

Behavioral Health Residential Facility

AMPM 320-V



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 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:
 - Suicidal/aggressive/self-harm/homicidal thoughts or behaviors without current plan or intent;
 - Impulsivity with poor judgment/insight;
 - Maladaptive physical or sexual behavior;
 - Member's inability to remain safe within his or her environment, despite environmental supports (i.e. Natural Supports); or
 - Medication side effects due to toxicity or contraindications.

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- 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.

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- 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.

Behavioral Health Residential Facility (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.

Criteria for Continued Stay

Continued stay shall be assessed by the BHRF staff and as applicable by 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.

Discharge Readiness

Discharge readiness shall be assessed by the BHRF staff and as applicable by 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.

DFSM Prior Authorization Request Documentation Requirements

Implementation of the Prior Authorization for DFSM members and providers
Prior Authorization of BHRF admissions for FFS members starts on 4/1/2019

During the initial implementation phase of the policy, all providers *except* IHS/638 providers must submit continued stay authorization request, for all members at the facility, within 60 days of the policy implementation, no later than 5/31/2019.

All claims submitted after that day will deny payment, based on the missing authorization.

1. Admission – Submitted by the BHRF Provider

- a. Assessment to determine Behavioral Health Condition and Diagnosis in compliance with 9 A.A.C. 10. Assessment should be recent, and not older than 1 year. Done by a BHP, or by BHT cosigned by a BHP, utilizing standardized instrument that is able to determine the appropriate level of care.
 - b. Treatment Plan - done by the Inpatient/Outpatient or TRBHA Treatment Team in compliance with 9 A.A.C. 10. Included in the plan should be an intervention specifying the BHRF level of care as necessary for the member as a least restrictive level of care required to treat the Behavioral Health Condition, identified in the Assessment. This plan shall not be older than 3 months from the request submission date.
 - c. Prior Authorization Request shall be submitted prior to the planned admission date.
 - d. Prior Authorization Request shall be submitted on the AHCCCS Online Provider Portal , please see:
<https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/submissionprocess.html>
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- e. Initial Authorization may be issued for the period of up to 90 days.
 - f. If member is admitted directly from a BHIF, the Crisis System, or the pre admission Evaluation determines that the member needs an urgent admission, Prior Authorization is not required. BHRF shall submit Behavioral Health Residential Facility Admission Notification Form via AHCCCS Online Provider Portal. DFSM will authorize up to initial 5 days for this type of admission. BHRF shall submit all required documentation to receive Prior Authorization beyond the 5th day.

2. Continued Stay Authorization

- a. BHRF Assessment – Latest available in compliance with 9 A.A.C. 10.
- b. BHRF Treatment Plan that addresses the Criteria for Continued Stay in policy AMPM 320-V – this plan shall be within 30 days form the request submission in compliance with 9 A.A.C. 10.
- c. The request for Authorization for Continued Stay shall be submitted prior to previous Authorization Period End.
- d. Continued Stay may be authorized up to 90 days

3. **Discharge readiness** shall be assessed by the BHRF staff and as applicable by the TRBHA during each Treatment Plan review and update. Once all criteria for discharge are met, this information, plus the Discharge Plan shall be submitted to DFMS via PA Portal.

4. For **further** information, please refer to *AMPM Policy 320-V*.

5. For further information about Fee-For-Service Health Plans, Prior Authorization and Claims, please see: <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/>

Questions?



Thank You.

