

### 320 – X – ADULT BEHAVIORAL HEALTH THERAPEUTIC HOMES

EFFECTIVE DATES: 10/01/20, 07/22/25

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#### I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, and DES DDD (DDD) Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA, and all FFS populations, excluding Federal Emergency Services Program (FESP). (For FESP, refer to AMPM Chapter 1100). This Policy establishes requirements for the provision of care and services to members in Adult Behavioral Health Therapeutic Homes (ABHTH).

An Adult Recovery Team (ART) recommendation is not required for FFS members: however, an equivalent team process through the outpatient treatment team is required for care coordination for FFS members.

#### II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy.

**ADULT BEHAVIORAL HEALTH  
THERAPEUTIC HOME  
(ABHTH)**

A licensed residence that provides behavioral health treatment, which maximizes the ability of an individual experiencing behavioral health symptoms to live and participate in the community and to function in an independent manner that includes assistance in the self-administration of medication and any ancillary services (such as living skills and health promotion) indicated by the member's Treatment Plan, as appropriate.

**COLLABORATING HEALTH CARE  
INSTITUTION (CHI)**

An AHCCCS registered provider that is a health care institution licensed to provide outpatient behavioral health services that has a written agreement with an adult behavioral health therapeutic home or a behavioral health respite home to:

1. Coordinate behavioral health services provided to a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home, and
2. Work with the provider to ensure a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home receives behavioral health services according to the resident's treatment plan. AAC R9-10-101 (51).

<b>DESIGNATED REPRESENTATIVE</b>	An individual acting on behalf of the member with the written consent of the member or member’s legal guardian. As used in this Policy the Designated Representative is distinct and separate from the Health Care Decision Maker.
<b>PROVIDER</b>	Any individual or entity that contracts with AHCCCS or a Contractor for the provision of covered services to members according to the provisions ARS 36-2901 or any subcontractor of a provider delivering services pursuant to ARS 36-2901.
<b>SERVICE PLAN</b>	A complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.
<b>TREATMENT PLAN</b>	A complete written description of all services to be provided by the Adult Behavioral Health Therapeutic Home (ABHTH) based on the intake assessments and Service Plan.

### III. POLICY

An ABHTH is a residential setting in the community that provides daily behavioral interventions within a licensed family setting. This service is designed to maximize the member's ability to live and participate in the community and to function independently, including assistance in the self-administration of medication and any ancillary services (such as living skills and health promotion) indicated by the member's service Plan and the ABHTH Treatment Plan.

Care and services provided in an ABHTH are based on a per diem rate (24-hour day), and do not include room and board (Arizona State Plan for Medicaid). The Contractor shall refer to ACOM Policy 414 for information on timeframes and requirements regarding prior authorizations.

The ABHTH providers shall adhere to this Policy as well as procedure requirements as specified in AAC R9-10-1801 et. Seq and the Arizona State Plan for Medicaid. All ABHTH care and services rendered to FFS members shall adhere to the policy and procedure requirements specified in this Policy. Refer to the FFS provider billing manual for additional documentation and billing guidance.

**A. CRITERIA FOR ADMISSION**

The Contractor and ABHTH providers serving FFS members shall develop admission criteria for medical necessity, which at a minimum includes the below elements, specified below:

1. Criteria for Admission:
  - a. The recommendation for ABHTH members enrolled with a Contractor shall be addressed through the Adult Recovery Team (ART) process and the service need shall be clearly indicated in the members Service Plan developed and maintained by the Health Home or Primary Behavioral Health Provider. An ART is not required in order for FFS members to receive services. However, an equivalent team process through the outpatient treatment team is required for care coordination for FFS members,
  - b. Following a comprehensive assessment by a licensed Behavioral Health Professional (BHP), the member has been diagnosed with a behavioral health condition which reflects the symptoms and behaviors warranting a request for ABHTH level of care,
  - c. As a result of the behavioral health condition, there is evidence that the member has recently (within the past 90 days) had a disturbance of mood, thought, or behavior which renders the member incapable of independent or age-appropriate self-care or self-regulation. This moderate functional and/or psychosocial impairment as per the comprehensive assessment by a BHP:
    - i. Is not reasonably expected to improve in response to a less intensive level of care, and
    - ii. Does not require or meet clinical criteria for a higher level of care, or
    - iii. Demonstrates that appropriate treatment in a less restrictive environment has not been successful or is not available, therefore warranting a higher level of care.
  - d. At time of admission to an ABHTH, in participation with the member/Health Care Decision Maker (HCDM) and all relevant stakeholders, there is a documented discharge plan which includes:
    - i. Tentative disposition/living arrangement identified, and
    - ii. Recommendations for aftercare treatment based upon treatment goals.

