320-O - Behavioral Health Assessments and Treatment/Service Planning

Effective Dates: 10/05/17, 10/01/18, 10/01/19, 10/01/20[1]

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I. Purpose

This Policy applies to ACC, ALTCS E/PD, DCS/CMDP (CMDP),[3] DES/DDD (DDD) and RBHA Contractors; Fee-For-Service (FFS) Programs including: Tribal ALTCS, TRBHAs, American Indian Health Program (AIHP), and FFS ~~Providers~~Populations~~,~~ excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy ~~describes~~ specifies provisions for B~~b~~ehavioral H~~h~~ealth ~~a~~Assessment and Treatment/Service Planning for AHCCCS members.

II. Definitions

Behavioral Health Assessment	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.[4]
~~**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 assigned to the Behavioral Health Home.~~[5]

[1] Date changes are effective
[2] Date presented at APC Meeting or without APC review, the date Policy is published
[3] Added CMDP due to integration
[4] Added as definition for this policy. Assessments have been referenced, but a definition was never included.
[5] Deleted and replaced with "Health Home"

BEHAVIORAL HEALTH PROFESSIONAL (BHP)

1. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
   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, or
7. A registered nurse with:
   a. A psychiatric-mental health nursing certification, or
   b. One year of experience providing behavioral health services

BEHAVIORAL HEALTH TECHNICIAN (BHT)

As specified in A.A.C. R9-10-101, an individual 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 that:

1. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33, and
2. Are provided with clinical oversight by a behavioral health –professional.

DESIGNATED REPRESENTATIVE[6]

For purposes of this Policy, an individual chosen by a member who carries an serious mental illness designation and has been identified by AHCCCS as requiring Special Assistance. The Designated Representative protects the interests of the member during service planning, Inpatient Treatment Discharge Planning, and the SMI grievance, investigation or appeal process.

[6] Added definition to this policy for clarification purposes

Health Care Decision Maker	An individual who is authorized to make health care treatment decisions for the patient. As applicable to the particular situation, this may include a parent of an un-emancipated minor or a person lawfully authorized to make health care treatment decisions pursuant to A.R.S. title 14, chapter 5, article 2 or 3; or A.R.S. §§ 8-514.05, 36-3221, 36-3231 or 36-3281.
Health Home	A provider that either provides or coordinates and monitors the provision of all primary, physical health, behavioral health and services and supports to treat the whole 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 formally assigned to a Health Home.[7]
~~**Specialty Provider**~~	~~Behavioral Health service that is not available in the Behavioral Health Home.~~[8]
~~**Treatment**~~/**Service 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.~~ A complete written description of all covered health services and other informal supports which includes individualized goals, peer-and-recovery support and family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.[9]
Treatment Plan	A written plan of services and therapeutic interventions based on complete assessment of a member's developmental and health status, strengths and needs that are designed and periodically updated by the multispecialty, interdisciplinary team.[10]

[7] Added this definition for clarification; it replaced "behavioral health home" that was previously included
[8] Deleted due to lack of consistency in how "specialty providers" are defined and operationalized across GSAs and counties.
[9] Deleted "treatment" and added separate definition to align with contract and different meanings across licensure settings.
[10] Added this definition to highlight differences between treat plan and service plan.

~~H.~~III. POLICY

A. OVERVIEW

1. ~~–~~The model for Bb~~b~~ehavioral Hh~~h~~ealth Aa~~a~~ssessment, ~~Treatment/~~Service or Treatment[11] Planning,~~,~~ and service delivery shall be strength-based, person~~member~~-centered, family-friendly, based on voice and choice,[12] culturally and linguistically appropriate, and clinically supervised. The model incorporates the concept of a "team," established for each member receiving behavioral health services. The model is based on four equally important components:
   a. Input from the member, or when applicable the[13] Health Care Decision Maker, and D~~d~~esignated R~~r~~epresentative regarding his/her individual needs, strengths, and preferences,
   b. Input from other ~~persons~~ individuals involved in the member's care who have integral relationships with the member,
   c. Development of a therapeutic alliance between the member, or when applicable their Health Care Decision Maker, and their ~~/Health Care Decision Maker/~~D~~d~~esignated R~~r~~epresentative and behavioral health provider that promotes an ongoing partnership built on mutual respect and equality, and
   d. Clinical expertise/qualifications of individual(s) conducting the A~~a~~ssessment, Treatment~~/~~ and Service Planning, and service delivery.

2. 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:
   a. Ongoing engagement of the member, or when applicable their Health Care Decision Maker, and their ~~/Health Care Decision Maker/~~D~~d~~esignated R~~r~~epresentative, family, 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,
   b. An assessment process that is conducted to:
      i. Elicit information on the strengths and needs of the ~~individual~~ member and his/her family,
      ii. Identify the need for further or specialty evaluations, and
      iii. Support the development and updating of the Treatment and ~~/~~Service Plan~~(s)~~ which effectively meets the member's/family's needs and results in improved health outcomes (which may or may not include peer and/or family support).
   c. Continuous evaluation of the effectiveness of treatment through the CFT or ART process, the ongoing assessment of the member, and input from the member, or when applicable their Health Care Decision Maker, and their ~~/ Health Care~~

[11] Separated to align with distinct contract definitions.
[12] Added based on previous public comment
[13] Added for clarification.

~~Decision Maker and D~~designated R~~r~~epresentative resulting in modification to the Treatment and /Service Plan~~(s)~~, as necessary,

d. Provision of all covered services as identified on the Treatment and /Service Plan~~(s)~~, including assistance in accessing community resources as appropriate~~,~~,

~~i.~~ [14]Services (e.g. counseling, peer and/or family support~~, etc.~~) may occur within or outside of the Health Home, based on the member's choice and identified need~~.~~.

e. For children, services are provided consistent with the Arizona Vision – 12 Principles as specified in AMPM Policy 430 and AMPM Policy 100. For adults, services are provided consistent with the Adult Service Delivery System - 9 Guiding Principles as specified in AMPM Policy 100,

f. Ongoing collaboration with other individuals and/or entities for whom delivery and coordination of services is important to achieving positive outcomes (e.g. primary care providers~~, specialty service providers~~,[15] school, child welfare, justice system~~ and others~~). This shall include sharing of clinical information as appropriate,

g. Assistance with continuity of care by ensuring 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 an Arizona Long Term Care System (ALTCS) Contractor). For additional details, refer to ACOM Policy 402 and AMPM Policy 520, and

h. Throughout this Policy, all references to ~~Behavioral~~ Health Home~~s~~ and CFT/ART~~s~~ pertain to Contractors and not to FFS Programs or FFS populations. FFS members are not assigned to a ~~Behavioral~~ Health Home, and a CFT/ART is not required in order for FFS members to receive services.

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 (OUDs) for the purposes of navigating members to Medication Assisted Treatment (MAT), and increasing participation and retention in MAT treatment and recovery supports.[16]

4. ~~MCOs~~ Contractors[17] shall require subcontractors and providers to make available and offer ~~–~~the option of having a ~~Peer/Recovery Support Specialist and/or~~[18] ~~–~~Family Support Specialist for each CFT, to provide covered services when appropriate.

[14] Added based on Community Collaborative group request and workgroup discussion.
[15] Removing term due to lack of definitional clarity across MCOs; further AHCCCS discussion warranted
[16] Added from Contract requirements
[17] Added based on request from OIFA and agreement during workgroup discussion
[18] Deleted use of PRSS due to peer services being more specific to adults.

