



## **Section 3.8** Outreach, Engagement, Re-Engagement and Ending an Episode of Care and Disenrollment

- I. Statement of Purpose
- II. References
- III. Standards
- IV. Procedures
  - A. Outreach
  - B. Engagement
  - C. Re-engagement
  - D. Ending an episode of care for a person in the behavioral health system
  - E. Serving a person previously enrolled in the behavioral health system
  - F. CARF-related requirements for client discharge/closure
  - G. CARF-related requirement for involuntary discharge

### **I. STATEMENT OF PURPOSE:**

The activities described within this section are an essential element of clinical practice. Outreach to vulnerable populations, establishing an inviting and non-threatening clinical environment, and re-establishing contact with clients who have become temporarily disconnected from services are critical to the success of any therapeutic relationship.

This section addresses five critical activities that behavioral health providers must incorporate when delivering services within Arizona's public behavioral health system:

1. Expectations for outreach activities directed to clients who are at risk for the development or emergence of behavioral health disorders;
2. Expectations for the engagement of clients seeking or receiving behavioral health services;
3. Procedures to re-engage clients in an episode of care who have withdrawn from participation in the treatment process;
4. Conditions necessary to end an episode of care for a client in the behavioral health system; and
5. Expectations for serving clients who are attempting to re-enter the behavioral health system.

### **II. REFERENCES:**

The following Pascua Yaqui (PY) Centered Spirit Program (CSP) Provider Manual sections can serve as additional resources for this content area:



*Section 3.4 Co-payments*  
*Section 3.9 Assessment and Service Planning*  
*Section 3.10 SMI Eligibility Determination*  
*Section 3.11 General and Informed Consent to Treatment*  
*Section 3.17 Transition of Persons*  
*Section 3.18 Pre-Petition Screening, Court-Ordered Evaluation and Court-Ordered Treatment*  
*Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding, Persons Determined to Have a Serious Mental Illness (SMI)*  
*Section 3.22 Out-of-State Placements for Children and Young Adults*  
*Section 3.23 Cultural Competence*  
*Section 4.1 Disclosure of Behavioral Health Information*  
*Section 4.3 Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers*  
*Section 7.5 Enrollment, Disenrollment and Other Data Submission*

The following citations and Arizona Health Care Cost Containment System (AHCCCS) document can serve as additional resources for this content area:

[A.R.S. Title 36, Chapter 5](#)

[A.A.C. R9-21-302](#)

[AHCCCS/TRBHA Intergovernmental Agreement \(IGA\) 2021](#)

### III. **STANDARDS:**

The objective of this section is to describe requirements for behavioral health providers to:

1. Actively engage all persons seeking or receiving behavioral health services to the maximum extent;
2. To re-engage clients who withdraw from treatment prematurely;
3. To appropriately end an episode of care for clients who are no longer receiving services;
4. To resume services for clients who have ended their episode of care less than six months prior when indicated; and
5. Inform behavioral health providers about various outreach activities that are performed by Tribal Regional Behavioral Health Authorities (TRBHAs) and communicate information about the availability and accessibility of behavioral health services to individuals and the community at large.



#### IV. **PROCEDURES:**

##### A. **Outreach:**

The behavioral health system must provide outreach activities to inform the public of the benefits and availability of behavioral health services and how to access them. TRBHAs must disseminate information to the general public, other human service providers, school administrators and teachers, and other interested parties regarding the behavioral health services that are available to eligible clients. Outreach activities conducted by the TRBHAs may include, but are not limited to:

1. Participation in local health fairs or health promotion activities;
2. Involvement with local schools;
3. Routine contact with AHCCCS Health Plan behavioral health coordinators and/or primary care providers;
4. Development of homeless outreach programs;
5. Publication and distribution of informational materials;
6. Liaison activities with local and county jails and county detention facilities;
7. Routine interaction with agencies that have contact with substance abusing pregnant women/teenagers;
8. Development and implementation of outreach programs that identify clients with co-morbid medical and behavioral health disorders and those who have been determined to have a serious mental illness within the TRBHA's geographic service area, including clients who reside in jails, homeless shelters, county detention facilities or other settings; and
9. Provision of information to mental health advocacy organizations.

In addition to the above, the CSP TRBHA targets outreach to all tribal agencies and providers serving members of the Pascua Yaqui Tribe.

