INSTRUCTIONS FOR USE

The following State or Contract Specific Clinical Criteria¹ defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California (“Optum-CA”)).

Other Clinical Criteria² may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®³. These may be externally developed by independent third parties used in conjunction with or in place of these Clinical Criteria when required, or when state or contractual requirements are absent for certain covered services. When deciding coverage, the member’s specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member’s benefits prior to using these Clinical Criteria. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this Clinical Criteria and the member’s specific benefit, the member’s specific benefit supersedes these Clinical Criteria.

These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

¹ Clinical Criteria (State or Contract Specific): Criteria used to make medical necessity determinations for mental health disorder benefits when there are explicit mandates or contractual requirements.
² Clinical Criteria for Arizona: Milliman Care Guidelines for Mental Health Disorders, ASAM Criteria for Substance Use Disorders
³ Optum is a brand used by United Behavioral Health and its affiliates.
BEHAVIORAL HEALTH INPATIENT TREATMENT FACILITY

As Specified in A.A.C. R9-10-101, a behavioral health inpatient facility means a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:

- Have a limited or reduced ability to meet the individual's basic physical needs;
- Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;
- Be a danger to self;
- Be a danger to others;
- Be persistently or acutely disabled as defined in A.R.S. § 36-501; or
- Be gravely disabled.

Admission Criteria

A person must meet ALL criteria in Sections A, C, and D, and at least ONE of the criteria in Section B. for admission to a behavioral health hospital or behavioral health inpatient facility.

A. DIAGNOSIS

A behavioral health diagnosis is required for admission to an inpatient setting; also, a behavioral health diagnosis is required to be documented at the time of discharge from inpatient services.

B. BEHAVIOR AND FUNCTIONING

1. Imminent risk of danger to self or others as a result of a behavioral health condition as evidenced by:
   a. Current suicidal ideation, behavior or intent,
   b. Current homicidal or significant assaultive ideation, behavior or intent, or
   c. Immediate physiologic jeopardy.

2. Disturbance of mood, thought or behavior which renders the person acutely incapable of developmentally appropriate self-care or self-regulation;

3. Disturbance of mood, thought or behavior that requires an assessment or medication trial that cannot be safely or adequately implemented in a less restrictive setting; or

4. Level of functioning that does not meet the above criteria, but the person cannot return to his or her residence due to risk of harm to self or others due to a treatable behavioral health disorder, or there is a likelihood of imminent behavioral decompensation.

C. INTENSITY OF SERVICE

This type of service provides planned, comprehensive assessment or treatment involving close daily psychiatric supervision and 24 hour medical supervision.

Treatment should be in the least restrictive type of service consistent with the person’s need and therefore should not be instituted unless there is documentation of a failure to respond to or professional judgment of an inability to be safely managed in a less restrictive type of service.

D. EXPECTED RESPONSE

The client's behaviors and symptoms, which were identified as reasons for admission, can be effectively treated by medically indicated treatment available in this setting.

The treatment can reasonably be expected to improve or stabilize the patient's condition so that this type of service will no longer be needed.
Continued Stay Criteria

A person must meet ALL criteria in Sections A and E, at least ONE of the criteria in each of Sections B, C and must meet Section D for continued stay in a behavioral health hospital facility or behavioral health inpatient facility.

A. DIAGNOSIS

A specified behavioral health diagnosis is required to be documented at the time of discharge from inpatient services.

B. BEHAVIOR AND FUNCTIONING

1. Emergence or continued evidence of symptoms which reflect imminent risk of danger to self or others as a result of a behavioral health condition, as evidenced by:
   a. Current suicidal ideation, behavior or intent, or
   b. Current homicidal or significant assaultive ideation, behavior or intent, or
   c. Ongoing physiologic jeopardy; or
2. Continued disturbance of mood, thought or behavior which renders the person acutely incapable of developmentally appropriate self-care or self-regulation; or
3. Significant regression of the person’s condition is anticipated without continuity of this type of service.

