



SALISH BHO

NETWORK MANAGEMENT POLICIES AND PROCEDURES

Policy Name: INDIVIDUAL SERVICE PLAN STANDARDS **Policy Number:** 11.05

Reference: WAC 388-877-0620, State Contract, 42 CFR 438.208

Effective Date: 2/2002

Revision Date(s): 6/2016; 6/2017; 6/2018

Reviewed Date: 6/2016; 6/2017; 6/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan
- Policy: Notice of Action Requirements

PURPOSE

Salish Behavioral Health Organization (SBHO) shall ensure network providers develop a culturally competent individualized service plan for individuals requesting and/or receiving outpatient services.

STANDARDS

Standards for the Individual Service Plan (ISP)

The ISP must be a strength-based individualized service plan that meets the individual's unique behavioral health needs. The ISP must be developed in collaboration with the individual, or the individual's parent or other legal representative if applicable. The service plan must:

1. Be completed or approved by a professional appropriately credentialed or qualified to provide behavioral health services.
2. Address age, gender, cultural, strengths and/or disability issues identified by the individual or, if applicable, the individual's parent(s) or legal representative.
3. Be in a terminology that is understandable to the individual and the individual's family.
4. Document that the ISP was mutually agreed upon and a copy was made available to the individual.
5. Demonstrate the individual's participation in the development of the plan.

6. Document participation of family or significant others, if participation is requested by the individual and is clinically appropriate.
7. Be strength-based.
8. Contain measurable goals or objectives, or both.
9. Be updated to address applicable changes in identified needs and achievement of goals and objectives.
10. Be initiated during the first individual session following the assessment with at least one goal identified by the individual or if applicable, the individual's parent or legal representative
11. Be individual-driven, strength-based, and meet the individual's unique behavioral health needs.
12. Document that the plan was updated to reflect any changes in the individual's treatment needs, or as requested by the individual or, if applicable, the individual's parent or legal representative.
13. Document coordination with any systems or organizations the individual identifies as being relevant to treatment, with the individual's consent or if applicable, the consent of the individual's parent or legal representation. This includes coordination with any individualized family service plan (IFSP) when serving an individual three years of age or younger.
14. Identify services mutually agreed upon by the individual and provider for this treatment episode.

Treatment Plan Requirements Specific to Substance Use Disorder Treatment

1. The Individual Service Plan (ISP) must:
 - (a) Be personalized to the individual's unique treatment needs
 - (b) Include individual needs identified in the diagnostic and periodic reviews, addressing:
 - (i) All substance use needing treatment, including tobacco, if necessary
 - (ii) The individual's bio-psychosocial problems
 - (iii) Treatment goals
 - (iv) Estimated dates or conditions for completion of each treatment goal
 - (v) Approaches to resolve the problem
 - (c) Document approval by a chemical dependency professional (CDP) if the staff member developing the plan is not a CDP.
 - (d) Document that the plan has been reviewed with the individual.
2. Be initiated during the first individual session following the assessment with at least one goal identified by the individual or if applicable, the individual's parent or legal representative

180 Day Assessment Update (Mental Health and Substance Use Disorders)

The plan must include documentation that the individual service plan was reviewed at least every 180 days. The 180 day review must include an updated assessment of the individual's treatment needs. The assessment must include, at a minimum:

1. A narrative description of any changes in the individual's functioning or life circumstances during the review period. Areas of functioning that are addressed in the assessment could include:
 - Health & Self-Care
 - Home & Family Life Safety & Stability
 - Work, school, daycare, pre-school or other daily activities
 - Cultural Factors
 - Ability to use community resources to fulfill needs
2. A narrative justification of the need for continued treatment at the current level of care
3. The clinician's assessment of the individual's progress toward the goals on the treatment plan during the review period
4. The individual's view of their progress during the review period (in their own words)

Additional Requirements

If an individual disagrees with specific treatment recommendations or is denied a requested treatment service, they may file a grievance under WAC 388-877-0660.

Consumer disagreement with the ISP is considered an action under the PIHP contract. A network agency is responsible for notifying the SBHO when there is a disagreement regarding the ISP. The SBHO mails a Notice of Action to an enrollee when there is a disagreement.

PROCEDURE

1. SBHO providers will comply with Washington Administrative Code (WAC), contract and policy requirements concerning the provision of individualized treatment/ service plans.
2. The SBHO provider will initiate a minority specialist consultation when required by WAC or applicable laws, and incorporate treatment recommendations into the ISP.
3. The network providers will ensure agency staff receive adequate training in developing ISP's in accordance with these standards.
4. Profiler provides a uniform and consistent way of documenting treatment goals and progress.
 - Profiler allows for a customized text to be entered.

MONITORING

1. This policy is monitored through the use of the SBHO:
 - Annual SBHO Provider and Subcontractor Administrative Review

- Annual Provider Chart Reviews
 - Over and Under Utilization Projects
 - SBHO Grievance Tracking Reports
 - Utilization Committee activities, such as the CommCare case review
 - Quality Management Plan activities, such as review of targeted issues for trends and recommendations
 - The Behavioral Health Enrollee Survey (BHES): The BHES survey is conducted by Washington State University. It replaces the Mental Health Statistics Improvement Program (MHSIP). Clients who have received mental health services are randomly selected to participate in the survey.
 - In addition, the Department monitors WAC compliance during licensing and certification reviews.
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval.