

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

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

APPROVAL DATES: 07/20/17, 09/06/18, 06/13/19, 05/28/20, 06/15/21

I. PURPOSE

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

II. DEFINITIONS

Definitions are located on the AHCCCS website at: [AHCCCS CONTRACT AND POLICY DICTIONARY](#).

III. POLICY**A. OVERVIEW**

The Contractor shall ensure Behavioral Health Assessments, Service, and/or Treatment Planning be conducted in compliance with 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 Policy 100, AMPM Chapter 200 Behavioral Health Practice Tools), and A.A.C. Title 9, Chapters 10 and 21, as applicable. The Behavioral Health Practice Tools, CALOCUS, and ASAM are optional resources for the FFS Programs and are not a requirement for the FFS Programs.

1. Behavioral Health Assessments, Service, and Treatment Planning shall:
 - a. Be conducted by an individual within their scope of practice (e.g. Behavioral Health Professionals (BHPs), Behavioral Health Technicians (BHTs) and under the appropriate clinical oversight or supervision, as applicable,
 - b. 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,
 - ii. The team does not require a minimum number of participants and can consist of whoever is identified by the member/HCDM,
 - c. Utilize Attachment A to indicate agreement or disagreement with the service plan and awareness of the right to appeal if not in agreement with the service plan.

2. The health home provider serves as the primary responsible entity for coordination of all primary, physical and/or behavioral health services and supports to deliver and/or arrange whole person care.
3. For ALTCS E/PD and DDD Contractors, the Contractor serves as the primary responsible entity for coordination of all primary, physical and/or behavioral health services and supports to provide whole person care.
 - a. For ALTCS members who have an SMI designation, service planning shall align with all requirements for SMI members as specified in the following Policies:
 - i. AMPM Policy 310-B,
 - ii. AMPM Policy 320-R,
 - iii. AMPM Policy 1610,
 - iv. AMPM Policy 1620,
 - v. AMPM Exhibit 1620-10
 - vi. ACOM Policy 444, and
 - vii. ACOM Policy 446.
4. For individuals with a Serious Mental Illness (SMI) designation:
 - a. Behavioral Health Assessments, Service and Treatment Planning shall be conducted in accordance with A.A.C. Title 9, Chapter 21, Articles 3 and 4, and
 - b. Special assistance assessment shall be completed in accordance with AMPM Policy 320-R.
5. For ALTCS members:
 - a. Behavioral health assessment and treatment planning shall be implemented to align, as much as possible, with the ALTCS Person Centered Service Plan.
6. 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 and as specified in ACOM Policy 417.
 - a. Behavioral health providers shall supply completed assessment or service and treatment plan documentation to the health home for inclusion in the member's medical record.
7. The Behavioral Health Assessments, Service, and Treatment Plan shall be included in the medical record as specified in AMPM Policy 940.
8. Behavioral Health Assessments, Service, and Treatment Plans shall be updated at minimum, once annually or more often as necessary, based on clinical needs and/or upon significant life events including but not limited to:
 - a. Moving,
 - b. Death of a family member or friend,
 - c. Change in family structure (e.g., divorce, separation, adoption, placement disruption),
 - d. Hospitalization,
 - e. Major illness of individual or family member,
 - f. Incarceration, and
 - g. Any event that may cause a disruption of normal life activities, based on a member's identified perspective, and need.

9. FFS Programs:
 - a. Behavioral health providers shall provide the completed Behavioral Health Assessment, Service and Treatment Plan documentation to the TRBHA or to the Tribal ALTCS case manager for inclusion in the member's medical record,
 - b. For purposes of this Policy, for FFS populations the term treatment plan may be used interchangeably with the term service plan,
 - c. The TRBHA shall coordinate with the Contractor, Primary Care Provider (PCP), and others involved in the care or treatment of the member (e.g. Arizona Department of Child Safety (DCS), probation, skilled nursing facility) as applicable, regarding assessment, service and/or treatment planning,
 - d. Tribal ALTCS shall coordinate with the member's PCP and others involved in the care or treatment of the member (e.g. DCS, probation, skilled nursing facility) as applicable, regarding assessment, service, and treatment planning,
 - e. FFS Providers are responsible for coordinating care with Tribal ALTCS and, for members enrolled with a TRBHA, providers are responsible coordinating care with the TRBHA, and
 - f. 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).

B. BEHAVIOR HEALTH ASSESSMENTS:

1. Comprehensive Assessment:
 - a. Individuals receiving behavioral health services shall receive a comprehensive behavioral health assessment. The assessment shall be conducted in compliance with the Rules set forth in A.A.C. Title 9, Chapters 10 and 21, and/or ACOM Policy 417, as applicable,
 - b. The health home, ALTCS Contractor or FFS provider is responsible for maintaining the comprehensive behavioral health assessment within the medical record, and for ensuring periodic assessment updates are completed to meet the changing behavioral health needs for individuals who continue to receive behavioral health services.
 - i. An assessment shall include an evaluation of the member's:
 - 1) Presenting concerns,
 - 2) Information on the strengths and needs of the member and his/her/their family,
 - 3) Behavioral health treatment,
 - 4) Medical conditions and treatment,
 - 5) Sexual behavior and, if applicable, sexual abuse,
 - 6) Substance abuse, if applicable,
 - 7) Living environment,
 - 8) Educational and vocational training,
 - 9) Employment,
 - 10) Interpersonal, social, and cultural skills,
 - 11) Developmental history,
 - 12) Criminal justice history,
 - 13) Public (e.g., unemployment, food stamps, etc.) and private resources (e.g., faith-based, natural supports, etc.),
 - 14) Legal status (e.g., presence or absence of a legal guardian) and apparent capacity (e.g., ability to make decisions or complete daily living activities),

