

## **MEDICAID STATE PLAN 1915 (B)**

**SERVICE NAME/AUTHORIZATION LEVEL:** Health Assessment/Level 1 Service

**SERVICE DESCRIPTION:** The health assessment includes those activities provided in order to determine the beneficiary's need for medical services and to recommend a course of treatment within the scope of practice of the medical personnel. The health assessment shall include a comprehensive written summary of beneficiary background, body systems, current medications, any available medical history, current health status, duration of any health disorder, brief mental status, and applicable ICD-10 diagnostic code (excluding V codes). Based on assessment findings, a recommended course of treatment will be included in the document.

**STANDARD PROCEDURE CODE:** T1001

**UNIT OF MEASURE:** Encounter ---the typical length of time to complete a health assessment is 30-45 minutes (based on data collection across the Thumb Alliance for Health Assessments)

### **ELIGIBILITY CRITERIA AND SERVICE PRIORITIES:**

1. Beneficiary is experiencing a severe mental illness, severe emotional disturbance, or a developmental disability and meets eligibility requirements as defined in the Population Specific Practice Guidelines/Eligibility Chapter of this manual.
2. This service has been determined to meet Medical Necessity Criteria (see section on "Medical Necessity" for specific criteria, located in the Thumb Alliance Guiding Principles Chapter of this manual.
3. Beneficiary presents with a physical condition on Axis III that may be contributing to the psychiatric syndrome on Axis I or Axis II **and** a current health assessment from the primary care physician (or through the QHP) is unavailable.

### **PROVIDER QUALIFICATIONS:**

\*\*\*Registered Nurse, Physician Assistant, or Nurse Practitioner who may also be certified as a QMHP or a QMRP

### **TYPICAL SERVICE UTILIZATION PATTERN:**

Any beneficiary receiving services, who meets above criteria, may receive one (1) Health Assessment per year. The annual Health Assessment for the new treatment year may be requested as early as two (2) months prior to the Person Centered Planning Meeting to assist in the treatment planning and preparation. Additional assessments may be authorized should there be a **Substantial Change** in the beneficiary's clinical presentation.

### **ASSOCIATED OUTCOMES:**

\*\*\*Development of a plan to improve the Health and/or Safety of the beneficiary through:

1. Alleviation/Accommodation of co-morbid Axis III non-acute physical conditions
2. Coordination of physical health care with psychiatric care