320-V BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

REVISION DATES: 1/10/2024, 4/6/2022, 6/16/2021, 4/22/2020
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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 sets forth the requirements for the provision of care and services provided to eligible Division of Developmental Disabilities (Division or DDD) Members in a Behavioral Health Residential Facility (BHRF) setting, including requirements for fee-for-service providers serving Members enrolled in the Division's fee-for-service Tribal Health Program (THP) in collaboration with applicable Tribal representatives and Tribal Social Services.

Further, the purpose of this policy is to establish Division requirements for oversight and monitoring of duties delegated to the Administrative Services Subcontractors (AdSS) with respect to eligible Division Members enrolled in a DDD subcontracted health plan as specified in AdSS Medical Policy 320-V.

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. “AHCCCS” means the Arizona Health Care Cost Containment System.

3. “Behavioral Health Condition” means a mental, behavioral, or neurodevelopmental disorder diagnosis defined by International Classification of Diseases, Tenth Revision, Clinical Modification.

4. “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 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. §3 2-2091;

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.

5. “Behavioral Health Residential Facility” means, as defined in A.A.C. R9-10-101, 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.

6. “Behavioral Health Residential Facility Staff” means any employee of the Behavioral Health Residential Facility agency including administrators, Behavioral Health Professionals and Behavioral Health Technicians.

7. “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.

8. "Child and Family Team" means a group of individuals that includes, at a minimum, the child and their 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 of the 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.

9. "Crisis and Safety Plan" means a written description for potential crisis support or intervention which 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, and specifically address techniques for establishing safety, identification of realistic interventions, physical limitations or unique needs of the Member, trauma informed, and

developed in alignment with the Member's Service and Treatment Plans, and any existing behavior plan, if applicable, and adherence to court-ordered treatment when applicable.

10. "Medication Assisted Treatment" means the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders.

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

12. "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.

13. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a Member or an applicant for whom no guardian has been

appointed.

14. “Second Level Review” means a review performed by a Division Medical Director who has 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.

15. “Secure 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).

16. “Service Plan” means a written description of covered health services, and other supports which may include individual goals, family support services, care coordination, and plans to help the Member better their quality of life.

17. “Treatment Plan” means a written description of all services to be provided by the Behavioral Health Residential Facility. The Treatment Plan is based on the intake assessments, outpatient Service Plan, and input from the Outpatient Treatment Team.

18. “Tribal Health Program” means a fee-for-service program administered by the Division for Title XIX/XXI eligible American Indians that

reimburses for physical and behavioral health services provided by any AHCCCS registered provider, and for Title XIX Members, that are not provided by or through the Indian Health Services tribal health programs operated under 638.

19. "Tribal Regional Behavioral Health Authority" means a tribal entity that has an intergovernmental agreement with AHCCCS, the primary purpose of which is to coordinate the delivery of comprehensive mental health services to all eligible Members assigned by AHCCCS to the tribal entity. Tribal governments, through an agreement with the State, may operate a Tribal Regional Behavioral Health Authority for the provision of behavioral health services to American Indian Members as specified in A.R.S. § 36-3401, § 36-3407, and A.A.C. R9-22-1201.

POLICY

A. BEHAVIORAL HEALTH RESIDENTIAL FACILITY REQUIREMENTS

1. The Division and BHRF providers providing services to Tribal Health Program (THP) members shall adhere to the following:

    a. BHRFs are Arizona Department of Health Services licensed facilities in accordance with A.A.C. Title 9, Chapter 10,

Article 7.

b. Care and services provided in a BHRF for Tribal Health Program (THP) Members:

   i. Are based on an AHCCCS fee-for-service rate;

   ii. Require AHCCCS prior and continued authorization; and

   iii. Do not include room and board.

c. Prior and continued authorization is not required for a Member's admission to a Secure BHRF.

d. Abide by all Superior Court Orders, as specified in A.R.S § 36-550.09, for admission and duration of stay in a Secure BHRF.

e. A Child and Family Team or Adult Recovery Team is not required for THP Members to receive services.

f. A 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.

g. AHCCCS is responsible for authorizations and payments for physical and behavioral health services for Members enrolled in the THP or receiving services through a Tribal

Regional Behavioral Health Authority (TRBHA).

h. Provide care coordination, if applicable, upon notification from AHCCCS Division of Fee-For-Service Management (DFSM) of admissions to and discharges from BHRFs for ALTCS eligible Members enrolled in the THP.

i. Refer to the AHCCCS fee-for-service web page for information on prior authorization requirements for THP Members.

j. BHRF fee-for-service providers adhere to the admission and discharge criteria set forth in this policy.

2. The Division's Behavioral Health Administration shall notify Support Coordination of any admissions to and discharges from BHRFs.

3. The Division shall develop medical necessity criteria for admission to, continued stay in, and discharge from a BHRF and submit the criteria to AHCCCS for approval.

