TRANSFORMATIONAL CARE PLANNING: *Frequently Asked Questions*

As of August, 2014

PERSON-CENTERED, FAMILY-DRIVEN TRANSFORMATIONAL CARE PLANNING (TCP)

What is TCP?

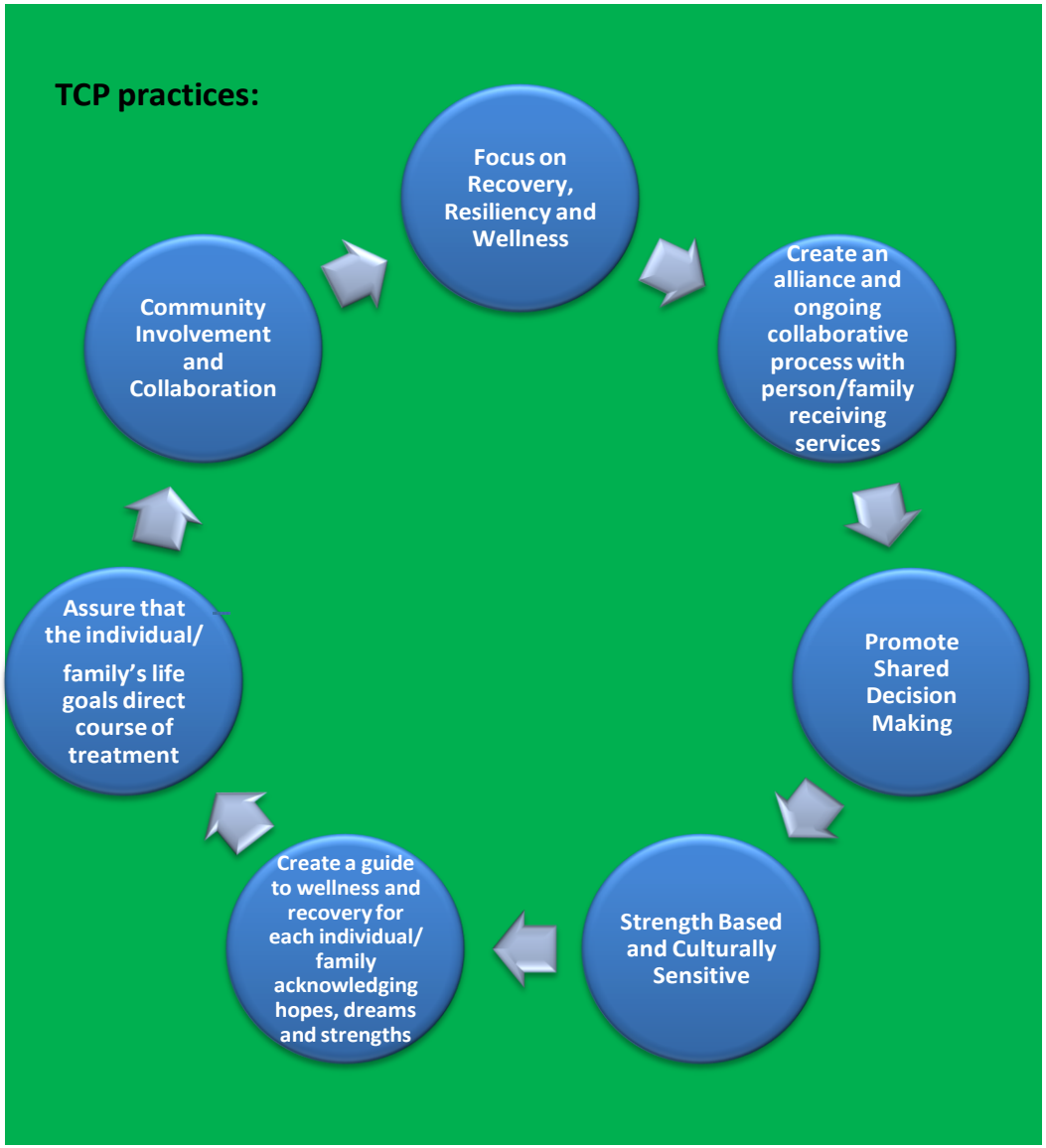
TCP is a service planning model which builds on the principles of inclusion, hope, wellness, resiliency, and recovery. It is collaborative a process between an Individual/family and his/her service provider(s).

Why do we need TCP?

Person-centered/family driven service planning is an integral strategy for helping consumers and Families achieve their life goals. It is organized around the consumer's/family's own needs . It integrates specific mental health services and supports to help people achieve goals. Mental Health Service Act (MHSA) is a systemic response to develop and sustain this process.

