

# Banner Plans & Networks

## Medical Necessity Criteria for Admission to Adult Behavioral Health Therapeutic Home (ABHTH)

### INITIAL AUTHORIZATION

Initial admission authorization is up to 90 days with initial continued stay/concurrent review to occur within 2 weeks of the last covered day.

The criteria in I-VI below must **all** be met to meet prior authorization and concurrent review for continued stay:

- I. The recommendation for ABHTH shall come through the ART process,
- II. Following an Assessment by a licensed BHP, the member has been diagnosed with a behavioral health condition which reflects the symptoms and behaviors necessary for a request for ABHTH,
- III. 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 per Assessment by a BHP:
  - a. Cannot be reasonably expected to improve in response to a less intensive level of care, and
  - b. Does not require or meet clinical criteria for a higher level of care, or
  - c. Demonstrates that appropriate treatment in a less restrictive environment has not been successful or is not available, therefore warranting a higher level of care.
- IV. There is clinical evidence and documentation that the member has a primary DSM 5/ICD-10 diagnosis that is amenable to active treatment. Any co-occurring diagnosis or diagnoses must be identified and documented prior to admission.
- V. Member is in agreement with treatment in ABHTH.
- VI. At time of admission to an ABHTH, in participation with the Health Care Decision Maker and all relevant stakeholders, there is a documented plan for discharge which includes:
  - a. Tentative disposition/living arrangement identified, and
  - b. Recommendations for aftercare treatment based upon treatment goals.
- VII. For the initial authorization for ABHTH there is an expectation that active treatment with the services available at this level of care can reasonably be expected to improve the member's psychiatric condition to achieve discharge from the ABHTH at the earliest possible time and facilitate return to outpatient care. There must be an expectation that the member will participate in treatment.

## **CRITERIA FOR CONTINUED STAY**

For continued stay in the ABHTH level of care, if the member is not demonstrating improvement the ABHTH services and treatment plan must be revised as part of the ART process resulting in an expectation of improvement in order to achieve discharge from the ABHTH at the earliest possible time and facilitate return to outpatient care. The member must be actively participating in treatment.

All of the following shall be met:

- I. The member continues to meet diagnostic threshold for the behavioral health condition that warranted admission to ABHTH,
- II. The member continues to demonstrate (within the last 90 days) 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,
- III. 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,
- IV. 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, and
- V. If appropriate, supports and providers who will be involved with the member upon discharge from ABHTH should be identified and involved in the member's care.
- VI. The ART is meeting at least monthly to review progress and have revised the Treatment Plan and/or Service Plan to respond to any lack of progress including
  - a. addressing lack of member's engagement and evidence of the ABHTH family and provider to engage the member.
  - b. Evidence of the goals and progress toward the goals has been reviewed and adjusted interventions to address a lack of progress.

## **EXPECTED TREATMENT OUTCOMES**

- I. Treatment outcomes shall align with:
  - a. The Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems as specified in the AHCCCS Medical Policy Manual (AMPM) Policy 100, and
  - b. The member's individualized physical, behavioral, and developmentally appropriate needs.
- II. 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 from the member's family/Health Care Decision-Maker and Designated Representative's choices where applicable, and
  - f. Supportive of the member's improved or sustained functioning and integration into the community.
- III. Active treatment with the services available at this level of care can reasonably be expected to:
- a. Improve the member's condition in order 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.

### **Exclusion Criteria**

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

- I. An alternative to detention or incarceration
- II. As a means to ensure community safety in an individual exhibiting primarily conduct disordered behaviors,
- III. As a means of providing safe housing, shelter, supervision, permanency placement, or otherwise alleviate or prevent homelessness.
- IV. As an alternative to member/guardians' or other agencies' capacity to provide for the member,
- V. A behavioral health intervention when other less restrictive alternatives are available and meet the member's treatment needs, including situations when the member/health care decision maker is unwilling to participate in the less restrictive alternative.

**Additionally, members cannot be safely accommodated in ABHTH family setting if they:**

- a. Are in active substance abuse
  - b. Have a history of starting fires
  - c. Are a registered sex offender
- VI. A member meeting VI-VIII exclusion criteria because they cannot be safely accommodated in ABHTH, will be reviewed for Behavioral Health Residential Facility (BHRF) if they are meeting all other ABHTH admission criteria and none of the exclusion criteria I-V in this section is met.

## **DISCHARGE PLANNING**

There is a written plan for discharge with specific discharge criteria and recommendations for aftercare treatment that includes involvement of the ART and complies with current standards for medically necessary covered behavioral health services, cost effectiveness, and least restrictive environment and is in conformance with 42 CFR.1. A discharge plan must be documented on the treatment plan prior to admission. Discharge plans must continue to be refined throughout treatment to ensure all needs have been addressed to prepare for a safe and supported transition to lower-level services.

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. Follow-up treatment, crisis, and safety plan.
- III. Coordination of care and transition planning are in process when appropriate.
- IV. Notation of dates it was reviewed when it is reviewed by the ART but not updated.

## **CRITERIA FOR DISCHARGE**

- I. Sufficient symptom or behavior relief is achieved as evidenced by completion of the ABHTH treatment goals.
- II. The member's functional capacity is improved, and the member can be safely cared for in a less restrictive level of care.
- III. There are appropriate services, providers, and supports available to meet the member's current behavioral health needs at a less restrictive level of care.
- IV. There is no evidence to indicate that continued treatment in ABHTH would improve member's clinical outcome.
- V. There is potential risk that continued stay in an ABHTH may precipitate regression or decompensation of member's condition.
- VI. The member has left the ABHTH unscheduled/unplanned and not returned within 24 hours.