



Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health

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TOP FIVE FAQ'S ABOUT WRITING OBJECTIVES ON THE CLIENT CARE COORDINATION PLAN

Over the past several months many questions have come up regarding writing objectives on the Client Care Coordination Plan (CCCP). This Bulletin references the five (5) most frequently asked questions (FAQ's) regarding writing objectives and answers. Answers given are based on Policy but also incorporate Best Practice.

1. Who can write an objective on the Client Care Page of the CCCP?

According to the CCCP Training Module, anyone with their Supervisor's approval may write and/or develop objectives on the CCCP. Other than this, there are no restrictions on who can write an objective. It is important to note that there is no requirement for the staff person writing the objective to be the staff person providing the interventions associated with the objective.

While Policy states that any staff person can write an objective, best practice would recommend that the person writing the objective be someone who is knowledgeable regarding the needs of the client and who is able to write an achievable objective and interventions within his/her scope of practice (i.e. interventions allowable under his/her discipline and/or job duties). For example, an objective associated with psychotherapy interventions would most appropriately be written by a discipline that can provide psychotherapy (such as a social worker or psychologist) versus being written by a case manager who cannot provide psychotherapy.

At the discretion of the program head or designee, MDs, DOs, and NPs may be directed to complete objectives related to Medication Support Services for those clients for which they have treatment responsibility. In instances where Medication Support Services objectives are not completed by the responsible prescriber or furnisher, the individual directed to complete the objectives should consult with the prescriber or furnisher before completing the objectives.

2. Who must sign the objective? Would I have to see the client to sign off on the objective?

All objectives must minimally be signed off by an Authorized Mental Health Discipline (AMHD) to identify that the services are provided under his/her direction. The requirement for the AMHD signature stems from the Medi-Cal regulation that all services must be provided by or under the direction of an AMHD level staff. This signature may be provided after meeting with the client him/herself to determine appropriate objectives or after consulting with other treatment staff who have met with the client.

For Medication Support Services, someone within scope of practice must sign off on, e.g. take responsibility for, the objective. To do this, an MD/DO or NP must sign off on all Medication Support Service objectives. For Directly-Operated agencies, a MD/DO must sign off on all objectives for which claims will be sent to Medicare (i.e. MHS in addition to MSS). This

requirement for Directly-Operated agencies to have an MD/DO signature for all objectives for which claims will be sent to Medicare comes from DMH's understanding that all services claimed to Medicare should be in consultation with an MD/DO. Similar to the AMHD signature, it would be appropriate to sign off on the objective(s) after consultation with staff who has met with the client to establish appropriate objectives.

Please note that the Client Care Plan is being revised to add language to the signature line stating that the signature of the AMHD or MD/DO/NP minimally means that the staff consulted on the objective with other staff.

3. Does there have to be an objective for every type of service?

It depends on what types of services the client is receiving. There must be an objective associated with every type of service PROVIDED to the client. Keep in mind, an objective is not required for an unplanned type of service. However, for an unplanned type of service, if the type of service is NOT already associated with an objective on the CCCP, staff must determine if the service will be provided again and, if so, create an objective on the CCCP for that type of service (see Org Manual page 1-11).

If the client is only receiving Mental Health Services (MHS), then only an objective associated with MHS interventions is needed. If the client is receiving MHS and Medication Support Services (MSS), then the client must have an objective associated with both MHS and MSS interventions. The objectives a client has on the CCCP is completely dependent on the types of services that are appropriate for the client and the types of services the client will receive to help them achieve his/her objective(s).

Please note that per the CCCP Training Module, it is possible to combine different types of service interventions under the same objective. However, staff must ensure that each type of service is clearly indicated for the objective and the specific interventions for each type of service are clearly identified. Staff should also be cautious to ensure that the proposed interventions are appropriate for the identified objective.

4. What if the CCCP was not written by the due date?

Unfortunately, if an objective or CCCP is not written by the due date AND services were provided, then all services after the due date are at high risk of audit disallowance. Once a type of service is provided more than once without an associated objective on the CCCP, there is nothing that can be done to go back and create an objective. So, if services were provided after the annual cycle date and there was no CCCP in place, there is nothing you can do other than to get a CCCP in place immediately to cover subsequent services. In these situations, the Program Manager or designee should be notified. If there were reasons for the lack of a CCCP such as an emergency situation with the client, documentation of this would help support the lack of a CCCP. However, services would still be at high audit risk.

If no services were provided after the due date of the CCCP, then there are no services to be disallowed. Current Policy states that the CCCP is due during the month prior to the annual cycle date. If the client does not come in during the prior month, then Best Practice suggests doing a CCCP during the first contact with the client after the due date. *DMH Policy 104.9 is being updated to reflect this Best Practice which will become Policy.*

Remember, a CCCP is required for every client receiving ongoing services and all services provided must be under the guidance of a treatment plan (CCCP) that was developed with participation from the client.

5. Who is ultimately responsible for making sure that the CCCP is done prior to its due date?

According to DMH Policy 202.31 “The Roles and Responsibilities in the Care of Clients”, it is up to the Primary Contact to prompt treating staff when the Client Care Plan is due for each client if the Client Care Plan has not already been completed in order to ensure objectives are written in a timely manner. The expectation for prompting that that CCCP is due is a single instance of notification that can be reasonably assumed to be received by the treatment staff. Notification may be done in ways such as during a team meeting or through a phone message or post-it in the Clinical Record. Beyond this, if objectives are not completed by the treating staff, the Primary Contact may notify a supervisor who is then responsible for following up to ensure objectives are written in a timely manner.

Policy 202.31 further states that it is up to the Rendering Provider to ensure that all documentation is complete in order to support the service provided. This would mean that ultimate responsibility for an objective is up to the Rendering Provider of the service being provided thus multiple staff may be responsible for making sure the CCCP is completed prior to the due date.

Best Practice would support the client’s treatment team work together to ensure all needed services are identified on the CCCP and bring it to each others’ attention if there is an objective missing for a needed service and deciding who is most knowledgeable to write the missing objective (see Question 1 above).

If you have questions regarding the information in this QA Bulletin, please contact your Service Area QA liaison.

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