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2 **320-V BEHAVIORAL HEALTH RESIDENTIAL FACILITIES**

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5 REVISION DATE: (TBD), 4/06/22, 6/16/21, 4/22/20

6 EFFECTIVE DATE: October 1, 2019

7 REFERENCES: A.R.S. §§ 32-2061, 32-2091, 32-3251 et seq., 36-501;

8 A.A.C. R9-10-101, 702, 707, 708, 715, 814; International Classification of
9 Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

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11 **PURPOSE**

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13 This policy establishes requirements of the Division of Developmental
14 Disabilities' (Division) Administrative Services Subcontractors (AdSS) for the
15 provision of care and services in a Behavioral Health Residential Facility. ~~by~~
16 ~~each Administrative Services Subcontractor (AdSS).~~

17 ~~Throughout this policy, all references to outpatient treatment team can~~
18 ~~indicate Child and Family Team (CFT), Adult Recovery Team (ART), TRBHA,~~
19 ~~American Indian Medical Home (AIMH), Indian Health Service, Tribally~~
20 ~~operated 638 Facility, Urban Indian Health (I/T/U) and/or the DivisionDDD.~~

21

22 **DEFINITIONS**

23

- 24 1. "Adult Recovery Team" ~~(ART)~~ means ~~is~~ a group of individuals who,
25 following the nine Guiding Principles for Recovery-Oriented Adult
26 Behavioral Health Services and Systems, collaborate and are actively

- 27
- 28 involved in an assessment of the Member, service planning, and
- 29 service delivery. ~~At a minimum the team consists of the Member,~~
- 30 ~~Responsible Person/guardian, (if applicable), advocates, (if assigned),~~
- 31 ~~and a qualified behavioral health representative. The team may also~~
- 32 ~~include members of the enrolled the Member's family, physical health,~~
- 33 ~~behavioral health, or social service providers, representatives, or other~~
- 34 ~~agencies serving the Member, professionals representing various areas~~
- 35 ~~of expertise related to the Member's needs, designated representatives~~
- 36 ~~or other individuals persons identified by the enrolled Member.~~
- 37
- 38 2. "Behavioral Health Condition" ~~means is~~ a mental, behavioral, or
- 39 neurodevelopmental disorder (F01–F99) diagnosis defined by
- 40 International Classification of Diseases, 10th Revision, Clinical
- 41 Modification. (ICD-10-CM).
- 42
- 43 4. ~~"Behavioral Health Residential Facility – Secured", as~~ As specified in
- 44 ~~A.R.S. § 36-425.06(B) and A.A.C. R9-10-101 (36), "secure" means~~
- 45 ~~premises that limit a patient's egress in the least restrictive manner~~
- 46 ~~consistent with the patient's court-ordered treatment plan and is a~~
- 47 ~~healthcare institution that provides treatment to an individual~~
- 48 ~~experiencing a behavioral health issue that limits the individual's~~
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~~ability to receive treatment in an independent setting.¶~~

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~~Behavioral Health Paraprofessional” means, as specified in A.A.C.~~

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~~R9-10-101, an individual who is not a Behavioral Health Professional,~~

58

~~who provides behavioral health services at or for a health care~~

59

~~institution according to the health care institution’s policies and~~

60

~~procedures, who:¶~~

61

~~a. If the behavioral health services were provided in a setting other~~

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~~than a licensed health care institution, would be required to be~~

63

~~licensed as a behavioral professional under A.R.S. Title 32,~~

64

~~Chapter 33; and¶~~

65

~~Is provided supervision by a Behavioral Health Professional.~~

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67

3. ~~“Behavioral Health Professional” (BHP) means:~~

68

69

~~an individual licensed under A.R.S. Title 32~~

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71

~~a. An individual licensed under A.R.S. Title 32, Chapter 33, whose~~

72

~~scope of practice allows the individual to:~~

73

~~i. Independently engage in the practice of behavioral health~~

74

~~as defined in A.R.S. § 32-3251; or~~

75

~~ii. Except for a licensed substance abuse technician, engage~~

- 76
- 77 in the practice of behavioral health as defined in A.R.S. §
- 78 32-3251 under direct supervision as defined in A.A.C.
- 79 R4-6-101; ~~Chapter 33, whose scope of practice allows the~~
- 80 ~~individual to:~~
- 81 ~~Independently engage in the practice of behavioral health as~~
- 82 ~~defined in A.R.S. § 32-3251, or~~
- 83 ~~Except for a licensed substance abuse technician, engage in~~
- 84 ~~the practice of behavioral health as defined in A.R.S. §~~
- 85 ~~32-3251 under direct supervision as defined in A.A.C.~~
- 86 ~~R4-6-101;~~
- 87 b. A psychiatrist as defined in A.R.S. § 36-501;
- 88
- 89 c. A psychologist as defined in A.R.S. § 32-2061;
- 90
- 91 d. A physician;
- 92
- 93 e. A behavior analyst as defined in A.R.S. § 32-2091;
- 94
- 95 f. A registered nurse practitioner licensed as an adult
- 96 psychiatric and mental health nurse; or
- 97 g. A registered nurse with a psychiatric-mental health nursing
- 98 certification, or One year of experience providing behavioral

99

100 health services.

101
102 4. "Behavioral Health Residential Facility" means, ~~as~~ as specified in A.A.C.

103 R9-10-101, ~~means~~ a health care institution that provides treatment to
104 a Member experiencing a behavioral health issue that limits the
105 Member's ability to be independent or causes the Member to require
106 treatment to maintain or enhance independence.

107 5. "Behavioral Health Residential Facility Staff" means any employee,
108 ~~contractor or volunteer providing services on behalf of the Behavioral~~
109 ~~Health Residential Facility including administrators, Behavioral Health~~
110 ~~Professionals and Behavioral Health Technicians. behavioral health~~
111 ~~professionals, Behavioral Health paraprofessionals, (BHP) and~~
112 ~~Behavioral Health and technicians.~~

113
114 6. "Behavioral Health Technician" means an individual who is not a
115 Behavioral Health Professional, who provides behavioral health
116 services at or for a health care institution, according to the health care
117 institution's policies and procedures, with clinical oversight by a
118 behavioral health professional, and that if provided in a setting other
119 than a health care institution would require the individual to be
120 licensed as a behavioral health professional under A.R.S Title 32,

121

122 Chapter 33.

123

124 ~~“Behavioral Health Technician” (BHT) means, as specified in A.A.C.~~

125 ~~R9-10-101, is an individual who is not a Behavioral Health Professional~~

126 ~~who provides behavioral health services at or for a health care~~

127 ~~institution according to the health care institution’s policies and~~

128 ~~procedures and, if the individual would be required to be licensed as a~~

129 ~~behavioral professional under A.R.S Title 32, Chapter 33, if the~~

130 ~~behavioral health services were provided in a setting other than a~~

131 ~~licensed health care institution, are provided under supervision by a~~

132 ~~Behavioral Health Professional.~~

133

134

135 7. ~~“Child and Family Team” means is a defined group of individuals that~~

136 ~~includes, at a minimum, the child and the child’s family, a behavioral~~

137 ~~health representative, and any individuals important in the child’s life~~

138 ~~that are identified and invited to participate by the child and family.~~

139 ~~This may include teachers, extended family Members, friends, family~~

140 ~~support partners, healthcare providers, coaches, and community~~

141 ~~resource providers, representatives from churches, synagogues, or~~

142 ~~mosques, agents from other service systems like the Department of~~

143 ~~Child Safety or the Division. The size, scope, and intensity of~~

144
145 involvement by of the team members is are determined by the
146 objectives established for the child, the needs of the family in
147 providing for the child, and by who is needed to develop an effective
148 Service Plan and can therefore expand and contract as necessary to
149 be successful on behalf of the child.

150
151 ~~“Co-occurring is coexistence of both a behavioral health and a~~
152 ~~substance use disorder.”~~

153 ~~“Informal Support” means a is a non-billable services provided to a~~
154 ~~Member by a family member, friend, or volunteer to assist or perform~~
155 ~~functions like such as, but not limited to,; housekeeping, personal~~
156 ~~care, food preparation, shopping, pet care, or non-medical comfort~~
157 ~~measures.~~

158 8. “Crisis and Safety Plan” means a written description for potential crisis
159 support or intervention which identifies needs and preferences that
160 are most helpful in the event of a crisis; establishes goals to prevent
161 or ameliorate the effects of a crisis, and specifically address
162 techniques for establishing safety, identification of realistic
163 interventions, physical limitations or unique needs of the Member,
164 trauma informed, and developed in alignment with the Member’s

165

166

Service and Treatment Plans, and any existing behavior plan, if

167

applicable, and adherence to court-ordered treatment when

168

applicable.

169

9. "Medication Assisted Treatment" ~~(MAT)~~ means the use of

170

medications in combination with counseling and behavioral therapies

171

for the treatment of substance use disorders.

172

~~**Peer/Recovery Support Service** is intentional partnerships, based on~~

173

~~shared lived experiences, to provide social and personal support. This~~

174

~~support is coupled with specific, skill-based training, coaching, or assistance~~

175

~~to bring about social or personal change at the individual, family or~~

176

~~community level. These services can include a variety of individualized and~~

177

~~personal goals, including living preferences, employment or educational~~

178

~~goals, and development of social networks and interests.~~

179

~~**Peer/Recovery Support Specialist** is an individual trained, credentialed,~~

180

~~and qualified to provide peer/recovery support services within the AHCCCS~~

181

~~Program.~~

182

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

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184

~~"Outpatient Treatment Team" as used throughout for purposes of this~~

185

~~policy can indicate Child and Family Team, Adult Recovery Team, Tribal~~

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187 ~~Regional Behavioral Health Authority, American Indian Medical Home,~~
188 ~~Indian Health Services, Tribally operated 638 Facility, Urban Indian~~
189 ~~Health, or the Division.~~

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

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

203 15. "Second Level Review" means a review performed by a Division
204 Medical Director who has clinical expertise in managing a Member's
205 condition or disease. Second Level Review is used to screen for
206 medical necessity and compare the findings to clinical data in the

- 207
- 208 Member's medical record to ensure Division Members are receiving
- 209 medically appropriate and high quality care.
- 210 16. "Secured Behavioral Health Residential Facility" means the same as
- 211 specified in A.R.S. § 36-425.06(B) and A.A.C. R9-10-101 (36).
- 212 ~~"Secure" means premises that limit a patient's egress in the least~~
- 213 ~~restrictive manner consistent with the patient's court-ordered~~
- 214 ~~Treatment Plan and is a healthcare institution that provides treatment~~
- 215 ~~to an individual experiencing a behavioral health issue that limits the~~
- 216 ~~individual's ability to receive treatment in an independent setting.~~
- 217 17. "Service Plan" means ~~is~~ a complete written description of all covered
- 218 health services and other informal supports, ~~completed by the~~
- 219 ~~outpatient behavioral health provider, and which includes~~ including
- 220 individualized goals, family support services, care coordination
- 221 activities, and strategies to assist the Member in achieving an
- 222 improved quality of life.
- 223 18. "Treatment Plan" means ~~is~~ a complete written description of all services
- 224 to be provided by a Behavioral Health Residential Facility ~~BHRF~~. The
- 225 Treatment Plan is based on the intake assessments, outpatient Service
- 226 Plan, and includes input from the Outpatient Treatment Team ~~CFT/ART~~.
- 227 ~~The Treatment Plan is reviewed and updated with the member and~~

228

229 ~~CFT/ART at least once a month.~~

230

231

232 **POLICY**

233

234 **A. BEHAVIORAL HEALTH RESIDENTIAL FACILITY REQUIREMENTS**

235

236 1. The AdSS shall adhere to the following:

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238 a. Care and services provided in a Behavioral Health

239 Residential Facility (BHRF):

240 i. Are based on a 24-hour day per diem rate, ~~(24-hour~~
241 ~~day);~~

242 ii. Require prior and continued authorization; and

243

244 iii. Do not include room and board.

245

246 b. ~~The AdSS shall ensure~~The BHRF services are considered
247 ~~as a level of care that~~ is inclusive of all treatment services

248 provided by the BHRF, in accordance with the Treatment
249 Plan created by the Outpatient Treatment Team.

250 c. BHRFs ~~providers~~ are Arizona Department of Health

251 Services licensed facilities in accordance with A.A.C. Title
252 9, Chapter 10, Article 7.

253 d. ~~The AdSS shall~~ Refer refer to AdSS Operations Policy 414

254 for request timeframes and requirements regarding prior

255
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authorization.

- e. ~~The AdSS shall treat All~~ authorization requests for BHRF services ~~shall be treated as expedited requests (within 72 hours of receipt of authorization).~~
- f. ~~Send~~The AdSS shall send the Division all documentation associated with a denial of admission to a BHRF ~~by the AdSS must be sent to the Division within one business day in order for the d~~Division to conduct a Second Level Review.
- g. ~~Do The AdSS shall not require prior and continued authorization for admission are not applicable to a Secured Behavioral Health Residential Facility (Secured BHRF).~~
- h. Adhere to the court order, as specified in A.R.S § 36-550.09, for admission and duration of stay ~~as admission of a member into in a Secured BHRF. is accomplished pursuant to a court a order as specified in A.R.S § 36 550.09. of the Superior Court. Although a treatment Pplan is generally submitted as part of that process, the duration of a member's commitment to a Secured BHRF is ultimately determined by the Court. as~~

- 257
- 258 ~~specified in A.R.S. § 36-550.09. Prior and continued~~
- 259 ~~authorization for are not applicable to a Secured Behavioral~~
- 260 ~~Health Residential Facility (Secured BHRF) as admission~~
- 261 ~~placement of a member into a Secured BHRF is~~
- 262 ~~accomplished pursuant to a court order of the Superior~~
- 263 ~~Court as specified in A.R.S. § 36-550.09.~~
- 264 ~~. Although a treatment plan is generally submitted as part of that~~
- 265 ~~process, the duration of a member's commitment to a Secured BHRF~~
- 266 ~~is ultimately determined by the Court as specified in A.R.S. §~~
- 267 ~~36-550.09.~~
- 268
- 269 2. ~~The AdSS shall have a process in place to~~ The AdSS and BHRF
- 270 ~~providers shall ensure appropriate notification is sent to the~~
- 271 ~~primary care provider, behavioral health provider, and the~~
- 272 ~~Division's support coordinator upon admission~~ intake to and
- 273 ~~discharge from the BHRF.~~
- 274 3. The AdSS shall develop medically necessary criteria for
- 275 admission to, continued stay in, and discharge from BHRFs, and
- 276 approved by the Division prior to publishing on the AdSS'
- 277 website.

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282
283 ~~Sections applicable to Secured BHRF will not be effective until such time that~~
284 ~~these facilities are developed.~~

285 **B. CRITERIA FOR ADMISSION**

286
287 1. The AdSS shall ~~must~~ develop admission criteria for medical
288 necessity that contains, ~~at a minimum,~~ includes the following
289 elements: ~~the below elements. AdSS must publish the criteria~~
290 ~~subject to Division approval. ¶~~

291
292 a. Member has a diagnosed Behavioral Health Condition that
293 reflects the symptoms and behaviors necessary for a
294 request for residential treatment level of care.

295 b. The Behavioral Health Condition causing the functional
296 ~~and/or~~ psychosocial impairment is ~~must be~~ evidenced in the
297 assessment by the following:

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

300 a) Suicidal, aggressive, ~~/self-harm, /homicidal~~
301 thoughts or behaviors without current plan or

- 302
- 303 intent;~~7~~
- 304
- 305 b) Impulsivity with poor judgment or~~7~~ insight;~~7~~
- 306
- 307 c) Maladaptive physical or sexual behavior;~~7~~
- 308
- 309 d) Member's inability to remain safe within
- 310 ~~their his or her~~ environment despite
- 311 environmental supports; or ~~(i.e., informal~~
- 312 ~~supports), or~~
- 313 e) Medication side effects due to toxicity or
- 314 contraindications; and~~7~~
- 315 ~~AND~~7~~~~
- 316
- 317 ii. At least one area of serious functional impairment as
- 318 evidenced by:
- 319 a) Inability to complete developmentally
- 320 appropriate self-care or self-regulation due to
- 321 ~~the member's~~ Behavioral Health Condition;
- 322 b) Neglect or disruption of ability to attend to
- 323 majority of basic needs, such as personal
- 324 safety, hygiene, nutrition or medical care;

- 325
- 326 c) Frequent inpatient psychiatric admissions or
- 327 legal involvement due to lack of insight or
- 328 judgment associated with psychotic or
- 329 affective/mood symptoms or major psychiatric
- 330 disorders;
- 331 d) Frequent withdrawal management services,
- 332 which can include ~~but are not limited to,~~ detox
- 333 facilities, Medication Assisted Treatment, ~~MAT,~~
- 334 and ambulatory detox;
- 335 e) Inability to independently self-administer
- 336 medically necessary psychotropic medications
- 337 despite interventions such as education,
- 338 regimen simplification, daily outpatient
- 339 dispensing, and long-acting injectable
- 340 medications; or
- 341 f) Impairments persisting in the absence of
- 342 situational stressors that delay recovery from
- 343 the presenting problem.
- 344 c. A behavioral health need for 24-hour ~~behavioral health~~

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346

~~care and supervision to develop adequate and effective coping skills that will allow the Member to live safely in the community. , , and~~

- d. Anticipated stabilization cannot be achieved in a less restrictive setting. ,
- e. Evidence that behavioral health ~~appropriate treatment in a less restrictive level of care (e.g., Intensive Outpatient Program, Partial Hospitalization Program, etc.)~~ environment has not been successful or is not available, therefore warranting a higher level of care. , and
- f. The Member or Member's Responsible Person ~~Member~~ agreements to participate in treatment. ~~In the case of those who have a health care decision maker, including minors, the health care decision maker also agrees to, and participates as part of , the Outpatient Treatment Team.~~
- g. Agreement to participate is not a requirement for individuals who are court-ordered to a ~~S~~secured BHRF.

- 347
- 348 h. Member's Outpatient Treatment Team ~~shall be~~ is part of
- 349 the pre-admission assessment and Treatment Plan
- 350 formulation, ~~including when the documentation is created~~
- 351 ~~by another qualified provider. Exception to the requirement~~
- 352 ~~exists when~~ unless the Member is evaluated by a the crisis
- 353 provider, emergency department, or behavioral health
- 354 inpatient facility.
- 355 i. The BHRF shall notify the Member's Outpatient Treatment
- 356 Team of admission prior to creation of the BHRF Treatment
- 357 Plan.

358 **C. EXPECTED TREATMENT OUTCOMES**

- 359
- 360 1. The AdSS shall require that Treatment outcomes ~~must~~ to align with
- 361 the following:
- 362 a. The Arizona Vision-12 Principles for Children's Behavioral
- 363 Health Service Delivery as directed in AdSS Medical Manual
- 364 Policy 430;⁷
- 365 b. The Nine Guiding Principles for Recovery-Oriented Adult
- 366 Behavioral Health Services and Systems; ~~as outlined in~~
- 367 ~~Contract;~~⁷ and

- 368
- 369 c. The Member's individualized basic physical, behavioral, and
- 370 developmentally-appropriate needs.
- 371 2. The AdSS shall require that Treatment goals ~~must~~ be developed in
- 372 accordance with the following:
- 373 a. Specific to the Member's Behavioral Health Condition(s);
- 374
- 375 b. Measurable and achievable;
- 376
- 377 c. Unable to be met in a less restrictive environment or lower
- 378 level of care;
- 379 d. Based on the Member's unique needs and tailored to the
- 380 Member and family/Responsible Person choices where
- 381 possible; and
- 382 e. Support the Member's improved or sustained functioning
- 383 and integration into the community.

384 **D. EXCLUSIONARY CRITERIA**

- 385
- 386 1. The AdSS shall not allow admission. ~~Admission to a BHRF shall~~
- 387 ~~not be used~~ to be used as a substitute for the following:
- 388 a. Detention. ~~An alternative to detention~~ or incarceration;
- 389
- 390 b. Ensuring ~~A means to ensure~~ community safety in
- 391 circumstances where a Member is exhibiting primarily

- 392
- 393 conduct disordered behavior without the presence of risk
- 394 or functional impairment;
- 395 c. ~~Providing~~A means of providing safe housing, shelter,
- 396 supervision, or permanency placement;
- 397 d. A behavioral health intervention when other less restrictive
- 398 alternatives are available and meet the Member's
- 399 treatment needs, including situations when the Member or
- 400 Member's /Responsible Person is/are unwilling to participate
- 401 in the less restrictive alternative; or
- 402 e. An intervention for runaway behaviors unrelated to a
- 403 Behavioral Health Condition.

404 **E. CRITERIA FOR CONTINUED STAY**

- 405
- 406 1. AdSS shall ~~must~~ develop ~~have~~ medical necessity criteria for
- 407 continued stay that ~~contains, at a minimum, includes~~ the
- 408 following elements: ~~below elements. AdSS must publish those~~
- 409 ~~criteria, subject to Division approval.~~
- 410
- 411 a. ~~Assessment of continued~~Continued stay shall be ~~assessed~~
- 412 by ~~the~~ BHRF Staff in coordination with the ~~applicable~~
- 413 Outpatient Treatment Team ~~and the CFT/ART/TRBHA~~

414

415 during each Treatment Plan review and updated.

416

417 b. Assessment of ~~p~~Progress towards the treatment goals and

418 continued display of risk and functional impairment. ~~shall~~

419 ~~also be assessed.~~

420

421 c. Treatment interventions, frequency, crisis and ~~/~~ safety

422 planning, and targeted discharge ~~shall be adjusted~~

423 accordingly to support the need for continued stay.

424

425 2. The AdSS shall consider the following criteria ~~The following~~

426 ~~criteria shall be considered~~ when determining continued stay:

427 a. The Member continues to demonstrate significant risk of

428 harm and/or functional impairment as a result of a

429 Behavioral Health Condition, and ~~.~~

430

431 b. Providers and supports are not available to meet current

432 behavioral and physical health needs at a less restrictive

433 lower level of care.