The Contractors shall submit ABHTH Placement Medical Necessity Criteria to AHCCCS for approval, as specified in Contract Section F, Attachment F3, Chart of Deliverables, and publish the approved criteria on the Contractor's website.

Submission of the ABHTH Placement Medical Necessity Criteria form is not required for FFS member admissions that meet the admission criteria specified in 1., a. through d.

**B. EXCLUSIONARY CRITERIA**

Admission to an ABHTH shall not be used for the following:

1. An alternative to detention or incarceration.
2. As a means of providing safe housing, shelter, supervision or permanent placement.

3. As a behavioral health intervention when other less restrictive alternatives are available and those alternatives meet the member's treatment needs.

**C. EXPECTED TREATMENT OUTCOMES**

1. Treatment outcomes shall align with:
  - a. The Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems as specified in AMPM Exhibit 300-3, and
  - b. The member's individualized physical, behavioral, and developmentally appropriate needs.
2. Treatment goals for members placed in an ABHTH shall be:
  - a. Specific to the member's behavioral health condition that warranted treatment,
  - b. Measurable and achievable,
  - c. Unable to be met in a less restrictive environment,
  - d. Based on the member's unique needs,
  - e. Inclusive of input and choices from the member,
  - f. Inclusive of input and choices from the HCDM, and/or Designated Representative (DR) where applicable,
  - g. Supportive of the member's improved or sustained functioning and integration into the community, and
  - h. Reviewed by the treatment team with the member, the member's family/HCDM during each ART or equivalent care coordination team meeting for FFS members to ensure ongoing clinical appropriateness of treatment goals.
3. Active treatment with the services available at ABHTH level of care can reasonably be expected to:
  - a. Improve the member's condition to achieve discharge from the ABHTH at the earliest possible time, and
  - b. Facilitate the member's return to primarily outpatient care in a non-therapeutic/non-licensed setting.

**D. ADULT BEHAVIORAL HEALTH THERAPEUTIC HOMES TREATMENT PLANNING**

The ABHTH Treatment Plan shall be developed by the Collaborating Healthcare Institute (CHI) in collaboration with the ABHTH provider and the ART or equivalent team process for FFS members within the first 30 days of placement:

1. The ABHTH Treatment Plan shall:
  - a. Describe strategies to address the ABHTH provider's needs in order to facilitate successful transition for the member to begin service with the ABHTH Provider, including pre-service visits when appropriate,
  - b. Complement and not conflict with the member's Service Plan and shall also include reference to the member's:
    - i. Current physical, emotional, and behavioral health and developmental needs,
    - ii. Current educational needs (e.g., attending school, training),
    - iii. Current medical treatment,

- iv. Current behavioral health treatment through other providers, and
  - v. Current prescribed medications.
  - c. Address safety, social, and emotional well-being, discharge criteria, acknowledgement of the member's permanency objectives and post-discharge services and supports,
  - d. Include short-term, proactive treatment goals that are measurable, time-limited, and in keeping alignment with the members Service Plan,
  - e. Clearly identify responsible individuals from the treatment team to implement each aspect of the ABHTH Treatment Plan and a timeline of completion. The CHI has the responsibility to ensure the treatment team is implementing the ABHTH Treatment Plan,
  - f. Include specific elements that build on the member's strengths while also promoting pro-social, adaptive behaviors, interpersonal skills and relationships, community, family and cultural connections, self-care, daily living skills, and educational achievement,
  - g. Include specific activities to coordinate with natural supports and informal networks as a part of treatment,
  - h. Include plans for engagement of the member's family of choice and other natural supports that can support the member during ABHTH placement and after transition,
  - i. Be reviewed by the ABHTH Provider and CHI at every home visit,
  - j. Be reviewed by the CHI Clinical Supervisor at each staffing,
  - k. Be updated/revised as clinically indicated or quarterly at minimum, and
  - l. Include documentation of the member's progress or regression toward achieving treatment plan goals. Documentation of the members' progress or regression can be included in the progress notes but shall also be summarized in the treatment plan to support the rationale for adjustments.
2. The Contractor and provider shall ensure that members/HCDM and DR receive a copy of the initial treatment plan and any updated treatment plans.

