

**320-O - BEHAVIORAL HEALTH ASSESSMENTS AND TREATMENT/SERVICE  
PLANNING**EFFECTIVE DATES: 10/05/17, 10/01/18, 10/01/19<sup>1</sup>**REVISION****APPROVAL** DATES: 07/20/17, 09/06/18, 06/13/19<sup>2</sup>**I. PURPOSE**

This Policy applies to ~~AHCCCS Complete Care (ACC)~~, ALTCS E/PD, DES/DDD (DDD)<sup>3</sup> and RBHA Contractors; Fee-For-Services (FFS) Programs ~~as delineated within this Policy~~<sup>4</sup> including: Tribal ALTCS, TRBHAs, American Indian Health Program (AIHP)<sup>5</sup>, 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 assigned to the Behavioral Health Home.<sup>6</sup>

**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 A.A.C. 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,

<sup>1</sup> Date changes are effective

<sup>2</sup> Date presented at APC Meeting or without APC review, the date Policy is published

<sup>3</sup> Adding DDD due to 10-1-19 integration of behavioral health

<sup>4</sup> Removed to align with standard purpose formatting

<sup>5</sup> Included AIHP in purpose

<sup>6</sup> Post APC change: clarified definition for Behavioral Health Home

SECTION 320 – SERVICES WITH SPECIAL CIRCUMSTANCES

**BEHAVIORAL HEALTH TECHNICIAN (BHT)**

- 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 with:
  - i. A psychiatric-mental health nursing certification, or
  - ii. One year of experience providing behavioral health services<sup>7</sup>

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.

**HEALTH CARE DECISION MAKER**<sup>8</sup>

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 unemancipated 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.

**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 incorporates the

<sup>7</sup> Post APC changed based on updates to A.A.C. that will be effective 10/1/19

<sup>8</sup> Added definition from Contract

- 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/~~guardian~~/Health Care Decision Maker<sup>9</sup>/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,
  - e. ~~Development of a therapeutic alliance between the member/Health Care Decision Maker~~<sup>10</sup>/~~guardian~~/designated representative and behavioral health provider that promotes an ongoing partnership built on mutual respect and equality, and
  - c. ~~\_\_\_\_\_~~
  - d. ~~Clinical \_\_\_\_\_~~—expertise/qualifications of ~~person~~individual(s) conducting the assessment, ~~T~~treatment/~~S~~service ~~P~~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~~/Health Care Decision Maker<sup>11</sup>/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 ~~T~~treatment/~~S~~service ~~P~~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~~/Health Care Decision Maker<sup>12</sup> /designated representative resulting in modification to the Treatment/~~S~~service ~~P~~plan(s), as necessary,
  - d. Provision of all covered services as identified on the ~~T~~treatment/~~S~~service ~~P~~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-specified~~ in AMPM Policy 430 and AMPM Policy 100.

<sup>9</sup> Updated to “health care decision maker” throughout Policy

<sup>10</sup> Updated to “health care decision maker”

<sup>11</sup> Replaced with ‘health care decision maker’

<sup>12</sup> Updated with “health care decision maker”

For adults, services are provided consistent with the Adult Service Delivery System - 9 Guiding Principles [as specified in AMPM Policy 100](#)<sup>13</sup>,

- ~~f. Ongoingf. Ongoing~~ collaboration with other individuals and/or entities ~~with~~ for 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~~<sup>14</sup>), justice system and others). This shall include sharing of clinical information as appropriate, and
- g. ~~Ensure Assistance with~~ continuity of care by ~~ensuring 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 additional~~ details, ~~please~~<sup>15</sup> refer to ACOM Policy 402 and AMPM Policy 520, ~~and~~
- g.h. Throughout this Policy, all references to Behavioral Health Homes and CFT/ARTs pertain to Contractors and not to FFS Programs or FFS populations. FFS members are not assigned to a Behavioral Health Home, and a CFT/ART is not required in order for FFS members to receive services.<sup>16</sup>

