

**First Coast Advantage
&
Suwannee River AHEC Presents**

**Treatment Plans and Service Plans
Training the Trainer
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**Friday, December 10, 9:00 a.m. - 10:30 a.m.
Shands Jacksonville Towers
2nd Floor, Mason Room
580 W. 8th Street Jacksonville FL 32209**

Treatment Plans and Service Plans

(Overview)

I. Treatment Plan

The individualized treatment plan is a structured, goal-oriented schedule of services developed jointly by the client and the treatment team. The plan must contain written treatment-related goals and measurable objectives.

A Brief Behavioral Health Status Examination, Psychiatric Evaluation or other assessment conducted by a licensed practitioner of the healing arts must be completed prior to the development of the treatment plan. An assessment by a licensed practitioner of the healing arts completed within the past six months may be used to satisfy this requirement.

Medicaid will reimburse for services 45 days prior to the authorization date. The treatment plan becomes effective on the date it is authorized (i.e., signed and dated) by the treating practitioner.

II. The Treatment Plan must contain all of the following components:

The client's ICD-9-CM diagnosis code(s) consistent with assessment(s);

Goals that are appropriate to the client's diagnosis, age, culture, strengths, abilities, preferences and needs expressed by client(s);

Measurable objectives and target dates;

A list of the services to be provided (Treatment Plan Development, Treatment Plan Review, and Comprehensive Behavioral Health Assessment need not be listed);

The amount, frequency and duration of each service for the 6 month duration of the treatment plan (e.g., 4 units of therapeutic behavioral onsite services 2 days per week for 6 months);

It is not permissible to use the terms "as needed," "prn." or to state that the client will receive a service "x to y times per week."

Signature of the client; signature of the client's parent, guardian, or legal custodian (if the client is under the age of 18);

Signatures of the treatment team members who participated in development of the plan;

A signed statement by the treating practitioner that services are medically necessary and appropriate to the client's diagnosis and needs; and

Transition or discontinuation of services

I. Service Plan

A written plan describes the client's service needs (e.g. mental health maintenance, medical, dental, legal, family support and family education, education, vocational, job training, housing, food, clothing, transportation and other services.) and the activities that the mental health targeted case manager will undertake in partnership with the client.

The service plan must include measurable short and long-term goals for the client and must outline the comprehensive strategy for assisting the client in achieving these goals. The Service Plan should involve the client from the beginning and emphasize strengths rather than problems. The Service Plan should focus on enabling the client including children and their parents/guardians to take charge of their own lives to the greatest degree possible through informed decision making, self advocacy, skill development and participation in the planning and delivery of services.

The plan should also be client-centered rather than case manager oriented. Targeted Case Managers must be careful not to do things for people that they can do for themselves.

Each recipient must have an individualized service plan written within 30 days of initiation of services by his mental health targeted case manager or case management team.

II. The Service Plan must:

Be an identifiable document;

Be developed in partnership with the client and the client's parent, guardian, or legal custodian (if applicable);

Describe the client's service needs and the activities that the mental health targeted case manager will undertake in partnership with the client;

Contain measurable goals and objectives derived from the client's assessment;

Have identified time frames for achievement of goals;

Include the name of the individual or agency responsible for providing the specific assistance or services;

Be consistent with the client's treatment plan(s);

Be signed and dated by the client, the client's parent, guardian or legal custodian (if the client is under 18 years of age), the client's mental health targeted case manager (must include title), and the mental health targeted case manager's supervisor (must include title); and

Be retained in the client's case record.

Treatment Plans and Service Plans should be tailored to the individual client based on the client's problems and needs. These plans should not be mass-produced, even in the event that the clients have similar problems.

III. Goals and Objectives

Goals and objectives should be prioritized. What goal, objective or outcome does the client want to focus their attention on the most?

The Case Manager must be aware that the client can deal with only so much at any one time.

Together, the client and Case Manager must develop an action plan that focuses on the "bite-size" pieces, one at a time.

Once "where to go" is defined, the client and the case manager can determine who does what, and what additional individuals need to be involved.

The client should understand the goals they have developed, and should be able to restate them clearly in their own words.

