



580¹ BEHAVIORAL HEALTH REFERRAL AND INTAKE PROCESS

INITIAL

EFFECTIVE DATE: 07/01/2016²

I. PURPOSE

This Policy applies to Behavioral Health AHCCCS Contractors³ responsible for the provision of behavioral health services and Tribal Regional Behavioral Health Authorities (TRBHAs)¹ for Title XIX/XXI and Non-Title XIX/XXI members. This Policy outlines requirements for referral and intake in order to ensure individuals are able to gain prompt access to behavioral health services.⁴

Definitions⁵

II. DEFINITIONS

ASSESSMENT

The ongoing 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.

INITIAL EVALUATION (INTAKE)

The collection by appropriately trained staff of basic demographic information and preliminary determination of the member's needs.

REFERRAL

~~initial assessment to determine~~ Any oral, written, faxed, or electronic request for behavioral health services made by ~~any~~ a member, or member's legal guardian, a family member, an AHCCCS health plan, primary care provider, hospital, jail, court, probation and parole officer, tribal government, Indian Health Services, school, or other governmental or community agency; and for members in the legal custody of the Department of Child Safety (DCS),— the out-of-home

¹ Policy was previously DBHS Policy 103, Referral and Intake Process converted to a standalone policy AMPM 580

² Arizona Law 2015, Chapter 19 Section 9 (SB 1480) enacts that from and after June 30, 2016 the provision of behavioral health services under DBHS in the Department of Health Services is transferred to and shall be administered by AHCCCS.

³ This policy applies to Acute Care, CRS, ALTCS E/PD and RBHA Contractors as well as the TRBHAs.

⁴ Applicability and clarification.

⁵ Definitions added to AMPM Chapter 100 as the meaning is applicable to the terms used throughout the AMPM.



~~placement, and in the legal custody of the Department of Child Safety (DCS) and to adopted children in accordance with A.R.S. §8-512.01 in accordance with ACOM 449; family member, an AHCCCS health plan, primary care provider, hospital, jail, court, probation and parole officer, tribal government, Indian Health Services, school, or other governmental or community agency.~~⁶

~~(only applies to policy 580)~~

~~Or~~

~~The initial and ongoing collection and strengths based analysis of a person's current and historical medical, psychological, psychiatric, developmental, and social conditions in order to determine if a behavioral health disorder exists, if there is a need for behavioral health services, and to ensure that the person's service plan is designed to meet the person's (and family's) current needs and long-term recovery goals.~~⁷

SMI DETERMINATION

~~A determination as to whether or not an individual meets the diagnostic and functional criteria established for the purpose of determining a person's eligibility for SMI services for designation as having a~~⁸

~~serves as the principal pathway by which individuals are able to gain prompt access to publicly supported behavioral health services. The intake process serves to collect basic demographic information from individuals, to verify Title XIX/XXI AHCCCS eligibility and determine the need for copayments. Non Title XIX/XXI individuals will also undergo an intake process and may be provided services based upon available funding sources. The referral and intake process must be 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.~~⁹

H.III. POLICY

A. GENERAL REQUIREMENTS FOR BEHAVIORAL HEALTH SERVICES¹⁰ THE REFERRAL AND INTAKE FOR BEHAVIORAL HEALTH SERVICES¹¹

⁶ Revised referral definition to include entities submitting referrals

⁷ Removed - This section does not apply in this policy.

⁸ Updated definition to align with AMPM 320-P

⁹ Clarification

¹⁰ Clarification.

¹¹ Simplified header and reorganized language to keep referral provisions together and intake provisions together – formatting/flow of policy.



