SMOOTH SAILING

Guides for Adoptive and Guardianship Families

A Guide to Community Resources for Adoptive and Guardianship Families

September 2014

Produced by the
Arizona Department of Child Safety
Adoption Subsidy Unit and the
Office of Prevention and Family Support

SMOOTH SAILING
Guides for Adoptive and Guardianship Families

A Guide to Community Resources for Adoptive and Guardianship Families

September 2014

Produced by the
Arizona Department of Child Safety
Adoption Subsidy Unit and the
Office of Prevention and Family Support

Table of Contents

Finding Services For A Child 1

Phone Numbers and Websites 3

- Regional Behavioral Health Authorities (RBHAs)
- DES Adoption Subsidy
- Family Advocacy Agencies
- Health and Human Service Agencies
- Health Plans

The Arizona Vision and 12 Principles 6

Navigating the System 7

- Intake Through the State Mental Health System
- Preparing for the Intake Appointment

The Child and Family Team 9

- Developing the Child and Family Team
- The CFT Process
- What Families Need to Know to Advocate for Their Child
- Helping Families to Prepare and Participate in a CFT
- CASII Score

Crisis Services 13

- Crisis Plans

Sailing Rough Seas 15

- Appeals and Grievances
- The Appeals Process

Types of Services Available Through the State Mental Health System 19

Glossary 21

Finding Services For A Child

As a child exits the child welfare system to adoption/guardianship, it is not uncommon for the adoptive parents to have some anxiety about how they will obtain support for their child and family should they have problems in the future. The *Guide to Community Resources* will provide you with basic information about how to assist parents in gaining access to ongoing behavioral supports and services for their child and family.

If parents have concerns about their child's behavior or emotions, they can talk to their child's doctor, teacher, counselor, social worker, spiritual advisor or relatives who know about child development and mental health. These persons can provide support, guidance and direction when seeking help in determining the problem, and may recommend someone for services. The adopted child will benefit from professionals who have experience and insight involving adoption issues.

Suggest to the family that they explore the mental health benefits available through their private insurance, if they have their child on this insurance. Recommend the family contact their Employee Assistance Program (EAP), employer human resource department or the customer service unit of their private insurance. Parents should educate themselves on the limits of the coverage, such as deductibles, co-payments, annual limits, pre-existing conditions, lifetime caps, how many sessions are allowed per year and what levels of services are covered, i.e., outpatient, residential and inpatient treatment.

Tip - *Families may want to consult their employer's benefits department to see if there is any help they can provide.*

If the child is enrolled with the Arizona Health Care Containment System (AHCCCS), the child is eligible to receive behavioral health services through the Title XIX behavioral health system. If the family has private insurance, the local Regional Behavioral Health Authority (RBHA) will require that their insurance and Title XIX benefits be coordinated. The RBHA must assist with this process.

The child's primary care physician (PCP) can also make referrals directly to the RBHA, if the PCP is an AHCCCS provider.

When a child/youth is enrolled in an AHCCCS acute health care plan, he/she is automatically enrolled with the local RBHA. Enrollment with the local RHBA that will serve the child is based on the residential ZIP Code. Children in DCS custody are assigned to a RHBA based on the court of jurisdiction. After the adoption

is finalized, the RHBA assignment could change if the family residence is in another service area.

Adoption Subsidy Families

If a child has an Arizona Adoption Subsidy agreement, he or she is enrolled in AHCCCS and eligible for behavioral health services through the local RBHA. If a family has problems getting their needs met they can call their Adoption Subsidy Specialist who will assist them in working with the RBHA.

In some cases, Adoption Subsidy special services may be available to assist after all private insurance and community resources, i.e., RBHA, have been exhausted. The adoptive family will be requested to provide professional documentation that the service is needed and that the service has been denied or is unavailable through private or community resources. Advise the family that it is important to get documentation of denials from any entity that is unable or unwilling to assist the family and their child. The family will need this documentation for an appeal or to request the service from Adoption Subsidy.

Guardianship Families

AHCCCS coverage is determined at the local DES office for children under a guardianship. Provide the family with information about the RBHA and where to go for mental health services.