B. ASSESSMENT AND SERVICE PLANNING

1. General Requirements for Contractors and FFS Providers:
   a. Behavioral Hhealth Aassessments and Treatment and /Service Planning shall comply with the Rules set forth in A.A.C. Title 9, Chapters 10 and 21, as applicable.; Attachment A shall be utilized by the member, or when applicable their Health Care Decision Maker, and their Designated Representative/Health Care Decision Maker to indicate agreement or disagreement with Service Plan and awareness of rights to appeal process if not in agreement with Service Plan.
   b. Assessments and Treatment and /Service Plans shall be completed by BHPs or BHTs under the clinical oversight of a BHP, and for the credentialing of providers contracted with an ACC Health Plan they shall [19] meet the [20] credentialing and training requirements as specified in AMPM Policy 950. [21]
   a.c. Behavioral health providers, including Specialty ProvidersBehavioral health providers outside of the Health Home,[22] may engage completein Aassessment, and Treatment and Service Planning activities[23] to support timely access to medically necessary behavioral health services., as allowed under licensure (A.A.C. R9, et. seq.[24]),
      i. Should a behavioral health Specialty pProvider [25] outside the Health Home complete any type of Bbehavioral Hhealth Aassessment, the behavioral healthSpecialty pProvider shall communicate with the Behavioral Health Home and/or TRBHA[26] regarding assessment findings. In situations where when a specific assessment is duplicated and findings are discrepant, Specialty Provider and Health Home BHP or [27] the results of such assessments shall be discussed collaboratively to addressthe differences and clinical implications for treatment needs. Differences shall be addressed within the CFT or ART with participation from both the Health Home and Specialty Behavioral Health Provider outside of the Health Home. For FFS members differences shall be addressed by the Behavioral Health Provider and the TRBHA[28],
      i.ii. Behavioral Health Providers shall supply completed assessment and Treatment and Service Plan documentation to the Health Home for inclusion in the member's medical record[29],

[19] Adding to delineate the contractor vs. FFS requirements.
[20] Adding for clarity/grammar
[21] Moved from below for flow
[22] Changed verbiage due to removal of the term "specialty provider"
[23] POST APC CHANGE- Revised for clarity of distinction between BHPs and BHTs
[24] Added reference to code to clarify basis of language for service delivery related to licensure type.
[25] Changed verbiage due to removal of the term "specialty provider"
[2626] Added to address communication with the TRBHA case manager for FFS members
[27] Changed verbiage due to removal of the term "specialty provider"
[28] Adding to ensure that FFS members are included
[29] Moved from below

~~ii.~~iii. For ALTCS members, assessment and service planning shall be implemented to align, as much as possible, with the ALTCS assessment and Service Plan, and

~~iii.~~iv. For those ALTCS members that have ~~also been determined~~ a Serious Mental Illness (SMI) determination, service planning and treatment shall be implemented ~~-~~to align with all requirements for SMI members, as specified in AMPM Policy 310-B, AMPM Policy 320-P, AMPM Policy 320-Q, AMPM Policy 320-R, ACOM Policy 444, and ACOM Policy 446.

~~b.~~d. In the event the Behavioral Health A~~a~~ssessment, ~~or~~ Treatment Plan, or ~~/~~Service Plan is completed by the BHT, the requirements of A.A.C. R9-10-1011(B)(3) shall be met,

~~c.~~e. At a minimum, the member, or when applicable their Health Care Decision Maker, and their ~~/Health Care Decision Maker/~~Dd~~d~~esignated R~~r~~epresentative, and a BHP shall be included in the assessment process and development of the Treatment/Service Plan,

~~d.~~f. The Behavioral Health A~~a~~ssessment, ~~and~~ Treatment and ~~/~~Service Plan shall be included in the medical record in accordance with AMPM Policy 940,

~~e.~~ The Treatment and ~~/~~Service Plan shall be based on a ~~the~~ current assessment and identify the specific services and supports to be provided, as specified in AMPM Policy 310-B~~.~~.

~~f. Services within the Service Plan shall be based on the range of services specified under AMPM Policy 310-B.~~

g.

~~g.~~h. The behavioral health provider shall document whether or not the member, or when applicable, their Health Care Decision Maker, and ~~Health Care Decision Maker/~~Dd~~d~~esignated R~~r~~epresentative ~~is in agreement~~ agrees or disagrees with the Service Plan, and has indicated such agreement or disagreement by their signature on the Plan,[30]

~~h.~~i. The member, or when applicable their Health Care Decision Maker, and their ~~/Health Care Decision Maker/~~Dd~~d~~esignated R~~r~~epresentative shall be provided with a copy of his/her Service Plan within seven calendar days upon completion of the Service Plan and/or upon request,

~~i.~~j. An ~~Serious Mental Illness (~~SMI~~)~~ Determination shall be completed for individuals who request an SMI determination in accordance with AMPM Policy 320-P, and

~~j.~~k. For members determined SMI:

i. Behavioral Health Assessment, ~~and~~ Treatment and ~~/~~Service Planning shall be conducted in accordance with A.A.C. Title 9, Chapter 21, Articles 3 and 4,

ii. Special Assistance assessment shall be completed in accordance with AMPM Policy 320-R,

~~iii. The completed Treatment/Service Plan shall be signed by the member/ Health Care Decision Maker/Designated Representative in accordance with A.A.C. R9-21-308, and~~[31]

[30] Added to clarify the purpose for the signature.
[31] Deleted "iii" because content was duplicative to what was added in "h" above.

