Mental Health Medi-Cal:
11 Required *Client Plan/TPOC* Elements

1. Initial Client Plan & Client Plan Updates
2. Specific Objectives
3. Proposed Interventions & Detailed Description
4. Frequency of Interventions
5. Duration of Interventions
6. Focus of Interventions
7. Consistency of Interventions with Objectives & Diagnosis
8. Staff Signatures (LPHA) & Co-Signatures (non-LPHA)
9. Client Participation In & Agreement With Client Plan
10. Evidence of Offering Copy of Client Plan to client
11. Dates & Staff Degree/Title on the Client Plan

DHCS Mental Health Services Division Program Oversight & Compliance; FY15-16 Annual Review Protocol for Consolidated Specialty Mental Health Services and Other Funded Services (ps 102-104). Available at: http://www.dhcs.ca.gov/formsandpubs/Documents/15-042_Enc1_RvwProtocol.pdf

"Client Plan" means **a plan for the provision** of **specialty mental health services** to an **individual beneficiary** who **meets the medical necessity criteria** in Sections 1830.205 or 1830.210.

CCR, Title 9, Division 1, Chapter 11, § 1810.205.2; NOTE: Authority: Section 14680, Welfare and Institutions Code.; Reference: Sections 5777 and 14684, Welfare and Institutions Code.

Requirements for the Client Plan...*Initial Plan and Updates*

#1: **Initial** Client Plan is **finalized by Day 60**. The Client Plan has the client plan been **updated at least annually and/or** when there are **significant changes in the beneficiary's condition**.

DHCS Annual Review Protocol for Consolidated SMHS and Other Funded Services (FY15-16); p101

Requirements for the Client Plan...*Specific Objectives*

#2. **Specific, observable,** and/or **specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments** as **a result of the mental health diagnosis**.

DHCS Annual Review Protocol for Consolidated SMHS and Other Funded Services (FY15-16); p102

Requirements for the Client Plan...*Proposed Interventions & Detailed Description*

#3: Client Plan includes the proposed **type(s) of intervention/modality** including **a detailed description of the intervention** to be provided.

DHCS Annual Review Protocol for Consolidated SMHS and Other Funded Services (FY15-16); p102

Requirements for the Client Plan...*Frequency of Interventions*

#4: Client Plan includes the proposed **frequency of intervention(s)**.

DHCS Annual Review Protocol for Consolidated SMHS and Other Funded Services (FY15-16); p102

Requirements for the Client Plan...*Duration of Interventions*

#5: The Client Plan includes the proposed **duration of intervention(s)**.

DHCS Annual Review Protocol for Consolidated SMHS and Other Funded Services (FY15-16); p102

Requirements for the Client Plan...*Focus of Interventions*

#6: The Client Plan includes interventions that **focus and address** the **identified functional impairments** as **a result of the mental disorder or emotional disturbance**.

DHCS Annual Review Protocol for Consolidated SMHS and Other Funded Services (FY15-16); p102

Requirements for the Client Plan...*Consistency of Interventions with Objectives & Diagnosis*

#7: Interventions are **consistent with** client plan **goal(s)/treatment objective(s)** and are **consistent with** the **qualifying diagnoses**.

DHCS Annual Review Protocol for Consolidated SMHS and Other Funded Services (FY15-16); p102

Requirements for the Client Plan...*Staff Signatures (for LPHA) and Co-Signatures (for non-LPHA)*

#8: The Client Plan is **signed** by: (1) **person providing** the service(s) or (2) **person representing** a team or program providing the service(s) or, (3) **a person representing the MHP** providing the service(s) **or** (4) **co-signed by a [LPHA]** if the Client Plan is used to establish that services are provided under the

Requirements for the Client Plan...*Client Participation In & Agreement With Client Plan)*

#9: The client's **participation in and agreement with** the Client Plan is **documented by one of the following**: (1) **reference to the client's participation in/agreement written** within the body of the Client Plan, (2) **the client's signature* on the client plan** or (3) a **description of the client's participation in/agreement documented** in the medical record

The client's signature* (or client's legal representative's signature) must appear on the Client Plan if both of the following are true:

(1) the client is **expected to be in long-term treatment** [defined by County Mental Health Plan] and

(2) the **Client Plan includes more than 1 type of SMHS** (e.g., client receiving both "Therapy" and "Targeted Case Management").

***If the client refuses or is unavailable to sign the Client Plan, then the Client Plan must include a written explanation of the refusal/unavailability of the signature.**

Requirements for the Client Plan...*Evidence of Offering a Copy*

#10. There must be **documentation that** the contractor **offered a copy of the client plan to the beneficiary**.

DHCS Annual Review Protocol for Consolidated SMHS and Other Funded Services (FY15-16); p104

Requirements for the Client Plan...*Dates and Staff Degree/Title*

#11: The client plan must **include the (a) date of service**; **(b) staff signature**, **type of professional degree** and **licensure or job title;(c) date the documentation was entered into the medical record**.