

962 - REPORTING AND MONITORING OF SECLUSION AND RESTRAINT

EFFECTIVE DATES: 10/01/94, 07/12/17, 10/01/18, 10/01/19, 02/12/20, 10/01/20, [10/01/22¹](#)

APPROVAL DATES: 10/01/97, 10/01/01, 08/13/03, 04/01/05, 06/01/05, 02/01/07, 10/01/08, 10/01/09, 02/01/11, 04/01/12, 10/01/13, 10/01/15, 07/01/16, 04/06/17, 06/13/18, 10/03/19, 02/10/20, 05/07/20, [03/03/22²](#)

I. PURPOSE

This Policy applies to ACC, [ACC-RBHA](#),³ ALTCS E/PD, DCS/~~CMDP~~-[CHP](#) (~~CMDP~~[CHP](#))⁴, DES/DDD (DDD), and ~~RBHA~~-Contractors; Fee-For-Service (FFS) Programs including: American Indian Health Program (AIHP), Tribal ALTCS, TRBHA, and all FFS providers, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). The purpose of this Policy is to establish requirements for reporting and monitoring the use of Seclusion and Restraint (S&R).

II. DEFINITIONS

For purposes of this policy:

**~~BEHAVIORAL HEALTH
INPATIENT FACILITIES
(BHIF)~~**

~~As defined in A.A.C. R9-10-101, a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes that individual to:~~

- ~~1. Have a limited or reduced ability to meet the basic physical needs,~~
- ~~2. Suffer harm that significantly impairs the judgment, reason, behavior, or capacity to recognize reality,~~
- ~~3. Be a danger to self,~~
- ~~4. Be a danger to others,~~
- ~~5. Be persistently or acutely disabled as defined in A.R.S. §36-501, or~~
- ~~6. Be gravely disabled.~~

¹ [Date Policy is Effective](#)

² [Date Policy was approved at APC](#)

³ [Policy was revised to align with the Competitive Contract Expansion YH20-0002 to expand the provision of services for the awarded ACC Contractors.](#)

⁴ [Revised to apply name change for CMDP from Comprehensive Medical and Dental Program to Comprehensive Health Plan \(CHP\) effective April 1, 2021 due to CHP behavioral health integration. Refer to Laws 2019, 1st Regular Session. Change made throughout Policy and Attachments.](#)

CHEMICAL RESTRAINT

~~For the purpose of this Policy,~~ Chemical Restraint is defined as a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. Refer to 42 CFR 482.13 (e)(1)(i)(B).

Chemical Restraints shall be interpreted and applied in compliance with the –Center for Medicaid Services (CMS) State Operations Manual, Appendix A at A-0160 for Regulations and Interpretive Guidelines for Hospitals at:

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf

GENERAL MENTAL HEALTH/SUBSTANCE USE (GMH/SU)

~~Behavioral health services provided to adult members age 18 and older who have not been determined to have a Serious Mental Illness (SMI).~~

INCIDENT OF SECLUSION AND/OR RESTRAINT

~~For the purpose of this Policy, an Incident of Seclusion and/or Restraint:~~

- ~~1. Begins at the time a behavior necessitating Seclusion or restraint begins, and~~
- ~~2. Ends when the behavior has resolved for more than ten minutes. All interventions used during each incident should be documented in a single individual report including all required components of each type of intervention used to manage the behavior.~~

MECHANICAL RESTRAINT

~~For the purpose of this Policy, Mechanical Restraint is defined as any device, article, or garment attached or adjacent to a member's body that the member cannot easily remove and that restricts the member's freedom of movement or normal access to the member's body, but does not include a device, article, or garment:~~

- ~~1. Used for orthopedic or surgical reasons, or~~
- ~~2. Necessary to allow a member to heal from a medical condition or to participate in a treatment program for a medical condition.~~

MENTAL HEALTH AGENCY

~~For the purpose of this Policy, Mental Health Agency~~ includes a regional authority, service provider, inpatient facility, or outpatient treatment center licensed to provide behavioral health observation/stabilization services (Crisis Facility) licensed to perform Seclusion and Restraint as specified in A.A.C. R9-10-225, A.A.C. R9-10-226, A.A.C. R9-10-316, and A.A.C. R9-10-1012.

PERSONAL RESTRAINT

For the purpose of this Policy, Personal Restraint is defined as the application of physical force without the use of any device, for the purpose of restricting the free movement of a member's body; for Behavioral Health Inpatient Facilities (BHIF) or outpatient treatment centers licensed to provide behavioral health observation/stabilization services (Crisis Facility) a Personal Restraint does not include:

1. Holding a member for no longer than five minutes, without undue force, in order to calm or comfort the member, or
2. Holding a member's hand to escort the member from one area to another.

PERSONALLY IDENTIFYING INFORMATION (PII)

Includes a person's name, address, date of birth, social security number, tribal enrollment number, telephone or fax number, e-mail address, social media identifier, driver license number, places of employment, school identification or military identification number or any other distinguishing characteristic that tends to identify a particular person as specified in A.R.S. §41-3804 (K).

SECLUSION

The involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving as specified in A.A.C. R9-10-101.

