

310-B - TITLE XIX/XXI BEHAVIORAL HEALTH SERVICE BENEFIT

EFFECTIVE DATES: 10/01/94, 10/01/19, 10/01/20, 10/01/21, 10/01/22

APPROVAL DATES: 10/01/99, 10/01/01, 05/01/06, 10/01/06, 06/01/07, 05/01/09, 07/01/10,
10/01/10, 05/01/11, 10/01/11, 02/01/14, 03/01/14, 05/02/19, 02/06/20,
05/04/21, 09/15/22

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), DES/DDD (DDD), Contractors; Fee-For-Service (FFS) Programs including: American Indian Health Program (AIHP), DDD Tribal Health Plan (DDD-THP), Tribal ALTCS, TRBHA, and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy describes Title XIX/XXI behavioral health services. Adult Recovery Team (ART) and Child and Family Team (CFT) are optional resources and are not a requirement for the Fee-For-Service Programs.

II. DEFINITIONS

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY

AHCCCS covers Title XIX/XXI behavioral health services (behavioral health and/or substance use) within certain limits for members when medically necessary as specified in 42 CFR 440.130(d). These behavioral health service categories/subcategories and other behavioral health service requirements are described below.

For information and requirements regarding block grants, discretionary grants, and Non-Title XIX/XXI services and funding refer to AMPM Policy 320-T1 and AMPM Policy 320-T2.

A. GENERAL REQUIREMENTS

All applicable Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Uniform Billing (UB-04) revenue codes for Title XIX/XXI Services are listed in the AHCCCS Behavioral Health Services Matrix (previously referred to as the B2 Matrix) found on the AHCCCS website. Providers are required to utilize national coding standards including the use of applicable modifier(s). Refer to the AHCCCS Medical Coding Resources webpage and AHCCCS Behavioral Health Services Matrix.

1. ICD Diagnostic Codes

For outpatient behavioral health services, services are considered medically necessary regardless of a member's diagnosis, so long as there are documented behaviors and/or symptoms that will benefit from behavioral health services and a valid ICD-10-CM diagnostic code is utilized.

2. Service Planning

Services shall be provided timely and in accordance with requirements included in AMPM Policy 320-O. Provision of services shall not be delayed or pending in order to have all team members (i.e. CFT/ ART) present for a service planning meeting or until all are able to sign off on the service plan.

The Contractor shall require subcontractors and providers make available and offer the option of having a Peer Recovery Support Specialist (PRSS) or Family Support Specialist for child or adult members and their families, to provide covered services when appropriate. For purposes of this Policy, for FFS populations, the term treatment plan may be used interchangeably with the term service plan.

Contractors and Providers shall establish policies and procedures to ensure members on any form of Medication Assisted Treatment (MAT) are not excluded from services, or admission to any treatment program or facility based upon the use of MAT. Members are able to receive any form of MAT in compliance with Arizona Opioid Epidemic Act SB 1001, Laws 2018, First Special Session.

3. Emergency Behavioral Health Services

Prior authorization is not required for emergency behavioral health services (A.A.C. R9-22-210.01), including crisis intervention services.

4. Clinical oversight and supervision

Behavioral Health Paraprofessionals (BHPPs) that provide services in the public behavioral health system, shall receive supervision by a Behavioral Health Professional (BHP). Behavioral Health Technicians (BHTs) that provide services in the public behavioral health system shall receive clinical oversight by a BHP.

In addition to possessing the requisite licenses and other qualifications, BHPs providing clinical oversight of BHTs shall have demonstrated competence in delivering the same or similar services to members of comparable acuity and intensity of service needs as the BHTs they supervise. BHPs providing clinical oversight of BHTs shall also demonstrate the following key competencies:

- a. Demonstrated knowledge of the relevant best clinical practices and policies that guide the services being provided,
- b. Demonstrated knowledge of the policies and principles governing ethical practice,
- c. Demonstrated ability to develop individualized BHT competency development goals and action steps to accomplish these goals, and
- d. Demonstrated ability to advise, coach, and directly model behavior to improve interpersonal and service delivery skills.

5. Behavioral Health Services to Family Members

Behavioral health services can be provided to the member's family members, regardless of the family member's Title XIX/XXI entitlement status, as long as the member's service plan reflects that the provision of these services are aimed at accomplishing the member's service plan goals (i.e. they show a direct, positive effect on the member). The member does not have to be present when the services are being provided to family members.