C. INTENSITY OF SERVICE

There is documented evidence that the person requires at least one of the following:

1. Continued planned, comprehensive assessment or treatment involving close daily psychiatric supervision and 24 hour medical supervision. This may be as a result of a change in diagnosis, treatment failure, or newly-discovered aspect of the person’s case necessitating a significant change in the treatment plan; or
2. Close, continuous, 24 hour skilled medical/nursing supervision of the person’s behaviors, which are due to a behavioral health condition, in order to prevent injury to the person or others; or
3. Pharmacotherapy which requires continuous, skilled medical/nursing supervision for safe, effective use; or
4. Skilled nursing observation and care in the management of disturbances of mood, thought or behavior which cannot be provided by non-medical personnel; or
5. Repeated need for the use of physical restraint to ensure the safety of the person or facility staff; or
6. Behavioral Health Hospital Facility or Behavioral Health Inpatient Facility services may be continued if the person no longer requires the type of service provided in a behavioral health hospital facility or behavioral health inpatient facility but there is not an available lower intensity of services suitable to the behavioral health needs of the person or the person cannot return to the person’s residence because of a risk of harm to self or others.

D. EXPECTED RESPONSE

There is documented evidence that:

1. Active treatment is provided that is reducing the severity of disturbances of mood, thought or behavior which were identified as reasons for admission; or
2. There has been a re-evaluation and subsequent change in the treatment plan.

AND
3. There is still an expectation that continued treatment in this type of service can reasonably be expected to improve or stabilize the patient’s condition so that this type of service will no longer be needed, or

4. There is no less restrictive type of service available to safely meet the person’s behavioral health needs.

**Discharge Criteria**

1. There is a written plan for discharge with specific discharge criteria and recommendations for aftercare treatment that comply with current standards for medically necessary covered services, cost effectiveness, and least restrictive environment. Discharge planning should be initiated at time

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**BEHAVIORAL HEALTH RESIDENTIAL FACILITIES**

**BEHAVIORAL HEALTH RESIDENTIAL TREATMENT FACILITY**

As Specified in A.A.C. R9-10-101, a health care institution that provides treatment to an individual experiencing a behavioral health issue that limits the individual’s ability to be independent or causes the individual to require treatment to maintain or enhance independence.

**Admission Criteria**

1. Member has a diagnosed Behavioral Health Condition which reflects the symptoms and behaviors necessary for a request for residential treatment. The Behavioral Health Condition causing the significant functional and/or psychosocial impairment shall be evidenced in the assessment by the following:
   a. At least one area of significant risk of harm within the past three months as a result of:
      i. Suicidal/aggressive/self-harm/homicidal thoughts or behaviors without current plan or intent,
      ii. Impulsivity with poor judgment/insight,
      iii. Maladaptive physical or sexual behavior,
      iv. Member’s inability to remain safe within his or her environment, despite environmental supports (i.e. Natural Supports), or
      v. Medication side effects due to toxicity or contraindications.
   
   **AND**
   b. At least one area of serious functional impairment as evidenced by:
      i. Inability to complete developmentally appropriate self-care or self-regulation due to member’s Behavioral Health Condition(s),
      ii. Neglect or disruption of ability to attend to majority of basic needs, such as personal safety, hygiene, nutrition or medical care,
      iii. Frequent inpatient psychiatric admissions or legal involvement due to lack of insight or judgment associated with psychotic or affective/mood symptoms or major psychiatric disorders,
      iv. Inability to independently self-administer medically necessary psychotropic medications despite interventions such as education, regimen simplification, daily outpatient dispensing, and long-acting injectable medications, or
      v. Impairments persisting in the absence of situational stressors that delay recovery from the presenting problem,
   
   c. A need for 24 hour behavioral health care and supervision to develop adequate and effective coping skills that will allow the member to live safely in the community,
   
   d. Anticipated stabilization cannot be achieved in a less restrictive setting,
e. Evidence that appropriate treatment in a less restrictive environment has not been successful or is not available, therefore warranting a higher level of care, and

f. Member agrees to participate in treatment. In the case of minors, family/guardian/designated representative also agrees to and participates as part of the treatment team.

**Continuing Stay Criteria**

Continued stay shall be assessed by the BHRF staff and as applicable by the CFT/ART/TRBHA during Treatment Plan review and update. Progress towards the treatment goals and continued display of risk and functional impairment shall also be assessed. Treatment interventions, frequency, crisis/safety planning, and targeted discharge shall be adjusted accordingly to support the need for continued stay.

The following criteria shall be considered when determining continued stay:

1. The member continues to demonstrate significant risk of harm and/or functional impairment as a result of a Behavioral Health Condition.

2. Providers and supports are not available to meet current behavioral and physical health needs at a less restrictive lower level of care.

