



**Louisiana Department of Health  
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**Common Treatment Plan Elements for Specialized Mental Health and Substance Use Services**

The following guidance is for providers of specialized mental health and substance use services who have contracted with one or more of the five Healthy Louisiana managed care organizations (MCO) when developing treatment plans. This guidance applies **only** to eligible enrollees who have a Louisiana Medicaid behavioral health benefit.

- The Louisiana Department of Health (LDH) compiled the list of treatment plan elements below based on information provided by the five MCOs.
- This list is intended to provide guidance only, and is not to be used as a treatment plan format or template.
- Treatment plans must be individualized to meet the specific needs and strengths of their members.
- Please contact the MCOs directly for Health Plan specific guidance related to treatment plan forms, templates and submission requirements.

**Common Treatment Plan Elements**

Below is a list of minimum treatment plan elements that have been approved by the five Healthy Louisiana MCOs.

**Demographics:**

- Member name and date of birth
- Member Medicaid ID number
- Member name and contact information of legal guardian/representative
- Date of treatment plan and indication that it is an “initial” or an “updated” treatment plan
- Indication of when a treatment plan is updated due to a member’s needs changing

**Assessment:**

- Member’s behavioral and health care needs, strengths and preferences
- Behavioral Health Symptoms and History
- Treatment History (Level of Care, begin/end dates, provider)

- Barriers, including environmental factors
- Resources
- Health status
- Contributing factors to identified problems/needs
- Indication and identification of any standardized assessment tool or comprehensive screening completed
- Member's diagnoses (physical and behavioral) and justification for a diagnosis change (if any)

Goals/Objectives/Interventions:

- Measurable short and long term goals (goals are to be related to the needs and strengths of the member)
  - SMART goals
  - Recovery focused goals
  - Start date and expected end date of each goal
  - Date goal achieved
  - Section for progress on goal when a treatment plan is updated
  - Who participated in the development of the goals
- Interventions to be utilized
  - Actions to be taken by provider and actions to be taken by the member
  - Specific time limited activities
- Assignment of responsibilities to implement and monitor the treatment plan
  - Include who is responsible for each task and how the specific intervention will address specific problems/needs identified

Current Medications:

- Medication(s)
  - Dose
  - Frequency
  - Start Date
  - Medication is appropriate to the diagnosis
  - Indication
  - Response to medication and other concurrent treatment (successful/unsuccessful)
  - Problems/side effects

Continuity of Care & Coordination with other Providers:

- Identify Behavioral and Physical health providers and services to be furnished to the member with the frequency and duration anticipated
  - Projected frequency and type of provider that facilitates these services
    - Examples of provider types include Primary Care Physicians, medical specialists, Community Psychiatric Support and Treatment (CPST)/Psychosocial Rehabilitation (PSR), Multi-

- Systemic Therapy (MST), Functional Family Therapy (FFT), Homebuilders, office based behavioral health services, etc.
- Other community based services and informal supports set up to meet the needs of the member
    - Examples include school services and other community supports through natural supports (faith based, extended family, etc.)
    - Plan to coordinate services needed beyond scope of organization or program
    - Date/time of coordination with other provider/services

Crisis Plan/Transition Plan/Discharge Plan:

- Crisis Plan that identifies a potential crisis, actions steps to take if a crisis occurs
- For members who are approaching adulthood (age 15 to 21), a Transition Plan should be included
  - For example, the plan for a youth who is transitioning out of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) due to maximum age or transitioning to adult community based and/or mental health supports and services or who needs a transition for housing needs
- Proposed discharge/aftercare plan

Signatures:

- Provider name, credentials and signature of who developed the plan, who participated in the plan development
- Provider signature date
- Member signature with a statement that they participated in the treatment plan development and agree to participate in the care/treatment
- Member signature date
- Patient/responsible party signature
- Patient/responsible party signature date