



**Washington County Juvenile Justice Center
REGIONAL JUVENILE CENTER**

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**PARENT/GUARDIAN
REFERRAL INFO FOR SUBACUTE/RESIDENTIAL TREATMENT**

THE ETHICAL STANDARD OF CARE TO ADDRESS BEHAVIOR AND MENTAL HEALTH FUNCTIONING IS LEAST RESTRICTIVE INTERVENTION. THIS MEANS THAT, TYPICALLY, FOR YOUTH TO BE CONSIDERED FOR SUBACUTE/RESIDENTIAL TREATMENT THAT THEY ARE CURRENTLY CONSISTENTLY IN OUTPATIENT THERAPY SERVICES FOR AT LEAST 90 DAYS (WITHOUT GAPS) AND HAVE NOT FOUND SUCCESS.

RESIDENTIAL TREATMENT CENTER (PRTF) – AN ELECTIVE LEVEL OF CARE AND MAY INCLUDE INDIVIDUAL, FAMILY, GROUP THERAPY, SUBSTANCE ABUSE, CASE MANAGEMENT, PSYCHOLOGICAL, AND PSYCHIATRIC SERVICES. FREQUENCY CAN RANGE FROM THREE TO SIX MONTHS AND CAN OCCUR IN A PSYCHIATRIC HOSPITAL OR OTHER THERAPEUTIC SETTING (EG RANCH STYLE, ETC).

SUBACUTE TREATMENT - AN ELECTIVE LEVEL OF CARE AND MAY INCLUDE INDIVIDUAL, FAMILY, GROUP THERAPY, SUBSTANCE ABUSE, CASE MANAGEMENT, PSYCHOLOGICAL, AND PSYCHIATRIC SERVICES. FREQUENCY CAN RANGE FROM ONE TO THREE MONTHS AND CAN OCCUR IN A PSYCHIATRIC HOSPITAL. TO BE ELIGIBLE FOR SUBACUTE TREATMENT, A YOUTH TYPICALLY HAS ISSUES WITH CHRONIC ACUITY.

ACCESSING RTC / SUBACUTE SERVICES IS A PROCESS. IT CAN TAKE 2 WEEKS TO SEVERAL MONTHS. TYPICALLY NEEDED TO NAVIGATE THE PROCESS ARE AS FOLLOWS:

- _____ PARENT/GUARDIAN TO CHOOSE FACILITY/HOSPITAL (ATTACHED)
- _____ PCP REFERRAL TO FACILITY OF CHOICE
- _____ "FAILED" LETTER FROM OUTPATIENT THERAPIST RECOMMENDING RTC/SUBACUTE
- _____ AN INDEPENDENT ASSESSMENT (IA) OF FUNCTIONING WITH OPTUM HEALTH WITH A TIER III DESIGNATION – THE PCP/OUTPATIENT PROVIDER REFERS TO OPTUM HEALTH FOR THE IA TO BE COMPLETED FOR ALL YOUTH TO HAVE A PASSE ASSIGNED
- _____ PASSE COORDINATOR CONSULTED (IF APPLICABLE)
- _____ PARENT/GUARDIAN TO COMPLETE BEHAVIOR CHECKLIST (ATTACHED)

REFERRAL FOR SUBACUTE/RESIDENTIAL TREATMENT INVOLVES TWO PARTS.

FIRST THE YOUTH'S CASE IS REVIEWED BY THE TREATMENT TEAM AT THE FACILITY/HOSPITAL CHOSEN BY PARENT/GUARDIAN. THE FACILITY/HOSPITAL TREATMENT TEAM DETERMINES IF THE YOUTH WILL BE ACCEPTED FOR ADMITTANCE TO THE HOSPITAL OR NOT.

IF THE YOUTH IS STAFFED AND CLINICALLY ACCEPTED FOR ADMITTANCE TO HOSPITAL, THE YOUTH IS PUT ON A WAIT LIST FOR A BED TO BECOME AVAILABLE.

SECOND, WHEN TIME NEARS TO THE YOUTH'S BED BECOMING AVAILABLE, THE HOSPITAL/FACILITY WILL SUBMIT THE YOUTH'S CASE TO THEIR INSURANCE/PASSE TO PRE-CERTIFY YOUTH FOR FUNDING. ONCE ACCEPTED BY THE PROGRAM AND FUNDING HAS BEEN APPROVED, THE YOUTH WAITS FOR A BED TO BECOME AVAILABLE – YOUTH MUST BE IN BED WITHIN 48 HOURS OF FUNDING APPROVAL