

**Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
*Magellan Health Services of Arizona Edition***

**Section 3.8 Outreach, Engagement, Re-Engagement and Closure**

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**3.8.1 Introduction**

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 persons 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:

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- Procedures to re-engage persons in an episode of care who have withdrawn from participation in the treatment process;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

**3.8.2 References**

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

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

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

[Section 3.4 Co-payments](#)

[Section 3.9 Intake, 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](#)

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[Section 3.18 Pre-Petition Screening, Court Ordered Evaluation and Court Ordered Treatment](#)  
[Section 3.21, Service Package for Non-Title XIX/XXI 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 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons](#)

[Section 5.5, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#)

[Section 7.5 Enrollment, Disenrollment and Other Data Submission](#)

[Substance Abuse Prevention and Treatment Block Grant](#)

[ADHS/DBHS Demographic and Outcome Data Set User Guide](#)

[9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems](#)

[12 Principles for Children's Health](#)

### **3.8.3 Scope**

#### **To Whom Does This Apply?**

- All Title XIX and Title XXI eligible persons;
- All persons determined to have a Serious Mental Illness (SMI); and
- All other persons receiving services as part of the public behavioral health system according to [Section 3.21, Service Package for Non-Title XIX/XI Persons Determined to Have a Serious Mental Illness \(SMI\)](#).

### **3.8.4 Did you know...?**

Ongoing supportive services that strengthen resiliency, promote skill development, and encourage and maintain natural supports should be continued beyond the resolution of immediate symptoms. Premature disenrollment from the behavioral health system is neither efficient nor clinically sound. Arizona Department of Health Services/Division of Behavioral Health services (ADHS/DBHS) has principles which describe the department's philosophy on provisions of service in the adult and children's system (see [9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems](#) and [12 Principles for Children's Health](#)).

### **3.8.5 Definitions**

[Closure](#)

[Disenrollment](#)

[Engagement](#)

[Episode of Care](#)

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[Outreach](#)

[Re-engagement](#)

**3.8.6 Objectives**

This section describes requirements for behavioral health providers to:

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

**3.8.7 Procedures**

**3.8.7-A Outreach**

Overview of Outreach Activities

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. T/RBHAs 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 persons.

With what kinds of outreach activities are T/RBHAs typically involved?

Outreach activities conducted by the T/RBHAs may include, but are not limited to:

- Participation in local health fairs or health promotion activities;
- Involvement with local school districts;
- Routine contact with AHCCCS Health Plan behavioral health coordinators and/or primary care providers;
- Development of homeless outreach programs;
- Development of outreach programs to persons who are at risk, are identified as a group with high incidence or prevalence of behavioral health issues or are underserved;
- Publication and distribution of informational materials;
- Liaison activities with local and county jails, county detention facilities, and local and county CPS offices and programs;
- Routine interaction with agencies that have contact with substance abusing pregnant women/teenagers;
- Development and implementation of outreach programs that identify persons with co-morbid medical and behavioral health disorders and those who have been determined to have a Serious Mental Illness (SMI) within the T/RBHA's geographic service area, including persons who reside in jails, homeless shelters, county detention facilities or other settings;

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- Provision of information to mental health advocacy organizations; and
- Development and coordination of outreach programs to Native American tribes in Arizona to provide services for tribal members residing in Maricopa County.

**3.8.7-B Engagement**

- T/RBHAs or their subcontracted providers must actively engage the following in the treatment planning process:
  - The person and/or person's legal guardian;
  - The person's family/significant others, if applicable and amenable to the person;
  - Other agencies/providers as applicable; and
  - For persons 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 a courteous, welcoming environment that provides persons with the opportunity to explore, identify and achieve their personal goals;
  - Engage persons in an empathic, hopeful and welcoming manner during all contacts;
  - Provide culturally relevant care that addresses and respects language, customs, and values and is responsive to the person's unique family, culture, traditions, strengths, age and gender;
  - Provide an environment that in which consumers from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options;
  - Provide care by communicating to members in their preferred language and ensuring that they understand all clinical and administrative information; (See [Section 3.23 Cultural Competence](#));
  - Be aware of and seek to gain an understanding of persons with varying disabilities and characteristics;
  - Display sensitivity to, and respect for, various cultural influences and backgrounds (e.g., ethnic, racial, gender, sexual orientation and socio-economic class);
  - Establish an empathic service relationship in which the person experiences the hope of recovery and is considered to have the potential to achieve recovery while developing hopeful and realistic expectations;