6. Indirect Contact

Indirect contact with a member includes email or phone communication (excluding leaving voice mails) specific to a member's services, obtaining collateral information, and/or picking up and delivering medications. Refer to the AHCCCS Medical Coding Resources webpage and AHCCCS Behavioral Health Services Matrix or AHCCCS Fee-For-Service Provider Manual (Chapter 19) and the AHCCCS IHS/Tribal Provider Manual (Chapter 12 for IHS/638 providers) for additional guidance.

7. Room and Board

Room and Board is covered only for Inpatient Hospitals, Intermediate Care Facilities for individuals with Intellectual Disability (ICF/IID), and Nursing Facilities (NF).

8. Referrals

A referral may be made but is not required to initiate behavioral health services.

A member may directly outreach their Contractor of enrollment's member services department to initiate services or to identify a contracted service provider. If behavioral health services are not available within the service array of an existing provider, a referral may be made to a provider who does offer the necessary services.

9. Transportation

Refer to AMPM Policy 310-BB, the AHCCCS Fee-For-Service Provider Manual (Chapter 14), and the AHCCCS IHS/Tribal Provider Manual (Chapter 11) for additional information.

10. Provider Travel

Provider travel is the cost associated with certain provider types traveling to provide a covered behavioral health service as specified in the Behavioral Health Services Matrix. This is different than transportation, which is provided to take a member to and from a covered behavioral health service.

Certain behavioral health professionals are eligible to bill for provider travel services, as outlined below.

The mileage cost of the first 25 miles of provider travel is included in the rate calculated for each service therefore, provider travel mileage may not be billed separately except when it exceeds 25 miles. In these circumstances' providers bill the additional miles traveled in excess of 25 miles using the HCPCS code A0160.

When a provider is traveling to one destination and returns to the office, the 25 miles is assumed to be included in the round trip. If a provider is traveling to multiple out-of-office settings, each segment of the trip is assumed to include 25 miles of travel.

The following examples demonstrate when to bill for additional miles:

- a. If Provider A travels a total of 15 miles (to the out-of-office setting in which the service is delivered and back to the provider's office), travel time and mileage is included in the rate and may not be billed separately,
- b. If Provider B travels a total of 40 miles (to the out-of-office setting in which the service is delivered and back to the provider's office), the first 25 miles of provider travel are included in the rate, but the provider may bill 15 miles using the provider code A0160 (40 miles minus 25 miles),
- c. If Provider C travels to multiple out-of-office settings (in succession), the provider shall calculate provider travel mileage by segment. For example:
 - i. First segment = 15 miles, 0 travel miles are billed,
 - ii. Second segment = 35 miles, 10 travel miles are billed,
 - iii. Third segment = 30 miles, 5 travel miles are billed, and
 - iv. Total travel miles billed = 15 miles are billed using provider code A0160. The provider may bill for travel miles in excess of 25 miles for the return trip to the provider office.
- d. Providers may not bill for travel for missed appointments.

Provider Travel Limitations

If a provider travels to provide services to a member and the member misses the appointment, the intended service may not be billed. This applies for time spent conducting outreach without successfully finding the member and for time spent driving to do a home visit and the member is not home.

B. TITLE XIX/XXI BEHAVIORAL HEALTH SERVICES CATEGORIES/SUBCATEGORIES

1. Treatment Services
 - a. The following treatment services are covered under the behavioral health benefit:
 - i. Assessment, evaluation (non-court ordered), and screening services,
 - ii. Behavioral health counseling and therapy, and
 - iii. Psychophysiological therapy and biofeedback.

Refer to AMPM Policy 320-U for court-ordered evaluation responsibilities.

Assessment, evaluation, and screening services, and behavioral health counseling and therapy shall be provided by individuals who are qualified BHPs or BHTs supervised by BHPs when clinically appropriate. For additional information regarding behavioral health assessment and treatment/service planning for AHCCCS members, refer to AMPM Policy 320-O.

Psychophysiological Therapy and Biofeedback shall be provided by qualified BHPs.