~~iv.~~iii. For appeal requirements refer to A.A.C. Title 9, Chapter 21, Article 4, and ACOM Policy 444.

~~k.~~l. The ~~Behavioral~~ Health Home is responsible for maintaining the comprehensive assessment and conducting periodic assessment updates to meet the changing behavioral health needs for members who continue to receive behavioral health services,

~~l.~~m. Behavioral Health Assessments, ~~and~~ Treatment and ~~/~~Service Plans shall be updated at minimum once annually or more often as needed based on clinical necessity and/or upon significant life events including but not limited to:

i. Moving,
ii. Death of a friend or family member,
iii. Change in family structure (e.g. divorce, incarceration),
iv. Hospitalization,
v. Major illness of individual or family member,
vi. Incarceration, and
vii. Any event which may cause a disruption of normal life activities.

[32] ~~Assessments and Treatment/Service Plans shall be completed by BHPs or BHTs under the clinical oversight of a BHP that meets credentialing and training requirements as specified in AMPM Policy 950,~~

n. The ~~Behavioral~~ Health Home is responsible for maintaining the Treatment and ~~/~~Service Plan and conducting periodic Treatment and ~~/~~Service Plan updates to meet the changing behavioral health needs for members,

~~m.~~ [33] ~~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 shall supply completed assessment and Treatment/Service Plan documentation to the Behavioral Health Home for inclusion in the comprehensive Behavioral Health Home medical record,~~

~~n.~~o. [34] The ~~Behavioral~~ Health Home shall coordinate with any entity involved in the member's care including but not limited to ~~the~~ Contractors, PCPs, ~~Specialty Providers,~~ TRBHAs[35], ALTCS case managers, ~~and others involved in the care or treatment of the member (e.g. DCS, Probation)~~DCS, probation, , as applicable, regarding Behavioral Health ~~a~~Assessment and Treatment and ~~/~~Service Planning[36], ~~see~~ refer to AMPM Policy ~~1050~~541[37], and

~~o.~~p. Special Circumstances:

i. Children Age 0 through 5 – Developmental screening shall be conducted by the ~~Behavioral~~ Health Home or FFS provider for children age 0-5 with a

[32] Deleted – content moved to section 1-b on pg 5.
[33] Deleted due to removal of use of "specialty provider" as term
[34] Moved above
[35] Addition to ensure coordination occurs with the member's TRBHA.
[36] Reworded for clarity – not an all-inclusive list
[37] AMPM 1050 is reserved; pertinent information was moved to AMPM 541; updated reference

referral for further evaluation when developmental concerns are identified, and this information shall be provided to the TRBHA or Tribal ALTCS, and

ii. Children Age 6 through 17 - The Child and Adolescent ~~Service Intensity Instrument~~Level of Care Utilization System (~~CASII~~CALOCUS[38]) shall be completed by the ~~Behavioral~~ Health Home or FFS provider during the initial assessment and updated at every six months, and this information shall be provided to the TRBHA or Tribal ALTCS, and

iii. Children Age 6 through 17 - with ~~CASII~~ CALOCUS Levels of Intensity of four or Higher: Strength, Needs and Culture Discovery Document shall be completed by the ~~Behavioral~~ Health Home or FFS provider, and this information shall be provided to the TRBHA or Tribal ALTCS, and ~~, and~~

iv. Children Age 11 through 17 - Standardized substance use screen and referral for further evaluation when screened positive shall be completed by the ~~Behavioral~~ Health Home or FFS provider, and this information shall be provided to the TRBHA or Tribal ALTCS.[39]