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- Demonstrate the ability to welcome the person, and/or the person's legal guardian, the person's family members, others involved in the person's treatment and other service providers as collaborators in the treatment planning and implementation process;
- Demonstrate the desire and ability to include the person's and/or legal guardian's viewpoint and to regularly validate the daily courage needed to recover from persistent and relapsing disorders;
  
- Assist in establishing and maintaining the person's motivation for recovery; and
  
- Provide information on available services and assist the person and/or the person's legal guardian, the person's family, and the entire clinical team in identifying services that help meet the person's goals.

**3.8.7-C: Re-engagement**

Behavioral health providers must attempt to re-engage persons in an episode of care 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. All attempts to re-engage persons who have withdrawn from treatment, refused services or failed to appear for a scheduled service must be documented in the comprehensive clinical record. The behavioral health provider must attempt to re-engage the person by:

- Communicating in the person's preferred language;
  
- Contacting the person or the person's legal guardian by telephone, at times when the person may reasonably be expected to be available (e.g., after work or school);
  
- Whenever possible, contacting the person or the person's legal guardian face-to-face, if telephone contact is insufficient to locate the person or determine acuity and risk; and
  
- Sending a letter to the current or most recent address 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. The provider will note safety or confidentiality concerns in the progress notes section of the clinical record and include a copy of the letter sent in the comprehensive clinical record;
  
- For persons determined to have a Serious Mental Illness who are receiving Special Assistance (see [Section 5.4, Special Assistance for Persons Determined to have a Serious Mental Illness](#)), contacting the person 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 persons determined to have a Serious Mental Illness (SMI), children, pregnant substance abusing women/teenagers, or any person determined to be at risk of relapse, decompensation, deterioration or a potential harm to self or others. Further attempts

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may include contacting the person or person's legal guardian face to face or contacting natural supports who the recipient has given permission to the provider to contact. If the person 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 make attempts as appropriate, to engage the person to seek inpatient care voluntarily. If this is not a viable option for the person 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 persons determined to have a Serious Mental Illness (SMI), children, pregnant substance abusing women/teenagers, or any person determined to be at risk of relapse, decompensation, deterioration or a potential harm to self or others must be clearly documented in the comprehensive clinical record.

Follow-up after significant and/or critical events

Behavioral health providers must also document activities in the clinical record and conduct follow-up activities to maintain engagement within the following timeframes:

- Discharged from inpatient services within a timeframe based upon the person's clinical needs; ideally within 7 days, but no later than 30 days;
- Involved in a behavioral health crisis within timeframes based upon the person's clinical needs, but no later than 7 days;
- Refusing prescribed psychotropic medications within timeframes based upon the person's clinical needs and individual history; and
- Released from local and county jails and detention facilities within 72 hours.

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

Magellan behavioral health providers are expected to:

- Involve recipients, their families, or significant others in transition or aftercare planning;
- For extenuating circumstances involving crisis calls, follow up within 24 hours and if the recipient is unreachable, initiate a welfare check that could include utilizing law enforcement services, family members and significant others as designated by the recipient;
- Commence discharge planning at the time of intake;
- Within 24 hours of notification of admission, the clinical team contacts the inpatient social worker to schedule discharge planning staffing;
- Within 72 hours of notification of admission, the clinical team coordinates with a RBHA UM Care Coordinator to provide an initial discharge plan;
- Involve the recipient and/or family members in the selection of aftercare providers and appointment times, and make sure that aftercare appointments meet established access standards;

