



# Children's Behavioral Health Resources Guide for Northern Arizona

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## How to Use This Guide & BH Provider Resource List (PLEASE READ!)

This guide is designed to be a reference tool to help identify and locate ancillary services for children and families in need, as well as to provide information about key HCA policies and processes related to children's care. It is not intended to prescribe services. All treatment decisions are driven by the Child and Family Team.

**\*\*This guide frequently references the HCA Central and Northern Arizona GSA Behavioral Health Resource List. \*\***

### Using the BH Provider Guide:

The **HCA Central and Northern Arizona GSA Behavioral Health Resource List** is a comprehensive list of behavioral health and crisis providers that are contracted with HCA. The list is located on the [HCA Website](#), under Providers > Behavioral Health Resources.

From the Behavioral Health Resources page, scroll down to locate the **HCA Central and Northern Arizona GSA Behavioral Health Resource List**.

Once you click on the link shown above, the BH Provider List will open in an Excel sheet, which you can then save for future reference. There is a directory tab to describe the abbreviations and the HCA Provider Directory tab that list the providers with contact information and service type/location.

*\*Please note that the BH Provider List is not an exhaustive list of service providers and service types. The purpose of this guide is to provide information on additional services and providers that are not detailed in the BH Provider List.\**

## Wrap Around Services

### Meet Me Where I Am (MMWIA)

MMWIA is an intensive, direct support service offered to children and families with the most challenging and complex needs. MMWIA services are primarily provided in the home and/or community setting. MMWIA Providers coordinate and collaborate with the Child and Family Team to identify the needs to be addressed through MMWIA services as well as determine the frequency, duration, and time when services are most needed by the family. MMWIA Providers are able to work with the youth alone, or the entire family as directed by the CFT. However, it is recommended that MMWIA Providers work with the entire family.

### When Should A Referral Be Sought?

MMWIA services take time to help the child and family. It is imperative that referrals to MMWIA be made as soon as significant challenges present. It is essential MMWIA is sought before the family gets to a place where they are requesting an out of home placement.

MMWIA is an intensive community-based program which provides services to children and families with the most complex needs. MMWIA services are driven by the CFT and are flexible in the duration, frequency and scheduling of services. Children with complex needs include children who:

- Are involved in multiple state agency systems OR have recently become involved with new state agency
- Have lost or are at risk of losing current placement or being placed in a treatment facility
- Are living out of home
- Experience significant behavioral disruptions in the school, home or community
- Have caregivers with behavioral health issues
- Have experienced severe trauma
- Have recurring crisis situations
- Display behaviors that could result in justice involvement
- Are potential safety risks
- Are transitioning to the adult behavioral health system
- Have a CASII score of 3 or above

If the child and/or family display any of the above characteristics, MMWIA services may be help the family in achieving their goals and to help avoid an out of home placement.

### MMWIA Providers and Locations

For more information or to make a referral, please contact the MMWIA Generalist Provider for your region.

- Coconino, Apache and Navajo County: Arizona Children's Association (AZCA)
- Mohave and Yavapai: Child and Family Support Services (CFSS)
- Gila County: Horizon Health and Wellness (HHW)

## Family and Parent Support Services

Family and parent support services are provided in the home and community to assist parents and families through a variety of challenges. These services can be provided by Family-Run Organizations (FROs), such as Family Involvement Center (FIC) and Mentally Ill Kids in Distress (MIKID). Parent/family support services provided by FROs differ from those provided by the Health Home.

Family support services are intended to strengthen and empower families to overcome barriers, and to help parents to build skills necessary to provide a nurturing, healthy family environment for their children, as well as developing advocacy skills. Family/parent support services also help families to develop natural resources within the community. Family Support Partners can assist families in navigating various State systems, locating community resources, developing positive parenting skills, and helping parents understand official documents. Family Support can be provided one-on-one or in a group setting.

Family support services can be provided without the parent/guardian having to enroll in the Health Home, as family support services can be written into the child's treatment plan.

### Family Involvement Center (FIC)

FIC provides parent support, family support, respite and youth mentor services. FIC offers a variety of workshops and trainings for parents and families such as parenting skills, effective communication, and general support groups for parents and caregivers. FIC has locations in Prescott Valley and Flagstaff.

FIC also provides Parent Support NOW services in Yavapai County and Coconino County as of 1/2020.

### MIKID (Mentally Ill Kids in Distress)

MIKID provides family support, parent support and respite. They are located in Mohave and Coconino County.

MIKID provides Parent Support NOW services in Kingman and Bullhead City in Mohave County.

### When Should A Referral Be Sought?

Family support can be an invaluable service to parents and families. Many families may benefit from family support services, especially those that have children with complex needs. Children with complex needs include children who:

- Are involved in multiple state agencies OR have recently become involved with new state agency
- Have lost or are at risk of losing current placement or being placed in a treatment facility
- Are living out of home
- Experience significant behavioral disruption in the school, home or community
- Have caregivers with behavioral health issues
- Have experienced severe trauma
- Display behaviors that could result in justice involvement
- Are potential safety risks
- Are transitioning to the adult behavioral health system
- Have a CASII score of 3 or above

Family support is also beneficial to families who have few natural supports, and/or have a sibling group of children with complex needs.