#### **E. CRITERIA FOR CONTINUED STAY**

The Contractor and ABHTH providers serving FFS members shall develop medically necessary criteria for continued stay which, at a minimum, include the below elements. The Contractor shall submit ABHTH Medical Necessity Criteria including continued stay criteria to AHCCCS for approval, as specified in the Contract Section F, Chart of Deliverables, and publish the approved criteria on the Contractor's website. The ABHTH criteria shall include the following elements:

- 1. The member continues to meet diagnostic threshold for the behavioral health condition that warranted admission to ABHTH.
- 2. The member continues to demonstrate (within the last 90 days of review) moderate functional or psychosocial impairment as a result of the behavioral health condition, as identified through disturbances of mood, thought, or behavior, which substantially impairs independent or appropriate self-care or self-regulation.
- 3. Active treatment is reducing the severity of disturbances of mood, thought, or behaviors, which were identified as reasons for admission to ABHTH, and treatment at the ABHTH is empowering the member to gain skills to successfully function in the community.

4. There is an expectation that continued treatment at the ABHTH shall improve the member's condition so that this type of service shall no longer be needed.
5. The ART (or equivalent for FFS members) is meeting at least quarterly to review member's progress and have revised the ABHTH Treatment Plan at least quarterly or most often as clinically indicated to revise goals in response to any lack of progress to best meet the member's needs.

**F. ADULT BEHAVIORAL HEALTH THERAPEUTIC HOMES DISCHARGE PLANNING**

A comprehensive discharge plan shall be created during the development of the initial ABHTH Treatment Plan and shall be reviewed and/or updated during each review of the ABHTH Treatment Plan thereafter.

The discharge plan shall document the following:

1. Clinical status for discharge.
2. Follow-up treatment, crisis, and safety plan.
3. Coordination of care and transition planning are in process when appropriate.
4. Tentative disposition/living arrangement identified.
5. Recommendations for aftercare treatment based upon treatment goals.

**G. CRITERIA FOR DISCHARGE**

The Contractor and ABHTH providers serving FFS members shall develop medical necessity criteria for discharge from an ABHTH setting which, at a minimum, includes the below elements. The Contractor shall submit ABHTH Medical Necessity Criteria including discharge criteria to AHCCCS for approval, as specified in the Contract, Section F, Attachment F3 and publish the approved criteria on the Contractor's website. Medical necessity criteria for discharge from an ABHTH placement shall include, at a minimum, the below elements:

1. Sufficient relief of symptom(s) or behavior(s) is achieved as evidenced by completion of the member's treatment goals.
2. The member's functional capacity is improved, and the member can be safely cared for in a less restrictive environment.
3. The member can participate in needed monitoring and follow-up services, or a Provider is available to provide monitoring in a less restrictive environment.
4. Appropriate services, providers, and supports are available to meet the member's current behavioral health needs at a less restrictive environment.

5. There is no evidence to indicate that continued treatment in an ABHTH would improve the member's clinical outcome.
6. There is a potential risk that continued stay in an ABHTH may precipitate regression or decompensation of member's condition.