Phone Numbers and Websites

Regional Behavioral Health Authorities (RBHAs)

Agency*	Counties Served	Member Services	Crisis Line
Community Partnership of Southern Arizona (CPSA) www.cpsa-rbha.org	Pima	1-800-771-9889 or 520-325-4268	520-622-6000
Mercy Maricopa Integrated Care www.mercymaricopa.org	Maricopa	1-800-564-5465	1-800-631-1314
Cenpatico Behavioral Health of Arizona www.cenpaticoaz.com	Cochise, Graham, Greenlee, Gila, La Paz, Pinal, Santa Cruz and Yuma	1-866-495-6738	1-866-495-6735
Northern Arizona Regional Behavioral Health Agency (NARBHA) www.narbha.org	Apache, Coconino, Mohave, Navajo, and Yavapai	1-800-640-2123	1-877-756-4090

**If any of these numbers are out of service, contact the ADHS Divison of Behavioral Health Services at 602-364-4558 or 1-800-867-5808 for updated numbers.*

DCS Adoption Subsidy

Phoenix Office ..... 602-771-6470 ..... 602-7710-6480 fax
Serves Apache, Coconino, La Paz, Maricopa, Mohave, Navajo, Yavapai and Yuma counties.

Tucson Office ..... 520-885-8002..... 602-885-8033 fax
Serves Cochise, Graham, Greenlee, Gila, Pinal, Pima and Santa Cruz counties.

Family Advocacy Agencies

Arizona Center for Disability Law ..... www.acdl.com
The ACDL offers protections and advocacy for persons with disabilities, in the areas of special education, health care, mental health services, access to commmunity services and employment.

Intake hours are 9 a.m. to 1 p.m. on Monday, Tuesday, Thursday and Friday only.

Phoenix Office 602-274-6287 1-800-927-2260

Tucson Office 520-327-9547 1-800-922-1447

Family Involvement Center (FIC) .....602-288-0155..... www.familyinvolvementcenter.org
Education, support services and advocacy in Maricopa County only.

MIKID - Mentally Ill Kids in Distress .....602-253-1240..... www.mikid.org
1-800-356-4543
Education, support services (1:1, respite, youth groups, parent/grandparent support groups) and advocacy for all Arizona counties, except Maricopa (limited services are available in Maricopa County).

Health and Human Service Agencies

AHCCCS (General information).....1-800-654-8713..... www.azahcccs.gov

Arizona Community Action Association .....602-604-0640 ..... www.azcaa.org
- Peoples Information Guide..... www.azcaa.org/peoples-info-guide/

Community Information and Referral .....2-1-1..... www.cir.org
- Arizona 2-1-1.....1-877-211-8661

Department of Child Safety..... www.dcs.az.gov
- DCYF Family Advocate.....1-877-527-0765

Department of Economic Security .....602-542-4791..... www.azdes.gov
- Child Care Administration .....602-542-4248 ..... www.azdes.gov/az_child_care/
- Child Care Resource & Referral.....1-800-308-9000..... www.arizonachildcare.org
- DES Client Advocates/Ombudsman .....See website for program advocates ..... www.azdes.gov/contact
- Developmental Disabilities .....602-542-0419..... www.azdes.gov/ddd
  1-866-229-5553
- Family Assistance Administration.....602-542-9935..... www.azdes.gov/faa
  1-800-352-8401
- Medical Assistance.....602-542-9935..... www.azdes.gov/medical_assistance/
  1-800-352-8401
- Nutrition Assistance (SNAP).....602-542-9935..... www.azdes.gov/nutrition_assistance/
  1-800-352-8401
- Vocational Rehabilitation.....602-542-3332..... www.azdes.gov/rsa/VR
  1-800-563-1221

Department of Health Services .....602-542-1025..... www.azdhs.gov
- Behavioral Health Services .....602-364-4558..... www.adhs.gov/bhs
  1-800-867-5808
- Office for Children with Special Needs.....602-542-1860..... www.azdhs.gov/phs/ocshcn
  1-800-232-1676

Health Plans

Acute Care

Arizona Physicians IPA	1-800-348-4058	www.myapipa.com
Bridgeway Health Solutions	1-866-475-3129	www.bridgewayhs.com
Care 1st Arizona	1-866-560-4042	www.care1st.com
DCS CMDP	1-800-201-1795	www.azdes.gov/cmdp
Health Choice Arizona	1-800-332-8670	www.healthchoiceaz.com
Maricopa Health Plan	1-800-582-8686	www.mhpaz.com
Mercy Care Plan	1-800-624-3879	www.mercycareplan.com
PHP/Community Connection	1-800-747-7997	www.php-cc.com
University Family Care	1-888-708-2930	www.ufcaz.com