### Parent Support NOW

Parent Support NOW (PSN) is a unique program offered to families who have recently had a child taken into DCS custody. This program allows Family/Parent Support Partners to meet with families early on in the Court process and assist them in completing the necessary steps to regain custody of their child.

This program is very small in scope and the service is offered only to families who have recently experienced a DCS removal.

PSN Mohave is provided by MIKID in Kingman and Bullhead City serves parents of children ages 0-18 in Kingman and 0-18 in Bullhead City.

PSN Yavapai is provided by FIC serves parents of children ages 0-12.

PSN Coconino is provided by FIC serves parents of children ages 0-12.

## Respite Services

Respite services are short-term planned or emergency services provided to a caregiver of a child, to provide them relief of the duties of caregiving. These services can be provided in the home, in the community, or in a licensed respite facility. Respite services are written on the child's service plan.

### Overnight, Planned Respite

#### 4Directions

4 Directions provides individually tailored behavioral health interventions to adults, children and families in Coconino and Yavapai Counties. 4Directions also provides planned and overnight respite through their licensed residential program, Posada House.

#### HCTC Providers

HCTC Providers may also be able to provide respite.

### Emergency Overnight Respite

HCTC providers may be able to assist with respite and emergency respite.

### Day Respite

#### MIKID

MIKID provides respite in Kingman, Bullhead and Coconino County area.

#### AZCA

AZCA provides respite services in Lake Havasu and Coconino County.

#### FIC

FIC provides community based and in-home respite in Prescott Valley area and Flagstaff.



## Caring Connections

In Benson, Caring Connections provides residential respite services. In Payson, they provide community respite.

## Other Specialty Providers

### Behavioral Consultant Services

Behavioral Consultation Services (BCS) provides functional behavioral assessment (FBA), applied behavioral analysis (ABA), behavior treatment plans (BTP) and skills training to help address disruptive or challenging behaviors. These services can be particularly beneficial for children who are developmentally disabled, have frequent disruptions, or at risk for inpatient hospitalization. Services are available throughout HCA's GSA.

### Functional Behavioral Assessment (FBA):

FBA is a variation on procedures originally developed to determine the purpose or reason for behaviors displayed by individuals with severe cognitive or communication disabilities (e.g., individuals with mental retardation or autism). These investigatory procedures, derived primarily from the orientation and methods of applied behavior analysis, were known as "functional behavioral analysis". By gathering data and conducting experiments that evaluated the effects of environmental variables on the behavior, analysts can usually decipher the meaning of the behaviors (i.e., which emotion or message was being communicated through the actions), determine why they occur, and develop behavior change programs to help the individual display more appropriate behavior to meet his or her needs.

### Applied Behavioral Analysis (ABA):

ABA is a scientific discipline among the helping professions that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior. These relevant environmental events are usually identified through a variety of specialized assessment methods. ABA is based on the fact that an individual's behavior is determined by past and current environmental events in conjunction with organic variables such as their genetic endowment and physiological variables. When applied to autism spectrum disorder (ASD), ABA focuses on treating the problems of the disorder by altering the individual's social and learning environments.

### Behavior Treatment Plan (BTP):

A behavior treatment plan (BTP) is a plan that is designed to teach and reward positive behaviors. This can help prevent or stop problem behaviors in school, community and or home. The BTP is based on the results of the FBA. The BTP describes the problem behavior, the reasons the behavior occurs and the intervention strategies that will address the problem behavior.

\*If the child has autism spectrum disorder, or has complex behavioral needs, it is recommended that the team discuss a possible referral for an FBA, ABA, and/or positive behavior supports.\*

## HCA Trainings

### CFT Training

HCA's Clinical Team has updated and condensed the previous Child and Family Team (CFT) training modules into a two day live course for HCA health homes, community partners and family members.

The purpose of the HCA Child & Family Team (CFT) live, 2-Day Facilitator Training, is to enhance a staff members clinical knowledge and skills on **Child and Family Teams** and their role within it. This training aims to increase a staff member's understanding of a Member's individual needs and how to utilize the CFT process to effectively plan, manage, expedite services, and make the most of the Team's time together. This course will include a brief lesson review of the history and purpose of CFT, interactive and engaging role play activities, competency check/application, mock CFT facilitation and course evaluation.

To find an upcoming training, visit [HCA's Eventbrite listings](#).

