



General Documentation and Claiming: Client Treatment Plans

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Los Angeles County Department of
Mental Health (LACDMH)
Quality, Outcomes & Training Division
Quality Assurance Unit

About this Presentation

Disclaimer

- This video series presentation highlights the basic minimum documentation and claiming standards for the provision of Medi-Cal Specialty Mental Health Services in Los Angeles County and incorporates interim guidance to assist practitioners in meeting the mental health needs of the County while minimizing the community spread of COVID-19.
- For a comprehensive list of documentation and claiming rules please refer to the [Organizational Provider's Manual](#), the [A Guide to Procedure Codes](#), and [LACDMH Policy 401.03](#), which can all be accessed through the DMH website **at** <https://dmh.lacounty.gov/> and for the latest COVID-19 related QA information, click on the COVID-19 link from the Quality Assurance page.
- For contract staff, please check with your agencies regarding higher standards than the ones discussed in this presentation that may have been set and how your agency is setting standards around COVID-19.

Purpose of the Client Treatment Plan

- Guides treatment by creating a “road map” for the client, family, and mental health staff to ensure the client’s care is goal directed and purposeful
- Allows anyone involved in a client’s care to see, at a glance, what a client’s services are aimed at and directed toward
- Lists markers of progress; “is the client getting better?”
- Ensures all payer requirements are met



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Client Treatment Plan Requirements

WHEN:

- Must be in place prior to initiating treatment services and at a minimum every 365 days
- Treatment services are services that address a client’s mental health needs and are NOT primarily for the purpose of:
 - Assessment
 - Plan Development
 - Crisis Intervention or
 - Linkage and referral if a need of immediate concern exists (in the first 60 days for newly active clients)

WHAT:

- Addresses symptoms, behaviors, and/or impairments prioritized from the assessment

WHO (REQUIRED SIGNATURES):

- Client or legal representative signature(s) (as evidence of participation in plan development process)
- Practitioner signature(s) (Authorized Mental Health Disciplines signature & signature of staff within scope of interventions)

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Developing CTPs with clients when there is physical distance

COVID-19 Guidelines during physical distance

- Client treatment plans may be completed over the telephone or via telehealth, and verbal approval for the treatment plan may be obtained.
- The client/legal representative's verbal agreement to the treatment plan should be documented on the client treatment plan.
 - If client /legal representative is unable or unwilling to verbally agree to or sign the plan, that should also be documented including the specific circumstances
- In addition, the practitioner should document in the progress note that this process was done due to the COVID- 19 crisis.



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Treatment Plan Types: Annual & Update

ANNUAL:

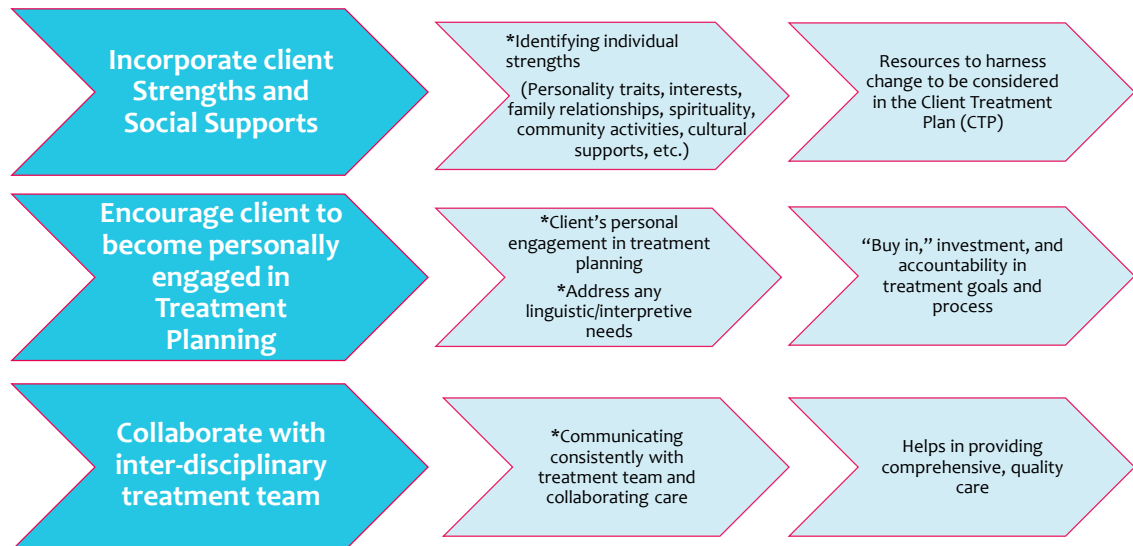
- An **Annual** is completed for an initial and an annual plan
- It must be done a minimum of every **365** days

