

SECTION: 1 CHAPTER: 100
POLICY: 105, Assessment and Service Planning

1. PURPOSE:

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) supports a model for assessment, service planning, and service delivery that is strength-based, person-centered, family friendly, culturally and linguistically appropriate, and clinically sound and supervised. The model is based on four equally important components:

- a. Input from the person regarding his/her individual needs, strengths, and preferences;
- b. Input from other persons involved in the person's care who have integral relationships with the person;
- c. Development of a therapeutic alliance between the person and behavioral health provider that fosters an ongoing partnership built on mutual respect and equality; and
- d. Clinical expertise.

The model incorporates the concept of a "team", established for each person receiving behavioral health services. 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 person, family and others who are significant in meeting the behavioral health needs of the person, including their active participation in the decision-making process and involvement in treatment;
- b. An assessment process is conducted to: (a) elicit information on the strengths, needs and goals of the individual person and his/her family, (b) identify the need for further or specialty evaluations, and (c) support the development and updating of a service plan which effectively meets the person's/family's needs and results in improved health outcomes;
- c. Continuous evaluation of the effectiveness of treatment through the CFT and ART process, the ongoing assessment of the person, and input from the person and his/her team resulting in modification to the service plan, if necessary;
- d. Provision of all covered services as identified on the service plan, including assistance in accessing community resources, as appropriate and, for children, services which are provided consistent with the [Arizona Vision and Principles](#), and for adults, services which are provided consistent with the [9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems](#);
- e. Ongoing collaboration, including the communication of appropriate clinical information, with other individuals and/or entities with whom delivery and coordination of services is important to achieving positive outcomes (e.g., primary care providers, school, child welfare, juvenile or adult probation, other involved service providers);
- f. Oversight to ensure continuity of care by taking the necessary steps (e.g., clinical oversight, development of facility discharge plans, or after-care plans, transfer of relevant documents) to assist persons who are transitioning to a different treatment program, (e.g., inpatient to outpatient setting), changing behavioral health providers

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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); and

- g. Development and implementation of transition plans prior to discontinuation or modification of behavioral health services.

2. TERMS:

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php>.

The following terms are referenced in this section:

Adult Recovery Team
Annual Update
Assessment
Behavioral Health Professional
Behavioral health technician
Child and Family Team
Clinical Teams
Credentialing
Family
Initial Assessment
Interim Service Plan
Individual Service Plan (ISP)
Special Assistance

3. PROCEDURES:

h. Assessments

- i. All persons being served in the public behavioral health system must have a behavioral health assessment upon an initial request for services. For persons who continue to receive behavioral health services, updates to the assessment must occur at least annually. Behavioral health assessments must be utilized to collect necessary information that will inform providers of how to plan for effective care and treatment of the individual.
- ii. ADHS/DBHS does not mandate that a specific assessment tool or format be used but requires certain minimum elements. Providers must collect and submit all required demographic information in accordance with the criteria outlined in the [ADHS/DBHS Demographic and Outcome Data Set User Guide \(DUG\)](#) and [Policy 1601, Enrollment, Disenrollment and Other Data Submission](#).
- iii. The initial and annual assessment must be completed by a behavioral health professional (BHP) or behavioral health technician (BHT) under the clinical oversight of a BHP, who are trained on the minimum elements of a behavioral health assessment and meets requirements in [Policy 405, Credentialing and Recredentialing](#) and [Policy 403, Training Requirements](#).
- iv. Minimum elements of the behavioral health assessment

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- (1) ADHS/DBHS has established the following minimum elements that must be included in a comprehensive behavioral health assessment and documented in the comprehensive clinical record, in accordance with [Policy 802, Behavioral Health Medical Record Standards](#):
 - (a) Presenting issues/concerns;
 - (b) History of present illness, including review of major psychiatric symptoms (i.e., mood, depression, anxiety, psychosis, suicidal ideation, homicidal ideation, and other behavioral health symptoms) and frequency/duration of symptoms;
 - (c) Psychiatric history, including history of previous psychiatric hospitalization(s) and psychotropic medication trial(s);
 - (d) Medical history;
 - (e) Current medications, including over the counter (OTC) medications;
 - (f) Allergies and other adverse reactions;
 - (g) Developmental history for children/youth under the age of 18 and with other populations if clinically relevant;
 - (h) Family history; *
 - (i) Educational history/status;*
 - (j) Employment history/status;
 - (k) Housing status/living environment;
 - (l) Social history;*
 - (m) Legal history, including custody/guardianship status, pending litigation, Court Ordered Evaluation/Court Ordered Treatment (COE/COT) history, criminal justice history, and any history of sex offender adjudication;
 - (n) Substance abuse history including type of substance, duration, frequency, route of administration, longest period of sobriety, and previous treatment history;
 - (o) Standardized substance use screen for children age 11 to 18 and referral for comprehensive assessment when screened positive;
 - (p) Substance use screen for adults age 18 and older using the American Society of Addiction Medicine (ASAM) Second Edition – Revised of Patient Placement Criteria (ASAM PPC-2R);
 - (q) Labs/diagnostics, if applicable;
 - (r) Mental status examination;
 - (s) Risk assessment: the potential risk of harm to self or others based on self-reports, clinical symptoms, personality factors, past history, substance abuse, criminogenic factors, etc.;
 - (t) Brief summary/Bio-psycho-social formulation;
 - (u) Axial diagnoses I-V;
 - (v) Cultural needs (i.e. age, ethnicity, race, national origin, sex (gender), gender identity, sexual orientation, tribal affiliation, disability).
 - (w) Date, begin, and end time of the assessment and printed name, signature, and professional credential of the provider completing the

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- behavioral health assessment. If a BHT completes the assessment, the assessment must also include a printed name, signature, professional credential, date and time of the BHP who reviewed the assessment information.
- (x) REQUIRED FOR ALL TITLE XIX/XXI MEMBERS: Primary Care Provider (PCP) name and contact information.
 - (y) REQUIRED FOR ALL TITLE XIX/XXI MEMBERS: Involvement with other agencies (e.g., Child Protective Services (CPS), Probation, Division of Developmental Disabilities (DDD)).
 - (z) ONLY REQUIRED FOR CHILDREN AGE 0 TO 5: Developmental screening for children age 0-5 with a referral for further evaluation by the child's Primary Care Provider (PCP), the Arizona Early Intervention Program (AzEIP) for children age 0-3, or the public school system for children age 3-5 when developmental concerns are identified.
 - (aa) ONLY REQUIRED FOR CHILDREN AGE 6 TO 18: Child and Adolescent Service Intensity Instrument (CASII) score and date.
 - (bb) ONLY REQUIRED FOR CHILDREN AGE 6 TO 18 WITH CASII SCORE OF 4 OR HIGHER: Strength, Needs and Culture Discovery Document.
 - (cc) REQUIRED FOR LIMITED ENGLISH PROFICIENCY (LEP) MEMBERS: linguistic needs (i.e. primary language, preferred language, language spoken at home, alternative language).
 - (dd) ONLY IF INDICATED: Seriously Mentally Ill (SMI) Determination (for persons who request SMI determination or have an SMI qualifying diagnosis and GAF score of 50 or lower) in accordance with [Policy 106, SMI Eligibility Determination](#).
 - (ee) ONLY REQUIRED FOR PERSONS DETERMINED SMI: Special Assistance assessment in accordance with [Policy 113, Special Assistance for Persons Determined to Have Serious Mental Illness](#).
- v. For persons referred for or identified as needing ongoing psychotropic medications for a behavioral health condition, the assessor must establish an appointment with a licensed medical practitioner with prescribing privileges, in accordance with [Policy 102, Appointment Standards and Timeliness of Service](#). If the assessor is unsure regarding a person's need for psychotropic medications, then the assessor must review the initial assessment and treatment recommendations with his/her clinical supervisor or a licensed medical practitioner with prescribing privileges.
 - vi. The T/RBHA must develop policies and procedures made available to providers regarding additional information and/or T/RBHA forms.
- i. Service Planning
 - i. All persons being served in the public behavioral health system must have a written plan for services upon an initial request for services and periodic updates to the plan to meet the changing behavioral health needs for persons who continue to receive behavioral health services. ADHS/DBHS does not mandate a specific service

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- planning tool or format. Service plans must be utilized to document services and supports that will be provided to the individual, based on behavioral health service needs identified through the person's behavioral health assessment.
- ii. If a person is in immediate or urgent need of behavioral health services (see [Policy 102, Appointment Standards and Timeliness of Service](#)), an interim service plan may need to be developed to document services until a complete service plan is developed. A complete service plan, however, must be completed no later than 90 days after the initial appointment.
 - iii. At a minimum, the behavioral health recipient, his/her guardian (if applicable), advocates (if assigned), and a qualified behavioral health representative must be included in the development of the service plan. In addition, family members, designated representatives, agency representatives and other involved parties, as applicable, may be invited to participate in the development of the service plan. Behavioral health providers must coordinate with the person's health plan, PCP or others involved in the care or treatment of the individual, as applicable, regarding service planning recommendations (see [Policy 902, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers](#)).
 - iv. Minimum elements of the service plan for Title XIX/XXI Members and for non-Title XIX/XXI members determined to have SMI that have an assigned Case Manager Service plans must be completed by BHPs and BHTs who are trained on the behavioral health service plan and meet requirements in [Section 3.20, Credentialing and Recredentialing](#) and in [Section 9.1, Training Requirements](#). In the event that a BHT completes the service plan, a BHP must review and sign the service plan.
 - v. The service plan must be documented in the comprehensive clinical record in accordance with [Policy 802, Behavioral Health Medical Record Standards](#), be based on the current assessment, and contain the following elements:
 - (1) The person/family vision that reflects the needs and goals of the person/family;
 - (2) Identification of the person's/family's strengths;
 - (3) Measurable objectives and timeframes to address the identified needs of the person/family, including the date when the service plan will be reviewed;
 - (4) Identification of the specific services to be provided and the frequency with which the services will be provided;
 - (5) The signature of the person/guardian and the date it was signed;
 - (6) Documentation of whether or not the person/guardian is in agreement with the plan;
 - (7) The signature of a clinical team member and the date it was signed;
 - (8) The signature of the person providing Special Assistance, for persons determined to have Serious Mental Illness who are receiving Special Assistance (see [Policy 113, Special Assistance for Persons Determined to have Serious Mental Illness](#));
 - (9) The Service Plan Rights Acknowledgement, dated and signed by the person or guardian, the person who filled out the service plan, a designated

