

962 REPORTING AND MONITORING OF SECLUSION & RESTRAINT

REVISION DATE: 8/9/2023

EFFECTIVE DATE: July 6, 2022

REFERENCES: A.A.C. R9-10-101, R9-10-225, R9-10-226, R9-10-316, R9-10-1012, R9-21-101, R9-21-204, A.R.S. §36-501, §41-3804(K), 42 CFR 482.13(e)(1)(i)(B), AdSS Medical Policies 960 and 961

PURPOSE

This Policy applies to the Division of Developmental Disabilities' (Division) Administrative Services Subcontractors (AdSS). The purpose of this policy is to establish requirements for reporting and monitoring the use of Seclusion and Restraint (SAR) involving Members with intellectual and developmental disabilities enrolled in a Division subcontracted health plan.

DEFINITIONS

1. "Behavioral Health Inpatient Facility" means, as defined in A.A.C. R9-10-101, a health care institution that provide continuous treatment to individuals experiencing behavioral health issues that cause that individual to:
 - a. Have a limited or reduced ability to meet the basic physical needs;

- b. Suffer harm that significantly impairs the judgment, reason, behavior, or capacity to recognize reality;
 - c. Be a danger to self or others;
 - d. Be persistently or acutely disabled as defined in A.R.S. §36-501; or
 - e. Be gravely disabled.
2. "Incident of Seclusion and Restraint" means an occurrence of Seclusion or Restraint that begins at the time a behavior necessitating Seclusion or Restraint begins and ends when the behavior has resolved for more than ten minutes.
3. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
4. "Mental Health Agency" means a regional authority, service provider, inpatient facility, or outpatient treatment center licensed to provide behavioral health observation/stabilization services (Crisis Facility), licensed to perform Seclusion and Restraint as specified in A.A.C. R9-10-225, A.A.C. R9- 10-226, A.A.C. R9-10-316 and A.A.C. R9-10-1012.
5. "Personally Identifiable Information" means a person's name, address, date of birth, social security number, tribal enrollment number,

telephone or fax number, email address, social media identifier, driver license number, places of employment, school identification or military identification number, or any other distinguishing characteristic that tends to identify a particular person as specified in A.R.S. §41-3804 (K).

6. "Restraint" means personal Restraint, mechanical Restraint, or drug used as a Restraint, and is the following:
 - a. Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a Member to move their arms, legs, body, or head freely.
 - b. A drug or medication when it is used as a restriction to manage a Member's behavior or restrict the Member's freedom of movement and is not a standard treatment or dosage for the Member's condition.
 - c. A Restraint does not include devices such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a Member for the purpose of conducting routine physical examinations or tests, or to protect the Member from falling out

of bed or to permit the Member to participate in activities without the risk of physical harm. This does not include a physical escort.

7. "Seclusion" means the involuntary solitary confinement of a Member in a room or an area where the Member is prevented from leaving as specified in A.A.C. R9-10-101.
8. "Seclusion of Members Determined to Have A Serious Mental Illness" means the restriction of a Member to a room or area through the use of locked doors, or any other device or method which precludes a Member from freely exiting the room or area, or which a Member reasonably believes precludes their unrestricted exit as specified in A.A.C. R9-21-101(B).
 - a. In the case of an inpatient facility, confining a Member to the facility, the grounds of the facility, or a ward of the facility, does not constitute Seclusion.
 - b. In the case of a community residence, restricting a Member to the residential site, according to specific provisions of a service plan or court order, does not constitute Seclusion, as specified in A.A.C. R9-21-101(B).

POLICY

A. SECLUSION AND RESTRAINT

1. Seclusion and Restraint (SAR) shall only be used to the extent permitted by and in compliance with A.A.C. R9-10-225, A.A.C. R9-10-316 and A.A.C. R9-21-204.
2. The AdSS shall develop written policies and procedures for reporting individual reports of SAR involving Members receiving services in Behavioral Health Inpatient Facilities or Mental Health Agencies as specified in the Arizona Health Care Cost Containment System (AHCCCS) Medical Policy 962.
3. The AdSS shall develop written policies and procedures to monitor and ensure compliance of its behavioral health providers with SAR policies, procedures, and reporting requirements.
4. The AdSS shall report the use of SAR as described in this policy to the AHCCCS Division of Community Advocacy and Intergovernmental Relations, Office of Human Rights (OHR), and the appropriate Independent Oversight Committee (IOC) via collaboration with the AHCCCS Division of Health Care Management, Quality Management (QM) IOC Manager.

B. REPORTING REQUIREMENTS

1. The AdSS shall ensure that Behavioral Health Inpatient Facilities (BHIFs) and Mental Health Agencies providing services to Division Members, that are authorized to use SAR as specified in A.A.C. R9-21-101, A.A.C. R9-10-225, A.A.C. R9-10-316 and R9-10-1012, follow the reporting requirements specified in this policy.
2. The AdSS shall ensure that any out-of-state facility used to provide services to a Member agrees to and follows all reporting requirements as specified within this policy as a part of the contracted single case agreement.
3. The AdSS shall ensure that BHIFs and Mental Health Agencies submit individual reports of Incidents of SAR involving any Division Member enrolled in a subcontracted health plan directly to the AdSS within five days of the incident using AMPM 962 Attachment A or the agency's electronic medical record that includes all elements listed on Attachment A. If the use of SAR requires face-to-face monitoring, as specified in A.A.C.

R9-21204, a supplemental report shall be submitted to the AdSS as an attachment to the individual report.

4. The AdSS shall ensure that BHIFs and Mental Health Agencies report incidents of SAR that result in an injury to the AdSS within 24 hours of the incident.

C. SUBMITTING INDIVIDUAL REPORTS OF SAR TO THE AHCCCS QM PORTAL

1. The AdSS shall submit individual reports of SAR in the AHCCCS QM Portal as specified in contract. The AdSS shall ensure that the original AMPM 962 Attachment A or electronic medical record received from the behavioral health provider is attached to the report within the AHCCCS QM Portal.
2. The AdSS shall review each Incident of SAR and link the report to any connected Incident, Accident, or Death (IAD), Internal Referral (IRF), or Quality of Care (QOC) Concern process within the AHCCCS QM Portal at QMportal.azahcccs.gov as specified in AdSS Medical Policy 960.

D. AdSS REQUIREMENTS FOR SUBMITTING SAR REPORTS TO THE IOC

1. The AdSS shall ensure that all individual SAR reports involving behavioral health providers are uploaded for IOC review as specified in contract.
2. The AdSS shall ensure that reports uploaded for IOC review have all Personally Identifiable Information removed prior to submission as specified in A.R.S. §41-3804. If the use of SAR requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.
3. AdSS shall ensure that the disclosure of protected health information is in accordance with state and federal laws.

E. OVERSIGHT, MONITORING, TRACKING AND TRENDING

1. The AdSS shall ensure Member safety, appropriate use of SAR, reporting compliance by network providers, and the disclosure of protected health information is in accordance with state and federal laws through regular monitoring and oversight

activities.

2. The AdSS shall review all SAR reports and QOC Concerns involving the inappropriate use of SAR to identify opportunities for improvement and make recommendations to the appropriate committee as applicable.
3. The AdSS shall review and track and trend the use of SAR for all Members enrolled in the subcontracted health plan.
4. The AdSS shall report any identified trends on the use of SAR to the Division.
5. The AdSS shall submit all reports as specified in contract to the Division and participate in the Annual Operational Review.



Signature of Chief Medical Officer: [Anthony Dekker \(Aug 3, 2023 12:44 PDT\)](#)
Anthony Dekker, D.O.

SUPPLEMENTAL INFORMATION

1. The AHCCCS OHR and the IOCs review SAR reports to determine if there has been inappropriate or unlawful use of SAR and to determine

if SAR may be used in a more effective or appropriate fashion.

2. If the AHCCCS OHR or any IOC determines that SAR has been used in violation of any applicable law or rule, the AHCCCS OHR or IOC may take whatever action is appropriate in accordance with their applicable regulation(s) and, if applicable, A.A.C. R9-21-204.