



Section 3.3 Referral and Intake Process

- 3.3.1 Introduction**
- 3.3.2 Terms**
- 3.3.3 Procedures**
- 3.3.4 References**
- 3.3.5 PM Forms**
- 3.3.6 PM Attachments**

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 members for the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) system, to verify Title XIX/XXI AHCCCS eligibility and determine the need for co-payments (See [NARBHA Policy 3.4, Co-payments](#)). It is critical that the referral process and intake processes are culturally sensitive, efficient, engaging and welcoming to the member and/or family member seeking services. Additionally, the process should result in the provision of timely and appropriate behavioral health services based on the urgency of the situation.

3.3.2 Terms

[Behavioral Health Professional](#)

[Behavioral Health Services Referrals](#)

[Behavioral Health Technician](#)

[Health Care Professional](#)

[Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#)

[Intake/Enrollment](#)

[Notice of Privacy Practices \(NPP\)](#)

3.3.3 Procedures

- a. To facilitate a member's access to behavioral health services in a timely manner, the Tribal/ Regional Behavioral Health Authorities (T/RBHAs) and providers will maintain an effective process for the referral and intake for behavioral health services that includes:
 - i. Communicating to potential referral sources the process for making referrals (e.g., centralized intake at T/RBHA, identification of providers accepting referrals);
 - ii. Collecting enough basic information about the member to determine the urgency of the situation and subsequently scheduling the initial assessment within the required timeframes and with an appropriate provider; (for specific timeframes see [NARBHA Policy 3.2, Appointment Standards and Timeliness of Service](#));



Northern Arizona Regional Behavioral Health Authority
PROVIDER MANUAL

- iii. Adopting a welcoming and engaging manner with the member and/or member's legal guardian/family member;
 - iv. Ensuring that intake interviews are culturally appropriate and delivered by providers that are respectful and responsive to the recipient's cultural needs (see [NARBHA Policy 3.23, Cultural Competence](#));
 - v. Keeping information or documents gathered in the referral process confidential and protected in accordance with applicable federal and state statutes, regulations and policies;
 - vi. Informing, as appropriate, the referral source about the final disposition of the referral; and
 - vii. Conducting intake interviews that ensure the accurate collection of all the required information and ensure 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.
- b. Where to send referrals
- i. 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 Child Safety (DCS), 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. Providers shall 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).
- c. Referral to a provider for a second opinion
- i. Title XIX/XXI members are entitled to a second opinion. Upon a Title XIX/XXI eligible member'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 member to obtain one outside the network, at no cost to the member.
- d. Referrals initiated by Department of Child Safety (DCS) pending the removal of a child
- i. Upon notification from DCS that a child has been, or is at risk of being taken into the custody of (DCS), behavioral health providers shall respond in an urgent manner (for additional information see NARBHA Policy [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](#)).
- e. Accepting referrals
- i. 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: [NARBHA Form 3.3.1 Referral and Intake Process](#) can be used for information collection. ADHS/DBHS will require T/RBHAs to capture and provide this information on a regular basis as required by Contract and the BQ & I Specifications Manual:
 - 1. Date and time of referral;