2. Rehabilitation Services

- a. Skills training and development and psychosocial rehabilitation living skills training is teaching independent living, social, and communication skills to members and/or their families. Examples of areas that may be addressed include self-care, household management, relationships, avoidance of exploitation, budgeting, recreation, development of social support networks, and use of community resources. Services may be provided to a member, a group of individuals or their families with the member(s) present, and
 - i. More than one provider agency may bill for skills training and development services provided to a member at the same time if indicated by the member's clinical needs as identified in their service plan.
- b. Cognitive rehabilitation is the facilitation of recovery from cognitive impairments in order to achieve independence or the highest level of functioning possible,
 - i. Goals of cognitive rehabilitation include: relearning of targeted mental abilities, strengthening of intact functions, relearning of social interaction skills, substitution of new skills to replace lost functioning and controlling the emotional aspects of one's functioning. Treatment may include techniques such as auditory and visual attention directed tasks, memory training, and training in the use of assistive technology, and anger management. Training can be done through exercises or stimulation, cognitive neuropsychology, cognitive psychology and behavioral psychology, or a holistic approach to include social and emotional aspects. Training is generally provided one-on-one and is highly customized to each individual's strengths, skills, and needs,
 - ii. Cognitive rehabilitation services shall be provided by qualified BHPs.
- c. Health promotion is education and training about health-related topics that can be provided in single or multiple sessions provided to an individual or a group of people and/or their families. Health promotion sessions are usually presented using a standardized curriculum with the purpose of increasing an individual's behavioral knowledge of a health-related topic such as the nature of an illness, relapse and symptom management, medication management, stress management, safe sex practices, Human Immunodeficiency Virus (HIV) education, parenting skills education and healthy lifestyles (e.g. diet, exercise). Driving Under the Influence (DUI) health promotion education and training shall be approved by Arizona Department of Health Services (ADHS), Division of Licensing Services (DLS),
 - i. More than one provider agency may bill for health promotion provided to a member at the same time if indicated by the member's clinical needs as identified in their service plan.
- d. Psychoeducational Services (pre-vocational services) and ongoing support to maintain employment (post-vocational services, or job coaching) are designed to assist members to choose, acquire, and maintain employment or other meaningful community activity (e.g. volunteer work). Refer to ACOM Policy 447.

- i. Psychoeducational services are pre-vocational services that prepare members to engage in meaningful work-related activities, such as full- or part-time, competitive employment. Such activities may include, but are not limited to, the following: career/educational counseling, job training, assistance in the use of educational resources necessary to obtain employment, attendance to Rehabilitation Services Administration/Vocational Rehabilitation (RSA/VR) Orientations, attendance to job fairs, assistance in finding employment, and other training, like resume preparation, job interview skills, study skills, budgeting skills (when it pertains to employment), professional decorum, and time management. Pre-vocational services may be provided individually or in a group setting, but not telephonically,
- ii. Ongoing support to maintain employment services are post-vocational services, often called job coaching, which enable members to maintain their current employment. Services may include, but are not limited to, the following: monitoring and supervision, assistance in performing job tasks, and supportive counseling. Ongoing support to maintain employment can be also used when assisting employed members with services traditionally used as pre-vocational in order to gain skills for promotional employment or alternative employment. Ongoing support to maintain employment may be provided individually or in a group setting, as well as telephonically,
- iii. Pre-vocational services and ongoing support to maintain employment shall be provided using tools, strategies, and materials which meet the member’s support needs. While the goal may be for members to achieve full-time employment in a competitive, integrated work environment, having other employment goals may be necessary prior to reaching that level. Therefore, these services need to be tailored to support members in a variety of settings. Some members may not be ready to identify an educational or employment goal and may need assistance in exploring their strengths and interests,
- iv. Pre-vocational services and ongoing support to maintain employment shall be provided by individuals who are qualified BHPs or BHTs/BHPPs supervised by BHPs or Qualified BHTs, and
- v. More than one provider agency may bill for psychoeducational services and ongoing support to maintain employment services provided to a member at the same time, if indicated by the member’s clinical needs as identified in their service plan.

For community service agencies, refer to AMPM Policy 965 for further detail on service standards and provider qualifications for this service.

