Section 3.14 Security Services and Prior Authorization

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3.14.1 Introduction

a. Prior authorization processes are used to promote appropriate utilization of behavioral and physical health services while effectively managing associated costs. **Except during an emergency situation**, the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) requires prior authorization before accessing inpatient services in a licensed inpatient facility and for accessing medications reflected as requiring prior authorization on the ADHS/DBHS Behavioral Health Drug List. In addition, a Regional Behavioral Health Authority (RBHA) may require prior authorization of covered services other than inpatient services with the prior written approval of ADHS/DBHS.

b. The purpose of the prior authorization function is to monitor the use of designated services before services are delivered in order to confirm they are:
   i. Provided in an appropriate level of care and place of service;
   ii. Included in the defined benefits, appropriate, timely and cost effective;
   iii. Coordinated as necessary with additional departments such as Quality Management, Care Management, Medical or Behavioral Health Management;
   iv. Accurately documented in order to facilitate accurate and timely reimbursement; and,
   v. Meet ADHS/DBHS and AHCCCS requirements.

3.14.2 Terms

Definitions for terms are located online at http://www.azdhs.gov/bhs/definitions/index.php or http://www.narbha.org/for-providers/provider-resources/provider-policy-manual/definitions. The following terms are referenced in this section:

Adult Clinical Team

Behavioral Health Professional

Behavioral Health Inpatient Facility

Behavioral Health Residential Facility

Certification of Need (CON)

Child and Family Team

Clinical Teams

Denial

Emergency Behavioral Health Services

Expedited Authorization Request (as defined in 42 CFR 438.210)

Inpatient Services

Medically Necessary Covered Services

Prior authorization

Prudent Layperson

Psychiatric Acute Hospital

Recertification of Need (RON)

Standard Authorization Request (as defined in 42 CFR 438.210)

Sub-Acute Facility

a. General Procedures

i. Securing services that do not require prior authorization

1. The clinical team is responsible for identifying and securing the service needs of each behavioral health recipient through the assessment and service planning processes. Rather than identifying pre-determined services, the clinical team should focus on identifying the underlying needs of the behavioral health recipient, including the type, intensity and frequency of supports needed.
2. As part of the service planning process, it is the clinical team's responsibility to identify available resources and the most appropriate provider(s) for services. This is done in conjunction with the clinical team, the behavioral health recipient, family, and natural supports. If the service is available through a contracted provider the person can access the service directly. If the requested service is only available through a non-contracted provider or if the clinical team requests services from a non-contracted provider, the clinical team is responsible for coordinating with NARBHA and obtaining the requested service as outlined below. .

ii. Accessing services with a non-contracted provider

1. The T/RBHA must have a process for their subcontracted providers for securing services through a non-contracted provider that describes the following:
   a. The process for securing services with a non-contracted provider (e.g., single case agreement, pursuing a contract, etc.).
   b. It is NARBHA's policy to secure the most appropriate care for its members. Accordingly, when a member requires a medically necessary behavioral health service not available within the network, or when it is clear that a member would be better served by a non-network provider; NARBHA will offer to enter into a single case agreement with that provider to provide care to the member. However, NARBHA, its RAs and their Teams are not required

to offer services outside the contracted provider network if the service is available within the network.