Northern Arizona Regional Behavioral Health Authority
PROVIDER MANUAL

2. Information about the referral source including name, telephone number, fax number, affiliated agency, and relationship to the member being referred;
 3. Name of member being referred, address, telephone number, gender, age, date of birth and, when applicable, name and telephone number of parent or legal guardian;
 4. Whether or not the member, parent or legal guardian is aware of the referral;
 5. Transportation and other special needs for assistance due to impaired mobility, visual/hearing impairments or developmental or cognitive impairment;
 6. Accommodations due to cultural uniqueness and/or the need for interpreter services;
 7. Information regarding payment source (i.e., AHCCCS, private insurance, Medicare or self-pay) including the name of the AHCCCS health plan or insurance company;
 8. Name, telephone number and fax number of AHCCCS primary care provider (PCP) or other PCP as applicable;
 9. 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;
 10. Integrated RBHAs should include medications prescribed by the member's PCP or other medical professional including the reason why the medication is being prescribed; and
 11. The names and telephone numbers of individuals the member, parent or guardian may wish to invite to the initial appointment with the referred person.
- ii. While the information listed above will facilitate evaluating the urgency and type of practitioner the member may need to see, timely triage and processing of referrals must not be delayed because of missing or incomplete information.
 - iii. 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 [NARBHA Policy 3.2 Appointment Standards and Timeliness of Service](#).
 - iv. 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 make it available to their provider network. Referral sources, however, may use any other written format or they may contact the T/RBHAs and providers orally (e.g., telephone).
 - v. When a person or his/her family member, legal guardian, or significant other other contacts the T/RBHA or provider about accessing behavioral health services, the T/RBHA or provider will use an engaging and welcoming approach to obtain the necessary information about the person in need of services.
 - vi. When a Serious Mental Illness (SMI) eligibility determination is being requested as part of the referral or by the member directly, the T/RBHAs and providers must conduct an eligibility determination for SMI in accordance with NARBHA Policy [3.10, SMI Eligibility Determination](#). The SMI assessment and pending determination will not delay behavioral health service delivery to the member.
- f. Responding to referrals
- i. Follow-Up



Northern Arizona Regional Behavioral Health Authority
PROVIDER MANUAL

1. When a request for behavioral health services is initiated but the member 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](#).
 2. The T/RBHA or provider must also attempt to notify the entity that made the referral.
- ii. Final Dispositions
1. Within 30 days of receiving the initial assessment, or if the member 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:
 - a. AHCCCS health plan Behavioral Health Coordinators;
 - b. AHCCCS PCPs;
 - c. Arizona Department of Economic Security/Division of Children, Youth and Families (specifically Arizona Department of Child Safety and adoption subsidy);
 - d. Arizona Department of Economic Security/Division of Developmental Disabilities;
 - e. Arizona Department of Corrections;
 - f. Arizona Department of Juvenile Corrections;
 - g. Administrative Offices of the Court;
 - h. Arizona Department of Economic Security/Rehabilitation Services Administration; and
 - i. Arizona Department of Education and affiliated school districts.
 - iii. The final disposition must include 1) the date the member 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. Authorization to release information will be obtained prior to communicating the final disposition to the referral sources referenced above. (See [NARBHA Policy 4.1, Disclosure of Behavioral Health Information](#)).
- g. Documenting and tracking referrals
- i. The T/RBHA level or subcontracted provider will document and track all referrals for behavioral health services including, at a minimum, the following information:
 1. Member's name and, if available, AHCCCS identification number;
 2. Name and affiliation of referral source;
 3. Date of birth;
 4. Type of referral (immediate, urgent, routine) as defined in NARBHA Policy [3.2 Appointment Standards and Timeliness of Service](#);
 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, as required in NARBHA Policy 3.8 Outreach, Engagements, Re-engagement and Closure and
 7. Final disposition of the referral.
- h. Eligibility screening & supporting documentation
- i. Supporting Documentation
 1. Persons who are not already AHCCCS eligible must be asked to bring supporting documentation to the intake interview to assist the behavioral health provider in



Northern Arizona Regional Behavioral Health Authority
PROVIDER MANUAL

identifying if the person could be AHCCCS eligible (See [NARBHA Policy 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:

- 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. Social security numbers for all family members (social security cards if available);
- c. For those who have other health insurance, bring the corresponding health insurance card (e.g., Medicare card);
- d. For all applicants, documentation to prove United States citizenship or immigration status and identity, see NARBHA Policy 3.27 Verification of U.S. Citizenship or Lawful Presence for Public Behavioral Health Benefits;
- e. For those who pay for dependent care (e.g., adult or child daycare), proof of the amount paid for the dependent care; and
- f. Verification of out-of pocket medical expenses.

i. Intake

i. 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 AHCCCS Verification. The intake process must:

1. Be flexible in terms of when and how the intake occurs. For example, in order to best meet the needs of the member 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
2. 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 member and his/her family.

