1210 INSTITUTIONAL SERVICES AND SETTINGS

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REFERENCES: A.R.S. §§ 36-2939(A)(1), (B)(1), 36-591(G); A.A.C. R9-10-101, 42 CFR 409.31-35, 438.6(e), 440.40, 440.155, 456.1, 456.436, 483.75, 483.100-138, 483.400, 483.440; Division Medical Policy Manual, Policy 680-C Pre-Admission Screening and Resident Review; Division Operations Policy Manual, Policy 2001 Planning Team Members

The Division of Developmental Disabilities (Division) covers medically necessary institutional services provided in an Arizona Health Care Cost Containment System (AHCCCS) registered long term care facility for members who are eligible for the Arizona Long Term Care System (ALTCS).

Institutional settings also include Behavioral Health Inpatient facilities, Institutions for Mental Disease (IMD), and Inpatient Behavioral Health Residential Treatment Facilities. ALTCS Contractors are responsible for ensuring that providers delivering institutional services to members must meet the requirements as specified in this Manual. The Division uses an acuity tool to determine the level of institutional placement prior to placement.

Members who are eligible for the ALTCS transitional program are not eligible for Nursing Facility (NF) services or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) services exceeding 90 continuous days per admission.

Nursing Facility

Service Description and Goals (Nursing Facility)

This service provides skilled nursing care, residential care, and supervision to persons who need nursing services on a 24-hour basis, but who do not require hospital care or direct daily care from a physician.

The goal of this service is to provide care that meets and enhances the medical, physical, and emotional needs of members residing in Nursing Facilities (NF).

Service Settings (Nursing Facility)

NFs must be Medicare and Medicaid certified and licensed by the Arizona Department of Health Services in accordance with 42 CFR 440.155 and 42 CFR 483.75 to provide inpatient room, board, and nursing services to members who require these services on a continuous basis. For the purposes of reimbursement by ALTCS funding, the facility must be Medicare/ Medicaid certified.

Service/Provider Requirements (Nursing Facility)

The provider must demonstrate the following before the service is authorized:

A. The NF must be licensed and certified by the appropriate Arizona state agencies.

B. The NF must comply with all applicable federal and state laws relating to professional conditions, standards, and NF requirements, including the conditions set forth in the 42 CFR 483 *et seq.*

C. The NF must also comply with all health, safety, and physical plant requirements established by federal and state laws.

D. The portion of the facility in which the member will be placed must be registered with AHCCCS.

Admission Criteria (Nursing Facility)

A. The NF service may be considered appropriate for a member if the member is in need of skilled nursing care on a 24-hour basis but does not require hospital care or direct daily care from a physician and is ordered by, and provided under, the direction of a physician, pursuant to 42 CFR 440.40.

B. Pursuant to 42 CFR 409.31-35 and 440.155, the member requires:

    1. The skills of technical or professional personnel such as registered nurses, licensed practical nurses, or therapists

    2. Daily skilled services that can only be provided in an NF, on an inpatient basis

    3. Skilled services because of special medical complications

    4. Services that are above the level of room and board.

C. The member must cooperate in a nursing assessment performed by the Division District Utilization Review Nurse prior to NF service being authorized.

D. The Pre-Admission Screening and Resident Review (PASRR) is completed pursuant to 42 CFR 483.100-138 (see Division Medical Policy Manual, Policy 680-C Pre-Admission Screening and Resident Review).

E. Prior to the authorization, the above criteria in this section must be met.

Exclusions (Nursing Facility)

A. The Division will authorize an NF placement only in a licensed and Medicare/Medicaid certified NF.

B. The Division will not pay for placement in an NF without prior authorization pursuant to 42 C.F.R 483.100 *et seq.* (see Division Medical Policy 680-C Pre-Admission Screening and Resident Review).

C. If the Primary Care Provider (PCP) or the Division District Utilization Review Nurse advises that the NF cannot meet the member's needs, the member shall be offered a choice of available alternatives, including less restrictive settings and/or Home and Community Based Services (HCBS), as medically necessary.