4. The Division shall post the AHCCCS-approved criteria on the Division's website.

B. CRITERIA FOR ADMISSION

1. The Division shall develop criteria for admission to a BHRF 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:

      a) Suicidal, aggressive, self-harm or homicidal thoughts or behaviors without current plan or intent;

      b) Impulsivity with poor judgment or insight;

      c) Maladaptive physical or sexual behavior;

      d) Member’s inability to remain safe within their environment despite environmental supports; or

      e) Medication side effects due to toxicity or contraindications; and

   ii. At least one area of serious functional impairment as

evidenced by:

a) Inability to complete developmentally appropriate self-care or self-regulation due to the Behavioral Health Condition;

b) Neglect or disruption of ability to attend to majority of basic needs;

c) Frequent inpatient psychiatric admissions or legal involvement due to lack of insight or judgment associated with psychotic or affective mood disorder symptoms or major psychiatric disorders;

d) Frequent withdrawal management services, which can include detox facilities, Medication Assisted Treatment and ambulatory detox;

e) 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

f) Impairments persisting 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 or is not available, therefore warranting a higher level of care.

f. The Responsible Person agrees to participate in treatment.

g. Agreement to participate in treatment is not a requirement for Members who are court ordered to a Secure BHRF.

h. The Member's Outpatient Treatment Team is part of the pre-admission assessment and Treatment Plan formulation, including when the documentation is created by another qualified provider. An exception to this requirement exists

when the Member is evaluated by a crisis provider, emergency department, or behavioral health inpatient facility.

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

2. BHRF providers providing services to THP Members shall adhere to the above elements listed in this section.

C. EXPECTED TREATMENT OUTCOMES

1. The Division shall require treatment outcomes to align with the following:
   a. The Arizona Vision-12 Principles for Children's Behavioral Health Service Delivery as directed in Division Medical Policy 430;
   b. The Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems; and
   c. The Member's individualized basic physical, behavioral, and developmentally appropriate needs.

2. The Division shall require treatment goals to be developed in

accordance with the following:

a. Specific to the Member’s Behavioral Health Condition;

b. Measurable and achievable;

c. Unable to be met in a less restrictive environment or level of care;

d. Based on the Member’s unique needs and tailored to the Member and family/Responsible Person choices where possible; and

e. Supportive of the Member’s improved or sustained functioning and integration into the community.

D. EXCLUSIONARY CRITERIA

1. The Division 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 disorder 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 Responsible Person is unwilling to participate in the less restrictive alternative.

e. An intervention for runaway behaviors unrelated to a Behavioral Health Condition.

E. CRITERIA FOR CONTINUED STAY

1. The Division shall develop criteria for continued stay that contains the elements listed below in Section E.(2).

2. BHRF providers providing care and services to THP fee-for-service Members shall submit to AHCCCS DFSM documentation of all participants in the treatment planning during the continued stay review process and adhere to the following elements:

   a. Assessment of continued stay by the BHRF Staff in coordination with the Outpatient Treatment Team

during each Treatment Plan review and update.

b. Assessment of progress toward treatment goals and continued display of risk and functional impairment.

c. Treatment interventions, frequency, crisis and safety planning, and targeted discharge adjusted accordingly to support the need for continued stay.

d. Consider the following criteria when determining continued stay:

i. The Member continues to demonstrate significant risk of harm or functional impairment as a result of a Behavioral Health Condition; and

ii. Providers and supports are not available to meet current behavioral and physical health needs at a less restrictive lower level of care.

F. DISCHARGE READINESS

1. The Division shall develop criteria for discharge from a BHRF that contains the elements listed in Section F.(2).

2. BHRF providers providing care and services to THP Members shall adhere to the following minimum discharge elements:

a. Discharge planning begins at the time of admission; and

b. Discharge readiness is assessed by the BHRF Staff in coordination with the Outpatient Treatment Team during each Treatment Plan review and update.

c. Consider the following criteria when determining discharge readiness:

   i. Symptom or behavior relief is reduced as evidenced by completion of Treatment Plan goals.

   ii. Functional capacity is improved.

   iii. Essential functions such as eating or hydrating necessary to sustain life have significantly improved or are able to be cared for in a less restrictive level of care.

   iv. 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.

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

G. ADMISSION, ASSESSMENT, TREATMENT AND DISCHARGE PLANNING

1. The Division shall require the AdSS to establish a policy to ensure the admission, assessment, and treatment planning process is completed consistently among all providers in accordance with A.A.C. R9-10-707 and 708, and as stated in Section G.(2).

