320-O - BEHAVIORAL HEALTH ASSESSMENT, SERVICE AND TREATMENT PLANNING

EFFECTIVE DATES: 10/05/17, 10/01/18, 10/01/19, 10/01/20, 10/01/21, 10/01/23, 05/21/26

APPROVAL DATES: 07/20/17, 09/06/18, 06/13/19, 05/28/20, 06/15/21, 06/08/23, 02/03/26

I. PURPOSE

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

Throughout this Policy, all references to outpatient treatment team and/or behavioral health provider can indicate Child and Family Team (CFT), Adult Recovery Team (ART), TRBHA, American Indian Medical Home (AIMH), Indian Health Services, Tribally Operated 638 Facility, Urban Indian Health (I/T/U), Tribal ALTCS, and/or DDD.

II. DEFINITIONS

Refer to the AHCCCS ACOM and AMPM Dictionary for common terms found in this Policy.

For purposes of this Policy, the following terms are defined as:

SERVICE PLAN	A comprehensive written description of all covered health services and other informal supports which include individualized goals, family support, services, care coordination activities and strategies to assist the member in achieving an improved quality of life.
PRIMARY BEHAVIORAL HEALTH PROVIDER	An AHCCCS registered behavioral health provider that provides and/or coordinates and monitors the provision of all behavioral health services and supports to treat the whole person but is not identified as a Health Home by AHCCCS or the AHCCCS contracted health plan. A primary behavioral health provider may be an Outpatient Behavioral Health Clinic, a Federally Qualified Health Center (FQHC) or an Integrated Care Provider.
SPECIALTY BEHAVIORAL HEALTH PROVIDER	A behavioral health provider who is not serving as a member's Health Home, that provides behavioral health services in a specific treatment area within their scope of practice and in accordance with a current assessment and treatment plan.

III. POLICY

A. OVERVIEW

The Contractors and providers shall ensure that behavioral health assessments, service, and/or treatment planning be conducted in compliance with the AHCCCS Contract, the Adult Behavioral Health Service Delivery System – Nine Guiding Principles, and the Arizona Vision and Twelve Principles for Children's Behavioral Health Service Delivery, as specified in AMPM Exhibit 300-3. The terms Health Home, Primary Behavioral Health Provider and Specialty Behavioral Health provider are used throughout this policy to differentiate specific documentation and care coordination activity requirements based on the service site location. For provider agencies who may have multiple service site locations and provider types associated with a single entity, it is expected that documentation and coordination requirements are maintained specific to the services being provided to AHCCCS members at each service site. For Health Homes and Primary Behavioral Health Providers, behavioral health services may not be provided prior to the completion of a comprehensive assessment and the development of a service plan, with the exception of interim behavioral health services identified in the comprehensive assessment. Interim behavioral health services must begin immediately to prevent harm to a member and documentation of medical necessity including why the service(s) cannot be postponed until a formal service plan meeting shall be maintained in the member record. If interim behavioral health services are utilized the service or treatment plan shall be completed accordingly as specified in AAC Title 9, Chapter 10 and AAC Title 9, Chapter 21. For crisis intervention services as described in AMPM Policy 590 a comprehensive assessment is not required. The Health Homes and Primary Behavioral Health Providers shall coordinate with Specialty Behavioral Health Providers as specified within this policy. The Specialty Behavioral Health Providers shall complete assessments and develop treatment plans that are clinically appropriate within their scope of practice, as specified in AAC Title 9, Chapter 10 and as specified within this policy. The Specialty Behavioral Health Providers shall coordinate with Health Homes and Primary Behavioral Health Providers to obtain copies of comprehensive assessment and other clinical documentation as specified within this policy.

1. The Behavioral Health Assessments, Service, and Treatment Planning shall:
   a. Be conducted following AAC Title 9, Chapters 10,
   b. Be conducted following AAC Title 9, Chapter 21, Articles 3 and 4, for members with a Serious Mental Illness (SMI) designation,
   c. Be conducted by an individual within their scope of practice, as prescribed by their governing entity [e.g., associate level Behavioral Health Professionals (BHPs) under direct supervision as specified in AAC Title 4 Chapter 6] or,
   d. If conducted by a Behavioral Health Technician (BHT) be under the appropriate clinical oversight of a BHP, as specified in AAC Title 9, Chapters 10 and identified in AMPM Policy 310-B If subject to clinical oversight by a BHP, a co-signature is required on the documentation, and
   e. Incorporate the concept of a "team" established for each member receiving behavioral health service:
      i. The team shall be based on member/Health Care Decision Maker (HCDM) choice, and
      ii. The team does not require a minimum number of participants and may consist of whomever is identified by the member/HCDM.

