

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

REVISION DATE: 5/8/2024, 3/1/2021

REVIEW DATE: 9/28/2023

EFFECTIVE DATE: October 1, 2019

REFERENCES: A.R.S. § 32-3251 et seq., A.R.S. § 36-501; A.A.C. R9-10, A.A.C. R9-21; AdSS Medical Policies 310-B, 320-R, 541; AdSS Operations Policies 417, 444, 446

### **PURPOSE**

This policy applies to the Division of Developmental Disabilities' (Division) Administrative Services Subcontractors (AdSS) and establishes requirements for the provision of Behavioral Health assessments, service, and treatment planning for Division Members enrolled with a Division subcontracted health plan.

### **DEFINITIONS**

1. "Behavioral Health Assessment" means the ongoing collection and analysis of an individual's medical, psychological, psychiatric and social conditions in order to initially determine if a health disorder exists, if there is a need for behavioral health services, and on an ongoing basis ensure that the individual's service plan is designed to meet the

individual's (and family's) current needs and long-term goals.

2. "Behavioral Health Professional" means:
  - 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;
  - 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 a psychiatric-mental health nursing certification or one year of experience providing behavioral health services.
3. "Behavioral Health Technician" means an individual who is not a Behavioral Health Professional, who provides behavioral health

services at or for a health care institution, according to the health care institution's policies and procedures, with clinical oversight by a behavioral health professional, and that if provided in a setting other than a licensed health care institution would require the individual to be licensed as a behavioral health professional under A.R.S Title 32, Chapter 33.

4. "Designated Representative" means an individual parent, guardian, relative, advocate, friend, or other individual designated orally or in writing by a Member or Responsible Person who, upon the request of the Member, assists the Member in protecting the Member's rights and voicing the Member's service needs.
5. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
6. "Outpatient Treatment Center" means a class of health care institution without inpatient beds that provides physical health services or behavioral health services for the diagnosis and treatment of patients.
7. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed.
8. "Service Plan" means any plan which outlines member services and

goals. This may include service plans, treatment plans, person-centered service plans, individual family service plans, individual education plans, or any other document that outlines services and 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.

9. "Treatment Plan" means a written plan of services and therapeutic interventions based on a complete assessment of a Member's developmental and health status, strengths and needs that are designed and periodically updated by the multispecialty, interdisciplinary team.

## **POLICY**

### **A. ASSESSMENTS, SERVICE, AND TREATMENT PLANNING REQUIREMENTS**

1. The AdSS shall ensure behavioral health assessments, service, and treatment planning are conducted in compliance with the Adult Behavioral Health Delivery System - Nine Guiding Principles, the Arizona Vision and Twelve Principles for Children's Behavioral Health Service Delivery, as specified in AMPM 100 and Chapter 200, Behavioral Health Practice Tools.

2. The AdSS shall implement the following behavioral health assessment, service, and treatment planning requirements as follows:
  - a. Conducted following A.A.C. Title 9, Chapter 10, and A.A.C. Title 9, Chapter 21, Article 3, for children and adults identified as General Mental Health/Substance Use.
  - b. Conducted following A.A.C. Title 9, Chapter 21, Articles 3 and 4, for Members with a Serious Mental Illness (SMI) designation.
  - c. Conducted by an individual within their scope of practice, for example, Behavioral Health Professionals, or Behavioral Health Technicians under clinical oversight or supervision of a Behavioral Health Professional, as specified in A.A.C. R9-10-1011.
  - d. Incorporate the concept of a “team” established for each Member receiving behavioral health services, based on Member choice, does not require a minimum number of participants, and may consist of whomever is identified by the Member or Responsible Person.
  - e. Use AMPM 320-O Attachment A to indicate the Member/Responsible Person’s agreement or disagreement

- with the Service Plan and awareness of the right to appeal if not in agreement with the Service Plan.
- f. Use AMPM 320-O Attachment A to indicate the Member's signature on the Service Plan even if the Responsible Person has the legal authority for treatment decisions.
  - g. Supply completed assessment, service, and treatment plan documentation to other providers, as necessary, for coordination of care and inclusion in the Member's record as specified in AdSS Medical Policy 940.
3. The AdSS shall adhere to the following requirements for ALTCS eligible Members:
- a. The case manager serves as the primary responsible entity for coordination of all primary, physical and behavioral health services and supports to provide whole person care;
  - b. Service planning for ALTCS Members with an SMI designation shall align with the requirements for individuals with an SMI designation.
  - c. A special assistance assessment is completed for Members with an SMI designation in accordance with AdSS Medical Policy 320-R.

