QRTIPS
Health Care Agency • Behavorial Health Services • CYS Quality, Review & Training

December 2012

Service Plan Reminders

The client service plan **is required** in order to provide treatment of the problems and impairments identified in your assessment. (See page 48, Section 6.4) **California Institute for Mental Health Early and Periodic ScreeningDiagnosis and Treatment (EPSDT) Chart Documentation Manual (CiMH, September 2007)**.

- It is important to document specifically what the symptoms are, and the **resulting impairments,** on the CSP. This information is gathered from the assessment paperwork.
- Descriptions of impairments need to be specific and include the **behavioral manifestations**, **frequencies and baselines** – that is- how often the behavior is happening at this time. Also include the **time frame**, such as how many times a day, week or month.
- It is important to prioritize the impairments on the CSP in terms of which ones need to be **addressed immediately**. For example, if you checked any boxes in the Mental Status Exam under the ***"Areas of Immediate Concern"*** (i.e., suicidal/homicidal/gravely disabled), those **should be listed first** on your treatment plan.

  For example: *The verbal and physical aggression occurs 4 to 5 times a week resulting in the high risk of the client being kicked out of the home and put into some type of out of home placement. The client is also at risk of academic failure; legal consequences; and problems in the relationship with the parents/caregivers. All of this should have been transferred from the assessment paperwork onto the CSP.*

- **Milestones (SMART goals/milestones):** The milestones should be
- **(S)pecific** in terms of what behaviors the client will exhibit so as to demonstrate improvements with their impairments
- **(M)easurable** in terms of how often or frequently they will do this behavior
- **(A)ttainable**
- **(R)ealistic** in terms of being reachable
- **(T)ime-framed.**
- **Important reminders regarding milestone:**
- **Number each milestone** (1a, 1b, 1c; 2a, 2b, 2c...etc).
- Make sure to **project** short-term milestones **throughout the entire year**. An error that clinicians sometimes make is that they write their milestones for 6 months. If they continue to provide services after the 6 month period and they have not written new milestones, **the plan is then considered expired** and any further treatment **is not authorized**.
- **Never use percentages on the milestones**. The use of percentages does not provide specificity and could mean, for example, that the behavior is happening 25 out of 50 times. This would mean the behavior is a far more severe problem than 5 out of 10 times.

- Please make sure that treatment goals and objectives are **child-focused**, and not parent, family or clinician focused. The family is an important part of the treatment, but all milestones need to be **related back to the child's mental health condition.** The child is the client, not the parent or family.

- **Important:** Evaluate whether or not milestones are **age-appropriate**. Milestones should match the developmental level of the client. Clinicians are often challenged by writing milestones to match the maturation/developmental level of clients under age 5. For example, it is not expected that a 2 ½ year old child could verbalize his feelings and identify triggers to his angry outburst.

- **Transitional goal** is required for ALL consumers aged 16 years or older.

- **CSP Changes/Updates:** If an update or change to the CSP is needed between reviews, then you must have the consumer or legal guardian initial and date the change on the current CSP. You should also write a progress note documenting reasons for the change. Alternatively, you could complete an updated CSP and have the consumer/caregiver sign the document along with your signature.

NEW for 2013!

(Beginning February 1st, 2013)

- The CSP format has changed for 2013, although the elements necessary for inclusion have not. For reference, we have included four completed examples and some instructions for finding your way around the new format.

- You will still need to include the **Symptoms/Behaviors AND Resulting Impairments**, but these will now be listed at the top of the new CSP.

- You will list the **Treatment Goal** in the box provided directly below the Impairments (i.e., "Client will not be expelled from school and will decrease family conflicts at home").

- **Short-Term Objectives/Milestones**, along with their baselines and the duration of treatment you are planning, will now **all** be included in the box below the Treatment Goal and to the left side of the new CSP form (i.e., "By six months of treatment, client will reduce the instances of verbal/physical aggression from 8x/week to 4-5x/week").

- **Interventions, Treatment Modality, and the corresponding Objectives** will now be listed in the center section of the new CSP form, below the Impairments and Tx Goal boxes. For example: "IND Therapy – Cognitive Behavioral Therapy will be used to help client learn triggers for anger, learn and practice anger management skills, and to learn alternative positive coping skills to address anger and oppositional-defiant behaviors."

- **Frequency** and **Amount** continues to be documented in the boxes at the far right side of the CSP page (i.e., therapy "1x/week" for "minimum 30 minutes").

- **6-Month Update** has changed and now provides check-box options for goals that have been Met, Not Met or In Progress at the 6-month assessment. You will simply need to indicate in the spaces provided which objectives have been met, not met or continue to be in progress (i.e., Obj. 1a MET, Obj. 1b IN PROGRESS). Be sure to check the 6-month update box on the top of the CSP and write the date of the progress note which should elaborate more on the status of each of the objectives.

If **additional treatment interventions are added** to the service plan then the clinical justification and rationale should be documented in the progress note. The client, or the parent/legal guardian, should be informed regarding the

added treatment intervention and document their assent by initialing and dating next to the new treatment intervention listed on the service plan.

Interns who are expecting only to work for county/contract programs **for a year or less** should project the milestones for the **entire 12 months or 4 quarters**. This will ensure that services continue to be authorized for the new therapist who assumes their caseload.

*********************************Important Reminder***

Medi-Cal cannot be billed for specialty mental health services **until** the client and/or legal guardian signs the service plan, unless you have documented verbal consent to the plan by the client/guardian in a progress note. When verbal consent is obtained, the client and/or legal guardian **MUST** sign the CSP at the very next face-to-face contact or services will not be authorized from that point forward.