Lines of Business:

☐ All	☐ Medicare	☐ Marketplace
☒ Medicaid	☐ Medicare-Medicaid Programs (MMP)	☐ Other: _____

I. DEFINITION(S)

Molina Healthcare of Arizona, Inc. (Molina or Molina Healthcare) has adopted the definitions that are located on AHCCCS' website: https://azahcccs.gov/Resources/Downloads/ContractAndPolicyDictionary.pdf

II. PURPOSE

To define the admission, exclusionary and continued stay criteria for Behavioral Health Residential Facility.

III. POLICY

Molina Healthcare provides treatment to individuals experiencing behavioral health issues using residential treatment by improving the individual's ability to be independent in the community.

Care and services provided in a BHRF are based on a per diem rate (24-hour day), require prior and continued authorization and do not include room and board. All authorization requests for BHRF services shall be treated as expedited requests.

Prior and continued authorization are not applicable to a Secured Behavioral Health Residential Facility (Secured BHRF) as placement of a member into a Secured BHRF is accomplished pursuant to an order of the Superior Court. Although a treatment plan is generally submitted as part of that process, the duration of a member's commitment to a Secured BHRF is ultimately determined by the Court as specified in A.R.S § 36-550.09.

Molina and BHRF Providers shall ensure appropriate notification is sent to the Primary Care Physician and Behavioral Health Provider/Agency/TRBHA/Tribal ALTCS program upon intake to and discharge from the BHRF.

A CFT/ART is not required for FFS members to receive services.

ALL BHRF authorization requests are treated as expedited and shall be processed within 72 hours of receipt with the following Admission Requirements:

Member has a diagnosed Behavioral Health Condition which reflects the symptoms and behaviors necessary for a request for residential treatment. The Behavioral Health Condition is causing 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 because of:
    a. Suicidal/aggressive/self-harm/homicidal thoughts or behaviors without current plan or intent,

b. Impulsivity with poor judgment/insight,

c. Maladaptive physical or sexual behavior,

d. Member's inability to remain safe within his or her environment, despite environmental supports (i.e., Natural Supports), or

e. Medication side effects due to toxicity or contraindications.

AND

2. At least one area of serious functional impairment as evidenced by:

   a. Inability to complete developmentally appropriate self-care or self-regulation due to member's Behavioral Health Condition(s),

   b. Neglect or disruption of ability to attend to majority of basic needs, such as personal safety, hygiene, nutrition, or medical care,

   c. 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,

   d. Frequent withdrawal management services, which can include but are not limited to, detox facilities, MAT, 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,

3. 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,

4. Anticipated stabilization cannot be achieved in a less restrictive setting,

5. Evidence that appropriate treatment in a less restrictive level of care 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. Member’s outpatient treatment team, shall be part of the pre-admission assessment and treatment plan formulation, including when the documentation is created by another qualified provider. Exception to this requirement exists when the member is evaluated by the Crisis provider, Emergency Department, or Behavioral Health Inpatient Facility.

8. The BHRF shall notify the member’s outpatient treatment team of admission prior to creation of the BHRF treatment plan.

   AND

9. There is a reasonable expectation that with the services provided the member is expected to improve or stabilize the behavioral health condition(s) such that member can eventually return to the community at his/her highest level of functioning possible with any needed supports and services.

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 members' 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/health care decision maker and designated representative's choice where possible, and
    e. Support the member's improved or sustained functioning and integration into the community.

Criteria for Continued Stay:

Continued stay shall be assessed by the BHRF staff in coordination with and the applicable outpatient treatment team during treatment plan review and updates. 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 because 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 a reasonable expectation that with the services provided the member is expected to improve or stabilize the behavioral health condition(s) such that member can eventually return to the community at his/her highest level of functioning possible with any needed support and services.