- d. Assessment, service, and treatment planning for Members under the legal custody of the Arizona Department of Child Safety (DCS) are coordinated in accordance with AdSS Medical Policies 541 and 449.
4. The AdSS shall ensure behavioral health assessments, Service, and Treatment Plans are updated at least annually, or more often if needed, based on clinical needs or significant life events, including:
    - a. Moving or a change in housing location or status;
    - b. Death of a family member or friend;
    - c. Change in family structure, for example, 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.

## **B. BEHAVIORAL HEALTH ASSESSMENTS**

1. The AdSS shall require that Members receiving behavioral health services receive a behavioral health assessment in compliance with the rules set forth in A.A.C. Title 9, Chapters 10 and 21, and AdSS Medical Policy 417, as applicable, for timeliness standards and identification of assessed needs for purposes of service planning.
2. The AdSS shall require outpatient providers of behavioral health services to be responsible for the following:
  - a. Maintaining all behavioral health assessments within the medical record;
  - b. Periodic assessment updates completed to meet the changing behavioral health needs for Members who continue to receive behavioral health services; and
  - c. Document in the Member's medical record that the assessment has been shared with the Member's primary care provider.
3. The AdSS shall require all providers to maintain an accessible copy of the Member's behavioral health assessment.
4. The AdSS shall require that the assessment includes an



evaluation of the Member's:

- a. Presenting concerns;
- b. Information on the strengths and needs of the Member and their family;
- c. Current and past behavioral health treatment;
- d. Current and past medical conditions and treatment;
- e. History of physical, emotional, psychological, or sexual trauma at any stage of life, if applicable;
- f. History of other types of trauma such as environmental or natural disasters;
- g. Current and past substance use related disorders, if applicable;
- h. Social Determinants of Health or health related social needs:
  - i. Living environment
  - ii. Educational and vocational training
  - iii. Employment
  - iv. Interpersonal, social, and cultural skills
- i. Developmental history;
- j. Criminal justice history;
- k. Public and private resources;



shall be addressed within the team to develop consensus regarding level of care and the needs of the child and family.

7. If an assessment has been completed by another provider, or prior to behavioral health outpatient treatment, or if the outpatient treatment center 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:
  - a. The Member's assessment information is reviewed and updated if additional information is identified that affects the Member's assessment; and
  - b. The review and update of the Member's assessment information is documented in the Member's medical record within 48 hours after the review is completed.
  
8. The AdSS shall require additional assessments to be completed as follows:
  - 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, and the information shared with

- the providers involved in the child's treatment and care
- b. Children Ages 6 through 17: An age-appropriate Child and Adolescent Level of Care Utilization System assessment shall be completed during the initial assessment and updated at least every six months, and the information shared with the providers involved in the child's treatment and care.
  - c. Children Ages 11 through 17: A standardized tool shall be used to evaluate for potential substance use.
    - i. In the event of positive results, the information shall be shared with the providers involved with the child's care only if the Member/Responsible Person has authorized sharing of protected health information as specified in 45 CFR 160.103.
    - 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.
  - d. Members ages 18 and up: A standardized tool shall be used to evaluate for potential substance use.
    - i. In the event of positive results, the information shall

be shared with the providers involved with the Member's care only if the Member or Member's Responsible Person has authorized sharing of protected health information as specified in 45 CFR 160.103.

