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 serving 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