

320-O BEHAVIORAL HEALTH ASSESSMENTS AND TREATMENT/SERVICE PLANNING

EFFECTIVE DATE: October 1, 2019

REFERENCES: A.R.S. § 32-2061, A.R.S. § 32-2091, A.R.S. § 32-3251 et seq., A.R.S. § 36-501; A.A.C. R4-6-101, A.A.C. R9-10, A.A.C R9-21;

This policy applies to the Division's Administrative Services Subcontractors (AdSS) . This policy describes the providing of for behavioral health assessment and treatment/service planning for members eligible for the Division.

Definitions

- A. 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.
- B. Behavioral Health Professional (BHP) -
1. A person licensed under A.R.S. § 32-3251 et seq., who can:
 - a. Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251 or
 - b. 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
 2. A psychiatrist as defined in A.R.S. § 36-501
 3. A psychologist as defined in A.R.S. § 32-2061
 4. A physician
 5. A behavior analyst as defined in A.R.S. § 32-2091
 6. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse
 7. A registered nurse.

C. Behavioral Health Technician (BHT) -

As specified in A.A.C. R9-10-101, a person 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. A BHT is a person who:

1. If the behavioral health services were provided in a setting other than a licensed health care institution, would be required to be licensed as a behavioral professional under A.R.S. § 32-3251 et seq
2. Is provided with clinical oversight by a behavioral health professional.

D. Specialty Provider – A provider of a behavioral health service that is not available in the Behavioral Health Home.

E. Treatment 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. This Plan must be incorporated into the Planning Document completed by the Support Coordinator.

Overview

The model for behavioral health assessment, treatment/service planning, and service delivery must be strength-based, member-centered, family-friendly, culturally and linguistically appropriate, and clinically supervised.

The model:

A. Is based on four components:

1. Input from the member/guardian/designated representative regarding his/her needs, strengths, and preferences
2. Input from other persons involved in the member's care who have integral relationships with the member
3. Development of a therapeutic alliance between the member/guardian/designated representative and behavioral health provider that promotes an ongoing partnership built on mutual respect and equality
4. Clinical expertise/qualifications of person(s) conducting the assessment, treatment/service planning, and service delivery.

B. Incorporates the concept of a "team."

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:

1. Ongoing engagement of the member/guardian/designated representative,

- family, assigned Support Coordinator 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. The member's Support Coordinator must participate in all CFT and ART meetings.
2. An assessment process that:
 - a. Elicits information on the strengths and needs of the member and his/her family
 - b. Identifies the need for further or specialty evaluations
 - c. Supports the development and updating of the treatment/service plan(s) which effectively meets the member's/family's needs and results in improved health outcomes.
 3. Continuous evaluation of treatment effectiveness through the CFT or ART process, the ongoing assessment of the member, and input from the member/guardian/designated representative and Support Coordinator resulting in change to the treatment plan(s), as necessary.
 4. Provision of all covered services as identified on the treatment/service plan(s), including assistance in accessing community resources as appropriate.
 5. For children, services are provided consistent with the Arizona Vision - 12 Principles as outlined in Division Medical Policy Manual, Policy 430. For adults, services are provided consistent with the Adult Service Delivery System - 9 Guiding Principles.
 6. Ongoing collaboration with other people and/or entities with 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), justice system and others). This must include sharing of clinical information as appropriate.
 7. Ensure continuity of care by 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 a different AdSS). For more details, see Administrative Services Subcontractors Operations Manual Policy 402 and Division Medical Policy Manual, Policy 520.

Assessment and Service Planning

- A. General Requirements :
 1. Behavioral health assessments and treatment planning must comply with the Rules in A.A.C. R9-10 and A.A.C. R9-21, as applicable.

2. Behavioral health providers, including specialty providers, may engage in assessment and treatment planning activities to support timely access to medically necessary behavioral health services.
 3. If the assessment is completed by the BHT, the requirements of A.A.C. R9-10-1011(B)(3) must be met.
 4. At a minimum, the member/guardian/designated representative and a BHP must be included in the assessment process and development of the treatment/service plan.
 5. The assessment and service plan must be included in the clinical record in accordance with Division Medical Policy Manual, Policy 940.
 6. The service plan must be based on the current assessment and identify the specific services and supports to be provided.
 7. The behavioral health provider must document whether or not the member/guardian/designated representative agrees with the service plan.
 8. The member/guardian/designated representative must be provided with a copy of his/her service plan within seven calendar days of completion of the service plan and/or upon request.
 9. Serious Mental Illness (SMI) Determination must be completed for members who request an SMI determination in accordance with AdSS Medical Policy Manual, Policy 320-P.
 10. For members determined SMI:
 - a. Assessment and treatment/service planning must be conducted in accordance with A.A.C. R9-21-301 et seq. and A.A.C. R9-21-401 et seq.
 - b. Special Assistance assessment must be completed in accordance with Division Medical Policy Manual Policy 320-R.
 - c. The completed treatment/service plan must be signed by the member/guardian/designated representative in accordance with A.A.C. R9-21-308.
 - d. For appeal requirements, see A.A.C. R9-21-401 et seq. and Administrative Services Subcontractors Operations Manual Policy 444.
- B. Additional Requirements:
1. The Behavioral Health Home must maintain the comprehensive assessment and conduct periodic assessment updates to meet the changing behavioral health needs for members who continue to receive behavioral health services.

2. Assessments must be updated at a minimum of once annually,
3. Assessments and treatment/service plans must be completed by BHPs or BHTs under the clinical oversight of a BHP that meets credentialing and training requirements outlined in Division Medical Policy Manual, Policy 950,
4. The Behavioral Health Home must maintain the treatment/service plan and conduct periodic treatment/service plan updates to meet the changing behavioral health needs for members who continue to receive behavioral health services,
5. 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 must provide completed assessment and treatment/service plan documentation to the Behavioral Health Home for inclusion in the comprehensive Behavioral Health Home clinical record. The AdSS 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.
6. The Behavioral Health Home must coordinate with the member's health plan, PCP, specialty providers, the designated Support Coordinator, and others involved in the care or treatment of the member (e.g. DCS, Probation), as applicable, regarding assessment and treatment/service planning see Division Medical Policy Manual, Policy 540.
7. Special Circumstances
 - a. Children Age 0 to 5 – Developmental screening must be conducted by the Behavioral Health Home for children age 0-5 with a referral for further evaluation when developmental concerns are identified.
 - b. Children Age 6 to 18 - The Child and Adolescent Service Intensity Instrument (CASII) must be completed by the Behavioral Health Home during the initial assessment and updated at least once annually.
 - c. Children Age 6 to 18 - with CASII Score of four or Higher: Strength, Needs and Culture Discovery Document must be completed by the Behavioral Health Home.
 - d. Children Age 11 to 18 - Standardized substance use screen and referral for further evaluation when screened positive must be completed by the Behavioral Health Home.