B. THE ACC, ACC-RBHA AND DCS CHP CONTRACTOR RESPONSIBILITIES

1. The Contractors shall ensure that members with a behavioral health condition requiring ongoing services, who are not formally assigned to an identified health home, have an identified primary behavioral health provider responsible for coordinating and monitoring all physical and behavioral health services and supports to treat the whole person. Alternatively, the health plan may assign a care coordination team to perform these functions:
   a. Ongoing behavioral health services are services that, based on clinical assessment and medical necessity, are reasonably expected to require continued treatment, monitoring, or care coordination beyond a brief or time limited intervention, due to a chronic, recurrent, or persistent behavioral health condition that impacts functioning over time,
   b. Ongoing behavioral health services do not include short-term, episodic, or situational interventions provided in response to an acute life event or transient stressor, when the clinical need is expected to resolve with brief intervention and does not require ongoing therapy, medication management, or longitudinal care coordination. Examples of these services include, but are not limited to, brief counseling following the death of a family member or close friend, short-term support related to adjustment or situational stress, or crisis intervention services that resolve without the need for continued treatment, and
   c. Determination of whether services constitute ongoing behavioral health services shall be based on clinical judgment and medical necessity and shall not require additional assessments or documentation beyond what is otherwise required under this Policy.

2. The Contractors shall ensure that behavioral health providers formally identified as a health home and for those primary behavioral health providers acting as a member's health home provide a current copy of the member's comprehensive assessment, service plan, and/or treatment plan(s) and documentation to specialty behavioral health providers as necessary for coordination of care. Formally identified health homes and primary behavioral health providers acting as a member's health home are responsible for maintaining all behavioral health assessments within the medical record, ensuring periodic assessment updates are completed to meet the changing behavioral health needs of the member, and maintaining the member's medical record as specified in AMPM Policy 940.

3. The Contractors shall ensure that specialty behavioral health providers provide regular and accurate updated documentation regarding the member's progress and treatment plans to formally identified health homes and primary behavioral health providers acting as a member's health home for the purpose of inclusion in the member's medical record as specified in AMPM Policy 940.

C. ALTCS PROGRAMS

1. For ALTCS members (Tribal ALTCS, ALTCS E/PD or DDD), the ALTCS case manager serves as the primary responsible entity for coordination of all primary, physical and/or behavioral health services and supports to provide whole person care.

2. For ALTCS members who have an SMI designation, the service planning shall align with all requirements for members with an SMI designation including, but not limited to, the following Policies:
   a. AMPM Policy 310-B,
   b. AMPM Policy 320-R,
   c. AMPM Policy 541,
   d. AMPM Policy 1610,
   e. AMPM Policy 1620,
   f. AMPM Exhibit 1620-10,
   g. ACOM Policy 444, and
   h. ACOM Policy 446.

3. For ALTCS E/PD members, assessment, service, and treatment planning, shall be coordinated according to billing limitations as specified in AMPM Policy 570, and in accordance with the Person-Centered Service Plan (PCSP), as defined in the AHCCCS Contract and Policy Dictionary, and in AMPM Policy 1610.

D. THE FFS PROGRAMS

The standardized screening and assessment tools [e.g., Child and Adolescent Level of Care Utilization System (CALOCUS), American Society of Addiction Medicine (ASAM) CONTINUUM, LOCUS] are not required for FFS providers, TRBHAs or Tribal ALTCS. The providers serving FFS members are responsible for coordinating care with Tribal ALTCS case managers and, for members enrolled with a TRBHA, providers are responsible for coordinating care with the TRBHA.

1. All Behavioral Health providers shall provide the completed behavioral health assessment, service and treatment plan documentation to the member's assigned TRBHA or to the Tribal ALTCS case manager, and/or other providers involved in the member's care for inclusion in the member's medical record.

2. A Release of Information (ROI) is not required for sharing information with the member's assigned TRBHA or Tribal ALTCS, unless records are subject to Part 2 (42 CFR Part 2). Refer to AMPM Policy 940.

