I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS E/PD, and RBHA Contractors; Fee-For-Services (FFS) Programs as delineated within this Policy including: Tribal ALTCS, TRBHAs, and FFS Providers, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). The purpose of this Policy is to describe provisions for behavioral health assessment and treatment/service planning for AHCCCS members.

II. DEFINITIONS

**BEHAVIORAL HEALTH HOME**
Contracted behavioral health provider that serves as an intake agency, provides or coordinates the provision of covered behavioral health services, and coordinates care with the primary care provider for adults and/or children with behavioral health needs.

**BEHAVIORAL HEALTH PROFESSIONAL (BHP)**

a. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
   i. Independently engage in the practice of behavioral health as defined in A.R.S. §32-3251, or
   ii. 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 AAC R4-6-101,

b. A psychiatrist as defined in A.R.S. §36-501,

c. A psychologist as defined in A.R.S. §32-2061,

d. A physician,

e. A behavior analyst as defined in A.R.S. §32-2091,

f. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse, or
g. A registered nurse.
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.

**Behavioral Health Technician (BHT)**

**Specialty Provider**

Behavioral Health service that is not available in the Behavioral Health Home.

**Treatment/Service Plan**

A written description of covered health services and informal supports identified based on an assessment to assist the member in achieving an improved quality of life.

**III. Policy**

**A. Overview**

1. The model for behavioral health assessment, treatment/service planning, and service delivery shall be strength-based, member-centered, family-friendly, culturally and linguistically appropriate, and clinically supervised. The model is based on four equally important components:
   a. Input from the member/guardian/designated representative regarding his/her individual needs, strengths, and preferences,
   b. Input from other persons involved in the member’s care who have integral relationships with the member,
   c. Development of a therapeutic alliance between the member/guardian/designated representative and behavioral health provider that promotes an ongoing partnership built on mutual respect and equality, and
   d. Clinical expertise/qualifications of person(s) conducting the assessment, treatment/service planning, and service delivery. The model incorporates the concept of a “team,” established for each member receiving behavioral health services.

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/guardian/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 individual member and his/her family,
   ii. Identify the need for further or specialty evaluations, and
   iii. Support the development and updating of the treatment/service plan(s) which effectively meets the member’s/family’s needs and results in improved health outcomes.

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/guardian/designated representative resulting in modification to the Treatment/service plan(s), as necessary,

d. Provision of all covered services as identified on the treatment/service plan(s), including assistance in accessing community resources as appropriate,

e. For children, services are provided consistent with the Arizona Vision – 12 Principles as outlined in AMPM Policy 430. For adults, services are provided consistent with the Adult Service Delivery System - 9 Guiding Principles,
f. Ongoing collaboration with other individuals and/or entities with whom delivery and coordination of services is important to achieving positive outcomes (e.g. primary care providers, specialty service providers, school, child welfare, Division of Developmental Disabilities (DDD), justice system and others). This shall include sharing of clinical information as appropriate, and

g. Ensure continuity of care by assisting 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 more details, please refer to ACOM Policy 402 and AMPM Policy 520.

B. ASSESSMENT AND SERVICE PLANNING

1. General Requirements for ACC, ALTCS E/PD, and RBHA Contractors, Fee-For-Services (FFS) Programs including: Tribal ALTCS, TRBHAs, and FFS Providers:
   a. Behavioral health assessments and treatment/service planning shall comply with the Rules set forth in A.A.C. Title 9, Chapters 10 and 21, as applicable,
   b. Behavioral health providers, including specialty providers, may engage in assessment and service/treatment planning activities to support timely access to medically necessary behavioral health services,
   c. In the event the assessment or treatment/service plan is completed by the BHT, the requirements of A.A.C. Title R9-10-1011(B)(3) shall be met,
   d. At a minimum, the member/guardian/designated representative, and a BHP shall be included in the assessment process and development of the treatment/service plan,
   e. The assessment and service plan shall be included in the clinical record in accordance with AMPM Policy 940.
f. The service plan shall be based on the current assessment and identify the specific services and supports to be provided,
g. The behavioral health provider shall document whether or not the member/guardian/designated representative is in agreement with the service plan,
h. The member/guardian/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,
i. Serious Mental Illness (SMI) Determination shall be completed for persons who request an SMI determination in accordance with AMPM Policy 320-P, and
j. For members determined SMI:
   i. Assessment and treatment/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,
   iii. The completed treatment/service plan shall be signed by the member/guardian/designated representative in accordance with A.A.C. R9-21-308, and
   iv. For appeal requirements refer to A.A.C. Title 9, Chapter 21, Article 4, and ACOM Policy 444.

2. Tribal ALTCS, TRBHAs and FFS Providers:
   a. Behavioral health providers, including specialty providers, shall provide completed assessment and treatment/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 member’s health plan, Primary Care Provider (PCP), specialty providers and others involved in the care or treatment of the member (e.g. Department of Child Safety (DCS), Probation, DDD), as applicable, regarding assessment and treatment/service planning, and
   c. Special Circumstances:
      i. Children Age 11 to 18: The behavioral health provider shall complete a standardized substance use screen and referral for further evaluation when screened positive and this information shall be provided to the TRBHA or Tribal ALTCS.

3. ACC, ALTCS E/PD, and RBHA Contractors:
   a. The Behavioral 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,
   b. For ACC, and RBHA contractors, the behavioral health home provider serves as the case management agency,
   c. For ALTCS E/PD contractors, the contractor is responsible for the delivery of case management services for the member,
   d. Assessments shall be updated at a minimum of once annually,
e. Assessments and treatment/service plans shall be completed by BHPs or BHTs under the clinical oversight of a BHP that meets credentialing and training requirements outlined in AMPM Policy 950,

f. The Behavioral Health Home is responsible for maintaining the treatment/service plan and conducting periodic treatment/service plan updates to meet the changing behavioral health needs for members who continue to receive behavioral health services,

g. Other qualified BHPs, including specialty providers not part of the behavioral health home, may engage in assessment and treatment/service planning activities to support timely access to medically necessary behavioral health services. These providers shall provide completed assessment and treatment/service plan documentation to the Behavioral Health Home for inclusion in the comprehensive Behavioral Health Home clinical record. Contractors may incorporate additional requirements, such as Behavioral Health Home referral expectations, as long as they do not prevent timely access to covered behavioral health services,

h. The Behavioral Health Home shall coordinate with the member’s health plan, PCP, specialty providers and others involved in the care or treatment of the member (e.g. DCS, Probation, etc.), as applicable, regarding assessment and treatment/service planning see AMPM Policy 540,

i. Special Circumstances:
   i. Children Age 0 to 5 – Developmental screening shall be conducted by the Behavioral Health Home for children age 0-5 with a referral for further evaluation when developmental concerns are identified,
   ii. Children Age 6 to 18 - The Child and Adolescent Service Intensity Instrument (CASII) shall be completed by the Behavioral Health Home during the initial assessment and updated at a minimum of once annually,
   iii. Children Age 6 to 18 - with CASII Score of four or Higher: Strength, Needs and Culture Discovery Document shall be completed by the Behavioral Health Home, and
   iv. Children Age 11 to 18 - Standardized substance use screen and referral for further evaluation when screened positive shall be completed by the Behavioral Health Home.