

962 REPORTING AND MONITORING OF SECLUSION AND RESTRAINT

REVISION DATE: 8/9/2023

EFFECTIVE DATE: September 14, 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), AHCCCS Medical Policies 961 and 960

PURPOSE

To set forth the requirements applicable to the Division of Developmental Disabilities (Division) to provide oversight and monitoring of Seclusion and Restraint reporting for Members served by the Division, regardless of their health plan enrollment, in all state licensed Behavioral Health Inpatient Facilities, Mental Health Agencies, and out-of-state facilities providing behavioral health services to Division Members.

DEFINITIONS

1. "Behavioral Health Inpatient Facility" means, as defined in A.A.C. R9-10-101, a health care institution licensed by the Arizona Department of Health Services that provides continuous treatment to individuals experiencing behavioral health issues that causes that

individual to:

- a. Have a limited or reduced ability to meet basic physical needs;
 - b. Suffer harm that significantly impairs 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
 - f. 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 as specified in 42 CFR 482.13 (e)(1)(i)(B).
Chemical Restraints shall be interpreted and applied in compliance with the Center for Medicaid Services (CMS) State Operations Manual, Appendix A at A-0160 for Regulations and

Interpretive Guidelines for Hospitals.

- 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.
 - 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. The Division shall require that the use of Seclusion and Restraint (SAR) be used to the extent permitted by and in compliance with A.A.C. R9-10-225, A.A.C. R910-316, and A.A.C. R9-21-204.
2. The Division shall require that any incident involving the use of SAR be reported as described in this policy to the Arizona Health Care Cost Containment System (AHCCCS), Division of Community Advocacy and Intergovernmental Relations, Office of Human Rights, and the appropriate Independent Oversight Committee (IOC) via collaboration with the AHCCCS Division of Health Care Management, Quality Management (QM) IOC Manager.

3. The Division shall require all interventions used during each incident of SAR be documented in a single individual report including all required components of each type of intervention used to manage the behavior.

B. DIVISION OVERSIGHT AND MONITORING OF REPORTING REQUIREMENTS

1. The Division shall require the AdSS to follow the reporting requirements as specified in this policy.
2. The Division shall require the AdSS utilizing any out-of-state facility to provide behavioral health services to Division Members, to ensure the facility agrees to and follows all reporting requirements as specified in AdSS Medical Policy 962 as a part of the contracted single case agreement.
3. The Division shall require the AdSS to submit individual reports of Incidents of SAR involving Division Members directly to the AHCCCS QM Portal within five business days of the incident using AMPM Policy 962 Attachment A or the agency's electronic medical record that includes all elements listed on AMPM Policy

962, Attachment A. If the use of SAR requires face-to-face monitoring, as specified in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to the individual report.

4. The Division shall require the AdSS to have a process in place to ensure incidents of SAR that result in an injury or complication requiring medical attention are reported to the AdSS within 24 hours of the incident.

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

1. The Division shall review all individual reports of SAR submitted through the AHCCCS QM Portal by the AdSS and their service providers as specified in contract.
2. The Division shall ensure that the original AMPM 962 Attachment A or electronic medical record received from the service provider is attached to the record within the AHCCCS QM Portal.
3. The Division shall ensure individual reports of SAR are linked to any connected Incident, Accident or Death (IAD), Internal

Referral (IRF), or Quality of Care (QOC) Concern process within the AHCCCS QM Portal as specified in Division Medical Policy 960.

C. SUBMITTING INDIVIDUAL SAR REPORTS TO THE IOC


1. The Division shall ensure that all individual SAR Reports involving behavioral health service providers are uploaded within the AHCCCS QM Portal for IOC review as specified in contract.
2. The Division shall ensure that all 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. The Division shall ensure that the disclosure of protected health information is in accordance with state and federal laws.

D. OVERSIGHT, MONITORING, TRACKING AND TRENDING

1. The Division's Quality Management Unit (QMU) shall monitor the

AdSS' compliance to these reporting standards and AdSS Medical Policy 962 through review of SAR reports entered in the AHCCCS QM Portal and during the annual review process.

2. The Division's QMU shall track and trend the use of SAR for all Members, including Members at the Arizona State Hospital, and prepare quarterly reports for the Quality Management/Performance Improvement (QM/PI) Committee based on the data.
3. The QM/PI Committee shall review the quarterly reports, SAR incidents and recommendations for improvement, and develop recommendations to ensure Member safety and quality improvement.
4. The QM Medical Director shall review any QOC Concerns involving the inappropriate use of SAR on a monthly basis and identify opportunities for improvement and make recommendations to the Chief Medical Officer.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Aug 3, 2023 12:37 PDT\)](#)
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 IOCs determine that SAR has been used in violation of any applicable law or rule, the 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.
3. AHCCCS requires BHIFs and Mental Health Agencies providing services to FFS Members, except THP Members enrolled to receive behavioral health services with a Regional Behavioral Health Agency, submit individual SAR reports directly to the AHCCCS DCAIR OHR via email at OHRts@azahcccs.gov and to the AHCCCS DHCM QM IOC Manager using AMPM 962 Attachment A or the agency's electronic medical record that includes all elements listed on Attachment A concerning the use of SARs involving Members with a Serious Mental Illness designation within five business days of the occurrence of the incident. If the use of SARs requires face-to-face monitoring, a supplemental report shall be submitted as an attachment to each individual report.