

Behavioral Health Provider Audit Tool Elements
Initial/Annual Assessment Present
Presenting Problem(s) are identified with DSM diagnosis and symptoms documented.
A complete mental status exam is in the record, documenting the member's affect, speech, mood, thought content, judgment, insight, attention or concentration, memory, and impulse control.
Behavioral health symptoms and history – includes family history
History of previous providers, treatment dates, treatment modality and member response (if applicable)
The medical treatment history includes the following information: known medical conditions, allergies and adverse reactions dates and providers of previous treatment, current treating clinicians, and current therapeutic interventions and responses. Includes family history.
Current medications listed, including medications from PCP & BH Prescriber. Include medication(s) dose, frequency, start date, if the medication is appropriate to the diagnosis, indication, response to medication and other concurrent treatment (successful/unsuccessful), and problems/side effects.
The initial history for members <u>under age 21</u> should also include prenatal care and birth history and developmental history of the member.
Assessment of risk includes the presence or absence of current and past suicidal or homicidal risk, danger toward self or others. The record includes documentation of previous suicidal or homicidal behaviors, including dates, method, and lethality.
Assessment of any abuse the member has experienced or if the member has been the perpetrator of abuse.
Substance use assessment to include nicotine use.
The record documents the presence or absence of relevant legal issues of the member and/or family.
Identification of support systems – family and community.
Identifies strengths & needs to be included in comprehensive treatment plan.
The assessment documents the spiritual variables that may impact treatment.
Financial concerns addressed.
Transportation concerns addressed.
Telemedicine use documented.
Member's desired outcomes documented.
Preliminary discharge planning.
Indication and identification of any standardized assessment tool or comprehensive screening completed
Documentation of referrals.

An initial health screening, such as the Healthy Living Questionnaire or the PBHCI, is included in the record. (Unless directed by the plan, this is for informational purposes and not counted against a provider in the compliance rating.)

Agency Specific Requirements

Mental Health Rehabilitation

Assessments shall be performed by an LMHP. For children and adolescent shall be completed with the involvement of the primary caregiver.

Medical necessity is determined by and services recommended by an LMHP or physician, or under the direction of a licensed practitioner

For adults, individuals must exhibit impaired emotional, cognitive or behavioral functioning that is the result of mental illness in order to meet the criteria for disability. This impairment must substantially interfere with role, occupational, and social functioning. These services are intended for an individual with a mental diagnosis only, or a co-occurring diagnosis of mental health and substance use.

Assessments must be performed at least every 364 days or as needed anytime there is significant change to the member's circumstance.

For adults, has at least a score of two on the level of care utilization system (LOCUS) and has a condition for which services are therapeutically appropriate.

An adult who has previously met the criteria of two on the level of care utilization system (LOCUS), but who now meets a composite LOCUS score of one and needs subsequent medically necessary services for stabilization and maintenance, shall be eligible for adult mental health services.

TGH

The assessment protocol must differentiate across life domains, as well as risk and protective factors, sufficiently so that a treatment plan can be tailored to the areas related to the presenting problems of each youth and their family in order to ensure targeted treatment. The tool should also allow tracking of progress over time.

ACT

A comprehensive assessment must be completed within 40 days of admission to the program.

The individual must have one of the following diagnoses:

- Schizophrenia;
- Other psychotic disorder;
- Bipolar disorder; and/or
- Major depressive disorder.

Include one or more of the following service needs:

- Two or more acute psychiatric hospitalization and/or four or more emergency room visits in the last six months.
- Persistent and severe symptoms of a psychiatric disability that interferes with the ability to function in daily life.
- Two or more interactions with law enforcement in the past year for emergency services due to mental illness or substance use (this includes involuntary commitment, ACT/forensic assertive community treatment (FACT)).
- Currently residing in an inpatient bed, but clinically assessed to be able to live in a more independent situation if intensive services were provided.
- One or more incarcerations in the past year related to mental illness and/or substance use (FACT).
- Psychiatric and judicial determination that FACT services are necessary to facilitate release from a forensic hospitalization or pre-trial to a lesser restrictive setting (FACT).
- Recommendations by probation and parole, or a judge with a FACT screening interview, indicating services are necessary to prevent probation/parole violation (FACT).

Must have one of the following:

- Inability to participate or remain engaged or respond to traditional community-based services;
- Inability to meet basic survival needs, or residing in substandard housing, homeless or at imminent risk of becoming homeless; or
- Services are necessary for diversion from forensic hospitalization, pretrial release or as a condition of probation to a lesser restrictive setting (FACT).

