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|  <p>DEPARTMENT OF<br/><b>PUBLIC HEALTH &amp;<br/>HUMAN SERVICES</b></p> | <p><b>Behavioral Health and Developmental Disabilities (BHDD) Division</b><br/>Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health</p> |
|  | <p><b>Date effective:</b><br/>October 1, <del>2022</del> <u>2025</u></p>  |
| <p><b>Policy Number:</b><br/>120</p>   | <p><b>Subject:</b><br/>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 services provided prior to completion of a biopsychosocial assessment and development of a formal treatment recommendation, including early intervention or brief therapeutic interventions. In these instances, a plan of care may be embedded in the progress note(s) of the member.