SECLUSION OF MEMBERS DETERMINED TO HAVE A SERIOUS MENTAL ILLNESS (SMI)

The restriction of a member to a room or area through the use of locked doors or any other device or method which precludes a member from freely exiting the room or area or which a member reasonably believes precludes his/her unrestricted exit [A.A.C. R9-21-101(B)].

In the case of an inpatient facility, confining a client to the facility, the grounds of the facility, or a ward of the facility does not constitute Seclusion. In the case of a community, residence, restricting a client to the residential site, according to specific provisions of a service plan or court order does not constitute Seclusion, as specified in A.A.C. R9-21-101(B).

[Additional definitions are located on the AHCCCS website at: AHCCCS Contract and Policy Dictionary.⁵](#)

III. POLICY

S&R shall only be used to the extent permitted by and in compliance with A.A.C. R9-10-225, A.A.C. R9-10-316, and A.A.C. R9-21-204. If S&R is used, it shall be reported as described in this Policy to the Contractor, AHCCCS/Division of Community Advocacy and Intergovernmental Relations (DCAIR), Office

⁵ Terms which align with the Contract and Policy Dictionary, have been removed from Policy and can be located in the Contract and Policy Dictionary.

of Human Rights (OHR), and the appropriate Independent Oversight Committee (IOC) via collaboration with the AHCCCS/DCAIR Community Affairs Liaison. [DHCM/Quality Management \(QM\) IOC Manager. Behavioral Health Inpatient Facilities \(BHIFs\),⁶ and Mental Health Agencies shall report incidents of S&R that result in an injury or complication requiring medical attention to the Contractor within 24 hours in accordance with AMPM Policy 961.⁷](#)

The OHR and the IOCs review such reports to determine if there has been inappropriate or unlawful use of S&R and to determine if S&R may be used in a more effective or appropriate fashion.

If the OHR or any IOC determines that S&R has been used in violation of any applicable law or rule, the OHR or IOC may take whatever action is appropriate in accordance with their applicable regulation(s) and, if applicable, A.A.C. R9-21-204.

III.V. REPORTING REQUIREMENTS

BHIF's and Mental Health Agencies, that are authorized to use S&R as specified in A.A.C. R9-21-101, A.A.C. R9-10-225, A.A.C. R9-10-316, and R9-10-1012 shall follow the reporting requirements as specified below. Any Contractors using out of state facilities to provide services to AHCCCS members in any state other than Arizona shall ensure that each facility agrees to and follows all reporting requirements as specified within this Policy as a part of the contracted single case agreement. [The Contractor is responsible for reviewing each incident of S&R and linking the report to any connected Incident Accident or Death \(IAD\), Internal Referral \(IRF\), or Quality of Care Concern \(QOC\) process within the AHCCCS QM Portal at \[QMportal.azahcccs.gov\]\(http://QMportal.azahcccs.gov\) as delineated in AMPM Policy 960 and AMPM Policy 961.⁸](#)

A. ~~BHIF~~BEHAVIORAL HEALTH INPATIENT FACILITIES AND MENTAL HEALTH AGENCY REQUIREMENTS FOR SUBMITTING INDIVIDUAL ~~EXCLUSION & RESTRAINT~~ REPORTS TO AN AHCCCS CONTRACTOR

[The Contractor shall develop policies and procedures that ensure all](#) BHIF's and Mental Health Agencies ~~shall~~ submit S&R reports to the Contractor as follows:

1. Each BHIF or Mental Health Agency shall submit individual reports of incidents of S&R involving AHCCCS members, directly to the Contractor (including reports for AIHP members enrolled for behavioral health services with an ACC–RBHA) within five [business⁹ days](#) of the incident utilizing Attachment A or the agency's electronic medical record that includes all elements listed on Attachment A. In the event that the use of S&R requires face-to-face monitoring as specified in A.A.C. R9-21-204, a supplemental report shall be submitted to the Contractor as an attachment to the individual report.
2. BHIF's and Mental Health Agencies shall report incidents of S&R that result in an injury or complication requiring medical attention to the Contractor within 24 hours.

⁶ Spelled out acronyms, as first time used within the Policy.

⁷ Adding AMPM Policy 961 reference, published 4/2021.

⁸ Adding AMPM Policy 961 reference, published 4/2021.

⁹ Clarifying business days vs. calendar days.

B. CONTRACTOR REQUIREMENTS FOR SUBMITTING INDIVIDUAL REPORTS OF ~~SECLUSION & RESTRAINT~~ TO AHCCCS.

1. Documentation:

The Contractor shall submit individual reports of S&R to the AHCCCS QM Portal, as specified in Contract. The Contractor shall ensure that the original Attachment A, or the electronic medical record received from the provider is attached to the record within the AHCCCS QM Portal. The Contractor shall refer to the Seclusion and Restraint User Guide found on the AHCCCS website at: https://qmportal.azahcccs.gov/UserGuides/QuickStart_SAR.pdf.

2. The Contractor is responsible for reviewing each incident of S&R and linking the report to any connected Incident Accident and Death (IAD), Internal Referral (IRF), or Quality of Care (QOC) Concern process within the AHCCCS QM Portal at [QMportal.azahcccs.gov](https://qmportal.azahcccs.gov) as ~~delineated~~ specified¹⁰ in AMPM Policy 960.