### Clinical Trainings

HCA offers a variety of clinical trainings for all skill levels. Training topics include:

- **HCTC/TFC, Foster Families, Kinship Families Training & Competency Development:**
  - Attachment Based Interventions - Techniques for HCTC/TFC Providers and Families
  - Betrayal Bonds
  - Building Attachment through Expressive Art
  - Child and Family Team Training for Families (Foster, Adoptive, and Families of Origin)
  - Elopement Behavior
  - First Aid, CPR & AED Training
  - Foster Family: Child and Family Team Training
  - Grief and Loss Experiences in Fostering
  - Hearing Voices
  - SAFE AZ
  - Sexualized Behavior
  - Transitions – Out of home placement, returning to family of origin, transition age
  - Trauma Informed Identification of Shame and Vulnerability
  - Welcoming a Child to Your Home: Strategies for Comfort and Consistency
  - Yoga 4 Kids
  - Youth Mental Health First Aid
  
- **Behavioral/Integrated Health Home and Community Stakeholders Training & Competency Development:**
  - A Framework for Understanding Poverty
  - Addressing Adolescent Physical, Sexual, Mental and Emotional Changes and Adjustments
  - Attachment Theory 101
  - Birth to Five Training
  - Blending Ritual and Therapy for Effective Treatment
  - CASII - Child and Adolescent Service Intensity Instrument
  - Child and Family Team Training for Facilitators
  - Child and Family Team Training for Coaches and Supervisors

- Child and Family Team Training for Community Members
- Community & System Partners: Child and Family Team Training
- Compassion Fatigue & Burnout
- Complex Trauma Training
- Crisis and De-escalation: Staying Cool
- Crisis and Safety Planning, Transitions
- Cultural Competency: Oppression, Shame and Relational-Cultural Theory
- Cultural Diversity: Working With Trafficked Persons
- DSM-5 Adult Disorders
- DSM-5 Child and Adolescent Disorders
- ECSII - Early Childhood Screening and Intensity Instrument
- Ethical Principles of Practice by Arizona Mental Health
- Ethics and Cultural Competency Classes (Examples include Telepractice, Custody Issues, Documentation, 101, Supervision)
- Ethics: Telemed
- Executive Functioning Skills for Youth 5-17
- Expressive Art Techniques with Traumatized Persons (Children, Adolescents, and/or Adults)
- Family Therapy 101
- First Episode Psychosis and Trauma
- Flexible Sequential Play Therapy
- Group Facilitation Theories and Application
- Loss, Grief, & Complicated Mourning
- Mental Health First Aid
- Mental Health Issues in the Classroom: Practical Strategies to Help Children and Adolescents Succeed
- Motivational Interviewing
- National Safety Council First Aid & CPR Training
- Play Therapy 101
- Relational Psychotherapy
- Relias Learning - Provides opportunities for providers to expand their knowledge base through multiple modules on an array of child and adolescent treatment issues
- Safe Dating
- Sandtray Therapy – (6 class series; 45 hours total to become Sandtray Specialized)
- School Based Interventions
- Self-Healing Communities – Kevin Campbell
- Sexual Abuse 101
- Shame 101
- Social Media and Youth
- SoulCollage
- Therapeutic Play
- Trafficking 101
- Transference and Countertransference: Definitions, Theoretical & Practical Application
- Transition to Adulthood
- Trauma Bonds
- Trauma Informed Care
- TraumaPlay: Interventions for Complex Trauma
- Treating Grief & Complicated Mourning
- Treating Shame in Behavioral Health

- Treatment of Child Sexual Abuse
- Understanding the CFT: Engagement, Facilitation and Conflict Management
- Unique Needs Online

To register for an upcoming training visit [HCA's Eventbrite listings](#). To request a training, please contact [HCH.SHCAtraining@steward.org](mailto:HCH.SHCAtraining@steward.org) or [Amanda.Steavenson@steward.org](mailto:Amanda.Steavenson@steward.org).

## Out of Home Process, Policies and Expectations

### Out of Home Requests

**Out of Home (OOH) placements should only be considered after all options for in home/community services have been exhausted.** If/when the guardian requests an OOH placement, regardless of the level requested, the HH is required to respond to that request. Please see [Health Choice Arizona Behavioral Health Services- Chapter 18](#) for more information on Prior Authorizations for Behavioral Health services. \*Please see the Northern AZ BH Provider List for a listing of all OOH placements contracted with HCA located on the HCA website under the Behavioral Health Resources tab: <https://www.healthchoiceaz.com/>

\*Note: For Behavioral Health Residential Facilities (BHRF) and HCTC, the request is reviewed and responded to by the Health Home (HH). For Behavioral Health Inpatient Facilities (BHIF), the request must be submitted to HCA for review. Admission into acute settings due to immediate danger to self or others does not require prior authorization.\*

If the HH or HCA is not in agreement with the request for placement, a Notice Adverse Benefit Determination (formerly Notice of Action) (NOA) must be issued within 14 days (NOAs are reviewed later in this guide). For more information on denials for BHIF, please see [Health Choice Arizona Behavioral Health Services- Chapter 18](#) For additional information on Prior Authorizations and NOAs, please see HCA's Provider Policy Manual, [Health Choice Arizona Behavioral Health Services- Chapter 18](#) .

