UnitedHealthcare Guideline	
TITLE: CRS BEHAVIORAL HEALTH RESIDENTIAL FACILITY GUIDELINES	
EFFECTIVE DATE: 10/1/2013	PAGE 1 of 14
REVISION DATE: 08/04/2017	

GUIDELINE STATEMENT

UnitedHealthcare Community Plan Community Plan guideline outlines the management of Behavioral Health Residential Treatment which adheres to Arizona Vision Twelve Principles for children up to the age of 18 and Principles for Recovery Oriented Adult Behavioral Health Services and Systems.

PURPOSE

CRS Behavioral Health Residential Facility, Without Room and Board Child/Adolescent and Adult (BHRF) Practice Guidelines represent the minimum requirements for providing care for individuals who need this level of care. Care and treatment should be provided in a manner that is adherent to and consistent with the following guideline

DEFINITIONS

Arizona Vision: The 'Arizona Vision' for children is built on twelve principles to which ADHS and AHCCCS are both obligated and committed to. The Arizona Vision states: *"In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child's family's cultural heritage."*

AAC: Arizona Administrative Code

ART: Adult Recovery Team. A group of individuals, that following the nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems work in collaboration and are actively involved in a person's assessment, Service planning and service delivery. At a minimum, the team consists of the person, his/her guardian (if applicable), advocates (if assigned), and a qualified behavioral health representative. The team may also include members of the enrolled person's family, physical health, mental health or social service providers, representatives or other agencies serving the person, professionals

representing various areas of expertise related to the person's needs, designated representatives or other persons identified by the enrolled person.

Arizona Twelve Principles:

1. Collaboration with the child and family
2. Functional outcomes
3. Collaboration with others
4. Accessible services
5. Best practices
6. Most appropriate setting
7. Timeliness
8. Services tailored to the child and family
9. Stability
10. Respect for the child and family's unique cultural heritage
11. Independence
12. Connection to natural Supports

AMPM: AHCCCS Medical Policy Manual

ADHS/DBHS: Arizona Department of Health Services/Department of Behavioral Health Services

Child and Adolescent Service Intensity Instrument (**CASII**). Is a standardized instrument administered to children age 6-18 years of age. The purpose and motivation behind the implementation of the CASII is to utilize objective, quantifiable criteria for determination of service intensity in providing guidance for assignment of case managers to children identified with "high or complex needs" in a consistent manner on a statewide basis. The use of this tool will also provide data to Child & Family Teams (CFTs) to better inform service planning that is individualized to each child and family's needs.

Child Family Team (CFT): The Child and Family Team (CFT) is a defined group of people that includes, at a minimum, the child and his/her family, a behavioral health representative, and any individuals important in the child's life and who are identified and invited to participate by the child and family. This may include for example, teachers, extended family, members, friends, family support partners, healthcare providers, coaches, community resource

providers, representatives from religious affiliations, agent from other service systems like Division of Child Safety (DCS) or the Division of Developmental Disabilities (DDD), etc. The size, scope and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by which individuals are needed to develop an effective Integrated Individual Service Plan (IISP), and can therefore expand and contract as necessary to be successful on behalf of the child.

DCS: Division of Child Safety, formerly known as Child Protective Service.

DDD: Division of Developmental Disability

Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems:

1. Assertive Community Treatment including Crisis System
2. Supported Employment
3. Supportive Housing
4. Peer and Family Services

Integrated Individual Service Plan (IISP): A complete written description of all covered behavioral and medical health services and other informal supports that have been identified through the assessment process that will assist the person to meet his/her specified goals to improve function. Assumes recent evaluation has been completed and reviewed and includes member's strengths, weaknesses, member and family's goals, cultural considerations, identified barriers to success of achievement of goals, and is family centric. There is a plan for measuring and monitoring progress. Interventions targeted to assist progress toward goals are listed. The IISP is documented in the comprehensive clinical record and provided to all agencies involved in providing services identified on the IISP

SCOPE OF SERVICES

A. **Behavioral Health Residential Facility** (aka BHRF or Therapeutic Group Home-TGH): a facility licensed per license application requirements in A.R.S. §36-422 and R9-10-105 and Title XIX certified by ADHS/ALS/OBHL that provides a structured treatment setting with 24 hour supervision and counseling or other therapeutic

activities for persons who do not require on-site medical service, under the supervision of an on-site or on-call behavioral health professional. Room and board is not covered by Title XIX/XXI for persons residing in behavioral health residential facilities. AAC R9-ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES and AHCCCS Covered Behavioral Health Services; II. G. 2. Mental Health Services NOS (Room and Board).

