

 <p>DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES</p>	<p>Behavioral Health and Developmental Disabilities (BHDD) Division</p> <p>Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health</p>
	<p>Date effective: October 1, 2022 <u>2025</u></p>
<p>Policy Number: 120</p>	<p>Subject: Individualized Treatment Plans for Behavioral Health Treatment</p>

Based upon the findings of the biopsychosocial assessment(s), the Medicaid provider of behavioral health services described in this manual must establish an individualized treatment plan for each member.

- (1) The individualized treatment plan must be reviewed and signed by at least one appropriately licensed clinical behavioral health professional.
- (2) The individualized treatment plan must include the following elements:
 - ~~(a)~~ The member's name, member's ~~primary diagnosis and any other diagnoses~~ that are relevant to the service(s) provided, and the treatment plan date, and treatment plan review dates, if applicable;
 - ~~(b)~~ Treatment team members who are involved in the member's treatment;
 - (c) Individualized member strengths;
 - (d) The problem area(s) that will be the focus of the treatment, to include symptoms, behaviors, and/or functional impairments;
 - (e) Treatment goals, objectives, and interventions (action steps) that are person-centered, and recovery oriented;
 - (f) The description of the type, duration, and frequency of the intervention(s) and service(s); and
 - (g) Include the member's level of functioning that will a transition plan indicate that addresses when a service is no longer required.

- (3) The individualized treatment plan must be completed within 21 days of admission to ongoing, regularly scheduled treatment services described in this manual; and reviewed and reassessed at least every 90 days by the treatment team or when there is a change in the member's condition(s), strengths, areas of concern, goals, or interventions.
- (4) The treatment plan review and reassessment must include 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 treatment plan review can be included in the individualized treatment plan document or a separate document.
- (5) The individualized treatment plan must be signed and dated by the member for all ongoing, regularly scheduled behavioral health services described in this manual.
- (6) The individualized treatment plan should be coordinated when services related to the member's behavioral health condition(s) are provided through an external treatment provider.
- (7) A separate, distinct individual treatment plan shall not be required for early intervention services, or in instances where only brief outpatient therapy services are not provided in a licensed mental health center or by state approved SUD providers. In these instances, a plan of care may be embedded in the progress note(s) of the member.