320-V BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

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REFERENCES: A.R.S. §§ 32-2061, 32-2091, 32-3251 et seq., 36-501; A.A.C. R9-10-101, 702, 707, 708, 715, 814; International Classification of Diseases, 10th Revision, Clinical Modification.

PURPOSE

This policy establishes requirements of the Division of Developmental Disabilities' (Division) Administrative Services Subcontractors (AdSS) for the provision of care and services in a Behavioral Health Residential Facility.

DEFINITIONS

1. "Adult Recovery Team" means a group of individuals who, following the nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems, collaborate and are actively involved in an assessment of the Member, service planning, and service delivery.

2. "Behavioral Health Condition" means a mental, behavioral, or neurodevelopmental disorder diagnosis defined by International Classification of Diseases, 10th Revision, Clinical Modification.

3. "Behavioral Health Professional" means:

   a. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:

      i. Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251; or

      ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. § 32-3251 under direct supervision as defined in A.A.C. R4-6-101;

   b. A psychiatrist as defined in A.R.S. § 36-501;

   c. A psychologist as defined in A.R.S. § 32-2061;

   d. A physician;

   e. A behavior analyst as defined in A.R.S. §32-2091;

   f. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse; or

   g. A registered nurse with a psychiatric-mental health nursing certification or one year of experience providing behavioral

health services.

4. "Behavioral Health Residential Facility" means, as specified in A.A.C. R9-10-101, a health care institution that provides treatment to a Member experiencing a behavioral health issue that limits the Member's ability to be independent or causes the Member to require treatment to maintain or enhance independence.

5. "Behavioral Health Residential Facility Staff" means any employee of the Behavioral Health Residential Facility, including administrators, Behavioral Health Professionals and Behavioral Health Technicians.

6. "Behavioral Health Technician" means an individual who is not a Behavioral Health Professional, who provides behavioral health services at or for a health care institution, according to the health care institution's policies and procedures, with clinical oversight by a behavioral health professional, and that if provided in a setting other than a licensed health care institution would require the individual to be licensed as a behavioral health professional under A.R.S Title 32, Chapter 33.

7. "Child and Family Team" means a group of individuals that includes, at a minimum, the child, the child's family, a behavioral health

representative, and any individuals important in the child's life that are identified and invited to participate by the child and family. The size, scope, and intensity of involvement by team members is determined by the objectives established for the child, the needs of the family in providing for the child, and by who is needed to develop an effective Service Plan and can expand and contract as necessary to be successful on behalf of the child.

8. "Crisis and Safety Plan" means a written description for potential crisis support or intervention which identifies needs and preferences that are most helpful in the event of a crisis; establishes goals to prevent or ameliorate the effects of a crisis, and specifically address techniques for establishing safety, identification of realistic interventions, physical limitations or unique needs of the Member, trauma informed, and developed in alignment with the Member's Service and Treatment Plans, and any existing behavior plan, if applicable, and adherence to court-ordered treatment when applicable.

9. "Medication Assisted Treatment" means the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders.

10. "Member" means the same as "Client" as defined in A.R.S. § 36-551.

11. "Outpatient Treatment Team" means a group of individuals working in collaboration with the Behavioral Health Residential Facility and are actively involved in a Member's assessment, service planning, and service delivery. Outpatient Treatment Team as used throughout this policy can indicate a Child and Family Team, Adult Recovery Team, Tribal Regional Behavioral Health Authority, American Indian Medical Home, Indian Health Services, Tribally operated 638 Facility, or the Division.

12. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed.

13. "Second Level Review" means a review performed by a Division Medical Director who has clinical expertise in managing a Member's condition or disease. Second Level Review is used to screen for medical necessity and compare the findings to clinical data in the Member's medical record to ensure Division Members are receiving

medically appropriate and high quality care.

14. "Secure Behavioral Health Residential Facility" means the same as specified in A.R.S. § 36-425.06(B) and A.A.C. R9-10-101 (36).

15. "Service Plan" means a complete written description of all covered health services and other informal supports, including individualized goals, family support services, care coordination activities, and strategies to assist the Member in achieving an improved quality of life.

16. "Treatment Plan" means a written description of all services to be provided by a Behavioral Health Residential Facility. The Treatment Plan is based on the intake assessments, outpatient Service Plan, and includes input from the Outpatient Treatment Team.

POLICY

A. BEHAVIORAL HEALTH RESIDENTIAL FACILITY REQUIREMENTS

1. The AdSS shall adhere to the following:
    a. Care and services provided in a Behavioral Health Residential Facility (BHRF):
        i. Are based on a 24-hour day per diem rate;

ii. Require prior and continued authorization; and

iii. Do not include room and board.

b. The BHRF level of care is inclusive of all treatment services provided by the BHRF in accordance with the Treatment Plan created by the Outpatient Treatment Team.

c. BHRFs are Arizona Department of Health Services licensed facilities in accordance with A.A.C. Title 9, Chapter 10, Article 7.

d. Refer to AdSS Operations Policy 414 for request timeframes and requirements regarding prior authorization.

e. Respond to all authorization requests for BHRF services as expedited requests within 72 hours of receipt of authorization.

f. Send all documentation associated with a denial of admission to a BHRF to the Division within one business day for a Second Level Review.

g. Do not require prior and continued authorization for admission to a Secure BHRF.

h. Adhere to the court order, as specified in A.R.S §

36-550.09, for admission and duration of stay in a Secure BHRF.

2. The AdSS shall have a process in place to ensure notification is sent to the Primary Care Provider, Behavioral Health Provider, and the Division's Support Coordinator upon admission to and discharge from the BHRF.

3. The AdSS shall develop medically necessary criteria for admission to, continued stay in, and discharge from BHRFs, and approved by the Division prior to publishing on the AdSS' website.

B. CRITERIA FOR ADMISSION

1. The AdSS shall develop admission criteria for medical necessity that contains the following elements:

   a. Member has a diagnosed Behavioral Health Condition that reflects the symptoms and behaviors necessary for a request for residential treatment level of care.

   b. The Behavioral Health Condition causing the functional or psychosocial impairment is evidenced in the assessment by

the following:

i. At least one area of significant risk of harm within the past three months as a result of:

a) Suicidal, aggressive, self-harm, homicidal thoughts or behaviors without current plan or intent;

b) Impulsivity with poor judgment or insight;

c) Maladaptive physical or sexual behavior;

d) Member's inability to remain safe within their environment despite environmental supports; or

e) Medication side effects due to toxicity or contraindications; and

ii. At least one area of serious functional impairment as evidenced by:

a) Inability to complete developmentally appropriate self-care or self-regulation due to a Behavioral Health Condition;

b) Neglect or disruption of ability to attend to

majority of basic needs, such as personal safety, hygiene, nutrition or medical care;

c) Frequent inpatient psychiatric admissions or legal involvement due to lack of insight or judgment associated with psychotic or affective/mood symptoms or major psychiatric disorders;

d) Frequent withdrawal management services, which can include detox facilities, Medication Assisted Treatment, and ambulatory detox;

e) Inability to independently self-administer medically necessary psychotropic medications despite interventions such as education, regimen simplification, daily outpatient dispensing, and long-acting injectable medications; or

f) Impairments persisting in the absence of situational stressors that delay recovery from the presenting problem.

c. A behavioral health need for 24-hour supervision to develop adequate and effective coping skills that will allow the Member to live safely in the community.

d. Anticipated stabilization cannot be achieved in a less restrictive setting.

e. Evidence that behavioral health treatment in a less restrictive level of care has not been successful or is not available, therefore warranting a higher level of care.

f. Member or Member's Responsible Person agrees to participate in treatment.

g. Agreement to participate is not a requirement for individuals who are court-ordered to a Secure BHRF.

h. Member's Outpatient Treatment Team is part of the pre-admission assessment and Treatment Plan formulation unless the Member is evaluated by a crisis provider, emergency department, or behavioral health inpatient facility.

i. The BHRF shall notify the Member's Outpatient Treatment

Team of admission prior to creation of the BHRF Treatment Plan.