##### B. **Engagement:**

TRBHAs or their subcontracted providers must actively engage the following in the treatment planning process:

1. The client;
2. The client's family/significant others, if applicable and amenable to the client; and



3. Other agencies/providers as applicable; and
4. For clients with a Serious Mental Illness who are receiving Special Assistance (see *Section 5.4, Special Assistance for Persons Determined to Have a Serious Mental Illness*), the person (guardian, family member, advocate or other) designated to provide Special Assistance.

Behavioral health providers must provide services in a culturally competent manner in accordance with the TRBHA's Cultural Competency Plan.

C. Re-engagement:

Behavioral health providers must attempt to re-engage clients who have withdrawn from participation in the treatment process prior to the successful completion of treatment, refused services or failed to appear for a scheduled service. The behavioral health provider must attempt to re-engage the person by:

1. Contacting the client or the client's legal guardian by telephone, at times when the client may reasonably be expected to be available (e.g., after work or school);
2. Whenever possible contacting the client or the client's legal guardian face-to-face, if telephone contact is insufficient to determine acuity and risk;
3. Sending a letter requesting contact, if all attempts at personal contact are unsuccessful, except when a letter is contraindicated due to safety concerns (e.g., domestic violence) or confidentiality issues; and
4. For clients determined to have a Serious Mental Illness who are receiving Special Assistance (see *Section 5.4, Special Assistance for Clients Determined to have a Serious Mental Illness*), contacting the individual designated to provide Special Assistance for his/her involvement in re-engagement efforts.

If the above activities are unsuccessful, the behavioral health provider must make further attempts to re-engage clients determined to have a serious mental illness, children, pregnant substance abusing women/teenagers, or any client determined to be at risk of relapse, decompensation, deterioration or a potential harm to self or others. Further attempts may include contacting the client or client's legal guardian face to face or contacting natural supports who the recipient has given permission to the provider to contact.

If the client appears to meet clinical standards as a danger to self, danger to others, persistently and acutely disabled, or gravely disabled, the provider must



determine whether it is appropriate, and making attempts as appropriate, to engage the client to seek inpatient care voluntarily. If this is not a viable option for the client and the clinical standard is met, initiate the pre-petition screening or petition for treatment process described in *Section 3.18, Pre-petition Screening, Court-Ordered Evaluation and Court-Ordered Treatment*.

All attempts to re-engage clients who have withdrawn from treatment, refused services, or failed to appear for a scheduled service must be documented in the comprehensive clinical record.

D. Follow-up after significant and/or critical events:

Behavioral health providers must also conduct follow-up activities to maintain engagement within the following timeframes:

- Discharged from inpatient services in accordance with the discharge plan and within seven (7) days, or no later than 30 days;
- Involved in a behavioral health crisis within timeframes based upon the client's clinical needs, but no later than seven (7) days;
- Refusing prescribed psychotropic medications within timeframes based upon the client's clinical needs and individual history; and
- Released from local and county jails and detention facilities within 72 hours.

Additionally, for clients to be released from Level I care, behavioral health providers must help establish priority prescribing clinician appointments within 7 days of the client's release to ensure client stabilization, medication adherence, and to avoid re-hospitalization.

E. Ending an episode of care for a client in the behavioral health system:

Under certain circumstances, it may be appropriate or necessary to disenroll a client or end an episode of care from services after re-engagement efforts described in *Section 3.8.3-C* have been expended. Ending the episode of care can occur due to clinical or administrative factors involving the enrolled client. The episode of care can be ended for both Non-Title XIX/TXIX individuals, but Title XIX eligible individuals no longer in an episode of care for behavioral health services remain enrolled with AHCCCS. When a client is disenrolled or has an episode of care ended, notice and appeal requirements may apply (see *Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons* and *Section 5.5, Notice and Appeal Requirements (SMI and General)*).

Clinical factors:

- **Treatment completed:** A client's episode of care must be ended upon completion of treatment. A Non-Title XIX client would also be disenrolled



at treatment completion. Prior to ending the episode of care or disenrolling a client following the completion of treatment, the behavioral health provider and the client or the client's legal guardian must mutually agree that behavioral health services are no longer needed.

