

Advocating for Appropriate Behavioral Health Care

- Learn about your family’s insurance coverage for behavioral health services.
- Keep detailed records of any calls to your insurance provider:
 - Dates and Times.
 - First and last names of people you speak with.
 - Ask questions about the recommended providers:
 - Are they specially trained to care for children and adolescents?
 - Do they have specific training in the treatment of eating disorders?
 - Are they trained in family-based treatment of eating disorders?
 - If your child is younger than 14 years old, let them know. Ask how many patients they have seen in this age group.
 - Will your child be able to get an appointment within a reasonable timeframe? An optimal timeframe would be within 4 weeks.
 - What is the cost of service? Is there a co-pay? How much is it?
- Other questions to ask providers (in addition to those above):
 - How will I be involved in my child’s care?
 - What treatment approach do you use? What is the research behind it?
 - What do you think causes this illness?
 - What role do you believe the parent plays in recovery? How do you define recovery?
- You may need to request a “single-case agreement” if you don’t have enough “in-network” insurance coverage.
 - A single-case agreement is a special agreement with your insurance company. They agree to pay for an out-of-network provider at the same rate as if they were in-network. Call your behavioral health provider to ask for help in starting a single-case agreement.
 - You will need a “letter of medical necessity” from your child’s providers.
 - Ask your insurance company to assign you to a case manager within the insurance company. This will give you one specific person to contact who will get to know your child’s case. Note: Many companies will only assign a case manager to your child’s case while they are still an inpatient at the hospital.
 - Call the in-network providers and document how they do not qualify to care for your child. Examples of reasons the in-network providers may not qualify:
 - They have no availability to meet with your child.
 - They do not meet the needs of your child.
 - They are no longer taking new patients.
 - They did not respond to your requests for service.
 Send this information to the insurance company to strengthen your case.
 - If applicable, speak with your human resources department at work to let them know how their in-network providers do not meet your family’s needs.
 - You can appeal if you are denied out-of-network coverage, and you should appeal! This appeal will have to be initiated by you, the parents.