**Discharge Criteria**

Discharge readiness shall be assessed by the BHRF staff and as applicable by the CFT/ART/TRBHA during each Treatment Plan review and update. The following criteria shall be considered when determining discharge readiness:

1. Symptom or behavior relief is reduced as evidenced by progress made or completion of Treatment Plan goals.

2. Functional capacity is improved; essential functions such as eating or hydrating necessary to sustain life has significantly improved or is able to be cared for in a less restrictive level of care.

3. Member can participate in needed monitoring or a caregiver is available to provide monitoring in a less restrictive level of care.

4. Providers and supports are available to meet current behavioral and physical health needs at a less restrictive level of care.

**Service Delivery**

- Evaluation and Treatment Planning
  - 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.
  - The CFT/ART/TRBHA is included in the development of the Treatment Plan within 48 hours of admission for members enrolled with a Contractor.
  - All BHRFs serving TRBHA members shall coordinate care with the TRBHAs throughout the admission, assessment, treatment, and discharge process.
  - The Treatment Plan connects back to the member’s comprehensive Service Plan for members enrolled with a Contractor.
  - 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:
    - Clinical status for discharge,
    - Member/guardian/designated representative and, CFT/ART/TRBHA understands follow-up treatment, crisis and safety plan, and
    - 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).
  - The BHRF staff, Division support coordinator, Department of Children’s Safety (DCS), any other agencies involved, and the CFT/ART/TRBHA meet to review and modify the Treatment Plan at least once a month.
A Treatment Plan may be completed by a BHP, or by a BHT with oversight and signature by a BHP within 24 hours.

The provider has a system to document and report on timeliness of BHP signature/review when the Treatment Plan is completed by a BHT.

The provider has a process to actively engage family/guardians/designated representative in the treatment planning process as appropriate.

The provider's clinical practices, as applicable to services offered and population served, shall demonstrate adherence to best practices for treating specialized service needs, including but not limited to:

- Cognitive/intellectual disability,
- Cognitive disability with comorbid Behavioral Health Condition(s),
- Older adults, and Co-Occurring disorders (substance use and Behavioral Health Condition(s), or
- Comorbid physical and Behavioral Health Condition(s).

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. The following services shall be made available and provided by the BHRF and cannot be billed separately unless otherwise noted below:

- Counseling and Therapy (group or individual):
  - Note: Group Behavioral Health Counseling and Therapy may not be billed on the same day as BHRF services unless specialized group behavioral health counseling and therapy have been identified in the Service Plan as a specific member need that cannot otherwise be met as required within the BHRF setting,
- Skills Training and Development:
  - Independent Living Skills (e.g. self-care, household management, budgeting, avoidance of exploitation/safety education and awareness),
  - Community Reintegration Skill building (e.g. use of public transportation system, understanding community resources and how to use them), and
  - Social Communication Skills (e.g. conflict and anger management, same/opposite-sex friendships, development of social support networks, recreation).
- Behavioral Health Prevention/Promotion Education and Medication Training and Support Services including but not limited to:
  - Symptom management (e.g. including identification of early warning signs and crisis planning/use of crisis plan),
  - Health and wellness education (e.g. benefits of routine medical check-ups, preventive care, communication with the PCP and other health practitioners),
  - Medication education and self-administration skills,
  - Relapse prevention,
  - Psychoeducation Services and Ongoing Support to Maintain Employment Work/Vocational skills, educational needs assessment and skill building,
  - Treatment for Substance Use Disorder (e.g. substance use counseling, groups), and
  - Personal Care Services (see additional licensing requirements in A.A.C. R9-10-702, R9-10-715, R9-10-814).

- Treatment outcomes shall align with:
  - The Arizona Vision-12 Principles for Children’s Behavioral Health Service Delivery as directed in AMPM Policy 430,
  - The 9 Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems as outlined in Contract, and
  - The member’s individualized basic physical, behavioral, and developmentally appropriate needs.

- Treatment goals shall be developed in accordance with the following:
Specific to the member’s Behavioral Health Condition(s),
- Measurable and Achievable,
- Cannot be met in a less restrictive environment,
- Based on the member’s unique needs and tailored to the member and the family’s/guardian’s/designated representative’s choices where possible, and
- Support the member’s improved or sustained functioning and integration into the community.

