

**320-O - BEHAVIORAL HEALTH ASSESSMENTS AND TREATMENT/SERVICE
PLANNING**

EFFECTIVE DATES: 10/05/17, 10/01/18, 10/01/19, 10/01/20

APPROVAL DATES: 07/20/17, 09/06/18, 06/13/19, 05/28/20

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD) and RBHA Contractors; Fee-For-Service (FFS) Programs including: Tribal ALTCS, TRBHAs, American Indian Health Program (AIHP), and FFS Populations excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy specifies provisions for Behavioral Health Assessment and Treatment/Service Planning for AHCCCS members.

II. DEFINITIONS**BEHAVIORAL HEALTH
ASSESSMENT**

The ongoing collection and analysis of an individual's medical, psychological, psychiatric and social conditions in order to initially determine if a health disorder exists, if there is a need for behavioral health services, and on an ongoing basis ensure that the individual's service plan is designed to meet the individual's (and family's) current needs and long term goals.

**BEHAVIORAL HEALTH
PROFESSIONAL
(BHP)**

1. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
 - a. Independently engage in the practice of behavioral health as defined in A.R.S. §32-3251, or
 - b. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. §32-3251 under direct supervision as defined in A.A.C. R4-6-101,
2. A psychiatrist as defined in A.R.S. §36-501,
3. A psychologist as defined in A.R.S. §32-2061,
4. A physician,
5. A behavior analyst as defined in A.R.S. §32-2091,
6. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse, or
7. A registered nurse with:
 - a. A psychiatric-mental health nursing certification, or
 - b. One year of experience providing behavioral health services

SECTION 320 – SERVICES WITH SPECIAL CIRCUMSTANCES**BEHAVIORAL HEALTH
TECHNICIAN
(BHT)**

As specified in A.A.C. R9-10-101, an individual who is not a BHP who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

1. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33, and
2. Are provided with clinical oversight by a behavioral health professional.

**DESIGNATED
REPRESENTATIVE**

For purposes of this Policy, an individual chosen by a member who carries a serious mental illness designation and has been identified by AHCCCS as requiring Special Assistance. The Designated Representative protects the interests of the member during service planning, Inpatient Treatment Discharge Planning, and the SMI grievance, investigation or appeal process.

**HEALTH CARE DECISION
MAKER**

An individual who is authorized to make health care treatment decisions for the patient. As applicable to the particular situation, this may include a parent of an un-emancipated minor or a person lawfully authorized to make health care treatment decisions pursuant to A.R.S. title 14, chapter 5, article 2 or 3; or A.R.S. §§ 8-514.05, 36-3221, 36-3231 or 36-3281.

HEALTH HOME

A provider that either provides or coordinates and monitors the provision of all primary, physical health, behavioral health services and supports to treat the whole person. A Health Home can be an Outpatient Behavioral Health Clinic, a Federally Qualified Health Center, or an Integrated Care Provider. Members may or may not be formally assigned to a Health Home.

SERVICE PLAN

A complete written description of all covered health services and other informal supports which includes individualized goals, peer-and-recovery support and family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.

TREATMENT PLAN

A written plan of services and therapeutic interventions based on complete assessment of a member's developmental and health status, strengths and needs that are designed and periodically updated by the multispecialty, interdisciplinary team.

