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, 10/01/23

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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), DES/DDD Tribal Health Program (DDD THP), 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

Refer to the AHCCCS Contract and Policy Dictionary for the following common terms found in this Policy:

ADULT RECOVERY TEAM (ART)	**ARIZONA DEPARTMENT OF CHILD SAEFTY (DCS)**	**BEHAVIORAL HEALTH ASSESSMENT**
BEHAVIORAL HEALTH PROFESSIONAL (BHP)	**BEHAVIORAL HEALTH PARAPROFESSIONAL (BHPP)**	**BEHAVIORAL HEALTH TECHNICIAN (BHT)**
CHILD AND FAMILY TEAM (CFT)	**GENERAL MENTAL HEALTH/SUBSTANCE USE (GMH/SU)**	**HEALTH CARE DECISION MAKER (HCDM)**
HOME AND COMMUNITY BASED SERVICE (HCBS)	**MEMBER**	**PERSON CENTERED SERVICE PLAN (PCSP)**
SERIOUS MENTAL ILLNESS (SMI)	**TREATMENT PLAN**	

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

OUTPATIENT TREATMENT CENTER (OTC) A class of health care institutions without inpatient beds that provides physical health or behavioral health services for the diagnosis and treatment of patients, as specified in A.A.C. R9-101-158. For purposes of this policy the OTC is further defined as provider types 77 and IC (Refer to AMPM Policy 610 - Attachment A.

SERVICE PLAN Any plan, which outlines member services and goals. This may include service plans, treatment plans, Person Centered Service Plan (PCSP), Individual Family Service Plan (IFSP), Individual Education Plan (IEP), or any other document that outlines services and/or treatment goals, from any entity involved with the member's care and treatment that is used to improve the coordination of care across multiple systems.

III. POLICY

A. OVERVIEW

The Contractor shall ensure that behavioral health assessments, service, and/or treatment planning be conducted in compliance with 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 Policy 100. Both A.A.C. Title 9, Chapters 10 and 21 shall be followed to ensure the Arizona Department of Health Services (ADHS) requirements are met for assessment, service, and treatment planning. The Behavioral Health Practice Tools, Child and Adolescent Level of Care Utilization System (CALOCUS), and American Society of Addiction Medicine (ASAM) are optional resources for the FFS Programs.

1. Behavioral Health Assessments, Service, and Treatment Planning shall:
   a. Be conducted following A.A.C. Title 9, Chapters 10 and A.A.C. Title 9, Chapter 21, Article 3, for children and adults identified as General Mental Health/Substance Use (GMH/SU),
   b. Be conducted following A.A.C. 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 (e.g., Behavioral Health Professionals [BHPs], or Behavioral Health Technicians [BHTs]) under the appropriate clinical oversight or supervision of a Behavioral Health Professional (BHP), as specified in A.C.C. R9-10-1011 and identified in AMPM Policy 310-B,
   d. Incorporate the concept of a "team" established for each member receiving behavioral health service, and
      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 may consist of whomever is identified by the member/HCDM.
   e. Utilize Attachment A to indicate the member's/HCDM's agreement or disagreement with the service plan and awareness of the right to appeal if not in agreement with the service plan.
      i. Utilize Attachment A to indicate the member's signature on the service plan, even if the HCDM has the legal authority for treatment decisions.

Behavioral health providers shall supply the completed assessment, service and/or treatment plan documentation to other providers as necessary for coordination and inclusion in the member's medical record as specified in AMPM Policy 940.

2. For ALTCS members (Tribal ALTCS, ALTCS E/PD or DDD) the 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:
   a. For ALTCS members who have an SMI designation, service planning shall align with all requirements for members with an SMI designation including, but not limited to the following Policies:
      i. AMPM Policy 310-B,
      ii. AMPM Policy 320-R,
      iii. AMPM Policy 541,
      iv. AMPM Policy 1610,
      v. AMPM Policy 1620,
      vi. AMPM Exhibit 1620-10
      vii. ACOM Policy 444, and
      viii. ACOM Policy 446.
   b. 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,
   c. For members with an SMI designation, a special assistance assessment shall be completed in accordance with AMPM Policy 320-R, and
   d. 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).