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- Formalize discharge planning in writing with a discharge summary and follow up actions clearly indicated with scheduled aftercare appointments;
- Ensure recipients have sufficient medications or a prescription to last until the follow-up BHMP appointment. This includes coordination with the inpatient treating physician and may include prior authorization requests to the RBHA (see Hospital Discharge Authorization Request Form for Medications);
- Within 72 hours of discharge, a BHMP completes a face-to-face comprehensive evaluation of the recipient and addresses any medication and/or treatment issues;
- Implement a multi-disciplinary team approach which includes the following:
  - A home visit within 10 days of discharge to identify environmental issues that may need interventions to prevent hospital readmission.
  - Weekly face-to-face contact after discharge for at least four consecutive weeks intended to identify causes which led to the hospitalization and assess the recipient's ability to engage in their own wellness and transition successfully to community care.
  - A Clinical Team Nurse will schedule an appointment within 10 days of discharge to ensure behavioral health recipients understand medications, dosages, side effects and any medication changes post discharge.
  - 30 days post discharge, the clinical team will formally review the discharge transition to determine if the recipient is at risk for readmission; assess the level of care needed; and develop a written action plan to maintain independence in the community.

**3.8.7-D Ending an Episode of Care for a person in the behavioral health system**

Under certain circumstances, it may be appropriate or necessary to disenroll a person from services after re-engagement efforts described in section [3.8.7-C](#) have been expended. Ending the episode of care can occur due to clinical or administrative factors involving the enrolled person. The episode of care can be ended for both NTXIX and TXIX individuals, but TXIX eligible individuals no longer in an episode of care for behavioral health services remain enrolled with AHCCCS. When a person 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 \(SMI and Non-SMI/Non-Title XIX/XXI.\)](#))

Clinical Factors

▪ Treatment Completed:

A person's episode of care must be ended upon completion of treatment. A NTXIX person would also be disenrolled at treatment completion. Prior to ending the episode of care or disenrolling a person following the completion of treatment, the behavioral health provider and the person or the person's legal guardian must mutually agree that behavioral health services are no longer needed.

▪ Further Treatment Declined:

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A person's episode of care must be ended if the person or the person's legal guardian decides to refuse ongoing behavioral health services. A NTXIX person would also be disenrolled from services. Prior to ending the episode of care or disenrolling a person for declining further treatment, the behavioral health provider must ensure the following:

- All applicable and required re-engagement activities described in subsection [3.8.7-C](#) have been conducted and clearly documented in the person's comprehensive clinical record; and
- The person 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](#).
- 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 person's episode of care may be ended if the T/RBHA or behavioral health provider is unable to locate or make contact with the person after ensuring that all applicable and required re-engagement activities described in subsection [3.8.7-C](#) have been conducted.

A NTXIX 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 T/RBHA 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 T/RBHA system.) An ALTCS/EPD eligible person may remain enrolled with the T/RBHA as Non-Title XIX if the person has been determined to have a Serious Mental Illness (SMI) and will continue to receive Non-Title XIX covered SMI services through the T/RBHA.
- Behavioral health providers may disenroll Non-Title XIX/XXI eligible persons for non-payment of assessed co-payments per [Section 3.4, Co-payments](#), under the following conditions:
  - The person is not eligible as a person determined to have a Serious Mental Illness (SMI) per [Section 3.10, SMI Eligibility Determination](#); and
  - After attempting reasonable options to resolve the situation, (e.g., informal discussions) do not result in resolution. All efforts to resolve the issue must be documented in the person's comprehensive clinical record, in accordance with [Section 3.4, Co-Payments](#).
- **Out-of-State Relocations**

A person's episode of care must be ended for a person who relocates out-of-state after appropriate transition of care, as applicable. A NTXIX individual would also be disenrolled. This

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does not apply to persons 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-T/RBHA Transfers**

A person who relocates to another T/RBHA and requires ongoing behavioral health services must be closed from one T/RBHA and transferred to the new T/RBHA. Services must be transitioned per [Section 3.17, Transition of Persons](#).

