

**MENTAL HEALTH ASSESSMENT, CLIENT PLAN  
OF CARE AND AUTHORIZATION AND  
PROGRESS NOTES**

Policy Number: MHP: 17:00

**MADERA COUNTY  
BEHAVIORAL HEALTH SERVICES**

**POLICY NO.:** MHP 17:00

**SUBJECT:** MENTAL HEALTH ASSESSMENT, CLIENT PLAN OF CARE AND  
AUTHORIZATION AND PROGRESS NOTES

**POLICY:**

A comprehensive mental health assessment and client plan of care (CPOC) will be provided by Madera County Behavioral Health Services (BHS) to all beneficiaries who request Specialty Mental Health Services. The Mental Health Plan (MHP) will maintain a beneficiary's medical record documentation system that incorporates regulatory compliance and contractual agreements with the State.

**PURPOSE:**

To determine if Specialty Mental Health Services are needed and a comprehensive assessment and a CPOC is developed based on medical necessity and Target Population criteria so that appropriate mental health services may be provided.

**PROCEDURES:**

- I. MHP may refer beneficiaries to the appropriate Madera County BHS Clinic for a comprehensive mental health assessment (note: beneficiaries referred to a Network or Contract Provider, refer to MHP 19:00 Network Provider Authorization-Reauthorization-Crisis Procedure). The assessment will include the information on the screening and disposition and clinical assessment forms. The following areas will be included as part of a comprehensive client record.
  - A. Relevant physical health conditions reported by the client will be prominently identified and updated as appropriate.
  - B. Presenting problems and relevant conditions affecting the client's physical health and mental health status will be documented (i.e., living situation, daily activities, social support).
  - C. Documentation will describe client strengths in achieving client plan goals.
  - D. Special status situations that present a risk to client or others will be prominently documented and updated as appropriate.
  - E. Documentation will include medications that have been prescribed by BHS or other physicians, dosages of each medication, dates of initial prescriptions, refills and informed consent for medications.

Approved by BHS Director: Signature on File	Date: 10-30-09	Effective Date: 10-01-03	Revision Dates: 10-01-04, 10-04-06, 01-02-07, 11-30-07, 12-7-07, 7-24-08, 10-30-09
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- F. Client self report of allergies and adverse reactions to medications, or lack of known allergies/sensitivities will be clearly documented.
  - G. A mental health history will be documented, including previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information, results of relevant lab and consultation reports.
  - H. A complete developmental history, including prenatal and perinatal events.
  - I. Past and present use of tobacco, alcohol and caffeine, as well as illicit, prescribed and over-the-counter drugs.
  - J. A relevant mental status examination.
  - K. A five axis diagnosis from the most current DSM will be documented, consistent with the presenting problems, history, mental status evaluation and/or other assessment data.
  - L. The client's signature will be used to verify client's/guardian participation in treatment planning and process.
- II. Frequency of Assessment and Client Plan of Care
- A. A full assessment and CPOC will be completed within the initial authorization period of sixty (60) days for BHS clinics and within the initial authorization period of sixty (60) days for Network Providers. The 60 days will herein be called the Assessment period.
  - B. The Assessment will be updated as appropriate and the CPOC annually.
- III. Assessment/CPOC shall be completed and sent to MHP if additional services are needed.
- A. At least fourteen (14) days prior to the expiration of the Assessment period (60 days), the full Assessment and CPOC will be completed by the treating clinician and sent to MHP for review. For continued services following the first year, see MHP 18:00 Authorization and Reauthorization.
  - B. Medical Records Staff will date stamp the assessment and CPOC when they are received. The stamped assessment and CPOC will then be forwarded to an MHP clinician for review.
  - C. The MHP clinician will review the completed assessment and CPOC for further authorization of continued services.
    - 1. If the MHP clinician concurs with the request for continued services following the initial authorization period, the additional time needed to complete the first year of service will be approved.
    - 2. If the Assessment and CPOC are received after the first 60 days, a disallowance period will occur between the 61<sup>st</sup> day since admission