B. Types of Services Provided:

1. Integrated residential program of therapies, activities, and experiences

2. Counseling;

3. Continuous onsite or on-call availability of a behavioral health professional; and

4. Continuous treatment to an individual who is experiencing but who is able to participate in all aspects of treatment and to meet the individual's basic physical and age-appropriate needs.

5. All integrated medical needs will be addressed while in this setting

6. Room and board is not covered by Title XIX/XXI for persons residing in Behavioral Health Residential Facility.

C. Exclusions: Any of the following:

1. Diagnostic Criteria: The member must have a current diagnoses consistent with a DSM-V diagnoses which reflects the symptoms and behaviors precipitating the request for residential treatment.

2. The BHRF admission should not be used primarily for the following:

a. An alternative to preventative detention or incarceration, or as a means to ensure community safety in an individual exhibiting primarily conduct disordered behavior; or The equivalent of safe housing, permanency placement, or an

alternative to parent/guardian, DCS/DDD or an agency's ability to provide placement, shelter or supervision for the child/adolescent.

b. A behavioral health intervention when other less restrictive alternatives are available and meet the member's treatment needs; including situations when the member/parent/legal guardian/caretaker are unwilling to participate in these less restrictive alternatives including intensive in home/community based teams; or

c. An intervention for runaway behavior

D. Expected Treatment Outcomes

1. Goals for behavioral treatment are achievable in a reasonable period of time and cannot be met in a less restrictive or cost effective environment.
2. Goals are based on individuals unique needs and tailored to the individual and family's(guardian's) choices where possible.
3. Goals allow the individual to improve functioning and ability to integrate into the community.
4. Meet Arizona Vision/Twelve principles as well as meeting the individual's basic physical/medical and age- appropriate needs to enhance independence.

E. Criteria for Admission:

Admission to Behavioral Health Short-Term Residential, without room and board is judged appropriate as indicated by **ALL** of the following :

1. Diagnostic Criteria: Member must have a behavioral health condition consistent with a DSM V diagnosis which reflects the symptoms and

   behaviors precipitating the request for residential treatment. This psychiatric diagnosis should be the cause of significant functional and psychosocial impairment.

2. Around-the-clock behavioral care is necessary for treatment. The member's conditions requires residential supervision and active support to ensure the adequate, effective, coping skills necessary to live safely in the community, participate in self-care and treatment and manage the effects of his/her illness.

3. The member's clinical conditions can be expected to be stabilized through the provision of medically necessary supervised residential services in a supportive home environment in conjunction with medically necessary treatment, rehabilitation and support.

4. Documentation of severity of behavioral problems and decreased function. As a result of the member's DSM-V behavioral diagnoses considering as well functional deficits, the family and/or support systems are unable to provide adequate care for the member's physical, emotional, psychosocial and/or supervision needs.

The severity of behavioral problems and decreased function is evidenced by one of the following:

a. Significant Risk of Harm within the past three months as evidenced by one of the following:

i. Significant suicidal/aggressive/self-harm/homicidal thoughts or behaviors without current plan or intent; or

ii. Significant impulsivity with poor judgment/insight and a clear and persistent

iii. Inability of environmental supports to safely maintain the individual despite adequate intensive outpatient services/supports; or

1. Risk of physiologic jeopardy which threatens health and functioning, such as significant weight changes

2. Chronically disrupted sleep significantly affecting function or ability to live in less restrictive level of care

3. Medication side effects or toxicity to psychiatric conditions with inadequate ability to monitor or change treatment in less restrictive setting

iv. Risk of significant physical or sexual acting-out behavior with poor judgment and insight.

b. **Function:** Serious functional impairment evidenced by one of the following:

i. Inability to provide age appropriate self-care or self-regulation due to member's behavioral health conditions; or

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

iii. Frequent inpatient psychiatric admissions or legal involvement due to lack of insight or judgment from psychotic or affective/mood symptoms or major psychiatric disorders; or

iv. Inability to independently self-administer medically necessary psychotropic medications despite interventions such as education, regimen simplification, daily outpatient dispensing, long-acting injectable medications as age and cognitively appropriate.

These impairments persist in the absence of occasional situational stressors and seriously impair recovery from the presenting problem.

5. Appropriate treatment is not adequately available in less restrictive environment.

a. The member's home environment, family resources and support network are not adequate to provide the level of residential support and supervision currently needed by the member.

b. There is a need of clinical services, including behavioral, psychological and psychosocial therapeutic interventions, which cannot be provided by addition of alternate services to outpatient and other community-based mental health services.

