Provider Reference Guide

REQUIREMENTS FOR THE PROVISION OF CARE AND SERVICES IN A BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF)

Behavioral Health Residential Facilities (BHRF) licensed per 9 A.A.C. 10 and Title XIX certified by AHCCCS provide a structured treatment setting with 24-hour supervision and counseling or other therapeutic activities for persons who do not require on-site medical services. There is continuous onsite or on-call availability of a behavioral health professional; and continuous treatment to the individual who is experiencing a behavioral health issue that limits the individual's independence but who is able to participate in all aspects of treatment and to meet the individual's basic physical and age-appropriate needs. BHRFs provide the programming, the structure and supervision of a co-occurring twenty-four (24) hour, seven day per week behavioral health treatment program to develop the skills to manage the symptoms of substance use and/or mental illness, skills necessary for activities of daily living, and to develop the adaptive and functional behavior that will allow him/her to live outside of a residential treatment setting.

The services provided in a BHRF must be evidence-based and individualized to the needs of the member and the individual must be able to participate in therapies and therapeutic activities as outlined in his/her plan and targeted treatment goals. The individual is medically and psychiatrically stable enough to receive safe treatment at this level of care and does not require the twenty-four (24) hour medical/nursing monitoring or procedures provided in an acute inpatient setting.

Active treatment with the services available at this level of care can reasonably be expected to improve the member's psychiatric and/or substance use condition in order to achieve transition from this setting at the earliest possible time to an independent living setting with appropriate continued supports.

A. CRITERIA FOR ADMISSION

1. Member has a diagnosed Behavioral Health Condition which reflects the symptoms and behaviors necessary for a request for residential treatment. The Behavioral Health Condition causing the significant functional and/or psychosocial impairment shall be evidenced in the assessment by the following:
    a. At least one area of significant risk of harm within the past three months as a result of:
        i. Suicidal/aggressive/self-harm/homicidal thoughts or behaviors without current plan or intent;

ii. Impulsivity with poor judgment/insight;
iii. Maladaptive physical or sexual behavior;
iv. Member's inability to remain safe within his or her environment, despite environmental supports (i.e. Natural Supports); or
v. Medication side effects due to toxicity or contraindications.

AND

b. At least one area of serious functional impairment as evidenced by:
   i. Inability to complete developmentally appropriate self-care or self-regulation due to member's Behavioral Health Condition(s);
   ii. Neglect or disruption of ability to attend to majority of basic needs, such as personal safety, hygiene, nutrition or medical care;
   iii. Frequent inpatient psychiatric admissions or legal involvement due to lack of insight or judgment associated with psychotic or affective/mood symptoms or major psychiatric disorders;
   iv. 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
   v. Impairments persisting in the absence of situational stressors that delay recovery from the presenting problem.
c. A need for 24-hour behavioral health care and 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 appropriate treatment in a less restrictive environment has not been successful or is not available, therefore warranting a higher level of care; and
f. Member agrees to participate in treatment. In the case of minors, family/guardian/ designated representative also agrees to and participates as part of the treatment team.

B. EXPECTED TREATMENT OUTCOMES

1. Treatment outcomes shall align with:
   a. The Arizona Vision-12 Principles for Children's Behavioral Health Service Delivery as directed in AMPM Policy 430;
   b. The 9 Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems as outlined in Contract; and
   c. The member's individualized basic physical, behavioral, and developmentally appropriate needs.

2. Treatment goals shall be developed in accordance with the following:
   a. Specific to the member's Behavioral Health Condition(s);
   b. Measurable and Achievable;
   c. Cannot be met in a less restrictive environment;
   d. Based on the member's unique needs and tailored to the member and the family's/guardian's/designated representative's choices where possible; and
   e. Support the member's improved or sustained functioning and integration into the community.

C. EXCLUSIONARY CRITERIA

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

1. An alternative to detention or incarceration;
2. A means to ensure community safety in circumstances where a member is exhibiting primarily conduct disordered behavior without the presence of risk or functional impairment;
3. A means of providing safe housing, shelter, supervision, or permanency placement;
4. A behavioral health intervention when other less restrictive alternatives are available and meet the member's treatment needs, including situations when the member/guardian/designated representative are unwilling to participate in the less restrictive alternative; or
5. As an intervention for runaway behaviors unrelated to a Behavioral Health Condition.

D. CRITERIA FOR CONTINUED STAY

Continued stay shall be assessed by the BHRF staff and the CFT/ART/TRBHA during Treatment Plan review and update. Progress towards the treatment goals and continued display of risk and functional impairment shall also be assessed. Treatment interventions, frequency, crisis/safety planning, and targeted discharge shall be adjusted accordingly to support the need for continued stay. The following criteria shall be considered when determining continued stay:

1. The member continues to demonstrate significant risk of harm and/or functional impairment as a result of a Behavioral Health Condition;
2. Providers and supports are not available to meet current behavioral and physical health needs at a less restrictive lower level of care;
3. There is evidence of recent, recurring, or intermittent episodes of risk of harm; or continued significant functional impairment with disturbance of mood, thought or behavior which substantially impairs developmentally appropriate self-care or self-regulation without rehabilitative or habilitative interventions or new high-risk symptoms or functional impairments have been documented;
4. The member continues to demonstrate significant risk of harm and/or functional impairment as a result of a Behavioral Health Condition; and
5. Providers and supports are not available to meet current behavioral and physical health needs at a less restrictive lower level of care.