Exclusionary Criteria

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

1. An alternative to detention or incarceration.
2. To ensure community safety in circumstances where a member is exhibiting primarily conduct disorder behavior without the presence of risk or functional impairment.
3. As a means of providing safe housing, shelter, supervision, or permanency placement.
4. A behavioral intervention when other less restrictive alternatives are available to meet the member's treatment needs, including situations when the member/health care decision makers are unwilling to participate in the less restrictive alternative, or

5. As an intervention for runaway behaviors unrelated to a Behavioral Health Condition.

Discharge Readiness Criteria:

Discharge planning shall begin at the time of admission. Discharge readiness shall be assessed by the BHRF staff in coordination with the applicable treatment team during each treatment plan review and update. The following criteria shall be considered when determining discharge readiness:

1. Symptoms or behaviors have reduced as evidenced by the completion of goals outlined on the treatment plan.
2. Functional capacity has 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 setting.
3. Member can participate in monitoring activities, or a caregiver is able to provide monitoring in a less restrictive environment.
4. Providers and supports are available to meet current behavioral and physical health needs in a less restrictive environment.

Admission, Assessment, Treatment and Discharge Planning

Molina shall 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 Contract requirements. BHRF Providers rendering services to FFS members shall follow the below outlined admission, assessment, treatment, and discharge planning requirements.

1. Except as provided in subsection A.A.C. R9-10-707(A)(9), a behavioral health assessment for a member shall be completed before treatment is initiated and within 48 hours of admission.
2. The applicable outpatient team shall be included in the development of the treatment plan within 48 hours of admission.
3. BHRF documentation shall reflect:
    a. All treatment services provided to the member,
    b. Each activity shall be documented in a separate, individualized medical record, including the date, time, and professional conducting treatment activity,
    c. Which treatment plan goals are being achieved,
    d. Progress towards desired treatment goal, and
    e. Frequency, length and type of each treatment service or session.
4. All BHRFs shall coordinate care with the outpatient team throughout the admission, assessment, treatment, and discharge process.
5. The BHRF treatment plan shall connect back to the member's comprehensive service plan.
6. 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:

i. Clinical status for discharge,

ii. Member/health care decision maker and designated representative and, CFT/ART/TRBHA/Tribal ALTCS understands follow-up treatment, crisis, and safety plan, and

iii. 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, identification of wrap around supports and potential providers).

7. The BHRF staff and the outpatient treatment plan shall 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. Implementation of a system to document and report on timeliness of BHP signature/review when the treatment plan is completed by a BHT.
10. Implementation of a process to actively engage family/health care decision maker and designated representative in the treatment planning process as appropriate.
11. 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).
12. BHRF is a level of care available to members. Members cannot receive services under another level of care while receiving services in a BHRF.
13. Services deemed medically necessary through the assessment and/or outpatient treatment team 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 identification of provider 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, e. Psychoeducation services and ongoing support to maintain employment work and vocational skills, educational needs assessment and skill building,

v. Treatment for substance use disorder (e.g., substance use counseling, groups), and

vi. Personal care services (refer to A.A.C. R9-10-702, R9-10-715, R9-10-814 for additional licensing requirements).

BHRF and Medication Assisted Treatment

BHRF Providers shall accept admissions of members on MAT and will establish policies and procedures to ensure 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.

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. Molina 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).

1. The following is a list of examples of services that may be provided:
    a. Blood sugar monitoring, Accu-Check diabetic care,
    b. Administration of oxygen,
    c. Application and care of orthotic devices,
    d. Application and care of prosthetic devices,
    e. Application of bandages and medical supports, including high elastic stockings,
    f. ACE wraps, arm, and leg braces, etc.,
    g. Application of topical medications,
    h. Assistance with ambulation,
    i. Assistance with correct use of cane/crutches,
    j. Bed baths,
    k. Care of hearing aids,
    l. Radial pulse monitoring,
    m. Respiration monitoring,
    n. Denture care and brushing teeth,
    o. Dressing member,

p. Supervising self-feeding of members with swallowing deficiencies,
q. Hair care, including shampooing,
r. Incontinence support, including assistance with bed pans/bedside commodes/ bathroom supports,
s. Measuring and recording blood pressure,
t. Non-sterile dressing change and wound care,
u. Passive range of motion exercise,
v. Use of pad lifts,
w. Shaving,
x. Shower assistance using shower chair,
y. Skin maintenance to prevent and treat bruises, injuries, pressure sores. Members with a stage 3 or 4 pressure sore is not to be admitted to BHRF (A.A.C. R9-10-715(3)), and infections,
z. Use of chair lifts,
aa. Skin and foot care,
bb. Measuring and giving insulin, glucagon injection, cc. G-tube care,
cc. Ostomy and surrounding skin care, and
dd. Catheter care.