



Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health

Marvin J. Southard, DSW, Director

PEI CORS and other Short Term Evidence Based Practices: Completing Assessments and Client Care Plans

This Bulletin is in response to many questions related to which Assessment form should be used and when a treatment plan (Client Care Coordination Plan) must be in place for clients receiving short term Evidence Based Practices (EBP) such as Crisis Oriented Recovery Services (CORS), Mental Health Integration Program (MHIP) or Seeking Safety.

Assessment Forms

In the majority of situations, the form used to initially assess a client to determine treatment needs and appropriate services is the standard Initial Assessment. However, for clients where it is established, through triage or some other screening method, that a short term EBP is the most appropriate treatment method, a Short Assessment form may be completed. Short-term is generally defined as a treatment method expected to last no longer than two months.

If the Short Assessment form is used, it must clearly:

- Establish Medical Necessity
- Identify the need for the EBP and any other Specialty Mental Health Services that will be provided

In addition, to reduce the audit risk for services provided, staff must ensure the following areas are clearly identified and addressed on the Short Assessment form:

- Allergies or lack of allergies (i.e. "no known allergies")
- Link between impairments (such as homelessness/unemployment) and mental health symptoms and behaviors
- Impact of substance use/abuse on mental health symptoms/behaviors (if substance use related services are to be provided)

If the short term EBP services last longer than expected (i.e. the clinician feels additional sessions are needed) and/or it is determined that the client needs a longer term or more intensive treatment method, an Assessment Addendum must be completed at the point of this determination. The Assessment Addendum should justify the need for the additional treatment sessions and/or the change in treatment method. Additionally, if the client will be provided a longer term treatment method (for example Wellness, Field Capable Clinical Services or Managing and Adapting Practice), additional assessment information may need to be gathered such as:

- Additional history of the presenting problem,
- Treatment methods tried in the past,
- and/or additional psychosocial information.

Please note: an Initial Assessment should not be completed if an Assessment Addendum has been done and clinical judgment determines that there would be no added benefit to the client by completing an Initial Assessment.

Please see Clinical Records Bulletin Edition 2011-04 Forms Usage Chart for Initial Contacts with Clients http://file.lacounty.gov/dmh/cms1_159840.pdf for additional information about the use of Assessment forms.

Client Care Coordination Plan

While a Client Care Coordination Plan (CCCP) is not required per DMH Policy until the conclusion of the assessment period (i.e., two months after the admit date for clients WITHOUT an existing open episode, and one month for clients with an open episode), it is Best Practice to develop a treatment plan (goals and objectives) prior to beginning any treatment services. Therefore, if treatment is to begin, such as individual therapy, groups, or medication services, a treatment plan should be developed with the client to identify the goal of these services and the types of interventions that will be provided before initiating treatment services. It is highly recommended that the CCCP be used for any treatment commencing within the assessment period, unless an alternate form has been specifically authorized by the QA Division. Please see QA Bulletin 09-08 Services and Claims during the Assessment Period http://file.lacounty.gov/dmh/cms1_159829.pdf for additional information related to developing a treatment plan prior to starting treatment services.

If you have any questions regarding this Bulletin, please contact your SA QA Liaison.

c: Executive Management Team
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