III. POLICY**A. OVERVIEW**

1. The model for Behavioral Health Assessment, Service or Treatment Planning, and service delivery shall be strength-based, person-centered, family-friendly, based on voice and choice, culturally and linguistically appropriate, and clinically supervised. The model incorporates the concept of a “team,” established for each member receiving behavioral health services. The model is based on four equally important components:
 - a. Input from the member, or when applicable the Health Care Decision Maker, and Designated Representative regarding his/her individual needs, strengths, and preferences,
 - b. Input from other individuals involved in the member’s care who have important relationships with the member,
 - c. Development of a therapeutic alliance between the member, or when applicable their Health Care Decision Maker, and their Designated Representative and behavioral health provider that promotes an ongoing partnership built on mutual respect and equality, and
 - d. Clinical expertise/qualifications of individual(s) conducting the Assessment, Service and Treatment Planning, and service delivery.
2. For children, this team is the Child and Family Team (CFT) and for adults, this team is the Adult Recovery Team (ART). At a minimum, the functions of the CFT and ART include:
 - a. Ongoing engagement of the member, or when applicable their Health Care Decision Maker, and their Designated Representative, family, and others who are significant in meeting the behavioral health needs of the member, including their active participation in the decision-making process and involvement in treatment,
 - b. An assessment process that is conducted to:
 - i. Elicit information on the strengths and needs of the member and his/her family,
 - ii. Identify the need for further or specialty evaluations, and
 - iii. Support the development and updating of the Service and Treatment Plan which effectively meets the member’s/family’s needs and results in improved health outcomes (which may or may not include peer and/or family support).
 - c. Continuous evaluation of the effectiveness of treatment through the CFT or ART process, the ongoing assessment of the member, and input from the member, or when applicable their Health Care Decision Maker, and their Designated Representative resulting in modification to the Service and Treatment Plan, as necessary,
 - d. Provision of all covered services as identified on the Service and Treatment Plan, including assistance in accessing community resources as appropriate. Services (e.g. counseling, peer and/or family support) may occur within or outside of the Health Home, based on the member’s choice and identified need,

- e. For children, services are provided consistent with the Arizona Vision – 12 Principles as specified in AMPM Policy 100 and the AHCCCS Child and Family Team Behavioral Health System Practice Tool. For adults, services are provided consistent with the Adult Service Delivery System - 9 Guiding Principles as specified in AMPM Policy 100,
 - f. Ongoing collaboration with other individuals and/or entities for whom delivery and coordination of services is important to achieving positive outcomes (e.g. primary care providers, school, child welfare, justice system). This shall include sharing of clinical information as appropriate and allowed by law,
 - g. Assistance with continuity of care by ensuring members who are transitioning to a different treatment program, changing behavioral health providers and/or transferring to another service delivery system (e.g. out-of-area, out-of-state or to an Arizona Long Term Care System (ALTCS) Contractor). For additional details, refer to ACOM Policy 402 and AMPM Policy 520, and
 - h. Throughout this Policy, all references to Health Home and CFT/ART pertain to Contractors and **not** to FFS Programs or FFS populations. FFS members are not assigned to a Health Home, and a CFT/ART is not required in order for FFS members to receive services.
3. At least one Peer Recovery Support Specialist may be assigned to each ART to provide covered services, when appropriate and provide access to peer support services for individuals with Substance Use Disorders including Opioid Use Disorders (OUDs) for the purposes of navigating members to Medication Assisted Treatment (MAT), and increasing participation and retention in MAT treatment and recovery supports.
 4. Contractors shall require subcontractors and providers to make available and offer the option of having a Family Support Specialist for each CFT, to provide covered services when appropriate.

B. ASSESSMENT AND SERVICE PLANNING

1. General Requirements for Contractors and FFS Providers:
 - a. Behavioral Health Assessments and Service and Treatment Planning shall comply with the Rules set forth in A.A.C. Title 9, Chapters 10 and 21, as applicable. Attachment A shall be utilized by the member, or when applicable their Health Care Decision Maker, and their Designated Representative to indicate agreement or disagreement with Service Plan and awareness of rights to appeal process if not in agreement with Service Plan,
 - b. Assessments, Service and Treatment Plans shall be completed by BHPs or BHTs under the clinical oversight of a BHP,
 - c. Behavioral health providers outside of the Health Home may complete Assessment, Service and Treatment Planning to support timely access to medically necessary behavioral health services, as allowed under licensure (A.A.C. R9, et. seq.),

