

962 - REPORTING AND MONITORING OF SECLUSION AND RESTRAINT

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06/13/18, 10/03/19, 02/10/20, 05/07/20, 03/03/22

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), DES/DDD (DDD), Contractors; Fee-For-Service (FFS) Programs including: American Indian Health Program (AIHP), Tribal ALTCS, TRBHA, and all FFS providers, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). The purpose of this Policy is to establish requirements for reporting and monitoring the use of Seclusion and Restraint (SAR).

II. DEFINITIONS

For purposes of this policy:

CHEMICAL RESTRAINT

A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. Refer to 42 CFR 482.13 (e)(1)(i)(B).

Chemical Restraints shall be interpreted and applied in compliance with the Center for Medicaid Services (CMS) State Operations Manual, Appendix A at A-0160 for Regulations and Interpretive Guidelines for Hospitals at:

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf

MENTAL HEALTH AGENCY

Includes a regional authority, service provider, inpatient facility, or outpatient treatment center licensed to provide behavioral health observation/stabilization services (Crisis Facility) licensed to perform Seclusion and Restraint (SAR) as specified in A.A.C. R9-10-225, A.A.C. R9-10-226, A.A.C. R9-10-316, and A.A.C. R9-10-1012.

SECLUSION

The involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving as specified in A.A.C. R9-10-101.

**SECLUSION OF MEMBERS
DETERMINED TO HAVE A
SERIOUS MENTAL ILLNESS
(SMI)**

The restriction of a member to a room or area through the use of locked doors or any other device or method which precludes a member from freely exiting the room or area or which a member reasonably believes precludes his/her unrestricted exit [A.A.C. R9-21-101(B)].

In the case of an inpatient facility, confining a client to the facility, the grounds of the facility, or a ward of the facility does not constitute Seclusion. In the case of a community, residence, restricting a client to the residential site, according to specific provisions of a service plan or court order does not constitute Seclusion, as specified in A.A.C. R9-21-101(B).

Additional definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY

SAR shall only be used to the extent permitted by and in compliance with A.A.C. R9-10-225, A.A.C. R9-10-316, and A.A.C. R9-21-204. If SAR is used, it shall be reported as described in this Policy to the Contractor, AHCCCS/Division of Community Advocacy and Intergovernmental Relations (DCAIR), Office of Human Rights (OHR), and the appropriate Independent Oversight Committee (IOC) via collaboration with the AHCCCS/DHCM/Quality Management (QM) IOC Manager. Behavioral Health Inpatient Facilities (BHIFs), and Mental Health Agencies shall report incidents of SAR that result in an injury or complication requiring medical attention to the Contractor within 24 hours in accordance with AMPM Policy 961.

The OHR and the IOCs review such reports to determine if there has been inappropriate or unlawful use of SAR and to determine if SAR may be used in a more effective or appropriate fashion.

If the OHR or any IOC determines that SAR has been used in violation of any applicable law or rule, the OHR or IOC may take whatever action is appropriate in accordance with their applicable regulation(s) and, if applicable, A.A.C. R9-21-204.

IV. REPORTING REQUIREMENTS

BHIFs and Mental Health Agencies, that are authorized to use SAR as specified in A.A.C. R9-21-101, A.A.C. R9-10-225, A.A.C. R9-10-316, and R9-10-1012 shall follow the reporting requirements as specified below. Any Contractor using out of state facilities to provide services to AHCCCS members in any state other than Arizona shall ensure that each facility agrees to and follows all reporting requirements as specified within this Policy as a part of the contracted single case agreement. The Contractor is responsible for reviewing each incident of SAR and linking the report to any connected Incident Accident or Death (IAD), Internal Referral (IRF), or Quality of Care Concern (QOC) process within the AHCCCS QM Portal at [QMportal.azahcccs.gov](#) as specified in AMPM Policy 960 and AMPM Policy 961.

A. BHIF AND MENTAL HEALTH AGENCY REQUIREMENTS FOR SUBMITTING INDIVIDUAL SAR REPORTS TO AN AHCCCS CONTRACTOR

The Contractor shall develop policies and procedures that ensure all BHIFs and Mental Health Agencies submit SAR reports to the Contractor as follows:

1. Each BHIF or Mental Health Agency shall submit individual reports of incidents of SAR involving AHCCCS members, directly to the Contractor (including reports for AIHP members enrolled for behavioral health services with an ACC-RBHA) within five business days of the incident utilizing Attachment A or the agency's electronic medical record that includes all elements listed on Attachment A. In the event that the use of SAR requires face-to-face monitoring as specified in A.A.C. R9-21-204, a supplemental report shall be submitted to the Contractor as an attachment to the individual report.
2. BHIFs and Mental Health Agencies shall report incidents of SAR that result in an injury or complication requiring medical attention to the Contractor within 24 hours.

