

	Addictive and Mental Disorders Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: July 1, 2020 Date revised: October 1, 2020
Policy Number: 120	Subject: Individualized Treatment Plans for Behavioral Health Treatment

Based upon the findings of the assessment(s), the Medicaid provider of mental health and/or SUD services must establish an individualized treatment plan for each member with the following requirements:

- (1) Must be completed face-to-face and must include the member and/or the member’s legal representative/guardian, if applicable, unless clinically indicated.
- (2) Must be conducted by at least one appropriately licensed clinical professional, and should include persons who are involved in the member’s treatment. Additional service providers must be contacted and encouraged to participate as clinically indicated.
- (3) Must include the following elements:
 - (a) identify, at a minimum, the member’s name, member’s primary diagnosis and any other diagnoses that are relevant to the service provided, treatment provider, rendering provider if different, treatment plan date, treatment plan review due date, and treatment plan review date if applicable;
 - (b) identify treatment team members who are involved in the treatment;
 - (c) identify individualized, member strengths;
 - (d) identify the problem area that will be the focus of the treatment to include symptoms, behaviors, and/or functional impairments;
 - (e) identify the goals that are person-centered, long-term, recovery oriented;
 - (f) identify the objectives that are short-term designed to assist the member with accomplishing their goal that should be simple, straightforward, measurable, attainable, realistic, and time framed;
 - (g) describe the intervention and service with enough specificity to demonstrate the relationship between intervention and the stated objective;

- (h) include the signature and date of the licensed clinical professional who completed the treatment plan; and
 - (i) state the criteria for discharge, including the member's level of functioning which will indicate when a service is no longer required.
- (4) The treatment plan must be completed within 21 days of admission and reviewed and updated at least every 90 days for each member or when there is a change to the member's strengths, areas of concern, goals, objectives, or interventions. A change in level of care or referrals for additional mental health services must be included in the treatment plan.
 - (5) The treatment plan review must be comprehensive regarding the member's response and progress to treatment and result in either an amended treatment plan or a statement of the continued appropriateness of the existing plan. The documentation must include a description of the member's functioning and justification for member's goal(s).
 - (6) The individualized treatment plan must be signed by the member for all mental health and substance use disorder (SUD) services.