



**Pascua Yaqui T/RBHA  
CENTERED SPIRIT PROGRAM  
Policy and Procedure Manual**

**Section 4.3**

**Coordination of Care with AHCCCS Health Plans and  
Primary Care Providers**

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**I. STATEMENT OF PURPOSE**

To ensure that timely communication and coordination of care occurs between the T/RBHA, contracted behavioral health providers and AHCCCS Health Plan primary care providers (PCPs), or other health care provider(s), regarding a T/RBHA enrolled person's behavioral health and general medical care and treatment.

In Arizona, the acute care Medicaid program (Title XIX) and the State Children's Health Insurance Program (SCHIP/Title XXI) were developed as behavioral health "carve-outs," a model in which eligible persons receive general medical services through health plans and covered behavioral health services through behavioral health managed care organizations, also known as Regional Behavioral Health Authorities and Tribal Regional Behavioral Health Authorities (T/RBHAs). Because of this separation in responsibilities, communication and coordination between behavioral health providers and AHCCCS Health Plan Primary Care Providers (PCPs) is essential to ensure the well being of persons receiving services from both systems.

Duplicative medication prescribing or contraindicated combinations of prescriptions and/or incompatible treatment approaches could be detrimental to the person. For this reason, communication and coordination of care between behavioral health providers and PCPs must occur on a regular basis to ensure safety and positive clinical outcomes for persons receiving care. For T/RBHA enrolled persons not eligible for Title XIX or Title XXI coverage, coordination and communication should occur with any known health care provider.

**II. REFERENCES**

The following PY/CSP Provider Manual Sections can serve as additional resources for this content area:

[42 CFR 400.202](#)



[42 CFR 409.62](#)

[42 CFR 422.2](#)

[42 CFR 422.4](#)

[42 CFR 422.106](#)

[42 CFR 422.114](#)

[42 CFR 423.4](#)

[42 CFR 423.34](#)

[42 CFR 423.100](#)

[42 CFR 423.104](#)

[42 CFR 423.272](#)

[42 CFR 423.505](#)

[42 CFR 438.208](#)

[A.R.S. § 32-1901](#)

[A.R.S. § 36-545.04](#)

[A.A.C. R9-22-210.01](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/Tribal IGAs](#)

[CMS Medicare Benefit Policy Manual](#)

[AHCCCS Behavioral Health Services Guide](#)

[AHCCCS Medical Policy Manual](#)

[ADHS/DBHS Practice Improvement Protocol, Pervasive Developmental Disorders and Developmental Disabilities](#)

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

[Section 3.3, Referral and Intake Process](#)

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

[Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding](#)

[Section 3.22, Out-of-State Placements for Children and Young Adults](#)

[Section 4.1, Disclosure of Behavioral Health Information](#)

[Section 6.1, Submitting Tribal Fee For Service Claims to AHCCCS](#)

[Section 6.2, Submitting Claims and Encounters to the RBHA](#)

[Section 9.1 Training Requirements](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

[ADHS/DBHS Policy Clarification Memorandum: Coordination of Care Between](#)

[AHCCCS Health Plan PCPs and Other PCPs in the Behavioral Health System](#)



[ADHS/DBHS Policy Clarification Memorandum: Coordination of Care with AHCCCS Health Plans and Primary Care Physicians](#)

### **III. STANDARDS**

This applies to all Title XIX and Title XXI eligible persons; and all other T/RBHA enrolled persons with other health care provider(s).

Each AHCCCS Health Plan has a “Behavioral Health Coordinator.” The Behavioral Health Coordinator can serve as a contact person and resource for behavioral health providers when problems arise concerning a person’s medical care or any other health plan related issue. A Behavioral Health Coordinator may act on behalf of the PCP. See [PM Attachment 4.3.1](#) for contact information for each AHCCCS Health Plan Coordinator.

At CSP, The Network Services Manager is the contact person(‘s) assigned to respond to coordination of care inquiries from AHCCCS Health Plans, primary care providers (PCP’s) and other involved clinicians to facilitate clinical coordination of care. This role serves as the Acute Health Plan and Providers Coordinator.

