BlueCross BlueShield Arizona
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2024 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.

BCBSAZ Health Choice BHRF Admission Criteria

1. 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:

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

ii. Impulsivity with poor judgment/insight;

iii. Maladaptive physical or sexual behavior;

iv. Inability to remain safe within environment, despite environmental supports (i.e. informal Supports); or

v. Medication side effects due to toxicity or contraindication.

AND

b. At least one area of serious functional impairment as evidence 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 majority of basic needs, such as personal safety, hygiene, nutrition or medical care,

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

iv. Impairments persisting in the absence of situational stressors that delay recovery from the presenting problem,

v. 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.

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

vii. 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.

c. A behavioral health 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 behavioral health treatment in a less restrictive level of care (e.g., Intensive Outpatient Program (IOP), Partial Hospitalization Program, Etc.) has not been successful or is not available, therefore warranting a higher level of care,

f. Member or guardian 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.

g. Agreement to participate in treatment is not a requirement for individuals who are court ordered to secure BHRF.

h. 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, and

i. The BHRF shall notify the member's outpatient treatment team of admissions prior to creation of the BHRF treatment plan.

Exclusionary Criteria

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

1. An alternative to detention or incarceration.

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.

3. A means of providing safe housing, shelter, supervision, or permanency placement.

4. A behavioral health intervention when other less restrictive alternatives are available and meet the member's treatment needs; including situations when the member/HCDM are unwilling to participate in the less restrictive alternative.

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

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
   a. The member continues to demonstrate significant risk of harm and/or functional impairment as a result of a Behavioral Health Condition, and

   b. Providers and supports are not available to meet current behavioral and physical health needs at a less restrictive lower level of care.

   c. Member/guardian/HCDM is participating in treatment.

   d. Member must have discharge plan within 30 days of admission. The discharge plan must include services that are recommended post discharge.

Discharge Readiness

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. 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 applicable outpatient team shall be included in the development of treatment plan within 48 hours of admission.

3. All BHRFs shall coordinate with the outpatient treatment team throughout the admission, assessment, treatment and discharge process.

4. The BHRF treatment plan shall connect back to the member's comprehensive service plan.

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 outpatient team 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.

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
    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 BHRF.

    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. addiction 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).