

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

Section 10.16 Transition to Adulthood Services

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10.16.1 Introduction

Planning for transition to adulthood must begin no later than age 16 for all youth who are recipients of NARBHA services. A transition plan that starts with an assessment of self-care and independent living skills, social skills, work and education plans, earning potential and psychiatric stability must be incorporated in the child's individual service plan. The complexity and breadth of the transition planning is based on a youth's needs and is developed through the Child and Family Team. Transition planning may begin sooner than age 16 when the CFT feels it would be beneficial. This increased planning time is valuable in circumstances when a youth's natural supports need to be developed or have yet to be identified.

By starting the transition process no later than at age 16 the team is given ample time to assess needs, investigate resources, cultivate skills, explore options and establish relationships. Because it takes time to build trust and develop self-advocacy skills teams are given this time with the expectation that youth voice is fostered and included in the transition planning process. By starting transition planning early the CFT can avoid haste and develop contingency plans.

Throughout transition planning it is imperative that collaboration is maintained between all system entities, natural supports, formal supports and other stakeholders. Whether a youth desires to stay with their children's provider after 18, change to another provider or discontinue services entirely upon turning 18; the team must work creatively and collaboratively to assure seamless services provision.

All transition practices must be in accordance with DBHS Practice Protocol – Transition to Adulthood and [DBHS Provider Manual Section 3.17.7-A](#).

10.16.2 References

The following citations can serve as additional resources for this content area:

- [R9-20-505 Supplemental Requirements for a Level 1 RTC](#)
- [R9-20-404 Supplemental Requirements for an Agency that Provides Behavioral Health Services to Children](#)

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- [PM 3.10 SMI Eligibility Determination](#)
- [PM 3.11 General and Informed Consent to Treatment](#)
- [PM 3.12 Advance Directives](#)
- [PM 3.17 Transition of Persons](#)
- [PM 10.17 Member Choice and Transfers between Providers](#)
- [ADHS/DBHS Behavioral Health Covered Services Guide](#)
- [DBHS Practice Protocol – Transition to Adulthood](#)
- [DBHS Practice Protocol – Child and Family Team Practice](#)
- [DBHS Practice Protocol – The Adult Clinical Team](#)
- [DBHS Practice Protocol – Information Sharing with Family Members of Adult Behavioral Health Recipients](#)
- [DBHS Practice Protocol – The Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with CPS](#)
- [DBHS Practice Protocol – Support and Rehabilitation Services for Children, Adolescents, and Young Adults](#)

10.16.3 Scope

To whom does this apply?

- All NARBHA members between the ages of 16 and 22 who meet eligibility requirements

10.16.4 Did you know...?

- Youth transitioning into adulthood with significant behavioral health needs commonly experience:
 - a higher rate of incarceration
 - poorer educational outcomes
 - increased likelihood of living in poverty
 - a higher rate of unemployment
 - a higher rate of substance abuse
 - a higher rate of homelessness
 - more physical health concerns
- Youth with Individualized Education Plans (IEPs) are entitled to public educational opportunities through their 21st year.
- Under some circumstances, and with certain accommodations, youth are able to continue to stay in residential programs until age 22 if admitted prior to age 18.

10.16.5 Definitions

- **Adult Clinical Team (ACT)**

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A group of individuals working in collaboration who are actively involved in a person's assessment, service planning and service delivery. At a minimum, the team consists of the person, their guardian (if applicable) and a qualified behavioral health representative. The team may also include members of the enrolled person's family, physical health, mental health or social service providers, representatives or other agencies serving the person, professionals representing disciplines related to the person's needs, or other persons identified by the enrolled person. For persons determined to have a serious mental illness, the clinical team consists of a team leader, a psychiatrist, case manager, vocational specialist, psychiatric nurse, and other professionals or paraprofessionals, such as a psychologist, social worker, consumer case management aide, or rehabilitation specialist, as needed, based on the client's needs.

•Child and Family Team (CFT)

The Child and Family Team (CFT) is a defined group of people that includes, at a minimum, the child and his/her family, a behavioral health representative, and any individuals important in the child's life and who are identified and invited to participate by the child and family. This may include, for example, teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from churches, synagogues or mosques, agent from other service systems like CPS or DDD, etc. The size, scope and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by which individuals are needed to develop an effective service plan, and can therefore expand and contract as necessary to be successful on behalf of the child.

10.16.6 Objectives

- To outline the steps required to provide a smooth transition between behavioral health care providers for youths transitioning to adulthood.
- To identify the timeline expectations for providers serving youth through this life phase.
- To promote empowerment and self-advocacy of the youth/young adults who are enrolled in the NARBHA system.

10.16.7 Procedures/Guidelines

- **Transition planning to begin no later than 16, earlier if necessary.**
 - Upon turning 16, all youth in the NARBHA system must begin transition planning through their CFT. In circumstances when a youth's needs are known to be higher or natural supports are few, transition planning may need to start sooner.
 - During this time it's important to begin working with youth to develop self-advocacy and team facilitating skills.

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- **Determination for eligibility of services as an adult with Serious Mental Illness needs to occur at age 17.**
 - Youth who are determined potentially eligible as SMI or when a request has been made; must have an eligibility determination done in accordance with [PM 3.10- SMI Eligibility Determination](#). By doing so at age 17 the CFT is better able to determine services and resources necessary at age 18 and begin coordinating such services.

- **Youth need to be given the opportunity to continue to receive services from their children’s providers after the age of 18.**
 - Children’s provider agencies must determine a means of billing for services provided to adult members who have decided to stay with the same individual service providers.
 - If after being given the choice to stay with the children’s provider, the youth decides to receive adult services from a different department or provider, the CFT must invite the adult service providers into the team no later than 6 months prior to the youth’s 18th birthday to begin the process of developing the ACT.

- **Youth planning to receive adult services from a different provider upon turning 18.**
 - The children’s service provider will assist the youth and their family by identifying what adult service providers are available to choose from. Upon identifying the desired adult services provider the children’s provider will coordinate the referral process between agencies.
 - Upon joining the CFT at age 17½, the adult service provider will become a part of the service planning, development, and coordination effort that needs to take place so the individualized needs of that youth can be met on the day they turn 18 years of age.

- **The children’s services provider must assist the youth in determining eligibility for AHCCCS enrollment as an adult.**
 - If determined to be ineligible to receive Title 19 or 21 services as an adult the provider must ensure that services are offered as outlined in [ADHS/DBHS Provider Manual Section 3.21. Services Prioritization for Non-Title XIX/XXI](#) and [Section 3.4 Co-Payments](#)