3. The TRBHA and/or Tribal ALTCS shall coordinate with the Contractor, PCP, and others involved in the care or treatment of the member (e.g., DCS, Tribal Social Services (TSS), probation, Skilled Nursing Facility [SNF]) as applicable, regarding assessment, service and/or treatment planning.

4. The providers serving FFS members are responsible for care coordination of AIHP members across all levels of care that include applicable treating providers or entities such as, but not limited to:
   a. The assigned TRBHA,
   b. The DDD Support Coordinator or DDD District Nurse,
   c. American Indian Medical Home (AIMH),
   d. A PCP,

e. The inpatient and/or outpatient treatment team, including the BHP who shall be responsible for the member's treatment plan,
f. The outpatient treatment team may also include Indian Health Services (IHS), Tribally operated 638 Facility, or Urban Indian Health (I/T/U),
g. A CFT/ART is not required in order for FFS members to receive services. However, an equivalent team process through the outpatient treatment team is required for care coordination for FFS members, and
h. Other individuals of the treatment team including physical health providers.

For outpatient treatment, providers serving FFS members shall coordinate with TRBHA and Tribal ALTCS case managers and any other individuals identified by the member prior to the creation of treatment plan.

5. The Providers serving FFS members are responsible for coordinating care across the healthcare delivery system and referring members to other providers for needs that are beyond their scope, including physical and behavioral health services.

E. GENERAL REQUIREMENTS FOR ALL CONTRACTORS AND PROVIDERS

1. The Behavioral health comprehensive assessments and service plans shall be updated at minimum once annually or may be updated more often as medically necessary, based on clinical needs or upon significant life events including but not limited to:
   a. A change in housing location or status including loss of housing,
   b. Death of a family member or friend,
   c. Change in family structure (e.g., divorce, separation, adoption, placement disruption, birth or loss of a child/children),
   d. Hospitalization, (including physical health, behavioral health crisis stabilization, observation, or inpatient),
   e. Major illness of the member, their family member, or person of importance,
   f. Change in level of care,
   g. Incarceration,
   h. Any event that may cause a disruption of normal life activities, including a crisis event, based on a member's identified perspective and need, and
   i. Any change in diagnosis/es as determined by a licensed BHP or Behavioral Health Medical Professional (BHMP).

2. For members with an SMI designation, a special assistance assessment shall be completed in accordance with AMPM Policy 320-R.

3. For members under the legal custody of the Arizona Department of Child Safety (DCS), assessment, service and/or treatment planning shall be coordinated as necessary, based on the child's assigned health plan (e.g., ALTCS E/PD, CHP, or DES DDD).

F. BEHAVIORAL HEALTH ASSESSMENTS

1. The General Assessment Requirements and Documentation:
   a. All members receiving behavioral health services shall receive a behavioral health assessment in compliance with the rules set forth in AAC Title 9, Chapters 10 **and** 21, and ACOM Policy 417, as applicable, for timeliness standards, as well as identification of assessed needs for purposes of service and/or treatment planning requirements,
   b. The Assessment information shall be documented in the member's medical record within 48 hours of completion of the assessment,
   c. If an assessment has been completed by another qualified behavioral health provider, or the treating provider has a medical record for the member that contains an assessment that was completed within 12 months before the date of the member's current admission, the following requirement is applicable (per AAC R9-10-1011):
      i. The member's assessment information shall be reviewed and updated if additional information is identified that affects the member's assessment, and
      ii. The review resulting in an update of the member's assessment information shall be documented in the member's medical record within 48 hours after the review is completed.
   d. The Behavioral health providers shall document in the member's medical record that the assessment has been shared with the member's PCP and health home as applicable, both initially and each time an assessment is updated, and
   e. All behavioral health providers shall maintain an immediately accessible copy of the member's assessment and ensure that the assessment has been updated within the preceding 12 months (Refer to AMPM Policies 910 and 940).

2. Comprehensive Assessment: AHCCCS requires that members receiving covered behavioral health services through a behavioral health provider or Health Home receive a comprehensive assessment at least once annually.

   The Behavioral health services provided by a Primary Care Physician (PCP) who is not acting as a Health Home, including but not limited to medication services, screening, diagnosis, and treatment within their scope of practice, do not require completion of a comprehensive assessment as outlined in this section.