1. To facilitate a member's access to behavioral health services in a timely manner, ~~the Behavioral Health Contractors and, TRBHAs and providers will are to ensure maintain~~ an effective referral and intake process is in place for ~~the referral and intake for~~ behavioral health services. This process shall that includes:¹²
 - a. ~~Adopting a welcoming and Engaging manner with the member and/or member's legal guardian/family member.~~¹³
 - a.b. Communicating to potential referral sources the process for making referrals,
 - b. ~~Collecting enough 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 ACOM Policy 417 Appointment Availability, Monitoring and Reporting).~~
 - e. ~~Adopting a welcoming and engaging manner with the member and/or member's legal guardian/family member,~~
 - d. ~~Ensuring that intake interviews are appropriate and delivered by providers that are respectful and responsive to the member's needs,~~
 - e.c. Keeping information or documents collected in the referral process confidential and protected in accordance with applicable federal and state statutes, regulations and policies,
 - f.d. ~~After obtaining appropriate consents~~¹⁴, ~~informing, as appropriate,~~ the referral source as appropriate, about the final disposition of the referral, ~~and~~
~~Ensuring that intake interviews are appropriate and delivered by providers that are respectful and responsive to the member's needs.~~¹⁵
 - e. Conducting intakes interviews that ensure the accurate collection of all the required information and ensure that 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.
 - f. Collecting sufficient enough information about the member to determine the urgency of the situation and subsequently scheduling the initialan assessment within the required timeframes and with an appropriate provider. (For Contractor appointment standards, see ACOM Policy 417.)¹⁶

¹² Paragraph edits for clarification and conformity with current practice.

¹³ Revised for clarification.

¹⁴ Added for clarification.

¹⁵ Core value of all service provision no need to re-state specific to this policy alone.

¹⁶ Adding reference to ACOM 417 for reference to appointment standards.



B. ¹⁷ REFERRALS FOR HOSPITALIZED PERSONS INDIVIDUALS ADMITTED TO A HOSPITAL

~~Behavioral Health The Contractorss and TRBHAs must respond to referrals regarding individuals hospitalizedadmitted to a hospital for psychiatric reasons.~~

~~This pertains to eligible persons not yet enrolled with the Behavioral Health Contractor or Title XIX/XXI eligible persons who have not been receiving behavioral health services through the Behavioral Health Contractor prior to being hospitalized for psychiatric reasons.~~

~~For referrals regarding Title XIX/XXI eligible members and members previously determined to have a SMI, the Behavioral Health Contractors and TRBHAs shall attempt ensure to conductthat a face-to-face intake assessmentevaluation is completed with the member individual in order to identify the behavioral health needs of the member uponprior to discharge from the hospital.-¹⁸ This initial assessment shall occur within one business day of notification of the request for services.~~

~~¹⁹For eligibility determination of Serious Mental Illness for Title XIX/XXI eligible members, the Behavioral Health Contractor shall:~~

~~— Ensure that a face to face SMI Eligibility Determination Evaluation is completed with the individual within one business day of notification of the request.;~~

~~— Determination of SMI eligibility must be made within timeframes consistent with and in accordance with AMPM Policy 320 P, SMI Eligibility Determination.;~~ and

~~— Upon the determination that the person is eligible for SMI services and the person is in need of continued behavioral health services, the person must be enrolled and the effective date of the enrollment must be no later that the date of first contact.~~

~~**FOR REFERRALS REGARDING NON-TITLE XIX/XXI ELIGIBLE PERSONS THE BEHAVIORAL HEALTH CONTRACTOR SHALL:**~~

~~**— ENSURE THAT A FACE-TO-FACE SMI ELIGIBILITY DETERMINATION EVALUATION IS COMPLETED WITH THE INDIVIDUAL WITHIN ONE BUSINESS DAY OF NOTIFICATION OF THE REQUEST.;**~~

¹⁷ Section 2 merged into this policy from DBHS Policy 102 Appointment Standards and Timeliness of Services.

¹⁸ Revised – some providers cannot get into the hospital to gain access, changed from ‘shall ensure’ and changed from 24 hrs to ‘prior to discharge’.

¹⁹ Removed – accounted for in the SMI Determination Policy.



~~— DETERMINATION OF SMI ELIGIBILITY MUST BE MADE WITHIN TIMEFRAMES CONSISTENT WITH AND IN ACCORDANCE WITH AMPM 320-P POLICY, SERIOUS MENTAL ILLNESS ELIGIBILITY DETERMINATION,; AND — UPON THE DETERMINATION THAT THE PERSON IS ELIGIBLE FOR SERVICES AND THE PERSON IS IN NEED OF CONTINUED BEHAVIORAL HEALTH SERVICES, THE PERSON MUST BE ENROLLED AND THE EFFECTIVE DATE OF THE ENROLLMENT MUST BE NO LATER THAT THE DATE OF FIRST CONTACT.~~

