320-V BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

REVISION DATES: 7/23/2025, 1/10/2024, 4/6/2022, 6/16/2021, 4/22/2020
REVIEW DATES: 1/13/2025, 6/14/2024, 6/3/2023
EFFECTIVE DATE: October 1, 2019
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 applies to the Division of Developmental Disabilities' (Division) Administrative Services Subcontractors (AdSS) and establishes requirements 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 addiction 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 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. "Medication-Assisted Treatment" means the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders.
9. "Member" means the same as "Client," a person receiving developmental disabilities services from the Division, as specified in A.R.S. § 36-551.
10. "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.
11. "Responsible Person" means an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed, the parent or guardian of a minor with a developmental disability, or the guardian of an adult with a developmental disability.

12. "Safety Plan" means a written method for potential crisis support or intervention that 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; developed in alignment with the Member's Service and Treatment Plans, and any existing behavior plan, if applicable; and trauma informed with a focus on safety and harm reduction.
13. "Second Level Review" means a review performed by a Division Medical Director with 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. "Secured 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, 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. Behavioral health services determined medically necessary by the Outpatient Treatment Team and cannot be provided by the BHRF are subject to separate prior and continued authorization.
    d. BHRFs are Arizona Department of Health Services licensed

facilities in accordance with A.A.C. Title 9, Chapter 10, Article 7.

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

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

g. Prior and continued authorization do not apply to a Secured BHRF. Admission to a Secured BHRF is accomplished by Court Order as specified in ARS 36-550.09.

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

2. The AdSS shall 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 ensure Members are not required to change their primary care provider or behavioral health provider as a condition of admission or continued stay.

4. The AdSS shall develop and submit medical necessity criteria for admission to, continued stay in, and discharge from BHRFs to the Division for approval prior to publishing on the AdSS' website.
5. The AdSS shall ensure behavioral health services deemed medically necessary through the assessment or by the Outpatient Treatment Team, that are not offered at the BHRF, are documented in the Member's Service Plan and BHRF Treatment Plan. Documentation of medically necessary behavioral health services that are outside the scope of the BHRF include:
    a. A description of the need;
    b. Identified goals;
    c. Frequency and duration of services to be provided;
    d. Identification of provider meeting the need;
    e. Why the BHRF and current BHP are unable to provide these services for the Member; and
    f. Why the Outpatient Treatment Team must provide them separately.
6. The AdSS shall ensure the following services are available and

provided by the BHRF, and may not be billed separately unless otherwise specified below:

a. Counseling and therapy (group and individual);

b. Behavioral health prevention, promotion, education and medication training and support services including:

i. Symptom management;

ii. Health and wellness education;

iii. Medication education and self-administration skills;

iv. Relapse prevention;

v. Psychoeducation services and ongoing support to maintain employment work and vocational skills, educational needs assessment and skill building;

vi. Treatment for Substance Use Disorder (SUD); and

vii. Personal care services.

7. The AdSS shall ensure BHRFs demonstrate adherence to best practices for treating specialized service needs, as applicable to the population served, within their identified scope of service, including:

a. Cognitive/intellectual disability;

b. Cognitive disability with comorbid Behavioral Health

Condition(s);

c. Older adults and co-occurring substance use disorders; or

d. Comorbid physical and behavioral health conditions.

8. The AdSS shall ensure that BHRF providers maintain individualized medical records for all Members admitted, which include the medical history, physical examination as required for admission to a BHRF, and the individualized Treatment Plan, in accordance with AAC R9-10-707.

9. The AdSS and BHRF providers shall ensure that each Member receives a behavioral health assessment before treatment is initiated and within 48 hours of admission.

10. The AdSS and BHRF providers shall ensure that:

a. Each member receives a BHRF Treatment Plan which connects back to the Member's Service Plan;

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

c. The Treatment Plan includes documentation in the event a medically necessary service is identified as a specific Member need that cannot otherwise be met as required

within the BHRF setting and scope of service, inclusive of the overseeing BHP.

d. The BHRF staff, including the BHRF BHP, the Outpatient Treatment Team, the Member and Responsible Person, if applicable, meet to review and modify the Treatment Plan at least once a month.

11. The AdSS shall ensure the BHRF Treatment Plan:

a. Aligns with the Arizona Vision 12 Principles for Children's Behavioral Health Service Delivery, as directed in AdSS Medical Policy 580, or the Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems.

b. Is specific to the Member's physical and behavioral health conditions, and the reason for admission;

c. Is developmentally appropriate;

d. Includes measurable and achievable goals;

e. Is based on the Member's unique needs and tailored to the Member, Responsible Person, and family member choices, where possible; and

f. Supports the Member's improved or sustained functioning

and integration into the community.