C. CONTRACTOR REQUIREMENTS FOR SUBMITTING INDIVIDUAL ~~SECLUSION & RESTRAINT~~ REPORTS TO THE ~~IOC~~ INDEPENDENT OVERSIGHT COMMITTEE

1. Contractors shall ensure that all individual S&R reports involving any behavioral health provider serving members with a Serious Mental Illness (SMI) determination, children, and anyone under court order for either Court Ordered Evaluation (COE) or Court Ordered Treatment (COT), are ~~involving behavioral health providers~~ uploaded for IOC review as specified in contract and AMPM Policy 960¹¹.

2. The Contractor shall ensure that all reports uploaded for IOC review have all Personally Identifiable Information (PII)¹² removed prior to submission as specified in A.R.S. §41-3804. In the event that the use of S&R requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.

3. Contractors shall ensure that the disclosure of protected health information is in accordance with state and federal laws.

D. ~~BHIF~~ BEHAVIORAL HEALTH INPATIENT FACILITIES AND MENTAL HEALTH AGENCIES PROVIDING SERVICES TO ~~FFS~~ FOR SERVICE MEMBERS REQUIREMENTS FOR SUBMITTING ~~SECLUSION & RESTRAINT~~ REPORTS TO ~~OHR~~ FFICE OF HUMAN RIGHTS

BHIFs and Mental Health Agencies providing services to FFS members including TRBHAs, Tribal ALTCS, Division of Developmental Disabilities – Tribal Health Program (DDD-THP) and AIHP (except DDD-THP and¹³ AIHP members who are enrolled for behavioral health services with a RBHA) shall submit S&R reports directly to the DHCM/QM IOC Manager via email at iocinquiries@azahcccs.gov; ~~the OHR via email at OHRts@azahcccs.gov as follows:¹⁴~~

¹⁰ Edited to align with standard language.

¹¹ Updated to reflect requirements found in AMPM Policy 960.

¹² Spelled out acronym, as first time used within the body of the Policy.

¹³ Updated to include DDD-THP after 4.1.22 change to AHCCCS.

¹⁴ Updated information to DHCM manager and ICO email, throughout policy. Was a hard-strike through updated with track changes for redline.

1. Forward individual reports, utilizing Attachment A or the agency’s electronic medical record that includes all elements listed on Attachment A, concerning the use of S&R involving members designated as SMI within five days of incidence to OHR via OHRts@azahcccs.gov. In the event that the use of S&R requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.

E. ~~BHIF~~~~BEHAVIORAL HEALTH INPATIENT FACILITIES~~ AND MENTAL HEALTH AGENCIES PROVIDING SERVICES TO ~~FFS~~~~FOR SERVICE~~ MEMBERS REQUIREMENTS FOR SUBMITTING ~~SECLUSION & RESTRAINT~~ REPORTS TO THE COMMUNITY AFFAIRS LIAISON

BHIFs and Mental Health Agencies providing services to FFS members including TRBHAs, Tribal ALTCS and AIHP (except AIHP members who are receiving behavioral health services through a RBHA) shall submit individual reports of the use of S&R to the AHCCCS/[DHCM/QM IOC Manager at iocinquiries@azahcccs.gov](mailto:DHCM/QM_IOC_Manager_at_iocinquiries@azahcccs.gov) ~~DCAIR Community Affairs Liaison (Formerly HRC Coordinator) via email at DCAIRCommunityAffairs@azahcccs.gov as follows:~~

Forward individual reports, utilizing Attachment A or the agency’s electronic medical record that includes all elements listed on Attachment A, concerning the use of S&R involving members designated as SMI within five days of incidence to the AHCCCS/[DHCM/QM IOC Manager at iocinquiries@azahcccs.gov](mailto:DHCM/QM_IOC_Manager_at_iocinquiries@azahcccs.gov) ~~DCAIRCommunityAffairsLiaison via: DCAIRCommunityAffairs@azahcccs.gov.~~

1. In the event that the use of S&R requires face-to-face monitoring, as outlined in —A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.

F. ARIZONA STATE HOSPITAL (ASH)¹⁵ REQUIREMENTS FOR SUBMITTING INDIVIDUAL REPORTS TO OHR AND THE IOC.

1. Submit monthly individual reports utilizing Attachment A or the agency’s electronic medical record that includes all elements listed on Attachment A, concerning the use of S&R involving members designated as SMI served by ASH by the 15th day of the month for the previous month to OHRts@azahcccs.gov. In the event that the use of S&R requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.
2. Submit monthly individual reports utilizing Attachment A or the agency’s electronic medical record that includes all elements listed on Attachment A, concerning the use of S&R involving members designated as SMI served by ASH, by the 15th day of the month for the previous month to the AHCCCS FTP server. These reports shall have all PII removed prior to submission as specified in A.R.S. § 41-3804. In the event that the use of S&R requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.

¹⁵ Spelled out acronym Arizona State Hospital (ASH) first time used within the body of the Policy.