434 **F. DISCHARGE READINESS**

435

436 1. The AdSS shall ~~must develop~~ have medical necessity criteria for

437 discharge readiness ~~that contains, at a minimum, includes~~ the

438

439 following elements:~~below elements. AdSS must publish that~~
440 ~~criteria subject to Division approval.~~

441

442 a. Discharge planning ~~shall~~ begins at the time of admission;

443 and

444 b. Discharge readiness ~~is~~ ~~shall be~~ assessed by the BHRF Staff

445 in coordination with the ~~a~~ Outpatient ~~applicable~~ Treatment

446 Team ~~and the CFT/ART/TRBHA~~ during each Treatment Plan

447 review and update.

448

449 2. The AdSS shall consider the following criteria ~~The following~~

450 ~~criteria shall be considered~~ when determining discharge readiness:

451 a. Symptom or behavior relief is reduced as evidenced by
452 completion of Treatment Plan goals;

453 b. Functional capacity is improved;

454 c. Essential functions such as eating or hydrating necessary
455 to sustain life has significantly improved or is able to be
456 cared for in a less restrictive level of care;

457 d. Member is able to ~~can participate in needed~~

458 self-monitoring for health and safety, or a caregiver is
459

460 available to provide monitoring in a less restrictive level of
461

462

463 care; and

464

465 e. Providers and supports are available to meet current

466 behavioral and physical health needs at a less restrictive

467 level of care.

468 **G. ADMISSION, ASSESSMENT, TREATMENT, AND DISCHARGE**
469 **PLANNING**

470 1. The AdSS shall establish a policy ~~have written procedures a policy~~
471 to ensure the admission, assessment, and treatment planning
472 process is completed consistently among BHRF ~~all~~ providers in
473 accordance with A.A.C. R9-10-707 and 708, and AdSS' ~~Contract~~
474 requirements, and as stated below:

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

479 b. The ~~applicable~~ Outpatient Treatment Team is
480 ~~is CFT/ART/TRBHA, as applicable, is~~ included in the
481 development of the Treatment Plan within 48 hours of
482 admission. ~~for members enrolled with the AdSS.~~

483 c. BHRF documentation ~~shall~~ reflects:

484
485

- i. All treatment services provided to the Member;~~;~~
 - ii. Each activity ~~shall be~~ 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;~~(s),~~ and
 - v. The frequency, length, and type of each treatment service or session.
- d. ~~The All-BHRFs Staff shall serving TRBHA members must~~ coordinates care with the Outpatient Treatment Team ~~TRBHAs~~ throughout the admission, assessment, treatment, and discharge process.
- e. The BHRF Treatment Plan connects back to the Member's comprehensive Service Plan. ~~for members enrolled with the AdSS.~~
- f. For a Secured BHRF, the Treatment Plan ~~Outpatient the~~ ~~Treatment Plan~~ also aligns with the court order.

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487

- g. ~~A comprehensive discharge plan is shall be created during the development of the initial Treatment Plan and reviewed and updated at each review thereafter. and shall be reviewed and/or updated at each review thereafter.~~
- h. ~~The discharge plan shall documents the following:~~
- i. ~~Clinical status for discharge;~~
 - ii. ~~The Member or Member's /Responsible Person and Outpatient Treatment Team CFT/ART/TRBHA understands the follow-up treatment, Crisis and Safety Plan; and~~
 - iii. ~~Coordination of care and transition planning are in process.~~
~~Coordination of care and transition planning are in progress process (e.g. reconciliation of medications, applications for lower level of care submitted, follow up appointments made, identification of wrap around supports and potential providers).~~
- i. ~~The BHRF Staff and the Outpatient Treatment Team~~

488
489

~~CFT/ART/TRBHA, shall as applicable,~~ 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 ~~BHP~~, or by a Behavioral Health Technician ~~BHT~~ with oversight and signature by a Behavioral Health Professional ~~BHP~~ within 24 hours.
- k. Implementation of ~~ra~~ a system to document and report on timeliness of the ~~the~~ Behavioral Health Professional ~~BHP or BHP~~ signature/review when the Treatment Plan is completed by a Behavioral Health Technician ~~BHT~~.
- l. The BHRF providers have ~~has~~ a process to actively engage family and other pertinent individuals/~~Responsible Person~~ in the treatment planning process as appropriate.
- m. ~~The provider's~~ Clinical ~~clinical~~ practices, as applicable to services offered and population served, ~~shall~~ demonstrate adherence to best practices for treating ~~the following~~ specialized service needs that includes: ~~including but not limited to:~~

- 490
- 491 i. Cognitive/intellectual disability;⁷
- 492
- 493 ii. Cognitive disability with comorbid Behavioral Health
- 494 Condition(s);⁷
- 495 iii. Older adults,⁷ and co-occurring disorders; ~~(substance~~
- 496 ~~use and behavioral health condition(s), or and~~
- 497 iv. Comorbid physical and Behavioral Health
- 498 Condition(s).