What is different about TCP?

1) Emphasizes collaboration between person/family and practitioner
2) Connects the person's story to the obstacles, short term goals, & action steps
3) Emphasizes natural supports
4) Improves the connection between practice and documentation
5) The treatment plan becomes a *living document*



Adopted from the document:
"Transformational Care Planning in California, A short Implementation Overview"

Zelia Faria Costa, LMFT 8/13/14

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TOPIC	Question	Answer
ASSESSMENT		
1. Initial Assessment: Timing	• When does the Initial Assessment need to be completed once a new client has been opened in the system?	A preliminary assessment should be completed immediately to confirm appropriateness for Specialty Mental Health, open the client in Unicare, complete an "Episode Open Form", and address urgent and immediate needs. TCP does not change the timeframe for completing an Initial Mental Health Assessment; it is to be completed no later than 60 days of the client being opened. It is important to remember assessment is ongoing and begins the first contact with the client and family.
2. Initial Assessment: Family & Children vs Adult/Older Adult	• How will the adult and child versions be the same or different?	The Initial Mental Health Assessment is the same for the Family & Children's Services and the Adult/Older Adult Services.
3. Initial Assessment: Documentation	• What form must be used to complete an Initial Assessment?	The Initial Mental Health Assessment form (County form MHD QI – Form # 11, 5/1/2014). This form became effective 7/1/2014 and includes the Mental Health Conclusions/Narrative Summary section at the end. Agencies using their own assessment forms must include all the sections on the county assessment form referenced above.
4. Initial Assessment: Regulatory Compliance	• How can we assure we meet State DHCS requirements for an initial assessment?	The 60-day timing and revised form are compliant with State DHCS requirements.
5. Update Assessment: Timing	• When does an Updated Assessment need to be completed? What triggers it?	An Update Assessment is to be completed annually. In the interim, an addendum or any updated information can be documented in progress notes prior to the formal Update Assessment.
6. Update Assessment: Family & Children vs Adult/Older Adult	• How will the adult and child versions be the same or different?	The Update Assessment is the same for the Family & Children's Services and the Adult/Older Adult Services.
7. Update Assessment: Documentation	• What form must be used to complete an Updated Assessment?	The Mental Health Assessment Update form (county form MHD QI – Form #12, 5/1/2014) . This form became effective 7/1/2014 and includes the Mental Health Conclusions/Narrative Summary section at the end. Agencies using their own assessment forms must include all the sections on the county assessment form referenced above.

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8. Update Assessment: Regulatory Compliance	• How can we assure we meet State DHCS requirements for an updated assessment?	The annualized timing and revised form are compliant with State DHCS requirements.
NARRATIVE SUMMARY		
9. Narrative Summary: Timing	• When should a Narrative Summary be completed for a new client? For an active client whose needs, situation change?	Effective July 1, 2014 the Narrative Summary is in the final section of the assessment form. At minimum, the timing coincides with the timing of the Initial/ Updated Assessment. It is to be completed as part of the Initial/ Updated Assessment. As clinically indicated for active clients whose needs, situation change, you may update the relevant information in the Narrative Summary by updating the assessment. Changes affecting the clinical hypothesis would be an example of a clinical indication to update the Narrative Summary and the assessment (e.g. a change in the diagnosis, a significant event changing the course of treatment such as trauma, etc.)
10. Narrative Summary: Documentation	• Where is the Narrative Summary to be documented? Is there a required form to follow? What color should the Narrative Summary be printed in?	Effective July 1, 2014 the Narrative Summary is in the final section of the assessment form.
11. Narrative Summary: Regulatory Compliance	• Is a Narrative Summary required by Title 9 and State DHCS?	Completion of a Narrative Summary is not a Title 9 or State DHCS requirement; however, it is a Santa Clara County Mental Health Service requirement.
12. Narrative Summary: Billing	1. How is time spent completing the Narrative Summary billed? How is time spent presenting the Narrative Summary to the client billed?	Billing for the minutes associated with completing a Narrative Summary is based on the timing of the work. The writing of the Narrative Summary is not billable as a stand-alone service and must be billed as part of an assessment activity. The presentation of the Narrative Summary to the Individual and/or family must be billed in conjunction with a plan development service. Plan development services such as developing the plan, updating the plan, and monitoring the progress of the plan could be associated with the Narrative Summary.