3. 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, or a change in housing location or status,
   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 the member, their family member, or person of importance,
   f. Change in level of care,
   g. Incarceration, and
   h. Any event that may cause a disruption of normal life activities, based on a member's identified perspective, and need.

4. FFS Programs:
   a. All 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, and/or other FFS providers involved in the member's care for inclusion in the member's medical record,
   b. 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,
   c. For FFS populations the term treatment plan may be used interchangeably with the term service plan,

d. 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, probation, Skilled Nursing Facility [SNF]) as applicable, regarding assessment, service and/or treatment planning,
e. FFS Providers 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, and
f. FFS providers 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:
    i. The assigned TRBHA,
    ii. DDD Support Coordinator or DDD District Nurse,
    iii. American Indian Medical Home (AIMH),
    iv. PCP,
    v. The inpatient and/or outpatient treatment team, including the BHP who shall be responsible for the member's treatment plan,
    vi. The outpatient treatment team may also include Indian Health Services (IHS), Tribally operated 638 Facility, or Urban Indian Health (I/T/U), and/or
    vii. Other individuals of the treatment team including physical health providers, as applicable which may or may not include optional utilization of Child Family Team (CFT) or Adult Recovery Team (ART).
g. Standardized screenings are not required for FFS, TRBHAs or Tribal ALTCS.

B. BEHAVIORAL HEALTH ASSESSMENTS:

1. Assessment:
    a. Members receiving behavioral health services shall receive a behavioral health assessment in compliance with the rules set forth in A.A.C. 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 planning,
    b. The outpatient provider of behavioral health services is responsible for maintaining all behavioral health assessments within the medical record, and for ensuring periodic assessment updates are completed to meet the changing behavioral health needs for members who continue to receive behavioral health services. The behavioral health provider shall document in the member's medical record that the assessment has been shared with the member's PCP,
    c. All providers shall maintain an immediately accessible copy of the member's assessment (see AMPM Policy 940),
        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 their family,
            3) Current and past behavioral health treatment, current and past medical conditions, and treatment,
            4) History of physical, emotional, psychological, or sexual trauma at any stage of life, if applicable,
            5) History of other types of trauma (e.g., environmental, natural disasters, etc.),

6) Current and past substance use related disorders, if applicable,
7) Social Determinants of Health (SDOH) or Health Related Social Needs (HRSN):
   a) Living environment,
   b) Educational and vocational training,
   c) Employment,
   d) Interpersonal, social, and cultural skills.
8) Developmental history,
9) Criminal justice history,
10) Public (e.g., unemployment, food stamps) and private resources (e.g., faith-based, natural supports),
11) Legal status (e.g., presence or absence of a HCDM) and apparent capacity (e.g., ability to make decisions or complete daily living activities),
12) Need for special assistance, and
13) 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 clinician's 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 that is determined to be relevant.

d. There are no specific assessment templates required if the assessment fulfills components listed above. These components may be considered as a completed assessment or reassessment. An assessment may also include, but is not limited to a psychiatric evaluation, psychological evaluation, standardized assessments designed to address specific needs (e.g., depression, anxiety, need for HRSN), or specific assessments from other providers designed to meet member's treatment needs,

e. In situations when a standardized assessment or tool is completed by multiple service providers who are providing services to a member, (e.g., developmental assessment, CALOCUS), the results shall be shared and discussed collaboratively to address clinical implications for treatment needs. Differences in level of care shall be addressed within the "team" to develop consensus regarding level of care and the needs of the child and family, and

f. If an assessment has been completed by another provider, or prior to behavioral health outpatient treatment, or if the OTC has a medical record for the patient that contains an assessment that was completed within 12 months before the date of the patient's current admission, the following requirement is applicable (per A.A.C. R9-10-1011),
   i. The patient's assessment information is reviewed and updated if additional information is identified that affects the patient's assessment, and
   ii. The review and update of the patient's assessment information is documented in the patient's medical record within 48 hours after the review is completed.

2. Additional Assessments
   a. Children ages birth through five: Developmental screening shall be conducted for children ages birth through five with a referral for further evaluation when developmental concerns are identified. Information on standardized assessments is available within AMPM Policy 461. The Early Childhood Service Intensity Instrument (ECSII) is **not** required, but may be utilized, as an additional option for identifying developmental concerns for children birth through five,
      i. This information shall be shared with the providers involved in the child's treatment and care, Tribal ALTCS case manager or the TRBHA.
   b. Children ages six through 17: An age-appropriate assessment (e.g., CALOCUS, shall be completed during the initial assessment and updated at least every six months,
   c. This information shall be shared with the providers involved in the child's care, the Tribal ALTCS case manager or the TRBHA. Children ages six through 17: Strength, Needs and Culture Discovery Document shall be completed, (for FFS members as deemed appropriate by the TRBHA, AIMH or FFS provider),
      i. This information shall be shared with the providers involved in the child's care, the Tribal ALTCS case manager or the TRBHA.
   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 case manager and may be shared only if the member has authorized sharing of protected health information (45 CFR 160.103), and
      ii. In the event of positive results for any minor child, the providers involved in the child's care shall follow all applicable state and federal laws, unless directed otherwise.
   e. Members ages 18 and up: A standardized tool, as specified in contract, shall be utilized to evaluate for potential substance use (e.g., ASAM),
      i. In the event of positive results, the information shall be shared with the providers involved with the member's care, to the Tribal ALTCS case manager or the TRBHA 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 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, and strategies to assist the member in achieving an improved quality of life. The service plan shall be developed and administered by the primary outpatient provider, FFS provider, or the ALTCS case manager, that includes all treatment plans developed by other providers involved in the member's care, and additional relevant documents from other service providers or entities involved in the member's care (e.g., education, probation).

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.

Treatment planning may occur with more than one outpatient provider for Managed Care Organizations (MCO)s, TRBHAs, 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, trauma).

2. All services shall have identified goals that are measurable, including frequency, duration, and method for indicating member's definition of goal achievement.

3. The service or treatment plan shall identify the services and support to be provided, according to the covered, medically necessary services specified in AMPM Policy 310-B.

4. The Contractor shall require subcontractors and providers to make available and offer the option of having a Credentialed Family Support Partner and/or Peer-and-Recovery Support Specialists 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.

D. SAFETY PLANNING

1. A 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. A 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. Safety plans shall be trauma informed, with a focus on safety and harm reduction.

   The development of a safety plan shall be completed in alignment with the member's service and treatment plan, and any existing behavior plan if applicable (e.g., Functional Behavioral Assessment [FBA], DES/DDD Behavior Plan). The development of a safety plan shall be considered when any of the following clinical indicators are identified in a member's treatment, service, or behavior plan:
   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 (COT),
   f. History or present concern of Danger to Self/Danger to Others (DTS/DTO),
   g. Members with a SMI designation,
   h. Members identified as high risk/high needs, and/or
   i. Children ages six through 17 with a CALOCUS Level of 4, 5, or 6.

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 safety plan shall be distributed to the outpatient team members that assisted with development of the safety plan.

A safety plan does not replace or supplant a Mental Health Power of Attorney or behavior plan, but rather serves as a complement to these existing documents.

1. Essential Elements

A 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 HCDM, DR, as well as members of the CFT or ART,
b. Realistic interventions that are most helpful or not helpful to the individual and their family members or support system,
c. Consideration of physical limitations, comorbid conditions, or other unique needs the member may have that would aid in reduction of symptoms,
d. Guiding the support system toward ways to be most helpful to members and their families,
e. Multi-system Involvement,
f. Adherence to COT (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).