

## Referral Agreement Template for Behavioral Health and Primary Care

*[Use this framework below to draft your referral agreements with your integrated partners. This is a comprehensive listing of issues that may arise in referral arrangements. Feel free to customize for your patients/clients, behavioral health, and primary care partners. Communication will be needed between the behavioral health and primary care partners to adapt this template to their preferences and requirements. Change all instances of “Primary Care Clinic” and “Behavioral Health Agency” to the names of the organizations entering into this agreement. For the purposes of this document, Behavioral Health Agencies include mental health providers, providers that serve both mental health and substance use disorder (SUD) clients and SUD providers. Please note that these are suggestions for creating a referral agreement. **Once you have completed drafting the content below, delete this paragraph.]***

Effective communication between primary care and behavioral health providers is essential to providing safe, quality, seamless, whole-person care. This is a mutual agreement between Behavioral Health Agency and Primary Care Clinic. The purpose of this agreement is to provide optimal patient-centered care for patients/clients for whom we share care in a collaborative fashion. While not legally binding, this agreement does indicate voluntary agreement between the two parties.

### Patient/Client and Procedure Information

Discuss Primary Care Clinic and Behavioral Health Agency criteria for patients/clients who the provider is willing and/or able to accept. Include whether there are any specifications or restrictions around insurance types (e.g., Medicaid), age, health status, and medical or behavioral health diagnosis,

In order to advise clients/patients of expectations when referring, discuss Primary Care Clinic and Behavioral Health Agency fee structures for typical medical procedures (well-child visits/annual health exam, acute care, injections, etc.) and behavioral health appointments (therapy, groups, psychiatric, etc.), and no-show and cancellation policies.

### Information Exchange

Behavioral Health Agency and Primary Care Clinic will provide the following patient/client information by secure electronic transmission or fax within XX business days of contacting for a patient/client appointment or notification of referral:

- Demographics
- Medical and behavioral health insurance information
- Written request for referral
- Relevant clinical information (medical or behavioral health condition, medication list, problem list, diagnosis, etc.)
- Copy of the release of information (in accordance with all applicable State and Federal laws) to exchange information between the two entities

### Clinician Referral Note Content

- Behavioral health and/or physical health diagnosis
- Medication list, if prescribed
- Safety plan, if relevant
- Reason for consult/referral
- Specific patient/client needs (e.g., language, transportation, cognitive impairment, etc.)
- Contact information of referring clinician in case PCP or behavioral health provider needs clarification or more information regarding the referral or patient/client.

## Patient/Client Engagement

The referring site will send a copy of the referral request to the collaborating site. The referring site will provide a copy of the referral request to the patient/client with instructions to bring to the visit and will ensure patient/client understands the reason for the referral, along with any specific expectations.

The referring site will advise patient/client on how care appointments can be made, (e.g., Behavioral Health Agency to schedule, patient/client to schedule, Primary Care Clinic to call patient/client and schedule).

The referenced site will provide the patient/client with information regarding insurance coverage and expected out of pocket cost.

The referenced site will give the patient/client an after-visit summary including appropriate follow-up information. If the after-visit summary is not readily available at the end of the visit, it will be sent to the referring clinic within XX business days.

## Pain Management/Controlled Substances

The Primary Care Clinic will primarily manage pain management and prescribing of controlled substances. Information related to pain management, when prescribed, will be included on the referral order to prevent overprescribing and to monitor any potential substance abuse issues.

If the referring site has identified concerns regarding substance abuse issue with the patient/client, that information will be included in the referral.

## Phone/Email Consults

Brief phone/email consults on a specific question about a potential clinical issue is/is not permitted. If permitted, list appropriate times and communication methods for each party (e.g., mobile number or secure email address).

## Consultation Report Content and Timeliness

The referenced site agrees to see patient/client within XX business days of referral request.

The referenced site agrees to provide consultation report to the referring site within XX business days of patient/client appointment.

Information should include:

- Date the patient/client was seen
- Time sensitive or urgent care needs
- Results of exam or consultation (e.g., diagnosis, substance abuse concerns, level of suicide risk, other concerns)
- Procedures (e.g., intake assessment, procedure, type of therapeutic intervention used, patient/client response)
- Referrals to a specialized program or provider (e.g., SUD services, support group, psychiatry, medical specialist)
- Medications prescribed or changed
- Safety plan, if relevant
- Brief treatment plan
- Next scheduled appointment

If a follow-up appointment is needed, the referenced site agrees to schedule the appointment before the patient/client leaves the office, and to remind the patient/client via email/text/calls prior to the follow-up appointment. If the follow-up appointment results in an updated treatment or care plan, the referenced site will send the updated information back to the referring agency within XX business days.

When appropriate, the patient/client is encouraged to be proactive in self-management, including discussing care coordination. The patient/client can be designated to bring their after visit summary and/or consultation to their next appointment.

### Waiting Room Expectations

It is important to acknowledge that waiting for an appointment crowded areas can cause increased anxiety and agitation in some individuals. In rare instances when this can occur, it is a good idea to have policies regarding expectations of client behavior and procedures to address any disruptive behavior.

If the referring agency is aware of any potential issues, information regarding the patient/client's behavior and successful ways or potential options to mediate the situation should be shared in the referral.

If there is an issue with a patient/client's behavior, the referenced site will share information regarding the incident with referring site within XX day(s). The sites agree to work on a plan to ensure that the patient/client gets the necessary care and that the care plans are shared so the patient/client feels safe and supported.

### No-Shows or Cancellations

It is also important to have clear procedures and expectations regarding cancellations and no-show appointments.

Behavioral Health Agency procedure for cancellations or no-shows:

- List number of hours/days' notice patients/clients are expected to give when cancelling an appointment.
- List the number of times a patient/client can no-show in a given time period and the consequences of going over the limit.
- List expectations around how many times the provider will attempt to reschedule

Primary Care Clinic procedure for cancellations or no-shows:

- List number of hours/days' notice patients/clients are expected to give when canceling an appointment.
- List the number of times a patient/client can no-show in a given time period and the consequences of going over the limit.
- List expectations around how many times the provider will attempt to reschedule

The referenced site will notify the referring site of any patients/clients who no-show or cancels and are unable to reschedule.

The referring site will follow up with the patient/client if the collaborating site is unable to schedule the referral.

## Urgent Referrals

Primary Care Clinic has agreed to receive urgent or expedited referrals provided the referring clinician calls the provider at xxx-xxxx, preferably on these dates/times: XX

Primary Care Clinic has agreed that patients/clients requiring after-hours care and support can be managed by calling xxx-xxxx.

Behavioral Health Agency has agreed to receive urgent or expedited referrals provided the referring clinician calls the provider at xxx-xxxx, preferably on these dates/times: XX

Behavioral Health Agency has agreed that patients/clients requiring after-hours care and support can be managed by calling xxx-xxxx.

## Ongoing Communication between Partners

In order to maintain an on-going mutual relationship and continue to provide effective, seamless, quality care to patients/clients both parties agree to meet once every XX month(s) for XX minutes via designate in person or phone to discuss questions, concerns and any suggestions to improve care coordination. Designee(s) from Primary Care Clinic and Designee(s) from Behavioral Health Clinic will work to coordinate mutually agreed upon dates, times and locations.

## Conflict Resolution

Behavioral Health Agency and Primary Care Clinic agree to communicate openly to arrive at solutions if there are issues or misunderstandings on either end of the relationship.

# Referral Template between Behavioral Health Agency and Primary Care Clinic

## Patient/Client Information

Patient/Client Name: \_\_\_\_\_

Patient/Client Address: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Patient/Client Date of Birth: \_\_\_\_\_

Patient/Client Phone Number: \_\_\_\_\_

Is the Patient/Client Insured? Yes or No? If yes, what type of insurance? \_\_\_\_\_

Has a Release of Information been signed? Yes or No? \_\_\_\_\_

## Referring Clinician Information

Referring Clinician Name: \_\_\_\_\_

Clinician Address: \_\_\_\_\_

Clinician Phone Number: \_\_\_\_\_

## Patient/Client Referral Information

Reason for Referral:

Is this a high risk/urgent referral? Yes or no? If yes, please explain:

Most Recent PHQ/GAD or Other Assessment Score(s):

Patient's/Client's Primary Diagnosis (physical or behavioral health)

Current Medications: Please include name, dosage, and indication

Specific Patient/Client Needs: Please include any language, transportation, cognitive impairment, or other needed accommodations

Safety and/or Care Plan, if relevant:

Additional Pertinent Information:

Other documents included:



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