

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

3  
4 REVISION DATE: (TBD), 10/1/2021

5 REVIEW DATE: 9/28/2023

6 EFFECTIVE DATE: March 3, 2021

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; AMPM 100,  
9 320-R; ACOM 444, 446; Division Medical Policy 310-B, 541; Division  
10 Operations Policy 417

11  
12 **PURPOSE**

13 This policy applies to the Division of Developmental Disabilities The  
14 (Division) and establishes requirements for the provision of covers  
15 Behavioral Health Assessments, service, and treatment ~~/service~~ planning for  
16 all ALTCS eligible members. The Supplemental Section of this policy outlines  
17 AHCCCS requirements for fee-for-service providers serving the Division's  
18 Tribal Health Program Members. ~~enrolled in a Division subcontracted health~~  
19 ~~plan and the Division's fee for service Tribal Health Program (THP).~~  
20 Further, this policy describes the Division's oversight and monitoring of the  
21 Administrative Services Subcontractors delegated with the duties and  
22 responsibilities of this policy as described in AdSS Policy 320-O. ~~The~~  
23 Division is responsible for collaborating with Tribal entities and fee for

~~24 [service providers providing behavioral health assessments, service, and](#)  
25 [treatment planning services to THP members as outlined in this](#)  
26 [policy that eligible for ALTCS regardless of the health plan they choose. The](#)  
27 [responsibilities of the Division for providing behavioral health assessments,](#)  
28 [service, and treatment planning to members are outlined in this policy](#)  
29 [including additional requirements for members that have chosen THP as](#)  
30 [their Health Plan. The Division is responsible for collaborating with Tribal](#)  
31 [entities and behavioral health providers to ensure access to services for THP](#)  
32 [members. See AdSS Policy 320-O for responsibilities of the AdSS providing](#)  
33 [behavioral health assessments and treatment/service planning.](#)~~

#### 34 **DEFINITIONS**

- 35 1. "Behavioral Health Assessment" means the ongoing collection and  
36 analysis of an individual's medical, psychological, psychiatric and social  
37 conditions in order to initially determine if a health disorder exists, if  
38 there is a need for behavioral health services, and on an ongoing basis  
39 ensure that the individual's service plan is designed to meet the  
40 individual's (and family's) current needs and long-term goals.
- 41 2. "Behavioral Health Professional" means:
  - 42 a. An individual licensed under A.R.S. Title 32, Chapter 33, whose  
43 scope of practice allows the individual to:

- 44           i.     Independently engage in the practice of behavioral health  
45                     as defined in A.R.S. § 32-3251; or
- 46           ii.    Except for a licensed substance abuse technician, engage  
47                     in the practice of behavioral health as defined in A.R.S. §  
48                     32-3251 under direct supervision as defined in A.A.C. R4-  
49                     6-101;
- 50           b.     A psychiatrist as defined in A.R.S. § 36-501;
- 51           c.     A psychologist as defined in A.R.S. § 32-2061;
- 52           d.     A physician;
- 53           e.     A behavior analyst as defined in A.R.S. § 32-2091;
- 54           f.     A registered nurse practitioner licensed as an adult  
55                     psychiatric and mental health nurse; or
- 56           g.     A registered nurse with a psychiatric-mental health nursing  
57                     certification or one year of experience providing behavioral  
58                     health services.
- 59    3.     “Behavioral Health Technician” means an individual who is not a  
60           Behavioral Health Professional, who provides behavioral health  
61           services at or for a health care institution, according to the health care  
62           institution’s policies and procedures, with clinical oversight by a  
63           behavioral health professional, and that if provided in a setting other

64 than a licensed health care institution would require the individual to  
65 be licensed as a behavioral health professional under A.R.S Title 32,  
66 Chapter 33.

67 4. "Designated Representative" means an individual parent, guardian,  
68 relative, advocate, friend, or other individual, designated orally or in  
69 writing by a member or guardian who, upon the request of the  
70 member, assists the member in protecting the member's rights and  
71 voicing the member's service needs.

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

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

76 7. "Responsible Person" means the parent or guardian of a minor with a  
77 developmental disability, the guardian of an adult with a  
78 developmental disability or an adult with a developmental disability  
79 who is a Member or an applicant for whom no guardian has been  
80 appointed.

81 8. "Service Plan" means any plan which outlines member services and  
82 goals. This may include service plans, treatment plans, person-

83 centered service plans, individual family service plans, individual  
84 education plan, or any other document that outlines services or  
85 treatment goals, from any entity involved with the Member's care and  
86 treatment that is used to improve the coordination of care across  
87 multiple systems.