UPDATE:

- An **Update** is an addendum to the CURRENT Annual plan when objectives/ interventions need to be added or modified
 - The CTP needs to be updated when there are significant changes in the client's condition (e.g. new symptoms, behaviors, & impairments; psychiatric hospitalization; major transitions in one's life; or experiencing a major loss; etc.)
- Like Annual CTPs, Updates must also be signed by all required staff and the client's/legal representative's signature (or verbal agreement) must be obtained

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Client Treatment Plan – Best Practices



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Developing a Client Treatment Plan

Problem:

- What is the identified mental health need that you will be addressing in treatment?
 - (e.g. Generalized Anxiety Disorder)

Goal:

- What is the intent of treatment?
 - (e.g. to reduce anxiety)

Objective:

- How will you and the client know if the intent of treatment is happening?
 - (e.g. Client will reduce anxious symptoms from a GAD-7 score of 18 (severe) to <8 (mild))

Intervention:

- What will you do to help the client attain their Objective?
 - (e.g. Provide individual therapy 1x week to identify and modify his anxiety-provoking cognitive distortions and underlying beliefs)

Required Elements in CTP:

- Statement of Long Term Goal
- Specific observable and/or specific quantifiable goals/treatment objectives related to client's mental health needs and functional impairments as a result of the MH diagnosis
- Proposed type(s) of intervention/modality including a detailed description of the interventions to be provided and frequency and duration (if under a year)
- Interventions that focus and address the identified functional impairments as a result of the mental health disorder/interventions that are consistent with the client's goal (objective)
- Client involvement (and family involvement if applicable) as evidenced by signatures
- Documentation that a copy of the plan was offered to the client
- Linguistic and interpretive needs
- Required staff signature, discipline/title, relevant identification number (if applicable) and date

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Client Treatment Plan Example: One Objective, Multiple Interventions

Problems:

- Primary - Major Depressive Disorder
- Secondary - Alcohol Use Disorder

Goal:

- Improve Mood

Objective:

- Reduce time spent alone in room from 5x to 2x week.

Intervention:

- MHS:
 - Provide individual psychotherapy 1x per week for 6 months to identify and modify client's negative thoughts/beliefs about their self in order to improve mood
 - Provide group rehabilitation 1x per week for 6 months to teach and reinforce healthier, more effective ways to cope with Depression and reduce isolation
- TCM:
 - Provide referral and related activities 2x/week for 6 months to Identify available alcohol use treatment and AA meetings; ensure linkage by assisting with application process and monitor linkage

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Some Examples of Delivering SMHS

What you did	Type of Service	Service Component(s)	Procedure Code	If delivered by telephone	If delivered by telehealth
Session with client to develop a treatment plan which include MHS interventions	MHS	Plan Development	H0032	H0032SC	H0032GT
Spoke with client to update the treatment plan to include TCM interventions to link to supportive housing	TCM	Plan Development	T1017	T1017SC	T1017GT
Worked with Child & Family Team (CFT) members to coordinate and develop the care plan during the CFT Meeting	ICC	Planning & Assessment of Strengths & Needs	T1017HK	T1017HKSC	T1017HKGT

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