**There is an expectation that the guardian/family will have consistent contact including phone calls/visits and participate in treatment, as determined appropriate by the CFT and treatment team.** It is the responsibility of the case manager or person managing the child and family's care to coordinate outpatient services (psychiatric, individual therapy, etc.) with the caregiver and guardian prior to the child's relocation out of area.

An Out-of-State placement in a higher level of care requires additional steps before placement AND additional steps each month for re-authorization of placement. Out of State placement may be sought under certain circumstances however, the HH must have 3 in-State denial letters from the BHIF's prior to HCA submitting an Out of State request.

### Expedited vs Standard Requests

HCA will review and respond to standard requests within 14 of receipt of request. Standard requests are most commonly used. An expedited request may be submitted under certain circumstances in which a standard review may seriously jeopardize the member's life, health or ability to achieve or maintain function. Upon receipt of an expedited request, HCA will review and make a decision no later than 3 business days, but may extend the decision up to 14 days if an expedited review is deemed unnecessary.

### Out of Home Procedures

When requesting an OOH placement, the Health Home is required to comply with all HCA and AHCCCS policies and procedures. The HH is required to submit a Certificate of Need (CON) and the HCA Prior Authorization and Continued Stay Request Form, along with supporting documentation. For more information on these documents and criteria for admissions, please see HCA Provider Policy Manual, [Health Choice Arizona Behavioral Health Services- Chapter 18](#) .

To access the needed documents for an OOH request, visit the [Forms](#) section on the HCA website.

## Locating Outpatient and Specialty Services for Children in OOH Placements

When a child is placed in HCTC or foster care, they may be placed in another part of the State. If this occurs and the HH is not able to provide services in the child's new place of residence, then the HH is responsible for locating and coordinating with other behavioral health providers in the area of the child's residence to provide the medically necessary services for that child.

For example: a child is assigned to and enrolled with Mohave Mental Health Care (MMHC) in Kingman, and receives therapy, skills training and medication management. The child is then placed in an HCTC home in Mesa. In collaboration with the family and placement, MMHC would locate and coordinate with behavioral health service provider(s) in Mesa and secure services for the child. MMHC is still responsible for facilitation of CFTs, updating service plans, discharge planning/planning for returning home, and maintaining active involvement in the child's care.

## Out of Home Expectations for the CFT

### Discharge Planning

Discharge planning and considerations are to begin as soon as the child is placed in an OOH placement. Discharge planning can be complex and challenging and should be discussed at EVERY CFT while the child is in the placement. When completing discharge planning, be sure to complete a crisis and safety plan for when the child returns home, and to have adequate wrap-around supports available and in-place.

**\*For additional information on OOH procedures, policies and expectations, please refer to the OOH CFT Module available on Relias. For information specific to discharge and discharge planning see [Health Choice Arizona Behavioral Health Services- Chapter 18](#) and [AHCCCS Out of Home Practice Protocol](#).**

## Out of Home Placement Options

### Behavioral Health Inpatient Facilities (BHIF)

Behavioral Health Inpatient Facilities are intuitions which provide 24-hour psychiatric treatment and monitoring to individuals experiencing severe behavioral health disruptions. BHIFs are typically short term placements to stabilize the individual. BHIFs provide treatment for individuals who:

- Have limited ability to engage in age and developmentally appropriate behaviors;
- Have significant impairments in ability to use age and developmentally appropriate judgement, reason, or capacity to recognize reality;
- Are a danger to themselves;
- Are a danger to others

For a complete list of criteria, please see [Health Choice Arizona Behavioral Health Services- Chapter 18](#).

### Behavioral Health Residential Facilities (BHRF)

Behavioral Health Residential Facilities provide treatment and monitoring to individuals experiencing behavioral health issues. BHRFs provide treatment for individuals who are experiencing behavioral health issues that:

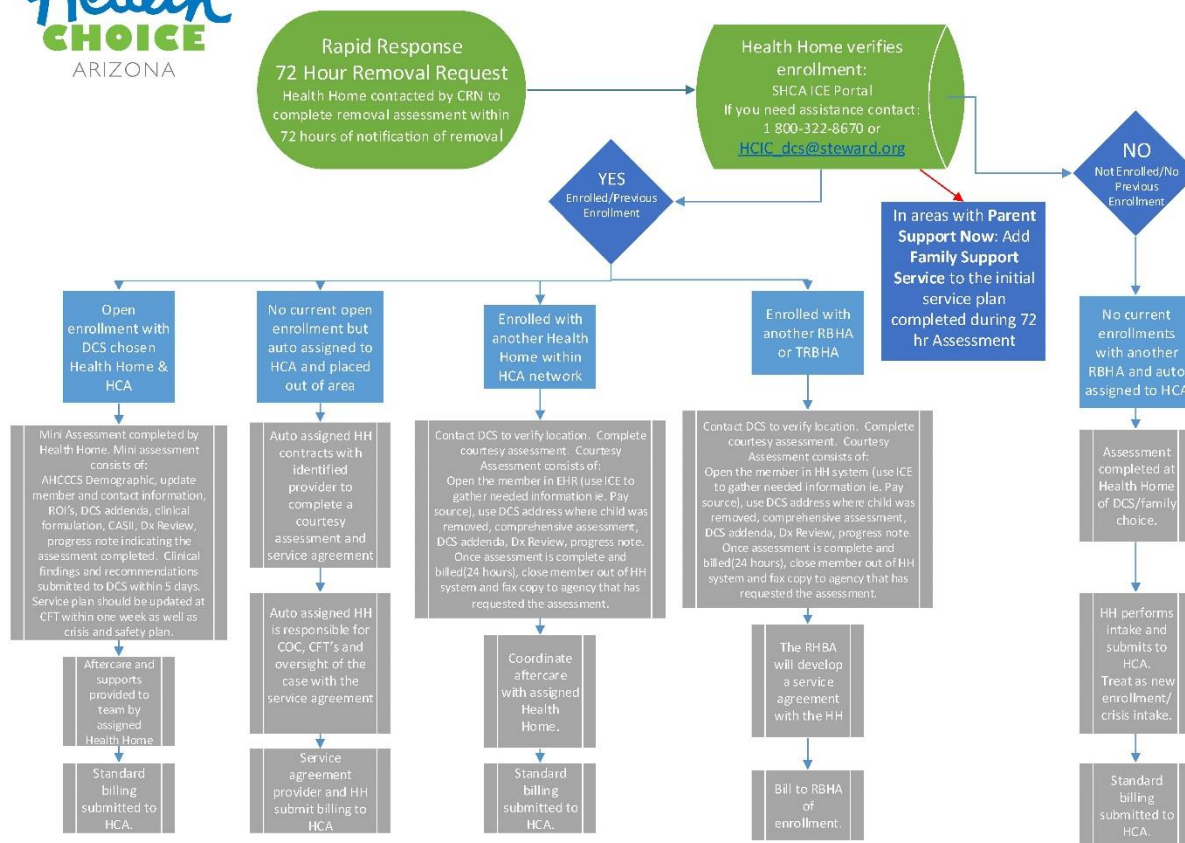
- Limit the individual's ability to engage in age and developmentally appropriate behaviors and reach expected milestones; or
- Causes the individual to require treatment to maintain or enhance independence

### Home Care Training to Home Care Client (HCTC)

Home Care Training to Home Care Client (HCTC) are services provided by licensed professional foster homes to a child/children residing in the home. HCTC assists and supports the child in achieving their service plan/behavioral health goals. HCTC services include the provision of covered support and rehabilitation services including personal care, psychosocial rehabilitation, skills training, and behavioral interventions.

## 72-Hour Rapid Response for Children Removed by DCS

An assessment must be completed for a child removed by Department of Child Safety (DCS) within 72-hours of receipt of notice of removal.



For additional information on DCS removals, see [Health Choice Arizona Behavioral Health Services- Chapter 18, Child and Family Team Practice Protocol](#) and [The Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with DCS Practice Protocol](#).

For questions related to DCS removals, contact [HCIC\\_dcs@steward.org](mailto:HCIC_dcs@steward.org) or Kim Sevier at 928-214-2324.

### Courtesy Assessments

Courtesy assessments are completed for a child who has been removed by DCS and is already enrolled with a HH in the HCA network, OR for a child who is not currently enrolled but auto assigned to a Health Home within the HCA network.



To complete a Courtesy Assessment: open the member with your HH (use ICE to locate information needed), use DCS address where child was removed, complete a comprehensive assessment, DCS addenda, Dx Review, and progress note.

*If the child is enrolled with another HCA HH:* Once the Courtesy Assessment is complete, close member out of HH system and send documents to agency that requested the assessment. You will submit standard billing to HCA. If the child remains in your area, your HH will collaborate with the child's primary HH to develop a *services only agreement*. Services will be provided by your agency.

*If a child is not currently enrolled but auto assigned to an HCA HH and has been place out of area:* The auto assigned HH will contract with identified provider to complete courtesy assessment and service agreement. The service agreement provider and HH submit billing to HCA.

\*In areas with Parent Support NOW: ADD Family Support Service to the initial service plan completed during the 72 Hr Assessment\*.

## Notice of Adverse Benefit Determination (NOA)\*

A Notice of Adverse Benefit Determination\* (formerly Notice of Action) is a written notice provided to the member/guardian about a decision made by the HH or HCA regarding a requested service (i.e. BHIF placement). The NOA gives clinical reasons for the denial, along with the appeal rights a member has.

An NOA must be issued when:

- The action is the denial or limited authorization of a requested service, including the type or level of service;
- The reduction, suspension or termination of a previously authorized service;
- The denial, in whole or in part, of payment of service;
- The failure to provide services in a timely manner;
- The failure to act within established timeframes for resolving an appeal or complaint and providing notice to affected parties; and
- The denial of the Title XIX/XXI eligible person's request to obtain services outside the network

Providers *cannot* unilaterally deny services which require prior authorization. The authorization must be sent to HCA along with the denial recommendation from the provider. For more information about NOAs, please see [Health Choice Arizona Behavioral Health Services- Chapter 18](#).

**\*Effective 10/01/2017, the Notice of Action Policy was changed to Notice of Adverse Benefit Determination. Please see AHCCCS [ACOM 414](#) for more information.**

## High Needs/High Cost Program – RBHA Members Only

The High Needs/High Cost (HN/HC) program coordinates care between DCS (the DCS health plan is Comprehensive Medical and Dental Plan (CMDP)), American Indian Health Plan (AIHP), and Behavioral Health RBHAs for mutual members that have complex needs or high costs. Members are identified for

this program by either HCA or the Health Plan using a certain set of criteria. Members can include both children and adults.

What does this mean for the Health Home? The HH Case Manager or designee will receive an email from HCA requesting a Member Update on a specified member.\* The Case Manager or designee fills out the form in its entirety, addressing ALL questions, and returns the form to the HCA Care Coordinator and to [SHCA\\_HNHC@steward.com](mailto:SHCA_HNHC@steward.com).

\*Each Health Home addresses these requests differently. You may or may not be the person who receives these requests. Check with your supervisor and team to find out how your Health Home manages the HN/HC requests from HCA.

## Pharmacy & Prescription Drugs

The HCA [Formulary](#) is your guide to prescription drugs covered by HCA. The Formulary is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products are listed by generic name. Brand name products are included as a reference to assist in product recognition. Unless exceptions are noted, generally all dosage forms and strengths of the drug cited are covered. In addition, the formulary covers selected over-the-counter (OTC) products.

HCA may add or remove drugs from our Formulary during the year. For certain drugs, HCA may limit the amount of the drug that our plan will cover. You can ask HCA to make an exception to these restrictions or limits.

\*To get updated information about the drugs covered by HCA, you call Member Services at 1-800-640-2123. You can also call our Pharmacy Help Desk at 1-877-923-1400, Option #2 or 928-774-7128, Option #2. Some covered drugs may have additional requirements or limits on coverage.\*

### Prior Authorizations

HCA may require prior authorization for certain drugs. You will need to get approval from HCA for drugs noted with a "PA" in the drug list or for any drugs not listed in the formulary. If you do not get approval, HCA may not cover the cost of the drug.

- View a PDF copy of the [SHCA Medication Prior Authorization Criteria](#).
- Obtain a PDF copy of the [SHCA Pharmacy Services Prior Authorization Form](#).

Fax the completed HCA Pharmacy Services Prior Authorization Form to the HCA Prior Authorization fax line at 1-855-411-7559.

## Crisis Services

**\*Ensure members have the Crisis Line phone number: 1-877-756-4090. This number should also be included in the member's crisis plan.\*** For hearing impaired, please use the Arizona Relay Service at 711 or (800) 367-8939, or find internet assistance at <http://www.azrelay.org/>.

Crisis services are available throughout the network, 24 hours a day, seven days a week. Crisis intervention services are provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior. Crisis

intervention services are provided in a variety of settings, such as hospital emergency departments, face-to-face at a person's home, over the telephone or in the community. These intensive and time limited services may include screening, (e.g., triage and arranging for the provision of additional crisis services) assessing, evaluating or counseling to stabilize the situation, medication stabilization and monitoring, observation and/or follow-up to ensure stabilization, and/or other therapeutic and supportive services to prevent, reduce or eliminate a crisis situation. Note: At the time behavioral health crisis intervention services are provided, a person's enrollment or eligibility status may not be known. However, crisis intervention services must be provided, regardless of enrollment or eligibility status.

For more information about Crisis Services please see [Health Choice Arizona Behavioral Health Services- Chapter 18](#).

### Crisis & Safety Planning

Crisis planning is a key component of behavioral health care and can prevent a child/family from experiencing crisis and consequences of crises, such as placement in an inpatient facility or involvement of police.

There are several different types of plans and assessments associated with crises:

*Crisis Prevention Plan:* a plan created in collaboration with the member that helps to predict and plan for future crises. Includes development and use of crisis prevention skills and community supports to help avert a crisis as much as possible. This should be reviewed and updated frequently, and namely, after a crisis has occurred, if there has been a change in the member's level of care, if there has been any significant change in the member's life (i.e. switching schools, grades or a loss in the family), or whenever requested by the family.

*Safety Plan:* a 24-hour plan created when there is a specific risk of harm.

*Crisis Assessment:* an assessment taken during a crisis to determine the appropriate level of care and to arrange for that care (i.e.: hospitalization, outpatient services)

*Risk Assessment:* evaluates a person's risk for future suicidality. This assessment may change frequently based on current situations and client status. Team members should be aware and evaluating risk and mitigating factors at all times.