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- and one day before the date the Assessment and CPOC are signed by the service provider.
3. As long as the assessment is done prior to the Screening and Disposition date, there will be an assumed authorization of sixty (60) days for completion of the assessment and CPOC.
  4. Disallowance begins on day 61 after the Assessment period.
- D. Documentation of authorization will be sent to the appropriate Medical Records Office within seven (7) working days.
- E. The CPOC must have the client/guardian signature indicating their participation in treatment or an appropriate note indicating why there was no signature. Every attempt must be made to obtain the client/guardian signature as soon as possible.
1. If there is no client/guardian signature, there will be an accompanying progress note explaining in great detail the several efforts made to obtain the signature and why it was not obtained. Notes stating the client was "unavailable" will not be accepted and the MHP clinician will not authorize additional services.
  2. If a client refuses to sign the form, the clinician shall document this on the CPOC and MHP will authorize services.
  3. At the time of signature, client/guardian will be offered the copy of CPOC and response will be indicated on the CPOC.
- F. If corrections to the assessment and CPOC are required as a result of the MHP review for authorization, then the corrections must be done on an amendment form.
- G. If changes or additions to the CPOC are needed before a re-authorization is due, a Client Plan of Care-Update form must be completed.
- IV. Client Plan of Care
- A. The Client's Plan of Care will contain the following elements:
1. Specific, observable, or quantifiable goals.
  2. The proposed type(s) of intervention.
  3. The proposed duration of the intervention.
  4. Writing that is legible.
  5. A signature (or electronic equivalent) of at least, one of the following:
    - a. A person providing the services.
    - b. A person representing the MHP providing services.

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- c. If the planned services are being provided under the direction of an approved category of staff, then one of the following staff must sign:
            - i. A physician
            - ii. A licensed/waivered psychologist
            - iii. A licensed/registered/waivered social worker
            - iv. A licensed/registered/waivered marriage and family therapist
            - v. A registered nurse
  6. Preferably, dates will be included with each signature.
  7. Documentation of the client's participation and agreement with the client plan will be evidenced by the client's/guardian's signature. If the client refuses to sign, said explanation will be documented on the plan. A description of the client's participation and agreement may additionally be included in the progress notes.
  8. Each client will be asked if they wish to receive a copy of their Client Plan of Care. The Clinician will check the appropriate box on the CPOC indicating whether the client received or declined a copy of the CPOC.
- V. Quality Improvement (QI)
- A. Any QI concerns identified by the MHP clinicians will be referred to the Quality Management Coordinator.
  - B. The QM Coordinator will take the concerns to the appropriate Quality Improvement Committee for review and recommendation.
  - C. Please refer to QMP 16:00 Quality Documentation Review/Peer Review and QMP 15:00 Review of Utilization System for further clarification of Quality Management procedures.
- VI. Beneficiary Documentation
- A. Each Beneficiary will have a DSM IV TR diagnosis, among the list of diagnoses listed in CCR, Title 9, Chapter 11, Section 1830.205(b). (See attached form "Medical Necessity for Specialty Mental Health Services That Are The Responsibility of Mental Health Plans.")
  - B. The Beneficiary, as a result of a mental disorder as defined in "A" above, must meet, at least one of the following criteria (refer to MHP 36:00 Definitions of "Significant" and "Probability.")
    1. A significant impairment in an important area of life functioning.