**Exclusions**
- An alternative to detention or incarceration.
- As a means to ensure community safety in circumstances where a member is exhibiting primarily conduct disordered behavior without the presence of risk or functional impairment.
- For the provision of providing safe housing, shelter, supervision, or permanency placement.
- A behavioral health intervention when other less restrictive alternatives are available and meet the member’s treatment needs, including situations when the member/guardian/designated representative are unwilling to participate in the less restrictive alternative, or
- As an intervention for runaway behaviors unrelated to a Behavioral Health Condition.

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**Provider Case Management**

Provider case management is a supportive service provided to enhance treatment goals and effectiveness of treatment outcomes.

**Admission Criteria**
- Assistance is needed in maintaining, monitoring and modifying covered services;
- Brief telephone or face-to-face interactions with a person, family or other involved party are needed for the purpose of maintaining or enhancing a person's functioning;
- Assistance is needed in finding necessary resources other than covered services to meet basic needs;
- Communication and coordination of care are needed with the person’s family, behavioral and general medical and dental health care providers, community resources, and other involved supports including educational, social, judicial, community and other State agencies;
- Coordination of care activities are needed related to continuity of care between levels of care (e.g., inpatient to outpatient care) and across multiple services (e.g., personal assistant, nursing services and family counseling);
- Outreach and follow-up of crisis contacts and missed appointments are needed;
- Staffings, case conferences or other meetings with or without the person or their family participating are required; and
- Other activities as needed.

**Service Delivery**

- The responsible Provider Case Manager, in conjunction with the treatment team, completes an initial evaluation of the member’s case management needs upon admission.
- The responsible Case Manager, in conjunction with the treatment team and, whenever possible, the member, develops a service plan that includes a description of the following:
  - The member’s recovery and resiliency goals;
  - Strengths;
  - Problems;
  - Specific and measurable goals for each problem;
  - Interventions that will support the member in meeting the goals.
- The service plan may be informed by the findings of the initial clinical evaluation.
- With the member’s permission, the Case Manager advocates for the member by sharing feedback about the member’s experience with the treatment provider, as well as agencies or other programs with which the member is involved.

**Limitations**

For case management services the following billing limitations apply:
Case management services provided by a DLS licensed inpatient, residential or in a therapeutic/medical day program setting are included in the rate for those settings and cannot be billed separately. However, providers other than the inpatient, residential facility or day program can bill case management services provided to the person residing in and/or transitioning out of the inpatient or residential settings or who is receiving services in a day program.

A single provider may not bill case management for any time associated with a therapeutic interaction, nor simultaneously with any other services.

Multiple provider agencies may bill for this service during the same time period when more than one provider is simultaneously providing a case management service (e.g., a staffing). In addition, more than one individual within the same agency may bill for this service (e.g., individuals involved in transitioning a person from a residential level of care to a higher (subacute) or lower (outpatient) level of care, staff from each setting may bill case management when attending a staffing.

Billing for case management is limited to individual providers who are directly involved with service provision to the person (e.g., when a clinical team comprised of multiple providers, physicians, nurses etc. meet to discuss current case plans).

Transportation provided to an AHCCCS BEHAVIORAL HEALTH SERVICES enrolled member is not included in the rate and should be billed separately using the appropriate transportation procedure codes.

### Therapeutic Foster Care (FORMERLY YHCTC)

**Therapeutic Foster Care (TFC)** services are delivered to children and youth whose behavioral health needs are of such a critical nature that in the absence of such services the child or youth would be at risk of transitioning into a more restrictive residential setting such as a hospital, psychiatric center, correctional facility, residential treatment program or a therapeutic group home.

Therapeutic Foster Care (TFC) services are provided by a behavioral health therapeutic home to a person residing in the TFC home in order to implement the in-home portion of the person’s behavioral health service plan. TFC services assist and support a person in achieving their service plan goals and objectives. It also helps the person remain in the community setting, thereby avoiding residential, inpatient or institutional care. These services include supervision and the provision of behavioral health support services such as personal care (especially prescribed behavioral interventions), psychosocial rehabilitation, skills training and development, transportation of the person to therapy or visitations and/or the participation in treatment and discharge planning.

**Admission Criteria**

- In the absence of TFC the member is at risk of admission into a more restrictive setting such as a hospital, psychiatric center, correctional facility, residential treatment program or a therapeutic group home.
- Best practice is that the member is being serviced by a Child and Family Team (CFT).
- Efforts have been made by the CFT and Division support coordinator to provide services within the member's current home setting (e.g., biological, foster, adoptive, kinship).
- The CFT has recommended the need for 24 hour supervision in the TFC out of home treatment setting.
- The member is in need of TFC services that:
  - Provide basic parenting functions (e.g. food, clothing, shelter, educational support, meet medical needs, provide transportation, teach daily living skills, social skills, the development of community activities, and support spiritual/religious beliefs)
  - Provide therapeutic interventions (e.g. anger management, crisis de-escalation, psychosocial rehabilitation, living skills training and behavioral intervention) that will aid the child in making progress on Service Plan goals.
  - Provide a family environment that includes opportunities for:
    - Familial and social interactions and activities,
    - Use of therapeutic interventions,
    - Development of age appropriate living and self-sufficiency skills,
    - Integration into a family and community-based setting,
    - Documentation of progress toward goals.
Continuing Stay Criteria

- The member’s family/caregiver is involved in all aspects of the member’s treatment.

Discharge Criteria

- The continued stay criteria are no longer met. Examples include:
  - The member’s condition no longer requires care.
  - The member’s condition has changed to the extent that the condition now meets admission criteria for another level of care.
  - Treatment is primarily for the purpose of providing social, custodial, recreational, or respite care.
  - The member requires medical/surgical treatment that precludes treatment in a mental health or substance use treatment setting.
  - After an initial period of stabilization or motivational support, the member is unwilling or unable to participate in treatment despite motivational support or intervention to engage in treatment, and involuntary treatment or guardianship is not being pursued.

Clinical Best Practices

TFC provides the following services:

- Meet the needs of the child/youth in their home as defined in the child’s Service Plan. The TFC provider must be available to directly supervise the child/youth 24 hours per day, seven days a week for the entire duration that the child is receiving out of home treatment services.
- Receive ongoing training, supervision, and support, from the Professional Foster Care licensing agency and the behavioral health provider to ensure that professional foster homes delivering TFC services understand and commit to meeting each child’s unique needs.
- Participate in planning processes such as CFTs, TFC discharge planning, Individualized Education Programs (IEPs), Team Decision Making, Juvenile Court hearings, and DCS Case Plan Staffing’s.
- Keep documentation, per expectations of the Contractor or RBHA and licensing agency, of the child’s behavior and progress toward specific outcomes as outlined in the Service Plan.
- Assist the child in maintaining contact with his/her family, including siblings in regular foster care and community settings, and work actively to enhance these relationships, unless contraindicated by the DCS case plan.
- Assist in meeting the child’s permanency planning or TFC discharge planning goals.
- Advocate for the child in order to achieve goals within the Service Plan, obtain educational, vocational, medical, and other services needed to implement the plan, and ensure timely access to therapeutically indicated services and supports.
- At all possible times, the child’s family and guardians should be included in all aspects of planning and treatment in accordance with legal requirements.
- When siblings require TFC services, the siblings should be served together unless precluded by safety, Juvenile Court orders, or other overriding clinical issues. If siblings must be placed separately, the Service Plan should provide opportunities that support, foster and encourage family ties through collaborative efforts between the respective professional foster home delivering TFC services, kinship or other caregivers by telephone, written and electronic communication, visitation arrangements, and social activities managed by the caregivers.
- TFC services should be delivered by a professional foster home most willing and able to meet the child’s cultural and language needs.
- The child’s past experiences with abuse, neglect, family and significant others, or environmental stressors can affect the child’s success in treatment. The CFT needs to take into consideration the number, age, and gender of other children living in the professional foster family’s home, other family members or adults who live in or frequent the professional foster family’s home, and the likelihood that the makeup of the family will support the strengths and meet the needs of the child.
Many children thrive in the presence of pets while others are fearful. Some children are aggressive towards vulnerable animals. The presence of pets in the professional foster home should be considered in the context of the safety of the child, the safety of the pets living in the home, and the professional foster home's willingness to accommodate the child's needs and desires relative to pets.

The geographic location of the professional foster home delivering TFC services should be considered from multiple perspectives. The professional foster home's proximity to the child's current school and family home can affect the child's level of comfort, the accessibility of supportive and anchoring relationships, the reassurance that often accompanies familiarity, and the child's feelings of safety.

Carefully assess the ability of the professional foster home to implement the Service Plan in the area in which they live, in proximity to the child’s family, and in proximity to both positive and negative peer influences.

The intensity of needs of every child and his/her presenting behavior challenges should be coordinated with the capabilities of the professional foster family’s skills and experience.

The medical needs of the child and the professional foster home’s ability to respond to them on an ongoing basis and in crisis should be considered.