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

1. The collection of contact information, insurance information, the reason why the member is seeking services and information on any accommodations the member may require to effectively participate in treatment services (i.e., need for oral interpretation or sign language services, consent forms in large font, etc.).
2. The collection of required demographic information and completion of client demographic information sheet, including the member’s primary/preferred language (See NARBHA Policy [7.5, Enrollment, Disenrollment and other Data Submission](#));
3. The completion of any applicable authorizations for the release of information to other parties (see NARBHA Policy [4.1, Disclosure of Behavioral Health Information](#));
4. The dissemination of a Member Handbook to the member (see NARBHA Policy [3.6, Member Handbooks](#));



5. The review and completion of a general consent to treatment (see NARBHA Policy [3.11, General and Informed Consent to Treatment](#));
 6. 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 NARBHA Policy [3.1, Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescription Drug Coverage, and the Limited Income Subsidy Program](#) and NARBHA Policy [3.5, Third Party Liability and Coordination of Benefits](#));
 7. Advising Non-Title XIX/XXI persons determined to have a SMI that they may be assessed a co-payment (see [NARBHA Policy 3.4, Co-payments](#)).
 8. The review and dissemination of the T/RBHA Notice of Privacy Practices (NPP) and the [ADHS/DBHS HIPAA Notice of Privacy Practices \(NPP\)](#) in compliance with [45 CFR 164.520 \(c\)\(1\)\(B\)](#); and
 9. The review of the member's rights and responsibilities as a member of behavioral health services, including an explanation of the appeal process.
 - a. The member and/or family members may complete some of the paperwork associated with the intake, if acceptable to the member and/or family members.
- iii. 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.

3.3.4 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. R9-21-101](#)

[A.A.C. R9-22-711 \(B\)\(2\)](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contract](#)

[ADHS/TRBHA Intergovernmental Agreements \(IGAs\)](#)

NARBHA Policy [3.1, Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescriptions Drug Coverage, and the Limited Income Subsidy Program](#)

NARBHA Policy [3.2, Appointment Standards and Timeliness of Service](#)

NARBHA Policy [3.4, Co-payments](#)

NARBHA Policy [3.5, Third Party Liability and Coordination of Benefits](#)

NARBHA Policy [3.6, Member Handbooks](#)

NARBHA Policy [3.8, Outreach, Engagement, Re-engagement and Closure](#)

NARBHA Policy [3.9, Assessment and Service Planning](#)

NARBHA Policy [3.10, SMI Eligibility Determination](#)

NARBHA Policy [3.19, Special Populations](#)

NARBHA Policy [3.20, Credentialing and Recredentialing](#)

NARBHA Policy [3.21, Service Package for Non-Title XIX/XXI Persons Determined to Have a Serious Mental Illness \(SMI\)](#)



- [NARBHA Policy 4.1, Disclosure of Behavioral Health Information](#)
- [NARBHA Policy 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers](#)
- [Policy 1401, Confidentiality](#)
- [Policy 1403, Verification of U.S. Citizenship or Lawful Presence for Public Behavioral Health Benefits](#)
- [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](#)

3.3.5 PM Forms

- [PM Form 3.3.1 ADHS DBHS Referral to Behavioral Health Services](#)
- [PM Form 3.3.2 RA CSA Referral](#)

3.3.6 PM Attachments

- [PM Attachment 3.3.1 Urgent Behavioral Health Response for CPS Removal Process](#)

Signature on file	02/27/15
<hr/>	
Mary Jo Gregory President and Chief Executive Officer	Date

Signature on file	02/27/15
<hr/>	
Teresa Bertsch, MD Chief Medical Officer	Date

[Reference ADHS/DBHS Policy 103](#)