APA Official Actions

Position Statement on Reducing the Burden of Treatment Plan Documentation

Approved by the Board of Trustees, December 2025
Approved by the Assembly, November 2025

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:

The requirement of formalized "treatment plan" documentation in psychiatric care settings arose in the 1970s for several reasons, including the issue of persons with mental illness being warehoused in state mental health institutions without documented evidence of adequate treatment, as well as the expansion of Medicaid funding to community behavioral health services. Since then, there has been no formal review of this process by stakeholders. Treatment plan documentation requirements are built into the Centers for Medicare and Medicaid Services and Joint Commission regulations for inpatient and outpatient behavioral health services. Documented evidence that "treatment plans" improve patient care does not exist, whereas evidence that "treatment plans" place unnecessary administrative burden on psychiatrists and other members of the care team does exist. However, due to the mandatory use of treatment plans, there are no studies comparing the outcomes of patients who do not have this documentation to those who do. However, comparable services in other medical settings (e.g. primary care) do not have comparable requirements for treatment plans. This documentation burden consumes valuable time thus may negatively impact quality psychiatric care, including detracting from direct care and contributing to physician burnout.

It is the position of APA that:

CMS and the Joint Commission should eliminate the formal "treatment plans" documentation requirement of a psychiatric visit in a behavioral health clinic or inpatient setting.