17.7 Procedures**
- **10.17.7-A Member Choice of Intake/Service Provider**
- **10.17.7-B Member Choice of In-Network and Out-of-Network Services**
- **10.17.7-C Member Transfers between Behavioral Health Providers (Intra-RBHA Transfers)**
- **10.17.7-C.1 Reasons for Transfer**
- **10.17.7-C.2 Who Can Initiate a Transfer?**
- **10.17.7-C.3 Limits to Transfers**
- **10.17.7-C.4 Responsible Agency Transfer Procedures**

10.17.1 Introduction

The best care comes about when individuals and families have a voice in selecting a behavioral health provider that they believe can best meet their needs and that reflects their cultural and linguistic preferences. NARBHA fully supports the right of members to choose the provider that will be assigned primary responsibility for meeting their behavioral health needs.

To eliminate barriers to behavioral health services ADHS/DBHS implemented Auto-Enrollment for Title XIX/XXI enrolled members into the behavioral health system as of October 1, 2010. The auto-enrollment process assigned Title XIX/XXI enrolled members according to their physical location zip code within a geographic service area. For GSA 1 each TXIX/XXI auto-enrolled member will be assigned to a Responsible Agency according to the member's physical address zip code location and by Responsible Agency's specialty, if applicable (i.e. adults only). If there is more than one Responsible Agency within the geographic area, member assignment is based upon NARBHA's assignment process. The assigned Responsible Agency will assist the Title XIX/XXI member with opening an episode of care and coordinating medically necessary services.

The auto-enrollment process does not limit the member's right to choose a provider. In addition, NARBHA requires that its providers honor members' requests for specific practitioners within the agency, whenever possible.

Individuals seeking behavioral health services in GSA1 can access NARBHA Responsible Agencies (Intake/Service Agencies) directly, without the need for a NARBHA referral, or can request assistance from NARBHA Member Services staff in locating a provider who meets their needs. Both referral pathways offer prompt access to providers in or near the individual's home community who can provide the type of services requested or needed by the individual or his/her family.

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

10.17.2 References

The following citations can serve as additional resources for this content area:

- [AHCCCS/ADHS Contract](#)
- [ADHS/T/RBHA Contract](#)
- [ADHS/DBHS Behavioral Health Covered Services Guide](#)
- [A.R.S. §36-520](#)
- [9 A.A.C. 20](#)
- [42 CFR 489.24\(b\) Definitions](#)
- [Section 3.2, Appointment Standards and Timeliness of Service](#)
- [Section 3.3, Referral and Intake Process](#)
- [Section 3.8, Outreach, Engagement, Re-Engagement and Closure](#)
- [Section 3.9, Intake, Assessment and Service Planning](#)
- [Section 3.11, General and Informed Consent to Treatment](#)
- [Section 3.13, Covered Services](#)
- [Section 3.14, Securing Services and Prior Authorization](#)
- [Section 3.17, Transition of Persons](#)
- [Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons](#)
- [Section 5.5, Notice and Appeal Requirements \(SMI and Non SMI/Non-Title XIX/XXI\)](#)

10.17.3 Scope

To whom does this apply?

- All Title XIX and Title XXI eligible persons;
- All persons determined to have a serious mental illness; and
- All other persons based on available funding as per ADHS/NARBHA Policy 3.21 Service Prioritization for Non TXIX/TXXI Funding.

10.17.4 Did you know...?

- Members requesting or receiving behavioral health services in the NARBHA network can:
 1. Request their choice of Responsible Agencies (RA) as their primary Intake/Service Provider.
 2. Request an array of medically necessary covered behavioral health services through their Clinical Team from the entire network of NARBHA service providers.
- A listing of NARBHA Network Providers is located on the NARBHA website www.narbha.org/services/listings.
- An episode of care closure is not required within the NARBHA region when transferring from one Responsible Agency to another. The transfer will reassign the new Responsible Agency within the existing EOC. Members do not need to complete another full intake and assessment process; RAs use the [PM Form 10.17.1 NARBHA Responsible Agency Transfer Checklist](#) Form to initiate transfers.

10.17.5 Objectives

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

NARBHA Edition

To ensure that behavioral health recipients:

- Have services which are consistent with the Arizona Principles for persons receiving services through the public behavioral health system;
- Have choice in who and where their services are provided; and
- Experience timely access to care based on the person's clinical needs.

10.17.6 Definitions

[Adult Clinical Team \(ACT\)](#)

[Action](#)

[Child and Family Team \(CFT\)](#)

[Clinical Teams](#)

[Level I Facility](#)

[Level II or III Facility](#)

[Medically Necessary Covered Services](#)

[Responsible Agencies](#)

10.17.7 Procedures

10.17.7-A Member Choice of Responsible Agency

- Due to the auto-enrollment process, a Title XIX/XXI member is assigned to a Responsible Agency. When a Title XIX/XXI member presents or receives behavioral health services, the assigned RA is responsible for opening an episode of care (EOC). Dependent upon available funding, the Responsible Agency shall submit the enrollment (834) and/or EOC for Non-Title XIX/XXI members.
- Individuals seeking behavioral health services in the NARBHA service area may select the Responsible Agency (RA) of their choice. Given the dispersed, rural nature of NARBHA's service area, NARBHA encourages individuals to select the RA closest to their home. NARBHA's RAs have intake sites in most northern Arizona communities. If an individual accepts a referral to the RA nearest to his/her home, s/he is offered an intake appointment and is enrolled/assigned to that agency as his/her primary provider. If the individual indicates a preference for an RA in a more distant community, s/he is referred and subsequently enrolled/assigned to that RA.

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

NARBHA Edition

In its largest counties in GSA 1 (Yavapai, Coconino, and Mohave), NARBHA offers members more than one local Responsible Agency. If the member's choice is different than NARBHA's auto-assignment process and an EOC has not been submitted by any provider then the selected RA must submit the EOC as identified in policy allowing re-assignment to be identified. This EOC will generate the re-assignment within NARBHA's system and a transfer will not be required..

- Individuals seeking referrals through the NARBHA Member Services Department are advised of the RAs available in their community and are provided with information about each agency's services to assist the individual in making an informed choice of provider.
- NARBHA contractually requires RAs to accept all eligible persons. NARBHA monitors all RAs to ensure that they have appointment availability. If for any reason an RA is unable to accept new members, they must notify NARBHA immediately and report a reason for limiting capacity and provide a date by which they will be accepting referrals again. Any RA who limits availability may be subject to performance improvement and/or financial sanction.

10.17.7-B Member Choice of In-Network and of Out-of-Network Services

Responsible Agencies, through the CFT/ACT process, may secure a wide range of covered behavioral health services from providers within the NARBHA network based on individual member/family needs. CFTs and ACTs must offer choice of practitioners within the RA and choice within the NARBHA provider network.

- **In-Network Services** – refers to any provider contracted (not including Single Case Agreements) in the NARBHA network. A full listing of providers is available on the NARBHA website at www.narbha.org/services/listings. Child and Family, as well as Adult Clinical Teams can secure services not requiring prior authorization directly from the full network of providers to meet families' individualized behavioral health needs.
- **Out-of-Network Services** – refers to medically necessary covered behavioral health services which may be available from providers who are not part of the NARBHA network of providers. If a member requests an out-of-network service, the clinical team should secure the service if it the most appropriate for meeting the member's needs and if the service cannot be secured through an in-network provider. Out-of-Network providers must be willing and able to meet NARBHA contract requirements and establish a Single Case Agreement with NARBHA. Reference [PM Policy 3.14 Securing Services and Prior Authorization](#) for more specific procedural information and [PM Policy 5.1 and 5.5 for Notice of Action Requirements](#)).

10.17.7-C Member Transfers between Responsible Agencies (Intra-RBHA Transfers)

An episode of care closure is not required within the NARBHA region when transferring from one Responsible Agency to another. The transfer will reassign the new Responsible Agency within the existing EOC. RAs must utilize the 'Transfer-In' process, which is facilitated by the use of the 'Transfer Checklist', created by NARBHA to assist RAs in following a standardized transfer process by outlining the responsibilities of the 'Transfer FROM Agency' to the 'Transfer TO Agency'. NARBHA requires that this checklist be completed for every transfer (See [PM Form 10.17.1, NARBHA Responsible Agency Transfer Checklist Form](#)).

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

When planning and implementing a Transfer, the involved Responsible Agencies must discuss and address clinical considerations in order to ensure coordination and continuity of care. Member moves should be handled in a clinically appropriate manner and the member or guardian must be in agreement with the transfer.

10.17.7-C.1 Reasons for Transfer

- NARBHA's members may transfer RAs for two reasons:
 - Member or Parent/Guardian Choice
 - Member Move
 - Member moves include Foster Care, HCTC placements, Halfway Houses, and Shelters.
 - 24-Hour Responses (CPS Removals) continue to be completed by the RA from the area which the child was removed. This RA can then transfer if the child will remain in the new area beyond 14 days and the guardian agrees.

10.17.7-C.2 Who Can Initiate a Transfer?

- Members can request a transfer directly through their current RA and/or CFT/ACT. The current Responsible Agency where the person is enrolled then initiates the Transfer Process.
OR
- Members can request that a transfer be initiated by the new RA they wish to transfer to. The newly requested RA would then initiate the Transfer Process through coordinating with the current Responsible Agency.
- Regardless of which RA (existing or new) initiates the transfer, the new RA is always responsible to submit the transfer packet to NARBHA.

10.17.7-C.3 Limits to Transfers

NARBHA does not generally limit a member's choice of Responsible Agency. Once a member has been enrolled and is receiving services, NARBHA believes that members, families, and their clinical teams are best suited to make decisions directly about service needs and provider preferences. In specific and clinically appropriate circumstances, NARBHA may limit a member's choice of RA for the primary oversight and coordination of his/her treatment services. These limits are intended to maximize the clinical appropriateness and coordination of care for members in the following circumstances:

- NARBHA considers inpatient and residential care to be intensive, time-limited treatment that requires a high level of consistency in clinical management and continuity in clinical team planning. Therefore, transfers of Intake/Case Management Provider assignment are limited during a member's treatment in a Level I, II, or III behavioral health facility.
- NARBHA may limit transfers based on other member clinical needs (e.g. voluntary/involuntary status or geographic distance in relation to intensity of service availability). If a provider's clinical team determines that transfer is appropriate, the team may refer the request for transfer to NARBHA for clinical review, upon which NARBHA

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

will determine if the transfer is clinically appropriate, and will also follow up to ensure that the transfer, if agreed upon, occurs with continuity.

- NARBHA discourages transfers of adolescents within six months of turning 18, due to the high degree of coordination and team consistency needed during the youth's transition to a new system of care. If a youth or family/guardian requests transfer to a different RA during this time, the clinical team will review and may recommend to NARBHA that a transfer be accommodated.
- NARBHA tracks Member Transfers and may limit transfers for individuals who demonstrate frequent transfers (e.g. three or more in a 12 month period). NARBHA will review further requests and determine if transfer is appropriate and will work with the member and their CFT/ACT to assist in resolving any care issues.

Any time a team is unable to reach agreement on the clinical appropriateness of the request, the team, the consumer, or the member's guardian may request a review by calling NARBHA Member Services at 1-800-640-2123.

10.17.7-C.4 Responsible Agency Transfer Procedures

Member requests for transfer must be handled in a timely and clinically appropriate manner using the following procedure:

- The Transfer Effective Date is the date that the new RA assumes clinical and administrative responsibility.
- This date must occur as soon as possible, but no more than 14 days after the transfer request, unless 1) otherwise agreed upon by the member or their guardian and 2) documented on the Behavioral Health Service Plan.
- This transfer date is negotiated and agreed upon by the two RAs and the member.
- If the transfer process becomes stalled, the RAs should utilize their transfer process point-people to negotiate a settlement of whatever issues are causing the problem. If a final resolution is not reached, point-people may contact NARBHA Member Services for assistance.
- Transfer FROM Agency responsibilities:
 - Service provision until the Transfer Effective Date
 - Any open authorizations should be end-dated prior to the Transfer Effective Date
 - Contacting the Transfer TO agency within 3 days of the request to transfer
 - Negotiating a Transfer Effective Date
 - Establishing a Transition Plan. The Transition Plan must ensure that there are no service delays or gaps in critical services during the transition.
 - Sending copies of the Transfer Packet to the Transfer TO agency

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

- Provide prescriptions of current psychotropic medications for persons receiving psychotropic medications, sufficient in quantity to last until the first appointment with the new RAs medical practitioner.
- As part of the Transfer Packet, and in order to confirm the member/parent/guardian's consent to receiving services at the new agency, obtain written agreement of the transfer from the member/parent/guardian by completing and signing the Universal Consent to Treat Form (See [PM Form 10.17.2, Universal Consent to Treatment Form](#)). As per Section 3.11 General and Informed Consent to Treatment, administrative functions.
- Transfer TO Agency responsibilities:
 - Ensure that the Transfer TO agency's MIS Department submits an electronic Transfer-In Request to NARBHA's MIS Department the request must include the Transfer Effective Date and the Reason for Transfer
 - Initiate new authorizations for existing services concurrent with the Transfer Effective Date
 - Review the Transfer Packet
 - Ensure that a plan is in place to provide for any crisis/safety issues
 - Ensure that a plan is in place to provide for interim services, which are identified in the Transition Plan
 - Provide an appointment within 7 days of receipt of the Transfer Packet and within a maximum of 14 days of the Transfer Effective Date. It is recommended that RAs complete the minimum amount of "intake" paperwork needed for their agency in order to minimize the impact of multiple intakes and assessments on members. DBHS and OBHL do not require that a new DBHS Comprehensive Assessment be re-completed as long as the chart includes an original DBHS Comprehensive Assessment or an Annual Behavioral Update and Review of Progress.
 - If clinically indicated, provide an appointment with an individual qualified to prescribe psychotropic medications within a timeframe indicated by clinical need, but no later than 30 days from the referral/initial request for services to ensure that the member does not have a gap in medications. (See Section [3.2 Appointment Standards and Timeliness of Services](#).)
- NARBHA MIS Department Verification:
 - Following RA notification of Transfer-In Request, NARBHA's MIS Department will generate an electric notification to the Transfer FROM agency and the Transfer TO Agency verifying the transfer agreement
 - Both agencies must ensure receipt of this notification
 - MIS will generate reports on a daily basis that identify all transfers