C. REFERRALS INITIATED BY DEPARTMENT OF CHILD SAFETY (DCS) PENDING THE REMOVAL OF A CHILD

1. Upon notification from DCS that a child has been placed in DCS custody, or is at risk of disruption of placement, the Behavioral Health Contractors shall ensure that the behavioral health providers respond according to A.R.S. §8-512.01 Jacob's Law and ACOM Policy 449. Foster caregivers and adoptive parents may, when they deem it necessary,²⁰ call for and consent to an urgent crisis response and/or 72 hour rapid response in accordance with ~~(s) See ACOM Policy 449, reference policy developed in response to Jacobs Law).~~²¹

2. TRBHAs are responsible for coordinating care with DCS to ensure continuity of care.²²

D. ii Other Requirements

~~All referrals from a person's primary care provider (PCP) requesting a psychiatric evaluation and/or evaluation for psychotropic medications must be accepted and acted upon in a timely manner according to the needs of the person. The response time must be sufficient to prevent a lapse in necessary psychotropic medications, as described in ACOM Policy 417.²³~~

D. WHERE TO SENDING REFERRALS

~~If the Behavioral Health Contractor does not have a centralized intake process, provider directories must be developed and distributed electronically by the Behavioral Health Contractors, to the AHCCCS~~

²⁰ Clarification

²¹ Clarification

²² Revisions made to align with ACOM 449, Statute A.R.S. §8-512.01 and TRBHA responsibilities.

²³ Outlined in Chapter 500 no need to include here.



~~Health Plans for distribution to Primary Care Providers, 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.²⁴ Contractors' The provider directories must shall be maintained in accordance with ACOM Policy 404 and ACOM Policy 416 updated (weekly ?) and indicate and must indicate which providers are accepting referrals and conducting initial assessments intake evaluations. Providers shall promptly notify the Behavioral Health Contractor of any changes that would impact the accuracy of the provider directory (e.g., change in telephone or fax number, no longer accepting referrals).~~

~~Referrals may be submitted in written format or provided orally. Oral referrals shall be documented in writing.~~

~~F.E.~~ ACCEPTING REFERRALS

- ~~1. Behavioral Health Contractors and TRBHAs shall ensure and their providers are required to accept referrals for are accepted for behavioral health services 24 hours a day, seven days a week.~~
- ~~1. The following information will be collected from referral sources. Exhibit 580-1 can be used for information collection. AHCCCS requires Behavioral Health Contractors to collect and provide this information on a regular basis as required by Contract:~~
 - ~~i. Date and time of referral;~~
 - ~~ii. Information about the referral source including name, telephone number, fax number, affiliated agency, and relationship to the member being referred;~~
 - ~~iii. 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;~~
 - ~~iv. Whether or not the member, parent or legal guardian is aware of the referral;~~
 - ~~v. Transportation and other special needs for assistance due to impaired mobility, visual/hearing impairments or developmental or cognitive impairment;~~
 - ~~vi. Accommodations due to cultural uniqueness and/or the need for interpreter services;~~
 - ~~vii. Information regarding payment source (i.e., AHCCCS Medicaid, KidsCare, Substance Abuse Prevention and Treatment Block Grant,~~

²⁴ ~~Removed – Member handbook and provider directory requirements for Contractors are included in the referenced materials.~~



- ~~Mental Health Block Grant, State Funds, Discretionary Grants Administered through the state), private insurance, Medicare or self-pay) including the name of the AHCCCS health plan or insurance company;~~
- ~~viii. Name, telephone number and fax number of AHCCCS primary care provider (PCP) or other PCP as applicable;~~
- ~~ix. 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;~~
- ~~x. Behavioral Health Contractors should include medications prescribed by the member's PCP or other medical professional including the reason why the medication is being prescribed, and~~
- ~~xi. The names and telephone numbers of individuals the member, parent or guardian may wish to invite to the initial appointment with the referred member.²⁵~~
2. ~~While the information listed above will facilitate evaluating the urgency and type of practitioner the member may need, t~~Timely triage and processing of referrals must not be delayed ~~because of~~ due to missing or incomplete information.
3. 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~~**Contractors** must ~~respond~~ ensure referrals meet the time requirements as outlined in ACOM Policy 417; Appointment Standards and Timeliness of Service.
- ~~4. For the convenience of referral sources (e.g., AHCCCS Contractors and AHCCCS primary care providers, state agencies, hospitals, etc.) AHCCCS has developed Exhibit 580-1, AHCCCS Behavioral Health Referral and Intake Process Form. Behavioral Health Contractors and TRBHAs will make it available to their provider network. Referral sources, however, may use any other written format or they may contact the Behavioral Health Contractor, TRBHA or provider orally (e.g., telephone)²⁶~~
- ~~5. When a person or his/her family member, legal guardian, or significant other contacts the Behavioral Health Contractor, TRBHA or provider about accessing behavioral health services, the Behavioral Health Contractor, TRBHA or provider will use an engaging and welcoming~~

