



Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health

Jonathan E. Sherin, M.D., Ph.D., Director

CLIENT TREATMENT PLAN REMINDERS & GUIDELINES

This Bulletin serves as a reminder of client treatment plan (hereafter referred to as the plan) requirements and provides best practice guidelines for developing plans and obtaining client/responsible adult signatures.

Client Treatment Plans (per DMH Policy 401.03 Clinical Documentation for All Payer Sources & the Short-Doyle/Medi-Cal Organizational Provider's Manual):

- 1. Must be in place PRIOR to initiating any "treatment services"** which are services that address a client's mental health concerns and are NOT primarily for the purpose of:
 - Assessment (for any type of service)
Examples include:
 - *Mental Health Service* – contacts with the client and/or collateral to gather assessment information
 - *Medication Support Service*- evaluation of the need for medication
 - *Targeted Case Management* – needs assessment (e.g., using Community Functioning Evaluation form)
 - Plan Development (for any type of service)
Examples include:
 - *Mental Health Service* – Therapist meeting client to develop mental health objectives and associated treatment interventions on the client's plan
 - *Targeted Case Management* - Case manager participating in a treatment team meeting discussing the ancillary needs of a client
 - *Medication Support Service* - Psychiatrist consulting with client's primary care physician in order to incorporate physical healthcare information into his/her decision on choice of psychiatric medication for a client
 - Crisis Intervention, or
 - Linkage to other mental health programs during the first 60 days for newly active clients
- 2. Must include objectives that are linked to symptoms/behaviors and/or impairments** from the assessment(s). These objectives should be written in clear and measurable terms that (a) the client will understand and (b) the client and treatment team will be able to determine if the client is getting better and obtaining necessary ancillary resources
Examples include:
 - Client will report an increase in energy level from 3 to 7 on a scale from 1 (no energy at all) to 10 (his "old, usual, energetic self")
 - Client will obtain permanent housing within 6 months
 - Client will decrease the frequency of auditory hallucinations from 80% to 20% per day

- 3. Must include specific interventions staff will provide** to assist the client in achieving the identified objectives. These interventions should include a detailed description of the intervention, along with the type of service, modality (e.g., individual, family, group), frequency and duration (duration must be noted if less than one year)
- Examples include:
- Provide individual Cognitive Behavioral Therapy once per week to identify and modify self-defeating beliefs and monitor suicidal ideation
 - Identify and evaluate available housing resources, assist with the completion of the housing application and documentation process, work with the housing agency / housing authority to obtain a housing voucher and monitor linkage to housing 3 times per week for the next 3 months.
 - Prescribe medication, monitor progress and side effects, and provide medication psychoeducation once per month
- 4. Must be under the direction of an Authorized Mental Health Discipline (AMHD)** which is evidenced by the AMHD's signature on the plan. Service direction can include (but is not limited to):
- being the person providing the services,
 - acting as a clinical team leader,
 - direct or functional supervision of service delivery, or
 - approval of client plans
- 5. Must have the client's involvement and participation** which is evidenced by the client's signature on the plan. Collaboratively developing a plan with the client (a) strengthens their agreement with the plan, (b) increases their awareness of what they're working toward, and (c) fosters their engagement in treatment.

NOTE: Directly-operated staff should refer to the "Guidelines to Addressing Challenges in Obtaining Client/Responsible Adult Signatures on Treatment Plans" found on the IBHIS Communication Site to assist with handling situations in which the client and/or responsible adult is not available at the time when the plan is developed and/or there are challenges with obtaining the signature due to the electronic health record.

- 6. Must be signed by the appropriate staff.** Appropriate staff include the AMHD as mentioned in item four (4) above, the staff who wrote the plan, an MD/DO/NP for plans of Medicare clients and/or plans with medication prescription interventions.

NOTE: The Organizational Provider's Manual page 24 has been updated to remove the reference to "objectives" in relation to signature requirements; signature requirements are for the entire plan, not individual objectives.

- 7. Must have an Annual plan completed a minimum of every 365 days.** However, an annual plan may be done sooner if (a) the entire plan is updated by replacing the current objectives/interventions with new ones, and (b) other treatment team members are notified.

An **Update plan** must be completed whenever staff are adding or modifying an objective and/or intervention to an existing plan. An Update plan serves as an addendum to the Annual plan and does NOT restart the 365 day clock. As with Annual plans, update plans must have all required signatures, client and appropriate staff.

Best Practice Guidelines in DEVELOPING Client Treatment Plans

The following steps are recommended for ensuring that (a) the plan makes sense given what is in the assessment(s), (b) the plan is reviewed and updated with the client, and (c) the treatment team is monitoring the client's progress based on the plan:

1. Prepare for the session

- o Review the client's assessment(s) to determine the client's identified mental health symptoms, behaviors and impairments
- o If applicable, review the client's current/previous plan to evaluate treatment progress:
 - Has the client reached his/her mental health objectives? Why or why not?
 - Are the objectives and associated interventions still appropriate? Should objectives/interventions be added or changed?
- o Meet with other treatment team members to discuss the client's plan and decide how the plan will be completed

2. Develop the plan with the client during a face-to-face session and obtain required signatures:

- o Treatment team member(s) meet with the client, discuss the desired outcomes of treatment, and complete the entire annual plan (including all objectives/interventions of the treatment team based on team discussion) and, if necessary, route for signature(s)
- OR
- o Each treatment team member meets with the client at his/her next session, discusses the desired outcomes of treatment, and completes their own objectives and/or interventions on the plan. NOTE: In this scenario, update plans would be completed by subsequent team members.

NOTE: It is not recommended to develop plans over the phone because it (a) diminishes client participation and involvement in developing, reviewing and updating the plan, and (b) does not allow you to obtain the client's signature. However, if a client happens to call in need of services and there is not a plan in place, then:

- (1) Discuss the plan over the phone with the client,*
- (2) Document that discussed/developed plan with client and the client's signature will be obtained at the next face-to-face contact.*

If directly-operated or contracted providers have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

c: Executive Management Team
District Chiefs
Program Heads
Department QA staff
QA Service Area Liaisons

Judith Weigand, Compliance Program Office
Zena Jacobi, Central Billing Office
Pansy Washington, Managed Care
TJ Hill, ACHSA
Regional Medical Directors