#### **H. COLLABORATING HEALTH CARE INSTITUTION (CHI) ROLE/RESPONSIBILITIES**

1. The CHIs shall comply with all programmatic and documentation requirements specified in AAC R9-10-118.
2. The CHIs shall provide clinical support to the ABHTH family provider as they meet the daily needs of the member, including:
  - a. Assignment to an ABHTH agency worker that conducts home visits and participates in ARTs and treatment planning,
  - b. Assist in the development of a clinically appropriate ABHTH treatment plan, which is reviewed by the BHP,
  - c. Complete regular reviews of ABHTH family progress notes to ensure documentation reflects treatment plan implantation and member progress, and
  - d. The BHP shall participate in monthly meetings with the ABHTH agency worker and the ABHTH family provider at least once per month, in-person or via telemedicine (i.e., interactive audio/video communications). The BHP shall also be available by request or as needed to provide any necessary support to the ABHTH family provider.
3. The CHIs shall provide programmatic support to the ABHTH family providers 24 hours per day, seven days a week to assist in crisis intervention as needed. Contact information for the CHI 24-hour support team shall be provided to the ABHTH family and included in the written agreement between the CHI and the ABHTH family provider.
4. Meet the administrative requirements of AHCCCS, the State, and Tribal licensing authority. These requirements include but are not limited to:
  - a. Ensure ABHTH Family Provider(s) comply with all State licensing requirements in AAC R9-10-Article 18, including application, training, life safety inspections, and administrative requirements.
5. Complete supporting documentation of each home visit, including verification that each of the following requirements were completed:
  - a. Review of the ABHTH Treatment Plan, including daily progress notes documenting the members' progress toward treatment plan goals,
  - b. Review of therapeutic interventions provided and required documentation,
  - c. Review medical record documentation and medication logs, to ensure compliance with AAC R9-10-Article 18 and AMPM Policy 940, and
  - d. Documentation of training support provided to the ABHTH family provider during the home visit.

6. Ensure ABHTH Family Providers complete full and accurate clinical documentation of all interventions, the documentation demonstrates progress toward meeting ABHTH Treatment Plan goals, and progress notes clearly indicate what services are provided to the member each day.
7. Ensure ABHTH Treatment Plan is shared with the member's Primary Behavioral Health Provider or Health Home, Primary Care Physician (PCP), other treating providers, and stakeholders to assure care coordination.
8. Encourage coordination/collaboration/advocacy with the between the ABHTH family provider and any day program or work program providers to support the members independence and community integration.
9. Provide notification to the PCP and all behavioral health providers involved in the member's treatment when a member is admitted to or discharged from an ABHTH.

**I. ADULT BEHAVIORAL HEALTH THERAPEUTIC HOME (ABHTH) ROLE/RESPONSIBILITIES**

1. Abide by all licensing regulations as outlined in current and relevant Federal and State statutes and rules, including rules in AAC R9-10-Article 18.
2. Provide basic household needs and functions of all members being served in the ABHTH (e.g., food, clothing, shelter, emotional support, medical need monitoring/coordination, transportation, teaching/modeling daily living skills, social skills, supporting participation in community activities to promote inclusion and independence).
3. Provide behavioral interventions (e.g., anger management, crisis de-escalation, psychosocial rehabilitation, living skills training and behavioral intervention) as indicated in the ABHTH Treatment Plan goals.
4. Provide a family environment that includes opportunities for:
  - a. Familial and social interactions and activities,
  - b. Use of behavioral interventions,
  - c. Development of age-appropriate living and self-sufficiency skills, and
  - d. Integration into a family and community-based setting.
5. Meet the individualized needs of the member, as defined in the member's ABHTH Treatment Plan.
6. Be available to care for the member 24 hours per day, seven days a week including a plan for support should the member not be able to participate in day programming or work activities due to illness or other unexpected reasons.
7. Participate in planning processes such as ARTs, ABHTH discharge planning, and other coordination activities based on the members' needs and other involved providers.



8. Maintain documentation of the members' progress toward ABHTH Treatment Plan goals, including:
  - a. Daily Progress notes,
  - b. Incident reports,
  - c. Medication observation and current medication prescriptions from all providers,
  - d. A current copy of the ABHTH Treatment Plan and Discharge Plan, and
  - e. Copies of all medical chart documentation as specified in AMPM 940.
9. Assist the member in maintaining contact with family, including family of choice, and natural supports.
10. Advocate for the member to achieve ABHTH Treatment Plan goals and to ensure timely access to vocational, medical, or other indicated services.
11. Report allegations of misconduct toward members in compliance with all Federal and State regulations and AMPM Policy 961.
12. Maintain confidentiality according to statutory, Health Insurance Portability and Accountability Act (HIPAA) and AHCCCS requirements.
13. Follow the member's safety plan for crisis intervention.
14. Coordinate with the CHI to adjust the safety plan or treatment plan as needed to prevent regression.

**J. CONTRACTOR REPORTING REQUIREMENTS**

1. The Contractor shall monitor and report ABHTH bed utilization.
2. The Contractor shall report ABHTH Medical Necessity Criteria including admission, continued stay, and discharge criteria for prior approval as specified in Contract Section F, Attachment F3, Chart of Deliverables.