²⁵ ~~Removed —prescription of all referral elements not necessary~~

²⁶ ~~Form deleted. End of this section moved above under sending referrals~~



~~approach to obtain the necessary information about the person in need of services.²⁷~~

~~6.4. When a Serious Mental Illness (SMI) eligibility determination is being requested as part of the referral or by the member directly, the Behavioral Health Contractor^s, and participating TRBHAs, or AHCCCS approved entity Indian Health Service facilities, or Tribally owned or operated 638 facilities²⁸ or provider must shall ensure conduct an eligibility determination assessment is conducted for SMI in accordance with AMPM Policy 320-P, *Serious Mental Illness Eligibility Determination*²⁹. The SMI eligibility assessment, and pending determination, will shall not delay behavioral health service delivery to the member, regardless of Title XIX or Title XXI eligibility as funding allows.³⁰ .:~~

G. Responding to Referrals

a. Follow Up

- ~~i. When a request for behavioral health services is initiated but the member does not appear for the initial appointment, the Behavioral Health Contractor, TRBHA or provider must attempt to contact the member and implement engagement activities consistent with AMPM Policy 1040, *Outreach, Engagement, Re-engagement and Closure for Behavioral Health*.~~
- ~~ii. The Behavioral Health Contractor, TRBHA or provider must also attempt to notify the entity that made the referral.³¹~~

H.F. FINAL DISPOSITIONS³²

1. Within 30 days of receiving the initial assessment intake evaluation, or if the member declines behavioral health services, within 30 days of the initial request for behavioral health services, the Behavioral Health Contractor and TRBHAs or provider must notify Contractors and TRBHAs shall ensure notification regarding the final disposition shall be provided to the referring individual or entity, with appropriate release of

²⁷ Already included in beginning

²⁸ Post APC correction to replace AHCCCS approved entity with IHS and 638 facilities – aligns with contractual requirements for 7-1-16 for the contractor for SMI eligibility determinations

²⁹ DBHS Policy 103, Referral and Intake Process has merged into this AMPM Policy 580. Arizona Law 2015, Chapter 19 Section 9 (SB 1480) enacts that from and after June 30, 2016 the provision of behavioral health services under DBHS in the Department of Health Services is transferred to and shall be administered by AHCCCS.

³⁰ Clarification

³¹ Removed – covered under final disposition.

³² Clarification of final disposition requirements.



~~information signed by the member, following referral sources of the final disposition, as applicable including as applicable but not limited to~~³³:

- ~~a.~~
- a. ~~AHCCCS Health Plan Contractor, or TRBHA~~³⁴
 - b. Behavioral Health Coordinators,
 - c. ~~AHCCCS-PCPs,~~
 - d. Arizona Department of Child Safety and adoption subsidy,
 - e. Arizona Department of Economic Security/Division of Developmental Disabilities,
 - f. Arizona Department of Corrections,
 - g. Arizona Department of Juvenile Corrections,
 - h. Administrative Offices of the Court,
 - i. Arizona Department of Economic Security/Rehabilitation Services Administration, and
 - j. Arizona Department of Education and affiliated school districts.

