



Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health

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PLAN DEVELOPMENT

Plan development is defined within the California Code of Regulations as “a service activity that consists of development of client plans, approval of client plans and/or monitoring of a beneficiary’s progress” (Title 9, Chapter 11, §1810.232). In addition, and as noted in QA Bulletin 12-01, case consultation/team conference is no longer claimable as a stand-alone service and may now only be claimed when provided within the context of plan development. Depending upon the situation, plan development may be claimed to one of three types of Specialty Mental Health Services: Targeted Case Management (TCM), Mental Health Services (MHS) or Medication Support Services (MSS). The purpose of this bulletin is to describe under what situation plan development should be claimed to each type of service.

The determination of the type of service to which plan development should be claimed depends on two criteria: 1) the nature of the planning itself and 2) the discipline of the person doing the planning. With respect to criteria one, if the plan development is related to a service activity which falls under the general domain/description of TCM, then TCM should be claimed. Similarly, if the service activity falls under MHS or MSS, then plan development should be claimed under that service. Please refer to the Short-Doyle/Medi-Cal Organizational Provider’s Manual, Chapter 1 for a description and list of service components for each type of service. For these claims to be made, the person performing the plan development and claiming for the activity must also have the appropriate discipline required to provide the service (e.g. a case manager may not claim for plan development related to MSS because medication services procedure codes are not within their discipline). Once the type of service for the plan development has been determined based upon the nature of the planning and the discipline of the person doing the planning, then the appropriate procedure code can be selected.

The following provides a brief description of the type of service (taken from the State Plan Amendments), how plan development might be done, the procedure code(s), and examples of plan development for each type of service.

Targeted Case Management: TCM services typically include (but are not limited to) consultation and intervention on behalf of the client with Social Security, schools, social services and health departments, and other community agencies, as appropriate. TCM plan development involves coordinating services ancillary to the provision of direct mental health treatment to the client. Plan development under TCM is to be coded as T1017 except when provided to “Katie A. Subclass” member clients involved in Intensive Care Coordination (ICC). For these clients the code is T1017HK. Plan Development examples include:

- A case manager discussing a client’s behavior in school with a teacher for the purpose of identifying other school activities that might assist the client.
- A therapist participating in an interdisciplinary treatment team discussing the social service needs of a client.

Mental Health Services: MHS services typically include individual, group or family based interventions to reduce mental or emotional disability and restore/preserve functioning. MHS plan development involves discussing the provision of and determining the need for direct mental health treatment services. Plan development under MHS is to be coded as H0032 when delivered as a stand-alone service and as the applicable MHS procedure code when provided as part of another MHS. Examples include:

- A therapist meeting with a client to develop mental health objectives and associated treatment interventions on the client's treatment plan (H0032).
- A mental health rehabilitation specialist discussing individual rehabilitation service goals for a client during a multidisciplinary treatment team meeting (H0032).
- A therapist discussing the addition of a treatment objective with a client during an individual psychotherapy session (applicable Individual Psychotherapy code).

Note: For a "Katie A. Subclass" member client receiving ICC services, if mental health services are discussed as part of the plan development process during a Child and Family Team (CFT) meeting, either T1017HK or H0032 may be claimed for the time spent discussing the MHS. In addition, the Wraparound-Team Plan Development procedure code has been removed from the Guide to Procedure Codes for Claiming Mental Health Services. Wraparound providers should claim for CFT meetings in accord with this Bulletin.

Medication Support Services: MSS services typically include assessing the need for, prescribing, administering and monitoring psychiatric medications. Medication Support Services plan development may involve consultation with agency staff or a client's collateral specifically related to mental health medication management. Plan development under MSS is to be coded as H2010 when delivered as a stand-alone service and as the applicable MSS procedure code when provided as part of another MSS. Examples include:

- A psychiatrist consulting with a therapist regarding the therapist's observations of a client for the purpose of determining the effectiveness of the current medication regimen (H2010 for the psychiatrist only).
- A psychiatrist consulting with a general practitioner in order to incorporate additional physical healthcare-related information into the psychiatrist's decision on choice of psychiatric medication for a client (H2010).
- A psychiatrist discussing treatment objectives with a client as part of an initial medication evaluation (applicable Evaluation & Management code).

Please refer to the updated Guide to Procedure Codes for a complete list and description of available procedure codes at:
http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals

Contracted and Directly-Operated providers may direct questions regarding this Bulletin to their Service Area QA Liaison.

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