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

93 ~~**Behavioral Health Technician (BHT)** as specified in A.A.C. R9-10-101, an~~  
94 ~~individual who is not a BHP who provides behavioral health services at or for~~  
95 ~~a health care institution according to the health care institution's policies and~~  
96 ~~procedures that:~~

97 ~~1. If the behavioral health services were provided in a setting other~~  
98 ~~than a licensed health care institution, would be required to be~~  
99 ~~licensed as a behavioral professional under A.R.S. Title 32,~~  
100 ~~Chapter 33, and~~

101 ~~2. Are provided with clinical oversight by a behavioral health~~  
102

103

~~professional.~~

~~**DESIGNATED REPRESENTATIVE** for purposes of this Policy, an individual member who carries a serious mental illness designation and has been identified for Special Assistance. The Designated Representative protects the interests of the member during service planning, inpatient treatment discharge planning, and the SMI investigation or appeal process.~~

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

~~**Health Home** is a provider that either provides or coordinates and monitors the delivery of all primary, physical health, behavioral health services and supports to treat the member or person. A Health Home can be an Outpatient Behavioral Health Clinic, a Federally Qualified Health Center, or an Integrated Care Provider. Members may or may not be assigned to a Health Home.~~

~~**Service Plan** is a complete written description of all covered health services and informal supports which includes individualized goals, peer and recovery support services, care coordination activities and strategies to assist the member.~~

achieving an improved quality of life.

**Treatment Plan** is 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 Requirements for Behavioral Health Providers

##### **A. GENERAL REQUIREMENTS Overview**

1. The Division shall require Behavioral Health Assessments, service, and/or 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 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.  
model for behavioral health assessment, service, and treatment/service planning and service delivery shall be strength-based, member-centered, family-friendly, based on

119 ~~voice and choice, culturally and linguistically appropriate, and~~  
120 ~~clinically supervised.~~

121 3. The Division shall implement the following requirements for  
122 Behavioral Health Assessments, service, and treatment planning:

123 a. Conducted following A.A.C. Title 9, Chapter 10, and A.A.C.  
124 Title 9, Chapter 21, Article 3, for children and adults  
125 identified as General Mental Health/Substance Use.

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

129 c. Conducted by an individual within their scope of practice,  
130 for example, Behavioral Health Professionals, or Behavioral  
131 Health Technicians under clinical oversight or supervision  
132 of a Behavioral Health Professional, as specified in A.A.C.  
133 R9-10-1011.

134 d. Incorporate the concept of a team established for each  
135 Member receiving behavioral health services based on  
136 Member choice and does not require a minimum number of  
137 participants, and may consist of whomever is identified by  
138 the Member/Responsible Person.



- 139           2. ~~The model is based on four equally important~~
- 140                     ~~components:~~
- 141           a. ~~Input from the member, or when applicable the health~~
- 142                     ~~care decision maker and designated representative~~
- 143                     ~~regarding the member's needs, strengths, and~~
- 144                     ~~preferences;~~
- 145           b. ~~Input from other individuals involved in the member's~~
- 146                     ~~care who have important relationships with the~~
- 147                     ~~member;~~
- 148           c. ~~Development of a therapeutic alliance between the~~
- 149                     ~~member, or when applicable the health care decision maker~~
- 150                     ~~and the designated representative, and behavioral health~~
- 151                     ~~provider that promotes an ongoing partnership built on~~
- 152                     ~~mutual respect and equality; and~~
- 153           d. ~~Clinical expertise/qualifications of individuals~~
- 154                     ~~conducting the assessment, treatment/service~~
- 155                     ~~planning, and service delivery.~~
- 156           4. ~~For children, this team is the Child and Family Team (CFT). For~~
- 157                     ~~adults, this team is the Adult Recovery Team (ART). At a minimum,~~

158 ~~the functions of the CFT and ART include:~~

159 ~~a. Ongoing engagement of the member, or when applicable~~  
160 ~~the health care decision maker, and the designated~~  
161 ~~representative, family, assigned Support Coordinator, and~~  
162 ~~others who are significant in meeting the behavioral health~~  
163 ~~needs of the member, including their active participation in~~  
164 ~~the decision making process and involvement in~~  
165 ~~treatment. The member's Support Coordinator must~~  
166 ~~participate in all CFT and ART meetings.~~