When coordinating care with the person’s PCP, information must be disclosed in accordance with [Section 4.1, Disclosure of Behavioral Health Information](#). As a general rule, it is not necessary for behavioral health providers to obtain a signed authorization form in order to share mental health related information with the PCP or the person’s health plan Behavioral Health Coordinator acting on behalf of the PCP. However, authorization from the person is required when sharing information regarding Substance Abuse or communicable diseases, including HIV/AIDS, prior to disclosure.

As per R9-22-210.01 hospitals, emergency room providers, or fiscal agents are required to notify T/RBHAs or their subcontracted providers no later than the 11<sup>th</sup> day from presentation of Title XIX/XXI eligible members for emergency inpatient behavioral health services.

The T/RBHA must not contact the AHCCCS Health Plan to request services authorized by the T/RBHA after the date of enrollment.

### **IV. PROCEDURES**

#### **A. Suggestions and Guidance for Coordinating Care**

The following procedures will assist behavioral health providers in coordinating care with AHCCCS Health Plans:



If the identity of the person's primary care provider (PCP) is unknown, a behavioral health provider can contact the member services department of the person's designated health plan to determine the name of the person's assigned PCP. See the AHCCCS Contracted Health Plans, [PM Attachment 4.3.1](#) for contact information for each AHCCCS Health Plan.

T/RBHA enrolled persons who have never contacted their PCP prior to entry into the behavioral health system should be encouraged to seek a baseline medical evaluation. T/RBHA enrolled persons should also be prompted to visit their PCP for routine medical examinations annually or more frequently if necessary.

Behavioral health providers may request medical information from the person's assigned PCP. Examples include current diagnosis, medications, pertinent laboratory results, last PCP visit, Early Periodic Screening, Diagnosis and Treatment screening results and last hospitalization. ADHS/DBHS has developed a sample request form that may be utilized for this purpose (see [PM Form 4.3.2](#), Request for Information from PCP). CSP Providers use the PCP notification and request for information forms to simultaneously inform the PCP of changes and to request information from the PCP. If the PCP does not respond to the request, contact the health plan's Behavioral Health Coordinator for assistance.

Behavioral health providers must address and attempt to resolve coordination of care issues with AHCCCS Health Plans and PCPs at the lowest possible level. If problems persist, contact the Clinical Program Manager at the PY/CSP T/RBHA at (520) 879-6060.

#### **B. The T/RBHA Acute Health Plan and Provider Coordinator**

T/RBHAs are required to designate an Acute Health Plan and Provider Coordinator who must gather, review and communicate clinical information requested by PCPs, Acute Care Plan BH) Coordinators and other treating professionals or involved stakeholders. As stated above, that role is fulfilled by the Network Services Manager who can be reached during business hours by calling the Tucson office of CSP at (520) 879-6060.,

#### **C. Sharing information with the PCPs, AHCCCS Acute Health Plans, other treating professionals, and involved stakeholders.**

To support quality medical management and prevent duplication of services, behavioral health providers are required to disclose relevant behavioral health information pertaining to Title XIX and Title XXI eligible persons to the assigned PCP AHCCCS Acute Health Plans, other treating professionals and other involved stakeholders within the following required timeframes:

- "Urgent" – requests for intervention, information or response within 24 hours.



▪ “Routine – Requests for intervention, information or response within 10 days. For all behavioral health recipients referred by the PCP or who have been determined to have a serious mental illness, the following information must be provided to the person’s assigned PCP:

and have been determined to have a Serious Mental Illness and/or a diagnosis of a chronic medical condition on Axis III, the following information must be provided to the person’s assigned PCP:

- The person’s diagnosis; and
- The person’s current prescribed medications (including strength and dosage).

T/RBHAs and/or subcontracted providers must provide the required information annually, and/or when there is significant change in the person’s diagnosis and/or prescribed medications.

For all Title XIX/XXI enrolled persons, behavioral health providers are required to:

- Notify the assigned PCP of the results of PCP initiated behavioral health referrals;
- Provide a final disposition to the health plan Behavioral Health Coordinator in response to PCP initiated behavioral referrals. For more information on the referral process, see [Section 3.3, Intake and Referral Process](#);
- Coordinate the placement of persons in out-of-state treatment settings as described in [Section 3.22, Out-of State Placement for Children and Young Adults](#);
- Notify, consult with or disclose information to the assigned PCP regarding persons with Pervasive Developmental Disorders and Developmental Disabilities, such as the initial assessment and treatment plan and care and consultation between specialists;
- Provide a copy to the PCP of any executed advance directive, or documentation of refusal to sign an advance directive, for inclusion in the behavioral health recipient’s medical record; and
- Notify, consult with or disclose other events requiring medical consultation with the person’s PCP.

