

Sample Plan of Care Mental Health Providers

<i>Care plans are required for all students receiving counseling services-RTI, SBLC, 504 plan or IEP. Parent/guardian can sign permission and plan of care at the SBLC, IEP or 504 meeting. Plan of Care will be reviewed quarterly.</i>			
Student:		DOB:	Date Plan Developed:
Last Name:	First Name:		
The student is currently eligible for counseling services as indicated on his/her: • IEP • 504			
Exceptionality or social/emotional characteristics from 504 plan:		Diagnosis (ICD-10):	MHP NPI #:
Presenting area(s) of concern:			
Social/Emotional/ Behavior Goal(s):			
Main Focus of Counseling-Skilled Intervention:			
<ul style="list-style-type: none"> • Emotional Regulation • Social Emotional Learning • Conflict Resolution • Self-Management 	<ul style="list-style-type: none"> • Social Skills • Self-Awareness • Anxiety • Depression 	<ul style="list-style-type: none"> • Relationship Skills • Stress Management • Responsible Decision Making • School Refusal 	
Services Provided:			
<ul style="list-style-type: none"> • Individual 15 minutes or less • Individual (90837) 60 minutes 	<ul style="list-style-type: none"> • Individual (90832) 30 minutes • Group (90853) no time specification • Case management/Consultation with face to face counseling 	<ul style="list-style-type: none"> • Individual (90834) 45 minutes 	
Frequency:		Date to begin services:	
<ul style="list-style-type: none"> • Weekly • Bi Monthly • Monthly 			
Duration:			
<ul style="list-style-type: none"> • IEP year • Nine weeks • Other: 			
Parent/Guardian Communication Plan:			
Parent/guardian will be contacted at least quarterly and immediate contact will be made regarding any safety concerns.			
Plan for Dismissal of Services:			
The team will consider data to dismiss services or care plan will be modified based on the needs of the student.			

Print Names		Signatures	Date
Parent/Guardian			
MHP Name	NPI #		