

1 **320-O BEHAVIORAL HEALTH ASSESSMENTS, SERVICE, AND**
2 **TREATMENT/~~SERVICE~~ PLANNING**

3
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7 REFERENCES: ~~A.R.S. § 32-2061, A.R.S. § 32-2091~~, A.R.S. § 32-3251 et seq.,
8 A.R.S. § 36-501; A.A.C. R4-6-101, A.A.C. R9-10, A.A.C. R9-21; AdSS Medical
9 Policy 310-B, 320-R, 541; AdSS Operations Policy 417, 444, 446

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11
12 **PURPOSE**

13
14 This policy applies to the Division of Developmental Disabilities' (Division)'s
15 Administrative Services Subcontractors (AdSS) and. This policy establishes
16 requirements for describes the the provisions offer Behavioral Health
17 assessments, service, and treatment planning for Division Members enrolled
18 with a DivisionDDD subcontracted health plan.

19 **DEFINITIONS**

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

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

26 2. "Behavioral Health Professional" means:

27 a. An individual licensed under A.R.S. Title 32, Chapter 33, whose
28 scope of practice allows the individual to:

29 i. Independently engage in the practice of behavioral health
30 as defined in A.R.S. § 32-3251; or

31 ii. Except for a licensed substance abuse technician, engage
32 in the practice of behavioral health as defined in A.R.S. §
33 32-3251 under direct supervision as defined in A.A.C. R4-
34 6-101;

35 b. A psychiatrist as defined in A.R.S. § 36-501;

36 c. A psychologist as defined in A.R.S. § 32-2061;

37 d. A physician;

38 e. A behavior analyst as defined in A.R.S. § 32-2091;

39 f. A registered nurse practitioner licensed as an adult
40 psychiatric and mental health nurse; or

41 g. A registered nurse with a psychiatric-mental health nursing
42 certification or one year of experience providing behavioral
43 health services.

44 [3. "Behavioral Health Technician" means an individual who is not a](#)

45 Behavioral Health Professional, who provides behavioral health
46 services at or for a health care institution, according to the health care
47 institution’s policies and procedures, with clinical oversight by a
48 behavioral health professional, and that if provided in a setting other
49 than a licensed health care institution would require the individual to
50 be licensed as a behavioral health professional under A.R.S Title 32,
51 Chapter 33.

52 ~~3.— Behavioral Health Technician (BHT) as specified in A.A.C.~~
53 ~~R9-10-101, an individual who is not a BHP who provides~~
54 ~~behavioral health services at or for a health care institution~~
55 ~~according to the health care institution’s policies and procedures~~
56 ~~that:~~

57 ~~— a.— If the behavioral health services were provided in a setting~~
58 ~~other than a licensed health care institution, would be required~~
59 ~~to be licensed as a behavioral professional under A.R.S. Title 32,~~
60 ~~Chapter 33, and~~

61 ~~4. b.— Are provided with clinical oversight by a behavioral health~~
62 ~~professional.~~

63 4. “Designated Representative” means ~~, for purposes of this Policy,~~ an
64 individual parent, guardian, relative, advocate, friend, or other

65 individual designated orally or in writing by a Member or **Responsible**
66 **Person** guardian who, upon the request of the Member, assists the
67 Member in protecting the Member's rights and voicing the Member's
68 service needs.~~101~~ chosen by a member who carries a serious mental
69 illness designation and has been identified by AHCCCS as requiring
70 Special Assistance. The Designated Representative protects the
71 interests of the member during service planning, inpatient treatment
72 discharge planning, and the SMI grievance,
73 investigation or appeal process.

74 Health Care Decision Maker is an individual who is authorized to
75 make health care treatment decisions for the patient. As to the
76 situation, this may include a parent of an un-emancipated minor
77 or a person lawfully authorized to make health care treatment
78 decisions pursuant to A.R.S. title 14, chapter 5, article 2 or 3; or
79 A.R.S. §§ 8-514.05, 36-3221, 36-3231 or 36-3281.

