

**NARBHA Level I Residential Treatment Center Admission
Prior –Authorization Request Form 3.14.7**

This form is completed by RA staff prior to admission and faxed to NARBHA UM (928)214-1166

Member Name: _____ **Member ID:** _____
AHCCCS ID: _____ **Responsible Agency:** _____
Proposed Facility Name: _____ **Number of Days Requested:** _____
Date of Admission: _____ **Estimated Length of Stay (days):** _____
Name of physician to contact for more information: _____ **MD phone/pager #:** _____

A person must meet ALL criteria for admission to an RTC.

A. DIAGNOSIS: Axis I _____ Axis II _____ Axis III _____

(A specified diagnosis within the range of 290 through 316.99 is required to be documented at the time of discharge from inpatient services.)

B. BEHAVIOR AND FUNCTIONING (must meet all)

- Symptoms or functional impairments of the individual's psychiatric condition are of a severe and persistent nature; **AND**
- are consistent with a DSM IV-TR diagnosis (within the range of 290 through 316.99); **AND**
- require residential 24-hour psychiatric treatment under the direction of a psychiatrist.

In addition, all of the following must be met to ensure appropriate, cost-effective and least restrictive care in this setting:

- Ambulatory care resources (outpatient medically necessary behavioral health services) in the community do not meet the treatment needs of the child/adolescent; **AND**
- The child/adolescent does not require a level of medical or professional supervision that surpasses that which is available at a Level I Residential Treatment Center.(For example, children/adolescents actively showing signs of danger to self or danger to others may require inpatient psychiatric treatment at an acute psychiatric hospital); **AND**
- The admission is **not** used primarily, and in a clinically inappropriate manner, as: an alternative to incarceration, preventative detention, or as a means to ensure community safety in a child/adolescent exhibiting primarily delinquent/antisocial behavior; or the equivalent of safe housing, permanency placement, or an alternative to parents'/guardian's or other agency's capacity to provide for the child or adolescent; or an intervention when other less restrictive alternatives are available and not being utilized.

EXPLANATION: _____

C. EXPECTED IMPROVEMENT DUE TO ACTIVE TREATMENT

- Active treatment with the services available at this level of care can reasonably be expected to improve the child/adolescent's psychiatric condition in order to achieve discharge from the psychiatric residential treatment facility at the earliest possible time and facilitate his/her return to outpatient care and/or family living.

EXPLANATION: _____

D. There is a Discharge Plan with specific discharge criteria and recommendations for aftercare treatment that comply with current standards for medically necessary covered services, cost effectiveness, and least restrictive environment: **(Please attach treatment plan with discharge criteria.)** _____

Provider Signature: _____ **Date:** _____