Goals - the goal is where we want to be

Goals are general statements which describe desired long-term outcomes of the total services and resources provided. These general statements do not have to be stated in measurable terms but can be global goals that reflect a desired positive outcome. Goals provide a direction for the service plan and starts with a thorough assessment. Goals must be stated in positive, proactive language about what the client will do instead of about what they will not do

Effectively designed Goals and Objectives are:

Conceivable - can be expressed in words

Believable – something that clients believe they can attain

Achievable - can be attained through the client's time, energy and effort

Measurable – keep goals concrete, specific and behavioral (non-behavioral goals, such as getting in touch with feelings are difficult to achieve, mainly because success and progress are difficult to gauge).

Desirable - something that the client (and not someone else) wants

Objectives - the objectives are the steps needed to get there

Objectives are specific statements of short-term ("bite-size") goals which indicate the client's priorities. This enables the person to achieve regular "wins." The short term goal (objective) should be achievable and have a high probability of success. They are the specific action steps or strategies that should be a measurable and achievable outcome rather than a description of the process. Case Management objectives do not need a numeric measure to be measurable. The measure is through the completion of the referral, linkage and/or advocacy related to a specific resource.

Measurable Objectives State:

- Whose behaviors, knowledge, and/or skills are to be changed as a result of case management?
- What are the desired outcomes - the intended behavior, knowledge, and/or skill changes that should result from case management activities?
- How progress is measured - what tool or device will be used (e.g. surveys, data from other sources, etc.) to measure the expected changes
- Proficiency level - identify the criteria for success
- When will the outcome occur - Identify the time frame for success

IV. Case Management Service Plan Examples:

Problem: Client does not take medications consistently or as prescribed

Goal: Regular, consistent use of psychotropic medications at the prescribed dosage, frequency and duration.

Objectives:

- Client will identify all prescribed medications which includes their names, times administered and dosage
- Client will identify the reason for the use of each medication
- Client will indicate at least 3 reasons (e.g. side effects, stigma, etc.) why he/she is unwilling to take medication
- With the assistance of the TCM, client will replace misinformation and mistaken beliefs that support medication non-compliance
- Client will identify potential side effects of medication (e.g. headaches, nausea, infections, and abdominal pain).
- TCM will assess the client's ability to properly self-administer medications and arrange for supervision if applicable
- TCM in partnership with the client, will arrange for medication to be distributed in a multi-dose, compartmentalized daily medication box
- TCM will monitor the client's use of medication and accurate pill counts in pill bottles weekly
- TCM will refer client and family/caretaker to a psycho-educational program to increase understanding of severe and persistent mental illness and the need for medication
- TCM will arrange for a medication management appointment with a psychiatrist to evaluate client's continued need for medication.
- TCM will assess for signs of decompensation (e.g. increased psychosis, poor personal hygiene, suicidal ideations, etc.)

Problem: Poor Personal Hygiene

Goal: Understand the need for good hygiene and implement healthy personal hygiene practices

Objectives:

- TCM in partnership with client will prepare an inventory of the client's positive and negative functioning regarding ADLs (e.g. does not take a bath, does not brush teeth, wears dirty clothes, etc.).
- The client will identify a trusted person that can provide daily feedback regarding daily hygiene and cleanliness.
- TCM will coordinate feedback from this individual (obtain release) to the client.
- Client will list or verbalize the negative effects of not giving enough effort to performing daily ADLs.
- TCM will discuss the medical risks (e.g. dental problems, infections, lice, etc.) with the client that are associated with poor hygiene
- TCM will refer client for an assessment to identify any cognitive barriers to ADL success

Problem: Unable to maintain sufficient housing

Goals: Maintain sufficient housing for an extended period of time (at least one year or longer)

Objectives:

- TCM in partnership with client will identify barriers (e.g. behavior, financial, etc) to maintaining long-term housing
- TCM will assist client in resolving specific barriers to maintaining housing (e.g. finances, fears, lack of understanding of available alternatives, etc.)
- TCM will educate the client about available housing options
- TCM in partnership with client will develop a list of pros and cons for each housing option in order to make an informed decision
- TCM and other treatment team members (e.g. psychiatrist, therapist, etc) will assess the client's readiness for independent living
- TCM will assist the client with obtaining general entitlements, as well as specific subsidies that are available for assisting mentally ill individuals with housing
- TCM will meet with housing managers and others to advocate on behalf of client, to train about mental illness issues and the client's rights, and how to contact TCM when a crisis arise
- TCM will educate client about his/her rights as related to the Americans with Disabilities ACT which includes reasonable accommodations that must be made for him/her
- TCM will coordinate contact with legal assistance programs if the client's rights continued to be violated