80 "Health Home" means is a provider that either provides or
81 coordinates and monitors the provision of all primary, physical
82 health, behavioral health services and supports to treat the
83 whole person. A Health Home can be an Outpatient Behavioral
84 Health Clinic, a Federally Qualified Health Center, or an

85 ~~Integrated Care Provider. Members may or may not be formally~~
86 ~~assigned to a Health Home.~~

87 5. "Member" means the same as "Client" as defined in A.R.S. § 36-551.

88 6. "Outpatient Treatment Center" means a class of health care institution
89 without inpatient beds that provides physical health services or
90 behavioral health services for the diagnosis and treatment of patients.

91 7. "Responsible Person" means the parent or guardian of a minor with a
92 developmental disability, the guardian of an adult with a
93 developmental disability or an adult with a developmental disability
94 who is a Member or an applicant for whom no guardian has been
95 appointed.

96 5.8. "Service Plan" means any plan which outlines member services and
97 goals. This may include service plans, treatment plans, person-
98 centered service plans, individual family service plans, individual
99 education plans, or any other document that outlines services and
100 treatment goals, from any entity involved with the Member's care and
101 treatment that is used to improve the coordination of care across
102 multiple systems. ~~is a complete written description of all covered~~
103 ~~health services and other informal supports which includes~~

104 ~~individualized goals, peer and recovery support, family support~~
105 ~~services, care coordination activities and strategies to assist the~~
106 ~~member in achieving an improved quality of life.~~

107 6.9. "Treatment Plan" means a written plan of services and therapeutic
108 interventions based on a complete assessment of a Member's
109 developmental and health status, strengths and needs that are
110 designed and periodically updated by the multispecialty,
111 interdisciplinary team.

112 POLICY

113 A. ASSESSMENTS, SERVICE, AND TREATMENT PLANNING 114 REQUIREMENTS ~~OVERVIEW~~

115
116 1. The AdSS shall ensure Behavioral Health Assessments,
117 service, and/or treatment planning are conducted in
118 compliance with the Adult Behavioral Health Delivery
119 System - Nine Guiding Principles, the Arizona Vision and
120 Twelve Principles for Children's Behavioral Health Service
121 Delivery, as specified in AMPM 100 and Chapter 200,
122 Behavioral Health Practice Tools.

123 1.2. The AdSS shall implement the following Behavioral Health
124 Assessments, ensure Behavioral Health

125 Assessment behavioral health assessment service, and
126 treatment planning requirements as follows:~~The model~~
127 ~~for behavioral health assessment, treatment/service planning~~
128 ~~and service delivery shall be strength based, member centered,~~
129 ~~family friendly, based on voice and choice, culturally and~~
130 ~~linguistically appropriate, and clinically supervised.~~

131 a. Conducted following A.A.C. Title 9, Chapter 10, and A.A.C.
132 Title 9, Chapter 21, Article 32, for children and adults
133 identified as General Mental Health/Substance Use.

134 b. Conducted following A.A.C. Title 9, Chapter 21, Articles 3
135 and 4, for Members with a Serious Mental Illness (SMI)
136 designation.

137 c. Conducted by an individual within their scope of practice,
138 including Behavioral Health Professionals (BHPs), or
139 Behavioral Health Technicians (BHTs) or a and/or
140 Behavioral Health Paraprofessionals (BHPPs) under clinical
141 oversight or supervision of a Behavioral Health
142 Professional, BHP, as specified in A.A.C. R9-10-1011.

143 d. The model incorporates the concept of a "team"
144 established for each Member receiving behavioral health

145 services, The team shall be and based on the Member or
146 Responsible Person's choice, and The team does not
147 require a minimum number of participants, and may
148 consist of whomever is identified by the Member or
149 Responsible Person.

150 e. Use/Utilize AMPM 320-O Attachment A to indicate the
151 Member/Responsible Person's agreement or disagreement
152 with the Service Plan and awareness of the right to appeal
153 if not in agreement with the Service Plan.

154 f. Use/Utilize AMPM 320-O Attachment A to indicate the
155 Responsible Member's signature on the Service Plan, even
156 if if someone other than the Responsible Person/Member
157 has the legal authority for treatment decisions.