6. Member will cooperate with treatment and setting allows for safe treatment. The member is judged to be able to reliably cooperate with the rules and supervision provided and can be safe in a supervised residence.

F. Recovery Course

1. Continuing Care

a. Clinical Status Criteria for Continued Stay

i. Continued treatment needed for conditions as described in admission criteria.

ii. The member continues to have significant functional impairment as a result of a psychiatric disorder, and the problems that caused the admission persist to a degree that continues to meet the admission criteria AND

iii. There is evidence that treatment modifications are occurring such that member is likely to improve to meet goals of transitioning back to a less restrictive level of care.

iv. The member's family or caregivers continue to demonstrate an inability to adequately care for the member's physical, emotional, psychosocial and/or supervision needs

b. Intervention

i. A discharge plan is formulated within one week of admission and evaluation that is directly linked to the behaviors and/or symptoms that resulted in admission, and begins to identify appropriate post-supervised living, community-based treatment resources. This discharge plan is update as necessary for issues which have developed.

ii. Ongoing care coordination includes identification of needed internal and external resources and services such as providers, care manager, housing, transportation, medical care providers, financial support.

iii. A discharge plan is formulated within one week of admission and evaluation that is directly linked to the behaviors and/or symptoms that resulted in admission, and begins to identify appropriate post-supervised living, community-based treatment resources. This discharge plan is update as necessary for issues which occur as members stay at the residential facility.

iv. Ongoing discharge planning includes communication of current information to next level of care providers as well as identification of all responsible parties involved in the CFT or ART to make sure patient and team members are involved in plan development to ensure responsibilities in next level of care.

vi. Appropriate IISP review at least on monthly basis and when significant incidents occur which impact treatment recommendations. Maintenance of current Treatment Plan assumes substantial progress is being made towards goals.

vii. BHRF should not being used in lieu of housing that should be provided by the responsible agency.

viii. CFTs and ARTs are provided to support the progress and discharge planning in at least a monthly basis and delays in CFTs and ARTs will not be a barrier to discharge when goals have been met for alternate level of care in less restrictive environment.

c. Discharge Ready

i. Clinical Status for Discharge

ii. Symptom or behavior relief is sufficient. This means primary IISP goals

i. are met or are acceptable for treatment at the next level of care (key symptom reduction).

iii. Symptom status is acceptable when symptoms are stabilized although may not be totally resolved.

iv. Functional status acceptable. This means no essential function such as eating or hydrating necessary to sustain life is significantly impaired or is able to be cared for at an alternate level of care.

v. Patient can participate in needed monitoring or there is a caregiver who is able to provide monitoring

vi. No current expectation for further significant change in primary symptoms/behavior outside of expected transition related anxiety and behaviors. Assumes a plan for transition includes intervention to decrease stresses and continue services will be in place.

vii. There is no evidence to indicate continued intensive treatment will improve outcome over a lower level of care that is medically necessary and cost effective.

viii. Medical needs are manageable at next level of care.

ix. Provider and supports are sufficiently available at lower level of care.

d. Discharge

i. Intervention:

a. Patient and supports understand follow-up treatment, crisis and safety plan.

b. Coordination of care and transition planning in process. (Reconciliation of medications and follow up appointments made)

G. Alternatives to Behavioral Health Residential Treatment (examples)

1. Depending on age and circumstances:
2. Meet Me Where I Am services.
3. HCTC (Home Care Training to Home Care Client),
4. Intensive Outpatient Services,

5. Day Program,
6. Partial Hospitalization
7. Respite
8. Substance Abuse Outpatient Programs,
9. Sexual Maladaptive Behavior Outpatient Programs,
10. Outpatient Trauma Therapy,
11. Other BH wrap around services
12. Acute outpatient psychiatric follow up and medication management
13. Family counseling and community support

H. Documentation Requirements:

1. **Initial:**

a. Reason admission is needed and why now.
b. CASII recent assessment within 2 weeks prior to request child ages 6- 18 years
c. Legal issues, probation involvement
d. SMI and or COT designation if age 18 or older
e. Guardianship/DCS information if applicable including
f. Updated Integrated Individual Service Plan indicating goals for the member at the level II Residential Treatment Center placement and how progress will be measured to indicate when improvement towards goals will allow a less restrictive level of care
g. Service Plan must include an integrated plan for all medical and behavioral problems
h. Explain what treatment has not been successful and why as well as what works/member strengths.
i. Recent psychiatric evaluation reflecting current behaviors, functioning and diagnoses
j. Current medications, psychiatrist, services to date
k. Anticipated length of stay and specific discharge plan
l. Names/ contact information of CFT members, include High Needs Case Manager (HNCM), DDD Service Coordinator, DCS Case Manager as applicable

m. Documentation of any court ordered treatment or legal involvement/ decisions/mandates
n. Summary of recent CFT or ART recommendations within last month prior to request.
o. Services to be provided as directed by Service Plan