Must have three of the following:

- Evidence of co-existing mental illness and substance use disorder;
- Significant suicidal ideation, with a plan and ability to carry out within the last two years;
- Suicide attempt in the last two years;
- History of violence due to untreated mental illness/substance use within the last two years;
- Lack of support systems;
- History of inadequate follow-through with treatment plan, resulting in psychiatric or medical instability;
- Threats of harm to others in the past two years;
- History of significant psychotic symptomatology, such as command hallucinations to harm others;
- Minimum LOCUS score of 3.

Exception criteria:

- The individual does not meet medical necessity criteria I or II, but is recommended as appropriate to receive ACT services by the funding agency or designee, the ACT team leader, clinical director and psychiatrist, in order to protect public safety and promote recovery from acute symptoms related to mental illness.

Each of these assessments will be completed within 30 days of admission. The LOCUS, psychiatric evaluation and treatment plan will be updated every six months, with an additional LOCUS score being completed prior to discharge.

SUD Requirements

Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral.

A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement. *(Except 4-WM - comprehensive bio-psychosocial assessments are not required for this level of care.)* The comprehensive bio-psychosocial evaluation shall contain the following:

- circumstances leading to admission;
- past and present behavioral health concerns;
- past and present psychiatric and addictive disorders treatment;
- significant medical history and current health status;
- family and social history;
- current living situation;
- relationships with family of origin, nuclear
- family and significant others;
- education and vocational training;
- employment history and current status;
- military service history and current status;
- legal history and current legal status;
- emotional state and behavioral functioning, past and present; and
- strengths, weaknesses, and needs.

The evaluation must be reviewed and signed by an LMHP.

A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process, except for 3.7-WM and 4-WM. For 3.7-WM and 4-WM: A physical examination must be performed by a physician, PA or NP within 24 hours of admission and appropriate laboratory and toxicology tests. A physical examination conducted within 24 hours prior to admission may be used if reviewed and approved by the admitting physician.

A drug screening is conducted when the member's history is inconclusive or unreliable.

For residential facilities, diagnostic laboratory tests or appropriate referral shall be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment.

An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.

Evaluations shall include the consideration of appropriate psychopharmacotherapy.

For 3.2-WM: Medical clearance and screening - Medical screening is performed upon arrival by staff with current CPR and first aid training, with telephone access to RN physician for instructions for the care of the individual. Individuals who require medication management must be transferred to medically monitored or medical withdrawal management program until stabilized.

For 3.7 Adolescent -PRTF: A comprehensive bio-psychosocial assessment must be completed within seven days, which substantiates appropriate patient placement. The assessment must be reviewed and signed by a qualified professional. The following sections must be completed prior to seven days of admission:

- Medical;
- Psychological;
- Alcohol; and
- Drug.

Admission Criteria by ASAM Level

ASAM Level 1

ASAM 6 Dimension patient placement evaluation completed prior to admission showing evidence of ASAM 6 Dimension impairment criteria are met for ASAM level 1:

- **Acute intoxication and/or withdrawal potential** – No signs or symptoms of withdrawal, or individual's withdrawal can be safely managed in an outpatient setting;
- **Biomedical conditions and complications** – None, or sufficiently stable to permit participation in outpatient treatment;
- **Emotional, behavioral or cognitive conditions and complications** – None or minimal. If present, symptoms are mild, stable and do not interfere with the patient's ability to participate in treatment;
- **Readiness to change** – Member should be open to recovery but require monitoring and motivating strategies to engage in treatment and to progress through the stages of change but not be in need of a structured milieu program;
- **Relapse, continued use or continued problem potential** – Member is able to achieve abstinence and related recovery goals, with support and scheduled therapeutic contact to assist with issues that include, but not limited to, ambivalence about preoccupation of alcohol use or other drug use, cravings, peer pressure and lifestyle and attitude changes; and
- **Recovery environment** – Environment is sufficiently supportive that outpatient treatment is feasible, or the individual does not have an adequate, primary or social support system but has demonstrated motivation and willingness to obtain such a support system.