   The comprehensive assessment shall include, at a minimum, the following components:
   a. Presenting concerns based on clinical observation, historical and collateral information, and symptoms as described by the member and/or the member's HCDM,
   b. Information on the strengths and needs of the member and their family,
   c. Current and past behavioral health treatment, current and past medical conditions, and treatment,
   d. History of physical, emotional, psychological, or sexual trauma at any stage of life, if applicable,
   e. Family behavioral health and medical history,
   f. History of other types of trauma (e.g., environmental, natural disasters, etc.),
   g. Current and past substance use, including types of substances used, route of administration, frequency and duration of use; in addition, to related co-occurring disorders, if applicable,

h. Status of basic needs, Social Determinants of Health (SDOH), or Health Related Social Needs (HRSN) including but not limited to:
   i. Living environment including housing status and household members,
   ii. Educational and vocational training,
   iii. Employment, (paid or volunteer activities), and
   iv. Interpersonal, social, and cultural skills.
i. Developmental history including any documented or reported impairment,
j. Criminal justice history including any pending litigation,
k. Public (e.g., unemployment, food stamps) and private resources (e.g., faith-based, natural supports),
l. Legal status including custody or guardianship (e.g., presence or absence of a HCDM) and apparent capacity (e.g., ability to make decisions or complete daily living activities),
m. Need for special assistance if the member has an SMI designation (see AMPM Policy 320-R),
n. Language and communication capabilities,
o. Risk assessment of the member,
p. Mental status examination of the member,
q. A summary of clinician's impressions and observations,
r. Recommendations of member needs and next steps,
s. Diagnostic impressions of the qualified clinician,
t. Identification of the need for further or specialty evaluations,
u. Other information that is determined to be relevant, and
v. Diagnosis(es) using the criteria in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA) or the most recent revision of the International Classification of Diseases (ICD) medical classification list by the World Health Organization. Diagnosis(es) may only be given by a licensed BHP or BHMP within their scope of practice.

3. Additional Assessments
   a. An assessment may also include, but is not limited to:
      i. A psychiatric evaluation,
      ii. A psychological evaluation,
      iii. A crisis assessment,
      iv. A standardized assessment designed to address specific needs (e.g., depression, anxiety, need for HRSN) or identify recommended levels of care, or
      v. Specific assessments completed by specialty behavioral health providers designed to meet a member's specific treatment needs.
   b. In situations when a standardized assessment or tool is completed (e.g., developmental assessment, CALOCUS, ASAM CONTINUUM, LOCUS), the results of said assessment shall be shared and discussed collaboratively with the member's identified team, including the ART/CFT, TRBHA or Tribal ALTCS case manager, to address clinical implications and treatment needs. Differences regarding the recommended level of care needed by a member shall be addressed with the member and within the team to reach a consensus regarding next steps for the member's treatment plan,

c. Children ages birth through five: Refer to AMPM Policy 581 for information on the Early Childhood Service Intensity Instrument (ECSII). The ECSII is **not** required, but may be utilized, as an additional option for identifying developmental concerns for children birth through five,
d. Children ages six through 17: The CALOCUS, shall be completed during the initial assessment and updated at least every six months, or more often as clinically indicated. The CALOCUS is not required for FFS members. For children receiving CFT practice, the Strength, Needs and Culture Discovery Document shall be completed as specified in AMPM Policy 580, (for FFS members as deemed appropriate by the TRBHA or FFS provider),
e. Children ages 11 through 17 who have an identified Substance Use Disorder and a potential need for treatment services: A standardized screening or assessment tool may be utilized to evaluate for potential substance use treatment recommendations but must be normed for the age of the member,
f. Members ages 18 and up who have an identified Substance Use Disorder and a potential need for treatment services: The ASAM Criteria shall be utilized to evaluate adult members for substance use treatment level of care recommendations. The ASAM CONTINUUM may be used if available to the provider but is not required.

G. SERVICE PLAN

The service plan shall be a complete, written description of all covered health services and other informal supports, that may include individualized goals, family support services, peer and recovery support, care coordination activities, informal community support and strategies to assist the member in achieving an improved quality of life. The service plan shall be developed and administered by the health home, primary behavioral health provider acting as a member's health home for those not formally assigned to a health home, FFS behavioral health outpatient treatment provider, or the TRBHA or ALTCS case manager. The service plan shall be updated at least once a year and anytime a member experiences a significant life event as described in section E. (1) of this policy.