2. The final disposition must include:

- a. ~~(1) The date the member was seen for the initial assessment intake evaluation~~³⁵, and ~~(2) the name and contact information of the provider who will assume primary responsibility for the member's behavioral health care, or~~
- a.b. ~~(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 AMPM Policy 550, Medical Records and Confidentiality).~~

I.G. DOCUMENTING AND TRACKING REFERRALS

~~1. The Behavioral Health Contractors and, TRBHAs shall ensure or provider will document and track all referrals for behavioral health services are tracked and include ing,~~ at a minimum, the following information:

- a. Member's name and, if available, AHCCCS identification number;
- b. ~~Date of birth~~³⁶;
- b.c. Name and affiliation of referral source,
- e.a. ~~Date of birth,~~

³³ Clarification

³⁴ Clarification

³⁵ Clarification

³⁶ Moved from below, conformity to current practice.



- d. Type of referral (~~immediate, urgent, routine~~) as defined in ³⁷per ACOM Policy 417, ~~Appointment Availability, Monitoring and Reporting,~~
- e. Date and time the referral was received,
- f. If applicable, date and location of first available appointment and, if different, date and location of actual scheduled appointment, ~~as required in AMPM Policy 1040, Outreach, Engagement, Re-engagement and Closure for Behavioral Health~~³⁸, and
- g. Final disposition of the referral.

H. INTAKE

1. The intake process by the provider shall include:

- a. The collection of member contact and insurance information,
- b. The reason why the member is seeking services and information on any accommodations the member may require to effectively participate in treatment services (e.g. need for oral interpretation or sign language services, consent forms in large font).
- c. The collection of required demographic information and completion of member demographic information sheet, including the member's primary/preferred language (see in accordance with AHCCCS Technical Interface Guidelines).
- d. The completion of any applicable authorizations for the release of information to other parties,
- e. The dissemination of a Member Handbook to the member,
- f. The review and completion of a general consent to treatment,
- g. The collection of financial information, including the identification of third party payers and information necessary to screen and apply for Title XIX/XXI eligibility, (See Section 9 below),³⁹
- h. Advising members with an SMI designation if they are found to be Non-Title XIX/XXI they may be assessed a copayment,
- i. The review and dissemination of Contractors and TRBHA's Notice of Privacy Practices (NPP) and the AHCCCS Notice of Privacy Practices (NPP) in compliance with 45 CFR 164.520 (c)(1)(B), and
- j. The review of the member's rights and responsibilities, including an explanation of the Title XIX/XXI member grievance and appeal process, if applicable. The member and/or the member's legal guardian/family member, member, advocate, and/or person providing special assistance, may complete some of the paperwork associated with the intake evaluation, if acceptable to the member and/or the

³⁷ Removed – Information not needed.

³⁸ Removed - Information not needed.

³⁹ Section no longer exists.



member's legal guardian/family members, advocate, and/or person providing special assistance as referenced in AMPM 320-R⁴⁰.

2. Behavioral health providers conducting intake interviews must be appropriately trained, in accordance with (see AMPM Policy 1060, Training Requirements), and must approach the member and family in an engaging strength-based⁴¹ manner and possess a clear understanding of the information that needs to be collected.⁴²

J.L. ELIGIBILITY SCREENING and Supporting Documentation⁴³

1. Persons who are not already been determined eligible for Title XIX/XXI AHCCCS Medicaid eligible must be asked to bring supporting documentation to the screened at the time of the intake interview to assist the behavioral health provider in identifying if the person could be for AHCCCS Medicaid Title XIX/XXI eligibility eligible (see AHCCCS Eligibility Policy and Procedure Manual⁴⁴.
2. The individual conducting the intake interview must request the supporting documentation listed below and: (1) Explain to the applicant that the supporting documentation will only be used for the purpose of assisting in applying for AHCCCS health care Title XIX/XXI benefits through AHCCCS.

~~(2) Let the applicant know that AHCCCS health care benefits may help pay for behavioral health services, and (3) Ask the person to bring the following supporting documentation to the screening interview:⁴⁵~~

- ~~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),~~
- ~~e.b. For those who have other health insurance, bring the corresponding health insurance card (e.g., Medicare card),~~
- ~~e.c. For all applicants, documentation to prove United States citizenship or immigration status and identity in accordance with (see AHCCCS Eligibility Policy and Procedure Manual),~~

⁴⁰ Clarification to current practice.

⁴¹ Clarification

⁴² Language from DBHS Policy 103

⁴³ Clarification

⁴⁴ Clarification regarding screening for potential Title XIX/XXI eligibility.