- i. Should a behavioral health provider outside the Health Home complete any type of Behavioral Health Assessment, the behavioral health provider shall communicate with the Health Home and/or TRBHA regarding assessment findings. In situations when a specific assessment is duplicated, the results of such assessments shall be discussed collaboratively to address clinical implications for treatment needs. Differences shall be addressed within the CFT or ART with participation from both the Health Home and Behavioral Health Provider outside of the Health Home. For FFS members differences shall be addressed by the Behavioral Health Provider and the TRBHA,
 - ii. Behavioral Health Providers shall supply completed Assessment and Service and Treatment Plan documentation to the Health Home for inclusion in the member's medical record,
 - iii. For ALTCS members, assessment and service planning completed by a behavioral health provider, shall be implemented to align, as much as possible, with the ALTCS assessment and Service Plan, and
 - iv. For those ALTCS members that have a Serious Mental Illness (SMI) determination, service planning and treatment shall be implemented to align with all requirements for SMI members, as specified in AMPM Policy 310-B, AMPM Policy 320-P, AMPM Policy 320-Q, AMPM Policy 320-R, ACOM Policy 444, and ACOM Policy 446.
- d. In the event the Behavioral Health Assessment, Service Plan, or Treatment Plan is completed by the BHT, the requirements of A.A.C. R9-10-1011(B)(3) shall be met,
 - e. At a minimum, the member, or when applicable their Health Care Decision Maker, and their Designated Representative, and a BHP shall be included in the assessment process and development of the Treatment/Service Plan,
 - f. The Behavioral Health Assessment, Service and Treatment Plan shall be included in the medical record in accordance with AMPM Policy 940,
 - g. The Service and Treatment Plan shall be based on a current assessment and identify the specific services and supports to be provided, as specified in AMPM Policy 310-B,
 - i. The Treatment Plan shall be developed based on specific treatment needs (e.g. out-of-home services, specialized behavioral health therapeutic treatment for substance use or other specific treatment needs).
 - h. The behavioral health provider shall document whether or not the member, or when applicable, their Health Care Decision Maker, and Designated Representative agrees or disagrees with the Service Plan, and has indicated such agreement or disagreement by either a written or electronic signature on the Service or Treatment Plan,
 - i. The member, or when applicable their Health Care Decision Maker, and their Designated Representative shall be provided with a copy of his/her Service Plan within seven calendar days upon completion of the Service Plan and/or upon request,
 - j. An SMI Determination shall be completed for individuals who request an SMI determination in accordance with AMPM Policy 320-P,

- k. For members determined SMI:
 - i. Behavioral Health Assessment, Treatment and Service Planning shall be conducted in accordance with A.A.C. Title 9, Chapter 21, Articles 3 and 4,
 - ii. Special Assistance assessment shall be completed in accordance with AMPM Policy 320-R, and
 - iii. For appeal requirements refer to A.A.C. Title 9, Chapter 21, Article 4, and ACOM Policy 444.
- l. The Health Home is responsible for maintaining the comprehensive assessment and conducting periodic assessment updates to meet the changing behavioral health needs for members who continue to receive behavioral health services,
- m. Behavioral Health Assessments, Treatment and Service Plans shall be updated at minimum once annually or more often as needed based on clinical necessity and/or upon significant life events including but not limited to:
 - i. Moving,
 - ii. Death of a friend or family member,
 - iii. Change in family structure (e.g. divorce, separation, adoption, placement disruption),
 - iv. Hospitalization,
 - v. Major illness of individual or family member,
 - vi. Incarceration, and
 - vii. Any event which may cause a disruption of normal life activities.
- n. The Health Home is responsible for maintaining the Treatment and Service Plan and conducting periodic Treatment and Service Plan updates to meet the changing behavioral health needs for members,
- o. The Health Home shall coordinate with any entity involved in the member's care including but not limited to Contractors, PCPs, TRBHAs, ALTCS case managers, DCS, probation, as applicable, regarding Behavioral Health Assessment and Treatment and Service Planning, refer to AMPM Policy 541, and
- p. Special Circumstances:
 - i. Children Age 0 through 5 – Developmental screening shall be conducted by the Health Home or FFS provider for children age 0-5 with a referral for further evaluation when developmental concerns are identified, and this information shall be provided to the TRBHA or Tribal ALTCS,
 - ii. Children Age 6 through 17 -) An age-appropriate assessment shall be completed by the Health Home or FFS provider during the initial assessment and updated at least every six months, and this information shall be provided to the TRBHA or Tribal ALTCS,
 - iii. Children Age 6 through 17 - Strength, Needs and Culture Discovery Document shall be completed as deemed appropriate, by the Health Home or FFS provider, and this information shall be provided to the TRBHA or Tribal ALTCS, and
 - iv. Children Age 11 through 17 - Standardized substance use screen and referral for further evaluation when screened positive shall be completed by the Health Home or FFS provider, and this information shall be provided to the TRBHA or Tribal ALTCS.