3. FFS Programs:
   a. Behavioral health providers~~, including~~ [40]~~Specialty Providers~~, shall provide the completed Behavioral Health ~~a~~Assessment, ~~and~~ Treatment and ~~/~~Service Plan documentation to the TRBHA or to the Tribal ALTCS case manager for inclusion in the member's medical record,
   b. The TRBHA shall coordinate with the Contractor, Primary Care Provider (PCP), ~~Specialty Providers~~ and others involved in the care or treatment of the member (e.g. DCS, Probation, DDD), as applicable, regarding assessment and Treatment and ~~/~~Service Planning,
   ~~b.~~c. Tribal ALTCS shall coordinate with the member's Primary Care Provider (PCP)~~,~~ ~~Specialty Providers~~ and others involved in the care or treatment of the member (e.g. DCS, Probation), as applicable, regarding assessment and Treatment and ~~/~~Service Planning,
   ~~c.~~d. FFS Providers are responsible for coordinating care with Tribal ALTCS and, for members enrolled with a TRBHA, providers are responsible for coordinating care with the TRBHA,
   ~~d.~~e. FFS Providers are responsible for care coordination of AIHP members across the service delivery system (e.g. ~~,~~ American Indian Medical Home, IHS 638 Tribal Facility, PCP), and for
   ~~e. Special Circumstances:~~
   ~~Children Age 11 through 17: The behavioral health provider shall complete a standardized substance use screen and referral for further evaluation when screened positive and this information shall be provided to the TRBHA or Tribal ALTCS.~~[41]

[38] Changed CASII to CALOCUS based on approval by CMO; 10/1/20 implementation
[39] Adding for FFS inclusion and clarity.
[40] Removing term due to lack of definitional clarity across MCOs; further AHCCCS discussion needed
[41] Recommend removing as this is addressed in B.1. p

4. Contractors:
   a. ~~For ACC, DDD, and RBHA Contractors,~~ [42] ~~t~~The ~~Behavioral~~ Health Home provider serves as the behavioral health case management~~t~~ agency, and
   b. For ALTCS E/PD Contractors, the Contractor serves as the case management entity.

C. CRISIS AND SAFETY PLANNING

1. General Purpose of a Crisis and Safety Plan

A Crisis and Safety Plan provides a written method for potential crisis support or intervention which identifies needs and preferences that are most helpful in the event of a crisis. The Crisis and Safety Plan shall be 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 defined in AMPM Policy 100. Crisis and Safety plans shall be trauma informed, with a focus on safety and harm reduction.

The development of a Crisis and Safety Plan shall be completed in alignment with the member's Treatment and Service Plan, and any existing Behavior plan if applicable. It shall be considered, when clinically indicated. Clinical indicators may include, but are not limited needs identified in members Treatment, Service, or Behavior plan in addition to any one or a combination of the following:

a. Previous psychiatric hospitalizations,
b. Out of home placements,
c. HCBS settings,
d. Nursing Facilities,
e. Group Home settings,
f. Special Health Care Needs,
g. Court Ordered Treatment,
h. History of DTS/DTO, and
i. Individuals with an SMI designation.

A Crisis and Safety Plan does not replace or supplant a Mental Health Power of Attorney or behavior plan, but rather services as a compliment to these existing documents.

2. Essential Elements

A Crisis and Safety Plan shall establish goals to prevent or ameliorate the effects of a crisis and shall specifically address:

a. Techniques for establishing safety, as identified by the member and/or healthcare decision maker, as well as members of the CFT or ART,

[42] Removing specific Contractors and making applicable to Health Home Providers

b. Identification of realistic interventions that are most helpful or not helpful to the individual and his/her family members or support system,
c. Reduction of symptoms,
d. Guiding the support system toward ways to be most helpful,
e. Any physical limitations, comorbid conditions, or unique needs of the member (e.g. involvement with DCS or Special Assistance),
f. Adherence to Court Ordered Treatment (if applicable), and
g. Necessary resources to reduce the chance for a crisis or minimize the effects of an active crisis for the member. This may include, but is not limited to:
   i. Clinical (support staff/professionals), medication, family, friends, parent, guardian, environmental,
   ii. Notification to and/or coordination with others, and
   ~~i.~~iii. Assistance with and/or management of concerns outside of crisis (e.g. animal care, children, family members, room-mates, housing, financials, medical needs, school, work).[43]

[43] Adding clarification and further details surrounding Crisis and including Safety Planning