

Division of Behavioral Health Services

Division of Compliance

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TO: RBHA and TRBHA CEOs and Medical Directors

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SUBJECT: Policy Clarification: PROVIDER MANUAL SECTION 3.14, SECURING SERVICES AND PRIOR AUTHORIZATION

DATE: May 30, 2006

This memorandum is intended to clarify the responsibilities of the Tribal and Regional Behavioral Health Authorities (T/RBHAs) in meeting the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) policy requirements regarding Provider Manual Section 3.14, Securing Services and Prior Authorization.

“Except during an emergency situation, ADHS/DBHS requires prior authorization before accessing inpatient services in a licensed (Office of Behavioral Health Licensure) Level I facility (a psychiatric acute hospital, a residential treatment center for persons under the age of 21 or a sub-acute facility).”

“Prior authorization seeks to ensure that persons are treated in the most appropriate, least restrictive and most cost effective setting, with sufficient intensity of service and supervision to safely and adequately treat the person’s behavioral health condition.”

“A denial of a request for admission to or continued stay in an inpatient facility can only be made by the RBHA’s Medical Director or physician designee after verbal or written collaboration with the requesting clinician.”

According to the Arizona Twelve Principles, children and their families are entitled to:

- Accessible services (Principle #4): Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need. Plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided. Behavioral health services are adapted or created when they are needed but not available.
- Most appropriate setting (Principle #6): Children are provided behavioral health services in their home and community to the extent possible. Behavioral health services are provided in the most integrated setting appropriate to the child’s needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child’s needs.
- Timeliness (Principle #7): Children identified as needing behavioral health services are assessed and served promptly.
- Services tailored to the child and family (Principle #8): The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided.

- **Stability (Principle #9):** Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and criminal justice system.

According to the Out of Home Care Services Practice Improvement Protocol #14, “An active Child and Family Team (CFT) process will support every child in out of home care. Prior authorization and utilization review processes should give substantial weight to the needs and goals identified by the CFT. The prior authorization and utilization review process will function as a supportive resource, and in the case of a denial, will assist the team to identify alternative services.”

Prior to denials for Residential Treatment Center (RTC) or sub-acute facility placement, T/RBHA Medical Directors or designees are expected to talk with the treating psychiatrist/psychiatric nurse practitioner most familiar with the child in order to gather any additional information that could be helpful in making the determination. If a psychiatrist or psychiatric nurse practitioner has not yet been involved, an evaluation should be arranged in order for the T/RBHA Medical Director or designee to obtain the professional opinion of a behavioral health clinician.

In addition, if a denial is issued for admission to a RTC or sub-acute facility, the T/RBHA is expected to provide a clearly outlined alternative plan. This may require development of a CFT, if one has not already been established, or consultation with the CFT. It is expected that the alternative treatment plan will adequately address the behavioral health treatment needs of the child and will provide specific information detailing what services will be provided, where these services will be provided, and when these services will be available. It is also expected that the alternative treatment plan will include what crisis situations can be anticipated and how the crises will be addressed.

DBHS is committed to increasing educational efforts directed toward the juvenile justice system and the child welfare system. DBHS plans to increase awareness about the success of home and community-based services and the pitfalls of congregate care settings. However, DBHS recognizes the need for T/RBHAs to review all referrals carefully prior to issuing a denial and to offer meaningful alternatives when denials are issued.