

Missouri Division of Behavioral Health

Bulletin Number: FY 17 - 037	COMMUNITY TREATMENT BULLETIN	Effective Date: October 1, 2016
New	Subject: New Assessment and Treatment Planning Process in the Comprehensive Substance Treatment and Rehabilitation Program	Number of Pages: 8

1. Programs Affected

- 1.1 All Comprehensive Substance Treatment and Rehabilitation (CSTAR) Programs (General Population, General Population Enhanced, Women and Children, Women and Children Enhanced, Opioid, Adolescent).

2. Background and Purpose

- 2.1 This bulletin provides clarification on the ***new*** assessment and treatment planning process within CSTAR programs.
- 2.2 Revise and update the screening, assessment, and treatment planning process and content requirements with the goal of modern, streamlined process that improves access to care.

3. Policies and Procedures

- 3.1 Effective October 1, 2016, all CSTAR programs must have fully implemented assessment processes as outlined in this bulletin and in the supporting documents. CSTAR programs will be able to start utilizing the new process on July 1, 2016.
- 3.2 Eligibility determination requires confirmation of an eligible diagnosis as evidenced by a signature from a licensed diagnostician prior to delivering CSTAR services.
 - 3.2.1 Signatures can be obtained by **either** a face-to-face meeting with a licensed diagnostician **OR** a face-to-face meeting with a master's level Qualified Addiction Specialist (QAP) or a Qualified Mental Health Professional (QMHP) followed by a sign off by a licensed diagnostician. The diagnosis is not considered complete until the diagnostician's signature is obtained.
****Note: The licensed diagnostician is accountable for the stated diagnoses.***
 - 3.2.2 The date of the licensed diagnostician's signature is the date eligibility has been determined.

- 3.3 The comprehensive assessment must be completed within 30 calendar days of the date of eligibility determination at the following levels of care: community-based primary treatment (Level 1 without residential), intensive outpatient rehabilitation (Level 2), and supported recovery (Level 3). The assessment for individuals served in Level 1 with residential support must be completed within seven calendar days of the date of eligibility determination.
- 3.4 The individualized treatment plan must be completed within 45 calendar days of the date of eligibility determination for all treatment levels.
- 3.5 The licensed diagnostician must sign the treatment plan, as well as the consumer or parent/legal guardian receiving the services. It is recommended that all participants in the development or implementation of the treatment plan also sign this document
- 3.5.1 The diagnostician signature certifies that treatment is needed and services are appropriate, as described in the treatment plan and does not recertify the diagnosis.

4. Qualified Personnel

- 4.1 The following **mental health professionals are approved to render diagnoses** in accordance with the current version of the Diagnostic and Statistical Manual of Mental Disorders:
- Physicians (includes psychiatrists);
 - Psychologists (licensed or provisionally licensed);
 - Advanced Practice Nurses;
 - Professional Counselors (licensed or provisionally licensed);
 - Marital and Family Therapists (licensed or provisionally licensed);
 - Licensed Clinical Social Workers;
 - Licensed Master Social Workers who are under registered supervision with the Missouri Division of Professional Registration for licensure as a Clinical Social Worker. (LMSWs not under registered supervision for their LCSW credential cannot render a diagnosis).

These professions are categorically approved as licensed diagnosticians as long as the diagnostic activities performed fall within the scopes of practice for each. **However, individuals possessing these credentials should practice in the areas in which they are adequately trained and should not practice beyond their individual levels of competence.**

5. Billing and Documentation

5.1 Screening

- 5.1.1 Consists of obtaining initial demographic description and/or referral to an appropriate service prior to determining eligibility for a CSTAR program.
- 5.1.2 May be provided over the telephone.
- 5.1.3 Can be provided by clerical staff with specialized training.
- 5.1.4 Documentation must be present in the clinical record.
- 5.1.5 Documentation must be signed by the service provider.
- 5.1.6 Screening is not a billable service.

5.2 Eligibility Determination

- 5.2.1 CSTAR program services may be billed when eligibility determination is complete and the diagnosis signed off on by a licensed diagnostician.
- 5.2.2 Eligibility determination is billed outside of the comprehensive assessment as **Behavioral Health Assessment-H0002**.

5.3 Documentation of eligibility determination must include, at a minimum:

- 5.3.1 Presenting problem and referral source;
- 5.3.2 Brief history of previous addiction/psychiatric treatment including type of admission;
- 5.3.3 Current medications;
- 5.3.4 Current substance use (must support diagnosis);
- 5.3.5 Current mental health symptoms;
- 5.3.6 Current medical conditions;
- 5.3.7 Diagnoses, including substance use and mental disorders, medical conditions and notation for psychosocial and contextual factors;
- 5.3.8 Functional assessment using Department approved instrument (DLA-20©);
- 5.3.9 Identification of urgent needs (suicide, personal safety, risk to others);
- 5.3.10 Initial treatment recommendations;

- 5.3.11 Initial treatment goals to meet immediate needs within the first 45 days of service for all treatment levels; and,
 - 5.3.12 Signature and title of service providers determining eligibility are required.
- 5.4 Assessment and Treatment Planning
- 5.4.1 Staff time for development of the assessment or treatment plan **for individuals assigned to any level of care** is not billable by any staff (it is included in the bundled rate).
 - 5.4.2 Authorization for submitting the billing claim in CIMOR for the bundled assessment occurs **when the assessment and treatment plan are complete and signed by all required parties.**
- 5.5 The comprehensive assessment for individuals **assigned to CSTAR** includes, at a minimum:
- 5.5.1 **Basic information** (demographics and including age, language spoken);
 - 5.5.2 **Presenting concerns** (from perspective of the person, reason for referral/referral source, what occurred to cause the person to seek services now);
 - 5.5.3 **Risk assessment** (suicide, safety, risk to others);
 - 5.5.4 **Trauma history** (experienced, witnessed, including abuse, neglect, violence, sexual assault);
 - 5.5.5 **Substance use treatment history and current use** (including alcohol, tobacco and/or other drugs. For children/youth also prenatal exposure to alcohol, tobacco or other substances);
 - 5.5.6 **Mental status;**
 - 5.5.7 **Mental health treatment history;**
 - 5.5.8 **Medication information** (current medications, medication allergies/adverse reactions, efficacy of current or previously used meds);
 - 5.5.9 **Physical Health summary** (health screen, current primary care, vision and dentist, date of last exams, current medical concerns, BMI, tobacco use status, exercise level. For adolescents, also note immunization record and any medical concerns of any family member that may impact the adolescent);

- 5.5.10 **Assessed Needs - Functional Domains** (challenges, problems in daily living, barriers, and obstacles - based on use of DLA-20© screening conducted during the eligibility determination process);
- 5.5.11 **Risk taking behaviors/adolescent risk behaviors;**
- 5.5.12 **Living Situation** (where living, who living with, financial situation, guardianship and including need for assistive technology. For adolescents, parental/guardian custodial status);
- 5.5.13 **Family** (including cultural identity, what was it like growing up, what is your family like now. For adolescents, family functioning/dynamics, relationships and any current issues/concerns impacting the adolescents at this time);
- 5.5.14 **Developmental information** (for adults and adolescents - evaluating current areas of functioning such as motor development, sensory, speech problems, hearing and language problems, emotional, behavioral and intellectual functioning, ability for self-care);
- 5.5.15 **Spiritual beliefs/religious orientation;**
- 5.5.16 **Sexuality** (is person sexually active, practice safe sex, sexual orientation);
- 5.5.17 **Need for and availability of social, community and natural supports/resources** (friends, pets, meaningful activities, leisure/recreation interests, self-help groups, resources from other agencies. For adolescents also interaction with peers, respond in terms of the child and the family as a whole);
- 5.5.18 **Legal Involvement History;**
- 5.5.19 **Legal Status** (guardianship, payee ship, conservatorship, probation/parole etc.);
- 5.5.20 **Education** (including intellectual functioning, literacy level, learning impairments, attendance, achievement);
- 5.5.21 **Employment** (currently working, work history, interested in working, work skills);
- 5.5.22 **Military services history;**
- 5.5.23 **Clinical Formulation** - interpretive summary (includes identifying co-occurring or co-morbid disorders, psychological/social adjustment to disabilities and/or disorders);

- 5.5.24 **Diagnosis(es);**
 - 5.5.25 **Individual's Expression of Service Preferences;**
 - 5.5.26 **Assessed Needs/Treatment Recommendations** – consider life goals, strengths, preferences, abilities and barriers; and
 - 5.5.27 **Signature of individual completing assessment is required.**
- 5.6 The treatment plan for individuals assigned to CSTAR for all levels of care includes, at a minimum:
- 5.6.1 **Identifying information;**
 - 5.6.2 **Goals** (expressed by the person/family, individualized/measurable/achievable/time specific, start date, strengths and skills and how they will be used to meet this goal, supports and resources to meet this goal, things that could get in the way of meeting this goal, linked to assessed need);
 - 5.6.3 **Specific treatment objectives** (start date, understandable to the person, sufficiently specific to assess progress, responsive to disability/concern, reflective of age/development/culture/ethnicity);
 - 5.6.4 **Specific interventions** (action steps/modalities/service to be used including duration, frequency of interventions and who is responsible for the intervention, also includes action steps of person/their natural supports/family);
 - 5.6.5 **Identification of other agencies/community supports** (includes others working with the person, plans for coordinating with other agencies, services needed beyond the scope of the program that are addressed by referral/services at another community organization);
 - 5.6.6 **Estimated discharge/transition plan** (criteria for service conclusion - how will you/parent or guardian/clinician know that we are done with treatment/transition is warranted?);
 - 5.6.7 The **Treatment Plan** requires signatures of the individual completing the treatment plan, client or parent/legal guardian receiving services, and the licensed diagnostician.
 - 5.6.8 **If the diagnostician fails to sign the treatment plan it will result in disallowance of the bundled rate and services billed.**

ADULT AND ADOLESCENT CSTAR PROGRAM WORKFLOW

SCREEN



CSTAR
Eligibility
Determination



CSTAR SERVICES

ASSESSMENT

Complete within **7** days of CSTAR eligibility determination for individuals admitted to L1 with residential support; within **30** days of CSTAR intake for L1 without residential support, L2 and L3

TREATMENT PLAN

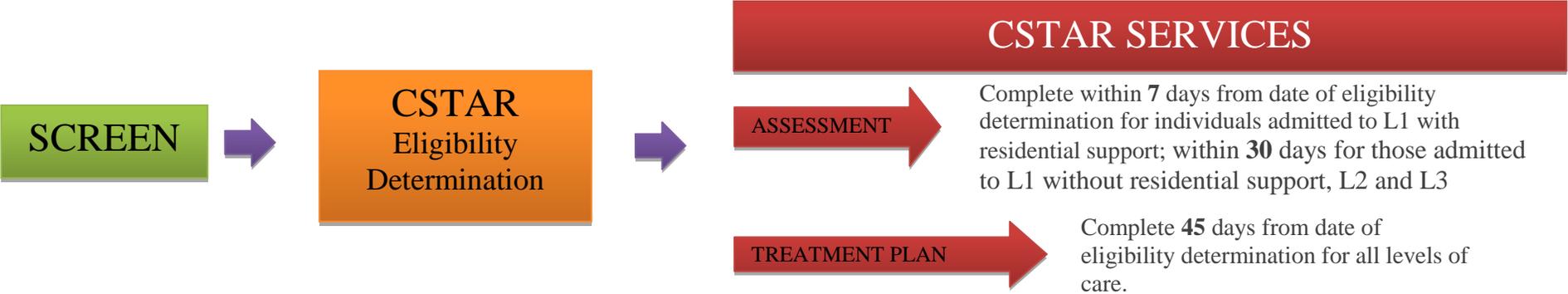
Complete within **45** days of CSTAR eligibility determination for all levels.

- Brief questions to do service referral - Get person to the right place and which program.
- QAP/QMHP is not required.

- Eligibility determination for CSTAR requires confirmation of eligible diagnosis.
 - Requires a signature from a licensed diagnostician prior to delivering CSTAR services.
 - Signature can be obtained in one of two ways:
 - OPTION 1**
 - Face-to-face with licensed diagnostician.
 - OPTION 2**
 - Face-to-face with a master's level QAP or a QMHP with sign off by a licensed diagnostician.
- For CSTAR programs, this will be a distinct unit of service that will be billed outside of the comprehensive assessment.

- CSTAR Services can be billed when Eligibility Determination is complete and signed off by a licensed diagnostician** (see clinical bulletin for complete listing of qualified diagnosticians).
- Signature Requirements:**
- ASSESSMENT**
- (1) QAP completing the assessment;
- TREATMENT PLAN**
- (1) Person completing the treatment plan;
 - (2) Licensed diagnostician to support plan approval; and,
 - (3) Individual receiving services or parent/legal guardian.

ADULT AND ADOLESCENT CSTAR PROGRAM WORKFLOW – Billing and Documentation



- Consists of obtaining initial demographic descriptions and/or referral to an appropriate service prior to determining eligibility for CSTAR. May be provided over the telephone.
- Can be provided by clerical staff with specialized training.
- Documentation must be included in the individual's file.

- CSTAR all levels of care -
- The eligibility determination content areas must be documented in the record and include signature and title of the service provider.
 - The DLA-20 is completed, documented, and billed according to policy.

- CSTAR all levels of care –
- Staff time for development of assessment or treatment plan is not billable by any staff (it is included in the bundle rate).
 - Authorization for submitting the billing claim in CIMOR for the bundled assessment occurs **when the assessment and treatment plan are complete and signed by all required parties.**
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