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Health Choice

2025 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 requests are considered expedited requests 72 hours.

Care and services provided in a BHRF are based on a per diem rate (24-hour day), require prior and continued authorization and do not include room and board. BHRF is considered a level of care that is inclusive of all treatment services provided by the BHRF, in accordance with the treatment plan created by the treatment team. BHRF providers shall be ADHS licensed facilities in accordance with A.A.C. Title 9, Chapter 10, Article 7. IHS/638 facilities are subject to CMS certification requirements.

Prior and continued authorization are not applicable to a Secured Behavioral Health Residential Facility (Secured BHRF) as placement of a member into a Secured BHRF is accomplished pursuant to an order of the Superior Court as specified in A.R.S § 36-550.09. Sections applicable to Secured BHRF will not be effective until such time that these facilities are developed.

The BCBSAZ Health Choice and BHRF Providers shall ensure appropriate notification is sent to the Primary Care Physician and Behavioral Health Provider/Agency/TRBHA/Tribal ALTCS program upon intake to and discharge from the BHRF. Sections applicable to Secured BHRF will not be effective until such time that these facilities are developed.

Medical Necessity Criteria
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 significant risk of harm within the past three months as a result of:

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. 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, MAT and ambulatory detox,

v. 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 persisting in the absence of situational stressors that delay recovery from the presenting problem.

c. A need for 24hour 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.

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.

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.

Criteria for Continued Stay

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 (Must meet one criterion)
   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.

2. Member/Guardian is participating in treatment.

3. Member has a discharge plan outlining the types of services needed for post DC.

Discharge Readiness

BHRF providing services to BCBSAZ Health Choice members are required to adhere to the minimum discharge elements.

a. 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:

i. Symptom or behavior relief is reduced as evidenced by completion of Treatment Plan goals.

ii. 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.

iii. Members can participate in needed monitoring, or a caregiver is available to provide monitoring in a less restrictive level of care.

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

Admission, Assessment, and Treatment Plan Requirements

BHRF Providers rendering services to FFS members shall follow the below outlined admission, assessment, treatment, and discharge planning 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. BHRF documentation shall reflect:
    a. All treatment services provided to the member,
    b. Each activity shall be documented in a separate, individualized medical record, including the date, time, and professional conducting treatment activity,

    c. Which treatment plan goals are being achieved,
    d. Progress towards desired treatment goal, and
    e. Frequency, length and type of each treatment service or session.

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

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

6. 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.
        i. Clinical status for discharge,
        ii. Member/health care decision maker and designated representative and, outpatient treatment team understands follow-up treatment, crisis, and safety plan, and

iii. Coordination of care and transition planning are in process (e.g., reconciliation of medications, applications for lower level of care submitted, follow-up appointments made, identification of wrap around supports and potential providers).

7. The BHRF staff and the outpatient treatment team shall 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. Implementation of a system to document and report on timeliness of BHP signature/review when the treatment plan is completed by a BHT.

10. Implementation of a process to actively engage family/health care decision maker and designated representative in the treatment planning process as appropriate.

11. 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 (substance use and behavioral health condition(s), or
    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 a BHRF. For additional guidance on billing and restrictions, see the FFS Provider Billing Manual and the Behavioral Health Services Matrix.

    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, identify 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):

       Behavioral Health Counseling and Therapy may not be billed on the same day as BHRF services unless specialized 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. substance use 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).

BHRF and Medication Assisted Treatment

BCBSAZ Health Choice and BHRF Providers shall establish policies and procedures to ensure members on MAT are not excluded from admission and are able to receive MAT to ensure compliance with Arizona Opioid Epidemic Act SB 1001, Laws 2018, First Special Session.

BHRF with Personal Care Service License

BHRFs that provide personal care services shall be licensed to provide personal care services. Services offered shall be in accordance with A.A.C R9-10-702 and A.A.C R9-10-715. Contractors and BHRF providers shall ensure that all identified needs can be met in accordance with A.A.C. R9-10-814 (A)(C)(D) and (E).

1. Examples of services that may be provided include, but are not limited to:

a. Administration of oxygen,
b. Application and care of orthotic devices,
c. Application and care of prosthetic devices,
d. Application of bandages and medical supports, including high elastic stockings,
e. ACE wraps, arm, and leg braces, etc.,
f. Application of topical medications,
g. Assistance with ambulation,
h. Assistance with correct use of cane/crutches,
i. Bed baths,
j. Blood sugar monitoring, Accu-Check diabetic care,
k. Care of hearing aids,
l. Catheter care,
m. Denture care and brushing teeth,
n. Dressing member,
o. G-tube care,
p. Hair care, including shampooing,
q. Incontinence support, including assistance with bed pans/bedside commodes/ bathroom
supports,
r. Measuring and giving insulin, glucagon injection,
s. Measuring and recording blood pressure,
t. Non-sterile dressing change and wound care,
u. Ostomy and surrounding skin care,
v. Passive range of motion exercise,
w. Radial pulse monitoring,
x. Respiration monitoring,
y. Use of pad lifts,
z. Shaving,
aa. Shower assistance using shower chair,
bb. Skin and foot care,
cc. Skin maintenance to prevent and treat bruises, injuries, pressure sores. Members with a stage 3 or 4 pressure sore are not to be admitted to BHRF (A.A.C. R9-10-715(3)), and infections,
dd. Supervising self-feeding of members with swallowing deficiencies, and
ee. Use of chair lifts