Policy: All EPSDT Enhanced MH Service Treatment Plans must be consumer focused and outcome based.

Procedure: EPSDT Enhanced Mental Health Service Providers who serve children and adolescents from Dauphin County will be expected to incorporate the following standards of practice into the development, implementation and reporting of treatment plans:

1. Treatment plans are the responsibility of the lead clinician or agency working with the child as identified by the interagency team (child, when appropriate, parent or guardian, case manager or designee, other child serving agencies as appropriate, and provider).

2. Treatment plans must reflect the recommendations of the interagency team and the evaluation which establishes medical necessity.

3. Treatment plans must incorporate CASSP principles, to include being individualized, consumer and family focused, incorporate natural supports and move away from system dependency.

4. The parent or guardian and the child, when applicable, must sign the treatment plan indicating that they were an active participant in the plan’s development and are agreeing to participate in the plan’s implementation.

5. Goals must be directly related to the evaluation’s identification of specific behaviors which warranted the determination for medically necessary enhanced mental health treatment.
6. All goals must be outcome based and measurable. Goals cannot be written describing process only, but must indicate what the quantifiable objective is to be achieved and for what period of time. All objectives must be clearly related to the child’s behavior as identified in the evaluation.

7. All identified behaviors which warranted the medical necessity of enhanced mental health services must be base lined so that the progress, or lack there of, can be clearly documented when correlated to the outcome based goals.

8. The frequency and duration of services should be reduced accordingly as progress toward the outcome(s) is achieved. Target dates for the outcome based goals should reflect identifiable and measurable “benchmarks” which indicate steps to achieving the goal. This treatment practice supports the concepts of least restrictive and family empowerment of care.

9. All applicable goals must clearly indicate the role of the parent or guardian in its implementation.

10. When seeking reauthorization for service(s), the provider will present at the interagency team meeting the status of the outcome based goals. This should include all necessary data, presented in chart and/or a summary format, so that the occurrence of the symptomatic behaviors can be compared to the attainment of the goals. As objectives are achieved and behaviors are decreased, the need for enhanced EPSDT services should be decreased, terminated, or other means of treatment recommended.