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- representative or advocate (if any), and a behavioral health professional if a behavioral health technician fills out the service plan.
- vi. The behavioral health recipient must be provided with a copy of his/her plan. [T/RBHA, insert contact information here for customer/member services or other contact where a behavioral health recipient can be directed if he/she has questions about the service plan and his/her rights regarding the service plan.]
 - vii. Minimum elements of the service plan for Non-Title XIX/XXI persons determined to have SMI that do not have an assigned Case Manager
 - (1) Service plans for Non-Title XIX/XXI persons determined to have SMI who do not have an assigned Case Manager can be incorporated into the psychiatric progress notes completed by the BHP as long as the treatment goals reflect the needs identified on the assessment, are clearly documented, and summarize the progress made. The BHP must document when a clinical goal has been achieved and when a new goal has been added.
 - (2) The T/RBHA must develop and make available to providers policies and procedures that further describe the process with applicable timeframes, additional information, and/or links to forms.
 - viii. Appeals or Service Plan Disagreements
 - (1) Every effort should be taken to ensure that the service planning process is collaborative, solicits and considers input from each team member and results in consensus regarding the type, mix and intensity of services to be offered. In the event that a person and/or legal or designated representative disagree with any aspect of the service plan, including the inclusion or omission of services, the team should take reasonable attempts to resolve the differences and actively address the person's and/or legal or designated representative's concerns.
 - (2) Despite a behavioral health provider's best effort, it may not be possible to achieve consensus when developing the service plan. In cases that the person and/or legal or designated representative disagree with some or all of the Title XIX/XXI covered services included in the service plan, the person and/or legal or designated representative **must** be given:
 - (a) A Notice of Action ([Policy Form 1801.1](#)) by the behavioral health representative on the team.
 - ix. In cases that a person determined to have SMI and/or legal or designated representative disagree with some or all of the Non-Title XIX/XXI covered services included in the service plan, the person and/or legal or designated representative **must** be given:
 - (3) [Policy Form 1804.1, Notice of Decision and Right to Appeal \(For Individuals With a Serious Mental Illness\)](#), by the behavioral health representative on the team.
 - x. In either case, the person and/or legal or designated representative may file an appeal within 60 days of the action.

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- j. Updates to the Assessment and Service Plan
 - i. Behavioral health providers must complete an annual assessment update with input from the behavioral health recipient and family, if applicable, that records a historical description of the significant events in the person's life and how the person/family responded to the services/treatment provided during the past year. Following this updated assessment, the service plan should then be updated as necessary. While the assessment and service plan must be updated at least annually, the assessment and service plan may require more frequent updates to meet the needs and goals of the behavioral health recipient and his/her family.

4. REFERENCES:

[9 A.A.C. 20](#)

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[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

[Policy 102, Appointment Standards and Timeliness of Service](#)

[Policy 701, Third Party Liability and Coordination of Benefits](#)

[Policy 106, SMI Eligibility Determination](#)

[Policy 405, Credentialing and Recredentialing](#)

[Policy 802, Behavioral Health Medical Record Standards](#)

[Policy 902, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers](#)

[Policy 113, Special Assistance for Persons Determined to have Serious Mental Illness](#)

[Policy 1601, Enrollment, Disenrollment and Other Data Submission](#)

[Policy 403, Training Requirements](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

[ADHS/DBHS Demographic and Outcome Data Set User Guide \(DUG\)](#)

[ADHS/DBHS Practice Protocol, Child and Family Team Practice](#)

[ADHS/DBHS Practice Protocol, Working with the Birth to Five Population](#)

[Arizona Vision and Principles](#)

[9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems](#)