158 a.g. Supply/Provide a copy of the completed Assessment,
159 Service Plan and/or Treatment Plan documentation to other
160 providers, as necessary, for coordination of care care and
161 inclusion in the Member's record as specified in AdSS
162 Medical Policy 940.

163 3. The AdSS shall adhere to the following requirements for ALTCS
164 eligible Members:

- 165 a. The ensure the case manager serves as the primary
166 responsible entity for coordination of all primary, physical
167 and behavioral health services and supports to provide
168 whole person care; for ALTCS eligible Members.
- 169 b. The AdSS shall ensure Service service planning aligns with
170 all requirements for ALTCS eligible Member members with
171 an SMI designation, shall align with the requirements for
172 individuals with an SMI designation, including the following
173 policies:
- 174 c. A The AdSS shall ensure a special assistance assessment is
175 completed for Members with an SMI designation in
176 accordance with AdSS Medical Policy 320-R. for Members
177 with an SMI designation.
- 178 d. The AdSS shall ensure the a Assessment, service, and
179 treatment planning are coordinated as necessary for
180 Members under the legal custody of the Arizona
181 Department of Child Safety (DCS) are coordinated in
182 accordance with AdSS Medical Policies 541 and 449.
- 183 4. The AdSS shall ensure Behavioral Health Assessments, Service,
184 and Treatment Plans are updated at least once annually, or more

185 often as needednecessary, based on clinical needs and-or upon
186 significant life-changing events, including:
187 a. Moving or a change in housing location or status;
188 b. Death of a family member or friend;
189 c. Change in family structure, for example, divorce,
190 separation, adoption, placement disruption,incarceration;
191 d. Hospitalization;
192 e. -or major i Major illness of the Member, their family
193 member, or person of importance;
194 f. Change in level of care; and
195 g. Incarceration; and
196 h. Any event that may cause a disruption of normal life
197 activities based on a Member's identified perspective and
198 need.

199 ~~The model is based on four equally important components:~~

- 200 ~~a. Input from the member, or when applicable the health~~
201 ~~care decision maker, and designated representative~~
202 ~~regarding the member's needs, strengths and preferences;~~
203 ~~b. Input from other individuals involved in the member's~~
204 ~~care who have important relationships with the~~

- 205 ~~member;~~
- 206 ~~c. Development of a therapeutic alliance between the~~
- 207 ~~member, or when applicable the health care decision~~
- 208 ~~maker, and the designated representative and behavioral~~
- 209 ~~health provider that promotes an ongoing partnership built~~
- 210 ~~on mutual respect and equality; and~~
- 211 ~~d. Clinical expertise/qualifications of individuals conducting~~
- 212 ~~the assessment, treatment/service planning, and~~
- 213 ~~service delivery.~~
- 214 ~~2. For children, this team is the Child and Family Team (CFT). For~~
- 215 ~~adults, this team is the Adult Recovery Team (ART). At a~~
- 216 ~~minimum, the functions of the CFT and ART include:~~
- 217 ~~a. Ongoing engagement of the member, or when applicable~~
- 218 ~~the health care decision maker, and the designated~~
- 219 ~~representative, family, assigned Support Coordinator, and~~
- 220 ~~others who are significant in meeting the behavioral health~~
- 221 ~~needs of the member, including their active participation in~~
- 222 ~~the decision-making process and involvement in treatment.~~
- 223 ~~The member's Support Coordinator must participate in all~~
- 224 ~~CFT and ART meetings.~~

- 225 ~~b. An assessment process that is conducted to:~~
- 226 ~~i. Elicit information on the strengths and needs of the~~
- 227 ~~member and member's family,~~
- 228 ~~ii. Identify the need for further or specialty evaluations,~~
- 229 ~~and~~
- 230 ~~iii. Support the development and updating of the~~
- 231 ~~treatment/service plan which effectively meets~~
- 232 ~~the member and family needs and results in~~
- 233 ~~improved health outcomes.~~
- 234 ~~c. Continuous evaluation of treatment effectiveness through~~
- 235 ~~the CFT or ART process, the ongoing assessment of the~~
- 236 ~~member, and input from the member, or when applicable~~
- 237 ~~the health care decision maker, and the designated~~
- 238 ~~representative and Support Coordinator, resulting in~~
- 239 ~~modification to the treatment plan, as necessary.~~
- 240 ~~d. Provision of all covered services as identified on the~~
- 241 ~~treatment/service plan(s), including assistance in accessing~~
- 242 ~~community resources as appropriate.~~
- 243 ~~e. For children, services are provided consistent with the~~