### Who Needs a Crisis Plan?

It can be beneficial to develop crisis plans for all members, regardless of acuity. Those who are required to have a crisis plan are children who:

- Are co-enrolled with the Division of Developmental Disabilities (DDD)
- Have a CASII scores of 4, 5, and 6 (ages 6-18)
- Have had more than 2 mobile or face-to-face crisis contacts in a 30 day period in the prior 3 months
- Have called crisis more than three times weekly in the prior 3 months
- Have had a transition in their Level of Care \*This is also when a CASII should be completed\*
- Or any child that the clinical treatment team deems to be at risk

## HCA Children's SHOUT

SHOUT stands for: Safety Help Outreach Understand Track. It a registry of persons with a high risk suicide attempt or multiple severe suicide attempts.

The goal of SHOUT is to reduce the chances a person who has previously attempted suicide will repeat suicide attempts or complete suicide.

### What are the criteria for SHOUT?

The person must have had a documented suicide attempt occurring within the past 12 months by a high-intent method: hanging, suffocation, strangulation, gassing, drowning, jumping from a height, or firearms;

OR have had two or more suicide attempts, by any method, requiring medical interventions, within a 12-month period.

### What is meant by "requiring medical interventions"?

Medical intervention is defined as any procedure conducted to prevent further problems which may occur as a result of the suicide attempt. For example:

1. Pumping the stomach
2. Giving charcoal
3. IV or injectable medications
4. Sutures for open wounds
5. Inpatient hospitalization
6. Surgery
7. Dialysis
8. Blood transfusion

Procedures performed in order to evaluate if something is wrong are NOT considered medical interventions for SHOUT criteria. For example, but not limited to:

1. Seeing the doctor
2. Lab work
3. X-rays, scans (CT, MRI, etc.)
4. ED visit with no medical intervention
5. Observation/monitoring in the ED
6. EKG

Crisis services delivered by a behavioral health provider are not considered medical interventions.

### What is considered non-suicidal self-injury behavior?

Non-suicidal self-injurious behaviors are self-harming behaviors which are not intended to result in death. Examples can include severe cutting and intentional overdoses not intended to result in death.

\*Non-suicidal self-injury behaviors are a strong indicator of a future suicide attempt and/or suicide completion.\*

What if the child has engaged in non-suicidal self-injury or has an attempt that does not meet SHOUT criteria?

Children/adolescents with behaviors or potential attempts that are non-suicidal in nature will be reviewed by HCA Children's Clinical Team. Non-suicidal self-injury behaviors requiring medical intervention to prevent further problems as a result of the behavior (for example, wound care or sutures for severe cutting or pumping of the stomach), are not considered qualifying behaviors for SHOUT.

**Continue to monitor client for safety and develop a safety plan that includes the client's natural supports, caregiver, parent, friend, mentor etc.**

What does SHOUT consist of?

The HCA's Children's Clinical Team conducts monthly staffings with case managers or clinicians for each child engaged in the SHOUT protocol. There is an initial staffing which reviews the suicide attempt(s), safety measures needed, coordination of care needs, crisis plan and service plan updates, medication changes, as well as other psychosocial needs and factors.

After the initial staffing, each monthly staffing reviews the strengths, needs and cultural impact on the child's recovery, level of child and family participation in treatment, medication adherence or changes, family/peer relationships, substance abuse needs, and the child's current risk of danger to self or others.

Staffings occur monthly until the child graduates from the SHOUT protocol.

What is my responsibility as a case manager/therapist/clinical care coordinator?

If you are determined to be the appropriate clinical contact for the child, you will be required to attend monthly staffing with an HCA Children's Team Clinical Care Coordinator. During the staffing, the strengths, needs and cultural impacts on the child's recovery, level of child and family participation in treatment, medication adherence or changes, family/peer relationships, substance abuse needs, and the child's current risk of danger to self or others, and care coordination needs will be reviewed and discussed.

A SHOUT staffing typically lasts 10-20 minutes.

How do I make a referral for SHOUT?

Health Homes can make a referral to Children's SHOUT by completing the SHOUT Protocol Referral/Checklist located on HCA's Website at [Forms](#) submitting it to [hch.SHCA.childshout@steward.org](mailto:hch.SHCA.childshout@steward.org). Please fill out the referral form in its entirety, or to the best of your abilities. Include documentation of suicide attempt i.e. contact, coordination notes etc. Incomplete referral forms, or referrals without sufficient accompanying documentation, will be returned to the sender for completion.

\*Please indicate if you do not have the requested information to avoid the referral form being returned.\*

What if the child is placed in an inpatient facility?

Children/adolescents in Behavioral Health Inpatient Facilities (BHIFs), formerly known as Residential Treatment Centers (RTCs), will be suspended from the protocol until achieving discharge readiness. At that time, the Health Home treatment team and HCA Medical Management staff will refer the member

to HCA's Children's Clinical Team for re-engagement on the protocol, if less than 12 months have passed since the most recent suicide attempt and there is an ongoing need for SHOUT protocol monitoring as assessed by the Children's Clinical Team.

How does the child "graduate" from SHOUT?

A child will be removed, or graduated, from the SHOUT protocol if they have not had a serious suicide attempt within 12 months following the initial suicide attempt(s).

Non-suicidal self-injurious behaviors will not extend the length of the SHOUT protocol.

## Office of Individual and Family Affairs (OIFA)

The Office of Individual & Family Affairs (OIFA) department builds partnerships with individuals, families, youth and key stakeholders to promote person-centered care with a focus on recovery, resilience and wellness. This department is responsible for developing and sustaining programs that support the needs of members using a recovery-oriented, trauma-informed approach, and working with community members and stakeholders to promote the wellbeing of the individuals we serve.

The OIFA office establishes structures and mechanisms necessary to increase member and family voice in areas of leadership, service delivery and HCA's decision making committees and boards, and advocates for service environments that are supportive and welcoming and recovery oriented by implementing Trauma Informed Care (TIC) service delivery approaches and other initiatives. The OIFA office also works directly with members and families to identify concerns and remove barriers that affect service delivery or member satisfaction, promoting the development and availability of peer/family support programs to members and families, and collaborates with AHCCCS's Office of Individual and Family Affairs.

For Children/Family and Provider specific concerns and barriers regarding the AHCCCS Complete Care Integration Contract, contact Joshua Napoleon [joshua.napoleon@steward.org](mailto:joshua.napoleon@steward.org), Child Behavioral Health Member Liaison.

For Adult/Family and Provider specific concerns and barriers regarding the AHCCCS Complete Care Integration Contract, contact Denise Cox [denise.cox@steward.org](mailto:denise.cox@steward.org), Adult Behavioral Health Member Liaison.

Joshua's and Denise's primary focus is on collaborating and networking with behavioral health partners as well as acute care providers, and reducing stigma by assisting acute care providers navigate the behavioral health system.

## HCA Children's Focused Committees

### Northern AZ Children's Council

The Northern AZ Children's Council (NACC) focuses on children's services throughout Northern AZ. The NACC consists of families, youth, system partners, and other community partner and providers. The NACC discusses behavioral health system updates, presentations from partners and stakeholders, local and regional achievements, and barriers in accessing or delivering services.

This committee meets quarterly, on the last Friday of the month from 10:00am-12:00pm.

For more information, contact Josh Napoleon, [joshua.napoleon@steward.org](mailto:joshua.napoleon@steward.org)

### HCA Autism Internal Action Committee

This Committee acts on the recommendations to the State outlined within the 2015 ASD Advisory Committee Report to strengthening the health care system's ability to respond to the needs of members with or at risk for ASD, including those with comorbid diagnoses.

This includes focusing on individuals with varying levels of needs across the ASD spectrum, including those who are able to live on their own and those who may require institutional levels of care, and addressing both the early identification of ASD and the development of person-centered care plans.

This committee meets monthly. For more information, contact Kelly Lalan, [Kelly.Lalan@steward.org](mailto:Kelly.Lalan@steward.org).

### Member Advisory Council (MAC)

This committee consists of providers, adoptive/kinship/foster families, and system partners. The purpose of this committee is to provide families with education, training, outreach materials. The committee aims to empower families to participate in the delivery of care and services for their children.

This committee meets quarterly, on the last Friday of the month from 5:30-7:30pm.

For more information, contact Kim Sevier, [Kimberly.Sevier@steward.org](mailto:Kimberly.Sevier@steward.org)



## General Resources

### [Health Choice Arizona Behavioral Health Services- Chapter 18 Clinical Practice Guidelines](#)

AHCCCS Behavioral Health Covered Services Guide has now been moved into four AHCCCS documents: BH Services Matrix, the Fee For Service Manual and AMPM 300 Medical Policy for Covered Services (multiple documents) :

<https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/BehavioralHealthServicesMatrix.xlsx>

<https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/MasterFFSManual.pdf>

<https://www.azahcccs.gov/shared/MedicalPolicyManual/>

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/Exhibit300-2A.pdf>

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310B.pdf>

[AACAP Practice Parameters](#)

[Child And Family Team Practice Tool](#)

[Out of Home Practice Protocol](#)

[HCA on Eventbrite](#)

[Commonly Used Forms \(including SHOUT and Prior-Auth forms\)](#)

[HIPAA Information](#)

[AHCCCS/DBHS Guides and Manuals](#)

Suicide Hotlines for our region/HCA Crisis Line:

- Mohave, Coconino, Apache, Navajo, Gila and Yavapai Counties: 1-877-756-4090

## Contact Info for HCA's Children's Team

Victoria Tewa, MS, LPC

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CRS/ASD Liaison/Clinical Care Coordinator

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Kim Sevier, MA

Clinical Care Coordinator/DCS Liaison

[Kimberly.Sevier@steward.org](mailto:Kimberly.Sevier@steward.org)

Sarah Hester

Youth & Young Adult Projects Coordinator

[sarah.hester@steward.org](mailto:sarah.hester@steward.org)

HCA Switchboard

928-774-7128

HCA Customer Service

1-800-640-2123

HCA Crisis Line

1-877-756-4090