1. The Service plans shall include, at minimum, the following elements:
   a. Goals and objectives. The goals and objectives shall be individualized, measurable and reflect the member's definition of achievement,
   b. The services recommended to address all identified needs based on the comprehensive assessment, including the frequency and duration of each covered service identified in the Behavioral Health Services Matrix (B2 Matrix) and in alignment with AMPM Policy 310-B,
   c. Specific strategies and methods for treating the needs identified in the assessment,
   d. Who is responsible for providing each service and/or treatment component identified in the assessment, (changes in specialty providers do not warrant an immediate revision of the service plan prior to the initiation of services by the new provider, however, shall be thoroughly documented and the service plan updated as soon as is practicable to reflect responsibility),
   e. An identified timeframe/schedule for accomplishing the goals and objectives,
   f. Court Ordered Treatment (COT) specific requirements and goals (if applicable),

g. Crisis contact information for any risks identified in the comprehensive assessment,
h. A safety plan of action for support or intervention, that identifies a person's needs and preferences which are most helpful to them in the event of escalating circumstances that may lead to a crisis and compromise safety:
   i. The safety plan shall be developed with the member and, if applicable, the HCDM, and
   ii. The safety plans shall be trauma informed with a focus on safety and harm reduction.
i. Additional relevant documents from other service providers or entities involved in the member's care (e.g., education, probation, housing services), and
j. The member's mental health status and progress, including changes in functioning.

2. The Behavioral health provider responsible for developing and implementing the service plan shall collect and retain specialty providers' treatment plans and related care coordination documentation for all services delivered to meet the goals and objectives outlined in the service plan. These documents shall be maintained as a part of the medical record as specified in AMPM 940.

3. The Behavioral health providers responsible for the development and implementation of the service plan for members with an SMI designation shall utilize Attachment A to indicate the member's/HCDM's agreement or disagreement with the service plan.

4. For ALTCS E/PD members, coordination with the behavioral health outpatient provider for purposes of service planning that involves the potential use of behavioral health provider case management services, shall occur according to processes outlined in AMPM Policy 570 and AMPM Policy 1610.

5. The Behavioral health providers shall ensure that clear and complete documentation is readily available with the service plan document and the members medical record, including progress notes.

6. The Contractor shall require subcontractors and providers to make available and offer the option of having a Credentialed Family Support Partner (CFSP) and/or Peer-and-Recovery Support Specialists (PRSS) to provide covered services when appropriate, as well as for the purpose of navigating members to treatment or increasing participation and retention in treatment and recovery support services.

H. TREATMENT PLANNING

The Treatment planning is focused on specific interventions and therapeutic strategies to address the symptoms of a diagnosed condition by a specialty behavioral health provider, including inpatient and crisis providers. A treatment plan is a written plan of specific physical and/or behavioral health services and therapeutic interventions that the provider will provide to the member based on a current assessment of treatment need(s). Treatment planning may occur with more than one outpatient provider for the Contractor, TRBHAs, or FFS providers, based on the member's identified need. The goals and interventions identified in the treatment plan must be based on the member's diagnosis(es) and standards of practice for the behavioral health treatment of individuals with that diagnosis. The treatment plan shall identify:

1. The Frequency and duration of each identified intervention. Interventions provided through covered services shall be documented as listed in the Behavioral Health Services Matrix (B2 Matrix) and in alignment with AMPM Policy 310-B.

2. The Specific strategies and methods for treating the needs identified in the most current comprehensive assessment.

3. The Goals and objectives shall be individualized, measurable and reflect the member's definition of achievement. Interventions and therapeutic strategies shall be correlated with identified needs based on the provider's assessment as well as evidence-based standards of practice for the treatment of the member's diagnosis/es and presentation.

4. A schedule for accomplishing the goals and objectives.

5. The member's mental health status and progress including changes in functioning.

6. The Specialty behavioral health providers providing services as part of a treatment team shall provide assessments, treatment plans and progress notes to the member's health home, primary behavioral health provider acting as the member's health home, ALTCS Case Manager, TRBHA, or provider serving FFS members, pursuant to AMPM Policy 940 – Medical Records and Communication of Clinical Information. A member may have multiple treatment plans based on individual clinical needs.