244 ~~Arizona—12 Principles as specified in the AMPM Policy 100~~
245 ~~and the AHCCCS Child and Family Team Behavioral Health~~
246 ~~System Practice Tool. For adults, services are provided~~
247 ~~consistent with the Adult Service Delivery System—9~~
248 ~~Guiding Principles.~~

249 ~~f. Ongoing collaboration with other people and/or entities~~
250 ~~with whom delivery and coordination of services is~~
251 ~~important to achieving positive outcomes (e.g. primary~~
252 ~~care providers, specialty service providers, school, child~~
253 ~~welfare, DDD, justice system and others). This shall~~
254 ~~include sharing of clinical information as appropriate.~~

255 ~~g. Ensure continuity of care by assisting members who are~~
256 ~~transitioning to a different treatment program,~~
257 ~~changing behavioral health providers, and/or~~
258 ~~transferring to another service delivery system.~~

259 ~~3. At least one Peer Recovery Support Specialist may be assigned~~
260 ~~to each ART to provide covered services, when appropriate, and~~
261 ~~provide access to peer support services for individuals with~~
262 ~~Substance Use Disorders, including Opioid Use Disorders, for~~

~~purposes of navigating members to Medication-Assisted
Treatment (MAT) and increasing participation and retention in
MAT treatment and recovery supports.~~

~~4. The AdSS shall require subcontractors and providers to make
available and offer the option of having a Family Support
Specialist for each CFT to provide covered services when
appropriate.~~

B. BEHAVIORAL HEALTH ASSESSMENTS ~~Assessment and Service~~

Planning

1. **The AdSS shall require that Members receiving a
behavioral health services receive a Behavioral Health
Assessment in compliance with** General Requirements for
behavioral health assessments and ~~treatment/service
planning shall comply 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. ~~AMPM 320-O, Attachment A,~~
~~shall be utilized by the member, or when applicable the health
care decision maker, and the designated representative to
indicate agreement or disagreement with Service Plan and~~

283 ~~awareness of rights to appeal process if not in agreement with~~
284 ~~Service Plan.~~

285 2. The AdSS shall require outpatient providers of behavioral health
286 services to be responsible for the following:

287 a. Maintaining all Behavioral Health Assessments within the
288 medical record;

289 b. Periodic assessment updates completed to meet the
290 changing behavioral health needs for Members who
291 continue to receive behavioral health services; and

292 a-c. Document in the Member's medical record that the
293 assessment has been shared with the Member's primary
294 care provider. Assessments, Service and Treatment Plans
295 shall be completed by BHPs or BHTs under the clinical
296 oversight of a BHP.

297 3. The AdSS shall require all Behavioral health providers to
298 maintain an accessible copy of the Member's Behavioral Health
299 Assessment.

300 2.4. The AdSS shall require that the assessment includes an
301 evaluation of the Member's; outside of the Health Home may
302 complete Assessment, Service and Treatment Planning to

- 303 support timely access to medically necessary behavioral health
304 services, as allowed under licensure (A.A.C. R9, et. seq.):
- 305 a. Presenting concerns;
 - 306 b. Information on the strengths and needs of the Member
307 and their family;
 - 308 c. Current and past behavioral health treatment;
 - 309 d. Current and past medical conditions and treatment;
 - 310 e. History of physical, emotional, psychological, or sexual
311 trauma at any stage of life, if applicable;
 - 312 f. History of other types of trauma such as environmental or
313 natural disasters;
 - 314 g. Current and past substance use related disorders, if
315 applicable;
 - 316 h. Social Determinants of Health or health related social
317 needs:
 - 318 i. Living environment
 - 319 ii. Educational and vocational training
 - 320 iii. Employment
 - 321 iv. Interpersonal, social, and cultural skills
 - 322 i. Developmental history;