Upon request by the PCP, information for any enrolled member must be provided to the PCP consistent with requirements outlined in [Section 4.1, Disclosure of Behavioral Health Information](#).



When contacting or sending any of the above referenced information to the person's PCP, behavioral health providers need to provide the PCP with an agency contact name and telephone number in the event the PCP needs further information.

ADHS/DBHS has developed a communications form ([PM Form 4.3.1](#)) for coordinating care with the AHCCCS Health Plan PCP or Behavioral Health Coordinator. The form includes the required elements for coordination purposes and must be completed in full for Coordination of Care to be considered to occur. For complex problems, direct provider-to-provider contact is recommended to support written communications.

PM Form 4.3.1 will not be mandatory if there is a properly documented progress note. To be considered properly documented the progress note must:

Include a header that states "Coordination of Care"

Be legible, and

Include all of the required elements contained in [PM Form 4.3.1](#).

The T/RBHA must use DBHS [PM Form 4.3.3, T/RBHA Acute Health Plan and Provider Inquiry Monthly Log](#) to track/log all the received requests from PCPs and AHCCCS Acute Health Plans and other treating professionals and other involved stakeholders.

Completed PM Form 4.3.3, T/RBHA Acute Health Plan and Provider Inquiry Monthly Log, must be submitted to DBHS by the 30<sup>th</sup> day after month end.

#### **D. Responsibility for fee-for-service persons**

It is the responsibility of the T/RBHA to provide fee-for-service behavioral health services to Title XIX/XXI eligible persons not enrolled with an AHCCCS Health Plan.

The T/RBHA is responsible for providing all inpatient emergency behavioral health services for fee-for-service persons with psychiatric or substance abuse diagnoses.

The T/RBHA is responsible for behavioral health services to Native American Title XIX and Title XXI eligible persons referred by an Indian Health Services (IHS) or tribal facility for emergency services rendered at non-IHS facilities.



**E. Who is responsible, the Health Plan or the T/RBHA?**

Depending on certain factors, an AHCCCS Health Plan or the T/RBHA may be responsible for responding to and/or providing care to Title XIX and Title XXI eligible persons. The following rules apply:

Emergency Rooms

When a Title XIX or Title XXI eligible person presents in an emergency room setting, the person's AHCCCS Health Plan is responsible for all emergency medical services including triage, physician assessment and diagnostic tests.

The T/RBHA, or when applicable, its designated behavioral health provider, is responsible for psychiatric and/or psychological consultations in emergency room settings provided to Title XIX and Title XXI persons enrolled with a T/RBHA. If a Title XIX or Title XXI person is not enrolled with the T/RBHA, the AHCCCS Health Plan is responsible for psychiatric and/or psychological evaluations in emergency room settings.

Emergency Services and Psychiatric Hospitalizations

For Title XIX and Title XXI eligible persons not enrolled with a T/RBHA, the AHCCCS Health Plan or AHCCCSA, for persons involved with Indian Health Services (IHS), is responsible for *up to* 72 hours of inpatient behavioral health services per emergency episode (not to exceed 12 days per health plan contract year); however, the T/RBHA or behavioral health provider must respond to referrals for hospitalized persons as described in [Section 3.2, Appointment Standards and Timeliness of Service](#).

If a Title XIX or Title XXI person is assessed by the T/RBHA or subcontracted provider prior to admission to an inpatient psychiatric setting, the T/RBHA is responsible for authorization and payment for the full inpatient stay.

The T/RBHA must not contact the AHCCCS Health Plan to request services authorized by the T/RBHA after the date of enrollment.

Psychiatric Evaluations

When a hospitalized Title XIX or Title XXI eligible person requires a psychiatric consultation or evaluation prior to the implementation of a medical procedure or prior to discharge from a medical facility, the AHCCCS Health Plan is responsible for the provision of this service for persons not enrolled with a T/RBHA. If the person is enrolled with a T/RBHA, the T/RBHA is responsible.

Medical Treatment for Persons in Behavioral Health Treatment Facilities

When a Title XIX or Title XXI eligible person is in a Level II or Level III residential treatment center and requires medical treatment, the AHCCCS Health Plan is responsible for the provision of covered medical services.