B. CONTRACTOR REQUIREMENTS FOR SUBMITTING INDIVIDUAL REPORTS OF SAR TO AHCCCS.

1. Documentation:
The Contractor shall submit individual reports of SAR to the AHCCCS QM Portal, as specified in Contract. The Contractor shall ensure that the original Attachment A, or the electronic medical record received from the provider is attached to the record within the AHCCCS QM Portal. The Contractor shall refer to the Seclusion and Restraint User Guide found on the AHCCCS website at: https://qmportal.azahcccs.gov/UserGuides/QuickStart_SAR.pdf.
2. The Contractor is responsible for reviewing each incident of SAR and linking the report to any connected Incident Accident and Death (IAD), Internal Referral (IRF), or Quality of Care (QOC) Concern process within the AHCCCS QM Portal at [QMportal.azahcccs.gov](https://qmportal.azahcccs.gov) as specified in AMPM Policy 960.

C. CONTRACTOR REQUIREMENTS FOR SUBMITTING INDIVIDUAL SAR REPORTS TO THE IOC

1. Contractors shall ensure that all individual SAR reports involving any behavioral health provider serving members with a Serious Mental Illness (SMI) determination, children, and anyone under court order for either Court Ordered Evaluation (COE) or Court Ordered Treatment (COT), are uploaded for IOC review as specified in contract and AMPM Policy 960.
2. The Contractor shall ensure that all reports uploaded for IOC review have all Personally Identifiable Information (PII) removed prior to submission as specified in A.R.S. §41-3804. In the event that the use of SAR requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.
3. Contractors shall ensure that the disclosure of protected health information is in accordance with state and federal laws.

D. BHIF AND MENTAL HEALTH AGENCIES PROVIDING SERVICES TO FFS MEMBERS REQUIREMENTS FOR SUBMITTING S& R REPORTS TO OHR

BHIFs and Mental Health Agencies providing services to FFS members including TRBHAs, Tribal ALTCS, Division of Developmental Disabilities – Tribal Health Program (DDD-THP) and AIHP (except DDD-THP and AIHP members who are enrolled for behavioral health services with a RBHA) shall submit SAR reports directly to the AHCCCS/DCAIR/OHR via email at OHRts@azahcccs.gov as follows:

Forward individual reports, utilizing Attachment A or the agency's electronic medical record that includes all elements listed on Attachment A, concerning the use of SAR involving members designated as SMI within five days of incidence to OHR via OHRts@azahcccs.gov. In the event that the use of SAR requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.

E. BHIF AND MENTAL HEALTH AGENCIES PROVIDING SERVICES TO FFS MEMBERS REQUIREMENTS FOR SUBMITTING SAR REPORTS TO THE QM IOC MANAGER

BHIFs and Mental Health Agencies providing services to FFS members including TRBHAs, Tribal ALTCS and AIHP (except AIHP members who are receiving behavioral health services through a RBHA) shall submit individual reports of the use of SAR to the AHCCCS/DHCM/QM IOC Manager at iocinquiries@azahcccs.gov.

Forward individual reports, utilizing Attachment A or the agency's electronic medical record that includes all elements listed on Attachment A, concerning the use of SAR involving members designated as SMI within five days of incidence to the AHCCCS/DHCM/QM IOC Manager at iocinquiries@azahcccs.gov.

In the event that the use of SAR requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.

F. ARIZONA STATE HOSPITAL (ASH) REQUIREMENTS FOR SUBMITTING INDIVIDUAL REPORTS TO OHR AND THE IOC.

1. Submit monthly individual reports utilizing Attachment A or the agency's electronic medical record that includes all elements listed on Attachment A, concerning the use of SAR involving members designated as SMI served by ASH by the 15th day of the month for the previous month to OHRts@azahcccs.gov. In the event that the use of SAR requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.
2. Submit monthly individual reports utilizing Attachment A or the agency's electronic medical record that includes all elements listed on Attachment A, concerning the use of SAR involving members designated as SMI served by ASH, by the 15th day of the month for the previous month to the AHCCCS FTP server. These reports shall have all PII removed prior to submission as specified in A.R.S. § 41-3804. In the event that the use of SAR requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.