



Health Care Provider Invoicing and Reporting

EXAMPLE MENTAL HEALTH TREATMENT PLAN: Simple Case

How to Use This Document

The intended purpose of this document is to provide an example of the types of details and key information that should be included when completing a Mental Health Treatment Plan. The example includes:

- A summary of a case scenario
- Examples of relevant responses to each of the questions in the Treatment Plan form based on the case scenario provided

NOTE: Additional assistance with how to complete a Treatment Plan form may also be found in the Treatment Plan Guides on the [Treatment plan \(icbc.com\)](https://www.icbc.com/treatment-plan).

Case Scenario:

This is the first Mental Health Treatment Plan (dated January 15, 2024) being submitted for a 20-year-old college student who was injured in a car crash two and half months ago. He is diagnosed with a mild neck strain and driving-related anxiety. The student has been taking public transit to school since the accident. There are no prior injuries or medical conditions.

PATIENT PERSPECTIVE/RATINGS

* indicates required field

1) How does the patient believe that they are recovering from a mental health perspective since this accident? *

completely better much improved slightly improved no change slightly worse much worse worse than ever

2) Psychological outcome measures:

GAD-7 Initial: 10 Current: 5

PHQ-9 Initial: 4 Current: 2

3) Key subjective findings – (Optional)

OBJECTIVE FINDINGS

4) From a mental health perspective, how is the patient progressing with treatment?

Please select at least one functional goal for the patient's return to work, return to activities of daily living, or return to school. *

 Note: If absent from work or school, must include goals to return to pre-accident function.



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Note: Select goals which are relevant to supporting a return to pre-accident function. Goals should be measurable, developed in collaboration with the patient and aligned with pre-accident function. Measurable functional progress to date should be included in this section. Functional goals for return to work, ADL or school must include:

- Goals (provide detail)
- Initial or previous findings
- Current findings
- Overall progress towards goal

RETURN TO WORK:

First Functional Goal:

Second Functional Goal:

Third Functional Goal:

Provide details on findings and progress for each goal selected. *

Initial/previous findings:

Current findings:

Overall Progress Towards Goal:

Resolved Improved Significantly Improved Moderately Improved Minimally Unchanged Regressed

RETURN TO ACTIVITIES OF DAILY LIVING:

First Functional Goal: *Affect/motivation*

Second Functional Goal:

Third Functional Goal:

Provide details on findings and progress for each goal selected. *

Initial/previous findings:

Goals:

- *Affect/motivation – decrease anxiety to allow return to driving independently to and from school*

Initial findings:

- *Avoided driving due to fear of another MVA*

Current findings:

- *Able to drive to school during the daytime, but avoids driving at night or in bad weather*

Overall Progress Towards Goal:

Resolved Improved Significantly *Improved Moderately* Improved Minimally Unchanged Regressed

RETURN TO SCHOOL:

First Functional Goal:

Second Functional Goal:

Third Functional Goal:

Provide details on findings and progress for each goal selected. *

Initial/previous findings:

Current findings:

Overall Progress Towards Goal:

Resolved Improved Significantly Improved Moderately Improved Minimally Unchanged Regressed



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5) What primary evidence-based treatment modalities will be used to achieve these goals? (check all that apply) *



Note: As recovery progresses, treatment should demonstrate a transition towards independent self-management at home and in-community.

- CBT ACT Mindfulness based cognitive therapy Exposure Therapy EMDR DBT
- Self-management techniques: goal setting for driving up to 30 minutes locally 2-3x/week in various conditions (including at night and in rain) initially with a supportive friend/family as passenger, followed by independently
- Education: provided stress/anxiety-relief phone applications and online anxiety management resources
- Medication:
- Other:

6) Any barriers delaying the patient’s treatment progress? Additional Comments



Note: Treatment Plans should be evidence-informed, demonstrate functional progress, and be focused on optimizing function.

Approved treatments not used within the current treatment period do not roll over beyond the end date. For example, pre-approved treatments during the Early Access Period expire 12 weeks after the crash or once the number of pre-approved sessions have been used – whichever comes first.

7) Recommended Treatment *

NUMBER OF TREATMENT SESSIONS (Completed to Date) 8	NUMBER OF APPROVED SESSIONS REMAINING 4	CURRENT TREATMENT FREQUENCY 3x/month
NUMBER OF ADDITIONAL TREATMENT SESSIONS (Requested) 4	ANTICIPATED END DATE OF RECOMMENDED TREATMENT March 30, 2024	RECOMMENDED TREATMENT FREQUENCY 2x/month

8) Do you expect the patient to return to a pre-accident level of function at the end of this recommended treatment? *

- Yes, patient expected to return to pre-accident status and will be discharged by provider at the end of the Recommended Treatment

Comments:



Important: Ensure to select [Request PDF Copy](#) after submission and an email containing a copy of the completed Treatment Plan and reference number will be sent.