Long Term Care

Bridgeway Health Solutions	1-866-475-3129	www.bridgewayhs.com
Cochise Health Systems	1-800-285-7485	www.cochise.az.gov
Evercare Select	1-800-293-3740	www.evercareonline.com
DES DD Long Term Care	1-800-624-4964	www.azdes.gov/ddd
Mercy Care Plan	1-800-624-3879	www.mercycareplan.com
SCAN Healthplan LTC	1-888-540-7226	www.scanhealthplan.com
Yavapai Long Term Care	1-800-771-2797	www.yavapaihealth.com

THE ARIZONA VISION AND 12 PRINCIPLES

The Arizona Vision for children's behavioral health services is built upon 12 Principles to which the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) and the Arizona Cost Containment System (AHCCCS) are both obligated and committed. If you do not feel that the services a family is receiving are within the spirit of these guidelines, please *take your concern to the RBHA level*.

The Arizona Vision

"In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child's family's cultural heritage."

The 12 Principles

1. **Collaboration With Child and Family:** Parents and children are treated as partners in the assessment process, and the planning, delivery and evaluation of behavioral health services.
2. **Functional Outcomes:** Services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency and become stable and productive adults.
3. **Collaboration With Others:** When children have multi-agency/system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented.
4. **Accessible Services:** Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need.
5. **Best Practices:** Competent individuals who are adequately trained and supervised provide behavioral health services that are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based "best practice."
6. **Most Appropriate Treatment Settings:** Children are provided behavioral health services in their home and community to the extent possible.
7. **Timeliness of Services:** Children identified as needing behavioral health services are assessed and served promptly.
8. **Services Tailored To The Child and Family**: Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking and what services they think are required to meet these goals.
9. **Stability:** Behavioral health service plans strive to minimize placement disruptions, anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.
10. **Respect For The Child and Family's Unique Cultural Heritage:** Services are provided in a manner that respects the cultural tradition and heritage of the child and family.
11. **Independence:** Services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management.
12. **Connection To Natural Supports:** Identification and use of natural supports available from friends, neighbors and community organizations, including service and religious organizations.

Navigating the System

Intake Through the State Mental Health System

All AHCCCS-enrolled children are also eligible to receive mental health services through the state's mental health system. If a child is also covered by private medical insurance, this will be explored as an option during the intake process. It is possible for a child to receive services through private insurance and the state system simultaneously, but the provider agency must coordinate benefits.

The first step is to set an intake appointment. The RBHA is required to set the initial intake appointment within 7 days of the family contacting the RBHA. The RBHA will connect the family with one or more of their contracted *networks* or agencies in their area. The network or agency will assess potential clients for eligibility (if not already eligible) and need through an intake or initial referral appointment.

> Tip - *Suggest to families that they keep a log of challenging behaviors to help a doctor or clinician determine the best course of intervention. Identify why the behavior is a problem and how it interferes with the child's daily activities, relationships, and ability to function at school and in the community.*

Preparing for the Intake Appointment

Instruct parents to gather all the information they have about their child. Advise them to keep track of everything and start a notebook or file to organize the materials. Information should include:

- Reports of tests and evaluations
- Order of adoption or proof of guardianship
- Copy of individual's AHCCCS or health plan card
- Copy of the Social Security card or number
- Proof of residency (proof of citizenship is not required)
- Information about other health insurance coverage
- Service plans and information about the providers, programs and services utilized
- Instructions from doctors, teachers, social workers and others working with the child
- Changes in the child's behavior (Ask the parents to describe the duration, intensity and frequency of the behaviors)
- Medications
- School records
- Medical records
- Appointments, conversations and meetings, including notes of what was discussed
- Letters about meetings and services, including times, dates and locations

- Requests that have been made for supports such as child care, transportation and flexibility in scheduling appointments
- Documentation of denials for requests from insurance, schools, the RBHA, etc. These are vital if a family plans to request the service to be paid by Adoption Subsidy.

What To Expect At An Intake Appointment

Families will be asked to provide basic information (contact information, emergency contacts, financial information, system partner information) and some clinical details (presenting problems, history relating to family structure, family of origin, medical, developmental, legal, emotional and behavioral information).

- RBHA networks and providers are family focused; the entire family may be asked to participate in the offered services.
- There may be a wait while some services are being arranged. Direct families to ask how to get help while they are waiting for a specific service. ***The first service should occur within 23 days of the assessment.***
- A child referred for service must be present at the intake appointment. The parent or guardian is required to provide proof of guardianship and to give consent to treat the potential member.
- The appointment may take 90 minutes or more. This will allow sufficient time for the provider to get to know the family and the child, gather important information, and begin the treatment planning process.
- An appointment with a psychiatrist may be scheduled. ***This should occur within 30 days or as clinically indicated.***
- Parents will receive a member handbook, information about the assigned agency, notification of member rights and other handouts which are relevant to treatment. Families should keep these for future reference.

The Child and Family Team

It is the expectation that all children in Arizona's Title XIX behavioral health system will have a functioning child and family team (CFT). The CFT must develop the child's service plan in accordance with the 12 Principles (see page 6). The CFT is composed of persons selected by the family who will help create a plan that is family-centered rather than child-centered. The parents and child are a major part of the team. The plan is based on the individualized strengths and preferences of the child, but family support is emphasized during the entire process of developing this practical plan. The team will help develop a community support network that assists the family as a whole. Services and team members will be culturally sensitive and respectful.

Developing the Child and Family Team

The parents choose who is on the CFT. In some instances, older children may also help decide who is on the team. Participants may include anyone the family chooses who knows the child and family. Examples of team members may be a teacher, foster parent, close firend, relative, neighbor, church member, counselor/therapist, coach, mentor, or someone who has been supportive and helpful in the past.

Parents should pick CFT members who will be active participants on the team. Team members should be persons who:

- Respect and trust the family;
- Know the child and family and have been supportive;
- Have a record of success dealing with similar problems;
- Know about community services and supports for the child and family; and
- Share the vision the family has for the child and can explain how others can help achieve that outcome.

The CFT Process

- Deciding who is on the team and who is important in the family's life.
- Discussing the family's strengths, needs and culture. Identifying what is unique and special about the family. What are their strong points? How do they have fun?
- Meeting at a time and place that is convenient to the family—NOT the provider! When and where is it most comfortable for the family to meet?

- Looking at the family's needs. What do they want to work on first? Answering the question, "Life will be better when…"
- Identifying the changes and progress they want to happen. Who in the community can help them figure this out?
- Brainstorming ideas—looking at all the different ways to help the family feel successful and safe.
- Working creatively on positive, individualized ways to support everyone in working together toward the identified common goals.
- Knowing they are not alone and do not have to do it by themselves.

The family and the team work together to write a service plan that meets the specific needs of each child and family, including:

- Goals or objectives to achieve.
- Services and supports provided as close to home as possible.
- Services and supports that match the family's lifestyle and culture.
- Regular progress reports and ongoing communication.
- Tasks required to carry out the goals, persons responsible for completing each task and target dates.

Expected Outcomes

- Services and support are created, put into place and acted upon.
- To assist child/youth in having a successful school experience, avoiding delinquency.
- For the family to live peacefully and happily.
- To help them become a stable, happy family.
- To ensure safety to all.

What Families Need to Know to Advocate for Their Child

- Decisions of the CFT are reached by ***consensus***—not by majority vote or the dictates of one team member.
- The CFT facilitator has 7 days to provide copies of the documentation generated in a CFT.
- Parents should share with the CFT what their needs are and work with the team to identify services that might meet their needs.

- All children in the RBHA/provider system have a single point of contact at the provider agency who monitors the child's mental/behavioral health needs. This person may be referred to as a service coordinator or clinical liaison (usually a case manager or therapist).
- The service coordinator or case manager should help the family organize services to best provide the family with guidance and support.
- Networks and providers may not always agree with or recommend the same services and supports for the family. Parents can ask for a second opinion, or disagree with or reject the advice of a network or provider.
- Parents have the opportunity to speak up, be heard with respect and not be judged.
- Service providers should talk to the family and the child in a clear, courteous, respectful and sensitive manner in the language the family uses at home.
- If needed, parents should request an interpreter; *do not let their child translate for them!*
- Service providers should meet when and where the child and family feel comfortable.
- Service providers should help advocate for the services and supports that will help the child and family achieve goals they set.
- Families will be asked to participate in the development of the service plan for their child.
  - The family will be asked to sign the plan and indicate whether they *agree* to the service plan and accept the services offered.
  - The family should sign the service plan ONLY if they agree with it.
  - The family should ask for a copy of the service plan.

Tip - *A parent can request a CFT at any time to review or amend the treatment plan or to ensure sharing of information.*

Helping Families to Prepare and Participate in a CFT

Advice that families may find useful in participating in a CFT:

- Inform service providers about the child and family's strengths, needs, wants and expectations and tell them about the family's preferences and priorities.
- Talk with someone they trust before the meetings so they are confident about what they are going to say.

