Service Definition:
The Service Plan shall be updated quarterly (unless crisis dictates additional updates), through the reconvened MDT. This group process should be fundamentally directed by the consumer when possible, and should update each of the components of the Service Plan, so that it continues to serve as a working document.

<table>
<thead>
<tr>
<th>Time Requirements</th>
<th>The MDT must convene and update the Service Plan within 90 days of the date the plan was developed and signed or within 90 days of the last update.</th>
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</table>
| Source of Funding | CYFD, HSD-MAD, HSD-BHSD  
Note:  Not all funding sources cover all populations. |
| Admission Criteria | See attached SMI Criteria Checklist and SED Criteria Checklist (can also be found on the Collaborative website www.bhc.state.nm.us) |
| Program Requirements | The results of initial MDT should be a documented wraparound Service Plan which pulls together the many facets of a consumer and/or family’s life and creates a clear and integrated approach to addressing the identified issues. At least every 90 days, the MDT will reconvene to review and update the Service Plan.  
The Service Plan Update:  
1. Must include a review of all components of the Service Plan:  
   o the Recovery/Resiliency Management Plan,  
   o Services and Supports,  
   o Crisis Plan,  
   o Advance Directives (if applicable),  
   o the Discharge Plan; and,  
   o MDT Process/Participants;  
AND  
2. Should address, at a minimum, the following questions as directed by the consumer and/or family:  
   o Have the previous objectives been met?  
      ▪ If yes, what are the new objectives? Identify and document the new objectives.  
      ▪ If no, what were the barriers?  
      ▪ Were the objectives reasonable and attainable?  
      ▪ Identify and document what objectives need to be modified.  
   o Are the supports and services connected to the strengths and abilities of the consumer and/or family?  
   o Is the Service Plan accurate, comprehensive, and up to date?  
   o Are the goals practical and reasonable? Have the
| **Provider Requirements** | Providers identified below may bill for this code:  
- Core Service Agencies credentialed by the appropriate state or federal agency/department; |
| **Staffing Requirements** | A single designated staff person must coordinate the Service Plan and MDT. CSWs are encouraged to perform this function. |
| **Documentation Requirements** | In addition to the standard clinical documentation requirements, the following must also be documented:  
- Documentation citing consumer meets admission criteria;  
- Updated Service Plan;  
- Any supporting collateral documentation;  
- Consumer’s and MDT’s names and signatures;  
- Date of MDT; and,  
- All documentation needs to be typed (or legible) with practitioner credential associated with signature.  
Note: Any requirements of this service definition that can not be met due to the nature of the consumer’s current life circumstances must be clearly documented |
| **Service Exclusions** | Up to four billings are allowed, per consumer per year (unless crisis dictates additional updates)  
This service may not be billed in conjunction with:  
- Assertive Community Treatment (ACT)  
- Multi-Systemic Therapy (MST) |
| **Admission/Service Criteria** | |
| **Continuing Service Criteria** | |
| **Discharge Criteria** | |
| **Service Authorization Period** | |
| **Service Authorization Unit** | |
| **Benefit Limits** | |