

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
SERVICE SPECIFICATION
ACUTE CARE HOSPITALIZATION
Service Code 100**

SERVICE DEFINITION:

This service provides acute psychiatric care for a youth admitted to an inpatient acute care facility for at least an overnight stay to stabilize behavioral health problems, including avoidance of serious behavior dysfunctions which indicate the youth is a danger to self or others, and provide treatment as needed.

STANDARDS/LICENSURE REQUIREMENTS:

Hospital must meet the requirements of 42 CFR 440.10 and Part 482 and is licensed pursuant to A.R.S. 36, Chapter 4, Articles 1 and 2, or is certified as provided under Title XVIII of the Social Security Act, or is currently determined by ADHS Assurance and Licensure to meet such requirements. In addition, hospitals providing emergency inpatient services beyond 72 hours must have OBHL licensure. Freestanding psychiatric facilities must meet the specific requirements of A.A.C. R9-20 (i.e. provision of psychiatric acute care). Additionally, if seclusion and restraint is provided, then the facilities must meet the requirements set forth in A.A.C. R9-20.

UNIT OF SERVICE:

One unit equals any part of one inpatient day. After the first day, the youth must be in residence at 11:59 p.m. for each day reported for payment.

SERVICE GOAL:

By providing therapeutic intervention, to decrease a youth's threats or behavior which is dangerous to self or others, and move the youth to a less restrictive level of care. Or, to improve or stabilize the youth's disturbance of mood, thought or behavior which renders the youth acutely incapable of self-care or self-regulation, and move the youth to a less restrictive level of care.

SERVICE TASKS:

1. Provide intensive treatment with 24 hour supervision for children and youth who have an acute behavioral health problem requiring intensive intervention; includes assessment, intervention, reassessment and discharge plan
2. Provide a comprehensive medical examination and behavioral health history.
3. Provide a written plan for discharge with specific discharge criteria and recommendations for aftercare treatment that comply with current standards for medical necessity, cost effectiveness, and least restrictive environment.
4. Provide medical and psychiatric treatment and ongoing monitoring of youth's status consistent with the nature of the patient's needs and the needs of the family; provide documentation of treatment decisions.

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5. Provide medication, medication management and review as needed.
6. Provide documentation, discharge summary and written reports as follows:

A progress report is required to be delivered to the court 5 days prior to the Court hearing and must meet the requirements of ARS 8 - 272 (K) which include:

- The nature of the treatment provided, including any medications and the youth's current diagnosis.
- The youth's need for continued inpatient psychiatric acute care services, including the estimated length of the services.
- A projected discharge date.
- The level of care required by the youth and the potential placement options that are available to the youth upon discharge.
- A statement from the medical director of the inpatient psychiatric acute care facility or the medical director's designee as to whether inpatient psychiatric acute care services are necessary to meet the youth's mental health needs and whether the facility that is providing the inpatient psychiatric acute care services to the youth is the least restrictive available alternative.

Client Treatment or Discharge Summaries:

For Psychiatric Acute Care Services, discharge summary must be prepared within 15 days of the youth's discharge and the report filed with the court within 20 days of the youth's discharge.

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Please list the facility name, address and behavioral health license number:

I have read and fully understand the requirements to provide psychiatric Acute Care services and agree to all requirements and I propose the following rate:

Proposed service rate: \$_____ / day

Other agreement: _____

Provider Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final contract rate: \$_____ / day

Other agreement: _____

Provider Signature / Date

AOC Signature / Date