Tip - *Remind families to records dates, names and results of conversations in their notebook. Later, this will enable them to identify the persons who gave them information and what tasks others said they would complete.*

- Write down questions before the meeting.
- Document the answers to their questions and the names and numbers of people they want to get in touch with or who will be working with the child and family.
- Request a written explanation if you are told that your child and family are not eligible for services, are denied a service the CFT agreed was necessary or are put on a waiting list for a service.
- Write down short and long-term goals for the child and family and watch for progress toward these goals.
- Family members may feel tired and a bit stressed when the first meeting is over.
- Do not get discouraged with setbacks. Options for the family include getting another opinion or asking for a referral to another service or program that may help the child and family.
- Tell the clinical liaison, case manager, therapist or CFT facilitator as soon as it is realized that some part of the plan is not working as expected. Get the team together again to make changes.
- Get copies of everything! Keep a notebook or folder to help stay organized.

CASII Score

Families may hear discussion about a CASII score. This is the *Child and Adolescent Service Intensity Index* which uses specific criteria to determine the intensity of services. The RBHAs use this score to provide guidance for the assignment of behavioral health case managers to children identified with high or complex needs. This tool also provides data for the CFT to make informed service planning decisions. The CASII assessment is completed within 45 days of the initial assessment period and every 6 months thereafter.

The CASII scores on a scale from 0 to 6. A child with a high CASII score (4, 5, or 6) is considered a high or complex needs child. A crisis plan and a Strengths, Needs and Cultural Discovery (SNCD) are required for these youth. The SNCD identifies child and family strengths, specific needs, cultural influences and preferences, and the family's vision for the future.

The family of a child/youth with a low CASII score (0, 1, 2, or 3) may still request the completion of a crisis plan and/or an SNCD. Although these services are required for high needs youth, a family is not prevented from requesting and receiving them if their child is not identified as a high or complex needs youth.

Crisis Services

Any person presenting with a behavioral health crisis in the community, regardless of Medicaid eligibility or enrollment status, may receive crisis services. In Arizona's behavioral health system, a crisis is defined as when a person presents with "a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior."

Each provider network has an on-call crisis system in place for its members. Individuals should use their provider's system when in crisis. Members can access another network's crisis system if they are out of the area served by their RBHA when a crisis occurs.

The ADHS Division of Behavioral Health Services (DBHS) requires each RBHA to provide the following crisis services:

- Crisis phone services, including a toll-free number, available 24 hours per day, 7 days a week.
- Mobile crisis intervention services, available 24 hours per day, 7 days a week.
  - If one person responds, this person shall be a Behavioral Health Professional (BHP) or a Behavioral Health Technician (BHT).
  - If a two-person team responds, one person may be a Behavioral Health Paraprofessional (BHPP), including a peer or family member, provided he/she has supervision and training as currently required for all mobile team members.
- 23-hour crisis observation/stabilization services, including detoxification services.
- As funding allows, up to 72 hours of additional crisis stabilization at an inpatient, sub-acute or ADHS/DBHS approved Level III facility.
- Substance abuse-related crisis services, including follow-up services for stabilization through a dual-licensed Level IV/ Outpatient clinic or ADHS/DBHS approved Level III facility.

Crisis services must be provided without regard to the person's RBHA enrollment status. When a person presents for crisis services, the RBHA or contracted providers must:

- Provide needed crisis services.
- Ascertain the person's enrollment status with all RBHAs and determine whether the person's residence in the current area is temporary or permanent.

- If the person is enrolled with another RBHA, the RBHA must notify the home RBHA within 24 hours of the person's presentation. The home RBHA or contracted providers is fiscally responsible for crisis services and must:
  - Make arrangements with the RBHA at which the person presents to provide needed services, funded by the home RBHA; and
  - Arrange transportation to return the person to the home RBHA area.

Crisis Plans

An ounce of prevention is worth a pound of cure. Although required for high or complex needs children, a crisis plan can be completed for any child when the family believes it is needed. The crisis plan should include information about what to do when a crisis happens, as well as how to avoid a crisis.

