# Assessment & Treatment Plan Development

LYNN M. ELDRIDGE, MED
MENTAL HEALTH CLINICIAN
DIVISION OF BEHAVIORAL HEALTH

# What do we mean by Assessments in 1115 Regulations?

**7 AAC 139.020. Provision of behavioral health 1115 waiver services**

The department will pay for behavioral health 1115 waiver services if the

(1) recipient is eligible under 7 AAC 139.010;

(2) provider meets the requirements in 7 AAC 136.020;

(3) services are provided under this chapter; and

(4) services are based upon an **assessment conducted under 7 AAC 135.110**, except for youth described in 7 AAC 139.150(a)(1).

# State Plan Services
# Assessments 7 AAC 135.110

**7 AAC 135.110. Professional behavioral health assessments**

(a) If an individual requests treatment, or is referred by a court or other agency, as an individual who is suspected of having a behavioral health disorder that could require behavioral health services, the department will pay

- (1) a community behavioral health services provider for the following services:
  - (A) one of the following behavioral health intake assessments:
    - (i) **a mental health intake assessment** under (b) of this section;
    - (ii) **a substance use intake assessment** under (c) of this section;
    - (iii) **an integrated mental health and substance use intake assessment** under (d) of this section;

# Who can Provide 7 AAC 135.110 Assessments?

- **A mental health intake assessment:**
  - Master's degree in a related Behavioral Health field or Higher
- **A substance use intake assessment**
  - A substance use disorder counselor, behavioral health clinical associate or higher degreed individual who ALSO IS AN APPROVED QUALIFIED ADDICTION PROFESSIONAL (QAP)
- **An integrated mental health and substance use intake assessment**
  - Master's degree in a related Behavioral Health field or Higher who ALSO IS AN APPROVED QUALIFIED ADDICTION PROFESSIONAL (QAP)

# What about… "except for youth described in 7 AAC 139.150(a)(1)"?

Level 1 of Home Based Family Treatment (HBFT) only requires a screening:

7 AAC 139.150(a)

(1) level 1: for a youth at risk of out-of-home placement or diagnosed with or at risk to develop a mental health or substance use disorder as determined by a **screening** conducted under 7 AAC 135.100

# 7 AAC 139.100. Assessment and treatment plan services

The department will pay a provider to

(1) conduct **an assessment** according to 7 AAC 135.110 for each recipient receiving services under this chapter;

(2) develop an **initial treatment plan** for each recipient under 7 AAC 135.120; and

(3) **review the treatment plan** and revise the plan as necessary at least **every 90 days**; document the results of the treatment plan review in the clinical record; and include the name, signature, and credentials of the individual who conducted the review.

# 7 AAC 135.120 Medicaid Coverage, Behavioral Health Services

7 AAC 135.120 (f) subsection reads:

(f) The directing clinician must review a recipient's plan of **treatment face-to-face** with the recipient at least every **90 days** to confirm that the identified problems and treatment services are current and relevant, and to identify any need for continuing assessment or treatment services to address new problems identified by the provider or the recipient. If the recipient is 18 years of age or younger, the review must be conducted in accordance with (c) of this section. The directing clinician shall **document in the recipient's clinical record the date that the review was conducted.**

# Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services

You will see the following statement a lot in regulations:

"Alaska Behavioral Health Provider Standards and Administrative Procedures, adopted by reference in 7 AAC 160.900"

- Anything in regulations that states something is adopted by reference means that it too **IS REGULATION.**
- Hence, anything that is in the 1115 Alaska Behavioral Health Provider Standards and Administrative Procedures **IS REGULATION**.
- Both the Alaska Administrative Code (AAC) and the Standards Manual must be followed to be in compliance.

# Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services

- 1115 BH Procedures manual was posted on the DBH website on October 4, 2020.
- http://dhss.alaska.gov/dbh/Pages/1115/default.aspx

**Quick Reference Documents**

- Alaska Behavioral Health Provider Standards and Administrative Manual for BH Provider Services - October 4, 2020
- Alaska Behavioral Health Provider Standards and Administrative Manual for SUD Provider Services - October 4, 2020
- Chart of 1115 Medicaid Waiver Services - October 4, 2020

# Treatment Plan Development Review

Treatment Plan Development Review (Page 51 of the procedure manual)

Service Description:

As a client moves through treatment in any level of behavioral health services, his or her progress should be formally assessed at regular intervals relevant to the client's severity of illness and level of function, and the intensity of service and level of care. This includes the development and review of the client's treatment plan that was developed in accordance with 7 AAC 135.120 to determine whether the level of care, services, and interventions remain appropriate or whether changes are needed to the client's treatment plan.

# Treatment Plan Development Review

Contraindicated Services:

- Mobile Outreach and Crisis Response Services (MOCR)
- Peer-based crisis services

Contraindicated means cannot bill these services on the same day as a Treatment Plan Development Review

# Treatment Plan Development Review

Service Requirements/ Expectations

A review may find that it is appropriate for a client to stay at the current level of care if at least of the following findings is articulated in the review:

- The client is making progress, but the goals articulated in the treatment plan have not been achieved and with continued treatment the client will be able to continue to work toward these goals.
- The client is not making progress but has capacity to resolve problems and is actively working to achieve the goals articulated in the treatment plan.
- New problems or goals for the client have been identified that can be appropriately treated at the client's current level of care or the client needs a higher level of care and a referral has been made to an appropriate setting.

# Treatment Plan Development Review

| Service Frequency/Limits | No more than every 90 days per beneficiary; 4 maximum per beneficiary per SFY | There are no Service Authorizations allowed under this service<br><br>Must be documented in a progress note in accordance with 7 AAC 135.130. |
| --- | --- | --- |



# Treatment Plan Development Review

Q&A will be at the conclusion of the second presentation