



Re: BHRF Prior Authorization Criteria

Dear Valued Provider:

New updates to AHCCCS AMPM Policy 320-V - BEHAVIORAL HEALTH RESIDENTIAL FACILITIES have been released. Please review below for new documentation requirements. Information regarding requirements noted per AHCCCS AMPM Policy 320-V should be included when submitting prior authorization requests when services are received in a BHRF facility.

A treatment plan should be completed within 48 hours of arrival and submitted with all concurrent reviews once completed. Additionally, please include the comprehensive treatment plan and Discharge Plan with each review.

Link to Policy:

[AMPM Policy 320-V – Behavioral Health Residential Facilities](#)

Please note the requirements per the AHCCCS AMPM Policy 320-V excerpt below:

“BHRF Providers rendering services to FFS members shall follow the below outlined admission, assessment, treatment, and discharge planning requirements.

1. Except as provided in subsection A.A.C. R9-10-707(A)(9), a behavioral health assessment for a member shall be completed before treatment is initiated and within 48 hours of admission.
2. The CFT/ART/TRBHA/Tribal ALTCS shall be included in the development of the treatment plan within 48 hours of admission for members enrolled with a Contractor, TRBHA or Tribal ALTCS.
3. All BHRFs serving TRBHA or Tribal ALTCS members shall coordinate care with the TRBHAs or Tribal ALTCS programs throughout the admission, assessment, treatment, and discharge process.
4. The treatment plan shall connect back to the member’s comprehensive service plan for members enrolled with a Contractor.
5. For secured BHRF the treatment plan also aligns with the court order.
  - a. 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.

- b. The discharge plan shall document the following:
    - i. Clinical status for discharge,
    - ii. Member/health care decision maker and designated representative and,
  - c. CFT/ART/TRBHA/Tribal ALTCS understands follow-up treatment, crisis and safety plan, and
    - iii. 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, identification of wrap around supports and potential providers).
6. The BHRF staff and the CFT/ART/TRBHA/Tribal ALTCS shall meet to review and modify the treatment plan at least once a month.
  7. A treatment plan may be completed by a BHP, or by a BHT with oversight and signature by a BHP within 24 hours.
  8. Implementation of a system to document and report on timeliness of BHP signature/review when the treatment plan is completed by a BHT.
  9. Implementation of a process to actively engage family/health care decision maker and designated representative in the treatment planning process as appropriate.
  10. 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:
    - a. Cognitive/intellectual disability,
    - b. Cognitive disability with comorbid behavioral health condition(s),
    - c. Older adults, and co-occurring disorders (substance use and behavioral health condition(s), or
    - d. Comorbid physical and behavioral health condition(s).
  11. Services deemed medically necessary through the assessment and/or CFT/ART/TRBHA/Tribal ALTCS 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 identification of provider meeting the need. The following services shall be made available and provided by the BHRF and cannot be billed separately unless otherwise noted below:
    - a. Counseling and Therapy (group or individual):

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,
    - b. Skills Training and Development:
      - i. Independent Living Skills (e.g. self-care, household management, budgeting, avoidance of exploitation/safety education and awareness),
      - ii. Community Reintegration Skill building (e.g. use of public transportation system, understanding community resources and how to use them), and

- iii. Social Communication Skills (e.g. conflict and anger management, same/opposite-sex friendships, development of social support networks, recreation).

12. Behavioral Health Prevention/Promotion Education and Medication Training and Support Services including but not limited to:

- a. Symptom management (e.g. including identification of early warning signs and crisis planning/use of crisis plan),
- b. Health and wellness education (e.g. benefits of routine medical check-ups, preventive care, communication with the PCP and other health practitioners),
- c. Medication education and self-administration skills,
- d. Relapse prevention,
- e. Psychoeducation services and ongoing support to maintain employment work and vocational skills, educational needs assessment and skill building,
- f. Treatment for substance use disorder (e.g. substance use counseling, groups), and
- g. Personal care services (refer to A.A.C. R9-10-702, R9-10-715, R9-10-814 for additional licensing requirements”

You can access the prior authorization form on this site under Forms then click on Utilization Management. For providers not wanting to use the Availity provider portal, faxed requests are accepted. Molina Clinical Policies (MCP) are reviewed and updated annually. Current policies are available at [Molina Clinical Policy](https://www.molinaclinicalpolicy.com) (<https://www.molinaclinicalpolicy.com> or <https://www.molinahealthcare.com>)

PA Service Type Fax numbers:

Outpatient Medicaid 888-656-7501

Inpatient Medicaid 888-656-2201

Advanced Imaging 877-731-7218

Pharmacy (both Medical and Pharmacy benefit) 844-271-6887

Dental (non-hospital) 262-241-7150

Dental (hospital and SPU) 262-834-3575

Transplant 877-813-1206

If you have any questions, comments or concerns about these changes and/or this process, please call us at (800) 424- 5891 Monday-Friday 8am to 6pm.

Sincerely,  
Molina Healthcare of Arizona