Problem: Client fails to access or follow through with medical treatment due to severe and persistent mental illness

Goal: Develop and implement a comprehensive plan for treatment of medical conditions

Objectives:

- TCM in partnership with client will arrange for a physical examination to determine client's medical needs
- TCM will in partnership with client make arrangements for transportation to medical, dental and other health care appointments
- TCM in partnership with PCP will educate the client about their medical conditions and treatment options and assist in making decisions about medical conditions
- TCM in partnership with client will assist in making arrangements for client's medical appointments
- TCM upon obtaining releases of information, will provide family and/or significant others with information regarding the client's medical needs and encourage support and positive reinforcement
- TCM in partnership with client will maintain medical benefits (e.g. responding to any correspondence from insurance companies regarding any charges, etc.)
- TCM will monitor for signs of non-compliance to medical treatment and other relevant signs of deterioration (e.g. unsanitary living conditions, etc.)

Problem: Child is at risk for removal from the home due to suspected or confirmed abuse

Goal: Parent/Guardian will establish limits on punishment such that no physical harm can occur and respect for this child's rights is maintained

Objectives:

- TCM will assess for safety and the ongoing appropriateness of the child remaining in the home
- TCM will report any suspected or known abuse to the Department of Children and Families
- TCM in partnership with the child will develop a safety plan (e.g. phone numbers to call, a safe place to run to, etc.)
- TCM will refer family for individual and family counseling (if these services have not been established)
- TCM will monitor the child's school performance both behaviorally and academically for signs of deterioration (e.g. attendance, physical appearance, grades, etc.)

V. Treatment Plan Examples:

Problem: Depression as evidenced by a persistent feeling of sadness, preoccupation with death, suicidal thoughts, lack of interest in previously enjoyed activities, low energy, verbalizations of low self esteem, reduced appetite and increased sleep.

Goal: Alleviate depressed mood and return to previous level of effective functioning as indicated during the initial assessment.

Objectives:

- Therapist/Client will complete a written depression inventory (e.g. Hamilton Depression Rating Scale (HAM-D), Montgomery-Asberg Depression Rating Scale, Beck Depression Inventory, Reynolds Adolescent Depression Rating Scale, or Child Depression Inventory) and discuss results with therapist
- Therapist/Client will complete subsequent inventories and monitor for an improvement in the overall score
- In partnership with the therapist, client will identify at least 3 examples of negative self-talk that brings on feeling of depression
- Client will replace each negative self-talk statement with a positive statement
- Client will write in my (portable) journal when negative self talk occurs or summarize in 1 paragraph at the end of each day
- Client will make a weekly list of their positive accomplishments (e.g. exercise, meditate, attended a social event, visit family, etc.)
- The therapist will probe aspects of the client's life and identify those sources that contribute to depression
- Therapist will refer client for a psychiatric evaluation to determine the appropriate course of treatment pharmacologically if symptoms persist

Problem: Intense distress when exposed to reminders of a traumatic event

Goal: Recall traumatic events without becoming overwhelmed with negative emotions and develop and apply effective coping skills that will allow client to carry out normal responsibilities and activities

Objectives:

- Client will identify verbally and/or in writing events and other stimuli that triggers thoughts and feelings associated with past trauma
- Therapist will teach the client to calm himself/herself using relaxation tapes, deep breathing exercises, deep muscle relaxation, positive imagery, biofeedback, etc. (specify)
- Therapist will assess client for appropriateness for treatment using EMDR, Exposure, or other technique
- Therapist will provide a thorough explanation written and verbally of the technique chosen which includes why the specific technique was chosen, how long they expect therapy to last and how to tell if the therapy is effective
- Therapist will implement appropriate technique (list the specific steps) for PTSD

- Therapist will encourage client to verbally express any questions about the treatment
- Client will report any discomfort before, during and after treatment

Problem: Short attention span, easily distracted, and repeated failure to follow through on instructions or complete tasks

