



2022 Health Choice Arizona Behavioral Health Residential Facility (BHRF) Prior Authorization and Continued Stay Criteria and Treatment Requirements

Determination Timeline:

Determination of prior authorization for Behavioral Health Residential Treatment (BHRF) shall occur prior to admission to the facility. All BHRF request are considered expedited request, 72 hours.

Documentation Required Prior to Determination:

Prior Authorization:

Health Choice requires the Behavioral Health Home/Beneficiaries/Providers/Hospitals to submit **Health Choice of AZ Behavioral Health Residential Facility (BHRF) Prior Authorization and Continued Stay Form** with required documentation prior to admission.

Continued Authorization:

Health Choice requires the **Behavioral Health Residential Facility** to submit **Health Choice of AZ Behavioral Health Residential Facility (BHRF) Prior Authorization and Continued Stay Form** with required documentation seven days prior to the expiration of the current authorization.

Initial Admission Authorization: Up to 60 days based on member's acuity and treatment needs.

Continued Stay Request: Up to 60 days based on member's acuity and treatment.

Health Choice BHRF Admission Criteria

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:

1. At least one area of significant risk of harm within the past three months as a result of:
(must meet one criterion)
 - a. Suicidal/ aggressive/ self-harm/ homicidal thoughts or behaviors without current plan or intent; or
 - b. Impulsivity with poor judgment/insight; or



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- c. Maladaptive physical or sexual behavior; or
- d. Inability to remain safe within his or her environment, despite environmental supports (i.e. informal Supports); or
- e. Medication side effects due to toxicity or contraindication.

AND

- 2. At least one area of serious functional impairment as evidence by:
 - a. Inability to complete developmentally appropriate self-care or self-regulation due to Member's Behavioral Health Condition(s), or
 - b. Neglect or disruption of ability to attend majority of basic needs, such as personal safety, hygiene, nutrition or medical care, or
 - c. 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
 - d. Impairments persisting in the absence of situational stressors that delay recovery from the presenting problem, or
 - e. 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.
 - f. Frequent withdrawal management services, which can include but are not limited to, detox facilities, MAT and ambulatory detox,
 - g. Member agrees to participate in treatment. In the case of those who have a Health Care Decision Maker (HCDM), including minors, the HCDM also agrees to, and participates as part of the, treatment team. Agreement to participate in treatment is not a requirement for individuals who are court ordered to secure BHRF.
- 3. 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,
- 4. Anticipated stabilization cannot be achieved in a less restrictive setting,
- 5. 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



6. 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.
7. Frequent withdrawal management services, which can include but are not limited to, detox facilities, MAT and ambulatory detox. Members with on MAT shall not be excluded admission and are able to receive MAT to ensure compliance with Arizona Opioid Epidemic ACT SB 1001, Laws 2018.

Health Choice BHRF Continued Stay Criteria

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.

1. Behavior and Functioning (must meet one criterion):
 - a. The member continues to demonstrate significant risk of harm and/or functional impairment as a result of a Behavioral Health Condition.
 - b. Providers and supports are not available to meet current behavioral and physical health needs at a less restrictive lower level of care.

Health Choice BHRF Exclusionary Criteria

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

1. An alternative to preventative detention or incarceration, or
2. As 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, or
3. A means of providing safe housing, shelter, supervision, or permanency placement, or
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, or
5. An intervention for runaway behaviors unrelated to a Behavioral Health Condition.



Discharge Readiness

Discharge planning shall begin at the time of admission. Discharge readiness shall be assessed by the BHRF staff and the CFT/ART/RBHA during each ING 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.
4. Providers and supports are available to meet current behavioral and physical health needs at a less restrictive level of care.

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.

Admission, Assessment, and Treatment Plan Requirements

1. 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.
2. The CFT/ART/TRBHA is included in the development of the Treatment Plan within 48 hours of admission for members enrolled with a Contractor.
3. All BHRFs serving RBHA members shall coordinate care with the RHBA programs throughout the admission, assessment, treatment and discharge process.
4. The Treatment Plan connects back to the member's comprehensive Service Plan for members enrolled with Health Choice.
5. For secured BHRF the treatment plan also aligns with the court order.
 - a. 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.
6. 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/health care decision maker and 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, identification of wrap around supports and potential provider, follow-up appointments made).
7. The BHRF staff and the CFT/ART/TRBHA meet to review and modify the Treatment Plan at least once a month.
8. A Treatment Plan may be completed by a BHP, or by a BHT with oversight and signature by a BHP within 24 hours.
9. The provider has a system to document and report on timeliness of BHP signature/review when the Treatment Plan is completed by a BHT.
10. The provider has a process to actively engage family/guardians/health care decision maker and designated representative in the treatment planning process as appropriate.



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11. 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),
 - d. Comorbid physical and Behavioral Health Condition(s).

12. 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):

Note: 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, and R9-10-814).