Psychoeducational services and ongoing support to maintain employment services are provided only if the services are not available through the federally funded Rehabilitation Act program administered by Arizona Department of Economic Security/Rehabilitation Service Administration (ADES/RSA) DES-RSA, which is required to be the primary payer for Title XIX/XXI eligible individuals. The following services are not TXIX/TXXI covered treatment services: Rehabilitative employment support assessments when available through the federally funded Rehabilitation Act program administered by the Tribal Rehabilitation Services Administration, and preparation of a report of a member’s psychiatric status for primary use with a court.

3. Medical Services

Medical services are provided or ordered within the scope of practice by a licensed physician, nurse practitioner, physician assistant, or nurse to reduce a member's symptoms and improve or maintain functioning. These services fall into one of the following four subcategories (medication, laboratory/radiology and medical imaging, medical management, and Electroconvulsive Therapy (ECT)):

- a. Medication: AHCCCS maintains a minimum list of medications to ensure the availability of necessary, safe and cost-effective medications for members with behavioral health disorders as further described in AMPM Policy 310-V,
- b. Laboratory, radiology, and medical imaging services may be prescribed by a licensed physician, nurse practitioner, or physician assistant within the scope of their practice for screening, diagnosis or monitoring of a behavioral health condition. This may include but is not limited to blood and urine tests, CT scans, MRI, EKG, and EEG,
 - i. With the exception of specimen collections in a medical practitioner's office, laboratory services are provided in Clinical Laboratory Improvement Act (CLIA) approved hospitals, medical laboratories and other health care facilities that meet state licensure requirements as specified in A.R.S. Title 36, Chapter 4. In addition, see requirements related to federal Clinical Laboratory Improvement Amendments in A.A.C. R9-14-101 and the federal code of regulations 42 CFR 493, Subpart A,
 - ii. Medical management services are provided within the scope of practice by a licensed physician, nurse practitioner, physician assistant or nurse to an individual as part of their medical visit for ongoing treatment purposes. Medical management includes but is not limited to medication management services such as the review of medication(s) side effects and the adjustment of the type and dosage of prescribed medications, and
 - iii. Electroconvulsive Therapy (Outpatient) and Transcranial Magnetic Stimulation (Outpatient) performed by a physician within their scope of practice.

4. Support Services

Support services are provided to facilitate the delivery of or enhance the benefit received from other behavioral health services. Support services are classified into the following subcategories:

- a. Case management (provider level) is a supportive service provided to improve treatment outcomes as specified in AMPM Policy 570,
- b. Personal care services involve the provision of support activities to assist an individual in carrying out activities of daily living such as bathing, shopping, dressing, and other activities essential for living in a community,
 - i. Personal care services may be provided in an unlicensed setting such as a member's own home or community setting. Parents (including natural parent, adoptive parent, and stepparent) may be eligible to provide personal care services if the member receiving services is 21 years or older and the parent is not the member's legal guardian. Personal care services provided by a member's spouse are not covered, and
 - ii. More than one provider agency may bill for personal care services provided to a member at the same time if indicated by the member's clinical needs as identified through their service plan.