- 323 j. Criminal justice history;
- 324 k. Public and private resources;
- 325 l. Legal status and apparent capacity to make decisions or
- 326 complete daily living activities;
- 327 m. Need for special assistance; and
- 328 n. Language and communication capabilities.
- 329 5. The AdSS shall require additional components of the assessment
- 330 to include:
- 331 a. Risk assessment of the Member,
- 332 b. Mental status examination of the Member,
- 333 c. A summary of the clinician's impression and observations,
- 334 d. Recommendations for next step,
- 335 e. Diagnostic impressions of the qualified clinician,
- 336 f. Identification of the need for further or specialty
- 337 evaluations, and
- 338 g. Other information determined to be relevant as specified in
- 339 the Supplemental Section of this policy.
- 340 ~~There are no specific assessment templates required if the~~
- 341 ~~assessment fulfills components listed above. These~~
- 342 ~~components may be considered as a completed~~

343 assessment or reassessment. An assessment may also
344 include, but is not limited to a psychiatric evaluation,
345 psychological evaluation, standardized assessments
346 designed to address specific needs (e.g., depression,
347 anxiety, need for HRSN), or specific assessments from
348 other providers designed to meet member's treatment
349 needs.

350 6. In situations when a standardized assessment or tool is
351 completed by multiple service providers, who are providing
352 services to a Member, for example, (e.g., developmental
353 assessment or Child and Adolescent Level of Care Utilization
354 System, , CALOCUS), the AdSSS shall require the results:
355 The rResults to be shared and discussed collaboratively to
356 address clinical implications for treatment needs.; and.

357 Differences in level of care shall to be addressed within the
358 team CFT) or Adult Recovery Team (ART)ART team to develop
359 consensus regarding level of care and the needs of the childMember
360 and family., and

361 7. If an assessment has been completed by another provider, or
362 prior to behavioral health outpatient treatment, or if the

363 outpatient treatment center has a medical record for the
364 Member~~patient~~ that contains an assessment that was completed
365 within 12 months before the date of the Member's~~patient's~~
366 current admission, the following requirement is applicable:~~(per~~
367 A.A.C. R9-10-1011:);
368 a. The Member's~~patient's~~ assessment information is reviewed
369 and updated if additional information is identified that
370 affects the Member's~~patient's~~ assessment;~~;~~ and
371 ~~a. The review and update of the Member's~~~~patient's~~
372 assessment information is documented in the
373 Member's~~patient's~~ medical record within 48 hours after the
374 review is completed. Should a specialty provider complete
375 any type of behavioral health assessment, the specialty
376 provider shall communicate with the Health Home
377 regarding assessment findings. In situations where a
378 specific assessment is duplicated and findings are
379 discrepant, specialty provider and Health Home BHP or
380 BHT shall discuss the differences and clinical implications
381 for treatment needs. Differences shall be addressed within

382 ~~the CFT with participation from both the Health Home and~~
383 ~~specialty provider,~~
384 ~~a. Behavioral Health Providers shall supply completed~~
385 ~~Assessment and Service and Treatment Plan~~
386 ~~documentation to the Health Home for inclusion in the~~
387 ~~member's medical record,~~
388 ~~b. The assessment and service planning shall be implemented~~
389 ~~to align, as much as possible, with the Division's~~
390 ~~assessment and Service Plan, and~~
391 ~~c. For those Division members that have also been~~
392 ~~determined SMI, service planning and treatment shall be~~
393 ~~implemented to align with all requirements for SMI~~
394 ~~members under Division, AHCCCS and State of Arizona~~
395 ~~policy and rules, including AdSS Medical Policies 310-B,~~
396 ~~320-P, 320-Q and 320-R; AdSS Operations Policies 444~~
397 ~~and 446.~~
398 ~~4. If the assessment is completed by the BHT, the requirements of~~
399 ~~A.A.C. R9-10-1011(B)(3) must be met.~~
400 ~~5. At a minimum, the member, or when applicable the health care~~
401 ~~decision maker, and the designated representative and a BHP~~

402 ~~shall be included in the assessment process and development of~~
403 ~~the treatment/service plan.~~