⁴⁵ Removed Duplicative language.



- e.d. For those who pay for dependent care (e.g., adult or child daycare), proof of the amount paid for the dependent care, and
- f.e. Verification of out-of-pocket medical expenses.

K. Intake

- ~~1. 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 health care verification. The intake process must:
 - ~~i. Be flexible in terms of when and how the initial intake evaluation occurs. For example, in order to best meet the needs of the member seeking services, the initial intake evaluation might be conducted over the telephone prior to the visit, at the initial appointment prior to the assessment and/or as part of the initial assessment and,~~
 - ~~ii. Make use of readily available information (e.g., referral form, AHCCCS Medicaid/KidsCare eligibility screens) in order to minimize any duplication in the information solicited from the member and his/her family.~~~~
- ~~2. During the initial intake evaluation, the behavioral health provider will collect, review and disseminate information to members seeking behavioral health services. Examples can include:
 - ~~i. 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.).~~
 - ~~ii. The collection of required demographic information and completion of member demographic information sheet, including the member’s primary/preferred language (see AHCCCS Technical Interface Guidelines);~~
 - ~~iii. The completion of any applicable authorizations for the release of information to other parties;~~
 - ~~iv. The dissemination of a Member Handbook to the member;~~
 - ~~v. The review and completion of a general consent to treatment;~~~~



- ~~vi. 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 AHCCCS Eligibility Policy and Procedure Manual⁴⁶ and ACOM Policy 434 and 201, Third Party Liability and Coordination of Benefits);~~
- ~~vii. If advising members determined to have a SMI that if they are found to be Non Title XIX/XXI, advising members determined to have a SMI that they may be assessed a copayment (see ACOM Policy 431, Copayments);~~
- ~~viii. The review and dissemination of the Behavioral Health Contractors and TRBHAs Notice of Privacy Practices (NPP) and the AHCCCS Notice of Privacy Practices (NPP) in compliance with 45 CFR 164.520 (c)(1)(B), and~~
- ~~ix. The review of the member's rights and responsibilities as a member of behavioral health services, including an explanation of the appeal process. The member and/or the member's legal guardian/family members may complete some of the paperwork associated with the intake assessment, if acceptable to the member and/or the member's legal guardian/family members.~~
- ~~3. Behavioral health providers conducting intake interviews must be appropriately trained, (see AMPM Policy 1060, Training Requirements) to approach the member and family in an engaging manner and possess a clear understanding of the information that needs to be collected.⁴⁷~~

REFERENCES

- ~~1. Refer to Policy 320 O of this Manual for Behavioral Health Assessments, Service Planning and Inpatient Discharge Planning~~
- ~~2. Refer to Policy 320 P of this Manual for Serious Mental Illness Eligibility Determination~~
- ~~3. Refer to Policy 320 T of this Manual for Non-Discretionary Federal Grants~~

⁴⁷ ~~Duplicative, covered in other sections.~~



- ~~4. Refer to Policy 550 of this Manual for policy regarding member records and confidentiality~~
- ~~5. Refer to Chapter 900 of this Manual for policy credentialing and recredentialing processes~~
- ~~6. Refer to Policy 1040 of this Manual for Outreach, Engagement, Re-Engagement and Closure~~
- ~~7. 42 CFR § 438.206(b)(3)~~
- ~~8. 45 CFR § 160.103~~
- ~~9. 45 CFR § 164.501~~
- ~~10. 45 CFR § 164.520 (e)(1)(B)~~
- ~~11. A.A.C. R9-21-101~~
- ~~12. A.A.C. R9-22-711 (B)(2)~~
- ~~13. AHCCCS Eligibility Policy and Procedure Manual~~
- ~~14. AHCCCS Contractor Operations Manual (ACOM)~~
- ~~15. AHCCCS/ADHS Contract~~
- ~~16. AHCCCSADHS/RBHA Contract~~
- ~~17. TRBHA Intergovernmental Agreements (IGAs)
Child and Family Team Practice Protocol
The Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with CPS Practice Protocol
Covered Behavioral Health Services Guide
Substance Abuse Prevention and Treatment Block Grant⁴⁸~~

⁴⁸ References are noted throughout this Policy, section no longer needed.