



Pascua Yaqui TRBHA  
CENTERED SPIRIT PROGRAM  
Provider Manual - 2023



**Section 3.3 Referral and Intake Process**

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**I. STATEMENT OF PURPOSE:**

The Pascua Yaqui (PY) Centered Spirit Program (CSP) intake process serves to collect basic demographic information from persons to enroll them in Arizona Health Care Cost Containment System (AHCCCS), and screen for Title XIX/XXI AHCCCS eligibility. CSP is committed to a referral process and intake process that is culturally sensitive, efficient, engaging and welcoming to the person and/or family member seeking services, and leads to the provision of timely and appropriate behavioral health services based on the urgency of the situation.

**II. REFERENCES:**

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

- Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding*
- Section 4.1, Disclosure of Behavioral Health Information*
- Section 3.2, Appointment Standards and Timeliness of Service*
- Section 3.8, Outreach, Engagement, Re-engagement and Ending an Episode of Care and Disenrollment*
- Section 3.10, SMI Eligibility Determination*
- Section 3.1, Accessing and Interpreting Eligibility and Enrollment Information and Screening and Applying for AHCCCS Health Insurance*

The following citations and AHCCCS document also serve as 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. R9-20-101

A.A.C. R9-21-101

A.A.C. R9-22-711 (B)(2)

AHCCCS/TRBHA Intergovernmental Agreement (IGA) 2021

### III. **STANDARDS:**

To facilitate a person's access to behavioral health services in a timely manner, the Tribal Regional Behavioral Health Authority (TRBHA) and providers will maintain an effective process for the referral for behavioral health services which includes:

- Communicating to potential referral sources the process for making referrals (e.g., centralized intake at TRBHA, identification of providers accepting referrals); At CSP referrals are accepted in writing, on the telephone, or in person through the main reception areas: in Tucson at (520) 879-6060 and in Guadalupe at (480) 768-2021.
- CSP collects enough basic information about the person to determine the urgency of the situation and subsequently scheduling the initial assessment within the required timeframes and with an appropriate provider;
- CSP ensures that intake interviews are culturally appropriate and delivered by providers that are respectful and responsive to the recipient's cultural needs (see *Section 3.23, Cultural Competence*);
- CSP adopts a welcoming and engaging manner with the person and/or person's legal guardian/family member;
- CSP keeps information or documents gathered in the referral process confidential and protected in accordance with applicable federal and state statutes, regulations, and policies;
- CSP informs, as appropriate, the referral source about the final disposition of the referral; and
- Conducting intake interviews that ensure the accurate collection of all the required information necessary for enrollment into the system.



#### IV. PROCEDURES:

##### A. Accepting referrals:

TRBHAs or their providers are required to accept referrals for behavioral health services 24 hours a day, 7 days a week. Referral sources shall be requested to provide in writing or orally the following information:

- Date and time of referral;
- Information about the referral source including name, telephone number, fax number, affiliated agency, and relationship with the person being referred;
- Name of person being referred, address, telephone number, gender, age, date of birth and, when applicable, name and telephone number of parent or legal guardian;
- Whether or not the person, parent or legal guardian is aware of the referral;
- Special needs for assistance due to impaired mobility, visual/hearing impairments or developmental or cognitive impairment-
- Accommodations due to cultural uniqueness and/or the need for interpreter services;
- Information regarding payment source (i.e., AHCCCS, private insurance, Medicare, or self-pay) including the name of the AHCCCS health plan or insurance company;
- Name, telephone number and fax number of AHCCCS primary care provider (PCP) or other PCP as applicable;
- 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; and
- The names and telephone numbers of individuals the member, parent or guardian may wish to invite to the initial appointment with the referred person.

**Don't delay!** Act on a referral regardless of how much information you have. While the information listed above will facilitate evaluating the urgency and type



of practitioner the person may need to see, timely triage and processing of referrals must not be delayed because of missing or incomplete information.

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 *Section 3.2, Appointment Standards and Timeliness of Service*. Referral sources, however, may use any other written format or they may contact the TRBHAs and providers orally (e.g., telephone).

In situations in which the person seeking services or his/her family member, legal guardian, or significant other contacts the TRBHA or provider directly about accessing behavioral health services, the TRBHA or provider will ensure that the protocol used to obtain the necessary information about the person seeking services is engaging and welcoming.

When an SMI eligibility determination is being requested as part of the referral or by the person directly, the TRBHAs and providers must conduct an eligibility determination for SMI in accordance with *Section 3.10, SMI Eligibility Determination*.

B. Referral to a provider for a second opinion:

Title XIX/XXI behavioral health recipients are entitled to a second opinion. Upon a Title XIX/XXI eligible behavioral health recipient's request or at the request of the TRBHA treating physician, the TRBHA must provide for a second opinion from a health care professional within the network, or arrange for the behavioral health recipient to obtain one outside the network, at no cost to the behavioral health recipient.

