

SPPN Provider Instructions – Cheat Sheet

Welcome to the BHRS Specialty Mental Health Private Provider Network (SPPN). The following outlines important information for SPPN providers such as what you can expect when you receive a new referral from BHRS, responsibilities as a SPPN provider, and responsibilities of BHRS. More information can be found in the BHRS SPPN Provider Manual, located at <https://www.smchealth.org/bhrs/contracts>.

Treatment Team:

All BHRS clients receiving specialty mental health services at a BHRS clinic, participate in an assessment and treatment planning process with their clinical care team. When a BHRS client is referred to you, **you become a member of the client's treatment team.**

Referral Process:

When a new client is referred to you for therapy, you will be contacted by the BHRS Access Call Center with the client's demographics, clinical information and services authorized.

If you are unable to accept this referral for any reason, we ask that you call Access at 800-686-0101 within 24 hours of receiving the referral.

Your contact information will be provided to the client's BHRS Care Coordinator (CC) who will contact you to schedule the first Clinical Team Meeting and send you a copy of the client's assessment and treatment plan. The treatment plan will identify treatment goals, objectives, interventions, and frequency and duration of services.

Clinical Team Meetings

As a SPPN provider and member of the treatment team, you will be expected to participate in Clinical Team Meetings, prior to the start of therapy services with your client. Meetings between the BHRS clinic providers and the SPPN providers aim to develop a partnership between the two systems and to enhance the effectiveness of the behavioral health services for our shared clients. Team meetings can be claimed using Clinical Consultation T1017.

- a. There will be a minimum, of two team meetings in the first year of the SPPN referral, and at least one meeting annually, thereafter.
- b. The first team meeting will take place within two (2) weeks of the referral, prior to the client starting therapy, the second meeting (and annual meeting) is expected to take place no later than 30 days prior to the end of the authorization.

- c. Additional team meetings will be convened as clinically indicated.

Convening Clinical Team Meetings

The client's CC is responsible for reaching out to providers and other team members to schedule and convene all team meetings. Additional team meetings can be requested by any team members as needed.

What to expect during Clinical Team Meetings

Initial Clinical Team Meeting: Prior to this meeting, the CC and the SPPN provider will review the client's assessment, treatment plan, and referral information. The CC will facilitate the meeting to cover the following:

- a. Clarification of roles of all parties involved.
- b. Sharing of key clinical issues identified during assessment and course of treatment as well as current working treatment goals, especially related to therapy.
- c. Sharing of clinical impressions and recommendations after review of relevant clinical documentation, including any identified risk factors such as SI/HI or assaultive behaviors.
- d. Amendment, modification, and/or updating of client's treatment plan as needed, based on discussion.
- e. Establishment of tentative meeting date for the following team meeting at least 30 days prior to end of authorization.

Follow-up Clinical Team Meeting (30 days prior to end of treatment plan/service authorization)

The team will meet to review progress, or lack thereof, and discuss treatment plan updates/modifications or termination.

- a. If the client selects a new/updated treatment goal for which the treatment team concurs that therapy would continue to be an appropriate intervention, the CC will update the treatment plan to extend authorization for continued therapy services, based on new/updated treatment plan goals and interventions.
- b. If the client has achieved optimal improvement, the treatment team determines that the client will not benefit from further therapy, or if the client is no longer interested in therapy; termination plans will be discussed.

Required Forms

Specialty Mental Health Client charts are subject to regular State audits. Clinical documentation must be typed and contain the following:

- Signed **Consent** Form
- Signed copy of Notice of Privacy Practices/**HIPAA**
- Signed **Release of Information**, if applicable
- A signed and dated **progress note** for every service that is billed. Please see more information on progress notes below.
- **Closing Summary**, if applicable

Progress Notes:

State law requires that each service be documented in a progress note, which includes the following elements. We strongly encourage providers to use the BHRS progress note template available on the BHRS provider webpage: <https://www.smchealth.org/bhrs/contracts>

- Client Name and BHRS Medical Record Number
- Date of Service
- CPT Code
- Location Code (this can be found at the bottom of the template)
- Diagnosis addressed
- Provider and Agency Name, if applicable
- Face to Face minutes (client present) – claimed minutes
- Service time (client not present)
- Language (if language services were provided)
- Service Description: Goal/behavior addressed, therapist interventions, client's response/outcome, and plan.

Closing Summary:

A closing summary is required for any of the following reasons:

- a provider and client agree that treatment has concluded
- an authorization expires and no further services will be requested
- a client does not show for services or has stopped engaging

This form can be found on the BHRS provider webpage and should be submitted to the BHRS Access Call Center via fax: 650-596-8065.