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13. Narrative Summary: Sharing with the Client	• Should the Narrative Summary be shared with the client?	The Narrative Summary should be shared with the client in the client's primary language – either in writing or verbally. If the narrative summary is written in the client's language, it also needs to be written in English.
TREATMENT/CARE PLAN		
14. Treatment / Care Plan: Timing	• When does the Initial Treatment / Care Plan need to be completed once a new client has been opened in the system?	A preliminary treatment/care plan should be developed immediately to address clients' urgent and immediate needs (and documented in a Progress Note). TCP does not change the timeframe for completing a treatment/care plan; it is to be completed no later than 60 days of the client being opened.
15. Treatment/Care plan: Family & Children vs Adult/Older Adult	• How will the adult and child versions be the same or different? • What if a person/family has no goals or desired results?*	The treatment/care plan is the same for the Family & Children's Services and the Adult/Older Adult Services. Most people do not live their lives explicitly in terms of "goals"or "desired results." We may have dreams and aspirations, but often we do not take the time to break these down into the various steps that will be required for us to pursue them. Nonetheless, people will have ideas about what could make their lives better. In discussions with the person/family, sometimes being curious about activities they used to enjoy or were good at or what circumstances make them feel most comfortable lead to clues about hopes, dreams and desired results. *
16. Treatment/Care plan: Documentation	• What form must be used to complete an Initial treatment/care plan?	A new version of the treatment/care plan elements has been developed for TCP; the new version of the elements may be used in any order and in any format.
17. Treatment/Care plan: Regulatory Compliance	• How can we assure we meet State DHCS requirements for a treatment/care plan?	The 60-day timing and revised elements are compliant with State DHCS requirements.
18. Treatment/care plan Interim Update	• When does a Treatment/care plan Interim Update need to be completed? What triggers it?	Treatment/care plans may be updated using the Interim Update Form anytime it is appropriate as long as the clients' "Desired Results" have not changed or the Treatment/care plan has not expired. However, any time a new Update Assessment is completed, the Treatment/care plan should be reviewed and changes made if appropriate The start date of the authorized period would be

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		the date the LPHA signs the Interim update and the end date would remain the date that concludes that episode of services. In TCP practice short-term goals should be accomplished and updated frequently. In order to help clients feel successful short-term goals should be able to be accomplished within a short period of time (3 months or less is recommended); if a short-term goal cannot be accomplished within a short period of time it should be reconsidered .i.e. broken down into smaller parts, changed to a different goal, matches the client's motivation for change, etc.
19. Treatment/care plan Interim Update Family & Children vs Adult/ Older Adult	• How will the adult and child versions be the same or different?	The Treatment/care plan elements are the same for the Family & Children's Services and the Adult/Older Adult Services.
20. How does TCP deal with unavailable clients?	• What if my client or family is not available as the authorization period is about to expire (e.g. Incarcerated, hospitalized, homeless, changing address etc.)	Refer to page 14 of current documentation manual for ways to do plan in client's absence, though TCP practice discourages this unless absolutely necessary. (It is helpful to maintain updated information on clients' desired results in progress notes to draw on when necessary.) When client is re engaged update treatment/care plan as appropriate.
21. Treatment/care plan: Regulatory Compliance	• How can we assure we meet State DHCS requirements for updating treatment/care plans?	The annualized timing and revised elements are compliant with State DHCS requirements. Each treatment/care plan can be authorized for a maximum of one year. A new treatment/care plan supersedes the previous plan.
22. Aligning Reassessment with Treatment/care planning	• Will the timing of reassessments be synced with treatment/care plan revisions?	Any time a new Update Assessment is completed, the Treatment/care plan is to be reviewed and updated if appropriate .
PROGRESS NOTE		
23. Progress Note	• How does TCP change the way Progress Notes are completed?	Essential elements of treatment should be reflected in the Progress Note, including: collateral information, family factors, legal standards, PIR for MediCal standards, cultural factors, strengths etc. Progress notes should connect interventions to short term goals and can reflect the process of updating short term goals. In essence, this is no different from what was being documented prior to the implementation of TCP.