C. EXPECTED TREATMENT OUTCOMES

1. The AdSS shall require treatment outcomes to align with the following:
   a. The Arizona Vision-12 Principles for Children's Behavioral Health Service Delivery as directed in AdSS Medical Manual Policy 430;
   b. The Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems; and
   c. The Member's individualized basic physical, behavioral, and developmentally-appropriate needs.
2. The AdSS shall require treatment goals to be developed in accordance with the following:
   a. Specific to the Member's Behavioral Health Condition;
   b. Measurable and achievable;
   c. Unable to be met in a less restrictive environment or lower level of care;

d. Based on the Member's unique needs and tailored to the Member and family/Responsible Person choices where possible; and

e. Support the Member's improved or sustained functioning and integration into the community.

D. EXCLUSIONARY CRITERIA

1. The AdSS shall not allow admission to a BHRF to be used as a substitute for the following:

   a. Detention or incarceration;

   b. Ensuring community safety in circumstances where a Member is exhibiting primarily conduct disordered behavior without the presence of risk or functional impairment;

   c. Providing safe housing, shelter, supervision, or permanency placement;

   d. A behavioral health intervention when other less restrictive alternatives are available and meet the Member's treatment needs, including situations when the Member or Member's Responsible Person is unwilling to participate in the less restrictive alternative; or

   e. An intervention for runaway behaviors unrelated to a

Behavioral Health Condition.

E. CRITERIA FOR CONTINUED STAY

1. AdSS shall develop medical necessity criteria for continued stay that contains the following elements:
   a. Assessment of continued stay by BHRF Staff in coordination with the Outpatient Treatment Team during each Treatment Plan review and update.
   b. Assessment of progress towards the treatment goals and continued display of risk and functional impairment.
   c. Treatment interventions, frequency, crisis and safety planning, and targeted discharge adjusted accordingly to support the need for continued stay.
2. The AdSS shall consider the following criteria when determining continued stay:
   a. The Member continues to demonstrate significant risk of harm or functional impairment as a result of a Behavioral Health Condition; and
   b. Providers and supports are not available to meet current

behavioral and physical health needs at a less restrictive lower level of care.

F. DISCHARGE READINESS

1. The AdSS shall develop medical necessity criteria for discharge readiness that contains the following elements:
    a. Discharge planning begins at the time of admission, and
    b. Discharge readiness is assessed by the BHRF Staff in coordination with the Outpatient Treatment Team during each Treatment Plan review and update.
2. The AdSS shall consider the following criteria when determining discharge readiness:
    a. Symptom or behavior relief is reduced as evidenced by completion of Treatment Plan goals;
    b. Functional capacity is improved;
    c. Essential functions such as eating or hydrating necessary to sustain life has significantly improved or is able to be cared for in a less restrictive level of care;
    d. Member is able to self-monitor for health and safety, or a caregiver is available to provide monitoring in a less

restrictive level of care; and

e. Providers and supports are available to meet current behavioral and physical health needs at a less restrictive level of care.

G. ADMISSION, ASSESSMENT, TREATMENT, AND DISCHARGE PLANNING

1. The AdSS shall establish a policy to ensure the admission, assessment, and treatment planning process is completed consistently among BHRF providers in accordance with A.A.C. R9-10-707 and 708, and as stated below:

   a. Except as provided in subsection A.A.C. R9-10-707(A)(9), a behavioral health assessment for a Member is completed before treatment is initiated and within 48 hours of admission.

   b. The Outpatient Treatment Team is included in the development of the Treatment Plan within 48 hours of admission.

   c. BHRF documentation reflects:

      i. All treatment services provided to the Member;

      ii. Each activity documented in a separate,

individualized medical record, including the date, time, and behavioral health professional conducting treatment activity;

iii. Which Treatment Plan goals are being achieved;

iv. Progress towards desired treatment goal; and

v. The frequency, length, and type of each treatment service or session.

d. BHRF Staff coordinates care with the Outpatient Treatment Team throughout the admission, assessment, treatment, and discharge process.

e. The BHRF Treatment Plan connects back to the Member's Service Plan.

f. For a Secure BHRF, the Treatment Plan aligns with the court-ordered treatment plan.

g. A discharge plan is created during the development of the initial Treatment Plan and reviewed and updated at each review thereafter.

h. A discharge plan documents the following:

i. Clinical status for discharge;

ii. The Responsible Person and Outpatient Treatment Team understands the follow-up treatment, Crisis and Safety Plan; and

iii. Coordination of care and transition planning are in process.

i. The BHRF Staff and the Outpatient Treatment Team meet to review and modify the Treatment Plan at least once a month.

j. A Treatment Plan may be completed by a Behavioral Health Professional, or by a Behavioral Health Technician with oversight and signature by a Behavioral Health Professional within 24 hours.

k. Implementation of a system to document and report on timeliness of the Behavioral Health Professional signature/review when the Treatment Plan is completed by a Behavioral Health Technician.

l. BHRF providers have a process to actively engage the family and Responsible Person, or other designated

individuals, in the treatment planning process as appropriate.

m. Clinical practices, as applicable to services offered and population served, demonstrate adherence to best practices for treating specialized service needs that includes:

i. Cognitive/intellectual disability;

ii. Cognitive disability with comorbid Behavioral Health Condition(s);

iii. Older adults and co-occurring disorders; and

iv. Comorbid physical and Behavioral Health Condition(s).

n. Members in a BHRF level of care cannot receive services under another level of care while receiving services in a BHRF.

o. Services deemed medically necessary and not offered at the BHRF are documented in the Member's Service Plan with a description of the need, identified goals, and

identification of providers who will be meeting the need.

p. The following services are made available and provided by the BHRF and cannot be billed separately unless otherwise noted below:

i. Counseling and Therapy (group or individual): Behavioral health counseling and therapy shall not be billed on the same day as BHRF services unless specialized behavioral health counseling and therapy have been identified in the Service Plan as a specific Member need that cannot otherwise be met as required within the BHRF setting.

ii. Skills Training and Development:

a) Independent Living Skills,

b) Community Reintegration Skill Building, and

c) Social Communication Skills.

iii. Behavioral Health Prevention/Promotion Education and Medication Training and Support Services:

a) Symptom management;

b) Health and wellness education;

c) Medication education and self-administration

skills;

d) Relapse prevention;

e) Psychoeducation services and ongoing support to maintain employment work/vocational skills, educational needs assessment and skill building;

f) Treatment for substance use disorder; and

g) Personal care services.

H. BHRF AND MEDICATION ASSISTED TREATMENT

The AdSS shall ensure BHRF providers have written policies and procedures to ensure Members on Medication Assisted Treatment are not excluded from admission and are able to receive Medication Assisted Treatment in compliance with Arizona Opioid Epidemic Act SB 1001, Laws 2018, First Special Session.

I. BHRF WITH PERSONAL CARE SERVICE LICENSE

1. The AdSS shall ensure that BHRFs providing personal care services are licensed to provide personal care services and that the services are offered in accordance with A.A.C. R9-10-702 and A.A.C. R9-10-715.

2. The AdSS shall ensure that BHRF providers can meet all identified needs in accordance with A.A.C. R9-10-814 (A)(C)(D) and (E).

SUPPLEMENTAL INFORMATION

Examples of Personal Care Services

- ACE wraps, arm and leg braces
- Administration of oxygen
- Application and care of orthotic devices
- Application and care of prosthetic devices
- Application of bandages and medical supports, including high elastic stockings
- ACE wraps, arm and leg braces
- Application of topical medications
- Assistance with ambulation
- Assistance with correct use of cane/crutches

- Bed baths
- Blood sugar monitoring, Accu-Check diabetic care
- Care of hearing aids
- Catheter care
- Denture care and brushing teeth
- Dressing member
- G-tube care
- Hair care, including shampooing
- Incontinence support, including assistance with bed pans/bedside commodes/ bathroom supports
- Measuring and giving insulin, glucagon injection
- Measuring and recording blood pressure
- Non-sterile dressing change and wound care
- Ostomy and surrounding skin care
- Passive range of motion exercise
- Radial pulse monitoring
- Respiration monitoring
- Shaving
- Shower assistance using shower chair
- Skin and foot care

- Skin maintenance to prevent and treat bruises, injuries, pressure sores and infections. (Members with a stage 3 or 4 pressure sore are not to be admitted to a BHRF pursuant to A.A.C. R9-10-715(3).
- Supervising self-feeding of members with swallowing deficiencies
- Use of chair lifts
- Use of pad lifts

Signature of Chief Medical Officer: Anthony Dekker (Jan 5, 2024 12:58 MST)
Anthony Dekker, D.O.