- c. Home care training family (family support) support services are directed toward restoration, enhancement, or maintenance of the family functioning to increase the family's ability to effectively interact and care for the member in the home and community. Family support services may involve activities such as assisting the family to adjust to the members illness, developing skills to effectively interact and/or guide the member, understanding the causes and treatment of behavioral health issues, and understanding and effectively utilizing the healthcare system. Refer to AMPM Policy 964 for training and credentialing standards for credentialed parent/family support individuals providing parent/family support services,
 - i. More than one provider agency may bill for family support provided to a member at the same time if indicated by the member's clinical needs as identified through their service plan.
- d. Self-help/peer services (peer and recovery support) are intentional partnerships based on shared experiences of living with behavioral health and/or substance use disorders, to provide social and emotional support as specified in AMPM Policy 963,
- e. Therapeutic Foster Care (TFC) for Children and Adult Behavioral Health Therapeutic Home (ABHTH). Refer to AMPM Policy 320-W and AMPM Policy 320-X for therapeutic care,
- f. Unskilled respite care (respite) is short term behavioral health services or general supervision that provides an interval of rest or relief to a family member or other individual caring for the member receiving behavioral health services as authorized under the Section 1115 Waiver Demonstration and delivered by providers who meet the requirements in A.A.C. R9-10-1025 and A.A.C. R9-10-1600. The availability and use of informal supports and other community resources to meet the caregiver's respite needs shall be evaluated in addition to formal respite services. Respite services are limited to 600 hours per year (October 1 through September 30) per person and are inclusive of both behavioral health and ALTCS respite care.
- g. Respite may include a range of activities to meet the social, emotional, and physical needs of the member during the respite period. These services may be provided on a short-term basis (i.e. few hours during the day) or for longer periods of time involving overnight stays. Respite services can be planned or unplanned. If unplanned respite is needed, behavioral health provider will assess the situation with the caregiver and recommend the appropriate setting for respite. Community service agencies cannot provide respite services.
 - i. Respite services may be provided in a variety of settings including but not limited to:
 - 1) Habilitation Provider (A.A.C. R6-6-1523),
 - 2) Outpatient Clinic (A.A.C. R9-10-1025),
 - 3) Adult Therapeutic Foster Care – with collaboration health care institution (A.A.C. R9-10-1803),
 - 4) Behavioral Health Respite Homes (A.A.C. R9-10 Article 16), and Behavioral Health Residential Facilities.
 - ii. A member's clinical team shall consider the appropriateness of the setting in which the recipient receives respite services,
 - 1) When respite services are provided in a home setting, household routines and preferences shall be respected and maintained when possible. The respite provider shall receive orientation from the family/caregiver regarding the member's needs and the service plan, and

- 2) Respite services, including the goals, setting, frequency, duration, and intensity of the service shall be defined in the member’s service plan. Respite services are not a substitute for other covered services. Summer day camps, day care, or other ongoing, structured activity programs are not respite unless they meet the definition/criteria of respite services and the provider qualifications.
 - iii. Members receiving behavioral health services may receive necessary respite services for their non-enrolled children as indicated in the member’s service plan, and
 - iv. Non-enrolled siblings of a child receiving respite services are not eligible for behavioral health respite benefits.
 - h. Permanent Supportive Housing (PSH) Support Services are a flexible set of housing-based supports targeted towards individuals most at need based upon their health conditions, housing status, and current or potential system costs. PSH services are distinguished by their specific focus on attaining and retaining housing for members who are experiencing, or are at risk for, homelessness and who have complex health, disability, and/or behavioral health conditions. PSH service scope, frequency, delivery, and setting should be individualized to the member’s needs, circumstances, and choice. All services shall be consistent with PSH evidence-based standards (including SAMHSA), nationally recognized or identified best practices, and all services shall be voluntary to the member. Providers shall ensure staff providing these services are knowledgeable in and have the ability to provide services consistent with evidence-based practice for PSH models. Specific details on permanent supportive housing service delivery and housing practices can be found in ACOM Policy 448.
5. Intensive Outpatient and Behavioral Health Day Programs
- Intensive Outpatient Programs

Intensive outpatient treatment (IOT) programs are a structured non-residential treatment programs which address mental health and substance use disorders (SUDs) that do not require detoxification through a combination of individual, group, and family counseling and therapy and educational groups.

Behavioral health day programs provide services scheduled on a regular basis either hourly, half day or full day and may include services such as therapeutic nursery, in-home stabilization, after school programs, and specialized outpatient substance abuse programs. These programs can be provided to a person, group of individuals and/or families in a variety of settings, and shall be provided, based on licensure requirements as specified in A.A.C. R9-10-1000 and as specified below.

Behavioral health day programs are categorized as Supervised, Therapeutic, or Community Psychiatric Supportive Treatment.

- a. Supervised behavioral health day programs consist of a regularly scheduled program of individual, group and/or family services related to the member’s treatment plan designed to improve the ability of the person to function in the community and may include the following rehabilitative and support services: skills training and development, behavioral health prevention/promotion, medication training and support, pre-vocational services and ongoing support to maintain employment, peer and recovery support, and home care training family (family support),

8. Crisis Intervention Services

Crisis intervention services are provided to stabilize or prevent a sudden, unanticipated, or potentially dangerous behavioral health condition, episode, or behavior. These intensive and time-limited services may include screening (e.g. triage and arranging for the provision of additional crisis services), counseling to stabilize the situation, medication stabilization and monitoring, observation and/or follow-up to ensure stabilization, and/or other therapeutic and supportive services to prevent, reduce, or eliminate a crisis situation. Crisis intervention services can be provided telephonically, in the community through mobile teams, and in facility-based settings as specified in AMPM Policy 590.

