

PCP Referral to Behavioral Health Provider

How can a Behavioral Health (BH) Provider help?

Banner Plans & Network (BPN) is committed to coordination of care for patients/members to ensure optimal integrated care to meet their needs. Many of our members have complex behavioral health and physical health conditions that require multiple providers to communicate their treatment approaches and interventions to improve the member's care.

BH providers offer a wide array of evidence-based services to help meet each member's needs to promote their overall wellbeing. BH providers can help support members who are struggling with mental health symptoms and can assist them in making behavioral changes. Members who complete an intake with a BH provider agency receive a comprehensive assessment that helps identify their unmet needs and treatment objectives, provides an initial diagnosis, and identifies potential interventions. A BH Provider Case Manager is assigned to regularly reach out to the patient to re-assess symptom severity and connect them to clinically appropriate services to help the member reach their goals. In addition to formal services, BH providers help meet cultural needs and empower members by connecting them to community supports to encourage long-term wellness.

Who can benefit from a referral to a BH Provider?

Members may benefit from a referral to a BH provider if their behavioral health needs require extensive or specialized services beyond the primary care provider's scope.

Examples of support that BH providers can offer include the following:

- Counseling, psychotherapy or a specialized therapy
- Support for co-occurring conditions (e.g. physical, behavioral, substance use, and/or developmental)
- Intensive wrap-around services from direct support providers which may support members who have recently attempted to harm self and/or others
- Psychiatric, psychological or neuropsychological testing and implementation of recommendations
- Support for complex trauma
- Members at risk of BH hospitalization or BH residential services
- Medication for a diagnosis other than ADHD, Anxiety, Depression and Opioid Use Disorder

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How and when to refer to a BH Provider?

If BPN members require medication for certain limited behavioral health disorders (Anxiety, Depression, Attention Deficit Hyperactive Disorder (ADHD) and Opioid Use Disorder), they may obtain medication from a primary care provider. All other psychiatric diagnoses must be referred to a BUHP contracted BH provider.

Referrals can be made with the attached PCP Referral to BH Provider form, which includes general information about the member, referring PCP information and the chief complaint/symptoms resulting in the referral. Once the referral is submitted by email, a BUHP Care Manager will follow up on member intake and enrollment with the BH provider to verify the member is connected to services. The referral is not required if the member would prefer to contact a BH provider directly or to outreach the BUHP Customer Care Center at (800) 582-8686. The benefit of completing the included referral is that a BUHP Care Manager will be assigned to the member for additional support as needed.

Members suspected as having an autism diagnosis can be managed through this referral process or directly referred to a specialized Autism Spectrum Disorder (ASD) diagnosing provider located at: <https://www.banneruhp.com/resources/autism-spectrum-disorder>.

Adult and Children behavioral health resources

<https://www.banneruhp.com/resources/mental-health-substance-use>

<https://www.banneruhp.com/resources/child-and-family-support>

Call the state Crisis line at:

- **(844) 534-HOPE (4673)**
- **Text 4HOPE (44673)**

Suicide and Crisis Hotlines by county:

- **Maricopa County:** (800) 631-1314 or 602-222-9444
- **Gila County:** (877) 756-4090
- **Pima, Pinal, Yuma, La Paz, Cochise, Graham, Greenlee and Santa Cruz Counties:** (866) 495-6735

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This patient receiving medical care services at our practice is in need of a Behavioral Health Assessment.

| Section 1: Member Information | |
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| Urgency of Referral: <input type="checkbox"/> Routine (Member must be seen within 7 days) <input type="checkbox"/> Urgent (Member must be seen within 24 hours) | |
| Date: | AHCCCS ID: |
| Member's Name: | DOB: |
| Legal Guardian: <input type="checkbox"/> Parent/Guardianship <input type="checkbox"/> Department of Child Safety | Guardian's Name: |
| Phone: | Address: |
| Member's Preferred Language: | Guardian's Preferred Language: |
| Payer Source: <input type="checkbox"/> Banner–University Family Care (ACC) <input type="checkbox"/> Banner–University Family Care (ALTCS) <input type="checkbox"/> Banner–University Care Advantage (HMO SNP) | |
| Section 2: Referring PCP Information | |
| Primary Care Provider's Name: | Practice Name: |
| Address: | Phone: |
| Fax: | Email: |
| Section 3: Referral Information | |
| Complaint/Symptoms Resulting in Referral: <input type="checkbox"/> Anxiety/panic <input type="checkbox"/> Cognitive decline/dementia <input type="checkbox"/> Depression <input type="checkbox"/> Developmental delay <input type="checkbox"/> Difficulty with attention, hyperactivity or impulsivity <input type="checkbox"/> Post-traumatic stress/trauma/abuse <input type="checkbox"/> Eating disorder behavior <input type="checkbox"/> Substance use type: | <input type="checkbox"/> Obsessions/compulsions <input type="checkbox"/> Personality disordered behaviors <input type="checkbox"/> Violence/aggressive/oppositional behavior <input type="checkbox"/> Other behavioral health symptoms: <input type="checkbox"/> <i>Psychosis (auditory/visual hallucinations, delusions)*</i> <input type="checkbox"/> <i>Suicidal ideation*</i> <input type="checkbox"/> <i>Homicidal ideation*</i> <i>*If patient is a danger to self or others, or otherwise in need of IMMEDIATE support, please call the appropriate CRISIS LINE below.</i> |
| Current Diagnoses: | Current Medications: |
| PHQ9, ACES or other screening tool findings (including tool name and score): | |
| Additional Information: | |
| Email routine and urgent referrals to: BUHPCareMgmtBHMailbox@bannerhealth | |