

 <p>DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES</p>	<p>Behavioral Health and Developmental Disabilities (BHDD) Division 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.