

**Behavioral Health Processes:  
BH Referrals; PCP Psychotropic Medication Management, BH Step Therapy, Transitions  
of Care (RBHA to PCP)**

October 2010

Dear Phoenix Health Plan (PHP) Provider:

**AHCCCS Change:** As of 10/1/10 all AHCCCS eligible Title 19 members are auto enrolled with their County RBHA. This is an administrative enrollment only and not an indication that a member is actually receiving behavioral health services from the RBHA.

**\*PCPs must continue to refer members to the RBHA for an intake before any behavioral health services can be initiated. Please continue to refer by taking the following steps:**

<b>Referring a PHP member to a county RBHA</b>		
1.	Complete the ADHS/DBHS Referral Form 3.3.1 for Behavioral Health Services and fax this to the County RBHA (form is attached and located at PHP Website/Provider Manual/Section G). <a href="http://www.azdhs.gov/bhs/provider/forms/pm3-3-1.pdf">http://www.azdhs.gov/bhs/provider/forms/pm3-3-1.pdf</a>	
2.	<b>Fax a copy of the completed ADHS/DBHS Referral Form 3.3.1 to the PHP Behavioral Health (BH) department at 602-674-6674</b> , so that we can assist with the referral and coordination of care. Please mark "COPY" at the top of the form before faxing to PHP.	
<b>Behavioral Health Processes</b>		
1.	<b>PCP medication management for Depression, Anxiety and ADHD:</b> Providers are permitted, but not required, to provide PHP formulary medication management for the following: Depression, anxiety and ADHD. Formulary medications are on PHP Website at <a href="http://www.phoenixhealthplan.com/formulary.aspx">http://www.phoenixhealthplan.com/formulary.aspx</a> . Once BH services are provided through the RBHA, the RBHA is responsible to provide prescriptions for any psychotropic medications.	
2.	<b>PCPs are required to do initial and ongoing coordination of care for any PHP patient who is also a BH recipient with the RBHA.</b> For guidelines for the sharing of medical information to the RBHA provider please refer to behavioral health section G of the PHP Provider Manual on the PHP Website @ <a href="http://www.phoenixhealthplan.com">http://www.phoenixhealthplan.com</a>	
3.	<b>PHP Step Therapy for administering psychotropic medications for Depression, Anxiety and ADHD:</b> PCPs are expected to use the concept of <b>Step Therapy</b> when prescribing psychotropic medications. The protocol is to prescribe a drug listed in the PHP formulary requiring trials and failures of first line formulary agents. A logical sequence of formulary drugs must be filled prior to coverage of the Step Therapy drug (non formulary drug requiring prior authorization), in order for members to have coverage of their medications. Step therapy is based on medical guidelines and best practices. Please contact the PHP Behavioral Health staff at 602-824-3957 if you have questions concerning Step Therapy or formulary concerns.	
4.	<b>RBHA Transition of members to PCP for psychotropic medication management for depression, anxiety or ADHD:</b> Certain steps for RBHA to PCP transition for medication management are required. Please refer to Section G of the PHP Provider Manual on the PHP Website at <a href="http://www.phoenixhealthplan.com">http://www.phoenixhealthplan.com</a> . For any members that indicate a desire to return to your care please follow these steps: A. Make sure the member has discussed this transition with the RBHA provider. B. Refer to the Provider Manual for guidance about the steps that need to occur when your patient is returning to you for Behavioral Health medication management. C. Immediately contact Bonnie Urwiler, BA, LISAC at 602-824-3957 or 602-824-3934 to coordinate transitions of care with the provider agency, PCP and member. D. The RBHA provider will continue to manage the members' behavioral health medications and care until you are notified by PHP Behavioral Health staff that the member has been terminated from the RBHA system and advises you of a member return-date.	
<b>County</b>	<b>RBHA</b>	<b>Telephone</b>
<b>Maricopa County:</b>	Magellan Health Services	800.564.5465
<b>Pinal and Gila Counties:</b>	Cenpatico	866.495.6733
<b>Apache / Coconino / Mohave/ Navajo / Yavapai Counties:</b>	Northern AZ RBHA (NARBHA)	800.640.2123
<b>Pima County:</b>	Community Partnership of Southern AZ (CPSA)	800.771.9889

PM Form 3.3.1  
ADHS/DBHS REFERRAL FOR BEHAVIORAL HEALTH SERVICES

Print Form

I. Information on Person Making Referral

Name and Title  Today's Date and Time:   
Affiliated Agency  Phone  Fax

Type of Service Requested:  One Time Consultation  Ongoing Behavioral Health Services

II. Information on Person Being Referred for Services

Last Name  First Name  DOB  Gender  F  M  
SSN  Home Phone  Cell Phone  Primary Language

Address  City  State  Zip

Current Location (if not above address)

Parent/Legal Guardian (if applicable)  Phone

Identify individual(s) that the member, parent or guardian may wish to be invited to initial appointment with person (include phone)

Person/Parent/Guardian is aware of referral  Yes  No Cultural and language considerations  Yes  No  
Is an interpreter needed?  Yes  No If yes, specify language/need

Special Needs:

Mobility Assistance  Yes  No If yes, identify assistance needed   
Visual Impairment Assistance  Yes  No If yes, identify assistance needed   
Hearing Impairment Assistance  Yes  No If yes, identify assistance needed   
Developmental or Cognitive Impairment  Yes  No If yes, identify assistance needed

Payment Source:

AHCCCS AHCCCS # if applicable   Self Pay  Private Insurance  Health Plan  Medicare  Other  
PCP  Phone  Fax

Reason for Referral

**III. Unable to contact person being referred for services**

If the person is taking medications to treat a behavioral health condition, does she/he have an adequate supply for the next 30 days?

Yes  No

If no, when will she/he exhaust the current supply of medication?

Number of outreach attempts

Type of Outreach and Engagement conducted (Check all that apply)

Phone Call

Number of calls

Face to face visit attempt

Number of attempts

If unsuccessful, state reason why (check all that apply)

No answer to phone call(s)

Person being referred already enrolled in behavioral health services

Telephone disconnected

Person being referred refuses behavioral health services

Message(s) left with no response

Referral source notified of unsuccessful contact

If this box checked, list alternate contact information obtained

**IF UNABLE TO CONTACT - STOP HERE**

**IV. Information to be completed by network provider**

Date/Time Received

If applicable, name and contact information of the provider that will assume primary responsibility for the person's behavioral health care

Type of appointment

Immediate

Urgent

Routine

Available intake Appointment Offered

Specify date, time, place

Action taken

Scheduled intake Appointment

Specify date, time, place

Not Referred for Appointment

Specify why

Other Disposition, explain

**V. Outcome (within 30 days)**

Intake appointment kept

Yes

No

If no, why? Check all that apply

Rescheduled by provider

Rescheduled by person being referred

Cancelled without rescheduling by person being referred

Person being referred was a "No show"

If no show, number of outreach and engagement efforts

Was assessment completed the same day as intake

No

Yes

If no, date assessment scheduled for:

**\*\*\*\*Please return form to referral source with "Action Taken" Section completed.\*\*\*\***