



QRTIPS

October 2014

The ICP (Interim Care Plan)

The purpose of the **Interim Care Plan** is to authorize **immediate specialty mental health services** to clients who need services before a clinician has completed the initial assessment, including the care plan. With the emergence of the HCA County Electronic Health Record, documentation procedures will be different. However the required elements remain the same.

Requirements for the ICP: *(See next page for an examples of the ICP in both the paper format and HCA County EHR format)*

- A **Medi-Cal included diagnosis** must be used.
 - Subsequent treatment progress notes **should use the diagnosis listed** on the ICP.
- **Impairments** must be listed that meet medical necessity.
- **Specific** mental health services, and their **frequency** and **duration** must be specified on the ICP.
- Indicate the **client's assent** to the ICP.
- The primary **provider's signature**.

For Rehab Services:

In the case of Rehab Services being provided prior to the completion of the assessment, the Individual/collateral/rehab services box should be checked on the ICP.

Cautionary reminders:

- Once a regular care plan has been completed, the ICP **becomes invalid**. In the HCA County Electronic Health Record, this process is automated since the EHR always looks for a **valid care plan**. If a valid care plan is completed an interim care plan will not be valid.
- Once the 60 day assessment period ends the ICP is **no longer valid**.
 - In the HCA County EHR, once the ICP expires, and a valid care plan is not completed, only non-compliant services treatment services will be available on the service documentation widget.

The following is an example of the ICP when documenting in the paper record:

Confidential Client Information
W&I Code 5328
CFR 45 Part 160

**Treatment Plan for Non-Assessment Services
Provided During the Assessment Period**

Client Identification

It is the practice of BHS MHP to allow up to 60 days for the initial assessment to be completed. The period of time from admission to the completion of all intake documents including the treatment plan (no longer than 60 days) is referred to as the Assessment Period. **If there are situations that require the provision of services other than assessment services before the initial assessment is completed, then this form must be completed.**

List Included Diagnosis

MEDICAL NECESSITY DURING ASSESSMENT

List Impairments

Provisional Diagnosis	Diagnosis: 296.31 Major Depression - Recurrent																				
<p>A provisional mental health diagnosis indicates that you have enough information available to make a "working" diagnosis, but the clinician wishes to indicate a significant degree of diagnostic uncertainty. (Note that billing MediCal requires a MediCal included diagnosis, not a V Code and not deferred)</p>																					
<p>Impairment(s) caused by the symptoms of this provisional diagnosis</p> <p>What are the significant impairments that lead you to decide that treatment interventions should not wait until the assessment is fully completed?</p> <p>Client has been recently released from psychiatric hospital following a suicide attempt and needs therapy and medication monitoring.</p>	<p>Plan for Services During Assessment</p> <p>What services besides assessment will you provide to help the consumer with the impairments you listed?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type of Service</th> <th>Frequency</th> <th>Amount</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Medication services</td> <td>1 x week</td> <td>50 min.</td> <td>45 days</td> </tr> <tr> <td><input checked="" type="checkbox"/> Case Management services</td> <td>2 x week</td> <td>50 min</td> <td>45 days</td> </tr> <tr> <td><input checked="" type="checkbox"/> Individual collateral rehab services</td> <td>2 x week</td> <td>50 min</td> <td>45 days</td> </tr> <tr> <td><input type="checkbox"/> Group MH services</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of Service	Frequency	Amount	Duration	<input checked="" type="checkbox"/> Medication services	1 x week	50 min.	45 days	<input checked="" type="checkbox"/> Case Management services	2 x week	50 min	45 days	<input checked="" type="checkbox"/> Individual collateral rehab services	2 x week	50 min	45 days	<input type="checkbox"/> Group MH services			
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If additional impairments and types of service need to be added after form is initially completed, use boxes below.

Indicate date and signature of staff person making the addition

Date:	Type of Service	Frequency	Amount	Duration
Clinician Signature:	<input type="checkbox"/> Medication services <input type="checkbox"/> Case Management services <input type="checkbox"/> Individual collateral rehab services <input type="checkbox"/> Group MH services			
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List Type/Frequency/Amount and Duration of Services

This plan was developed with the input of and agreement by the consumer. Yes No If no, see progress note dated _____

The consumer was offered a copy of this plan. Yes No

Clinician Signature _____ Date _____ LPHA Signature _____ Date _____

The ICP in the HCA County electronic health record (Note: The diagnosis is established in EHR documentation and is not necessary to be included on the EHR form.)

Signatures

Interim Care Plan

Sign the document

Care Plan for Non-Assessment Services Provided During the Assessment Period

It is the practice of BHS MHP to allow up to 60 days for the initial assessment to be completed. The period of time from admission to the completion of all intake documents including the Care Plan (no longer than 60 days) is referred to as the Assessment Period.

Medical Necessity During Assessment / Impairment Caused by Mental Illness

What urgent situation(s) requires intervention before the full assessment is complete? **Select the impairment.**

"If "Other" is selected, specify the urgent situation(s) & objective(s)

Client hospitalized within the last two weeks and needs post hospitalization stabilization services. Objective: No hospitalization during the next 60 days.

Client is homeless. Objective: Client will have a safe place to stay during the next 60 days.

Client needs linkage to other community resources for basic needs and/or a medical condition that should not wait. Objective: Client will be linked to the needed community resources.

Client's symptoms are so severe that client is at imminent risk of requiring a move to a higher level of care and/or placement. Objective: Client will maintain at current level of care and/or placement.

Other:

Describe the supplemental services (TBS, rehab etc.) in this area of the ICP.

What Service(s) is/are needed before the full assessment is complete?

Case Management

Crisis Service

Intensive Care Coordination

Intensive Home-Based Service

Medication Service

MHS Assessment

MHS Family

MHS Group

MHS Individual

Twice a month

Once a week

Indicate the type of service and the frequency of the service.

Additional narrative if needed: