

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Community Partnership of Southern Arizona (CPSA Edition)**

Section 10.9 **Level 1 Prior Authorization and Child and Family Team
(CFT Process)**

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10.9.1 Introduction

This outline defines CPSA's expectations of how the CFT process should function relative to RTC placement considerations and the CPSA prior authorization process.

10.9.2 References

[AHCCCS/ADHS Contract](#)
[ADHS/T/RBHA Contract](#)
[Section 3.9, Intake, Assessment and Service Planning](#)
[Section 3.14, Securing Services and Prior Authorization](#)
[Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons](#)
[Section 5.5, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#)
[The Child and Family Team Practice Improvement Protocol](#)
[The Child and Family Team Process Technical Assistance Document](#)
[The Arizona Principles](#)
[ADHS/DBHS Policy Clarification Memorandum: Prior Authorization](#)

10.9.3 Scope

This section applies to CPSA and Network staff.

10.9.4 Objectives

To ensure that CPSA's expectations of how the CFT process should function relative to RTC placement considerations and the CPSA prior authorization process are defined.

10.9.5 Definitions

[Child and Family Team](#)
[Denial](#)
[Emergency Behavioral Health Services](#)

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[Inpatient Services](#)

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[Medically Necessary Covered Services](#)

[Post Stabilization Services](#)

[Prior Authorization](#)

[Residential Treatment Center \(RTC\)](#)

10.9.6 Procedures

10.9.6-A: Prior to Sending a Packet to CPSA for Prior Authorization:

A Child and Family Team is developed in a manner consistent with [ADHS Practice Improvement Protocol \(PIP\) # 9 \(The Child and Family Team\)](#), and the [ADHS Technical Assistance Document #3 \(Child and Family Team Process\)](#).

Network Staff (other than the assigned behavioral health representative) does not participate in the CFT process unless specifically requested to do so by the members of the Child and Family Team.

The CFT delineates and prioritizes the specific needs of the child and family as determined by the assessment process.

The CFT focuses on identifying the underlying needs of the child and family, including the type, intensity and frequency of supports needed, rather than on identifying pre-determined specific services or locations of service delivery. This will allow the Behavioral Health Representative the greatest flexibility in securing the least restrictive, community-based plan.

The Behavioral Health Representative assists the CFT by identifying the manner in which the Network can best and most appropriately service those needs. The Clinical Liaison provides additional clinical expertise and best practice opportunities when difficult clinical issues arise.

Consensus on the child's service plan is reached by the CFT (consensus is not required between the CFT and other network representatives who are not part of the CFT).

If residential services are requested, a packet is forwarded to CPSA for prior authorization.

10.9.6-B: If Consensus Cannot be Reached Within the CFT:

Packets are not forwarded to CPSA for prior authorization until consensus has been reached and the placement is included in the service plan.

CPSA Member Services should be contacted for assistance.

A Member Services Specialist is assigned to aid the team in defining a mutually agreed upon service plan.

The parent or child at any time can formally request the provision of a covered behavioral health service, including RTC. If the Network representative on the CFT does not agree, or does not think that the request reflects the best clinical response to the service need, then an appropriate alternative that meets identified behavioral health needs must be presented.

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If any member of the CFT at any time feels that the CFT's attempt to reach consensus has become a barrier to timely service provision, the member can request a service plan from the Team's behavioral health representative. The behavioral health liaison then has 24 hours to submit a service plan to the CFT for review and acceptance.

If the child and family do not agree to a proposed service plan, their disagreement is indicated on the service plan. This would immediately trigger the notice process and information about appeal rights. The Network must submit a notice of denial of a requested, covered behavioral health service in a timely manner as outlined in the CPSA Provider Manual.

The parent or legal guardian has the right at this point to submit an appeal.