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DISCHARGE PLANNING		
24. Planning for Client Discharge	• How does TCP change the way we plan for clients' eventual discharge? • When is discharge planning started and how is it supported through TCP?	Through TCP, planning for client's discharge begins with the Initial Treatment/care plan and is continued throughout the client's services. All services should be targeted to achievement of client's desired results, transition criteria and actual successful transfer. Planning for a client's discharge starts from the beginning of services and remains a focus throughout services. Short-term goals and action steps should reflect progress toward the clients' transition criteria.
TEAM PROCESSES		
25. Coordination Among Programs	• When there is more than one provider involved in either assessment or treatment/service, how do we coordinate the plan and activities?	Within the mental health agency, the Narrative Summary should be shared with all providers and included in Treatment/care planning at all levels.
CHANGES WITH THE CLIENT		
26. Preparing Clients for the Impact of the TCP Approach	• What if any changes will the clients experience with TCP for which they should be prepared?	When sharing a Narrative Summary with the client for the first time, the TCP process should be explained, with particular focus on how the client's role in treatment/care planning may change (depending on their previous level of involvement), the need to clarify their discharge/transition criteria, and focus of the plan on steps that will help them achieve their "Desired Results."
27. Initial Orientation	• How might initial orientation be added, changed, expanded, etc. in order to lay the ground work right from the beginning for new clients?	If an Initial Orientation is not currently offered to clients, it is recommended that it be added in conjunction with the adoption of TCP services. However, at this time it is not required.
28. Engagement	• How does TCP support our focus on improving engagement?	TCP reinforces a client's engagement and is highly dependent on the clinician's ability to engage clients in their wellness and recovery. While it can directly improve engagement, it should not be the only aspect of services that focuses on engagement.
CULTURAL COMPETENCY		
29. Cultural Awareness & Humility	• Is TCP "culturally competent"? • How does TCP support clients with different cultures?	By assessing the client from a holistic perspective TCP is most assuredly culturally "competent", taking into consideration the person's worldview. Interventions on the plan should also reflect awareness of the person's cultural context.
30. Translations	• Is it necessary to translate the Narrative Summary into the client's primary	At minimum, Narrative Summaries and Treatment/care plans should be verbally translated into clients' primary language; this translation activity should be

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	language? • Is it necessary to translate Treatment/care plans into the client's primary language?	documented in clients' charts. Ideally, Narrative Summaries should be prepared in the clients' primary language and then translated into English (of vice versa, if writing skills in clients' language is limited).
PRODUCTIVITY & BILLING		
31. Billing for TCP	• Does using TCP change the way we bill for Assessment? • Does using TCP change the way we bill for Treatment/care planning?	TCP does not change the billing for Assessment or Treatment/care planning.
32. Impact on Productivity	• Given creating a narrative summary / formulation adds to the Assessment process, how will this affect productivity?	TCP does not directly affect productivity; all TCP activities are billable.
33. Case Loads versus Work Loads	• How do TCP processes affect service intensity for each client? • How will using TCP affect caseloads and caseload management?	By having a well thought out plan that the client understands and agrees to, everyone should be aware of the intensity levels of service for each client that will differ client to client based on need. Therefore, each client on the caseload should not receive the same level of service. Attention can be given to those who require more service, while linking client's to the community natural supports and self-management strategies via the interventions on the plan, should reduce clinician effort.
OTHER		
34. Coordination with EHR	• Since each agency is developing their own EHR, how will TCP documentation standards be incorporated? • What will be the timing of adopting the TCP standards relative to EHR development?	Documentation standards associated with Assessment and Treatment/care planning will be at the element level, allowing each agency to incorporate those elements into their EHRs as appropriate. Adoption of the elements is timed with the staff training and skill development, rather than EHR development.
35. Clinical Supervision Processes	• How will clinical supervision processes need to be altered to support TCP? • How will these processes be incorporated into current clinical supervisor job responsibilities?	Clinical supervision will be instrumental in assuring the skill development and the effectiveness of staff's person-centered services. Specific tools and coaching supports will be developed to facilitate this clinical supervision.
36. WRAP Plans *	• What is the difference between a WRAP plan and a TCP plan?	A WRAP plan and a TCP treatment/care plan may share some things in common, but they are different in many ways. When a provider is aware that a WRAP plans exists, he/she should encourage the individual/family to share with

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		their team in hopes it will inform the TCP treatment/care planning process and document.
37. Wraparound Plans	• What is the difference between a Wraparound plan and a TCP plan?	The TCP and wraparound planning philosophies and processes are in alignment. While The Wraparound Child and Family Plan is more comprehensive, addressing the family's strengths and needs in multiple life domains across home, school, and community, the TCP plan focuses primarily on the emotional/behavioral needs of the client. Wraparound programs will continue to use the Wraparound Child and Family Plans. In addition, the TCP treatment/care plan will replace the current County Mental Health treatment/care plan and will continue to focus on the Emotional/Behavioral domain needs.

*The information here was taken and adapted from the following paper:
The Top Ten Concerns Redux: Implementing Person Centered Care
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