D. If the Division places an NF on termination status:

1. No new members will be admitted to the NF.

2. Members currently residing, or on leave from, the NF may remain or return to the facility and will have a special planning meeting scheduled. The planning meeting must identify contracted residential alternatives that are available to the member.

E. The member has exceeded 90 continuous days of acute services and is enrolled in the Transitional Program.

F. The member is in the Transitional Program and requests Long Term Care placement.

Therapeutic Leave and Bed Holds (Nursing Facility)

If the member exceeds allowable Therapeutic Leave and bed hold days, the Division will not pay the facility when the member is absent from the NF.

A. Therapeutic leave includes leave due to a therapeutic home visit to enhance psychosocial interactions, a trial basis, or as a part of discharge planning, and is limited to 9 days per calendar year.

B. A bed hold includes medically necessary short-term hospitalization and is limited to 12 days per calendar year.

Reassessment for Continued Placement (Nursing Facility)

A. Members residing in an NF must be reassessed by the Division for appropriateness (medical necessity) of placement, whenever a significant change in the physical or mental status of the member occurs (see PASARR section of this policy manual).

B. Physicians must order the continued need for NF placement not less than annually in accordance with 42 CFR 483.114.

C. The member must continue to meet the criteria in the Admission Criteria (Nursing Facility) section of this Policy.

Service Closure (Nursing Facility)

As determined by the PASRR, medical documentation, and the current needs of the member, NF services will be terminated when the criteria in the Admission Criteria (Nursing Facility) section of this Policy are no longer met. The discharge shall occur as follows:

A. Ten days prior to anticipated discharge, a Planning Team Meeting must occur to update the current Planning Document to include:

1. The member's health and abilities

2. Current medication

3. Identification of needed Durable Medical Equipment (DME)

4. An updated Service Plan

5. A completed Cost Effectiveness Study (CES) based on anticipated service needs

6. Needed follow up medical appointments.

B. The Planning Team includes the member and/or responsible person, the Division's Health Care Service (HCS) nurse, the Support Coordinator, and representatives from the NF. The Planning Team may also include a Division network representative, the HCBS provider, the PCP, or other representatives as needed per Division's Operations Manual, Policy 2001 Planning Team Members.

C. In the event the member's previous living arrangement needs to change, the Support Coordinator makes a request for residential services by completing a Placement Profile and submitting it to the Division's District Network Unit.

D. The member or responsible person, the PCP, attending Physician, and the Division's Medical Director shall resolve disagreements regarding discharge planning.

E. The Division's Chief Medical Officer has the final authority as delegated by the Assistant Director.

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

Service Description (ICF/IID)

ICF/IID provides comprehensive and individualized health care, and habilitative and rehabilitative services, to members to promote functional status and independence for members who need, and are receiving, active treatment services that help the member obtain as much independence as possible.

Service Settings (ICF/IID)

An ICF/IID shall include the Arizona Training Program facilities, a state-owned and operated service center, state-owned or operated community residential settings, and private state-certified facilities that contract with the Department.

Service Provider/Facility Requirements (ICF/IID)

The provider must be state operated or contracted with the Division and demonstrate the following before the service is authorized:

A. The ICF/IID is registered with the Arizona Health Care Cost Containment System (AHCCCS).

B. The ICF/IID must be reviewed and certified annually by the Department of Health Services in accordance with 42 CFR 483.400.

C. The ICF/IID must comply with contract, all applicable federal and state laws, and DES and Division policies and procedures.

Admission Criteria (ICF/IID)

A. The ICF/IID service may be considered appropriate for a member who is in need of, or could benefit from, active treatment.

1. Active treatment includes continuous, aggressive, consistent implementation of a program of specialized and generic training, treatment, health services, and related services that are directed toward:

    a. The acquisition of the behaviors necessary for the member to function with as much self-determination as possible and the ability to live in a more independent setting

    b. The prevention or deceleration of regression or loss of current optimal functional status.

2. Active treatment is provided continuously based on an individual member's assessed developmental needs that prevent the member from living in a more independent setting.