A crisis plan should offer creative ways of heading off a situation before it becomes a full-blown crisis. Any plan that simply says "Call 911" is inadequate and inappropriate. Advise parents that the crisis plan should include the following elements:

Tip - *A copy of the crisis plan should be readily available to crisis teams, law enforcement and other responders who may encounter the child during a crisis.*

- **Prediction:** What is most likely to go wrong and what behaviors are likely to occur or have occurred in the past.
- **Functional assessment:** The who, what, where, when and why that identifies the triggers.
- **Prevention:** Identifying what can be done to avoid the crisis (based on triggers and signs), what has and has not worked in the past, and what can be changed (routine, schedule, interactions, etc.).
- **Plan:** What works to help calm the child, who are the best people to intervene, and whom to call.
- **Phone numbers:** Therapists, teachers, supportive friends and family, emergency contacts.
- **Medications:** List names, dosage and frequency, if applicable.

Families are strongly encouraged to become familiar with the crisis plan and to keep a copy readily available, e.g., in their purse, wallet, on the refrigerator, etc. This is important information to share with crisis teams, law enforcement and other responders who may encounter their child during a crisis.

Sailing Rough Seas

At times, members may run into difficulties with the services that they are receiving, or they may have questions about their services. Clinical liaisons, case managers or therapists should be prepared to address these issues. If families are not happy with the care they are getting, help them try to solve these issues at the lowest possible level, by first talking to their provider (therapist, case manager, clinical director). If the family has an adoption subsidy case manager, they should be advised to call the case manager at any time in the process for guidance and support.

If they do not agree with the treatment plan and/or cannot work out a solution with their provider or CFT, families receiving services have the right to speak with a member advocate or customer service specialist at the RBHA level. Advocacy services are available through the RBHA should individuals feel that their behavioral treatment needs are not being met, that their concerns related to adequacy of services are not being addressed, or they have unanswered questions regarding behavioral health services. If the family is still not satisfied, they may contact ADHS/DBHS for help with the issue or to file an appeal or complaint. Contact information for the the RBHAs and ADHS are located in Phone Numbers and Websites section of this guide.

Tip - *Encourage families to attempt resolving issues at the lowest level with the provider first, before raising a complaint with the RBHA.*

The *RBHA Customer Service Representative* is a person specially trained to help with a problem or a complaint. This member advocate will help the family work on a solution with the provider or help find the services their child needs. To find RBHA advocates, call the RBHA's customer service line and ask for the name of the advocate or ombudsman who serves children in the family's area.

Parent advocates can also be very helpful. Parent/Peer Support Partners are persons who have been through the mental health system with their own families, and understand how to navigate the system as a parent or family member.

Some of the organizations that provide education, parent support, and advocacy in Arizona:

- **Family Involvement Center (FIC)** provides support, training and services to assist families advocate for themselves and their child in Maricopa County. The local number is 602-288-0155.
- **MIKID - Mentally Ill Kids In Distress** provides support, training and services to assist families advocate for themselves and their child for all of Arizona, except for Maricopa County. The statewide number is 1-800-356-4543.

- The Arizona Center for Disability Law (ACDL) maintains a list of advocates for the educational systems. In Phoenix, call 1-800-927-2260; in Tucson, the number is 1-520-327-9547.

If their child is approaching the age of 18, refer families to adult community service agencies and/or peer-run organizations in their area. These agencies provide non-licensed behavioral health services such as volunteers, job mentoring, peer support and other services that will help their child prepare for adulthood.

Appeals and Grievances

Tip - *Sometimes RBHAs deny services because thay have no one to provide them. The child may still be entitled to receive these services with an outside provider.*

Tip - *Encourage familes to not give up and to stay calm. Advise them to refer to their documentation; ask clarifying questions; to keep focused on the facts of the case, and not use this as an opportunity to vent .*

Families have the option of appealing decisions made by an insurance company or the RBHA.

An *appeal* is a formal disagreement with a decision or adverse action that has been made about the child's mental health services. For example, a decision may be made that the child does not need mental health services, or that services will be changed in some way, or that a request for a particular service has been denied. Parents/guardians have the right to seek the service that they believe will best meet their child's needs.

A *grievance* or *complaint* is an oral or written dissatisfaction about any matter other than an action. For example, a provider may fail to follow through on an assigned task, be slow to secure a service, or present other barriers to the family accessing needed services and supports. Resolution of grievances should be made at the lowest possible level. The issue may be elevated to the RHBA or directly to the ADHS/DBHS if the family continues to be dissatisfied with the provider's response or lack of response to the complaint.

Private Insurance

Each insurance company may have different procedures for appealing denied services. When families have received a denial, they should call their insurance company's member service line and ask how to appeal the denial. They should follow the instructions from their insurance company.

If the appeal is further denied, the next step is a written appeal or grievance to the company. Possible outcomes of this process are mediation, arbitration, or an independent review by an outside party. The family should ask what procedure their insurance company uses. If the family is still dissatisfied with the outcome, they can consult an attorney.

