

320-X ADULT BEHAVIORAL HEALTH THERAPEUTIC HOMES

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PURPOSE

This Policy establishes requirements for the provision of care and services to members in Adult Behavioral Health Therapeutic Homes (ABHTH). The Division covers ABHTH services for members eligible for ALTCS regardless of the health plan they choose. The Division is responsible for collaborating with Tribal entities and behavioral health providers to ensure access to services for the Tribal Health Program (THP) members. See AdSS Policy 320-X for responsibilities of the AdSS providing ABHTH services.

DEFINITIONS

Adult Behavioral Health Therapeutic Home (ABHTH) - A licensed residence that provides behavioral health treatment, which maximizes the ability of an individual experiencing behavioral health symptoms to live and participate in the community and to function in an independent manner that includes assistance in the self-administration of medication and any ancillary services (such as living skills and health promotion) indicated by the member's Treatment Plan, as appropriate.

Adult Recovery Team (ART) - A group of individuals that follows the Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems. Working in collaboration and are actively involved in an individual's assessment, service planning, and service delivery.

Assessment - An analysis of a patient's need for physical health services or behavioral health services to determine which services a health care institution shall provide to the patient as specified in A.A.C. R9-10-101

Behavioral Health Professional (BHP) -

- A. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
 - 1. Independently engage in the practice of behavioral health as defined in A.R.S. §32-3251, or
 - 2. 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, or
- F. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse, or

- G. A registered nurse with:
1. A psychiatric-mental health nursing certification, or
 2. One year of experience providing behavioral health services.

Collaborating Health Care Institution (CHI) - A health care institution licensed to provide outpatient behavioral health services that has a written agreement with an adult behavioral health therapeutic home or a behavioral health respite home to:

- A. Coordinate behavioral health services provided to a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home, and
- B. Work with the provider to ensure a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home receives behavioral health services according to the resident's treatment plan. A.A.C. R9-10-101 (51.)

Designated Representative - An individual acting on behalf of the member with the written consent of the member or member's legal guardian. As used in this policy the Designated Representative is distinct and separate from the Health Care Decision Maker.

Health Care Decision Maker - An individual who is authorized to make health care treatment decisions for the patient. As applicable to the particular situation, this may include a parent of an unemancipated minor or a person lawfully authorized to make health care treatment decisions pursuant to A.R.S. title 14, chapter 5, article 2 or 3; or A.R.S. §§8-514.05, 36-3221, 36-3231 or 36-3281.

Provider - Any individual or entity that contracts with AHCCCS or a Contractor for the provision of covered services to members according to the provisions A.R.S. §36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. §36-2901.

Service Plan - A complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.

Treatment Plan - For the purpose of this Policy, Treatment Plan is used to describe a complete written description of all services to be provided by the ABHTH based on the intake assessments and Service Plan.

POLICY

ABHTH is a residential setting in the community that provides daily behavioral interventions within a licensed family setting. This service is designed to maximize the member's ability to live and participate in the community and to function independently, including assistance in the self-administration of medication and any ancillary services (such as living skills and health promotion) indicated by the member's Service Plan and/or Treatment Plan as appropriate.

Programmatic support is available to the ABHTH Providers 24 hours per day, seven days per week by the Collaborating Health Care Institution (CHI). Care and services provided in an ABHTH are based on a per diem rate (24-hour day and do not include room and board

(Arizona State Plan for Medicaid). The Division shall refer to ACOM Policy 414 for information on timeframes and requirements regarding prior authorizations.

ABHTH providers shall adhere to this policy as well as procedure requirements as specified in A.A.C. R9-10-1801 et. Seq and the Arizona State Plan for Medicaid.

A. Criteria for Admission

The Division shall develop admission criteria for medical necessity, which at a minimum includes the below elements. The Division shall submit admission criteria to AHCCCS for approval, as specified in Contract, and publish the approved criteria on the Division's website.

1. Criteria for Admission:
 - a. The recommendation for ABHTH shall come through the ART process,
 - b. Following an Assessment by a licensed BHP, the member has been diagnosed with a behavioral health condition which reflects the symptoms and behaviors necessary for a request for ABHTH,
 - c. As a result of the behavioral health condition, there is evidence that the member has recently (within the past 90 days) had a disturbance of mood, thought, or behavior which renders the member incapable of independent or age-appropriate self-care or self-regulation. This moderate functional and/or psychosocial impairment per Assessment by a BHP:
 - i. Cannot be reasonably expected to improve in response to a less intensive level of care, and
 - ii. Does not require or meet clinical criteria for a higher level of care, or
 - iii. Demonstrates that appropriate treatment in a less restrictive environment has not been successful or is not available, therefore warranting a higher level of care.
 - d. At time of admission to an ABHTH, in participation with the Health Care Decision Maker and all relevant stakeholders, there is a documented plan for discharge which includes:
 - i. Tentative disposition/living arrangement identified, and
 - ii. Recommendations for aftercare treatment based upon treatment goals.

B. Exclusionary Criteria

Admission to an ABHTH shall not be used as a substitute for the following:

1. An alternative to detention or incarceration.

2. As a means to ensure community safety in an individual exhibiting primarily conduct disordered behaviors.
3. As a means of providing safe housing, shelter, supervision or permanent placement.

A behavioral health intervention when other less restrictive alternatives are available and meet the member's treatment needs, including situations when the member/Health Care Decision Maker is unwilling to participate in the less restrictive alternative.

