

1 **320-X ADULT BEHAVIORAL HEALTH THERAPEUTIC HOMES**

2 REVISION DATE: (TBD)
3 EFFECTIVE DATE: March 24, 2021

4 **Purpose**

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

11 **Definitions**

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

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

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

25 Behavioral Health Professional (BHP) -

26 A. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice
27 allows the individual to:

- 28
29 1. Independently engage in the practice of behavioral health as defined in A.R.S.
30 §32-3251, or
31
32 2. Except for a licensed substance abuse technician, engage in the practice of
33 behavioral health as defined in A.R.S. §32-3251 under direct supervision as
34 defined in A.A.C. R4-6-101,

35 B. A psychiatrist as defined in A.R.S. §36-501,

36 C. A psychologist as defined in A.R.S. §32-2061,

37 D. A physician,

38 E. A behavior analyst as defined in A.R.S. §32-2091, or

- 39 F. A registered nurse practitioner licensed as an adult psychiatric and mental health
40 nurse, or
- 41 G. A registered nurse with:
- 42 1. A psychiatric-mental health nursing certification, or
- 43 2. One year of experience providing behavioral health services.
- 44 Collaborating Health Care Institution (CHI) - A health care institution licensed to provide
45 outpatient behavioral health services that has a written agreement with an adult
46 behavioral health therapeutic home or a behavioral health respite home to:
- 47 A. Coordinate behavioral health services provided to a resident at the adult behavioral
48 health therapeutic home or a recipient at a behavioral health respite home, and
- 49 B. Work with the provider to ensure a resident at the adult behavioral health
50 therapeutic home or a recipient at a behavioral health respite home receives
51 behavioral health services according to the resident's treatment plan. A.A.C. R9-10-
52 101 (51.)

53
54 Designated Representative - An individual acting on behalf of the member with the written
55 consent of the member or member's legal guardian. As used in this policy the Designated
56 Representative is distinct and separate from the Health Care Decision Maker.

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

62
63 Provider - Any individual or entity that contracts with AHCCCS or a Contractor for the
64 provision of covered services to members according to the provisions A.R.S. §36-2901 or
65 any subcontractor of a provider delivering services pursuant to A.R.S. §36-2901.

66
67 Service Plan - A complete written description of all covered health services and other
68 informal supports which includes individualized goals, family support services, care
69 coordination activities and strategies to assist the member in achieving an improved
70 quality of life.

71
72 Treatment Plan - For the purpose of this Policy, Treatment Plan is used to describe a
73 complete written description of all services to be provided by the ABHTH based on the
74 intake assessments and Service Plan.

75 **Policy**

76
77 ABHTH is a residential setting in the community that provides daily behavioral
78 interventions within a licensed family setting. This service is designed to maximize the
79 member's ability to live and participate in the community and to function independently,
80 including assistance in the self-administration of medication and any ancillary services
81 (such as living skills and health promotion) indicated by the member's Service Plan and/or
82 Treatment Plan as appropriate.

83

84 Programmatic support is available to the ABHTH Providers 24 hours per day, seven days
85 per week by the Collaborating Health Care Institution (CHI). Care and services provided in
86 an ABHTH are based on a per diem rate (24-hour day), ~~require prior and continued~~
87 ~~authorization~~, and do not include room and board (Arizona State Plan for Medicaid). The
88 Division shall refer to ACOM Policy 414 for information on timeframes and requirements
89 regarding prior authorizations.

90
91 ABHTH Providers shall adhere to this Policy as well as procedure requirements as specified
92 in A.A.C. R9-10-1801 et. Seq and the Arizona State Plan for Medicaid.

93 **A. Criteria for Admission**

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

98 1. Criteria for Admission:

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

122 **B. Exclusionary Criteria**

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

- 124 1. An alternative to detention or incarceration.
- 125 2. As a means to ensure community safety in an individual exhibiting primarily
126 conduct disordered behaviors.
- 127 3. As a means of providing safe housing, shelter, supervision or permanent
128 placement.
- 129 A behavioral health intervention when other less restrictive alternatives are
130 available and meet the member's treatment needs, including situations when
131 the member/Health Care Decision Maker is unwilling to participate in the less
132 restrictive alternative.

133 **C. Expected Treatment Outcomes**

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

155 **D. Adult Behavioral Health Therapeutic Homes Treatment Planning**

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

- 158 1. The Treatment Plan shall:
- 159 a. Describe strategies to address ABHTH Provider needs and successful
160 transition for the member to begin service with ABHTH Provider,
161 including pre-service visits when appropriate,
- 162 b. Compliment and not conflict with the ART Service Plan and other
163 defined treatments, and shall also include reference to the member's:
- 164 i. Current physical, emotional, behavioral health and
165 developmental needs,
- 166 ii. Current educational placement and needs,
- 167 iii. Current medical treatment,
- 168 iv. Current behavioral health treatment through other Providers,
169 and
- 170 v. Current prescribed medications.
- 171 c. Address safety, social, and emotional well-being, discharge criteria,
172 acknowledgement of member's permanency objectives and post-
173 discharge services,
- 174 d. Include short-term, proactive treatment goals that are measurable,
175 time-limited, and in keeping with the ART Service Plan,
- 176 e. Clearly identify responsible individuals from treatment team to
177 implement each aspect of the ABHTH Treatment Plan and the timing of
178 completion. The CHI has the responsibility to ensure the treatment
179 team is implementing the ABHTH Treatment Plan,
- 180 f. Include specific elements that build on the members' strengths while
181 also promoting pro-social, adaptive behaviors, interpersonal skills and
182 relationships, community, family and cultural connections, self-care,
183 daily living skills, and educational achievement,
- 184 g. Include specifics to coordinate with natural supports and informal
185 networks as a part of treatment,
- 186 h. Include plans for engagement of the member's family of choice and
187 other natural supports that can support the member during ABHTH
188 placement and after transition,
- 189 i. Be reviewed by the ABHTH Provider and CHI at every home visit,
- 190 j. Be reviewed by the CHI Clinical Supervisor at each staffing,
- 191 k. Be revised as appropriate or quarterly at minimum, and
- 192 l. Include documentation of the ABHTH Treatment Plan which shall be
193 kept by the ABHTH Provider and CHI.

- 194 2. The Division and providers shall ensure that members/Health Care Decision
195 Maker and designated representatives receive a copy of the treatment plan
196 and any updated treatment plans.

197 **E. Criteria for Continued Stay**

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

- 202 1. All of the following shall be met:

203 a. The member continues to meet diagnostic threshold for the behavioral
204 health condition that warranted admission to ABHTH,

205 b. The member continues to demonstrate (within the last 90 days)
206 moderate functional or psychosocial impairment as a result of the
207 behavioral health condition, as identified through disturbances of
208 mood, thought, or behavior, which substantially impairs independent
209 or appropriate self-care or self-regulation,

210 c. Active treatment is reducing the severity of disturbances of mood,
211 thought, or behaviors, which were identified as reasons for admission
212 to ABHTH, and treatment at the ABHTH is empowering the member to
213 gain skills to successfully function in the community,

214 d. There is an expectation that continued treatment at the ABHTH shall
215 improve the member's condition so that this type of service shall no
216 longer be needed, and

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

220 **F. Adult Behavioral Health Therapeutic Homes Discharge Planning**

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

224 1. Clinical status for discharge.

225 2. Follow-up treatment, crisis, and safety plan.

226 3. Coordination of care and transition planning are in process when appropriate.

227 **G. Criteria for Discharge**

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

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

244 **H. The Division's Reporting Requirements**

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