2026 Blue Cross Blue Shield of Arizona Health Choice Behavioral Health Residential Facility (BHRF)
Prior Authorization, Continued Stay and Criteria for Discharge

Admission Criteria

1. The 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. Thoughts or behaviors of suicide, homicide, or harm to self or others,

      ii. Impulsivity with poor judgment/insight.

      iii. Maladaptive physical or sexual behavior, or

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

   AND

   b. At least one area of serious functional impairment as evidenced by:

      i. An 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. Frequent withdrawal management services, which can include but are not limited to detox facilities, Medicated Assisted Treatment (MAT) and ambulatory detox.

v. An 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

vi. Impairments persist in the absence of situational stressors that delay recovery from the presenting problem.

2. 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.

3. Anticipated stabilization cannot be achieved in a less restrictive setting.

4. 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; and

5. Member or guardians agree to participate in the 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.

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

7. The 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

8. The BHRF shall notify the member's outpatient treatment team, including the TRBHA for members assigned to a TRBHA for their behavioral health enrollment, of admission 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 disorder behavior without the presence of risk or functional impairment.

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

4. 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 elopement or wandering behaviors unrelated to the individual's behavioral health condition.

Criteria for Continued Stay

The following criteria will be considered when determining continued stay

1. Documentation of current progress and/or regression toward meeting treatment goals;

2. Documentation of the continued display of risk and functional impairment that cannot be supportive in a less restrictive lower level of care; and

3. Treatment interventions, frequency, crisis safety planning and revised discharge plan should be revised to support the need for continued stay.

4. A copy of the current treatment plan including documentation of required reviews and updates by the BHRF on a regular basis, and shall include the following:
   i. Review of all treatment services being provided to the member.
   ii. Review of member's progress towards the treatment goals.
   iii. Assessment of risk and functional impairment as a result of a behavioral health condition.
   iv. Availability and appropriateness of providers and supports available to meet the member's current behavioral and physical health needs at a less restrictive lower level of care; and
   v. Adjustments to treatment interventions, frequency, crisis/safety planning, and targeted discharge to support the need for continued stay.

Discharge Readiness Criteria

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:

a. Symptoms or behavior relief is reduced as evidenced by completion of Treatment Plan goals.

b. Functional capacity is improved, essential functions such as eating or hydrating necessary to sustain life have significantly improved or is able to be cared for in a less restrictive level of care.

c. The member can participate in needed monitoring, or a caregiver is available to provide monitoring in a less restrictive level of care.

d. Providers and supports are available to meet current behavioral and physical health needs at a less restrictive level of care; and

e. Ongoing support and service providers the member will be engaged with upon discharge shall be included in discharge planning meetings, where initial step-down goals and follow-up treatment plan will be created.

1. Blue Cross Blue Shield of Arizona Health Choice ensures that the member and HCDM, as applicable:

   a. Are involved and participate in the discharge planning process;
   b. Understand the written discharge plan, instructions, and recommendations provided by the facility; and
   c. Are provided resources, referrals and possible interventions, including housing to meet the member's assessed and anticipated needs after discharge.

2. The final discharge plan shall be documented in the member's medical record and shall include:

   a. Progress toward treatment goals;

   b. Follow-up treatment plan and safety plan compliant with AMPM Policy 320-0;

   c. Scheduled follow-up appointment with the PCP and/or specialist for service, within seven days of discharge.

   d. Plan for medication pick up and coordination of outgoing medication management; and

   e. The BHRF coordination and/or referral is complete, acceptance confirmed, and discharge date has been communicated to ensure safe and clinically appropriate discharge, with the following:

      i. Confirmation of discharge location or step-down level of care.

      ii. Outpatient providers.

      iii. Community support services.

      iv. Transportation services; and

v. All other support and services identified in the discharge plan, which may include but not limited to Durable Medical Equipment (DME), home health services, etc.

3. The BHRFs shall notify the plan upon member discharge and include the discharge plan with member's disposition including follow-up appointments with outpatient behavioral health services.