3. FFS Programs:
 - a. Behavioral health providers, shall provide the completed Behavioral Health Assessment, Treatment and Service Plan documentation to the TRBHA or to the Tribal ALTCS case manager for inclusion in the member's medical record,
 - b. The TRBHA shall coordinate with the Contractor, Primary Care Provider (PCP), and others involved in the care or treatment of the member (e.g. DCS, Probation, DDD), as applicable, regarding assessment and Treatment and Service Planning,
 - c. Tribal ALTCS shall coordinate with the member's Primary Care Provider (PCP) and others involved in the care or treatment of the member (e.g. DCS, Probation), as applicable, regarding assessment and Service and Treatment Planning,
 - d. FFS Providers are responsible for coordinating care with Tribal ALTCS and, for members enrolled with a TRBHA, providers are responsible for coordinating care with the TRBHA, and
 - e. FFS Providers are responsible for care coordination of AIHP members across the service delivery system (e.g. American Indian Medical Home, IHS 638 Tribal Facility, and PCP).

4. Contractors:
 - a. The Health Home provider serves as the behavioral health case management agency, and
 - b. For ALTCS E/PD Contractors, the Contractor serves as the case management entity.

C. CRISIS AND SAFETY PLANNING

1. General Purpose of a Crisis and Safety Plan

A Crisis and Safety Plan provides a written method for potential crisis support or intervention which identifies needs and preferences that are most helpful in the event of a crisis. The Crisis and Safety Plan shall be developed in accordance with the Vision and Guiding Principles of the Children's' System of Care and the Nine Guiding Principles of the Adult System of Care as specified in AMPM Policy 100. Crisis and Safety plans shall be trauma informed, with a focus on safety and harm reduction.

The development of a Crisis and Safety Plan shall be completed in alignment with the member's Service and Treatment Plan, and any existing Behavior plan if applicable. It shall be considered, when clinically indicated. Clinical indicators may include, but are not limited needs identified in members Treatment, Service, or Behavior plan in addition to any one or a combination of the following:

- a. Previous psychiatric hospitalizations,
- b. Out of home placements,
- c. HCBS settings,
- d. Nursing Facilities,
- e. Group Home settings,

- f. Special Health Care Needs,
- g. Court Ordered Treatment,
- h. History of DTS/DTO,
- i. Individuals with an SMI designation,
- j. Individuals identified as High Risk/High Needs, and
- k. Children Ages 6-17 with a CALOCUS Level of 4, 5, or 6.

Crisis and Safety Plans shall be updated annually, or more frequently if a member meets one or a combination of the above criteria, or if there is a significant change in the member's needs. A copy of the Crisis and Safety Plan shall be distributed to the team members that assisted with development of the Crisis and Safety Plan.

A Crisis and Safety Plan does not replace or supplant a Mental Health Power of Attorney or behavior plan, but rather serves as a compliment to these existing documents.

2. Essential Elements

A Crisis and Safety Plan shall establish goals to prevent or ameliorate the effects of a crisis and shall specifically address:

- a. Techniques for establishing safety, as identified by the member and/or healthcare decision maker, as well as members of the CFT or ART,
- b. Identification of realistic interventions that are most helpful or not helpful to the individual and his/her family members or support system,
- c. Reduction of symptoms,
- d. Guiding the support system toward ways to be most helpful,
- e. Any physical limitations, comorbid conditions, or unique needs of the member (e.g. involvement with DCS or Special Assistance),
- f. Adherence to Court Ordered Treatment (if applicable),
- g. Necessary resources to reduce the chance for a crisis or minimize the effects of an active crisis for the member. This may include, but is not limited to:
 - i. Clinical (support staff/professionals), medication, family, friends, parent, guardian, environmental,
 - ii. Notification to and/or coordination with others, and
 - iii. Assistance with and/or management of concerns outside of crisis (e.g. animal care, children, family members, room-mates, housing, financials, medical needs, school, work).