The Regional Behavioral Health Authority

The RBHAs have a formal process for addressing denied services, as well as advocates to answer questions and help the family through

the appeal process. Sometimes RBHAs deny services because they have no one to provide them. A RBHA member is still entitled to receive these services with an outside provider or out-of-network. The RBHA can access another RBHA's provider or enter into a single case agreement with an out-of-network provider.

The Appeals Process

Any time services are denied, changed, or terminated families have the right to appeal the decision. The child's provider must give the family a written statement of the denial, change, or termination of the service at least 10 calendar days before the date of the action. This is also called a *Notice of Action (NOA).*

Whether private insurance or Medicaid covers the adopted child, if a service is denied families have the right to appeal that decision. The denial letter or NOA will outline the child's rights and the process for appealing the denial. It will also contain the forms (if needed) to file the appeal.

Before beginning the appeals process, it is important to collect information about why the child needs the denied service, what the family and CFT have done to obtain the service, and how the provider has responded to these requests. If it is unclear whether an appeal is possible, contact the assigned RBHA Office of Grievance and Appeals.

If the child is being served by the RBHA system appeals can be done verbally, but it is always best to write the appeal so that there is a record of it. Families must return the completed appeal form to their local RBHA within 60 days of the date of the adverse decision.

Appeals are time sensitive. Computation of time for appeals is in calendar days. The clock begins the day after the act, event or decision, and includes all calendar days and the final day of the period. Advise the family to pay close attention to the time frames listed in the letter or NOA and to be sure to file the appeal within that time frame. If the deadline is missed, there is no further legal recourse available and the services will not be provided.

Within 7 days of receiving the appeal an informal conference may be scheduled at the RBHA offices, unless an AHCCCS hearing is requested. The purpose of the conference is to discuss the situation and discover ways to resolve the problem. The conference will include the parent/guardian, support persons invited to support the child's situation, a representative from the provider, a RBHA representative, and a mediator. If an AHCCCS hearing is requested, the appeal form will be forwarded by the RBHA to AHCCCS.

Tip - *Before beginning any appeals process, families should discuss their child's needs and concerns with other families who have advocated for their children. They may also want to discuss these needs and concerns with others who know their child reasonably well, such as a teacher, school counselor, or even a good friend. Because advocating can be a stressful process, families should seek reassurance that their requests are valid, and that they are not overreacting.*

Tip - *Advise families to follow all the rules and deadlines set by the system. Otherwise, agencies have no requirement to follow through on their appeal.*

Tip - *An expeditied hearing may be faster, but it is potentially more risky. Discuss this option with the advocate.*

If the problem cannot be resolved at the informal conference, the family will have the opportunity to take the appeal to higher levels. The mediator will advise the parent/guardian of their rights, the child's rights, and how to proceed. The mediator will provide a Notice of Appeal Resolution to the parent/guardian, upholding the RBHA's decision. The notice will outline the steps and timelines to request a fair hearing. The RBHA advocate or an outside advocate can also help direct the family in this process.

Types of Services Available Through the State Mental Health System

Treatment Services are provided by Behavioral Health Professionals (BHPs), or under the supervision of BHPs, to reduce symptoms and improve or maintain functioning. Treatment Services include:

- Behavioral health counseling and therapy
- Assessment and evaluation services

Medical Services are provided or ordered by a physician, nurse practitioner, physician's assistant or nurse to reduce a person's symptoms and improve or maintain functioning.

Medical Services include:

- Medication
- Medication monitoring
- Laboratory services

Support and Rehabilitation Services. Support services are provided to help a person benefit from other behavioral health services. Rehabilitation services are provided to remediate residual or prevent anticipated functional deficits. Support Services include:

- Case management
- Peer and family support
- Personal care services
- Respite care
- Transportation
- Supported housing
- Interpretive services
- Behavioral health promotion
- Skills training
- Medication training
- Cognitive rehabilitation

Crisis Intervention Services are provided to a person for the purpose of stabilizing or preventing a sudden unanticipated or possibly harmful behavioral health episode. These services may be provided over the telephone or face-to-face. Crisis Services may include:

- Assessment, evaluation or counseling to stabilize the situation
- Medication stabilization and monitoring
- Other therapeutic and supportive services to prevent, reduce or eliminate a crisis situation

Inpatient Services occur in a structured treatment facility with 24-hour supervision and an intensive treatment program, including medical support services. Inpatient Services may include:

- Acute psychiatric inpatient treatment
- Residential treatment center

Residential Services provide up to 24-hour supervision in a less restricted environment, and counseling or other therapeutic activities for persons who do not require on-site medical support services. Residential Services may be provided in a Therapeutic Group Home (Level II) or Behavior Health Group Home (Level III).