499 ~~**G. BHRF LEVEL OF CARE⁸**~~

500

501 ~~BHRF is a level of care available to members.~~

- 502
- 503 n. Members in a BHRF level of care cannot receive services
- 504 under another level of care while receiving services in a
- 505 BHRF. ~~For additional guidance on billing and restriction, see~~
- 506 ~~the FFS Provider Billing Manual and the Behavioral Health~~
- 507 ~~Services Matrix.~~
- 508 o. Services deemed medically necessary through the
- 509 assessment and/or Outpatient Treatment
- 510 Team, ~~CFT/ART/TRBHA, as applicable, and which are not~~
- 511 offered at the BHRF, ~~are shall be~~ documented in the

- 512
- 513 Member's ~~comprehensive~~ Service Plan with ~~and includes~~
- 514 a description of the need, identified goals, and
- 515 identification of providers who will be meeting the need.
- 516 p. The ~~the~~ following services ~~shall be made~~ are made
- 517 available and provided by the BHRF and cannot be billed
- 518 separately unless otherwise noted below:
- 519 i. Counseling and Therapy (group or individual):
- 520 ~~Note:~~ Group Behavioral health counseling and
- 521 therapy ~~shall~~ may not be billed on the same day as
- 522 BHRF services unless specialized ~~group~~ behavioral
- 523 health counseling and therapy have been identified
- 524 in the Service Plan as a specific Member need that
- 525 cannot otherwise be met as required within the BHRF
- 526 setting.
- 527 ii. Skills Training and Development:
- 528 a) Independent Living Skills, ~~(e.g., self-care,~~
- 529 ~~household management, budgeting, avoidance of~~
- 530 ~~exploitation/safety education and awareness),~~
- 531 b) Community Reintegration Skill Building, ~~(e.g.,~~
- 532 ~~use of public transportation system,~~
- 533

- 534
- 535 ~~understanding community resources and how~~
- 536 ~~to use them), and~~
- 537 c) ~~Social Communication Skills. (e.g., conflict and~~
- 538 ~~anger management, same/opposite sex~~
- 539 ~~friendships, development of social support~~
- 540 ~~networks, recreation).~~
- 541
- 542 iii. Behavioral Health Prevention/Promotion Education
- 543 and Medication Training and Support Services:-
- 544 ~~including: but not limited to:~~
- 545 a) ~~Symptom management (e.g., including~~
- 546 ~~identification of early warning signs and crisis~~
- 547 ~~planning/use of crisis plan);~~
- 548 b) ~~Health and wellness education (e.g.,~~
- 549 ~~benefits of routine medical check ups,~~
- 550 ~~preventive care, communication with the~~
- 551 ~~PCP and other health practitioners);~~
- 552 c) Medication education and self-administration
- 553 skills;
- 554 d) Relapse prevention;
- 555
- 556 e) Psychoeducation services and ongoing support

557
558 to maintain employment work/vocational skills,
559 educational needs assessment and skill
560 building;
561 f) Treatment for substance use disorder; ~~(e.g.,~~
562 ~~substance use counseling, groups);~~ and
563 g) Personal care services. ~~See (see additional~~
564 ~~licensing requirements in A.A.C. R9-10-702,~~
565 ~~715, and 814).~~

566 **H. BHRF AND MEDICATION ASSISTED TREATMENT**

567
568 The AdSS shall ensure ~~and~~ BHRF providers ~~shall~~ have written ~~establish~~
569 policies and procedures to ensure Members on Medication Assisted
570 Treatment ~~(MAT)~~ are not excluded from admission and are able to
571 receive Medication Assisted Treatment ~~MAT~~ ~~into~~ ~~to ensure~~ compliance
572 with Arizona Opioid Epidemic Act SB 1001, Laws 2018-, First Special
573 Session.

575 **I. BHRF WITH PERSONAL CARE SERVICES LICENSE**

576
577 1. The AdSS shall ensure that BHRFs ~~that~~ ~~providing~~ ~~es~~ personal care
578 services ~~BHRF shall be~~ are licensed to provide personal care
579 services ~~Services shall be and offered services~~ and that the

580
581 services are offered in accordance with A.A.C. R9-10-702 and
582
583 A.A.C. R9-10-715.

584 2. The AdSS shall ensure ~~and~~ that BHRF providers can meet ~~must~~
585
586 ensure that all identified needs can be met in accordance with
587 A.A.C. R9-10-814 (A)(C)(D) and (E).

