

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

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REFERENCES: A.R.S. § 32-3251 et seq., A.R.S. § 36-501; A.A.C. R9-10, A.A.C. R9-21; AMPM Policies 100, 320-R; ACOM Policies 444, 446; Division Medical Policies 310-B, 541; Division Operations Policy 417

PURPOSE

This policy applies to the Division of Developmental Disabilities (Division) and establishes requirements for the provision of behavioral health assessments, service, and treatment planning for all ALTCS eligible Division members. The Supplemental Section of this policy outlines AHCCCS requirements for fee-for-service providers serving the Division's Tribal Health Program Members.

Further, this policy describes the Division's oversight and monitoring of the Administrative Services Subcontractors delegated duties and responsibilities specific to this policy and as described in AdSS Policy 320-O.

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 guardian 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 plan, or any other document that outlines services 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.
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. GENERAL REQUIREMENTS

1. The Division shall require behavioral health assessments, service, and treatment planning to be conducted in compliance

with the Adult Behavioral Health 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.

2. Behavioral Health Practice Tools are optional resources for fee-for-service providers serving Members enrolled with the Division's Tribal Health Program as specified in the Supplemental Section of this policy.
3. The Division shall implement the following requirements for behavioral health assessments, service, and treatment planning:
 - 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 and does not require a minimum number of participants, and may consist of whomever is identified by the Member/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 Assessments, Service, and Treatment Plan documentation to other providers, as necessary, for coordination and inclusion in the Member's medical record as specified in Division Medical Policy 940.
4. The Division shall implement the following requirements for ALTCS 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 all applicable policies and requirements for Members with an SMI designation.
 - c. A special assistance assessment shall be completed for Members with an SMI designation in accordance with AMPM Policy 320-R.
 - d. Assessments, service, and treatment planning for Members under the legal custody of the Arizona Department of Child Safety (DCS) shall be coordinated in accordance with Division Medical Policies 541 and 449.
5. The Division shall require behavioral health assessments, service, and treatment plans to be updated at least annually, or more often as 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 which may cause a disruption of normal life activities based on a Member's identified perspective and need.

B. BEHAVIORAL HEALTH ASSESSMENTS

1. 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 Division Medical Policy 417, as applicable, for timeliness standards and identification of assessed needs for purposes of services planning.
2. 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.

3. The behavioral health provider shall document in the member's medical record that the assessment has been shared with the member's primary care provider.
4. All providers shall maintain an accessible copy of the Member's behavioral health assessment.
5. A behavioral health assessment shall include 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;
 - l. Legal status and apparent capacity to make decisions or complete daily living activities;
 - m. Need for special assistance; and
 - n. Language and communication capabilities.
6. Additional components of the assessment shall include:
- a. Risk assessment of the Member,
 - b. Mental status examination of the Member,
 - c. A summary of the clinician's impression and observations,
 - d. Recommendations for next steps,
 - e. Diagnostic impressions of the qualified clinician,

- f. Identification of the need for further or specialty evaluations, and
- g. Other information determined to be relevant as specified in the Supplemental Section of this policy.

In situations when a standardized assessment or tool is completed by multiple service providers who are providing services to a Member, the results shall be shared and discussed collaboratively to address clinical implications for treatment need. 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.

- 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 Division 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 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 Member'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 older: 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 the 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 Division 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 Division shall require treatment planning to include the following 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 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 Division Medical AMPM Policy 310-B.