Behavioral Health Day Programs are ongoing, partial or full day services such as therapeutic nursery, in-home stabilization, after school programs and specialized outpatient substance abuse programs. These programs can be provided to a person, group of persons, or families in a variety of settings.

You can view the *ADHS/DBHS Covered Behavioral Health Services Guide* and other information about behavioral health services at the DBHS website, www.azdhs.gov/bhs/covserv.htm.

Adoption Subsidy

Other than case management, no services are directly provided by adoption subsidy. Adopted children are eligible for the same services in the community as any other child. Adoption subsidy may authorize services if the services are necessary, related to pre-existing conditions on the agreement, and the need for the service cannot be met through community resources.

GLOSSARY

ADHS	Arizona Department of Health Services, which operates programs in behavioral health, disease prevention and control, health promotion, community public health, environmental health, maternal and child health, emergency preparedness and regulation of childcare and assisted living centers, nursing homes, hospitals, other health care providers and emergency services.
AHCCCS	Arizona Health Care Cost Containment System, the state agency that manages the Medicaid program in Arizona.
Adoption Subsidy	The Adoption Subsidy program provides post adoption supports to adoptive parents to assist in meeting the special needs of the child adopted from foster care.
Appeal	A request for a review of an action.
Behavioral health services	Services that help people think, feel and act in healthy ways; sometimes called mental health services. These services can also help people stop using alcohol and drugs.
Case management	Activities that include helping a behavioral health recipient plan services and making sure he/she is getting the right services at the right time.
Child and family team	A group of persons selected by the parents/guardians that meet with a child and family to set goals and develop a strengths-based plan of action to meet those goals.
Clinical liaison	A behavioral health professional assigned to each behavioral health recipient to help ensure delivery of strengths-based, family friendly, culturally sensitive, clinically sound and supervised treatment and support services.
Complaint	See *Grievance*.
DBHS	Division of Behavioral Health Services, under ADHS, is the single state authority to provide coordination, planning, administration, regulation and monitoring of all facets of the state public behavioral health system.
Grievance	An expression of dissatisfaction about any matter other than an action, e.g., quality of care or provided services, rudeness or failure to respect the client's rights.
Mental, emotional and behavioral disorders	Disorder that affect one's thoughts, feelings and behavior. Mental health problems are not just a passing phase. They can be severe, seriously interfere with a person's life and even cause a person to

	become disabled. Mental health problems include depression, bipolar disorder, attention deficit/hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, conduct disorders and others.
Mental health	How a person thinks, feels, and acts when faced with the circumstances of life. Mental health is how people perceive themselves, their lives and the other people in their lives; evaluate their challenges and problems; and explore choices. This includes how a person handles stress, relates to other people and makes decisions.
Network	An agency contracted by the RHBA to provide assessment of potential clients for eligibility and need, and direct services or referral to services.
Prior authorization	When the company or agency that pays for care agrees that services for a recipient are medically necessary, gives the provider approval to deliver the care and agrees to pay for all or part of those services.
Provider	A person who is licensed or certified by the state to provide services; or an agency that is licensed, accredited and/or certified to provide services.
RBHA	Regional Behavioral Health Authority, an organization designated by the State of Arizona to coordinate and manage publicly-funded behavioral health services for children, adults and their families. Arizona is divided into six regions served by four RBHAs. By way of a provider network, the RBHAs ensure the delivery of mental health and substance abuse treatment services, and behavioral health wellness and prevention services.
Service plan	Also called a treatment plan, is a plan written for and with a behavioral health recipient detailing the services needed to achieve treatment goals.
Strengths-based	A clinical team approach where all plans for action are derived from the strengths of the behavioral health recipient, clinical team members and the community.
Strengths, Needs and Cultural Discovery (SNCD)	A document capturing the special qualities and strengths of the child and family. This includes the things the family does well and/or likes to do, and things that make the family special and unique. The SNCD should be the basis for the family service/treatment plan.
Wraparound services	A process by which the CFT members and community of the child and family build a layer of support around the family to help them accomplish their goals by building on their strengths.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request.

CSO-1128A (9-14)
ACY-1269A (6-13)