c. When a Responsible Agency (RA) believes that a member requires a service that it cannot itself provide nor is available from another provider in NARBHA's network, that agency contacts NARBHA's Contract Unit at 928-774-7128. NARBHA negotiates a Single Case Agreement to support the non-network provider's delivery of services to the member, and notifies the referring RA of the outcome of the contracting process.
d. Single Case Agreement providers must be registered with AHCCCS and meet all credentialing requirements appropriate to the offered service. NARBHA may offer the provider the opportunity to apply to become a Fee-For-Service Network Provider based on prior or anticipated utilization and network needs.
e. Information the clinical team must submit to the T/RBHA to secure services through a non-contracted provider:
    i. The Clinical Team must submit a (SCA) Single Case Agreement form to NARBHA and a NARBHA Provider Contract Request Form fully filled out. The form will have the provider's demographic information, who the Team spoke with concerning the placement/services requested, the member's ID#, contact information, the provider's current AHCCCS ID number, the reason for needing to go out of our network, service codes needed, dates of service and number of units requested.
    ii. NARBHA will verify all information supplied, request documents and negotiate rates with the provider. This information is verified through the PMMIS system for accuracy, loaded into NARBHA'S QNXT Provider Contracts System, and a Schedule 1 is printed out to be sent to the provider with a Single Case Agreement Contract for signature.
f. If the process for securing services with a non-contracted provider does not work, NARBHA will assist the Clinical Team in finding another provider to secure needed services.
g. NARBHA establishes a list of providers to assist Clinical Teams in finding needed services out of the network area.
h. NARBHA contracts department verifies that the provider has needed credentialing. They also must be an AHCCCS registered provider with a valid NPI #.
i. NARBHA Contracts unit loads the provider into the claims payment system at the request of the Claims department or the Grievance and Appeals unit.
j. Provider is attached to a non-contracted provider contract and is paid at the AHCCCS rates.

iii. In the event that a request to secure covered services through a non-contracted provider is denied, notice of the decision must be provided in accordance with NARBHA Policy 5.1Title XIX and Title XXI Notice and Appeal Requirements, and NARBHA Policy 5.5 Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI).

b. Emergency Situations

i. Prior authorization must never be applied in an emergency situation. A retrospective review may be conducted after the person's immediate health needs, behavioral as

well as physical, have been met. If upon review of the circumstances, the service did not meet admission authorization criteria, payment for the service may be denied.

ii. The test for appropriateness of the request for emergency services must be whether a prudent layperson, similarly situated, would have requested such services.

c. RBHA Procedures

i. Accessing services that require prior authorization

1. Behavioral health services requiring prior authorization include:
   a. Non-emergency admissions to an inpatient facility;
   b. Continued stay in an inpatient facility;
   c. Admission and continued stay in an ADHS/DBHS Behavioral Health Inpatient Facility;
   d. Admission and continued stay in an Adult and Child Behavioral Health Residential Facilities;
   e. Admission to and continued stay in Child Home Care Training to Home Care Client (HCTC) and
   f. Authorization of (ECT) Electroconvulsive Therapy.

ii. The NARBHA behavioral health professional is required to prior authorize services unless it is a decision to deny. A decision to deny must be made by the NARBHA Medical Director or physician designee.

iii. Prior authorization must never be applied in an emergency situation

iv. Prior authorization availability is 24 hours per day, seven days a week.

i. NARBHA will ensure 24-hour access to a delegated psychiatrist or other physician designee for any denials of hospital admission.

ii. After hours, providers may contact NARBHA at 928-699-1580.

v. A denial of a request for admission to or continued stay in an inpatient facility can only be made by the ADHS/DBHS Medical Director or physician designee after verbal or written collaboration with the requesting clinician.

1. For Title XIX/XXI covered services requested by persons who are Title XIX/XXI eligible or who have been determined to have a serious mental illness, ADHS/DBHS must provide the person(s) requesting services with a Notice of Action (see NARBHA Policy 5.1 Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons) following:
   a. The denial or limited authorization of a requested service, including the type or level of service;
   b. The reduction, suspension, or termination of a previously authorized service; and
   c. The denial in whole or in part, of payment for a service.
2. For Title XIX/XXI covered services requested by persons who are Title XIX/XXI eligible or who have been determined to have a serious mental illness, ADHS/DBHS must provide the person(s) requesting services with a Notice of Action (see NARBHA Policy 5.1 Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons) following:
   a. The denial or limited authorization of a requested service, including the type or level of service;
   b. The reduction, suspension, or termination of a previously authorized service; and
   c. The denial in whole or in part, of payment for a service.