167 ~~b. An assessment process that is conducted to:~~

168 ~~i. Elicit information on the strengths and needs of the~~  
169 ~~member and his/her family,~~

170 ~~ii. Identify the need for further or specialty evaluations,~~  
171 ~~and~~

172 ~~iii. Support the development and updating of the~~  
173 ~~treatment/service plan which effectively meets the~~  
174 ~~member and family needs and results in improved~~  
175 ~~health outcomes.~~

- ~~c. Continuous evaluation of treatment effectiveness through the CFT or ART process, the ongoing assessment of the member, and input from the member, or when applicable the health care decision maker, and the designated representative, and Support Coordinator, resulting in modification to the treatment plan, as necessary.~~
- ~~d. Provision of all covered services as identified on the treatment/service plan(s), including assistance in accessing community resources as appropriate.~~
- ~~e. For children, services are provided consistent with the Arizona Vision 12 Principles as specified in the AMPM Policy 100 and the AHCCCS Child and Family Team Behavioral Health System Practice Tool. For adults, services are provided consistent with the Adult Service Delivery System 9 Guiding Principles.~~
- ~~f. 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, AdSS, justice system and others). This shall include sharing of clinical information as appropriate.~~

~~g. 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 state). For more details see AdSS Operations Policy 402 and Division Medical Policy 520.~~

~~3. At least one Peer Recovery Support Specialist may be assigned to each ART to provide covered services, when appropriate, and provide access to peer support services for individuals with 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 Division requires subcontractors and subcontractor providers to make available and offer the option of having a Family Support Specialist for each CFT, to provide covered services when appropriate.~~

214 **B. Assessment and Service Planning**

215 ~~Regardless of the Health Plan, including the Division's THP, the~~  
216 ~~member is enrolled with the following requirements must be met. For~~  
217 ~~members enrolled in THP, the Division's Support Coordinator is~~  
218 ~~responsible for coordinating care between the physical health provider~~  
219 ~~and behavioral health provider including Tribal Behavioral Health~~  
220 ~~Authorities (TRBHA). Support Coordinators can request the Behavioral~~  
221 ~~Health Administration and Health Care Services to assist in care~~  
222 ~~coordination activities for THP members.~~

223 ~~1. General Requirements for behavioral health assessments and~~  
224 ~~treatment/service planning shall comply with the Rules in~~  
225 ~~A.A.C. R9-10 and A.A.C. R9-21, as applicable.~~

226 ~~e. UseUtilizes~~ AMPM 320-O Attachment A ~~shall be~~  
227 ~~used~~utilized ~~to indicate the Member/Responsible Person's~~  
228 ~~signature~~ by the member, ~~or when applicable the health~~  
229 ~~care decision maker, and the designated representative to~~  
230 ~~indicate~~ agreement or disagreement with ~~the~~ Service Plan  
231 and awareness of ~~the~~ rights to appeal ~~process~~ if not in  
232 agreement with the Service Plan.

233 ~~f. Use~~ AMPM 320-O Attachment A ~~used~~ to indicate the

234 Member's signature on the Service Plan even if the  
235 Responsible Person has the legal authority for treatment  
236 decisions.

237 ~~2. Assessments, Service and Treatment Plans shall be completed~~  
238 ~~by BHPs or BHTs under the clinical oversight of a BHP.~~

239 ~~3. Behavioral health providers outside of the Health Home may~~  
240 ~~complete assessment, service and treatment planning to support~~  
241 ~~timely access to medically necessary behavioral health services~~  
242 ~~as allowed under licensure. (A.A.C. R9, et. seq.)~~

243 ~~a. Should a specialty provider complete any type of behavioral~~  
244 ~~health assessment, the specialty provider shall communicate~~  
245 ~~with the Health Home regarding assessment findings. In~~  
246 ~~situations where a specific assessment is duplicated and findings~~  
247 ~~are discrepant, specialty provider and Health Home BHP or BHT~~  
248 ~~shall discuss the differences and clinical implications for~~  
249 ~~treatment needs. Differences shall be addressed within the CFT~~  
250 ~~with participation from both the Health Home and Specialty~~  
251 ~~Provider,~~

252 g. Supply completed Assessments, Service, and Treatment

253 Plan documentation to other providers, as necessary, the  
254 Health Home for coordination and inclusion in the  
255 Member's medical record, as specified in Division Medical  
256 Policy 940.

