



Concurrent Review Guide for Continued Stay for Children's Out of Home Services BHIF/BHRF/TFC

Guidelines for Continued Stay:

Continued stay must be assessed by the Out of Home (OOH) staff and the CFT during the service plan review and update. Progress towards the treatment goals and continued display of risk and functional impairment must also be addressed. Treatment intervention, frequency, crisis/safety planning and targeted discharge must be adjusted accordingly to support the need for continued stay.

The following criteria will be considered when determining continued stay:

1. The member continues to demonstrate significant risk of harm and/or functional impairment as a result of a behavioral health condition consistent with the criteria for admission.
2. Providers and supports are not available to meet current behavioral and physical health needs at a less restrictive lower level of care.
3. Member is making progress towards identified goals or if there is lack of progress the facility and complete care plan are revised resulting in the expectation of improvement.
4. The member is demonstrating marked improvement toward the one or more identified area of significant risk of harm that was identified during the admission/evaluation period.

Please be prepared to provide responses to the questions in this form during the telephonic review process.



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Background Information:

Member Name:

Gender:

DOB:

Age:

AHCCCS ID:

Diagnoses:

Facility Name:

Address:

Person Requesting Concurrent Review Request:

Name:

Phone:

Email Address:

Was member absent from the facility/home for more than 24 hours since last review? (Yes or No)

If so, when and why? (i.e. home visit)

Is there any current DCS involvement? (Yes or No)

If so, is the DCS guardian involved in the CFT process and active discharge planning? (Yes or No)

*******Current Treatment and Progress*******

Name, credentials, and contact info of person providing 1:1 therapy

Dates of 1:1 therapy since last update:

Dates of family therapy session since last update:

Date of the last two psychiatric appointments?

Date of next psychiatric appointment?



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Current meds. Date of any recent changes? Are there any side effects to the medications?

Is the member adherent to their medication regimen?

Name of medication:	Dosage:	How often:
Name of medication:	Dosage:	How often:
Name of medication:	Dosage:	How often:

What are the current SMART goals?

Grid with options of: 1. Goal, Measurement, how achieved, time period

Goal:	Measurement:	How Achieved	Time Period

What goals has member successfully completed?

For goals not completed, please provide specific examples of member’s improvement on goals that have not been completed. (spell out each goal—within the grid from above).

Does a Significant risk of harm still exist? Yes/ no check box. If so, what are the specific risks?

What functional impairment continues to exist and provide examples?

What groups have they been attending, when, and where?



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What goals/treatment can't be provided in a lower level of care?

Risk assessment: any aggression, deterioration in their mental health status and if so, what happened, when and why? What actions were taken by the facility and outpatient clinic?

Has the member had any home visits, if so when and what was the outcome? If not, is there a plan for this, if not, why?

If member is refusing to participate in treatment, i.e. therapy, groups how is the facility addressing this and attempting to engage member?

Substance Use:

Any positive UDS during episode of care

*******Discharge Information*******

What will be member’s mailing address and phone number be when they leave the facility?

Outpatient Contact Information Clinic:

Person Involved in /CFT meetings:

Title of Position:

Phone Number:

Email Address:

When was the last CFT meeting? When is the next CFT meeting? (please attach last /CFT meeting note)



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What are the Discharge plans, A, B, C?

A	
B	
C	

What are the specific barriers to transitioning member to a less restrictive level of care?

How are the barriers being addressed? Details for each barrier.

If member is 16.5 years of age or older have any services been discussed for Transitional Age Youth?

Has member been determined to potentially qualify for SMI, if so has the team made plans to address this?

If stepping down to a lower level of out of home treatment, what facilities have been contacted? What is the status of the referral packets and when was the last outreach?

Are there any barriers to member continuing with their current medication regimen at discharge?



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What natural supports (friends, family, community services) does member have?

If this member will be stepping down within the next 2 weeks, what is the date, time, and provider for all step down appointments:

What is the date	Time	Provider for all step down appointments

If there is any additional information related to this member's need for ongoing stay in an Out of Home treatment please note in the space below.