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2. A probability of significant deterioration in an important area of life functioning.
  3. A probability that the child will not progress developmentally as individually appropriate.
  4. For full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.
- C. The Beneficiary must meet each of the intervention criteria listed below:
1. The focus of the proposed intervention is to address the condition identified above, or for full-scope Medi-Cal beneficiaries under the age of 21 years, a condition, as a result of the mental disorder, that specialty mental health services can correct or ameliorate.
  2. The expectation is that the proposed intervention will do at least one of the following:
    - a. Significantly diminish the impairment.
    - b. Prevent significant deterioration in an important area of life functioning.
    - c. Allow the child to progress developmentally as individually appropriate.
    - d. For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

VII. Target Population

- A. Adults and Older Adults: Serious Mental Disorder Definition:
1. "Serious mental disorder" means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning that interferes substantially with the primary activities of daily living and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support and rehabilitation for a long or indefinite period of time.
  2. Serious mental disorders include Psychotic disorders, Bipolar Disorders, Major Depressive Disorders and debilitating Anxiety Disorders.
  3. This definition shall not be construed to exclude persons with a serious mental disorder and a secondary diagnosis of substance abuse, developmental disability of other physical or mental disorder.
  4. Members of this target population shall meet all of the following criteria:

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- a. The person has a DSM IV TR mental disorder (other than a substance use disorder or developmental disorder or acquired traumatic brain injury unless that person also has a serious mental disorder)
  - b. As a result of the mental disorder, the person has substantial functional impairment(s) or symptoms, or a psychiatric history demonstrating that without treatment, there is an imminent risk of decompensation to having substantial impairments or symptoms.
  - c. Functional Impairment means substantial impairment as result of a mental disorder in either independent living, social relationships, vocational skills, and/or physical condition.
5. As a result of a mental functional impairment and circumstances, the person is likely to be eligible for public assistance, services or entitlements or is otherwise legally a public responsibility.
- B. Children and Youth: Serious Emotional Disturbance Definition:
1. "Seriously emotionally disturbed children or youth" means minors under the age of 22 years who have a mental disorder as identified in the most recent edition of the DSM, other than a primary substance use disorder or development disorder, which results in behavior inappropriate to the child's age according to expected developmental norms.
  2. Members of this target population shall meet one or more of the following criteria:
    - a. As a result of the mental disorder, the child has a substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community and either of the following occur:
    - b. The child is at risk of removal from the home or has already been removed from the home.
    - c. The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
  3. The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
  4. The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570, Division 7, Title 1 of the Government Code.)

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- C. Acute Psychiatric Conditions: Persons who require or are at risk of requiring acute psychiatric inpatient care, residential treatment or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality or violence.
  - D. Disasters: Persons who need brief treatment as a result of a natural disaster or severe local emergency.
  - E. Medi-Cal Beneficiaries: Madera County Medi-Cal beneficiaries, who request mental health services but do not meet the above Target Population definitions, are to be referred back to the Mental Health Plan Clinicians.
- VIII. Medical Necessity for Specialty Mental Health Services That Are the Responsibility of Mental Health Plans (Must have all A, B and C):
- A. Included and Excluded Diagnoses (Beneficiary must have one of the following DSM IV Diagnoses, which will be the focus of the intervention being provided): (See attached form “Medical Necessity for Specialty Mental Health Services That Are the Responsibility of Mental Health Plans.”)
  - B. Impairment Criteria: Beneficiary must have one of the following as a result of the mental disorder(s) identified in the included diagnoses:
    - 1. A significant impairment in an important area of life functioning, or
    - 2. A probability of significant deterioration in an important area of life functioning, or
    - 3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder which can be corrected or ameliorated.
  - C. Intervention related Criteria: Must have all 1, 2 and 3 below:
    - 1. The focus of proposed intervention is to address the condition identified in impairment criteria “B” above.
    - 2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning, and/or for children it is probable the child will progress developmentally as individually appropriate (or if covered by EPSDT can be corrected or ameliorated) and,
    - 3. The condition would not be responsive to physical healthcare based treatment.
  - D. EPSDT beneficiaries with an included diagnosis and a substance related disorder may receive specialty mental health services directed at the

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substance use component. The intervention must be consistent with, and necessary to the attainment of the specialty MH treatment goals.

- E. The MHP will provide the statewide medical necessity criteria to practitioners, providers, clients, family members and others upon request.