CCBHC Integrated Treatment Plan Requirements

CCBHC Integrated Treatment Plan Process

Once a person becomes a CCBHC client, the person must receive a CCBHC Comprehensive Evaluation followed by an Integrated Treatment Plan within 60 days from the Preliminary Screening and Risk Assessment. Note that in Minnesota we found that, although the federal criteria calls for Integrated Treatment Plan updates to occur every 90 days, this did not align with state standards for quality care. Therefore, we have amended the standards in MN to allow for updates to occur up to every 6 months. Based on the needs of the person or family, the evaluation process and timeline could look like either option below:

60 days from preliminary screen → Integrated treatment plan → Every 6 months → Integrated treatment plan update

CCBHC Integrated Treatment Plan Descriptions

CCBHC Integrated Care Architecture

In order to best assess, diagnose, plan for treatment and chart progress in a way that integrates mental health and substance use disorder services as well as care coordination, all CCBHCs utilize the ASAM 6 Dimensions as the structure for integrated care.

- Dimension 1: Acute intoxication or withdrawal potential (or acute risk)
- Dimension 2: Biomedical conditions and complications
- Dimension 3: Emotional, behavioral and cognitive
- Dimension 4: Readiness for change
- Dimension 5: Relapse, continued use and continued problem potential
- Dimension 6: Recovery environment

Eligible Providers

The CCBHC Integrated Treatment Plan must be completed by:

- A mental health professional or practitioner working under a licensed professional as a clinical trainee
- It is preferable that all CCBHC staff who work directly with the person, (including mental health practitioners, licensed alcohol and drug abuse counselors (LADC), and care coordinators) to work collaboratively to develop the integrated treatment plan with the person being served
CCBHC Integrated Treatment Plan Required Elements
The CCBHC Integrated Treatment Plan (ITP) is the result of a person and family-centered planning process in which the member, any family or member-defined natural supports, CCBHC service providers, external service providers as appropriate, and care coordination staff are engaged in creation of the integrated treatment plan. ITP development should include the member and all interested parties; however, at minimum, the ITP must be completed in a face-to-face interaction with the member. It must be reviewed and signed by a qualified mental health professional or by a mental health practitioner working as a clinical trainee.

CCBHCs must complete the ITP within 60 days of first contact for new recipients.

Integrated treatment plan components
The components must be in the format of the 6 dimensions of the ASAM Criteria and must contain the following core elements:

- Member-defined vision
- Identified problems or functional barriers
- Measurable goals toward obtaining the recipient-defined vision
- Measurable objectives toward reaching the goals
- Interventions
- Strengths and resources that inform the objectives
- Cultural considerations
- Timeline (frequency and duration)
- Signatures of the mental health professional and the person with dates
- For a child, the signature of a parent or guardian or other adult authorized by law to provide consent for treatment
- A client’s parent or guardian may approve the integrated treatment plan by secure electronic signature or by documented oral approval that is later verified by written signature
- In instances where oral approval is verified by a later written signature, the effective date is the date of oral approval, which is documented in the integrated treatment plan
- The integrated treatment plan incorporates information gathered about and by the member, including the initial evaluation, comprehensive evaluation and any progress made in all utilized services and:
  - Documentation of member involvement in plan development
  - Documentation of parental or guardian consent for those under 18 years old or under legal guardianship

Integrated Treatment Plan Update Required Elements
Providers must update the ITP at least every 6 months and anytime there is significant change in the member’s situation, functioning, service methods or at the request of the member or the member’s legal guardian. ITP updates require the member be present and include engagement of any member-defined natural supports, CCBHC service providers, external service providers, as appropriate, and care coordination staff.
The ITP update must incorporate the following components:

- A review of the previous comprehensive evaluation, progress notes and information gathered since the last comprehensive evaluation
- A review of the previous integrated treatment plan, progress notes and information gathered since the last integrated treatment plan
- Brief summary of progress made and barriers that remain
- Diagnostic updates based on any changes, as needed
- Review of continuing need for all current behavioral health services and need for any additional services
- Treatment plan updates including goal achievement and identification of new goals and objectives
- Status updates:
  - Whether member received a peer service as of date of update
  - Whether member received a telemedicine service as of date of update
  - Type of health insurance
  - Housing or residential status