C. Referrals initiated by DES/DCYF pending the removal of a child:

Upon notification from DES/Division of Children, Youth and Families (DCYF) that a child has been, or is at risk of being taken into the custody of DES/DCYF (which includes Child Protective Services), behavioral health providers are expected to respond in an urgent manner (for additional information see *Section 3.2, Appointment Standards and Timeliness of Service*).

D. Responding to referrals:

Follow-Up. When a request for behavioral health services is initiated but the person does not appear for the initial appointment, the TRBHA or provider must attempt to contact the person and implement engagement activities consistent with *Section 3.8, Outreach, Engagement, Re-engagement and Closure*.



Final Dispositions. Within 30 days of receiving the initial assessment, or if the person declines behavioral health services, within 30 days of the initial request for behavioral health services, the TRBHA or provider must notify the following referral sources of the final disposition:

- AHCCCS health plans;
- AHCCCS PCPs;
- Arizona Department of Economic Security/Division of Children, Youth and Families (specifically the Department of Child Safety and adoption subsidy);
- Arizona Department of Economic Security/Division of Developmental Disabilities;
- Arizona Department of Corrections;
- Arizona Department of Juvenile Corrections;
- Administrative Offices of the Court;
- Arizona Department of Economic Security/Rehabilitation Services Administration; and
- Arizona Department of Education and affiliated school districts.

The final disposition must include:

1. The date the person was seen for the initial assessment;
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.

When required, authorization to release information will be obtained prior to communicating the final disposition to the referral sources referenced above (see *Section 4.1, Disclosure of Behavioral Health Information*).

E. Documenting and tracking referrals:

The TRBHA level or subcontracted provider will document and track all referrals for behavioral health services including, at a minimum, the following information:



- Person's name and, if available, AHCCCS identification number;
- Name and affiliation of referral source;
- Date of birth;
- Type of referral (immediate, urgent, routine) as defined in *Section 3.2, Appointment Standards and Timeliness of Service*;
- Date and time the referral was received;
- If applicable, date and location of first available appointment and, if different, date and location of actual scheduled appointment; and
- Final disposition of the referral.

F. Eligibility screening and supporting documentation:

Persons who are not already AHCCCS-eligible must be asked to bring supporting documentation to the screening interview to assist the behavioral health provider in identifying if the person could be AHCCCS eligible (see *Section 3.1, Accessing and Interpreting Eligibility and Enrollment Information and Screening and Applying for AHCCCS Health Insurance*). 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:

- Verification of gross family income for the last month and current month (e.g., paycheck stubs, social security award letter, retirement pension letter);
- Social security numbers for all family members (social security cards if available);
- For those who have other health insurance, bring the corresponding health insurance card (e.g., Medicare card);
- For those who pay for dependent care (e.g., adult or child daycare), proof of the amount paid for the dependent care; and
- Verification of out-of-pocket medical expenses.



G. Intake:

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 enrollment into the system or for collection of information for AHCCCS eligible individuals who are already enrolled. The intake process must:

- Be flexible in terms of when and how the intake occurs. For example, to best meet the needs of the person 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
- Make use of readily available information (e.g., referral form, AHCCCS eligibility screens) to minimize any duplication in the information solicited from the person and his/her family.

What happens during the intake?

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

- The collection of contact information, insurance information, the reason why the person is seeking services and information on any accommodations the person may require to effectively participate in treatment services (i.e., need for oral interpretation or sign language services, consent forms in large font, etc.).
- The collection of required demographic information and completion of client demographic information sheet, including the behavioral health recipient’s primary/preferred language (See *Section 7.5, Enrollment, Disenrollment and other Data Submission*);
- The completion of any applicable authorizations for the release of information to other parties (see *Section 4.1, Disclosure of Behavioral Health Information*);
- The dissemination of a Member Handbook to the person (see *Section 3.6, Member Handbooks*);
- The review and completion of a general consent to treatment (see *Section 3.11, General and Informed Consent to Treatment*);
- 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 *Section 3.1, Accessing and*



*Interpreting Eligibility and Enrollment Information and Screening and Applying for AHCCCS Health Insurance and Section 3.5, Third Party Liability and Coordination of Benefits);*

- The review and dissemination of the TRBHA Notice of Privacy Practices (NPP) and the AHCCCS HIPAA Notice of Privacy Practices (NPP) located at [www.azahcccs.gov/bhs/hipaa/notice\\_0306.pdf](http://www.azahcccs.gov/bhs/hipaa/notice_0306.pdf) in compliance with 45 CFR 164.520 (c)(1)(B); and
- The review of the person's rights and responsibilities as a recipient of behavioral health services including an explanation of the appeal process.
- The person and/or family members may complete some of the paperwork associated with the intake, if acceptable to the person and/or family members.

Who can complete an intake?

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.