

**New Mexico Interagency Behavioral Health  
Service Requirements and Utilization Guidelines**

**Mental Health Assessment by Non-Physician  
(Behavioral Health Assessment)  
HCPCS H0031**

Revised 4-7-10

**Service Definition:** Assessment is an integrated series of procedures conducted with an individual to provide the basis for the development of an effective, comprehensive and individualized treatment plan. It is an intensive clinical and psychosocial evaluation of an individual's mental health, substance abuse and/or co-occurring (mental health/substance abuse) conditions which results in an issuance of an integrated written document. This service may be conducted by an individual or by a multi-disciplinary team and includes face-to-face interview contacts with the individual; and may include the individual's family and/or significant others, collateral contacts and other agencies to determine the individual's problems and strengths, to identify the disability(ies), and to identify natural supports. An initial treatment plan, including discharge criteria and/or treatment recommendations is included as part of the assessment.

<b>Source of Funding</b>	HSD/BHSD, CYFD, NMCD
<b>Target Population</b>	Individuals who have clinically significant behavioral, psychological symptoms or patterns and/or environmental risk factors.
<b>Program Requirements</b>	<p><u>Assessment criteria</u> The assessment must contain the following elements:</p> <ol style="list-style-type: none"> <li>1. A description of presenting problems, including source of distress, precipitating events associated problems or symptoms;</li> <li>2. A chronological mental health and substance abuse history of the recipient's symptoms, treatment, treatment response and attitudes about treatment over time; for adults, this must include an assessment of the consumer's potential for substance withdrawal and any past history of withdrawal symptoms.</li> <li>3. Identified biological, psychological, familial, social/ employment, educational, legal, developmental and environmental dimensions and identified strengths and weaknesses;</li> <li>4. History of abuse;</li> <li>5. Identified strengths/problem addressing risk of harm, functional status, co-morbidity, recovery environment and treatment and recovery history;</li> <li>6. Identification of non-traditional or natural supports;</li> <li>7. Relevant physical health history and current status including medication;</li> <li>8. Mental status;</li> <li>9. Cultural background, spiritual/religious beliefs and other relevant issues;</li> <li>10. A crisis/safety plan, if applicable;</li> <li>11. Evidence of an interdisciplinary team involvement that documents the teams' review and discussion of the assessment; when appropriate;</li> <li>12. An initial treatment plan with discharge criteria and/or treatment recommendations as appropriate.</li> </ol> <p><u>Time period for assessment</u> An initial assessment shall be performed prior to receipt of services and shall be completed within 24 hours of admission to an adult</p>

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	residential substance abuse program or within 10 working days to an adult substance abuse outpatient program.
<b>Provider Requirements</b>	Services must be delivered by licensed behavioral health practitioners employed by a mental health/substance abuse provider organization. The organization must be a legally recognized entity in the United States, qualified to do business in New Mexico, and must meet standards established by the State of NM or its designee, and requirements of the funding source.
<b>Staffing Requirements</b>	<p>Both clinical services and supervision by licensed practitioners must be in accord with their respective licensing board regulations.</p> <p>Authorized practitioners:</p> <ul style="list-style-type: none"> <li>• Bachelor's degree in human services related field and a combination of relevant education, training, and experience totaling four years; or</li> <li>• LADAC;</li> <li>• Master's Degree in Human Services related field.</li> </ul> <p>NOTE: A completed assessment must be signed and dated by staff completing the document and as appropriate a Masters Level supervisor.</p>
<b>Documentation Requirements</b>	<p>In addition to the standard client record documentation requirements for all services, the following is required for this service:</p> <ul style="list-style-type: none"> <li>• The assessment report, which includes the individual treatment plan or treatment recommendations;</li> <li>• Progress notes documenting collateral sources of information;</li> <li>• Review and discussion of the assessment and treatment plan with consumer and if applicable family.</li> </ul> <p>The individual and/or parent or legal guardian must sign the treatment plan.</p>
<b>Service Exclusions</b>	<p>This service may not be billed in conjunction with:</p> <ul style="list-style-type: none"> <li>• Assertive Community Treatment; or</li> <li>• Multi-systemic Therapy; or</li> <li>• Behavioral Health Treatment Plan Update.</li> </ul>
<b>Admission/Service Criteria</b>	
<b>Continuing Service Criteria</b>	
<b>Discharge Criteria</b>	
<b>Service Authorization Period</b>	

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<b>Service Authorization Unit</b>	
<b>Benefit Limits</b>	