ASAM Level 2.1

ASAM 6 Dimension patient placement evaluation completed prior to admission showing evidence of ASAM 6 Dimension impairment criteria are met for ASAM level 2.1:

- **Acute intoxication and/or withdrawal potential** – No signs or symptoms of withdrawal, or individual's withdrawal can be safely managed in an intensive outpatient setting;
- **Biomedical conditions and complications** – None, or sufficiently stable to permit participation in outpatient treatment;
- **Emotional, behavioral or cognitive conditions and complications** – None to moderate. If present, member must be admitted to either a co-occurring disorder capable or co-occurring disorder enhanced program, depending on the member's level of function, stability and degree of impairment;
- **Readiness to change** – Member requires structured therapy and a programmatic milieu to promote treatment progress and recovery. The member's perspective inhibits their ability to make behavioral changes without repeated, structured and clinically directed motivational interventions;
- **Relapse, continued use or continued problem potential** – Member is experiencing an intensification of symptoms related to substance use, and their level of functioning is deteriorating despite modification of the treatment plan; and
- **Recovery environment** – Insufficiently supportive environment and member lacks the resources or skills necessary to maintain an adequate level of functioning without services in intensive outpatient treatment.

ASAM Level 3.1

ASAM 6 Dimension patient placement evaluation completed prior to admission showing evidence of ASAM 6 Dimension impairment criteria are met for ASAM level 3.1:

- **Acute intoxication and/or withdrawal potential** – None or minimal/stable withdrawal risk;
- **Biomedical conditions and complications** – None or stable. If present, the member must be receiving medical monitoring;
- **Emotional, behavioral or cognitive conditions and complications** – None or minimal. If present, conditions must be stable and not too distracting to the member's recovery;
- **Readiness to change** – Member should be open to recovery, but in need of a structured, therapeutic environment;
- **Relapse, continued use or continued problem potential** – Member understands the risk of relapse, but lacks relapse prevention skills or requires a structured environment; and
- **Recovery environment** – Environment is dangerous, but recovery is achievable within a 24-hour structure.

ASAM Level 3.3

ASAM 6 Dimension patient placement evaluation completed prior to admission showing evidence of ASAM 6 Dimension impairment criteria are met for ASAM level 3.3:

- **Acute intoxication and/or withdrawal potential** – None, or minimal risk of withdrawal.
- **Biomedical conditions and complications** – None or stable. If present, the member must be receiving medical monitoring.
- **Emotional, behavioral or cognitive conditions and complications** – Mild to moderate severity; need structure to focus on recovery. Mental status is assessed as sufficiently stable to permit the member to participate in therapeutic interventions provided at this level of care. If stable, a co-occurring disorder capable program is appropriate. If not, a co-occurring disorder enhanced program is required. Treatment should be designed to respond to the member's cognitive deficits.
- **Readiness to change** – Has little awareness of the need for continuing care or the existence of his/her substance use or mental health problem and need for treatment and thus has limited readiness to change. Despite experiencing serious consequences of effects of SUD the member has marked difficulty in understanding the relationship between his/her substance use, addiction, mental health or life problems and impaired coping skills and level of functioning.
- **Relapse, continued use or continued problem potential** – Has little awareness and needs intervention available to prevent continued use, he or she is in imminent danger of continued substance use or emotional health problems with dangerous emotional, behavioral or cognitive consequences. The member's cognitive impairment has limited his/her ability to identify and cope with relapse triggers and high-risk situations. He/she requires relapse prevention activities that are delivered at a slower pace, more concretely, and more repetitively in a setting that provides 24 hour structure and support to prevent imminent dangerous consequences.
- **Recovery environment** – Environment is dangerous, but recovery is achievable within a 24-hour structure.

ASAM Level 3.5

ASAM 6 Dimension patient placement evaluation completed prior to admission showing evidence of ASAM 6 Dimension impairment criteria are met for ASAM level 3.5:

- **Acute intoxication and/or withdrawal potential:** None or minimal risk of withdrawal.
- **Biomedical conditions and complications:** None or stable or receiving concurrent medical monitoring.
- **Emotional, behavioral or cognitive conditions and complications:** Demonstrates repeated inability to control impulses or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A co-occurring disorder-enhanced setting is required for severely and persistently mentally ill (SPMI) patients.
- **Readiness to change:** Motivational interventions have not succeeded at a less intensive level of care. Has limited insight or awareness into the need for treatment. Has marked difficulty in understanding the relationship between his/her substance use, addiction, mental health, or life problems and his/her impaired coping skills and level of functioning that may result in severe life consequences from continued use indicating a need for a 24-hour level of care.
- **Relapse, continued use or continued problem potential:** Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences to self or others. Demonstrates a history of repeated incarcerations with a pattern of relapse to substances and uninterrupted use outside of incarceration. Unable to control use of alcohol or other drugs and/or antisocial behaviors with risk of harm to self or others.
- **Recovery environment:** Living and social environments has a high risk of neglect or abuse, and member lacks skills to cope outside of a highly structured 24-hour setting.

ASAM Level 3.7 Adolescent

Adolescent 3.7 (PRTF): ASAM 6 Dimension patient placement evaluation completed prior to admission showing evidence of ASAM 6 Dimension impairment criteria are met for Adolescent 3.7 (PRTF):

- **Acute intoxication and/or withdrawal potential** – None or minimal/stable withdrawal risk;
- **Biomedical conditions and complications** – Moderate to severe conditions (which require 24-hour nursing and medical monitoring or active treatment but not the full resource of an acute care hospital);
- **Emotional, behavioral or cognitive conditions and complications** – Moderate to severe conditions and complications. These symptoms may not be severe enough to meet diagnostic criteria but interfere or distract from recovery efforts (for example, anxiety/hypomanic or depression and/or cognitive symptoms, which may include compulsive behaviors, suicidal or homicidal ideation, with a recent history of attempts but no specific plan, or hallucinations and delusions without acute risk to self or others) are interfering with abstinence, recovery and stability to such a degree that the individual needs a structured 24-hour, medically monitored (but not medically managed) environment to address recovery efforts;
- **Readiness to change** – Member is in need of intensive motivating strategies, activities and processes available only in a 24-hour structured medically monitored setting (but not medically managed);
- **Relapse, continued use or continued problem potential** – Member is experiencing an escalation of relapse behaviors and/or acute psychiatric crisis and/or reemergence of acute symptoms and is in need of 24-hour monitoring and structured support; and
- **Recovery environment** – Environment or current living arrangement is characterized by a high risk of initiation or repetition of physical, sexual or emotional abuse or substance use so endemic that the patient is assessed as unable to achieve or maintain recovery at a less intensive level or care.

ASAM Level 3.7 Adult

Adult 3.7 Adult - ASAM 6 Dimension patient placement evaluation completed prior to admission showing evidence of ASAM 6 Dimension impairment criteria are met for ASAM 3.7 Adult:

- **Acute intoxication and/or withdrawal potential** – None or minimal/stable withdrawal risk.
- **Biomedical conditions and complications** – Moderate to severe conditions (which require 24-hour nursing and medical monitoring or active treatment but not the full resources of an acute care hospital). Or the interaction of the patient's biomedical conditions and continued alcohol or drug use places the patient at significant risk of damage to physical health.
- **Emotional, behavioral or cognitive conditions and complications** – Moderate to severe psychiatric conditions and complications or history of moderate to high psychiatric decompensation or moderate to high risk of harm to self, other, or property or is in imminent danger of relapse without 24 hour structure and support and medically monitored treatment, including stabilization with psychotropic medications.
- **Readiness to change** – Member is in need of intensive motivating strategies, activities and processes available only in a 24-hour structured medically monitored setting (but not medically managed).
- **Relapse, continued use or continued problem potential** – Member is experiencing an escalation of relapse behaviors and/or acute psychiatric crisis and/or re-emergence of acute symptoms and is in need of 24-hour monitoring and structured support.
- **Recovery environment** – Environment or current living arrangement is characterized by a high risk of initiation or repetition of physical, sexual or emotional abuse or substance use so endemic that the member is assessed as unable to achieve or maintain recovery at a less intensive level or care.

ASAM Level 2-WM

ASAM 6 Dimension patient placement evaluation completed prior to admission showing evidence of ASAM 6 Dimension impairment criteria are met for ASAM level 2-WM.

- **Acute intoxication and/or withdrawal potential** – Experiencing moderate signs or symptoms of withdrawal, or there is evidence based on the history of substance use and previous withdrawal history, that withdrawal is imminent.
- **Biomedical conditions and complications** – None, or sufficiently stable to permit participation in ambulatory withdrawal management in an outpatient setting.
- **Emotional, behavioral or cognitive conditions and complications** – None to moderate. If present, complications can be safely addressed through monitoring, medication and treatment.
- **Readiness to change** – The patient has adequate understanding of ambulatory detoxification and expresses commitment to enter such a program. Member requires structured therapy and a programmatic milieu to promote treatment progress and recovery.
- **Relapse, continued use or continued problem potential** – Member is experiencing an intensification of symptoms related to substance use, which indicate a high likelihood of relapse or continue use or continue problems without close monitoring and support several times a week.
- **Recovery environment** – Sufficient supportive environment, however, member lacks the resources or skills necessary to maintain an adequate level of functioning without services in an ambulatory withdrawal management outpatient setting.

ASAM Level 3.2-WM

ASAM 6 Dimension patient placement evaluation completed prior to admission showing evidence of ASAM 6 Dimension impairment criteria are met for ASAM level 3.2-WM:

- **Acute intoxication and/or withdrawal potential** – The patient is experiencing signs and symptoms of withdrawal, or there is evidence that a withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal). The patient is assessed as not requiring medications, but requires this level of service to complete detoxification.
- **Biomedical conditions and complications** – None or mild.
- **Emotional, behavioral or cognitive conditions and complications** – None to Mild severity; need structure to focus on recovery; if stable, a co-occurring disorder capable program is appropriate.
- **Readiness to change** – The patient has little awareness and needs intervention to engage and stay in treatment, or there is high severity in this dimension.
- **Relapse, continued use or continued problem potential** – The patient has little awareness and need intervention available to prevent continued use, with imminent dangerous consequences because of cognitive deficits.
- **Recovery environment** – The patient's recovery environment is not supportive of detoxification and entry into treatment, and the patient does not have sufficient coping skills to safely deal with the problems in their recovery environment or the patient recently has not demonstrated an inability to complete detoxification at a less intensive level of service, as by continued use.

ASAM Level 3.7-WM Adult

ASAM 6 Dimension patient placement evaluation completed prior to admission showing evidence of ASAM 6 Dimension impairment criteria are met for ASAM level 3.7-WM:

- **Acute intoxication and/or withdrawal potential** – Member is experiencing signs and symptoms of severe withdrawal, or there is evidence that a severe withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal). There is a strong likelihood that the patient will require medications.
- **Biomedical conditions and complications** – Mild to Moderate, but can be managed at level 3.7WM by medical monitoring. Treatment should be designed to respond to the member's medical needs associated with withdrawal management.
- **Emotional, behavioral or cognitive conditions and complications** – Mild to moderate severity; need structure to manage comorbid physical, emotional, behavioral or cognitive conditions that can be managed in this setting but which increase the clinical severity of the withdrawal and complicates withdrawal management.
- **Readiness to change** – Member has little awareness and needs intervention to engage and stay in treatment, or there is high severity in this dimension.
- **Relapse, continued use or continued problem potential** – Member has little awareness and need intervention available to prevent continued use, with imminent dangerous consequences because of cognitive deficits.
- **Recovery environment** – Member's recovery environment is not supportive of detoxification and entry into treatment and the patient does not have sufficient coping skills to safely deal with the problems in the recovery environment or the patient recently has demonstrated an inability to complete detoxification at a less intensive level of service, as by continued use.

ASAM Level 4-WM

ASAM 6 Dimension patient placement evaluation completed prior to admission showing evidence of ASAM 6 Dimension impairment criteria are met for ASAM level 4-WM:

Admission to Level 4WM requires meeting the criteria below in dimensions 1, 2, and/or 3.

Problems may also exist from mild to severe in dimensions 4, 5, and/or 6, however they are secondary to dimensions 1, 2, and 3 for the 4WM level of care. If the only severity is in dimensions 4, 5, and/or 6 without high severity in 1, 2 and/or 3, then the member does not qualify for level 4WM.

- **1. Acute intoxication and/or withdrawal potential** – Member is experiencing signs and symptoms of severe, unstable withdrawal, or there is evidence that a severe, unstable withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal). An acute care setting is required to manage the severity or instability of the withdrawal symptoms.
- **2. Biomedical conditions and complications** –A significant acute biomedical condition that may pose a substantial risk of serious or life-threatening consequences during severe, unstable withdrawal or there is risk of imminent withdrawal. The biomedical conditions and complications require 24-hour medical and nursing care and the full resources of an acute care hospital.
- **3. Emotional, behavioral or cognitive conditions and complications** – A significant acute psychiatric or cognitive condition requires a 24-hour medical and nursing acute care setting to stabilize during severe, unstable withdrawal or there is evidence that a severe, unstable withdrawal syndrome is imminent.
- **4. Readiness to change** – Refer to the admission guidelines above.
- **5. Relapse, continued use or continued problem potential** –See admission guidelines above.
- **6. Recovery environment** – Refer to the admission guidelines above.