- 15) Need for special assistance, and
- 16) Language and communication capabilities.
- ii. Additional components of the assessment shall include:
 - 1) Risk assessment of the member,
 - 2) Mental status examination of the member,
 - 3) A summary of impressions, and observations,
 - 4) Recommendations for next steps,
 - 5) Diagnostic impressions of the qualified clinician,
 - 6) Identification of the need for further or specialty evaluations, and
 - 7) Other information determined to be relevant.
- c. In situations when a specific assessment is duplicated (e.g., developmental assessment, CALOCUS), the results of such assessments shall be discussed collaboratively with any other provider that may have completed an assessment, to address clinical implications for treatment needs. Differences shall be addressed within the “team” with participation from both the health home and behavioral health provider outside of the health home.

2. Additional Assessments

- a. Children ages 0 through five: Developmental screening shall be conducted for children ages 0 through five with a referral for further evaluation when developmental concerns are identified. Information on standardized assessments is available within AMPM Behavioral Health Practice Tool (BHPT) 210,
 - i. This information shall be shared with the providers involved in the child’s care, the TRBHA or Tribal ALTCS.
- b. Children ages six through 17: An age-appropriate assessment (e.g., CALOCUS unless the member is with FFS or Tribal ALTCS), shall be completed during the initial assessment and updated at least every six months,
 - i. This information shall be shared with the providers involved in the child’s care, the TRBHA or Tribal ALTCS.
- c. Children ages six through 17: Strength, Needs and Culture Discovery Document shall be completed, (for FFS members as deemed appropriate by the health home or FFS provider)
 - i. This information shall be shared with the providers involved in the child’s care, the TRBHA or Tribal ALTCS.
- d. Children ages 11 through 17: A standardized tool shall be utilized to evaluate for potential substance use,
 - i. In the event of positive results, the information shall be shared with the providers involved in the child’s care, the TRBHA or Tribal ALTCS and may be shared only if the member has authorized sharing of protected health information (45 CFR 160.103).
- e. Individuals ages 18 and up: A standardized tool, as specified in contract, shall be utilized to evaluate for potential substance use (e.g. American Society of Addiction Medicine (ASAM, unless the member is with FFS or Tribal ALTCS),
 - i. In the event of positive results, the information shall be shared with the providers involved with the member’s care, to the TRBHA or Tribal ALTCS and may be shared only if the member has authorized sharing of protected health information (45 CFR 160.103).

C. SERVICE AND/OR TREATMENT PLANNING:

Service planning shall encompass a description of all covered health services that are deemed as medically necessary and based on member voice and choice. The service plan shall be a uniform, single plan that is developed and administered by the health home, FFS provider or the ALTCS Case Manager, and includes all treatment plans and additional relevant documents from other service providers or entities involved in the members' care (i.e., education, probation, etc.).

Treatment planning may occur within or outside of the health home for MCOs, ALTCS Contractor or FFS provider, based on the member's identified need. A member may have multiple treatment plans based on various clinical needs.

1. The service and/or treatment plan shall be based on a current assessment and/or specific treatment need (e.g., out of home services, specialized behavioral health treatment for substance use).
2. The service or treatment plan shall identify the services and supports to be provided, according to the covered, medically necessary services specified in AMPM Policy 310-B.
3. The Contractor shall require subcontractors and providers to make available and offer the option of having a Family Support Specialist and/or Peer Recovery specialist 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.
4. The behavioral health provider shall document whether or not the member, or when applicable, their HCDM, and/or Designated Representative (DR) agrees or disagrees with the service or treatment plan and has indicated such agreement or disagreement by either a written or electronic signature on the service or treatment plan.
5. The health home or FFS provider shall coordinate with any entity involved in the member's care including, but not limited to the Contractor(s), PCP(s), TRBHAs, ALTCS case managers, DCS, probation as applicable, regarding Behavioral Health Assessments, Service, and Treatment Planning as specified in AMPM Policy 541.

D. 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 that 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 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 to needs identified in a member's treatment, service, or behavior plan in addition to any one or a combination of the following:

- a. Justice involvement,
- b. Previous psychiatric hospitalizations,
- c. Out of home placements:
 - i. Home and Community Based Service (HCBS) settings (e.g. assisted living facility),
 - ii. Nursing facilities,
 - iii. Group home settings,
- d. Special health care needs,
- e. History of, or presently under court ordered treatment,
- f. History of Danger to Self/Danger to Others (DTS/DTO),
- g. Individuals with a Serious Mental Illness (SMI) designation,
- h. Individuals identified as High Risk/High Needs, and
- i. Children ages six through 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 Child and Family Team (CFT) or Adult Recovery Team (ART),
- b. Identification of realistic interventions that are most helpful or not helpful to the individual and their 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, 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, HCDM and/or DR, 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, roommates, housing, financials, medical needs, schoolwork).