404 ~~6. The assessment and treatment/service plan must be included in~~
405 ~~the clinical record in accordance with AdSS Medical Policy 940.~~

406 ~~7. The treatment/service plan shall be based on the current~~
407 ~~assessment and identify the specific services and supports to be~~
408 ~~provided, as specified in AdSS Policy 310-B. The Treatment Plan~~
409 ~~shall be developed based on specific treatment needs (e.g. out-~~
410 ~~of-home services, specialized behavioral health therapeutic~~
411 ~~treatment for substance use or other specific treatment needs).~~
412 ~~Services within the Treatment/Service Plan are based on the~~
413 ~~range of services covered under AHCCCS policies.~~

414 ~~8. The behavioral health provider shall document whether the~~
415 ~~member, or when applicable the health care decision maker, and~~
416 ~~the designated representative agrees with the treatment/service~~
417 ~~plan by either a written or electronic signature on the Service or~~
418 ~~Treatment Plan.~~

419 ~~9. The member, or when applicable the health care decision maker,~~
420 ~~and the designated representative shall be provided with a copy~~

421 ~~of his/her service plan within seven calendar days of completion~~
422 ~~of the service plan and/or upon request.~~

423 ~~10. SMI Determination shall be completed for members who request~~
424 ~~an SMI determination in accordance with AdSS Medical Policy~~
425 ~~320-P.~~

426 ~~11. For members determined SMI:~~

427 ~~a. Assessment and treatment/service planning must be~~
428 ~~conducted in accordance with A.A.C. R9-21-301 et~~
429 ~~seq. and A.A.C. R9-21-401 et seq.~~

430 ~~b. Special Assistance assessment shall be completed in~~
431 ~~accordance with AdSS Medical Policy 320-R.~~

432 ~~c. The completed treatment/service plan must be signed by~~
433 ~~the member, or when applicable the health care decision~~
434 ~~maker and the designated representative, in accordance~~
435 ~~with A.A.C. R9-21-308.~~

436 ~~d. For appeal requirements, see A.A.C. R9-21-401 et seq.~~
437 ~~and AdSS Operations Policy 444.~~

438 ~~12. The Health Home is responsible for maintaining the~~
439 ~~comprehensive assessment and conducting periodic assessment~~

- 440 ~~updates to meet the changing behavioral health needs for~~
441 ~~members who continue to receive behavioral health services.~~
- 442 8. The AdSS shall require ensure additional assessments to be
443 completed as follows: Special Circumstances:
- 444 a. Children ages birth through five: Developmental screening
445 shall be conducted for children ages birth through five,
446 with a referral for further evaluation when developmental
447 concerns are identified, and the information shared with
448 the providers involved in the child's treatment and care.
449 Information on standardized assessments is available
450 within AMPM Policy 461.
451 The Early Childhood Service Intensity Instrument
452 (ECSII) is not required but may be used utilized as an
453 additional option for identifying developmental
454 concerns for children birth through five.
455 This information shall be shared with the providers
456 involved in the child's treatment and care.
- 457 a-b. Children Ages 6 through 17: An age-appropriate Child and
458 Adolescent Level of Care Utilization System CALOCUS
459 assessment shall be completed ~~by the Health Home~~ during

460 the initial assessment and updated at least every six
461 months, and the .This information shall be shared with the
462 providers involved in the child's treatment and care.
463 Children Ages 6 through 17: Strength, Needs and Culture
464 Discovery Document shall be completed
465 a. , as deemed appropriate, by the Health Home,
466 and This information shall be shared with the
467 providers involved in the child's treatment and
468 care provided to the TRBHA or Division, and
469 c. Children Ages 11 through 17: A S standardized tool, as
470 specified in Division contract, (e.g. ASAM) shall be
471 usedutilized to evaluate for potential substance use.
472 i. In the event of positive results, the information shall
473 be shared with the providers involved with the
474 Child'sMmember's care only if the
475 Member/Responsible Person if the PersonMember
476 has authorized sharing of protected health
477 information as specified in 45 CFR 160.103.
478 screen and referral for further evaluation when
479 screened positive shall be completed by the Health

- 480 ~~Home, and this information shall be provided to~~
481 ~~the TRBHA or Division.~~
- 482 ii. In the event of positive results for any minor child,
483 the providers involved in the child's care shall follow
484 all applicable state and federal laws, unless directed
485 otherwise.
- 486 d. Members ages 18 and up: A standardized tool, ~~as~~
487 ~~specified in contract,~~ shall be ~~used~~utilized to evaluate for
488 potential substance use. ~~(e.g., ASAM),~~
- 489 i. ~~___~~ In the event of positive results, the information shall
490 be shared with the providers involved with the
491 Member's care, ~~to the Tribal ALTCS case manager or~~
492 ~~the TRBHA and may be shared~~ only if ~~the Member~~
493 ~~or Member's Responsible Person~~ has authorized
494 sharing of protected health information ~~as specified~~
495 ~~in (45 CFR 160.103).~~

496 **C. SERVICE AND TREATMENT PLANNING**

- 497 **1. The AdSS shall require the following ~~ensure~~ service planning**
498 **elements:**

- 518 a. Treatment planning may occur with more than one
519 outpatient provider based on the member's identified
520 need.
- 521 b. A member may have multiple Treatment Plans based on
522 various clinical needs.
- 523 c. ~~The~~The AdSS shall ensure service and Service and
524 Treatment Plans ~~plans~~ are based on a current assessment
525 and/or specific treatment needs, such as including out-of-
526 home services, specialized behavioral health treatment for
527 substance use, or ~~and~~ trauma.
- 528 d. ~~All~~The AdSS shall ensure all services shall have identified
529 goals that are measurable, including frequency, duration,
530 and method for indicating Member's definition of goal
531 achievement.
- 532 e. ~~Service~~The AdSS shall ensure service and Treatment Plans
533 identify the services and support to be provided, according
534 to the covered, medically necessary services specified in
535 AdSS Policy 310-B.
- 536 d. Behavioral ~~The~~AdSS shall require behavioral health
537 providers ~~to~~ shall make available and offer the option of

538 having a Credentialed Family Support Partner and/or Peer-
539 and-Recovery Support Specialists to provide covered
540 services, when, appropriate, and as well as for the purpose
541 of navigating Members to treatment or increasing
542 participation and retention in treatment and recovery
543 support services.

544 **G.D. SAFETY PLANNING** ~~Crisis and Safety Planning~~

545 **1. The AdSS shall require the following:** ~~ensure General Purpose~~
546 ~~of a Crisis and Safety Plan~~

547 **a. A Safety** ~~A Crisis and a Safety~~ Plan provides a written
548 method for potential crisis support or intervention
549 ~~which that~~ identifies needs and preferences that are most
550 helpful in the event of a crisis.

551 **b. A** ~~The AdSS shall ensure a Crisis and~~ Safety Plan ~~shall be is~~
552 developed in accordance with the Vision and Guiding
553 Principles of the Children's System of Care and the Nine
554 Guiding Principles of the Adult System of Care as specified
555 in AMPM Policy 100.

556 ~~c. The AdSS shall ensure Crisis and~~ A Safety Plans ~~is~~ shall
557 ~~be~~ trauma informed, with a focus on safety and harm
558 reduction.

559 ~~d. The AdSS shall ensure the d~~Development of a ~~Crisis and~~
560 Safety Plan ~~shall be~~ completed in alignment with the
561 ~~m~~Member's Service and Treatment Plans, and any existing
562 Behavior Plan, ~~or Functional Behavioral Assessment,~~ if
563 applicable.

564 ~~a.e. The AdSS shall ensure the d~~Development of a Safety Plan
565 ~~is~~It shall be considered, when ~~any of the following clinically~~
566 ~~indicated. C~~linical indicators ~~are may include, but are not~~
567 ~~limited needs~~ identified in the ~~m~~Member's ~~Service,~~
568 Treatment, ~~Service,~~ or Behavior Plan ~~in addition to any one~~
569 ~~or a combination of the following:~~