3. A continuous active treatment program includes interaction, between ICF/IID staff and the member, in which the member receives aggressive and consistent training, treatments, and supports during the normal rhythm of the member's day, whenever the need arises or an opportunity presents itself, in both formal and informal settings.

4. Examples of active treatment may include:

    a. The application of a specific stimulation technique, to the area of the mouth of an individual with severe physical and medical disabilities, that decelerates the individual's rate of reliance on tube feedings, and helps the individual retain ability to take food by mouth

    b. Teaching the member to use an adaptive spoon and plate to eat independently

    c. Acquisitions of behaviors for the member to function with as much self-determination and independence as possible

    d. Teaching daily living skills.

5. Examples of what active treatment does not include:

    a. Services to maintain generally independent members who are able to function with little supervision or in the absence of an active treatment program

b. Protective oversight for a member who is not in need of training for developmental deficits (e.g., a court placement to protect the community or the client from the client's behavior)

Programs to simply maintain a member's independence are not considered active treatment because the member is not learning to live in a more independent setting. If a member already possesses the skills that enables them to live in a less restrictive environment, and does not require the structure, support, resources, and services that only an ICF/IID can provide, the member is considered generally independent and not in need of active treatment.

B. Prior to any permanent or temporary admission, the Division will complete a preliminary evaluation. The preliminary evaluation will consider background information as well as currently valid assessments of functional development, behavioral, social, health, and nutritional status and assessed needs that are prohibiting the member from living in a more independent setting and which require intensive specialized supports, services, and supervision that only an ICF/IID can provide.

The Division will review all necessary medical or other documentation to support the need for admission into an ICF/IID. This information may include the Planning Document, Placement Profile and, if the member receives nursing or therapies, the Nursing Assessment and Therapy evaluations/reports. If any additional information (e.g., medical records) is required, the Division's HCS will contact the Support Coordinator.

C. The Division will determine whether there are alternative placements that are less restrictive and more cost effective than the requested ICF/IID placement. The alternative options shall be discussed with the member and/or their responsible person before a final decision is made by the Division.

D. A Cost Effectiveness Study must be completed prior to admission.

E. A written ICF/IID placement approval from the Assistant Director or the Assistant Director's Designee is required prior to authorization.

Development and Implementation of the Active Treatment Plan (ICF/IID)

A. Pursuant to 42 CFR 483.440, within 30 days after admission:

1. A comprehensive functional assessment of the member is completed.

2. As a result of the comprehensive functional assessment, specific objectives necessary to meet the member's needs will be identified.

3. A written active treatment program specific to the member will be designed and implemented.

B. Data documentation of the specific objectives must be in measurable terms.

C. The initial active treatment plan must be reviewed by a Qualified Intellectual Disability Professional/Support Coordinator, the Planning Team, and revised as necessary.

D. During the annual planning meeting the comprehensive functional assessment shall be reviewed for relevancy and updated as needed.

Exclusions (ICF/IID)

ICF/IID placements shall not be made when any of the following are true:

A. The member's needs can be met in a less restrictive and more cost-effective HCBS option.

B. The member does not need active treatment in an ICF/IID.

C. The member has exceeded 90 continuous days of acute services and is enrolled in the Transitional Program.

D. The member is in the Transitional Program and requests Long Term Care placement.

Therapeutic Leave and Bed Holds (ICF/IID)

If the member exceeds allowable Therapeutic Leave and bed hold days, the Division will not pay the facility when the member is absent from the ICF/IID.

A. Therapeutic Leave includes leave due to a therapeutic home visit to enhance psychosocial interactions or on a trial basis or as a part of discharge planning and is limited to 9 days per calendar year.

B. A bed hold includes when short-term hospitalization is medically necessary and is limited to 12 days per calendar year.

Continued Stay Reviews (ICF/IID)

A. The Division completes "Continued Stay Reviews" pursuant to 42 CFR 456.436 and "Active Treatment Reviews."

B. The "Continued Stay Reviews" and "Active Treatment Reviews" will be completed at least every six months, and the following will be considered:

    1. The member no longer needs, and will not benefit from, continued active treatment in an ICF/IID.

    2. The member requires protective oversight only.

    3. The member is able to function with little supervision in the absence of an active treatment program.

    4. A less restrictive and more cost effective level of service or living situation would meet the needs of the member as determined by the Planning Team.

