

DATE: February 08, 2019
To: Holders of the AHCCCS Medical Policy Manual
FROM: Division of Health Care Management Contracts and Policy Unit
SUBJECT: AHCCCS Medical Policy Manual (AMPM)

This memo describes revisions and/or additions to the AMPM

Please direct questions regarding policy updates to the Contracts and Policy Unit at 602-417-4295 or 602-417-4055 or email at DHCMContractsandPolicy@azahcccs.gov.

UPDATES AND REVISIONS TO THE AHCCCS MEDICAL POLICY MANUAL (AMPM)

To view the policies and attachments, please access the following link:

[**AHCCCS MEDICAL POLICY MANUAL \(AMPM\)**](#)

POLICY 320-V, BEHAVIORAL HEALTH RESIDENTIAL FACILITIES (BHRF)

AMPM 320-V is a new Policy developed to establish requirements for the provision of care and services in a Behavioral Health Residential Facility (BHRF).

POST-PUBLIC COMMENT CHANGES:

AMPM Policy 320-V was posted for an extended Tribal Consultation Notification/Public comment period between October 22, 2018 and January 11, 2019. The following changes were made to AMPM Policy 320-V:

- Updated section I. Purpose statement to apply to Behavioral Health Residential Facility (BHRF) Providers.
- Updated section I. Purpose statement to remove IHS/638 providers.
- Updated section II. Definitions to remove “Child and Adolescent Service Intensity Instrument (CASII)” as this term is not used in policy.
- Updated section II. Definitions to include “BHRF Staff”.
- Updated section II. Definitions to revise “Treatment Plan”.
- Updated section III. Policy, as follows:

“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. **Contractors shall refer to ACOM 414 for standard and expedited request timeframes and requirements.** For information on prior authorization requirements for FFS members see the FFS web page.

Contractors **and BHRF Providers** shall ensure appropriate notification is sent to the Primary Care Physician **and Behavioral Health Provider/Agency/TRBHA** upon intake to and discharge from the BHRF.”

- Updated section III., D., “Continued stay shall be assessed by the BHRF staff and the CFT/ART/**TRBHA** during Treatment Plan review and update.”
- Updated section III., E., “Discharge readiness shall be assessed by the BHRF staff and the CFT/ART/**TRBHA** during each Treatment Plan review and update.”
- Updated section III., F., as follows:

“Contractors shall establish a policy to ensure the admission, assessment, and treatment planning process is completed consistently among all providers in accordance with A.A.C. R9-10-707 and 708 and Contract requirements. BHRF Providers rendering services to Fee-For-Service members shall follow the below outlined admission, assessment, and treatment 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 CFT/ART/**TRBHA** is included in the development of the Treatment Plan within 48 hours of admission for members enrolled with a Contractor.
 3. All BHRFs *servicing TRBHA members* shall coordinate care with the TRBHAs throughout the admission, assessment, treatment, and discharge process.
 4. The Treatment Plan connects back to the member’s comprehensive Service Plan for members enrolled with a Contractor.
 5. 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/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, follow-up appointments made).
 6. The BHRF staff and the CFT/ART/**TRBHA** meet to review and modify the Treatment Plan at least once a month.”
- Updated section III., F., 11., “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.”

APPROVED NOT YET EFFECTIVE

To view the policies and attachments, please access the following link:

[AMPM Approved Not Yet Effective](#)

POLICY 961-C, COMMUNITY SERVICE AGENCIES