

Treatment Planning and Documentation Guidelines

For clients with co-occurring substance use and mental health disorders (COD)

Treatment planning and documentation requirements may vary by state Medicaid and other coverage programs, but, typically, documentation of interventions provided to clients with COD must be focused primarily on the client's identified mental health needs; substance use may be addressed in the context of co-occurring treatment, with interventions focused on improving mental health symptoms. There are two separate areas where COD may be addressed:

- Mental Health Services (MHS) and Medication Support Services (MSS)
- Targeted Case Management (TCM).

The requirements for each are slightly different. These are explained below.

Mental Health Services and Medication Support Services

1 Establishing Medical Necessity (Assessment)

Mental Health Diagnosis: Assessment of mental disorders often includes diagnostic uncertainty when there is co-occurring substance use. To establish medical necessity for specialty mental health services (SMHS), there must be a primary diagnosis of a mental health disorder, even if it is a provisional one, because the co-occurring substance use may obscure the clinical picture. This mental health diagnosis is sometimes referred to as an “included” diagnosis.

The client may also have a co-occurring substance use diagnosis. (Sometimes this is referred to as an “excluded diagnosis;” however, SMHS include co-occurring treatment, so diagnosis of a substance use disorder may be included as a secondary diagnosis.

(If the client has only a substance use disorder, the client should be referred to an appropriate substance use treatment program. Such a client would not meet medical necessity for SMHS.)

2 Co-Occurring Mental Health and Substance Use Disorder

When determining whether medical necessity is met, it is important to determine how substance use affects the client's mental health condition; this information is important for developing an appropriate treatment plan. Consider whether and to what extent

- substance use affects the client's mental health symptoms
e.g., *client's alcohol use is worsening her depressive symptoms*
- the client's mental health symptoms affect the client's use of the substance
e.g., *when client's trauma gets triggered, he becomes anxious and uses alcohol to numb the pain*
- the client's mental health symptoms interfere with their ability to participate in, access, engage in, and attend treatment for substance use
e.g., *client's depressive symptoms are interfering with his ability to attend Narcotics Anonymous (NA) meetings.*

3 Developing a Treatment Plan

For direct treatment services, such as psychotherapy and rehabilitation or medication support, the treatment goals and objectives on the treatment plan must address the client's identified mental health needs (i.e., be related to the client's symptoms, behaviors, or impairments caused by the included mental health diagnosis).

a. Problem: The Problem is directly related to the mental health diagnosis.

e.g., **Problem**—*Major depression*, **Goal**—*Reduce depression*, **Objective**—*Client will reduce depressive symptoms from a Patient Health Questionnaire-9 (PHQ-9) of 18 (moderately severe) to 4 (minimal) OR client will increase the use of healthier coping skills from zero to five times per week*, **Intervention**—*MHS: Provide group rehab using the Seeking Safety model to teach safe coping skills.*

b. Treatment Goals/Objectives: These should be mental health goals and objectives, focusing on a reduction in mental health symptoms. (The problem of substance use is addressed in the interventions, which target the mental health goals and objectives.)

e.g., **Problem**—*Major depression*, **Goal**—*Reduce depression*, **Objective**—*In order to reduce the impact of substance use on the patient's depression, client will attend one NA meeting each week for three months*, **Intervention**—*Link client to local NA meetings, monitor, and follow up on attendance and progress.*

c. Interventions: In the treatment plan, the Interventions will help the client achieve their Goals/Objectives. The interventions documented in the progress note must clearly show how each intervention will

- diminish the client's impairment(s) (*NOTE: The impairment must be the result of the mental health condition, not the substance use*)
- prevent significant deterioration in an important area of life functioning
- allow the client to progress developmentally as individually appropriate.

e.g., **Intervention:** *Writer facilitated Seeking Safety group—today's session focused on teaching clients the coping skill of "asking for help." Writer conducted check-in process and facilitated discussion on how material relates to each client's current mental health problems and unsafe behaviors. Writer identified themes around clients' difficulties in asking for help that relate to their trauma. Writer role-played with clients the real-life situations raised regarding "asking for help."*

Response: *Client reported using the safe coping skill, "self-nurture," by taking walks rather than drinking alcohol when she was feeling anxious last week. In today's session, client reported challenges in asking for help because "I feel weak and ashamed asking for help." Client participated in role-play and committed to "asking for help" if needed.*

e.g., **Intervention:** *Writer educated patient about the connection between depression and opioid and alcohol use. Depressive symptoms tend to worsen opioid and alcohol cravings for this patient. Medication-assisted treatment (MAT) may be helpful for both depression and opioid/alcohol cravings. Patient was encouraged to speak with her physician about MAT.*

Response: *Client agreed to discuss his opioid and alcohol use with his physician and the connection to his mental health symptoms. He also stated that he would ask his physician about MAT.*

Targeted Case Management

TCM interventions documented in the progress note must clearly address accessing needed medical, alcohol, and drug treatment; and educational, social, prevocational, vocational, rehabilitative, or other community services. If mental health symptoms interfere with the client's ability to participate in, access, engage in, and attend treatment for substance use, the interventions documented in the progress note must be about the steps taken to get the client connected to outside substance use treatment in order to be billable. This may include communication, coordination, referral, and monitoring service delivery to ensure access to needed services and monitoring the client's progress.

e.g., **Intervention:** *Writer researched and identified three local NA groups and contacted NA group administrators to obtain relevant information about their meetings. Writer informed client of options and confirmed that he has a support person to take him and attend the group with him. Writer to follow up with client on his ongoing attendance and progress in the group.* **Response:** *Client selected the group and committed to attending this week.*

e.g., *The client's clinician has noted that his cravings to drink alcohol increased when he was feeling depressed or anxious. His clinician recommended residential treatment to address his alcohol use, which has impaired his ability to fully engage in mental health treatment.*

Intervention: *Writer reviewed the Service and Bed Availability Tool (SBAT) (sapccis.ph.lacounty.gov/sbat) and identified a residential treatment center that was appropriate for the client. We called the Substance Abuse Service Helpline (SASH) together (844-804-7500) to make an intake appointment.*

Response: *Client provided his health information to the SASH operator and an appointment for intake was arranged next week. He thanked the clinician for helping him take the first step toward recovery.*