Service Closure (ICF/IID)

ICF/IID services may be terminated:

A. As determined by the Continued Stay Review

B. As necessary for the member's welfare and when the needs of the member cannot be met in the ICF/IID

C. When the member has met their outcomes and no longer needs the services provided by the ICF/IID

D. At the request of the member/responsible person

E. When the member is no longer eligible for ALTCS

F. When the criteria in the Admission Criteria (ICF/IID) section in this Policy are no longer met

G. When the ICF/IID is no longer operating and a less restrictive or more cost effective level of service or living situation can meet the needs of the member.

The discharge shall occur as follows:

A. Ten days prior to anticipated discharge, a team meeting must occur to update the member's current Planning Document to include:

   1. The member's health and abilities

   2. Current medication

   3. Identification of needed Durable Medical Equipment (DME)

   4. An updated Service Plan

   5. A completed Cost Effectiveness Study based on anticipated service needs

   6. Needed follow up medical appointments.

B. The Planning Team shall include the member or responsible person, the Division's HCS nurse, the Support Coordinator, and representatives from the ICF/IID. The team may also include a Division network representative, the HCBS provider, the PCP, or other representatives as needed per Division's Operations Manual, Policy 2001 Planning Team Members.

C. In the event the member's living arrangement needs to change from what it was previously, the Support Coordinator makes the request for residential services by completing a Placement Profile and submitting it to the Division's District Network Unit.

D. The member or responsible person, the PCP, attending Physician and the Division's Chief Medical Officer shall resolve disagreements regarding discharge planning and service closure.

E. The Division's Chief Medical Director shall have the final authority as delegated by the Assistant Director.

Behavioral Health

Institutional settings also include Behavioral Health Inpatient facilities, Institutions for Mental Disease (IMD), and Inpatient Behavioral Health Residential Treatment Facilities.

Behavioral Health Inpatient Facility

A Behavioral Health Inpatient Facility is a behavioral health service facility licensed by ADHS, as defined in A.A.C. R9-10-101, to provide a structured treatment setting with 24-hour supervision, on-site medical services, and an intensive behavioral health treatment program. These facilities are the highest level of inpatient behavioral health services. Some Behavioral Health Inpatient Facilities are IMDs.

Institution for Mental Disease (IMD)

Services provided to members eligible for Title XIX (including members who receive behavioral health services through an Integrated/Tribal/Regional Behavioral Health Authority (IRBHA, RBHA, TRBHA) may be reimbursed in any behavioral health setting, regardless of age, as per AHCCCS Medical Policy Manual, Policy 1210.

An IMD is a Medicare-certified hospital, special hospital for psychiatric care, behavioral health facility, or nursing care institution which has more than 16 treatment beds and provides diagnosis, care, and specialized treatment services for mental illness or substance abuse for more than 50% of the members is considered an IMD. ADHS Office of Behavioral Health Licensure-licensed Inpatient facilities with more than 16 beds are considered IMDs.

Inpatient Psychiatric Residential Treatment Center (available to Title XIX members under 21 years of age)

An Inpatient Psychiatric Residential Treatment Center is a behavioral health service facility licensed by ADHS. Services must be provided under the direction of a physician and include active treatment implemented as a result of the service plan developed. The service plan must include an integrated program of therapies, activities, and experiences designed to meet the treatment objectives for the member. A member who turns age 21 and is Tribal ALTCS Title XIX while receiving services in an inpatient psychiatric facility considered to be an IMD may continue to receive services until the point in time in which services are no longer required or the member turns age 22, whichever comes first.

In addition, the following services must be available to members residing in a behavioral health institutional setting, but are not included in the service unit:

A. Speech, physical, and occupational therapies unless required as a part of the per diem for the service unit

B. Medical/acute care services as specified in this Policy Manual.