If a Title XIX or Title XXI eligible person is in a Level I psychiatric facility and requires medical treatment, those services are included in the per diem rate for the treatment facility. If the person requires inpatient medical services that are not available at the Level I psychiatric facility, the person must be discharged from the psychiatric facility and admitted to a medical facility. The AHCCCS Health Plan is responsible for medically necessary services received at the medical facility, even if the person is enrolled with a T/RBHA.

### Transportation

Emergency transportation of a Title XIX or Title XXI eligible person to the emergency room when the person has been directed by the T/RBHA or provider to present to this setting to resolve a behavioral health crisis is the responsibility of the T/RBHA. The T/RBHA or subcontracted provider directing the person to present to the ER must notify the emergency transportation provider of its fiscal responsibility for the service.

Emergency transportation of a Title XIX or Title XXI eligible person required to manage an acute medical condition and which includes transportation to the same or higher level of care for immediate medically necessary treatment is the responsibility of the person's AHCCCS Health Plan.

Transportation to an initial behavioral health intake appointment for a non-T/RBHA enrolled person is the responsibility of the AHCCCS Health Plan. Transportation to all ongoing behavioral health services is the responsibility of the T/RBHA.

### **F. PCPs prescribing psychotropic medications**

Within their scope of practice and comfort level, an AHCCCS Health Plan PCP may elect to treat select behavioral health disorders. The select behavioral health disorders that AHCCCS Health Plan PCPs can treat are:

Attention-Deficit/Hyperactivity Disorder;  
Uncomplicated depressive disorders; and  
Anxiety disorders.

### The "Agreed Conditions"

Certain requirements and guiding principles regarding medications for psychiatric disorders have been established for persons under the care of both a health plan PCP and behavioral health provider simultaneously. The following conditions apply:

Title XIX and Title XXI eligible persons must not receive medications for psychiatric disorders from the health plan PCP and behavioral health provider simultaneously. If a person is identified to be simultaneously receiving medications from the health plan PCP and behavioral health provider, the behavioral health provider must immediately contact the PCP to coordinate care and agree on who will continue to medically manage the person's behavioral health condition. Medications prescribed by providers within the



T/RBHA behavioral health system must be filled by T/RBHA contracted pharmacies under the T/RBHA pharmacy benefit. This is particularly important when the pharmacy filling the prescription is part of the contracted pharmacy network for both the prescribing T/RBHA and the person's AHCCCS Health Plan. The T/RBHA and contracted providers must take active steps to ensure that prescriptions written by providers within the T/RBHA system are not charged to the person's AHCCCS Health Plan.

Title XIX and Title XXI eligible persons who are being treated by the behavioral health provider for the above listed disorders and are clinically stable may be referred to the PCP for ongoing care following:

- Consultation with the person's PCP; and
- Acceptance by the person's PCP and AHCCCS Health Plan; and
- Approval by the person.

If a Title XIX or Title XXI eligible person is receiving medication management services through the PCP, other behavioral health services, such as counseling, can be provided by the behavioral health provider with the expectation that close coordination of care and communication between the PCP and behavioral health provider occurs.

The T/RBHA makes available general and/or one-time face-to-face psychiatric consultations upon request to AHCCCS Health Plan PCPs. AHCCCS Health Plan PCPs must be provided current information about how to access RBHA psychiatric consultation services. RBHAs are obligated to offer psychiatric consultation services and must provide direct and timely access to behavioral health medical practitioners (physicians, nurse practitioners and physician assistants) or other behavioral health practitioners if requested by the PCP.

#### General Psychiatric Consultations

Behavioral health medical practitioners must be available to AHCCCS Health Plan PCPs to answer diagnostic and treatment questions of a general nature;

Are not person specific; and are usually conducted over the telephone between the PCP and the behavioral health medical practitioner.

#### Face-to-Face Psychiatric Consultations

Are used to clarify a person's diagnosis and/or make recommendations for treatment with the expectation that the PCP will continue to manage a person's medications if appropriate; and

The PCP must have seen the person prior to requesting a face-to-face psychiatric consultation with the behavioral health provider.



Must be available upon request by the person's PCP in accordance with [Section 3.2, Appointment Standards and Timeliness of Service](#);