

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
SERVICE SPECIFICATIONS
LEVEL I RESIDENTIAL FACILITY
(Unlocked or Locked)
Service Codes 220 & 224**

SERVICE DEFINITION:

This service is a locked or unlocked inpatient psychiatric treatment facility which includes an integrated residential program of therapies and activities. Treatment addresses the youth's medical and behavioral health needs that were determined at admission. Treatment includes a plan for subsequent discharge to a lower level of care. This service must include an on-site school.

The service must be specifically designed to address general mental health, substance abuse or sex offending populations. The service cannot combine these three population types. The provider must clearly identify youth appropriate for this service in the application process and by following service specifications. The program service description must be submitted with the application.

STANDARDS/LICENSURE REQUIREMENTS:

The Contractor must be licensed by the Office of Behavioral Health Licensure (OBHL) as a Level I Residential Treatment Center meeting the specific requirements of A.A.C. R9-20 and be accredited by The Joint Commission. Additionally, the facility must meet the requirements for seclusion and restraint set forth in A.A.C. R9-20 and in accordance with 42 CFR 441 and 483.

UNIT OF SERVICE:

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

SERVICE GOAL:

To improve or stabilize youth in order to treat presenting medical and behavioral health needs. To provide treatment that enables the youth to move to a less restrictive level of care as soon as treatment goals are met.

SERVICE TASKS:

1. Provide an intensive residential treatment setting appropriate to the needs of the youth, including 24 hour supervision. This includes assessment, intervention, reassessment, and discharge planning with all involved parties.

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
SERVICE SPECIFICATIONS
LEVEL I RESIDENTIAL FACILITY
(Unlocked or Locked)
Service Codes 220 & 224**

2. Provide a comprehensive medical examination and behavioral health history.
3. Participate with all involved parties in the coordination of care, which may include, but is not limited to, the formation and participation in the child and family teams.
4. With all involved parties, develop a treatment plan, individual service plan and/or other required case plan and implement treatment, medical and psychiatric services identified in the plan which enables the youth to move to the least restrictive environment as soon as treatment goals are met.
5. Offer an educational program approved by the Arizona Department of Education (ADE) or accredited by the North Central Association for Elementary and Secondary Schools. The provider must provide a continuum of educational services which addresses the needs of the youth. The provider must participate in Individual Educational Planning as appropriate.
6. Provide transportation, as necessary, to and from medical and dental examinations, school, court, therapy, home visits and routine day to day activities.
7. Provide documentation and reports as required by contract.
8. For Residential Treatment services (OBHL licensed level 1 or facilities accredited by The Joint Commission) a progress report is due to the court five days prior to the Court hearing and must meet the requirements of ARS 8 - 273 (G) or ARS - 8-341.01 (C) which include:
 - The nature of the treatment provided, including any medications and the youth's current diagnosis.
 - The youth's need for continued residential treatment 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 residential treatment services facility or the medical director's designee as to whether residential treatment services are necessary to meet the youth's mental health needs and whether the facility that is providing the residential treatment services to the youth is the least restrictive available alternative.

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
SERVICE SPECIFICATIONS
LEVEL I RESIDENTIAL FACILITY
(Unlocked or Locked)
Service Codes 220 & 224**

Provider proposes: (check one for each category)

On-site school _____ **or** *Off-site school* _____
Private residential school _____
Charter school _____

Unlocked _____ **or** *Locked* _____

Provider proposes: (check one)

Males _____ **or** *Females* _____

Facility name, address and behavioral health license number:

Specific housing unit(s) where the service will be provided:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The provider must include with the application an annual itemized service budget and clearly document all relevant budget assumptions. School expenses may not be included in the itemized budget or proposed in the daily rate.

Detailed program description attached (check) _____ Detailed budget attached (check) _____

I have read and fully understand the requirements to provide a Level I Residential Facility, I agree to all requirements and I propose the following rate:

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
SERVICE SPECIFICATIONS
LEVEL I RESIDENTIAL FACILITY
(Unlocked or Locked)
Service Codes 220 & 224**

Proposed service rate: (service code 220) \$ _____ / day
(service code 224) \$ _____ / day

Other agreement: _____

The budget documentation submitted to the AOC is true and accurate.

Provider Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final contract rate: (service code 220) \$ _____ / day
(service code 224) \$ _____ / day

Other agreement: _____

Provider Signature / Date

AOC Signature / Date