3. Notice must be provided in accordance with (NARBHA Policy 5.1 Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons**)**. Before a final decision to deny is made, the person's attending physician can ask for reconsideration and present additional information.
4. Upon denial of a service requiring prior authorization by the ADHS/DBHS Medical Director or physician designee, a letter is sent to providers notifying that the service was denied and the reason(s) for the denial.

d. Documentation required to obtain a prior authorization and the timeframes for making a decision:

i. NARBHA requires all prior-authorization and continued stay requests to be faxed to NARBHA Medical Management Department at 1-855-408-3401 or by email authorization@narbha.org.

ii. NARBHA does not require prior-authorization for emergency admissions to Level I facilities. However, out of GSA level I facilities are required to contact NARBHA within 24 hours of the member's admission. Required documentation for GSA level 1 facilities is:
1. Fax Cover Sheet
2. NARBHA PM form 3.14.5 Admission and Continued Authorization Request
3. Certificate of Need (CON)
4. Admission Physician Note
5. Intake Evaluation (Social work note)

iii. Behavioral Health Inpatient Facility (BHIF) *previously known as RTC:
1. NARBHA PM Form 3.14.8 Admission and Continued Stay Request
2. CFT Note of progress indicating the level of care
3. Responsible Agency's updated individual service plan with discharge criteria and discharge plan signed by member/guardian
4. Current psychiatric evaluation
5. NARBHA PM Form 3.14.11 Notification of Admission and Discharge and Transfer (Submitted by the treating facility)

iv. Adult and Child/Adolescent Behavioral Health Residential Facilities:
1. NARBHA PM Form 3.14.8 Admission and Continued Stay Request
2. CFT/ACT Note of progress indicating the level of care
3. Responsible Agency's updated individual service plan with discharge criteria and discharge plan
4. Psychiatric evaluation with current psychiatric notes if older six months
5. NARBHA PM Form 3.14.11 Notification of Admission and Discharge and Transfer (Submitted by the treating facility)

v. Child/Adolescent Home Care Training to Home Care Client residential services (HCTC):
1. NARBHA PM Form 3.14.8 Admission and Continued Stay Request
2. CFT/ACT Note of progress indicating the level of care
3. Responsible Agency's updated service plan with discharge criteria and discharge plan signed by guardian
4. Psychiatric evaluation with current psychiatric notes if evaluation older six months
5. NARBHA PM Form 3.14.11 Notification of Admission and Discharge and Transfer (Submitted by the treating facility)

vi. Electro Convulsive Therapy (ECT)
1. NARBHA PM Form 3.14.9 Electroconvulsive Therapy Request
2. Psychiatric Evaluation
3. Most recent BHMP note indicating the need for ECT
4. Responsible Agency's individual service plan indicating ECT with member or guardian signature

e. Decisions to prior authorize inpatient admission must be made according to these guidelines:
i. Standard requests: For standard requests for prior authorization services, a decision must be made as expeditiously as the member's health condition requires, but not later than fourteen (14) calendar days following the receipt of the authorization request, with a possible extension of up to fourteen (14) calendar days if the member or provider requests an extension, or if the NARBHA justifies a need for additional information and the delay is in the member's best interest.
ii. Expedited requests: An expedited authorization decision for prior authorization services can be requested if the NARBHA or provider determines that using the standard timeframe could seriously jeopardize the member's life and/or health or the ability to attain, maintain or regain maximum function. NARBHA must make an expedited authorization decision and provide notice as expeditiously as the member's health condition requires but no later than three (3) working days following the receipt of the authorization request, with a possible extension of up to fourteen (14) calendar days if the member or provider requests an extension, or if the NARBHA justifies a need for additional information and the delay is in the member's best interest.
iii. When NARBHA receives an expedited request for a service authorization and the requested service is not of an urgent medical nature, NARBHA may downgrade the expedited authorization request to a standard request. A NARBHA Utilization Care Manager will contact the requestor when an expedited request is downgraded to a standard request. If the requestor is not in agreement with the downgrade, a secondary review can be requested. The NARBHA Director of Medical Management will review the request and notify the requestor of the secondary review outcome.
iv. If a person becomes Title XIX/XXI eligible after discharge from an Inpatient (Acute or Sub-Acute) facility, the rendering provider may request a retrospective authorization. For a retrospective authorization to occur, the provider must submit a Certification of Need (CON) and a copy of the medical record to NARBHA 1300 S. Yale, Flagstaff, AZ 86001. (Attention: Medical Management Department)