## **B. ASSESSMENT AND SERVICE PLANNING**

- 1. ~~General Requirements for ACC, ALTCS E/PD, and RBHA Contractors and, 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,
    - i. Attachment A shall be utilized by the member/Health Care Decision Maker to indicate agreement or disagreement with Service Plan and awareness of rights to appeal process if not in agreement with Service Plan.<sup>17</sup>
  - b. Behavioral health providers, including ~~Specialty Providers~~, may engage in assessment and ~~service/Treatment/Service~~<sup>18</sup> Planning activities to support timely access to medically necessary behavioral health services,
    - i. Should a Specialty Provider complete any type of behavioral health assessment, the Specialty Provider shall communicate with the behavioral health home regarding assessment findings. In situations where a specific assessment is duplicated and findings are discrepant, Specialty Provider and Health Home BHP or BHT shall discuss the differences and clinical

<sup>13</sup> [Adding location of where the principles are outlined](#)

<sup>14</sup> [DDD deleted given upcoming contract status change.](#)

<sup>15</sup> [Removed; formatting](#)

<sup>16</sup> [Post APC change to accommodate FFS service structure](#)

<sup>17</sup> [Added language for Attachment A](#)

<sup>18</sup> [Reversed order to 'Treatment/Service Planning' to align with Definitions](#)

- implications for treatment needs. Differences shall be addressed within the CFT with participation from both the Health Home and Specialty Provider.
- ii. For ALTCS members, assessment and service planning shall be implemented to align, as much as possible, with the ALTCS assessment and Service Plan, and-
  - iii. For those ALTCS members that have also been determined SMI, 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.
- ~~b.c.~~ In the event the assessment or ~~T~~treatment/~~S~~service ~~P~~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 Health Care Decision Maker<sup>19</sup>/designated representative, and a BHP shall be included in the assessment process and development of the ~~T~~treatment/~~S~~service ~~P~~plan,
    - ~~i.~~
  - ~~e.e.~~ The assessment and ~~Treatment/S~~service ~~P~~plan shall be included in the ~~clinical medical<sup>20</sup>~~ record in accordance with AMPM Policy 940.
  - f. The ~~Treatment/<sup>21</sup>S~~service ~~P~~plan shall be based on the current assessment and identify the specific services and supports to be provided,
    - i. Services within the Service Plan shall be based on the range of services specified<sup>22</sup> under AMPM Policy 310-B.
  - ~~e.g.~~ The behavioral health provider shall document whether or not the member/guardian Health Care Decision Maker<sup>23</sup>/designated representative is in agreement with the ~~S~~service ~~P~~plan,
  - ~~e.h.~~ The member/guardian/Health Care Decision Maker<sup>24</sup>/designated representative shall be provided with a copy of his/her ~~S~~service ~~P~~plan within seven calendar days upon completion of the ~~s~~Service ~~P~~plan and/or upon request,
  - ~~f.i.~~ ~~A~~ Serious Mental Illness (SMI) Determination shall be completed for ~~persons individuals~~ who request an SMI determination in accordance with AMPM Policy 320-P, and
  - ~~g.j.~~ For members determined SMI:
    - i. Assessment and ~~T~~treatment/~~S~~service ~~P~~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,

<sup>19</sup> Updated to Health Care Decision Maker

<sup>20</sup> Replacing with 'medical record' throughout Policy

<sup>21</sup> Added Treatment/Service Plan throughout for congruency

<sup>22</sup> Formatting; replaced with specified

<sup>23</sup> Replaced with health care decision maker

<sup>24</sup> Replaced with health care decision maker

- iii. The completed Treatment/Service Plan shall be signed by the member/guardianHealth Care Decision Maker<sup>25</sup>/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.
- k. 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,
- l. Assessments and Treatment/Service Plan<sup>26</sup> 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<sup>27</sup> or family member,
  - iii. Change in family structure (e.g. divorce, incarceration),
  - 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,<sup>28</sup>
- m. 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 as specified in AMPM Policy 950,
- n. 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<sup>29</sup>,
- o. 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 supply<sup>30</sup> completed assessment and Treatment/Service Plan documentation to the Behavioral Health Home for inclusion in the comprehensive Behavioral Health Home medical record. @
- p. The Behavioral Health Home shall coordinate with the Contractors, PCP, Specialty Providers,<sup>31</sup> ALTCS case managers<sup>32</sup>, and others involved in the care or treatment of the member (e.g. DCS, Probation), as applicable, regarding assessment and Treatment/Service Planning see AMPM Policy 1050, and
- q. Special Circumstances:<sup>33</sup>

