

Service: Behavioral Health Assessment

Service Definition

The Behavioral Health Assessment process consists of a face-to-face comprehensive clinical assessment with the individual, which must include the youth's perspective as a full partner and should include family/responsible caregiver(s) and others significant in the youth's life as well as other involved agencies/agencies/treatment providers. The purpose of the Behavioral Health Assessment process is to gather all information needed in to determine the youth's problems, symptoms, strengths, needs, abilities, resources and preferences, to develop a social (extent of natural supports and community integration) and medical history, to determine functional level and degree of ability versus disability, if necessary, to assess trauma history and status, and to engage with collateral contacts for other assessment information. An age sensitive suicide risk assessment shall also be completed. The information gathered should support the determination of a differential diagnosis and assist in screening for/ruling-out potential co-occurring disorders. As indicated, information from medical, nursing, school, nutritional, etc. staff should serve as the basis for the comprehensive assessment and the resulting IRP

Admission Criteria

1. A known or suspected mental illness or substance related disorder; and
2. Initial screening/intake information indicates a need for further assessment

Continuing Stay Criteria

1. The youth's situation/functioning has changed in such a way that previous assessments are outdated.

Discharge Criteria

1. An adequate continuing care plan has been established; **and one or more of the following:**
2. Individual has withdrawn or been discharged from service; **or**
3. Individual no longer demonstrates need for additional assessment

Service Accessibility

To Promote access, providers may use Telemedicine as a tool to provide direct interventions to individuals for whom English is not their first language. Examples of this include:

- The use of one-to-one service intervention via Telemedicine, connecting the individual to a practitioner who speaks the individual's language versus use of interpreters; and/or
- The use of an interpreter via Telemedicine to support the practitioner in delivering the identified service.

Telemedicine may only be utilized when delivering this service to an individual for whom English is not their first language. The individual/family must consent to the use of this modality. This consent should be documented in the individual's record. The use of telemedicine should not be driven by the practitioner's/agency's convenience or preference.

Required Components

1. Any diagnosis given to an individual must come from persons identified in O.C.G.A Practice Acts as qualified to provide a diagnosis. These practitioners include a licensed clinical social worker, licensed psychologist, licensed marriage and family therapist, licensed professional counselor, a physician or a PA or APRN (NP and CNS-PMH) working in conjunction with a physician with an approved job description or protocol.
2. The behavioral health assessment process must include a face-to-face comprehensive clinical assessment with the youth. Beyond this face-to-face assessment, additional collateral information gathered from the youth, from family members/caregivers, significant others, other involved agencies/treatment providers, and any other relevant individuals may be collected telephonically.
3. An initial Behavioral Health Assessment is required within the first 30 days of service with ongoing assessments completed as demanded by changes with an individual. Staffing Requirements

Staffing Requirements

1. Practitioner scope of practice is often defined in law and/or regulation. As such, while U4 and U5 practitioners are supporting partners in the assessment process, certain aspects of assessment must be completed by practitioners licensed or certified to do so.
2. As indicated, medical, nursing, peer, school, nutritional, etc. staff can provide information from the individual, records, and various multi-disciplinary resources to complete the comprehensive nature of the assessment. Time spent gathering this information may be billed as long as the detailed documentation justifies the time and need for capturing said information.
3. Addictions counselors/SUD-certified practitioners may deliver this service when:
 - a. A presenting individual has a known or suspected substance use disorder (including those with known/suspected co-occurring MH/SUD diagnoses): and/or
 - b. The service is delivered at a location wherein it can be expected that all individuals presenting have a substance use disorder (including those with known/suspected co-occurring MH/SUD diagnoses); AND
 - c. If, during the course of service delivery, there is evidence of either a singular MH condition (i.e. without a co-occurring SUD), or a co-occurring MH condition that rises to a certain level of acuity/complexity (e.g. psychosis, symptoms of major depression, etc.), then additional assessment should be coordinated with a partnering U1-U3 level practitioner who can provide necessary supporting assessment interventions.

Documentation Requirements

1. In addition to any specific assessment documents resulting from the delivery of this service, there must be a Progress Note in the individual's medical record that supports each claim submitted for this service, in accordance with Part II - Community Service Requirements for BH Providers, Section III – Documentation Requirements, 8. Progress Notes of the DBHDD Provider Manual.

Billing & Reporting Requirements

1. A provider may submit an authorization request and subsequent claim for BHA for an individual who may have been erroneously referred for assessment and, upon the results of that assessment, it is determined that the person does not meet eligibility as defined in this manual.
2. When Telemedicine technology is utilized for the provision of this service in accordance with the allowance in the Service Accessibility section of this definition, the code cited in the Code Detail above with the appropriate GT modifier shall be utilized in documentation and claims submission.