- 257 4. The Division shall implement the following requirements for  
258 ALTCS Members: assessment and service planning shall be  
259 implemented to align, as much as possible, with the Division's  
260 assessment and service planning, and
- 261 a. The case manager serves as the primary responsible entity  
262 for coordination of all primary, physical, and behavioral  
263 health services and supports to provide whole person  
264 care. For those Division members that have also been  
265 determined SMI, service planning and treatment shall be  
266 implemented to align with all requirements for SMI  
267 members under Division, AHCCCS and State of Arizona  
268 policy and rules including Division Medical Policies 310-B,  
269 320-P, 320-Q and 320-R; Division Operational Policies 444  
270 and 446.
- 271 b. Service planning for ALTCS Members with an SMI  
272 designation shall align with all applicable policies and

273 requirements for Members with an SMI designation.~~If the~~  
274 ~~assessment is completed by the BHT, the requirements of~~  
275 ~~A.A.C. R9-10-1011(B)(3) shall be met.~~

276 ~~At a minimum, the member, or when applicable the health care~~  
277 ~~decision maker, and the designated representative, and a~~  
278 ~~BHP, shall be included in the assessment process and~~  
279 ~~development of the treatment/service Plan.~~

280 ~~The assessment and treatment/service plan must be~~  
281 ~~included in the clinical record in accordance with Division~~  
282 ~~Medical Policy 940.~~

283 ~~The treatment/service plan shall be based on the current~~  
284 ~~assessment and identify the specific services and supports~~  
285 ~~to be provided, as specified in Division Medical Policy 310-~~  
286 ~~B. The Treatment Plan shall be developed based on specific~~  
287 ~~treatment needs (e.g., out of home services, specialized~~  
288 ~~behavioral health — therapeutic treatment for~~  
289 ~~substance use or other specific treatment needs). Services~~  
290 ~~within the Treatment/Service Plan are based on the range~~  
291 ~~of services covered under AHCCCS policies.~~



292 ~~4. The behavioral health provider shall document~~  
293 ~~whether the member, or when applicable the health care~~  
294 ~~decision maker, and the designated representative agrees~~  
295 ~~with the treatment/service plan by either a written or~~  
296 ~~electronic signature on the Service or Treatment Plan.~~

297 ~~5. The member, or when applicable the health care decision~~  
298 ~~maker, and the designated representative shall be~~  
299 ~~provided with a copy of his/her service plan within seven~~  
300 ~~calendar days of completion of the service plan and/or~~  
301 ~~upon request.~~

302 ~~6. SMI determination shall be completed for members who~~  
303 ~~request an SMI determination in accordance with Division~~  
304 ~~Medical Policy 320-P.~~

305 ~~7.4. For members determined SMI:~~

306 ~~Assessment and treatment/service planning shall be~~  
307 ~~conducted in accordance with A.A.C. R9-21-301 et seq.~~  
308 ~~and A.A.C. R9-21-401 et seq.~~

309 c. A special assistance assessment shall be completed [for](#)  
310 [Members with an SMI designation](#) in accordance with

- 311 AMPMDivision Medical Policy 320-R.
- 312 d. Assessments, The completed treatment/ service, and
- 313 treatment planning for plan must be signed by the
- 314 Members under the legal custody of the Arizona
- 315 Department of Child Safety (DCS) shall be coordinated in
- 316 accordance with Division Medical Policies 541 and 449., or
- 317 when applicable the health care decision maker and the
- 318 designated representative, in accordance with A.A.C. R9-
- 319 21-308.
- 320 e. For appeal requirements see A.A.C. R9-21-401 et
- 321 seq. and Division Operations Policy 444.
- 322 8.5. The Health Home is responsible for maintaining the
- 323 comprehensive assessment and conducting periodic
- 324 assessment updates to meet the changing behavioral
- 325 health needs for members who continue to receive
- 326 behavioral health services.
- 327 5. The Division shall require Behavioral Health Assessments,
- 328 Service, and Treatment plans to Treatment and Service Plans
- 329 shall be updated at least at a minimum of once annually, or more

330 often as needed, based on clinical ~~needs~~necessity and/or ~~upon~~  
331 significant life events, including ~~but not limited to~~:

- 332 a. ~~Moving~~ or a change in housing location or status;
- 333 b. Death of a family member or friend; ~~or family member~~;
- 334 c. Change in family structure, for example, (e.g., divorce,  
335 separation, adoption, placement disruption~~incarceration~~);
- 336 d. Hospitalization;
- 337 e. Major illness of the Member, their family member, or  
338 person of importance;

339 f. Change in ~~Member's~~ level of care;

340 f.g. Incarceration; and

341 Incarceration of the Member, family member, or person of  
342 importance;

343 g.h. Any event which may cause a disruption of normal life  
344 activities based on a Member's identified perspective and  
345 need.

346 ~~The Health Home is responsible for maintaining the~~  
347 ~~treatment/service plan and conducting periodic~~  
348 ~~treatment/service plan updates to meet the changing~~  
349 ~~behavioral health needs for members who continue to~~

350 ~~receive behavioral health services.~~

351 ~~15. The Health Home shall coordinate with any entity involved~~  
352 ~~in the member's Behavioral Health Assessment and~~  
353 ~~Treatment and Service Planning care. (Refer to Division~~  
354 ~~Medical Policy 541)~~

355 B. BEHAVIORAL HEALTH ASSESSMENTS

356 ~~The Division shall require Behavioral Health Assessments to be~~  
357 ~~completed in compliance with the following:~~ 16. Special  
358 ~~Circumstances:~~

359 1. a. Members receiving behavioral health services shall receive  
360 a Behavioral Health Assessment in compliance with the rules set  
361 forth in A.A.C. Title 9, Chapters 10 and 21, and Division Medical  
362 Policy 417, as applicable, for timeliness standards and  
363 identification of assessed needs for purposes of services  
364 planning.

365 2. The outpatient provider of behavioral health services is  
366 responsible for maintaining all Behavioral Health Assessments  
367 within the medical record, and for ensuring periodic assessment  
368 updates are completed to meet the changing behavioral health

- 369 needs for Members who continue to receive behavioral health  
370 services.
- 371 3. The behavioral health provider shall document in the member's  
372 medical record that the assessment has been shared with the  
373 member's primary care provider.
- 374 4. All providers shall maintain an immediately accessible copy of  
375 the Member's Behavioral Health Assessment.
- 376 5. A Behavioral Health Assessment shall include evaluation of the  
377 Member's following:
- 378 a. Presenting concerns;  
379 b. Information on the strengths and needs of the member  
380 and their family;  
381 c. Current and past behavioral health treatment;  
382 d. Current and past medical conditions and treatment;  
383 e. History of physical, emotional, psychological, or sexual  
384 trauma at any stage of life, if applicable;  
385 f. History of other types of trauma such as environmental or  
386 natural disasters;  
387 g. Current and past substance use related disorders, if  
388 applicable;

- 389 h. Social Determinants of Health or health related social  
390 needs including:  
391 i. Living environment  
392 ii. Educational and vocational training  
393 iii. Employment  
394 iv. Interpersonal, social, and cultural skills  
395 i. Developmental history;  
396 j. Criminal justice history  
397 k. Public and private resources;  
398 l. Legal status and apparent capacity to make decisions or  
399 complete daily living activities;  
400 m. Need for special assistance; and  
401 n. Language and communication capabilities.
- 402 6. Additional components of the assessment shall include:  
403 the following additional components:  
404 a. Risk assessment of the Member,  
405 b. Mental status examination of the Member,  
406 c. A summary of the clinician's impression and observations,  
407 d. Recommendations for next steps,  
408 e. Diagnostic impressions of the qualified clinician,

- 409 f. Identification of the need for further or specialty  
410 evaluations, and
- 411 g. Other information determined to be relevant as specified  
412 in the Supplemental Section of this policy.
- 413 7. In situations when ~~if~~ a standardized assessment or tool is  
414 completed by multiple service providers who are providing  
415 services to a Member, the:
- 416 ~~The~~ results shall ~~are to~~ be shared and discussed  
417 collaboratively to address clinical implications for  
418 treatment need.~~s; and~~
- 419 Differences in level of care shall ~~are to~~ be addressed within  
420 the team to develop consensus regarding level of care and  
421 the needs of the child and family.
- 422 8. If an assessment has been completed by another provider, or  
423 prior to behavioral health outpatient treatment, or if the  
424 outpatient treatment center has a medical record for the Member  
425 that contains an assessment that was completed within 12  
426 months before the date of the Member's current admission, the  
427 following requirement is applicable: ~~(per A.A.C. R9-10-1011:);~~
- 428 a. The Member's ~~patient's~~ assessment information is reviewed

