

Monterey County Behavioral Health, Quality Improvement

RE:	Mental Health Services Act, Full-Service Partnership: Treatment Plan Consent Requirements
Avatar Forms	Treatment Plan Participation Consent
EFFECTIVE	9/6/2023

Monterey County Behavioral Health (MCBH) recently participated in a Mental Health Services Act (MHSA) audit. During this audit, a beneficiary chart review of Full-Service Partnership (FSP) programs was conducted. The findings of this audit resulted in the following:

Monterey County did not enter into a Full-Service Partnership agreement with each client, and when appropriate the client's family. (Cal. Code Regs., tit. 9, § 3620(e)). The state defines an agreement as a signed agreement between the parties, and Monterey County's Full-Service Partnership agreements did not include signatures.

To ensure compliance with this MHSA requirement for FSP programs, a **signed Treatment Plan Participation Consent** form is required for all *existing* and all *new* beneficiaries enrolled in an FSP program. The electronic form is located in AVATAR and the printable version can be downloaded through the QI website under the Clinical Documentation – Printable Documents tab.

Additionally, and, as a reminder, FSP programs continue to require treatment plans (CaAIM BHIN 22-019).

Procedure

Treatment Plan Participation Consent for all existing and new beneficiaries enrolled in an FSP program should be obtained at the onset of treatment, annually, and whenever there is a change to the treatment plan.

1. Select the beneficiary and open the Treatment Plan Participation Consent form
2. Complete all required items in red
3. Obtain the beneficiary's signature and date
 - a. If the beneficiary refuses to sign, document reason for refusal in Notes section
4. Complete staff signature, staff name, and date
5. Submit form
6. Beneficiary may be offered a copy of the consent by printing the 109 Tx Plan Participation Consent Report

Chart Treatment Plan Participation Consent

Treatment Plan Consent
ADDITIONAL SIGNATURE...

Submit

Treatment Plan Start Date [Date Picker] T Y

Treatment Plan End Date [Date Picker] T Y

Was this document scanned?
 Yes No

Copy of plan offered to client
 Yes No

Date [Date Picker] T Y

Notes [Text Area]

By signing this I acknowledge that I have taken part in the completion of my Treatment Plan with my Case Coordinator

Client/Guardian Signature [Text Field]
 [Get Signature]

Date of signature [Date Picker] T Y

Staff Signature [Text Field]
 [Get Signature]

Date of signature [Date Picker] T Y

Staff name [Text Field]