570 ~~i. Justice system involvement,~~

571 ~~ii. Previous psychiatric hospitalizations,~~

572 ~~iii. Out-of-home placements,~~

573 ~~1) Home and Community Based Service~~CBS
574 ~~settings,~~

575 ~~2) Nursing Facilities,~~

- 576 3) Group Home settings,
- 577 iv. Special Health Care Needs,
- 578 v. History of, or presently under court-ordered
- 579 treatment,
- 580 iv-vi. History or present concern off- danger to self or
- 581 danger to others,
- 582 v-vii. IndividualMembers with an SED or SMI designation,
- 583 and
- 584 vi-viii. MemberIndividuals identified as high risk or high
- 585 needs, or
- 586 vii-ix. Children ages six through 17 with a Child and
- 587 Adolescent Level of Care Utilization System COLOCUS
- 588 Level of 4, 5 or 6.
- 589 2. The AdSS shall implement the following ensureCrisis and Safety
- 590 Plan requirements:
- 591 a. A Safety Plan iss-are shall be updated at least annually, or
- 592 more frequently if a Member meets one or morea
- 593 combination of the above criteria, or if there is a significant
- 594 change in the Member's needs.

- 595 ~~a.b.~~ A~~The AdSS shall require A~~a copy of the ~~Crisis and~~ Safety
596 Plan ~~is~~~~shall be~~ distributed to the team members that
597 assisted with development of the ~~Crisis and~~ Safety Plan.
- 598 ~~c.~~ Ad ~~AdSS shall ensure a~~~~A Crisis and~~ Safety Plan does not
599 replace or supplant a Mental Health Power of Attorney or
600 behavior plan, but rather serves as a complement to these
601 existing documents.
- 602 ~~b.~~ A~~The AdSS shall ensure Safety Plans Essential Elements~~
- 603 10. ~~A Crisis and Safety Plan shall~~ establishes goals to prevent
604 or ameliorate the effects of a crisis and ~~shall~~ specifically
605 addresses the following essential elements:
- 606 i. Techniques for establishing safety~~,~~ as identified by
607 the ~~m~~Member and/or healthcare decision maker,
608 Member/Responsible Person, Designated
609 Representative, or~~and as well as~~ members of the CFT
610 or ART.
- 611 i.ii. ~~R~~Identification of realistic interventions that are most
612 helpful or not helpful to the Member and their~~his/her~~
613 Member's family ~~members~~ or support system.

- 614 ii-iii. Guidance of Guiding the support system towards s
615 ways to be most helpful to Members and their
616 families.
- 617 iii-iv. Multi-system involvement.
- 618 iv-v. Consideration of Any physical limitations, comorbid
619 conditions, or other unique needs the Member may
620 have that would aid in the reduction of
621 symptoms., comorbid conditions, or unique needs of
622 the member (e.g., involvement with DCS or Special
623 Assistance),
- 624 v-vi. Adherence to court-ordered treatment, (if
625 applicable).
- 626 vi-vii. Necessary resources to reduce the chance for a crisis
627 or minimize the effects of an active crisis for the
628 Member, that may include:, including:. ~~This may~~
629 ~~include but is not limited to:~~
- 630 1) Clinical (support staff/professionals),
631 medication, family, friends, parent,
632 Responsible Person, Designated
633 Representative guardian, environmental ;

- 634 2) Notification ~~to~~ and/or coordination with
635 others; ~~and~~
- 636 3) Assistance with ~~and~~ or management of
637 concerns outside of crisis, for example,
638 including ~~(e.g.,~~ animal care, children, family
639 members, roommates, housing, financials,
640 medical needs, school, ~~work;~~ and).
- 641 4) Utilization of behavioral health crisis services
642 as specified in AdSS Policy 590.

643 SUPPLEMENTAL INFORMATION

644 ASSESSMENTS

- 645 1. There are no specific assessment templates required if the
646 assessment fulfills components listed in Section B. These
647 components may be considered as a completed assessment or
648 reassessment.
- 649 2. An assessment may also include, but is not limited to a
650 psychiatric evaluation, psychological evaluation, standardized
651 assessments designed to address specific needs (e.g.,
652 depression, anxiety, need for HRSN), or specific assessments
653 from other providers designed to meet Member's treatment

654 needs.

655

656 Signature of Chief Medical Officer:

Draft Policy for Public Comment