f. For request for continued stays:
i. Emergency Level I Hospital requests must be submitted within 24 hours after admission. Continued stay requests are due by the expiration of authorization. Request for continued stay for acute inpatient must include the following documentation.
1. NARBHA PM Form 3.14.5 Admission and Continued Authorization Request
2. Recertification of Need (RON)
3. Psychiatric evaluation and treatment plan for first continued stay
4. Current medication sheet

5. Social work and physician notes

ii. Requests for continued stay must include the following documentation for Behavioral Health Inpatient Facility, Behavioral Health Residential Facility, and HCTC:
1. NARBHA PM Form 3.14.8 Admission and Continued Stay Request
2. CFT/ACT note indicating the continued need for this level of care
3. Current facility treatment Plan with updated discharge criteria and plan signed by member or guardian
4. Facility monthly progress report
5. NARBHA PM Form 3.14.11 Notification of Admission and Discharge and Transfer. (Submitted by the treating facility upon admission and discharge or transfer)

g. Criteria used to determine whether to approve or deny a service that requires prior authorization:

i. For services in a psychiatric acute hospital or a behavioral health inpatient facility, NARBHA utilizes clinical criteria developed by ADHS/DBHS:
1. ADHS/DBHS Admission to Psychiatric Acute Hospital or Behavioral Health Inpatient Facility Authorization Criteria (see NARBHA PM Attachment 3.14.1 Admission to Psychiatric Acute Hospital and Sub-Acute Facilities Clinical Criteria); and
2. ADHS/DBHS Continued Psychiatric Acute Hospital or Behavioral Health Inpatient Facility Authorization Criteria (see NARBHA PM Attachment 3.14.2 Continued Psychiatric Acute Hospital or Sub-Acute Facility Authorization Criteria).

ii. For services in a Behavioral Health Inpatient Facility for persons under the age of 21, ADHS/DBHS has developed the following criteria to be used by all TRBHAs and behavioral health providers:
1. Prior to denials for Behavioral Health Inpatient Facility, the NARBHA Medical Director or designee 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 NARBHA Medical Director or designee to obtain the professional opinion of a behavioral health clinician.
2. In addition, if a denial is issued for admission to a Behavioral Health Inpatient Facility, NARBHA is expected to provide a clearly outlined alternative plan at the time of the denial. This may require development of a Child and Family Team (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 and what specific behaviors will be addressed by these services. It is also expected that the alternative treatment plan will include what crisis situations can be anticipated and how the crises will be addressed.
3. ADHS/DBHS Admission to Behavioral Health Inpatient Facility Authorization Criteria (see NARBHA PM Attachment 3.14.3 ADHS/DBHS Behavioral Health Inpatient Facility Admission Authorization Criteria); and

4. ADHS/DBHS Continued Behavioral Health Inpatient Facility Authorization Criteria (see NARBHA PM Attachment 3.14.4 ADHS/DBHS Behavioral Health Inpatient Facility Continued Authorization Criteria).
5. Additional NARBHA Authorization Criteria:
   a. NARBHA Child/Adolescent Behavioral Health residential Facility Admission and Continued Authorization Criteria (see NARBHA PM Attachment 3.14.5);
   b. NARBHA HCTC Children/Adolescent Admission and Continued Authorization Criteria (see NARBHA PM Attachment 3.14.7);
   c. NARBHA Behavioral Health Residential Facility Adult Admission and Continued Authorization Criteria (see NARBHA PM Attachment 3.14.8)
6. Clinical criteria is available on NARBHA's website and available to members upon request. NARBHA reviews and approves criteria on an annual basis through the Medical Management Committee. Changes in the coverage criteria must be communicated to members and providers 30 days prior to implementation of the change.