C. Expected Treatment Outcomes

1. Treatment outcomes shall align with:
 - a. The Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems as specified in AMPM Policy 100, and
 - b. The member's individualized physical, behavioral, and developmentally appropriate needs.
2. Treatment goals for members placed in an ABHTH shall be:
 - a. Specific to the member's behavioral health condition that warranted treatment,
 - b. Measurable and achievable,
 - c. Unable to be met in a less restrictive environment,
 - d. Based on the member's unique needs,
 - e. Inclusive of input from the member's family/Health Care Decision-Maker and Designated Representative's choices where applicable, and
 - f. Supportive of the member's improved or sustained functioning and integration into the community.
3. Active treatment with the services available at this level of care can reasonably be expected to:
 - a. Improve the member's condition in order to achieve discharge from the ABHTH at the earliest possible time, and
 - b. Facilitate the member's return to primarily outpatient care in a non-therapeutic/non-licensed setting.

D. Adult Behavioral Health Therapeutic Homes Treatment Planning

The ABHTH Treatment Plan shall be developed by the CHI in collaboration with the ABHTH Provider and the ART within the first 30 days of placement:

1. The Treatment Plan shall:

- a. Describe strategies to address ABHTH Provider needs and successful transition for the member to begin service with ABHTH Provider, including pre-service visits when appropriate,
 - b. Compliment and not conflict with the ART Service Plan and other defined treatments, and shall also include reference to the member's:
 - i. Current physical, emotional, behavioral health and developmental needs,
 - ii. Current educational placement and needs,
 - iii. Current medical treatment,
 - iv. Current behavioral health treatment through other Providers, and
 - v. Current prescribed medications.
 - c. Address safety, social, and emotional well-being, discharge criteria, acknowledgement of member's permanency objectives and post-discharge services,
 - d. Include short-term, proactive treatment goals that are measurable, time-limited, and in keeping with the ART Service Plan,
 - e. Clearly identify responsible individuals from treatment team to implement each aspect of the ABHTH Treatment Plan and the timing of completion. The CHI has the responsibility to ensure the treatment team is implementing the ABHTH Treatment Plan,
 - f. Include specific elements that build on the members' strengths while also promoting pro-social, adaptive behaviors, interpersonal skills and relationships, community, family and cultural connections, self-care, daily living skills, and educational achievement,
 - g. Include specifics to coordinate with natural supports and informal networks as a part of treatment,
 - h. Include plans for engagement of the member's family of choice and other natural supports that can support the member during ABHTH placement and after transition,
 - i. Be reviewed by the ABHTH Provider and CHI at every home visit,
 - j. Be reviewed by the CHI Clinical Supervisor at each staffing,
 - k. Be revised as appropriate or quarterly at minimum, and
 - l. Include documentation of the ABHTH Treatment Plan which shall be kept by the ABHTH Provider and CHI.
2. The Division and providers shall ensure that members/Health Care Decision

Maker and designated representatives receive a copy of the treatment plan and any updated treatment plans.

E. Criteria for Continued Stay

The Division shall develop medically necessary criteria for continued stay which, at a minimum, include the below elements. The Division shall submit continued stay criteria to AHCCCS for approval, as specified in Contract, and publish the approved criteria on the Division's website.

1. All of the following shall be met:
 - a. The member continues to meet diagnostic threshold for the behavioral health condition that warranted admission to ABHTH,
 - b. The member continues to demonstrate (within the last 90 days) moderate functional or psychosocial impairment as a result of the behavioral health condition, as identified through disturbances of mood, thought, or behavior, which substantially impairs independent or appropriate self-care or self-regulation,
 - c. Active treatment is reducing the severity of disturbances of mood, thought, or behaviors, which were identified as reasons for admission to ABHTH, and treatment at the ABHTH is empowering the member to gain skills to successfully function in the community,
 - d. There is an expectation that continued treatment at the ABHTH shall improve the member's condition so that this type of service shall no longer be needed, and

The ART is meeting at least monthly to review progress and have revised the Treatment Plan and/or Service Plan to respond to any lack of progress.

F. Adult Behavioral Health Therapeutic Homes Discharge Planning

A comprehensive discharge plan shall be created during the development of the initial Treatment Plan and shall be reviewed and/or updated at each review thereafter. The discharge plan shall document the following:

1. Clinical status for discharge.
2. Follow-up treatment, crisis, and safety plan.
3. Coordination of care and transition planning are in process when appropriate.

G. Criteria for Discharge

The Division shall develop medical necessity criteria for discharge from an ABHTH setting which, at a minimum, includes the below elements. The Division shall submit discharge criteria to AHCCCS for approval, as specified in Contract, and publish the approved criteria on the Division's website.

1. Sufficient symptom or behavior relief is achieved as evidenced by completion of the ABHTH treatment goals.
2. The member's functional capacity is improved, and the member can be safely cared for in a less restrictive level of care.
3. The member can participate in needed monitoring and follow-up services or a Provider is available to provide monitoring in a less restrictive level of care.
4. Appropriate services, Providers, and supports are available to meet the member's current behavioral health needs at a less restrictive level of care.
5. There is no evidence to indicate that continued treatment in an ABHTH would improve member's clinical outcome.
6. There is potential risk that continued stay in an ABHTH may precipitate regression or decompensation of member's condition.

H. The Division's Reporting Requirements

1. The Division shall monitor and report ABHTH bed utilization as specified in ACOM Policy 415, Attachment G, or as requested by AHCCCS.
2. The Division shall report medical necessity criteria for admission, continued stay, and discharge for prior approval as specified in Contract.