Goal: Sustain attention and concentration for consistently longer periods of time and increase the frequency of on-task behaviors

Objectives:

- Parent will provide teacher with an ADHD Rating Scale (e.g. SNAP-IV, Conners or Vanderbilt) to complete and return to therapist
- Parent will complete an ADHD Rating Scale and return to therapist
- Therapist will review results with parent/client to establish a base point to begin therapy and monitor treatment effectiveness and changes over a specified period of time
- Parent/Teacher will complete subsequent rating scales and the therapist will monitor for an improvement in the overall score
- Therapist will assist parents in developing and implementing an organizational system to increase on tasks behaviors using calendars, charts, notebooks, etc.
- Therapist will encourage parents to maintain regular communication with the teachers about client's progress via weekly written progress report or written log
- Therapist will educate the client and parent about the symptoms of ADHD via pamphlets, booklets, and DVDs
- Therapist will coach parents/teachers on how to give proper instructions (e.g. obtain client's attention, make one request at a time, clear away distractions, repeat instructions, etc.).
- Parents in partnership with the therapist and teachers will identify a variety of positive reinforcers or rewards to maintain motivation for achieving desired goals and changes in behavior

Problem: Anxiety as evidenced by excessive and exaggerated fear and worry with no obvious reason that interferes with every aspect of client's life (e.g. work, school, family relationships and social activities)

Goal: Reduce overall frequency and intensity of fear and worry and resolve the key issue that is the source of fear and worry so that there is an increased ability to function on a daily basis

Objectives:

- Client will complete a written anxiety inventory (e.g. Beck Anxiety Inventory, Hamilton Anxiety Scale, or Multidimensional Anxiety Scale for Children) and discuss results with therapist
- Client will complete subsequent inventories and Therapist will monitor for an improvement in the overall score
- Therapist will assist client in making a list of things or circumstances that cause excessive fear and worry
- Therapist will assist client in identifying the negative thoughts that precipitates feeling of fear and worry

- Client will identify what has been the most effective intervention in relieving fear and worry (e.g. deep breathing, talking, etc.)
- Therapist will coach client in learning at least 1 new technique to cope with anxiety (e.g. progressive relaxation, guided imagery, meditation, yoga, etc.)
- Through cognitive-behavioral therapy, Therapist will assist client in identifying at least 3 negative thinking patterns and/or irrational beliefs that are fueling the anxiety
- Therapist will challenge these thoughts/irrational beliefs and encourage client to develop at least 1 alternative or less extreme ways of viewing things for every negative thinking pattern and/or irrational belief
- After consulting a physician, client will engage in at least 30 minutes of physical activity (e.g. walking, bicycling, sports, etc.) 3-5 times a week to aid in reducing symptoms of anxiety
- Therapist will refer client for a psychiatric evaluation to determine the appropriate course of treatment pharmacologically if symptoms persist

VI. Fraud and Abuse

Fraud:

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Abuse:

Provider, vendor or employee practices that are inconsistent with sound fiscal, business, or medical practices that result in unnecessary costs to FCA; or in reimbursement for services that are not medically necessary; or, fail to meet professionally recognized standards for healthcare. It also includes recipient practices that result in unnecessary costs to FCA.

Mandatory Medicaid Requirements

A Brief Behavioral Health Status Examination, Psychiatric Evaluation or other assessment conducted by a licensed practitioner of the healing arts or master's level certified addictions professional ***must be completed prior*** to the development of the treatment plan. An assessment by a licensed practitioner of the healing arts completed with the past six months may be used to satisfy this requirement.

Brief Behavioral Health Status Examination - a brief clinical, psychiatric, diagnostic, or evaluative interview to assess behavioral stability or treatment status. The Brief Behavioral Health Status Examination documentation ***must*** include the purpose of the exam, setting, mental status of the recipient, findings, and plan.

The ***Provider*** is responsible for ***ensuring ongoing eligibility*** for case management services. Justification of eligibility ***must*** be documented in the recipient's case record. If circumstances change and the recipient no longer meets eligibility criteria, Medicaid will no longer reimburse for mental health targeted case management services.

Failure to comply with the guidelines could result in recovering payment and imposing sanctions as appropriate.