- **Arizona Department of Corrections Confinements**

A person age 18 or older must be disenrolled upon acknowledgement that the person 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 T/RBHA prior to detainment in a county detention facility will remain in an open episode of care as long as the child remains Title XIX/XXI eligible. T/RBHAs 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, T/RBHAs 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, T/RBHAs and their subcontracted providers will need to notify AHCCCS via e-mail, when 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, please use [DMSJUVENILEincarceration@azahcccs.gov](mailto:DMSJUVENILEincarceration@azahcccs.gov). For adults age 18 years and older, please use [DMSADULTincarceration@azahcccs.gov](mailto:DMSADULTincarceration@azahcccs.gov)

Notifications must include the following member information:

- AHCCCS ID;
- Name;
- Date of Birth;
- Incarceration date; and
- Name of public institution where incarcerated.

Please note that Providers do ***not*** need to report members incarcerated with the Arizona Department of Corrections.

- **Deceased Persons**

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A person’s episode of care must be ended following acknowledgement that the person is deceased, effective on the date of the death. The NTXIX individual would be disenrolled from the system.

Crisis Episodes

For persons who are enrolled as a result of a crisis episode, the person’s episode of care would end if the following conditions have been met:

- The behavioral health provider conducts all applicable and required re-engagement activities described in subsection [3.8.7-C](#), and such attempts are unsuccessful;
- The behavioral health provider and the person or the person’s legal guardian mutually agree that ongoing behavioral health services are not needed; or
- A NTXIX individual would be disenrolled from the system.

One Time Consultations

For persons 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 person’s episode of care may be ended if the behavioral health provider and the person or the person’s legal guardian mutually agree that ongoing behavioral health services are not needed. The NTXIX 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 [ADHS/DBHS Demographic and Outcome Data Set User Guide](#) following a decision to end an episode of care or disenroll.

Please refer to [Attachment 7.5.2 – 834 Transaction Data Requirements](#).

**3.8.7-E Serving a person previously enrolled in the behavioral health system**

Some persons 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 person has been out of the behavioral health system.

<b>For persons not receiving services for less than 6 months</b>	<b>For persons not receiving services for 6 months or longer</b>
If the person has not received a behavioral health assessment in the past 6 months, conduct a new behavioral health assessment consistent with <a href="#">Section 3.9, Intake, Assessment and Service Planning</a> , and revise the person’s service plan as needed.	Conduct a new intake, behavioral health assessment and service plan consistent with <a href="#">Section 3.9, Intake, Assessment and Service Planning</a> .

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For persons not receiving services for less than 6 months	For persons not receiving services for 6 months or longer
<p>If the person has received a behavioral health assessment in the last six months and there has not been a significant change in the person’s behavioral health condition, T/RBHAs or behavioral health providers may utilize the most current assessment. Review the most recent service plan (developed within the last six months) with the person, and if needed, coordinate the development of a revised service plan with the person’s clinical team (see <a href="#">Section 3.9, Intake, Assessment and Service Planning</a>).</p>	
<p>Continue the person’s SMI status if the person was previously determined to have a Serious Mental Illness (SMI) (see <a href="#">Section 3.10, SMI Eligibility Determination</a>).</p>	<p>Continue the person’s SMI status if the person was previously determined to have a Serious Mental Illness (SMI) (see <a href="#">Section 3.10, SMI Eligibility Determination</a>).</p>
<p>If the person presents at a different T/RBHA or provider, obtain new general and informed consent to treatment (see <a href="#">Section 3.11, General and Informed Consent to Treatment</a>).</p>	<p>Obtain new general and informed consent to treatment, as applicable (see <a href="#">Section 3.11, General and Informed Consent to Treatment</a>).</p>
<p>If the person presents at a different T/RBHA or provider, obtain new authorizations to disclose confidential information, as applicable (see <a href="#">Section 4.1, Disclosure of Behavioral Health Information</a>).</p>	<p>Obtain new authorizations to disclose confidential information, as applicable (see <a href="#">Section 4.1, Disclosure of Behavioral Health Information</a>).</p>
<p>Submit new demographic and enrollment data (see <a href="#">Section 7.5, Enrollment, Disenrollment and Other Data Submission</a>).</p>	<p>Submit new demographic and enrollment data (see <a href="#">Section 7.5, Enrollment, Disenrollment and Other Data Submission</a>).</p>