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:
            1) Thoughts or behaviors of suicide, homicide, or harm to self or others;
            2) Impulsivity with poor judgment or insight;
            3) Maladaptive physical or sexual behavior; or
            4) Member's inability to remain safe within their environment despite environmental supports.
        ii. And at least one area of serious functional impairment as evidenced by:

1) Inability to complete developmentally appropriate self-care or self-regulation due to a Behavioral Health Condition;
2) Neglect or disruption of ability to attend to majority of basic needs, such as personal safety, hygiene, nutrition, or medical care;
3) 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;
4) Frequent withdrawal management services, which can include detox facilities, Medication Assisted Treatment, and ambulatory detox;
5) 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

6) Impairments persist 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, is not clinically appropriate, or is not available, therefore warranting a higher level of care.

f. The Member or Responsible Person agrees to participate in treatment. Agreement to participate is not a requirement for individuals who are court-ordered to a Secured BHRF.

g. 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.

h. The BHRF shall notify the Member's Outpatient Treatment Team of admission prior to creation of the BHRF Treatment Plan.

C. 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 elopement or wandering behaviors unrelated to a Behavioral Health Condition.

D. CRITERIA FOR CONTINUED STAY

1. The AdSS shall develop medical necessity criteria for continued stay that contain the following elements:
    a. A copy of the current Treatment Plan, including documentation of required reviews and updates by the BHRF on a regular basis, and shall include:
        i. Review of all treatment services being provided to the Member;
        ii. Review of the Member's progress towards the treatment goals;
        iii. Assessment of risk and functional impairment as a result of a Behavioral Health Condition;
        iv. Availability and appropriateness of providers and supports available to meet the Member's current behavioral and physical health needs at a less restrictive lower level of care; and
        v. Adjustments to treatment interventions, frequency, Safety Planning, and targeted discharge to support the need for continued stay.
    b. Documentation of current progress or regression toward

meeting treatment goals;

c. Documentation of the continued display of risk and functional impairment that cannot be supportive in a less restrictive lower level of care; and

d. Documentation of treatment interventions, frequency, Safety Planning and revised discharge plan.

E. DISCHARGE READINESS AND PLANNING

1. The AdSS shall ensure discharge planning begins at the time of admission.
2. The AdSS shall ensure discharge readiness is assessed by the BHRF staff in coordination with the Outpatient Treatment Team during each Treatment Plan review and update.
3. The AdSS shall develop medical necessity criteria for discharge readiness that contain the following elements:
   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 have significantly improved or can 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;

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

f. Ongoing support and service providers the Member will be engaged with upon discharge are included in the discharge planning meetings, where initial step-down goals and follow-up Treatment Plan will be created.

4. The AdSS shall ensure that the Member and Responsible Person, as applicable:

a. Are involved and participate in the discharge planning process;

b. Understand the written discharge plan, instructions, and recommendations provided by the facility; and

c. Are provided resources, referrals, and possible interventions, including housing, to meet the Member's assessed and anticipated needs after discharge.

5. The AdSS shall ensure the final discharge plan is documented in

the Member's medical record and includes:

a. Progress toward treatment goals;

b. Follow-up Treatment Plan and Safety Plan compliant with AdSS Medical Policy 320-0;

c. Follow-up appointment with the primary care provider or specialist for service, within seven days of discharge, is scheduled;

d. Plan for medication pick up and coordination of outgoing medication management; and

e. The BHRF coordination or referral is complete, acceptance confirmed, and discharge date has been communicated to ensure safe and clinically appropriate discharge with the following:

    i. Confirmation of discharge location or step-down level of care;

    ii. Outpatient providers;

    iii. Community support services;

    iv. Transportation services; and

    v. All other support and services identified in the discharge plan.

6. The AdSS shall require BHRF providers to notify the AdSS, Outpatient Treatment Team, and Division Support Coordinator upon Member discharge and include the discharge plan with the Member's disposition, including follow-up appointments with outpatient behavioral health services.

F. BHRF AND MEDICATION-ASSISTED TREATMENT

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

G. 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).

H. SUPPLEMENTAL INFORMATION

1. The BHRF is a level of care available to members diagnosed with a Behavioral Health Condition (inclusive of substance use conditions), which is causing significant functional and/or psychosocial impairment, leading to at least one area of significant risk of harm. This impairment and risk of harm warrant the need for 24-hour supervision and support while the member engages in treatment interventions to address Behavioral Health Condition(s) that will allow the member to live safely in the community.
2. The BHRF providers who have an ADHS-approved supplemental application and scope of work to provide respite services as specified in AAC R9-10-702 (A)(5) shall refer to AMPM Policy 1250-D and AMPM Policy 310-B for limitations and requirements. For all other supplemental or partial day BHRF services approved under AAC R9-10702, for billing limitations and additional guidance, providers shall refer to the Covered Behavioral Health Service Guide located on the Medical Coding Resources page of the AHCCCS website.
3. Sections applicable to Secured BHRF will not be effective until

such time that these facilities are developed and subsequently enrolled with AHCCCS as a provider.

4. Examples of Personal Care Services:

- 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 skincare

- 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

Vicki D Copeland, MD

Signature of Chief Medical Officer

Vicki Copeland

Name

07/21/2025

Date