- **Further treatment declined:** A client's episode of care must be ended if the client or the client's legal guardian decides to refuse ongoing behavioral health services. A Non-Title XIX client would also be disenrolled from services. Prior to ending the episode of care or disenrolling a client for declining further treatment, the behavioral health provider must ensure the following:
  - All applicable and required re-engagement activities described in *Subsection 3.8.3-C* have been conducted and clearly documented in the client's comprehensive clinical record;
  - The client does not meet clinical standards for initiating the pre-petition screening or petition for treatment process described in *Section 3.18, Pre-petition Screening, Court-Ordered Evaluation and Court-Ordered Treatment*, and
  - Upon receiving a request from a CPS case manager or representative to discontinue services and/or disenroll a foster child, the behavioral health provider will conduct a Child Family Team (CFT) staffing to determine if this is clinically sound.
- **Lack of Contact:** A client's episode of care may be ended if the TRBHA or behavioral health provider is unable to locate or make contact with the client after ensuring that all applicable and required re-engagement activities described in *Subsection 3.8.3-C* have been conducted. A Non-Title XIX individual would also be disenrolled from services.

**Administrative factors:**

Eligibility/entitlement information changes including:

- Loss of Title XIX/XXI eligibility, if other funding is not available to continue services; and
- Persons who become or are enrolled as elderly or physically disabled (EPD) under the Arizona Long Term Care System (ALTCS) must be disenrolled from the TRBHA after ensuring appropriate coordination and continuity of care with the ALTCS program contractor. (Not applicable for developmentally delayed ALTCS members ALTCS/DD whose behavioral health treatment is provided through the TRBHA system.) An ALTCS/EPD eligible client may remain enrolled with the TRBHA as Non-Title



XIX if the client has been determined to have a Serious Mental Illness (SMI) and will continue to receive Non-Title XIX covered SMI services through the TRBHA.

**Out-of-state relocations:** A client's episode of care must be ended for a client who relocates out-of-state after appropriate transition of care, as applicable. A Non-Title XIX individual would also be disenrolled. This does not apply to clients placed out-of-state for purposes of providing behavioral health treatment (see *Section 3.22, Out-of-State Placements for Children and Young Adults*).

**Inter-TRBHA transfers:** A client who relocates to another TRBHA and requires ongoing behavioral health services must be closed from one TRBHA and transferred to the new TRBHA. Services must be transitioned per *Section 3.17, Transition of Persons*.

**Arizona Department of Corrections confinements:** A client age 18 or older must be disenrolled upon acknowledgment that the client has been placed in the long-term control and custody of a correctional facility.

**Children held at county detention facilities:** A child who was served by a TRBHA prior to detainment in a county detention facility will remain in an episode of care as long as the child remains Title XIX/XXI eligible. TRBHAs and/or their subcontracted providers must check the AHCCCS Pre-paid Medical Management Information System (PMMIS) to ensure Title XIX/XXI eligibility prior to the delivery of each behavioral health service to a child who is held in a county detention facility.

**Inmates of public institutions:** AHCCCS has implemented an electronic inmate of public institution notification system developed by the AHCCCS Division of Member Services (DMS). If a member is eligible for AHCCCS covered services during the service delivery period, TRBHAs are obligated to cover the services regardless of the perception of the members' legal status.

In order for AHCCCS to monitor any change in a members' legal status and to determine eligibility, TRBHAs and their subcontracted providers will need to notify AHCCCS via e-mail, and if they become aware that an AHCCCS eligible member is incarcerated. AHCCCS has established email addresses for this purpose. Please note that there are two separate e-mail addresses based on the members' age.

For children less than 18 years of age:  
[DMSJUVENILEincarceration@azahcccs.gov](mailto:DMSJUVENILEincarceration@azahcccs.gov)

For adults age 18 years and older: [DMSADULTIncarceration@azahcccs.gov](mailto:DMSADULTIncarceration@azahcccs.gov)



Notifications must include the following member information:

1. AHCCCS ID;
2. Name;
3. Date of birth;
4. Incarceration date; and
5. Name of public institution where incarcerated.

Providers do not need to report members incarcerated with the Arizona Department of Corrections.

**Deceased clients:** A client's episode of care must be ended following acknowledgement that the client is deceased, effective on the date of the death. The Non-Title XIX individual would be disenrolled from the system.

**Crisis episodes:** For clients who are enrolled because of a crisis episode, the client's episode of care would end if the following conditions have been met:

1. The behavioral health provider conducts all applicable and required re-engagement activities described in *Subsection 3.8.3-C* and such attempts are unsuccessful; or
2. The behavioral health provider and the client or the client's legal guardian mutually agree that ongoing behavioral health services are not needed.

A Non-Title XIX individual would be disenrolled from the system.

**One time consultations:** For clients who are in the system for the purpose of a one-time consultation as described in *Section 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers*, the client's episode of care may be ended if the behavioral health provider and the client or the client's legal guardian mutually agree that ongoing behavioral health services are not needed. The Non-Title XIX individual would also be disenrolled.

