Section 3.3 - Referral and Intake Process

3.3.1 Introduction

The referral process serves as the principal pathway by which persons are able to gain prompt access to publicly supported healthcare services. The intake process serves to collect basic demographic information from persons in order to enroll them in the ADHS/DBHS system, screen for Title XIX/XXI AHCCCS eligibility and determine the need for any co-payments (See Section 3.4 Co-Payments). It is critical that both the referral process and intake process are culturally sensitive, efficient, engaging and welcoming to the person and/or family member seeking services, and leads to the provision of timely and appropriate healthcare services based on the urgency of the situation.

3.3.2 Scope

- All Title XIX and Title XXI eligible persons;
- Non-Title XIX persons referred for an eligibility determination for Serious Mental Illness (SMI); and
- All other persons based on available funding and requirements described in Section 3.21 Service Package for Non-Title XIX/XXI Persons Determined to Have a Serious Mental Illness (SMI).

Mercy Maricopa is responsible for managing referrals and wait lists for No-Title XIX/XXI persons in accordance with the Substance Abuse Prevention and Treatment Block Grant for identified priority populations when behavioral health services are temporarily unavailable. If Mercy Maricopa’s network is unable to provide medically necessary services to Title XIX/XXI persons, Mercy Maricopa will ensure timely and adequate coverage of needed services.
through an out-of-network provider until a network provider is contracted. (See PM Section 3.2 - Appointment Standards and Timeliness of Service).

3.3.2 Definitions
Definitions for terms are located online at [http://www.azdhs.gov/bhs/definitions/index.php](http://www.azdhs.gov/bhs/definitions/index.php). The following terms are referenced in this section:
- Behavioral Health Professional
- Health Care Professional
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Intake/Enrollment
- Notice of Privacy Practices (NPP)
- Referral for behavioral health services

3.3.3 Objectives
The object of this section is to provide the referral process for healthcare providers.

To facilitate a person’s access to healthcare services in a timely manner, Mercy Maricopa and providers will maintain an effective process for the referral and intake for healthcare services.

3.3.4 Procedures
3.3.5-A. Referral to a Provider for a Second Opinion
Title XIX/XXI health care recipients are entitled to a second opinion. Upon a Title XIX/XXI eligible healthcare recipient’s request or at the request of the treating physician, Mercy Maricopa must provide for a second opinion from a healthcare professional within the network, or arrange for the healthcare recipient to obtain one outside the network, at no cost to the healthcare recipient.

3.3.5-B. Specific Requirements for Behavioral Health Providers
3.3.5-B.1 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/Child Protective Services (CPS), behavioral health providers are expected to respond in an urgent manner (for additional information see Section 3.2 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).

3.3.5-B.2 Accepting Referrals
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:
- Date and time of referral;
- Information about the referral source including name, telephone number, fax number,
affiliated agency, and relationship to 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.

For the convenience of referral sources (e.g., AHCCCS health plans and AHCCCS primary care providers, state agencies, hospitals) ADHS/DBHS has developed PM Form 3.3.1 ADHS/DBHS Referral for Behavioral Health Services. Mercy Maricopa and providers must make this form available to their key referral sources. Referral sources, however, may use any other written format or they may contact Mercy Maricopa 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 Mercy Maricopa or provider directly about accessing behavioral health services, Mercy Maricopa 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, Mercy Maricopa and providers must conduct an eligibility determination for SMI in accordance with Section 3.10 SMI Eligibility Determination.
3.3.5-B.3 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 provider must attempt to contact the person and implement engagement activities consistent with Section 3.8 Outreach, Engagement and 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, Mercy Maricopa or provider must notify the following applicable referral sources of the final disposition:

- AHCCCS health plans;
- AHCCCS PCPs;
- Arizona Department of Economic Security/Division of Children, Youth and Families (specifically Child Protective Services 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; and 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).

3.3.5-B.4 Documenting and Tracking Referrals
Mercy Maricopa 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 ADHS/DBHS 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.
3.3.5-B.5 Eligibility Screening

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 Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescription Drug Coverage and the Limited Income Subsidy Program.

3.3.5-B.6 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, in order 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) in order to minimize any duplication in the information solicited from the person and his/her family.
- 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 Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescription Drug Coverage and the Limited Income Subsidy Program and Section 3.5 Third Party Liability and Coordination of Benefits);
  - Advising Non-Title XIX/XXI persons determined to have a Serious Mental Illness (SMI) that they may be assessed a co-payment (see Section 3.4 Co-Payments).
The review and dissemination of Mercy Maricopa’s Notice of Privacy Practices (NPP) and the ADHS/DBHS HIPAA Notice of Privacy Practices (NPP) located at www.azdhs.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.

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.

3.3.5-C Integrated Care Specific Referral and Intake Guidelines

It may be necessary for a Mercy Maricopa member to be referred to another provider for medically necessary services that are beyond the scope of the member’s PCP. For those services, providers only need to complete the Mercy Maricopa Referral Form and refer the member to the appropriate Mercy Maricopa Participating Health Provider (PHP). Mercy Maricopa’s website includes a provider search function for your convenience. More information is available in this Provider Manual under section 3.14 Securing Services and Prior Authorization.