2. BHRF providers shall adhere to the following admission, assessment, treatment, and discharge planning requirements:

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

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

   c. BHRF documentation reflects:

      i. All treatment services provided to the Member;

      ii. Each activity 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 toward desired treatment goals; and

v. Frequency, length, and type of each treatment service or session.

d. BHRF Staff coordinates care with the Outpatient Treatment Team throughout the admission, assessment, treatment, and discharge process.

e. The Treatment Plan connects back to the Member's Service Plan.

f. A Secure BHRF Treatment Plan aligns with the court order.

g. A discharge plan is created during development of the initial Treatment Plan and reviewed at each review thereafter and updated accordingly.

h. A discharge plan documents the following:

i. Clinical status for discharge;

ii. The Responsible Person and Outpatient Treatment Team understands the follow-up treatment, Crisis and Safety Plan; and

iii. Coordination of care and transition planning are in process.

i. The BHRF Staff and Outpatient Treatment Team meet to review and modify the Treatment Plan at least once a month until discharge.

j. A Treatment Plan may be completed by a Behavioral Health Professional or by a Behavioral Health Technician with oversight and signature by a Behavioral Health Professional within 24 hours.

k. Implementation of a system to document and report on timeliness of the Behavioral Health Professional signature/review when the Treatment Plan is completed by a Behavioral Health Technician.

l. The BHRF provider has a process to actively engage the family and Responsible Person, or other designated

individuals, in the treatment planning process as appropriate.

m. Clinical practices, as applicable to services offered and populations served, demonstrate adherence to best practices for treating the following specialized service needs:

    i. Cognitive/intellectual disability;

    ii. Cognitive disability with comorbid Behavioral Health Condition;

    iii. Older adults and co-occurring disorders; and

    iv. Comorbid physical and Behavioral Health Condition.

n. Services deemed medically necessary through the assessment or Outpatient Treatment Team and not offered at the BHRF are documented in the Member's Service Plan with a description of the need, identified goals, and identification of providers who will be meeting the need.

3. The BHRF shall make the following services available and provided by the BHRF, and cannot be billed separately unless

otherwise noted below:

a. Counseling and therapy (group or individual):

   Behavioral Health Counseling and Therapy shall not be billed on the same day as BHRF services unless specialized behavioral health counseling and therapy have been identified in the Service Plan as a specific Member need that cannot otherwise be met as required within the BHRF setting.

b. Skills Training and Development:

   i. Independent Living Skills,
   ii. Community Reintegration Skill Building, and
   iii. Social Communication Skills.

c. Behavioral Health Prevention/Promotion Education and Medication Training and Support Services:

   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 and vocational skills, educational needs assessment and skill building;

vi. Treatment for a substance use disorder; and

vii. Personal care services.

H. BHRF AND MEDICATION ASSISTED TREATMENT

BHRF providers shall have written policies and procedures to ensure Members on Medication Assisted Treatment are not excluded from admission and are able to receive Medication Assisted Treatment to ensure compliance with Arizona Opioid Epidemic Act SB 1001, Laws 2018. First Special Session.

I. BHRF WITH PERSONAL CARE SERVICE LICENSE

1. BHRFs providing personal care services shall be licensed by the Arizona Department of Health Services to provide those personal care services and offered in accordance with A.A.C. R9-10-702 and A.A.C. R9-10-715.
2. BHRFs shall ensure that all identified needs can be met in accordance with A.A.C. R9-10-814 (A)(C)(D) and (E).

J. ADMINISTRATIVE SERVICES SUBCONTRACTOR MONITORING AND OVERSIGHT

1. The Division shall provide oversight and monitoring of compliance by Administrative Services Subcontractors serving Members enrolled in a DDD subcontracted health plan with respect to any contractual delegation of duties specific to this policy and as specified in AdSS Medical Policy 320-V using the following methods:

    a. Conduct a Second Level Review of each case in which a BHRF prior authorization request was denied by the AdSS.
    b. Complete annual operational reviews of compliance.
    c. Analyze deliverable reports and other data as required.
    d. Review Provider Network Development and Management Plans demonstrating network adequacy and plans to promote specialty services described in policy.
    e. Conduct oversight meetings with each AdSS for the purpose of reviewing compliance and addressing any access to care concerns or other quality of care concerns.
    f. Review data submitted by the AdSS demonstrating ongoing compliance monitoring of their network and provider agencies through Behavioral Health Clinical Chart Audits.

2. The Division may request to review additional documentation, if necessary.

SUPPLEMENTAL INFORMATION

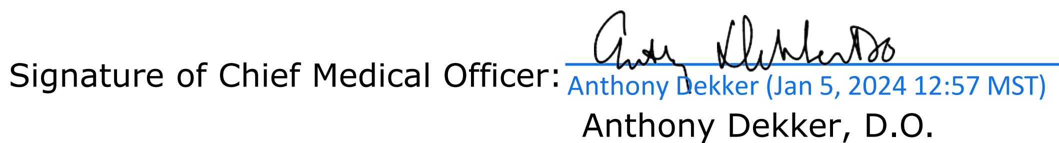
Examples of Personal Care Services

- ACE wraps, arm and leg braces
- 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 skin care
- 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

Signature of Chief Medical Officer: 

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