<sup>25</sup> Replaced with health decision maker

<sup>26</sup> Included for treatment service plan

<sup>27</sup> POST APC CHANGE: included 'friend'

<sup>28</sup> Added language to clarify assessments may be required more often.

<sup>29</sup> Removed; not needed

<sup>30</sup> Changed word to improve flow

<sup>31</sup> Removed support coordinators; DDD refers to CMs as SCs

<sup>32</sup> Included ALTCS case managers

<sup>33</sup> Removed; Policy 570 has been reserved

- i. Children Age 0 through 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 through 17 - The Child and Adolescent Service Intensity Instrument (CASII) shall be completed by the Behavioral Health Home during the initial assessment and updated at every six months<sup>34</sup>.
  - iii. Children Age 6 through 17 - with CASII Levels of Intensity<sup>35</sup> of four or Higher: Strength, Needs and Culture Discovery Document shall be completed by the Behavioral Health Home, and
  - iv. Children Age 11 through 17 - Standardized substance use screen and referral for further evaluation when screened positive shall be completed by the Behavioral Health Home.<sup>36</sup>
2. Tribal ALTCS, TRBHAs and FFS Providers FFS Programs:
  - a. Behavioral health providers, including Sspecialty Pproviders, shall provide completed assessment and Ttreatment/Sservice Pplan 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 Contractor, Primary Care Provider (PCP), Sspecialty Pproviders 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 Ttreatment/Sservice Pplanning, and
  - c. Tribal ALTCS shall coordinate with the member's Primary Care Provider (PCP), Specialty Providers and others involved in the care or treatment of the member (e.g. DCS, Probation), as applicable, regarding assessment and Treatment/Service Planning.<sup>37</sup>
  - 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.<sup>38</sup>
  - e. FFS Providers are responsible for care coordination of AIHP members across the service delivery system (e.g., American Indian Medical Home, IHS 638 Facility, PCP), and for<sup>39</sup>
  - f. Special Circumstances:
    - i. Children Age 11 ~~to~~ through 17<sup>8</sup>: 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.

<sup>34</sup> Changed to every six months to mirror CFT Guidance Document (and AACAP recommendations)

<sup>35</sup> Updated to CASII Levels of Intensity

<sup>36</sup> Items k., through q., are pulled up from 3., below as these are general requirements that apply to all

<sup>37</sup> Adding for clarity for Tribal ALTCS

<sup>38</sup> Adding language to ensure care coordination efforts

<sup>39</sup> Adding language to ensure care coordination efforts for AIHP members

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.a. For ACC, DDD<sup>40</sup>, and RBHA Contractors, the Behavioral Health Home provider serves as the behavioral health<sup>41</sup> case management agency, and~~
- ~~c.b. For ALTCS E/PD Contractors, the Contractor serves as the case management entity.<sup>5</sup>~~
  - ~~i. Assessments shall be updated at a minimum of once annually;~~
  - ~~d. 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;~~
  - ~~e. 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;~~
  - ~~f. 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;~~
  - ~~— 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;~~
  - ~~g. , and~~
  - ~~h. 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 (CASH) 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 CASH Score of four or Higher: Strength, Needs and Culture Discovery Document shall be completed by the Behavioral Health Home, and~~
    - ~~— Children Age 11 to 18 — Standardized substance use screen and referral for~~

<sup>40</sup> Included ‘DDD’

<sup>41</sup> Added behavioral health for clarification



~~further evaluation when screened positive shall be completed by the Behavioral Health Home.~~<sup>42</sup>

OPEN UNTIL 08/08/19

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<sup>42</sup> Moved all items except for B. and C. under general requirements; information is retained