- 3. The Division shall require behavioral health 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, 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 Division 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 Plan, and any existing Behavior Plan, 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.
- f. Safety Plans are 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.
 - g. A copy of the Safety Plan is distributed to the team members that assisted with development of the Safety Plan.
 - h. 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.
2. The Division shall require a Safety Plan to establish goals to

prevent or ameliorate the effects of a crisis and address the following essential elements:

- a. Techniques for establishing safety, as identified by the Member/Responsible Person, Designated Representative, or members of the CFT or ART.
- b. Realistic interventions that are most helpful or not helpful to the Member and their family or support system.
- c. Guidance of the support system towards ways to be most helpful to Members and their families.
- d. Multi-system involvement.
- e. Consideration of physical limitations, comorbid conditions, or other unique needs the member may have that would aid in the reduction of symptoms.
- f. Adherence to court-ordered treatment, if applicable.
- g. Necessary resources to reduce the chance for a crisis or minimize the effects of an active crisis for the member, that may include:
 - i. Clinical (support staff/professionals), medication, family, friends, Responsible Person, Designated Representative, environmental;

- i. Notification to and coordination with others; and
- ii. Assistance with or management of concerns outside of crisis, for example, animal care, children, family members, roommates, housing, financials, medical needs, schoolwork.

E. OVERSIGHT AND MONITORING OF AdSS

The Division shall provide oversight and monitoring of compliance by Administrative Services Subcontractors serving Members enrolled in a Division subcontracted health plan with respect to any contractual delegation of duties specific to this policy and as specified in AdSS Medical Policy 320-O using one or more of the following methods:

- a. Complete annual operational reviews of compliance.
- b. Analyze deliverable reports or other data as required, including results of the Behavioral Health Clinical Chart Audit.
- c. Conduct oversight meetings with the AdSS for the purpose of reviewing compliance and addressing any access to care concerns or other quality of care concerns.
- d. Review data submitted by the AdSS demonstrating ongoing compliance monitoring of their network and

provider agencies.

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.

AHCCCS REQUIREMENTS FOR FEE-FOR-SERVICE PROVIDERS

The following requirements are AHCCCS requirements for FFS programs, including the Division's Tribal Health Program. The Division shall adhere to said requirements, as applicable, when serving Members of the Tribal Health Program:

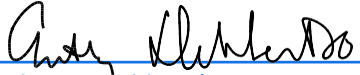
1. All Behavioral health providers shall provide the completed

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.

2. A Release of Information (ROI) is not needed for members whose AHCCCS health plan enrollment is with Tribal ALTCS or a TRBHA, unless records are subject to Part 2 (42 CFR Part 2). Refer to AMPM Policy 940.
3. For purposes of this Policy for FFS populations, the term Treatment Plan may be used interchangeably with the term Service Plan.
4. The TRBHA and/or Tribal ALTCS shall coordinate with the Contractor, Primary Care Provider (PCP), and others involved in the care or treatment of the member (e.g., Arizona Department of Child Safety (DCS), probation, skilled nursing facility) as applicable, regarding assessment, service, and treatment planning.
5. Tribal ALTCS shall coordinate with the member's PCP and others involved in the care or treatment of the member (e.g. DCS,

- probation, skilled nursing facility) as applicable, regarding assessment, service, and treatment planning.
6. FFS Providers are responsible for coordinating care with Tribal ALTCS case managers.
 7. For members enrolled with a TRBHA, providers are responsible for coordinating care with the TRBHA.
 8. FFS providers are responsible for care coordination of Arizona Indian Health Program members across the service delivery system (e.g., American Indian Medical Home, IHS 638 Tribal Facility, and PCP).
 9. All levels of care that include applicable treating providers or entities such as, but not limited to:
 - a. The assigned TRBHA,
 - b. DDD Support Coordinator or DDD District Nurse,
 - c. American Indian Medical Home (AIMH),
 - d. PCP,
 - e. The inpatient and/or outpatient treatment team, including the BHP who shall be responsible for the member's treatment plan,

- f. The outpatient treatment team may also include Indian Health Services (IHS), Tribally operated 638 Facility, or Urban Indian Health (I/T/U), and/or
- g. Other individuals of the treatment team including physical health providers, as applicable, which may or may not include optional utilization of Child Family Team or Adult Recovery Team.

Signature of Chief Medical Officer: 
[Anthony Dekker \(May 3, 2024 15:51 PDT\)](#)
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