

# Medicaid Requirements

Revised 2024

## Assessment & Progress Notes

See “Intake Assessment” on the website for guidance. Follow templates to meet compliance requirements.

## Treatment Plans & Updates

*Therapists are responsible for tracking due dates.*

**Login to AirSlate > Workflows > Click ‘open’ on the form > “Run Workflow” > Complete fields > Submit**

Clients receive forms after you hit submit. Upload final documents to the chart. (Clinical supervisors receive forms before clients and may send back for revisions.) *Use @fourpointsc.com for emails entered in AirSlate forms.*

### A. Timeline

Initial treatment plan: End of second session or two weeks of intake  
Document missed deadlines in progress note or quicknote

*Client presented in crisis; session utilized for support and stabilization, thus treatment plan was unable to be completed. Treatment plan will be completed during next session on \_\_\_\_\_.*

### B. Multiple Providers

If all are internal, use one treatment plan with **1 area of focus + 1 goal / 2 objectives** for each therapist  
If another provider is external, the client must have one plan on file at Four Points.

*A client attends individual therapy and family therapy. The client may have one treatment plan if it contains a goal for individual therapy and a goal for family therapy with corresponding objectives for each.*

### C. Treatment Plan Updates

CO Access and CCHA require annual updates; RMHP requires 6 month updates.

CHA Crisis Plan: Requirement for CCHA members, located in AirSlate.

☆ Updates also required for diagnosis changes, adding services, and changes in level of care (ex: hospitalized client returns to outpatient therapy)

## TA “Treatment Plan”

Go to the Records tab in the chart and find the blank Treatment Plan field. Enter at least one goal and two objectives. Add the date an update will be due to receive an alert.

First time writing a progress note for a new client, Select Yes for “Include treatment plan?” Content will auto-populate into notes (major compliance requirement).

## Late Cancel & No-Shows

*Fees are not allowed*

This does not mean therapists must see clients who miss multiple appointments indefinitely. **Committing to an attendance policy can dramatically impact what you see with missed appointments.** This is Four Points’ recommendation, which can be applied to all clients. (This is a rough framework and requires individualizing. For assistance with a plan that feels comfortable to you, please talk to Lauren Stanley or a clinical supervisor.)

➤ **Intake:** Discuss cancellation policy (24 hours notice, not fees). Discuss how missed appointments impact the client. Example:

*We’ll do our best work together when we meet regularly because it allows us to build upon each session. At some point, something unavoidable may prevent you from making it to session. However, if missing appointments happens repeatedly, it could be the reason for being discharged.*

- **First missed appointment:** During the session following the first missed appointment, discuss the client's absence and set the framework for what happens if absences continue.

*Before we get started, I'd like to talk about last week for a minute. It sounds like you had a stressful day! I understand life happens and you might need to cancel. I also thought this might be a good time to share a reminder about missed appointments and give you specifics about my policy. I don't imagine this is something you'll struggle with, so this is just in case! If you were to miss additional appointments without 24 hours notice over the next 3 months, that will mean we may need to look at referring you to someone with different availability than I have.*

## Discharging Clients

### A. Discharge: Lack of Attendance

To discharge for attendance, conversations about attendance should be documented. Before discharge can occur, **you must have informed the client that additional missed appointments within a specific and reasonable timeframe will result in discharge.** You can use judgment and discretion about what *reasonable* means.

- One year is not reasonable; an "extended period of time" is not specific.

### B. Discharge: Lack of Engagement

This refers to a client "dropping off," and you can discharge after **three contact attempts**, which is a Medicaid requirement. The first two attempts can be by phone, text or email. The final attempt must be in writing, by mail or email (with consent to electronic communication). All attempts to contact should be documented. **If you reach the client, this is not needed.**

How this might look:

- ❖ A client is late so you call them 10 minutes into the appointment. (Any client who doesn't show up should be contacted within 15 minutes of the start.) This counts as contact #1.
- ❖ 1-2 days later, you call and leave a message. This is contact #2.
- ❖ Two weeks from the missed appointment, you haven't heard from the client. You email a discharge letter and give the client a date 10 days in the future that you plan to discharge them if they don't indicate they'd like to continue therapy. This is contact #3. If they don't respond, you can discharge them after the date indicated in the email.

For more on discharging clients, including the discharge summary template and timelines for completing discharges, please see the Discharge Guide on the website.