### **C. SERVICE AND TREATMENT PLANNING**

1. The AdSS shall require the following service planning elements:
  - a. A description of all covered health services deemed as medically necessary and based on Member voice and choice.
  - b. 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.
  - c. The Service Plan shall be developed and administered by the primary outpatient provider or the ALTCS case manager, that includes all Treatment Plans developed by other providers involved in the Member's care, and

additional documents from other service providers or entities involved in the Member's care.

2. The AdSS shall require the following treatment planning elements:
  - a. Treatment planning may occur with more than one outpatient provider based on the member's identified need.
  - b. A member may have multiple Treatment Plans based on various clinical needs.
  - c. Service and Treatment Plans are based on a current assessment or specific treatment need, such as out-of-home services, specialized behavioral health treatment for substance use, or trauma.
  - d. All services shall have identified goals that are measurable, including frequency, duration, and method for indicating Member's definition of goal achievement.
  - e. Service and Treatment Plans identify the services and support to be provided according to the covered, medically necessary services specified in AdSS Policy 310-B.
  - f. Behavioral health providers shall 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, and for the purpose of navigating Members to treatment or increasing participation and retention in treatment and recovery support services.

#### **D. SAFETY PLANS**

1. The AdSS shall require the following:
  - a. 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.
  - b. A Safety Plan is developed in accordance with the Vision and Guiding Principles of the Children's System of Care and the Nine Guiding Principles of the Adult System of Care as specified in AMPM Policy 100.
  - c. A Safety Plan is trauma informed with a focus on safety and harm reduction.
  - d. Development of a Safety Plan is completed in alignment with the Member's Service and Treatment Plans, and any existing Behavior Plan or Functional Behavioral

Assessment, if applicable.

- e. Development of a Safety Plan is considered when any of the following clinical indicators are identified in the Member's Service, Treatment, or Behavior Plan:
  - i. Justice system involvement,
  - ii. Previous psychiatric hospitalizations,
  - iii. Out-of-home placements,
    - 1) Home and Community Based Service settings
    - 2) Nursing Facilities
    - 3) Group Home settings
  - iv. Special Health Care Needs,
  - v. History of, or presently under court-ordered treatment,
  - vi. History or present concern of danger to self or others,
  - vii. Members with an SED or SMI designation,
  - viii. Members identified as high risk or high needs, or
  - ix. Children ages six through 17 with a Child and Adolescent Level of Care Utilization System Level of 4, 5 or 6.



2. The AdSS shall implement the following Safety Plan requirements:
  - a. A Safety Plan is updated at least annually, or more frequently if a Member meets one or more of the above criteria, or if there is a significant change in the Member's needs.
  - b. A copy of the Safety Plan is distributed to the team members that assisted with development of the Safety Plan.
  - c. 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.
  - d. A Safety Plan establishes goals to prevent or ameliorate the effects of a crisis and specifically addresses the following essential elements:
    - i. Techniques for establishing safety as identified by the Member/Responsible Person, Designated Representative, or members of the CFT or ART.
    - ii. Realistic interventions that are most helpful or not helpful to the Member and their family or support system.

- iii. Guidance of the support system towards ways to be most helpful to Members and their families.
- iv. Multi-system involvement.
- v. Consideration of physical limitations, comorbid conditions, or other unique needs the Member may have that would aid in the reduction of symptoms.
- vi. Adherence to court-ordered treatment, if applicable.
- vii. Necessary resources to reduce the chance for a crisis or minimize the effects of an active crisis for the Member, that may include:
  - 1) Clinical (support staff/professionals), medication, family, friends, Responsible Person, Designated Representative, environmental;
  - 2) Notification and coordination with others;
  - 3) Assistance with or management of concerns outside of crisis, for example, animal care, children, family members, roommates, housing, financials, medical needs, schoolwork; and
  - 4) Utilization of behavioral health crisis services

as specified in AdSS Policy 590.

## **SUPPLEMENTAL INFORMATION**

### **ASSESSMENTS**

1. There are no specific assessment templates required if the assessment fulfills components listed in Section B. These components may be considered as a completed assessment or reassessment.
2. 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.

Signature of Chief Medical Officer:   
[Anthony Dekker \(May 3, 2024 14:05 PDT\)](#)  
Anthony Dekker, D.O.