E. DISCHARGE READINESS

Discharge readiness shall be assessed by the BHRF staff and the CFT/ART/TRBHA during each Treatment Plan review and update. The following criteria shall be considered when determining discharge readiness:

1. Symptom or behavior relief is reduced as evidenced by completion of Treatment Plan goals;
2. Functional capacity is improved, essential functions such as eating or hydrating necessary to sustain life has significantly improved or is able to be cared for in a less restrictive level of care;
3. Member can participate in needed monitoring or a caregiver is available to provide monitoring in a less restrictive level of care; and
4. Providers and supports are available to meet current behavioral and physical health needs at a less restrictive level of care.

F. ADMISSION, ASSESSMENT, TREATMENT PLAN

The admission, assessment and treatment planning process will be in accordance with A.A.C. R9-10-707 and 708 and Contract requirements. BHRF Providers shall ensure appropriate notification is sent to the Primary Care Physician and Behavioral Health Provider/Agency/TRBHA upon intake to and discharge from the BHRF. All BHRFs serving TRBHA members shall coordinate care with the TRBHAs throughout the admission, assessment, treatment, and discharge process.

BHRF providers shall follow the below outlined admission, assessment, and treatment planning requirements:

1. A behavioral health assessment for a member is completed before treatment is initiated and within 48 hours of admission.
2. The CFT/ART/TRBHA is included in the development of the Treatment Plan within 48 hours of admission
3. The Treatment Plan connects back to the member's comprehensive Service Plan for members enrolled with a Contractor.
4. A comprehensive discharge plan is created during the development of the initial Treatment Plan and is reviewed and/or updated at each review thereafter. The discharge plan shall document the following:
    a. Clinical status for discharge;
    b. Member/guardian/designated representative and, CFT/ART/TRBHA understands follow-up treatment, crisis and safety plan; and
    c. Coordination of care and transition planning are in process (e.g. reconciliation of medications, applications for lower level of care submitted, follow-up appointments made).
5. There is a written plan for discharge with specific discharge criteria, behaviorally measurable goals, and with recommendations for aftercare treatment that includes involvement of the Adult Recovery Team and complies with current standards for medically necessary covered behavioral health services, cost effectiveness, and least restrictive environment, as well as being in conformance with federal and state clinical practice guidelines.
    a. The discharge plan will be provided at the time of admission and reassessed with each concurrent review and will include a description of the setting /placement that may meet the resident's assessed and anticipated needs after discharge.
6. The BHRF staff and the CFT/ART/TRBHA meet to review and modify the Treatment Plan at least once a month.
7. Treatment Plan may be completed by a BHP, or by a BHT with oversight and signature by a BHP within 24 hours.
8. The provider has a system to document and report on timeliness of BHP signature/review when the Treatment Plan is completed by a BHT.
9. The provider has a process to actively engage family/guardians/designated representative in the treatment planning process as appropriate.
10. The provider's clinical practices, as applicable to services offered and population served, shall demonstrate adherence to best practices for treating specialized service needs, including but not limited to:
    a. Cognitive/intellectual disability;

b. Cognitive disability with comorbid Behavioral Health Condition(s);
c. Older adults, and Co-Occurring disorders (substance use and Behavioral Health Condition(s); or
d. Comorbid physical and Behavioral Health Condition(s).

11. Services deemed medically necessary through the assessment and/or CFT/ART/TRBHA which are not offered at the BHRF, shall be documented in the Service Plan and documentation shall include a description of the need, identified goals and identified provider who will be meeting the need. The following services shall be made available and provided by the BHRF and cannot be billed separately unless otherwise noted below:
    a. Counseling and Therapy (group or individual): Group Behavioral Health Counseling and Therapy may not be billed on the same day as BHRF services unless specialized group 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 (e.g. self-care, household management, budgeting, avoidance of exploitation/safety education and awareness);
        ii. Community Reintegration Skill building (e.g. use of public transportation system, understanding community resources and how to use them); and
        iii. Social Communication Skills (e.g. conflict and anger management, same/opposite-sex friendships, development of social support networks, recreation).
    c. Behavioral Health Prevention/Promotion Education and Medication Training and Support Services including but not limited to:
        i. Symptom management (e.g. including identification of early warning signs and crisis planning/use of crisis plan);
        ii. Health and wellness education (e.g. benefits of routine medical check-ups, preventive care, communication with the PCP and other health practitioners);
        iii. Medication education and self-administration skills;
        iv. Relapse prevention;
        v. Psychoeducation Services and Ongoing Support to Maintain Employment Work/Vocational skills, educational needs assessment and skill building;
        vi. Treatment for Substance Use Disorder (e.g. substance use counseling, groups); and
        vii. Personal Care Services (see additional licensing requirements in A.A.C. R9-10-702, R9-10-715, R9-10-814).

G. BHRF AND MEDICATION ASSISTED TREATMENT

Members on MAT are not excluded from admission and are able to receive MAT to ensure compliance with Arizona Opioid Epidemic Act SB 1001, Laws 2018. First Special Session.

H. BHRF WITH PERSONAL CARE SERVICES

BHRFs licensed to provide Personal Care Services shall offer services in accordance with A.A.C R9-10-702 and A.A.C R9-10-715. Contractors and BHRF providers shall ensure that all identified needs can be met in accordance with A.A.C. R9-10-814 (A)(C)(D) and (E).