- 429 and updated if additional information is identified that  
430 affects the Member's ~~patient's~~ assessment, and  
431 b. The review and update of the Member's ~~patient's~~  
432 assessment information is documented in the  
433 Member's ~~patient's~~ medical record within 48 hours after the  
434 review is completed.
- 435 9. The Division shall require additional assessments to be ~~are~~  
436 completed as follows:
- 437 a. Children Ages ~~birth through five~~ ~~6 through 17~~:-  
438 Developmental screening shall be conducted for children  
439 ages ~~birth through five~~ with a referral for further  
440 evaluation when developmental concerns are identified,  
441 and the information shared with the providers involved in  
442 the child's treatment and care.;
- 443 ~~The Early Childhood Service Intensity~~  
444 ~~Instrument (ECSII) is not required but may be~~  
445 ~~used~~ ~~utilized as an additional option for~~  
446 ~~identifying developmental concerns for children~~  
447 ~~birth through five.~~;
- 448 i. This information shall be shared with the



449 providers involved in the child's treatment and  
450 care. ~~An age-appropriate assessment shall be~~  
451 ~~completed by the Health Home during the~~  
452 ~~initial assessment and updated at least every~~  
453 ~~six months, and this information shall be~~  
454 ~~provided to the TRBHA or Division,~~

- 455 b. Children Ages 6 through 17: An age-appropriate Child and  
456 Adolescent Level of Care Utilization System (CALOCUS)  
457 assessment shall be completed during the initial  
458 assessment and updated at least every six months, and:  
459 This- the information shall be shared with the providers in  
460 the child's treatment and care. ~~Strength, Needs and Culture~~  
461 ~~Discovery Document shall be completed, as deemed~~  
462 ~~appropriate, by the Health Home, and this information~~  
463 ~~shall be provided to the TRBHA or Division, and~~

464 c. Children Ages 11 through 17: A standardized tool shall be  
465 used to evaluate for potential substance use.

- 466 i. In the event of positive results, the information shall  
467 be shared with the providers involved with the  
468 Member's care only if the Member/Responsible

469 Person if the Responsible Person has  
470 authorized sharing of protected health information as  
471 specified in 45 CFR 160.103.  
472 ii. In the event of positive results for any minor child,  
473 the providers involved in the child's care  
474 shall follow all applicable state and federal laws,  
475 unless directed otherwise.  
476 d. Members Ages 18 and older: A standardized tool, as  
477 specified in AHCCCS contract, shall be used to  
478 evaluate for potential substance use.  
479 i. In the event of positive results, the information shall  
480 be shared with the providers involved with the  
481 Member's care only if the Member or the Member's  
482 Responsible Person has authorized sharing of  
483 protected health information as specified in 45 CFR  
484 160.103.  
485 substance use screen and referral for further evaluation  
486 when screened positive shall be completed by the  
487 Health Home, and this information shall be  
488 provided to the TRBHA or Division.

489 **C. SERVICE AND TREATMENT PLANNING**

490 1. The Division shall require the following service planning  
491 elements:

492 a. A description of all covered health services deemed as  
493 medically necessary and based on Member voice and  
494 choice.

495 b. The Service Plan shall be a complete, written description  
496 of all covered health services and other informal supports  
497 that may include individualized goals, family support  
498 services, peer and recovery support, care coordination  
499 activities, and strategies to assist the Member in achieving  
500 an improved quality of life.

501 c. The Service Plan shall be developed and administered by  
502 the primary outpatient provider or the ALTCS case  
503 manager, that includes all Treatment Plans developed by  
504 other providers involved in the Member's care, and  
505 additional documents from other service providers or  
506 entities involved in the Member's care.

507 2. The Division shall require that treatment planning to includes the  
508 following elements:

- 509            a. Treatment planning may occur with more than one  
510            outpatient provider based on the member's identified  
511            need.
- 512            b. A Member may have multiple Treatment Plans based on  
513            various clinical needs.
- 514            c. Service and Treatment Plans are based on a current  
515            assessment or specific treatment need, such as out-of-  
516            home services, specialized behavioral health treatment for  
517            substance use, or trauma.
- 518            d. All services have identified goals that are measurable,  
519            including frequency, duration, and method for indicating  
520            member's definition of goal achievement.
- 521            e. Service and Treatment Plans identify the services and  
522            support to be provided, according to the covered,  
523            medically necessary services specified in Division Medical  
524            AMPM Policy 310-B.
- 525            3. The Division shall require behavioral health providers to make  
526            available and offer the option of having a Credentialed Family  
527            Support Partner and/or Peer-and-Recovery Support Specialists  
528            to provide covered services, when appropriate, and for the

529 purpose of navigating Members to treatment or increasing  
530 participation and retention in treatment and recovery support  
531 services.

