

June 17, 2021

Engaging the Child and Family Team (CFT):

- The process to determine whether to pursue behavioral health residential treatment for a dependent youth begins with the CFT.
- Alternative treatment interventions must also be discussed in the CFT should the request to fund the residential treatment setting be denied by the Health Plan.
- Verify if the current caregiver desires to have the youth return to their care upon discharge or when higher levels of services are no longer needed.
- If the youth is dually adjudicated, ensure the youth's representative from the other agency is involved with the CFT.
- Ensure all of the youth's service providers are invited to CFT meetings to promote effective collaboration.

Help Avoid a Denial By:

- Signing a Release of Information (ROI) to ensure any prior records needed can be obtained without delay.
- Have a good working knowledge of the youth's prior behavioral health services and treatments.
- Have a good working knowledge of the youth's diagnosis and/or medications.

Higher Levels of Behavioral Health Care

Both Behavioral Health Inpatient Facilities (BHIF) and Behavioral Health Residential Facilities (BHRF) have therapeutic programming designed for youth with significant behavioral health and/or substance use issues. Both residential treatment options:

- Must provide services which are evidenced-based and individualized.
- Help youth develop skills to manage behavioral symptoms of substance use and/or mental illness. Examples of such behaviors include:
 - ▶ Significant suicidal or self-harming behaviors;
 - Significant physical aggression or homicidal behaviors;
 - Problematic sexualized behaviors; or
 - Significant impulsivity with poor judgment and at-risk of endangering self and/or others.
- Are only appropriate if outpatient services/lower levels of care do not meet the clinical needs of the youth.
- Are treatment-focused and time-limited.
- Are not to be used solely as a place for the youth to live and are not to be used in lieu of legal consequences.
- Require prior authorization from the Health Plan and are not emergent/urgent treatment options.

Behavioral Health Residential Facility (BHRF)

- Formerly referred to as Therapeutic Group Home.
- Provides 24-hour therapeutic support.
- No onsite medical component (not required to have onsite nursing or psychiatric services).
- On-site schooling is not a requirement.

Behavioral Health Inpatient Facility (BHIF)

- Formerly referred to as Residential Treatment Center.
- Provides structured treatment with 24 hour clinical support.
- Treatment is conducted under the supervision of a psychiatrist.
- Is a staff-secure treatment setting and not required to be "locked".
- Has on-site schooling.

Requesting residential treatment

- Submit the request for funding of residential treatment to the Health Plan through the CFT process.
- Make sure the High Needs Case Manager (HNCM) has all the pertinent information and documents to include in the request packet.
- Review the packet before it is submitted to the Health Plan to ensure it is complete and contains the needed information.

Safety · Accountability · Change · Family · Engagement · Compassion · Teaming · Advocacy · Equity

Deciding Whether to Request an Appeal:

- Was the HNCM and/or RC provided all the information needed for the packet?
- Was the team all in agreement?
- Does the information demonstrate the youth's functional and/or psychosocial impairment'

Denial to fund residential treatment request

- A Notice of Adverse Determination (NOA) will be sent to the Specialist if the requested level of care does not meet medical necessity criteria.
- Review the NOA and discuss the listed treatment recommendations with the CFT.
 Consider implementing the suggested treatment recommendations if safe and appropriate so to do.
- If you and the clinical team still feel that the requested level of care is is still warranted and is the least restrictive service to help th child improve, consider filing an appeal:
 - Hold a discussion with the Supervisor and SOCC to review the reason for the denial and consider if an appeal is appropriate.
 - Consult with the DCS Behavioral Health Appeals Coordinator, CHPSystemOfCare@azdcs.gov as soon as you are considering appealing to see if there is sufficient information to support. The intent to appeal must be sent to the Health Plan within 10 days of receiving the Notice of Adverse Determination (NOA).
 - Develop a plan with the Behavioral Health Appeals Coordinator for filing an appeal when the decision has been made to appeal.