Appropriate information is available from the professional foster home’s OCLR home study that may provide additional information to the CFT about the professional foster home’s ability to meet the individual needs of the child.

If an acute hospital admission, arrest, or other occurrence (e.g. running away from the home providing TFC services) temporarily results in the child’s removal from the professional foster home, the CFT should review the situation and implement appropriate interventions and services to ensure that the child can return to the same professional foster home if clinically appropriate.

The event of a young person reaching his/her 18th birthday should not, by itself, require an end to needed and beneficial TFC service delivery. The CFT should address available options to continue TFC services prior to the child’s 18th birthday.

### Pre-Job Training and Development

**Pre-Job Training and Development** are psychoeducational services and ongoing support to maintain employment services. These services are designed to assist a person or group to choose, acquire, and maintain a job or other meaningful community activity (e.g., volunteer work) services which prepare a person to engage in meaningful work-related activities may include but are not limited to the following: career/educational counseling, job shadowing, job training, including Work Adjustment Training (WAT); assistance in the use of educational resources necessary to obtain employment; attendance to Rehabilitation Services Administration (RSA)/Vocational Rehabilitation (VR) Information Sessions; attendance to Job Fairs; training in resume preparation, job interview skills, study skills, budgeting skills (when it pertains to employment), work activities, professional decorum, time management, and assistance in finding employment.

**Admission Criteria**

- The member is in need of pre-job training and development in the following areas:
  - Career/educational counseling
  - Job shadowing
  - Assistance in the use of educational resources
  - Training in resume preparation
  - Job interview skills
  - Study skills
  - Work activities
  - Professional decorum and dress
  - Time management
  - Assistance in finding employment
  - Job Training
  - Work Adjustment Training (WAT)
  - Attendance to RSA/VR Info Sessions
  - Attendance to Job Fairs
Skills Training and Development involves teaching independent living, social, and communication skills to persons and/or their families in order to maximize the person's ability to live and participate in the community and to function independently. Examples of areas that may be addressed include self-care, household management, social decorum, same- and opposite-sex friendships, and avoidance of exploitation, budgeting, recreation, development of social support networks and use of community resources. Services may be provided to a person, a group of individuals or their families with the person(s) present.

Admission Criteria

- The member is in need of training and development in the following areas:
  - Self-care
  - Household management
  - Social decorum
  - Same- and opposite-sex friendships
  - Avoidance of exploitation
  - Budgeting
  - Recreation
  - Development of social
  - Support networks

Unskilled Respite means short term behavioral health services or general supervision that provides rest or relief to a family member or other individual caring for the behavioral health recipient. Respite services are designed to provide an interval of rest and/or relief to the family and/or primary caregivers and may include a range of activities to meet the social, emotional and physical needs of the behavioral health recipient during the respite period. These services may be provided on a short-term basis (i.e., few hours during the day) or for longer periods of time involving overnight stays.

Respite services can be planned or unplanned. If unplanned respite is needed, agency personnel will assess the situation with the caregiver and recommend the appropriate setting for respite.

Admission Criteria

- The member’s condition indicates that the member’s family or caregiver requires a temporary break from caregiving. Examples include:
  - The stress of caregiving has put the member at imminent risk of abuse or neglect.
  - Other responsibilities temporarily prevent the member’s family or caregiver from assisting the member with Activities of Daily Living (ADLs).

Service Delivery

- See Common Clinical Best Practices.
- The responsible provider evaluates the member and caregiver’s need upon admission.
- The responsible provider, in conjunction with the member and/or member’s family or caregiver, develops a service plan that includes the following:
  - The goal(s) of Respite Care;
  - Specific, measurable objectives aimed at achieving the goal(s) of Respite Care.
  - The service plan incorporates instructions for medical care, special needs and emergencies.
  - The service plan also addresses the need for other services and resources that become apparent during the provision of Respite Care. As needed, the provider assists the member with accessing other services and resources.
  - The service plan may be informed by the findings of the initial clinical evaluation.
  - The provider ensures that necessary medication, medical equipment, and assistive technology accompany the member when Respite Care is provided at a site other than the member’s residence.

References

Arizona Department of Health Services, Behavioral Health Inpatient Facilities, Title 9 A.A.C.10, Article 1, March 2018.
Arizona Health Care Cost Containment System (AHCCS), Criteria for Behavioral Health Inpatient Admission.

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