9. Inpatient Services

Inpatient services are provided by ADHS licensed inpatient facilities in accordance with A.A.C. R9-10-300. IHS/638 facilities are subject to CMS certification requirements. These facilities provide a structured treatment setting with 24-hour supervision and an intensive treatment program, including medical support services. For information regarding Institutions for Mental Diseases, refer to ACOM Policy 109.

Inpatient services (including room and board) are further classified into the following subcategories:

a. Hospital

Hospital services provide continuous treatment with 24-hour nursing supervision and physicians on site and on call that includes general psychiatric care, medical detoxification, and/or forensic services in a general hospital, a general hospital with a distinct psychiatric unit, or a freestanding psychiatric facility. Services provided in hospitals are inclusive of all services, supplies, accommodations, staffing, and equipment,

- i. General and freestanding hospitals may provide services to members if the hospital:
 - 1) Meets the requirements of 42 CFR 440.10 and CFR Title 42, Chapter IV, Subchapter G, Part 482, and
 - 2) Is licensed pursuant to A.R.S. Title 36, Chapter 4 and A.A.C. R9-10-200.
- ii. Prior authorization is required for Bed Hold/Therapeutic Leave,
- iii. Bed Hold or home pass are days in which the facility reserves the member's bed, or member's space in which they have been residing, while the member is on an authorized/planned overnight leave from the facility for the purposes of Therapeutic leave (i.e. home pass) to enhance psychosocial interaction or as a trial basis for discharge planning. As specified in the Arizona State Plan under Title XIX of the Social Security Act:
 - 1) For members age 21 and older, therapeutic leave may not exceed nine days, and bed hold days may not exceed 12 days, per contract year,
 - 2) For members under 21 years of age, total therapeutic leave and/or bed hold days may not exceed 21 days per contract year.

b. Behavioral Health Inpatient Facilities (BHIF)

BHIFs provide continuous treatment to a person who is experiencing acute and significant behavioral health symptoms. BHIFs may provide observation/ stabilization services and child and adolescent residential treatment services, in addition to other behavioral health and/or physical health services, as identified under their licensure capacity (A.A.C. R9-10-Article 3),

- i. Observation/Stabilization Services,
In addition to 24-hour nursing supervision and physicians on site or on call, observation/stabilization services include emergency reception, screening, assessment, crisis intervention and stabilization, and counseling, and referral to appropriate level of services/care. Refer to the section on facility-based crisis intervention services for more information (A.A.C. R9-10-1016),
 - 1) Observation/stabilization services, within a BHIF, shall be provided according to the requirements in A.A.C. R9-10-1012 for outpatient treatment centers, and
 - 2) Facilities shall meet the requirements for reporting and monitoring the use of Seclusion and Restraint (S&R) as specified in Arizona Administrative Code. The use of S&R shall only be used to the extent permitted by and in compliance with A.A.C. R9-21-204 and A.A.C. R9-10-316. For additional information and requirements regarding reporting and monitoring of seclusion and restraint, refer to AMPM Policy 962.
- ii. Partial Hospitalization programs (PHP)
PHPs are intended to be an alternative to inpatient psychiatric care. PHP services include intensive therapeutic treatment and must be targeted to meet the goals of alleviating impairments and maintaining or improving functioning to prevent relapse or hospitalization. PHP services may include the following rehabilitative and support services: individual, group and family therapy, and medication management, and
- iii. PHP services shall be provided by an appropriately licensed provider and as specified with applicable service requirements set forth in A.A.C. R9-10-1000. The staff who delivers the specific services within the therapeutic behavioral health day program shall meet the individual provider qualifications associated with those services.

Residential treatment services shall be accredited. Additionally, the facility shall meet the requirements for seclusion and restraint as specified in 9 A.A.C. R9-10-316 and 42 CFR 441 and 42 CFR 483 if the facility has been authorized by ADHS DLS to provide seclusion and restraint.

- 1) Child and adolescent residential treatment services are behavioral health and physical health services provided by a BHIF to an individual who is under 18 years of age or under 21 years of age and meets the criteria in A.A.C. R9-10-318.