532 **ED. ~~Crisis and Safety Planning~~ SAFETY PLANNING**

533 1. The Division shall require the following: ~~1. The Division~~  
534 shall require Safety Planning to be conducted in compliance  
535 with the following: ~~1. General Purpose of a Crisis and Safety Plan~~

536 a. A ~~Crisis and~~ Safety Plan provides a written method for  
537 potential crisis support or intervention ~~that which~~ identifies  
538 needs and preferences that are most helpful in the event  
539 of a crisis.

540 b. ~~A Crisis and~~ Safety Plan ~~is shall~~ be developed in  
541 accordance with the Vision and Guiding Principles of the  
542 Children's System of Care and the Nine Guiding Principles  
543 of the Adult System of Care as specified in AMPM Policy  
544 100.

545 c. ~~A Crisis and~~ Safety ~~Plan is are plans~~ shall be trauma  
546 informed with a focus on safety and harm reduction.

547 d. ~~D-d~~ Development of a ~~Crisis and~~ Safety Plan ~~is shall be~~  
548 completed in alignment with the Member's Service and

549 Treatment Plan, and any existing Behavior Plan, if  
550 applicable.

551 ~~e. D-It shall Development of a Safety Plan is~~ be considered  
552 when any of the following clinical indicators are identified  
553 in the Member's Service, Treatment, or Behavior  
554 Plan: clinically indicated. Clinical indicators may include, but  
555 are not limited,

556 ~~a.i. Justice system involvement, needs identified in~~  
557 ~~members Treatment, Service, or Behavior Plan in~~  
558 ~~addition to any one or a combination of the~~  
559 ~~following:~~

560 ~~b.ii.~~ Previous psychiatric hospitalizations,  
561 ~~c.iii.~~ Out-of-home placements,

562 1) Home and Community Based Service HCBS  
563 settings

564 2) Nursing facilities

565 3) Group Home settings

566 iv. Special Health Care Needs,  
567 v. History of, or presently under court-ordered  
568 treatment,

- 569 vi. History or present concern of danger to self or  
570 danger to others ~~DTS/DTO~~,
- 571 vii. Members ~~Individuals~~ with an SED or SMI designation,  
572 ~~and~~
- 573 viii. Members ~~Individuals~~ identified as high risk ~~/ or~~ high  
574 needs, or
- 575 viii.ix. Children ages six through 17 with a Child and  
576 Adolescent Level of Care Utilization System ~~CALOCUS~~  
577 Level of 4, 5 or 6.
- 578 f. ~~Crisis and~~ Safety Plans ~~are~~ shall be updated at least  
579 annually, or more frequently if a member meets one or  
580 more ~~a combination~~ of the above criteria, or if there is a  
581 significant change in the Member's needs.
- 582 g. A copy of the ~~Crisis and~~ Safety Plan ~~is~~ shall be distributed  
583 to the team members that assisted with development of  
584 the ~~Crisis and~~ Safety Plan.
- 585 h. A ~~Crisis and~~ Safety Plan does not replace or supplant a  
586 Mental Health Power of Attorney or Behavior Plan, but  
587 rather serves as a complement to these existing  
588 documents.

589 ~~2. Essential Elements~~

590 2. The Division shall require a ~~Crisis and~~ Safety Plan ~~shall to~~  
591 establish goals to prevent or ameliorate the effects of a crisis  
592 and ~~shall specifically address~~ es the following essential elements:

593 a. Techniques for establishing safety, as identified by the  
594 ~~m~~Member/Responsible Person, Member, Designated  
595 Representative, Responsible Person ~~or and/or healthcare~~  
596 ~~decision maker, as well as~~ members of the CFT or ART.

597 b. ~~Identification of r~~Realistic interventions that are most  
598 helpful or not helpful to the Member and theirhis/her  
599 family ~~members~~ or support system.

600 c. Guidance of Guiding the support system towards s ways to  
601 be most helpful to Members and their families.

602 ~~d. Any Multi-system involvement.~~

603 ~~d.e.~~ Consideration of physical limitations, comorbid conditions,  
604 or other unique needs the member may have that would  
605 aid in the reduction of symptoms. ~~(e.g., involvement with~~  
606 ~~DCS or Special Assistance),~~

607 e.f. Adherence to court-ordered treatment, if applicable.