h. What happens when a person is ready to leave an Inpatient Facility but an alternative placement is not available

i. If a person receiving inpatient services no longer requires services on an inpatient basis under the direction of a physician, but services suitable to meet the person's behavioral health needs are not available or the person cannot return to the person's residence because of a risk of harm to self or others, services may continue to be authorized as long as there is an ongoing, active attempt to secure a suitable discharge placement or residence in collaboration with the community or other state agencies as applicable. All such instances shall be logged and provided to ADHS/DBHS upon request.

i. CON/RON Requirements:

A CON is a certification made by a physician that inpatient services are or were needed at the time of the person's admission. Although a CON must be submitted prior to a person's admission (except in an emergency), a CON is not an authorization tool designed to approve or deny an inpatient service, rather it is a federally required attestation by a physician that inpatient services are or were needed at the time of the person's admission. The decision to authorize a service that requires prior authorization is determined through the application of admission and continued stay authorization criteria. In the event of an emergency, the CON must be submitted: For persons age 21 or older, within 72 hours of admission; and for persons under the age of 21, within 14 days of admission.

ii. A Recertification of Need (RON) is a re-certification made by a physician, nurse practitioner or physician assistant that inpatient services are still needed for a person. A RON must be completed at least every 60 days for a person who is receiving services in an inpatient facility. An exception to the 60-day timeframe exists for inpatient services provided to persons under the age of 21. The treatment plan (individual plan of care) for persons under the age of 21 in an inpatient facility must be completed and reviewed every 30 days. The completion and review of the treatment plan in this circumstance meets the requirement for the recertification of need.

j. Prior Authorizing Medications
   i. DBHS has developed a behavioral health drug list for use for all contractors. This list denotes all drugs that require prior authorization. These prior authorization criteria have been developed by the statewide DBHS pharmacy and therapeutics committee, and must be used by all non-tribal contractors. TRBHAs may choose to participate in implementing these prior authorization criteria. Medications or other prior authorization criteria may not be added to any contractor's medication list. For specific information on medications requiring prior authorization, see NARBHA Policy 3.16 Behavioral Health Drug List and Technology. The approved prior authorization criteria are posted on the ADHS/DBHS Behavioral Health Drug List and Prior Authorization Guidance Documents website.
      1. For implementation of this process for prior authorization the following requirements must be met:
         a. Prior authorization availability 24 hours a day, seven days a week;
         b. Assurance that a person will not experience a gap in access to prescribed medications due to a change in prior authorization requirements. RBHAs and behavioral health providers must ensure continuity of care in cases in which a medication that previously did not require prior authorization must now be prior authorized; and
         c. Incorporation of notice requirements when medication requiring prior authorization is denied, suspended or terminated.

k. TRBHA Procedures
   i. Prior authorization procedures for behavioral health providers contracted by a Tribal RBHA:
      1. Services requiring prior authorization are:
         a. Non-emergency admission to and continued stay in an inpatient facility; and
         b. Admission and continued stay in a Behavioral Health Residential Facility for persons under the age of 21.
   ii. The TRBHA behavioral health professional is required to prior authorize services unless it is a decision to deny. A decision to deny must be made by the ADHS/DBHS Medical Director or physician designee.
   iii. Prior authorization must never be applied in an emergency situation.
   iv. A denial of a request for admission to or continued stay in an inpatient facility can only be made by the ADHS/DBHS Medical Director or physician designee after verbal or written collaboration with the requesting clinician.
      1. For Title XIX/XXI covered services requested by persons who are Title XIX/XXI eligible or who have been determined to have a serious mental illness, ADHS/DBHS must provide the person(s) requesting services with a Notice of Action (see NARBHA Policy 5.1 Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons) following:
         a. The denial or limited authorization of a requested service, including the type or level of service;
         b. The reduction, suspension, or termination of a previously authorized service; and
         c. The denial in whole or in part, of payment for a service.
      2. Notice must be provided in accordance with NARBHA Policy 5.1 Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons.

Before a final decision to deny is made, the person's attending physician can ask for reconsideration and present additional information.

3. Upon denial of a service requiring prior authorization by the ADHS/DBHS Medical Director or physician designee, a letter is sent to providers notifying that the service was denied and the reason(s) for the denial.

v. Documentation required to obtain a prior authorization and the timeframes for making a decision
   1. Prior to admission (for requests made Monday through Friday 8:00 a.m. to 5:00 p.m.) or within 24 hours of an admission (for requests made after 5:00 pm Monday through Friday, on weekends or State holidays) the following must be submitted to the ADHS/ DBHS/ Bureau of Quality & Integration (BQ&I) (Facsimile number (602) 364-4697):
      a. Inpatient:
         i. Certification of Need (CON) (see NARBHA PM Form 3.14.1 Certificate of Need/Recertification of Need);
         ii. TRBHA prior authorization request form (see NARBHA PM Form 3.14.3 TRBHA Prior Authorization Request Form); and
         iii. The person's service plan (see NARBHA Policy 3.9 Assessment and Service Planning).

vi. Decisions to prior authorize inpatient admission must be made according to these guidelines:
   1. Standard requests: For standard requests for prior authorization services, a decision must be made as expeditiously as the member's health condition requires, but not later than fourteen (14) calendar days following the receipt of the authorization request, with a possible extension of up to fourteen (14) calendar days if the member or provider requests an extension, or if the TRBHA justifies a need for additional information and the delay is in the member's best interest.
   2. Expedited requests: An expedited authorization decision for prior authorization services can be requested if the TRBHA or provider determines that using the standard timeframe could seriously jeopardize the member's life and/or health or the ability to attain, maintain or regain maximum function. The TRBHA must make an expedited authorization decision and provide notice as expeditiously as the member's health condition requires but no later than three (3) working days following the receipt of the authorization request, with a possible extension of up to fourteen (14) calendar days if the member or provider requests an extension, or if the TRBHA justifies a need for additional information and the delay is in the member's best interest.

vii. Authorization cannot be provided without all the required documentation. For services provided after hours, on weekends or on State holidays, prior authorization must be obtained on the next business day.

viii. A provider may also telephone the BQ&I at (602) 364-4648 or (602) 364-4642. After hours (after 5:00 pm Monday through Friday, on weekends or State holidays) a voice message can be left at the same number and the call will be returned the next business day.

ix. Prior authorization is not required for Non-Title XIX/XXI individuals. If Title XIX or Title XXI eligibility is determined during the hospitalization, providers may request a retrospective authorization. For retrospective authorization to occur, a provider must

submit a CON and the person's service plan to the BQ&I by the next business day following the person's Title XIX or Title XXI eligibility determination.

x. For requests for continued stay, the following documentation must be submitted to the BQ&I Facsimile number (602) 364-4697:
   1. Inpatient:
      a. Re-certification of Need (RON) (see NARBHA PM Form 3.14.2.Level II PASRR Psychiatric Evaluation); and
      b. The person's service plan (Behavioral Health Inpatient Facility only) (see NARBHA PM 3.9 Assessment and Service Planning).

xi. Criteria used to determine whether to approve or deny a service that requires prior authorization:
   1. For services in a psychiatric acute hospital or a behavioral health inpatient facility, ADHS/DBHS has developed the following criteria to be used by all TRBHAs and behavioral health providers:
      a. ADHS/DBHS Admission to Psychiatric Acute Hospital or Behavioral Health Inpatient Facility Authorization Criteria (see NARBHA PM Attachment 3.14.1 Admission to Psychiatric Acute Hospital and Sub-Acute Facilities Clinical Criteria); and
      b. ADHS/DBHS Continued Psychiatric Acute Hospital or Behavioral Health Inpatient Facility Authorization Criteria (see NARBHA PM Attachment 3.14.2 Continued Psychiatric Acute Hospital or Sub-Acute Facility Authorization Criteria).
   2. For services in a Behavioral Health Inpatient Facility for persons under the age of 21, ADHS/DBHS has developed the following criteria to be used by all TRBHAs and behavioral health providers:
      a. Prior to denials for Behavioral Health Inpatient Facility, TRBHA 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 TRBHA Medical Director or designee to obtain the professional opinion of a behavioral health clinician.
      b. In addition, if a denial is issued for admission to a Behavioral Health Inpatient Facility, the TRBHA is expected to provide a clearly outlined alternative plan at the time of the denial. This may require development of a Child and Family Team (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 and what specific behaviors will be addressed by these services. It is also expected that the alternative treatment plan will include what crisis situations can be anticipated and how the crises will be addressed.
   3. ADHS/DBHS Admission to Behavioral Health Inpatient Facility Authorization Criteria (see NARBHA PM Attachment 3.14.3 ADHS/DBHS Behavioral Health Inpatient Facility Admission Authorization Criteria); and

4. ADHS/DBHS Continued Behavioral Health Inpatient Facility Authorization Criteria (see NARBHA PM Attachment 3.14.4 ADHS/DBHS Behavioral Health Inpatient Facility Continued Authorization Criteria).
5. The RBHA must develop and make available to its subcontracted providers specific references to and ability to access ADHS/DBHS approved authorization and continued authorization criteria for all other services subjected to prior authorization.

xii. If a person in a Behavioral Health Inpatient no longer requires services on an inpatient basis, but an alternative placement cannot be provided, services may continue to be authorized as long as there is an active attempt to secure a suitable discharge placement or residence in collaboration with the community or other state agencies as applicable. All such instances shall be logged and provided to ADHS/DBHS upon request.

3.14.4 References

The following citations can serve as additional resources for this content area:
42 CFR 438.10 (a)
42 CFR 438.114
42 CFR 441
42 CFR 456
9 A.A.C.10
9 A.A.C. 34
R9-22-210
R9-22-1204
R9-22-1205
R9-31-210
R9-31-1205
AHCCCS/ADHS Contract
ADHS/RBHA Contract
ADHS/T/RBHA IGAs
NARBHA Policy 3.9 Assessment and Service Planning
NARBHA Policy 3.16 ADHS/DBHS Drug List
NARBHA Policy 5.1 Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons

3.14.5 PM Forms

PM Form 3.14.1 Certification of Need/Recertification of Need
PM Form 3.14.3 TRBHA Prior Authorization Request Form
PM 3.14.5 NARBHA Admission and Continued Stay Authorization Request Level I Inpatient Hospitalization/Subacute Form
PM Form 3.14.8 Admission an Continued Stay Request Form
PM Form 3.14.9 Request for Electroconvulsive Therapy (ECT)
PM Form 3.14.11 Notification of Admission Discharge and Transfer

3.14.6 PM Attachments

PM Attachment 3.14.1 Admission to a Behavioral Health Hospital or Behavioral Health Inpatient Facility

PM Attachment 3.14.2 Continued Behavioral Health Hospital Facility or Behavioral Health Inpatient Facility Authorization Criteria
PM Attachment 3.14.3 Behavioral Health Inpatient Facility Admission Authorization Criteria
PM Attachment 3.14.4 Behavioral Health Inpatient Facility Continued Stay Authorization Criteria
PM Attachment 3.14.5 NARBHA Authorization Criteria for Behavioral Health Residential Treatment Facilities – Child/Adolescent
PM Attachment 3.14.7 NARBHA Authorization Clinical Criteria for Home Care Training for the Home Care Client (HCTC) (excluding Substance Abuse Residential)
PM Attachment 3.14.8 NARBHA Authorization Criteria for Behavioral Health Facilities – Adult (excluding Substance Abuse Residential)

Signature on file 05/15/15

Mary Jo Gregory Date
President and Chief Executive Officer

Signature on file 05/15/15

Teresa Bertsch, MD Date
Chief Medical Officer

Reference ADHS/DBHS Policy 1101