**COMPLETED BY:**

1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed/Registered Professional Clinical Counselor
4. Physician (MD or DO)
5. Licensed Psychiatric Technician
6. Registered Nurse
7. Nurse Practitioner
8. MHRS
9. Master Level Student Intern\*
10. Licensed Vocational Nurse\*
11. Peer Support Specialist\*
12. Paraprofessional\*

**COMPLIANCE REQUIREMENTS:**

1. For programs offering Case Management and Peer Support, the initial case management or peer support service shall be completed on a client plan progress note.
2. The Peer Support Plan must be completed prior to providing Peer Support Services.
3. Case Management/Peer Support Plans are to be updated as clinically necessary, but at a minimum of annually.
4. All prompts are to be completed, including:
   1. **Goal of Service** to document the measurable goals of client treatment, the case management activities planned, the objectives negotiated with the client, and any medical, social, educational, or other services needed by the beneficiary.
   2. **Intervention** to document a narrative describing the service(s) to be conducted and how they will address the beneficiary’s behavioral health need goals including, but not limited to symptom(s), condition(s), diagnosis, and/or risk factors.
   3. **Response to Intervention(s)** to document the participation of the beneficiary, using their own words when possible and how they are interacting or engaging in the development of the treatment plan.
   4. **Action Plan** to identify and document the course of action to be used to address the beneficiary needs, next steps such as engagement by the provider and/or beneficiary with family and/or supports, as well as collaboration with other provider(s) and any areas identified to be added, changed, or removed from the problem list.
   5. **Transition Plan** is intended to document when the beneficiary has achieved the goals of care plan.
   6. **Client Agreed to Plan of Care** is to be answered “yes” or “no”, and if “no”:
      1. If unable to obtain a client/client family/guardian agreement, document the reason why not on the note, and/or
      2. Document continued efforts being made to obtain client’s involvement in Client Plan development.
5. \* Master Level Student Intern, Peer Support Specialist, and Licensed Vocational Nurse can complete but must be co-signed by one of the above. Co-signatures must be completed within reasonable timelines.
6. Client involvement shall document whenever an addition or modification is made to the Client Plan.

**DOCUMENTATION STANDARDS:**

1. Providers are responsible to assure there is a Case Management/Peer Support MHSA Client Plan in the Electronic Health Record (EHR) to cover all case management/peer support services.
2. Case Management or Peer Support services provided prior to the development of this Client Plan Progress note will not be disallowed, however they would be considered out of compliance.
3. Crisis Residential programs will complete the Client Plan START and Plan may only be active for up to 14 days.
4. If the Beneficiary is open to another program or programs, a Case Management/Peer Support Client Plan is required for each program providing these services. It is expected programs will coordinate care in order not to duplicate the services provided.
5. Paper forms are only to be completed when the EHR is not accessible, or the provider is has not yet completed CCBH training.