588
589
590 Signature of Chief Medical Officer:

591
592 ~~The following are examples of services that may be provided include,~~
593 ~~but are not limited to:~~

- 594 a. ~~Blood sugar monitoring, Accu-Check diabetic care~~
- 595
- 596
- 597 b. ~~Administration of oxygen~~
- 598
- 599
- 600 c. ~~Application and care of orthotic devices~~
- 601
- 602
- 603 d. ~~Application and care of prosthetic devices~~
- 604
- 605
- 606 e. ~~Application of bandages and medical supports, including~~
607 ~~high elastic stockings~~
- 608
- 609 f. ~~ACE wraps, arm and leg braces, etc.~~
- 610
- 611
- 612 g. ~~Application of topical medications~~

- 613
- 614 ~~h. Assistance with ambulation¶~~
- 615
- 616
- 617 ~~i. Assistance with correct use of cane/crutches¶~~
- 618
- 619
- 620 ~~j. Bed baths¶~~
- 621
- 622
- 623 ~~k. Care of hearing aids¶~~
- 624
- 625
- 626 ~~l. Radial pulse monitoring¶~~
- 627
- 628
- 629 ~~m. Respiration monitoring¶~~
- 630
- 631
- 632 ~~n. Denture care and brushing teeth¶~~
- 633
- 634
- 635 ~~o. Dressing member¶~~
- 636
- 637
- 638 ~~p. Supervising self-feeding of members with swallowing~~
- 639 ~~deficiencies¶~~
- 640
- 641 ~~q. Hair care, including shampooing¶~~
- 642
- 643
- 644 ~~r. Incontinence support, including assistance with bed~~
- 645 ~~pans/bedside commodes/ bathroom supports¶~~
- 646
- 647 ~~s. Measuring and recording blood pressure¶~~
- 648
- 649
- 650 ~~t. Non-sterile dressing change and wound care¶~~
- 651
- 652
- 653 ~~u. Passive range of motion exercise¶~~

654

655 ~~v. Use of pad lifts~~

656

657

658 ~~w. Shaving~~

659

660

661 ~~x. Shower assistance using shower chair~~

662

663

664 ~~y. Skin maintenance to prevent and treat bruises, injuries,~~

665 ~~pressure sores. Members with stage 3 or 4 pressure sore~~

666 ~~is not to be admitted to BHRF (A.A.C.R9-10-715(3)), and~~

667 ~~infections~~

668 ~~z. Use of chair lifts~~

669

670 ~~aa. Skin and foot care~~

671

672 ~~bb. Measuring and giving insulin, glucagon injection~~

673

674

675 ~~cc. G-tube care~~

676

677 ~~dd. Ostomy and surrounding skin care~~

678

679 ~~ee. Catheter care~~

680

681 SUPPLEMENTAL INFORMATION

682

683 Examples of Personal Care Services

684

- 685 ● ACE wraps, arm and leg braces

686

- 687 ● Administration of oxygen

- 688
- 689 • Application and care of orthotic devices
- 690
- 691 • Application and care of prosthetic devices
- 692
- 693 • Application of bandages and medical supports, including high elastic
- 694 stockings
- 695 • ACE wraps, arm and leg braces
- 696
- 697 • Application of topical medications
- 698
- 699 • Assistance with ambulation
- 700
- 701 • Assistance with correct use of cane/crutches
- 702
- 703 • Bed baths
- 704
- 705 • Blood sugar monitoring, Accu-Check diabetic care
- 706
- 707 • Care of hearing aids
- 708
- 709 • Catheter care
- 710
- 711 • Denture care and brushing teeth
- 712
- 713 • Dressing member
- 714
- 715 • G-tube care
- 716
- 717 • Hair care, including shampooing
- 718
- 719 • Incontinence support, including assistance with bed pans/bedside
- 720 commodes/ bathroom supports
- 721 • Measuring and giving insulin, glucagon injection
- 722
- 723 • Measuring and recording blood pressure

- 724
- 725 • Non-sterile dressing change and wound care
- 726
- 727 • Ostomy and surrounding skin care
- 728
- 729 • Passive range of motion exercise
- 730
- 731 • Radial pulse monitoring
- 732
- 733 • Respiration monitoring
- 734
- 735 • Shaving
- 736
- 737 • Shower assistance using shower chair
- 738
- 739 • Skin and foot care
- 740
- 741 • Skin maintenance to prevent and treat bruises, injuries, pressure sores
- 742 and infections. (Members with a stage 3 or 4 pressure sore are not to
- 743 be admitted to a BHRF pursuant to A.A.C. R9-10-715(3).
- 744 • Supervising self-feeding of members with swallowing deficiencies
- 745
- 746 • Use of chair lifts
- 747
- 748 • Use of pad lifts