2025 Admission and Continued Stay Authorization Criteria for Behavioral Health Inpatient Facilities (BHIF) for persons under age 21/Residential Treatment Center

Determination Timeline: Determination of prior authorization for BHIF is required prior to admission. Standard request determination timeline is 14 days from receipt and Expedited is 72 hours from receipt.

Documentation Required Prior to Determination:

Prior authorization: BCBSAZ Health Choice requires the CFT to submit the request prior to admission and include the following: An updated treatment plan indicating the goal of the BHIF, a recent psychiatric evaluation that reflects current behaviors, functioning, and diagnoses, CALOCUS and a Child Family Team note indicating the team's recommendations. (CON) Certificate of Need must be submitted to BCBSAZ Health Choice before admission.

Continued Stay Reviews: BCBSAZ Health Choice requires the BHIF facility to submit the following information at least seven days prior to the expiration of the current authorization: CFT notes, updated facility/ treatment plan with detailed discharge plan, medication list, demonstration of family involvement and monthly clinical summary. Recertification of Need (RON) is required every 30 days.

ADMISSION CRITERIA

Purpose: Behavioral Health Inpatient Facility services provide treatment for children and adolescents who demonstrate severe and persistent psychiatric disorders, when outpatient services (ambulatory care) in the community do not meet their treatment needs and they require services at a psychiatric residential treatment facility under the direction of a psychiatrist. These services are designed for children and adolescents who have significant deficits in social, behavioral, psychiatric, and psychological functioning and who require active treatment in a controlled environment with a high degree of psychiatric oversight, 24-hour nursing presence, effective program and treatment availability, and continuous supervision provided by professional behavioral health staff.

<u>Admissions to a Behavioral Health Inpatient Facility are not emergent or urgent and are always prior authorized.</u>

Such admissions are only appropriate where outpatient care has failed or where the child's/adolescent's psychiatric treatment needs are so severe they can only be met by the degree of specialized professional treatment available in a Behavioral Health Inpatient Facility. Active treatment focuses on specific targeted goals identified by the Child and Family

Team and are designed to enable the child/adolescent to be discharged from the psychiatric residential treatment facility at the earliest possible time. A lack of available outpatient services is not in and of itself the sole criterion for admission to or discharge from a Behavioral Health Inpatient Facility.

BEHAVIOR AND FUNCTIONING REQUIRED FOR ADMISSION

Diagnostic Criteria results from a current DSM-5/ICD-10 diagnosis which reflects the symptoms requested for BHIF.

a) Symptoms or functional impairments of the individual's psychiatric condition are of a severe and persistent in nature and result in the member being a Danger to Self (DTS), Danger to Others (DTO), significant impulsivity with poor judgement, or unable to engage in daily activities safely in a less restrictive setting; or
b) Risk of significant physical or sexual acting-out behavior with poor judgement.

In addition, all the following must be met to ensure appropriate, cost- effective and least restrictive care in this setting:

a) Ambulatory care resources (outpatient medically necessary behavioral health services) in the community do not meet the treatment needs of the child/adolescent.

b) The child/adolescent does not require a level of medical or professional supervision that surpasses that which is available at a Behavioral Health Inpatient Facility. For example, children/adolescents actively showing signs of danger to self or danger to others may require inpatient psychiatric treatment at an acute psychiatric hospital.

Exclusionary Criteria

The admission is not used primarily, and in a clinically inappropriate manner, as:

- An alternative to incarceration, preventative detention, or as a means to ensure community safety in a child/adolescent exhibiting primarily delinquent/antisocial behavior; or
- The equivalent of safe housing, permanency placement, or
- An alternative to parents'/guardian's or other agency's capacity to provide for the child or adolescent; or
- An intervention when other less restrictive alternatives are available and not being utilized.

EXPECTED IMPROVEMENT DUE TO ACTIVE TREATMENT

Active treatment with the services available at this level of care can reasonably be expected to improve the child/adolescent's psychiatric condition to achieve discharge from the psychiatric residential treatment facility at the earliest possible time and facilitate his/her return to outpatient care and/or family living.

DISCHARGE PLAN

There is a written plan for discharge with specific discharge criteria and recommendations for aftercare treatment that includes involvement of the Child and Family Team and complies with current standards for medically necessary covered behavioral health services, cost

effectiveness, and least restrictive environment and is in conformance with 42 CFR. Discharge planning should start at time of admission to ensure all needs have been addressed to prepare for a safe and supported transition to lower-level services.

CONTINUED STAY CRITERIA

BEHAVIOR AND FUNCTIONING REQUIRED FOR CONTINUED STAY: (Must meet all)

1) The symptoms or functional impairments of the individual's psychiatric condition are of a severe and persistent nature. They are based on a DSM-5/ICD-10 diagnosis that precipitated admission or manifested itself since the admission.

a) In addition, all the following must be met to ensure appropriate, cost- effective and least restrictive care in this setting:

b) Effective planning for transition to a less restrictive level of care has begun, and additional time in treatment days will increase the probability of successful integration into the community.

c) Ambulatory care resources (outpatient medically necessary behavioral health services) in the community do not meet the treatment needs of the child/adolescent.

d) The child/adolescent does not require a level of medical or professional behavioral health supervision that surpasses that which is available at a Behavioral Health Inpatient Facility. For example, children/adolescents actively showing signs of danger to self or danger to others may require behavioral health inpatient treatment at an acute psychiatric hospital.

EXPECTED IMPROVEMENT DUE TO ACTIVE TREATMENT

Active treatment with the services available at this level of care can reasonably be expected to improve the child/adolescent's psychiatric condition to achieve discharge from the psychiatric residential treatment facility at the earliest possible time and facilitate his/her return to outpatient care and/or family living.

a. The child/adolescent is receiving services which are improving his/her psychiatric condition to achieve discharge from inpatient status at the earliest possible time and facilitate his/her return to outpatient care and/or family living.

b. The professionally developed and supervised individual service plan has been changed (revised) if necessary to respond to any identified lack of progress.

DISCHARGE PLAN

There is a written plan for discharge with specific discharge criteria and recommendations for aftercare treatment that includes involvement of the Child and Family Team and

complies with current standards for medically necessary covered behavioral health services, cost effectiveness, and least restrictive environment and is in conformance with 42 CFR.

CRITERIA FOR DISCHARGE

1. Sufficient symptom or behavior relief is achieved as evidenced by completion of BHIF treatment goals.
2. The member's functional capacity is improved, and the member can be safely cared for in a less restrictive level of care.
3. The member can participate in the monitoring and follow-up services, or a caregiver is available to provide monitoring in a less restrictive level of care.
4. Appropriate services, providers, and support are available to meet the member's current behavioral health needs at a less restrictive level of care.
5. There is no evidence to indicate that continued treatment in a BHIF would improve a member's clinical outcome.
6. There is potential risk that continued stay in BHIF may precipitate regression or decompensation of members' condition.