

**SECTION: 1 CHAPTER: 100**  
**POLICY: 103, Referral and Intake Process**

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**1. PURPOSE:**

The referral process serves as the principal pathway by which members 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 copayments (see [Policy 601, Copayments](#)). It is critical that the referral 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.

**2. TERMS:**

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php>. The following terms are referenced in this section:

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. 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 [Policy 102, Appointment Standards and Timeliness of Service](#));
  - 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 member's cultural needs (see [Policy 407, 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

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- 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 are shall respond in an urgent manner (for additional information see [Policy 102, 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. Form 103.1 can be used for information collection. ADHS/DBHS will require T/RBHA's 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;
    - (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;

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- (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 member.
- 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 member's treatment or have been identified as a need by the referral source, behavioral health providers must respond as outlined in [Policy 102, 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 [Policy Form 103.1, 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 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 [Policy 106, SMI Eligibility Determination](#). The SMI assessment and pending determination will not delay behavioral health service delivery to the member.

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- f. Responding to referrals
  - i. Follow-Up
    - (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 member and implement engagement activities consistent with [Policy 104, 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 member'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 [Policy 1401, Confidentiality](#)).
- 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 ADHS/DBHS [Policy 102, Appointment Standards and Timeliness of Service](#);

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- (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 [Policy 104, Outreach, Engagement, 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 identifying if the person could be AHCCCS eligible (see [Policy 101, 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 [Policy 1403, 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 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.

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- ii. During the intake, the behavioral health provider will collect, review and disseminate information to members seeking behavioral health services. Examples can include:
  - (1) The collection of contact and 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 [Policy 1601, Enrollment, Disenrollment and other Data Submission](#));
  - (3) The completion of any applicable authorizations for the release of information to other parties (see [Policy 1401, Confidentiality](#));
  - (4) The dissemination of a Member Handbook to the member (see [Policy 301, Member Handbooks](#));
  - (5) The review and completion of a general consent to treatment (see [Policy 107, 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 [Policy 101, Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescription Drug Coverage, and the Limited Income Subsidy Program](#) and [Policy 701, Third Party Liability and Coordination of Benefits](#));
  - (7) Advising Non-Title XIX/XXI members determined to have a SMI that they may be assessed a copayment (see [Policy 601, Copayments](#)).
  - (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, to approach the member and family in an engaging manner and possess a clear understanding of the information that needs to be collected.

4. REFERENCES:

[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](#)

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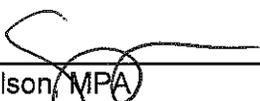
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[A.A.C. R9-22-711 \(B\)\(2\)](#)  
[AHCCCS/ADHS Contract](#)  
[ADHS/RBHA Contract](#)  
[ADHS/TRBHA Intergovernmental Agreements \(IGAs\)](#)  
[Policy 101, Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescriptions Drug Coverage, and the Limited Income Subsidy Program](#)  
[Policy 102, Appointment Standards and Timeliness of Service](#)  
[Policy 104, Outreach, Engagement, Re-engagement and Closure](#)  
[Policy 105, Assessment and Service Planning](#)  
[Policy 106, SMI Eligibility Determination](#)  
[Policy 110, Special Populations](#)  
[Policy 301, Member Handbooks](#)  
[Policy 405, Credentialing and Recredentialing](#)  
[Policy 601, Copayments](#)  
[Policy 701, Third Party Liability and Coordination of Benefits](#)  
[Policy 902, 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](#)

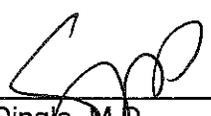
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5. APPROVED BY:

  
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