#### Data submission

Behavioral health providers must follow all applicable data submission procedures as described in *Section 7.5, Enrollment, Disenrollment and Other Data Submission and the AHCCCS Demographic Data Set User Guide* following a decision to end an episode of care or disenrollment.





E. Serving a client previously enrolled in the behavioral health system:

Some clients who have ended their episode of care or were disenrolled may need to re-enter the behavioral health system. The process used is based on the length of time that a client has been out of the behavioral health system.

For persons not receiving services for less than 6 months	For or persons not receiving services for 6 months or longer
<p>If the client has not received a behavioral health assessment in the past 6 months, conduct a new behavioral health assessment consistent with <i>Section 3.9, Intake, Assessment and Service Planning</i>, and revise the client’s service plan as needed.</p> <p>If the client has received a behavioral health assessment in the last six months and there has not been a significant change in the client’s behavioral health condition, TRBHAs or behavioral health providers may utilize the most current assessment. Review the most recent service plan (developed within the last six months) with the client, and if needed, coordinate the development of a revised service plan with the client’s clinical team (see <i>Section 3.9, Intake, Assessment and Service Planning</i>).</p>	<p>Conduct a new intake, behavioral health assessment and service plan consistent with <i>Section 3.9, Intake, Assessment and Service Planning</i>.</p>
<p>Continue the client’s SMI status if the client was previously determined to have a Serious Mental Illness (SMI) (see <i>Section 3.10, SMI Eligibility Determination</i>).</p>	<p>Continue the client’s SMI status if the client was previously determined to have a Serious Mental Illness (SMI) (see <i>Section 3.10, SMI Eligibility Determination</i>).</p>
<p>If the client presents at a different TRBHA or provider, obtain new general and informed consent to treatment (see <i>Section 3.11, General and Informed Consent to Treatment</i>).</p>	<p>Obtain new general and informed consent to treatment, as applicable (see <i>Section 3.11, General and Informed Consent to Treatment</i>).</p>
<p>If the client presents at a different TRBHA or provider, obtain new authorizations to disclose confidential information, as applicable (see <i>Section 4.1, Disclosure of Behavioral Health Information</i>).</p>	<p>Obtain new authorizations to disclose confidential information, as applicable (see <i>Section 4.1, Disclosure of Behavioral Health Information</i>).</p>



For persons not receiving services for less than 6 months	For or persons not receiving services for 6 months or longer
Submit new demographic and enrollment data (see <i>Section 7.5, Enrollment, Disenrollment and Other Data Submission</i> ).	Submit new demographic and enrollment data (see <i>Section 7.5, Enrollment, Disenrollment and Other Data Submission</i> ).

CARF-related requirements for client discharge/closure:

Because CSP programs are all Commission on Accreditation of Rehabilitation Facilities (CARF) accredited, there are additional requirements when discharging and closing cases.

For all clients leaving services, a written discharge summary is prepared to ensure that the client served has documented treatment episodes and results of treatment. The discharge summary:

- Includes the date of admission;
- Describes the services provided;
- Identifies the presenting condition;
- Describes the extent to which established goals and objectives were achieved;
- Describes the reasons for discharge;
- Identifies the status of the client at last contact;
- Lists recommendations for services and supports; and
- Includes the date of discharge from the program.

CSP will ensure that when any unplanned discharge occurs that follow-up is conducted as soon as possible to provide necessary notifications, clarify the reason for the discharge, determine whether further services are needed and offer or refer to those services.

CARF-related requirements for involuntary discharge:

CSP reserves the right to discharge clients for the following:

- Verbal threats or intimidation towards staff, clients and/or their families;
- Aggressive behavior towards staff, clients, and/or their families;



## PY TRBHA - CSP Provider Manual - 2023



- Refusing to abide by CSP policies regarding weapons; and/or
- Any other action perceived as jeopardizing the safety of staff, clients and/or their families.

Upon orientation, clients are informed of the CSP Safety Policy and sign a participation agreement that addresses expectations regarding the conduct of clients served.

Staff members will alert their supervisor and/or the Program Director of any situation or incident that results in the need for an involuntary discharge and the case will be staffed.

Any incident regarding the situations above will be documented using the appropriate incident report forms.

CSP will ensure that when any involuntary discharge occurs that follow-up is conducted as soon as possible to provide necessary notifications, clarify the reason for the discharge, determine whether further services are needed and offer or refer to those services.