2. Concurrent Review:

a. Re-authorizations Monthly: require provider to submit documents seven days prior to the expiration of the current authorization, the following (*Note facility must notify CRS Utilization Nurse of date, time and call in number for CFT/ART or other family meeting).*

b. Biweekly facility notes summarizing progress towards goals and
   i. any events of SI, HI, SH, aggression and circumstances, triggers,
   ii. frequency, interventions taken to correct.

c. Updated Service Plan with monthly progress towards goals

d. Crisis Plan and Incident Reports

e. Psychiatry progress notes for treatment, member to be seen at least monthly

f. Discharge Plan including how barriers to discharge will be addressed

g. Child Family Team (CFT) or Adult Recovery Team (ART) summary note

Code Specific Information: HCPC Code: H0018- Behavioral Health Short-Term Residential, without room
and board. See general definition above.

Billing Unit: Per Diem

REFERENCES:

1. Arizona Administrative Code: R9-10-101. Definitions

2. "Behavioral health facility" means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that only provides behavioral health services, an adult behavioral health therapeutic home, a behavioral health respite home, or a counseling facility.

3. Arizona Administrative Code: R9-10-101. Definitions 29. "Behavioral health residential facility" means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:

a. Limits the individual's ability to be independent, or
b. Causes the individual to require treatment to maintain or enhance independence

4. AMPM 310-B BEHAVIORAL HEALTH SERVICES

REVISION DATE: 03/01/14 INITIAL EFFECTIVE DATE 10/01/1994

AHCCCS covers behavioral health services (mental health and/or substance abuse services) within certain limits for all members except those enrolled to receive family planning extension services only. The following outlines the service delivery system for behavioral health services.

EXHIBIT 300-2 AHCCCS COVERED SERVICES BEHAVIORAL HEALTH

5. AHCCCS COVERED BEHAVIORAL HEALTH SERVICES GUIDE Revision

Date July 2017

II. G. BEHAVIORAL HEALTH RESIDENTIAL SERVICES..... 118

II. G. 1. Behavioral Health Residential Facility, Without Room and Board 119

6. Mercy Maricopa Integrated PM ATTACHMENT 3.14.5 AUTHORIZATION CRITERIA FOR BEHAVIORAL HEALTH RESIDENTIAL FACILITY CHILD/ADOLESCENT. 2014

7. Mercy Maricopa Integrated PM ATTACHMENT 3.14.6 AUTHORIZATION CRITERIA FOR BEHAVIORAL HEALTH RESIDENTIAL FACILITY CHILD/ADOLESCENT. 2014

8. PMA 10.1.4 AUTHORIZATION CRITERIA FOR BEHAVIORAL HEALTH

THERAPEUTIC HOMES (BHTH) 2016 https://www.cenpaticointegratedcareaz.com/content/dam/centene/cenpaticoaz/Provider%20Forms%2C%20Attachments%2C%20and%20Deliverables/PMA_10-1-4.pdf

9. MCG Edition 21. Residential Acute Behavioral Health Level of Care, Adult ORG: B-901-RES (BHG) AND Residential Acute Behavioral Health Level of Care, Child or Adolescent ORG: B-902-RES (BHG)

10. Mercy Maricopa Integrated AUTHORIZATION CRITERIA FOR BEHAVIORAL HEALTH RESIDENTIAL FACILITY CHILD/ADOLESCENT 5-13-2015 https://www.mercymaricopa.org/assets/pdf/providers/forms/new-provider-manual-forms-and-attachments/Auth-Criteria-BH-Residential-Facility-Child-Adolescent.pdf

11. Prior Authorization and Continued Stay Criteria for Adult Serious Mentally Ill (SMI) Behavioral Health Residential Facility 8-5-2016 https://www.mercymaricopa.org/assets/pdf/providers/Authorization-Criteria-Adult-SMI-Behavioral-Health-Residential-Facility-08052016.pdf

12. Child & Adolescent Service Intensity Instrument (CASII) User's Manual version 4.0. American Academy of Child and Adolescent Psychiatry 2014 Oct.

13. AAC R9-ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES p 109 - 129 Updated 5-2016

http://apps.azsos.gov/public_services/Title_09/9-10.pdf