There are two types of referrals:

- Participating providers (particularly the member’s PCP) may refer members for specific covered services to other practitioners or medical specialists, allied healthcare professionals, medical facilities, or ancillary service providers.
- Member may self-refer to certain specialists for specific services, such as an OB/GYN or substance abuse treatment.
- Referrals must meet the following conditions:
  - The referral must be requested by a participating provider and be in accordance with the requirements of the member’s benefit plan (covered benefit).
  - The member must be enrolled in Mercy Maricopa on the date of service (s) and eligible to receive the service.
  - If Mercy Maricopa’s network does not have a provider to perform the requested services, members may be referred to out of network providers if:
    - The services required are not available within the Mercy Maricopa network.
    - Mercy Maricopa prior authorizes the services.

If out of network services are not prior authorized, the referring and servicing providers may be responsible for the cost of the service. The member may not be billed if the provider fails to follow Mercy Maricopa’s policies. Both referring and receiving providers must comply with
Mercy Maricopa policies, documents, and requirements that govern referrals (paper or electronic) including prior authorization. Failure to comply may result in delay in care for the member, a delay or denial of reimbursement or costs associated with the referral being changed to the referring provider.

Referrals are a means of communication between two providers servicing the same member. Although Mercy Maricopa encourages the use of its referral form, it is recognized that some providers use telephone calls and other types of communication to coordinate the member’s medical care. This is acceptable to Mercy Maricopa as long as the communication between providers is documented and maintained in the members’ medical records.

Referring Provider’s Responsibilities
- Confirm that the required service is covered under the member’s benefit plan prior to referring the member.
- Confirm that the receiving provider is contracted with Mercy Maricopa.
- Obtain prior authorization for services that require prior authorization or are performed by a non-PHP.
- Complete a Referral Form and mail or fax the referral to the receiving provider.

Receiving Provider’s Responsibilities
PHPs may render services to members for services that do not require prior authorization and that the provider has received a completed Mercy Maricopa referral form (or has documented the referral in the member’s medical record). The provider rendering services based on the referral is responsible to:
- Schedule and deliver the medically necessary services in compliance with Mercy Maricopa’s requirements and standards related to appointment availability.
- Verify the member’s enrollment and eligibility for the date of service. If the member is not enrolled with Mercy Maricopa on the date of service, Mercy Maricopa will not render payment regardless of referral or prior authorization status.
- Verify that the service is covered under the member’s benefit plan.
- Verify that the prior authorization has been obtained, if applicable, and includes the prior authorization number on the claim when submitted for payment.
- Inform the referring provider of the consultation or service by sending a report and applicable medical records to allow the referring provider to continue the member’s care.

Period of Referral
Unless otherwise stated in a provider’s contract or Mercy Maricopa documents, a referral is valid for the full extent of the member’s care starting from the date it is signed and dated by the referring provider, as long as the member is enrolled and eligible with Mercy Maricopa on the date of service.
Maternity Referrals
Referrals to Maternity Care Health Practitioners may occur in two ways:
- A pregnant Mercy Maricopa member may self-refer to any Mercy Maricopa contracted Maternity Care Practitioner.
- The PCP may refer pregnant members to a Mercy Maricopa contracted Maternity Care Practitioner.

At a minimum, Maternity Care Practitioners must adhere to the following guidelines:
- Coordinate the members maternity care needs until completion of the postpartum visits.
- Schedule a minimum of one postpartum visit at approximately six weeks postpartum.
- When necessary, refer members to other practitioners in accordance with the Mercy Maricopa referral policies and procedures.
- Schedule return visits for members with uncomplicated pregnancies consistent with the American College of Obstetrics and Gynecology standards:
  - Through twenty-eight weeks of gestation – every four weeks
  - Between twenty-nine and thirty six weeks gestation every two weeks
  - After the thirty sixth week – once a week
  - Schedule first-time appointments within the required time frames
  - Members in first trimester – within seven calendar days
  - Members in third trimester – within three calendar days
  - High-risk Members – within three calendar days of identification or immediately when an emergency condition exists.

Ancillary Referrals
All practitioners and providers must use and/or refer to Mercy Maricopa contracted ancillary providers.

Member Self-Referrals
Mercy Maricopa members are allowed to self-refer to participating providers for the following covered services:
- Family Planning Services
- OB Services
- GYN Services
- Dental Services for Members Ages 18 through 20 years old.
- Vision services for Members Ages 18 through 20 years old.

When a member self refers for any of the above services, providers rendering services must adhere to the same referral requirements as described above.

Mercy Maricopa’s provider directory is available online at the following website:
http://www.mercymaricopa.org/find-provider
These directories will indicate which providers are accepting referrals and conducting initial assessments. It is important for providers to promptly notify Mercy Maricopa of any changes that would impact the accuracy of the provider directory (e.g., change in telephone, fax number, or no longer accepting referrals).

### 3.3.5 References

The following citations can serve as additional 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/ADHS Contract
- ADHS/RBHA Contract
- ADHS/TRBHA Intergovernmental Agreements (IGAs)
- Section 3.1, Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescriptions Drug Coverage, and the Limited Income Subsidy Program
- Section 3.2, Appointment Standards and Timeliness of Service
- Section 3.4, Co-payments
- Section 3.5, Third Party Liability and Coordination of Benefits
- Section 3.6, Member Handbooks
- Section 3.8, Outreach, Engagement, Re-engagement and Closure
- Section 3.10, SMI Eligibility Determination
- Section 3.11, General and Informed Consent
- Section 3.14, Securing Services and Prior Authorizations
- Section 3.21, Service Package for Non-Title XIX/XXI Persons Determined to Have a Serious Mental Illness (SMI)
- 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 Submissions
- 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