608 f.g. Necessary resources to reduce the chance for a crisis or



609 minimize the effects of an active crisis for the member,  
610 ~~that may include:~~including: ~~This may include but is not~~  
611 ~~limited to:~~  
612 i. Clinical (support staff/professionals), medication,  
613 family, friends, ~~parent,~~ Responsible Person,  
614 Designated Representative guardian, environmental;  
615 ii. Notification to and ~~/or~~ coordination with others; and  
616 iii. Assistance with ~~and/or~~ management of concerns  
617 outside of crisis, for example, ~~(e.g.,~~ animal care,  
618 children, family members, roommates, housing,  
619 financials, medical needs, school, ~~work~~).

620 **E. OVERSIGHT AND MONITORING OF AdSS**

621 ~~1.~~ The Division shall provide oversight and monitoring of  
622 compliance by Administrative Services Subcontractors serving  
623 Members enrolled in a DivisionDDD subcontracted health plan  
624 with respect to any contractual delegation of duties specific to  
625 this policy and as specified in AdSS Medical Policy 320-O using  
626 one or more of the following methods:  
627 a. Complete annual operational reviews of compliance.  
628 b. Analyze deliverable reports or other data as required,

- 629 including results of the Behavioral Health Clinical Chart  
630 Audit.
- 631 c. Conduct oversight meetings with the AdSS for the purpose  
632 of reviewing compliance and addressing any access to care  
633 concerns or other quality of care concerns.
- 634 d. Review data submitted by the AdSS demonstrating  
635 ongoing compliance monitoring of their network and  
636 provider agencies.

637 ~~The Division completes an annual Operational Review of each AdSS.~~  
638 ~~Compliance with this policy and associated procedures may be~~  
639 ~~reviewed during the Annual Operational Review. Each AdSS is~~  
640 ~~expected to comply with requirements described in the associated~~  
641 ~~AdSS Policy 320-O, Behavioral Health Assessments and~~  
642 ~~Treatment/Service Planning~~

#### 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 **AHCCCS REQUIREMENTS FOR FEE-FOR-SERVICE PROVIDERS**

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

660 1. All Behavioral health providers shall provide the completed  
661 Behavioral Health Assessment, service and treatment plan  
662 documentation to the TRBHA or to the Tribal ALTCS case  
663 manager, and/or other FFS providers involved in the member's  
664 care for inclusion in the member's medical record.

665 2. A Release of Information (ROI) is not needed for members  
666 whose AHCCCS health plan enrollment is with Tribal ALTCS or a  
667 TRBHA, unless records are subject to Part 2 (42 CFR Part 2).  
668 Refer to AMPM Policy 940.

- 669 3. For purposes of this Policy for FFS populations the term  
670 treatment plan may be used interchangeably with the term  
671 service plan.
- 672 4. The TRBHA and/or Tribal ALTCS shall coordinate with the  
673 Contractor, Primary Care Provider (PCP), and others involved in  
674 the care or treatment of the member (e.g., Arizona Department  
675 of Child Safety (DCS), probation, skilled nursing facility) as  
676 applicable, regarding assessment, service and/or treatment  
677 planning.
- 678 5. Tribal ALTCS shall coordinate with the member's PCP and others  
679 involved in the care or treatment of the member (e.g. DCS,  
680 probation, skilled nursing facility) as applicable, regarding  
681 assessment, service, and treatment planning.
- 682 6. FFS Providers are responsible for coordinating care with Tribal  
683 ALTCS case managers.
- 684 7. For members enrolled with a TRBHA, providers are responsible  
685 for coordinating care with the TRBHA.
- 686 8. FFS providers are responsible for care coordination of Arizona  
687 Indian Health Program members across the service delivery

688 system (e.g., American Indian Medical Home, IHS 638 Tribal  
689 Facility, and PCP).

690 9. All levels of care that include applicable treating providers or  
691 entities such as, but not limited to:

692 a. The assigned TRBHA,

693 b. DDD Support Coordinator or DDD District Nurse,

694 c. American Indian Medical Home (AIMH),

695 d. PCP,

696 e. The inpatient and/or outpatient treatment team, including  
697 the BHP who shall be responsible for the member's  
698 treatment plan,

699 f. The outpatient treatment team may also include Indian  
700 Health Services (IHS), Tribally operated 638 Facility, or  
701 Urban Indian Health (I/T/U), and/or

702 a-g. Other individuals of the treatment team including physical  
703 health providers, as applicable, which may or may not  
704 include optional utilization of Child Family Team or Adult  
705 Recovery Team.

706 Signature of Chief Medical Officer: