



SAN MATEO COUNTY HEALTH

# BEHAVIORAL HEALTH & RECOVERY SERVICES

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## BHRS Mental Health Documentation Updates 2019

*Coding for Progress Notes & Documenting  
Services*



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

### Main Points to Take Away

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- ▶ Write a **Progress Note** every time that you:
  - ▶ Meet with a client/family
  - ▶ Address the client's needs/talk with others about the client's needs
  - ▶ Complete documentation for the client chart/care



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

### Main Points to Take Away

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- ▶ Write a Progress Note for Every Service
- ▶ Finalize the Progress Note
- ▶ Contractors sign the Progress Note



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# BEHAVIORAL HEALTH & RECOVERY SERVICES

## Main Points to Take Away

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**Billable Service Time** and **Non-Billable Service Time** comes from your Progress Notes.



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# BEHAVIORAL HEALTH & RECOVERY SERVICES

## Main Points to Take Away

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**No progress note = No productivity**



*When in doubt code it 55*



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

### How Many Progress Notes Should This Clinician Write?



**9:00 am:**  
Met with client # 1  
to conduct an  
Assessment



**11:25 am:**  
Met with a client #  
2's probation  
officer



**10:30 am:**  
Met with client # 2  
for therapy session



**12:15 pm:**  
Called residential  
facility to get an  
update on client #3



**11:00 am:**  
Talked with client  
#1's social worker  
to find housing



**2:15 pm:**  
Logged into Avatar &  
completed Suicide  
Assessment Screening  
for client # 2



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# BEHAVIORAL HEALTH & RECOVERY SERVICES

## Answer: 6 Progress Notes



**9:00 am:**

Met with client # 1  
to conduct an  
Assessment (code 5  
Assessment)



**11:25 am:**

Met with a client #  
2's probation  
officer (code 51  
case management)



**10:30 am:**

Met with client # 2  
for therapy session  
(code 9 therapy)



**12:15 pm:**

Called residential facility  
to get an update on  
client #3  
(code 51 Case Mgmt.)



**11:00 am:**

Talked with client #1's  
social worker to find  
housing  
(code 51 case  
management)



**2:15 pm:**

Logged into Avatar & completed  
Suicide Assessment Screening for  
client # 2 (code 5 Assessment)



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

### How Many Progress Note Should This Case Manager Write?



**9:00 am:**

Met with client # 1 to talk about his recent court date to arrange for transportation



**11:25 am:** Picked client up and drove client to MD appointment



**10:00 am:**

provided rehab group with 7 clients



**1:00 pm:**

Went to the gym



**11:00 am:**

Talked with client #1 over the phone to complete a treatment plan



**3:15 pm:**

Logged into Avatar and completed Treatment Plan for client #2



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# BEHAVIORAL HEALTH & RECOVERY SERVICES

## Answer: 11 Progress Notes



**9:00 am:**

Met with client # 1 to talk about his recent court date to arrange for transportation

(code 55)



**10:00 am:**

Provided rehab group with 7 clients (code 70 – write 7 notes)



**11:00 am:**

Talked with client #1 over the phone to complete a Treatment Plan

(code 6)



**11:25 am:** Picked client up and drove client to MD appointment (code 55)



**1:00 pm:**

Went to the gym (no note)



**3:15 pm:**

Logged into Avatar and completed Treatment Plan for client #2 (code 6)



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

Code These 55



### NON-billable services

**DO NOT** address the mental health issue.

#### Including:

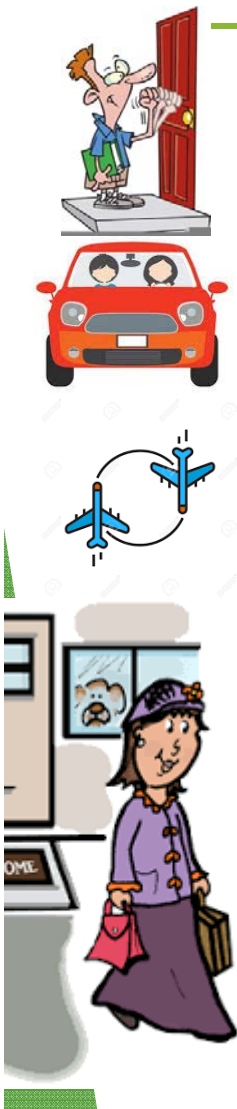
- addressing legal problems
- going to Court
- housing issues
- SSI- writing letters, completing forms, & questionnaires.
- substance use/abuse
- rep-payee
- transportation of a client
- food shopping
- social groups and outings
- taking the client to lunch
- solely physical health issues
- moving the client from one placement to another
- taking client to the bank or DMV
- getting the client a telephone or bus pass
- attending resource or job fairs
- running errands
- taking the client for lab work or to Planned Parenthood
- VRS/DOR or community service support without clear link to mental health issues
- preparation/buying supplies for a group
- translation only.



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# BEHAVIORAL HEALTH & RECOVERY SERVICES

## Billing for Travel Time



- ▶ Travel time is billable when it is a component of a billable service.
- ▶ No client/no show --- may add to a 55 missed visit progress note
- ▶ Billing for a service while driving is questionable??? But may be billed at times.
- ▶ Round-trip travel time from a **provider site** to an **off-site location** to provide a billable service = **billable, add to "Other billable Service Time"** ----drive to 1<sup>st</sup> client, drive to 2<sup>nd</sup> client
- ▶ Travel time **between provider sites** = **not billable, add to "Other Non-Billable Service Time"**
- ▶ Travel time from a **staff's home** to a **provider site** = **not billable- don't add this time to progress notes**
- ▶ Travel time from **staff's home** to **client's home** = **not billable- Instead bill for the amount of time it would have taken to drive from your office to the client "Other billable Service Time"**



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

### Main Points to Take Away

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- ▶ The Assessment and Treatment Plan **MUST** be completed before **Planned Services** are provided.
- ▶ All **Planned Services** that your **team/and support teams** provide **MUST** be on the **Treatment Plan.**



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# BEHAVIORAL HEALTH & RECOVERY SERVICES

View **2-Clinical View** Assessment View

Selected Client: Test, Jolly T (000938760) Episode: E

Forms & Data

My Forms edit

- Reports
- Call Center
  - Initial Contact Screening (ICI)
  - ICI Contacts Note
  - Call Log
  - CLIENT DASHBOARD
  - BHRS Client Financial Report
  - Update Client Data
  - BHRS Client Relationships
  - Diagnosis Report
  - Family Registration
  - Scheduling Calendar
  - Appointment Signaling Report
  - Appointment Signaling Details
  - User Failed Authentication Question
  - Documentation At A Glance
  - ADULT Initial Assessment v2
  - ADULT Annual/Update Assessment
  - YOUTH Initial Assessment v2
  - YOUTH Annual/Update Assessment
  - Client Treatment and Recovery Plan
  - Append Progress Notes
  - Progress Note Error Correction Rec
  - URGENT CARE PLAN Bundle
  - POS Scan
  - Child and Adolescent Needs and St

Recent Forms

Treatment Plan Interventions

Episode: 55	Program: 924125 HEAL	Individual Therapy Duration: 9 Months Individual Therapy Frequency: Every 2 Months	Start Date: 08/01/2019	End Date: 07/30/2020
Episode: 52	Program: AD4135TXR WRA TX READINESS	Family Therapy Duration: 12 Months Family Therapy Frequency: 2 to 3 Tx Month Addendum Interventions: Date: 05/03/2019	Start Date: 05/01/2019	End Date: 04/29/2020
Episode: 50	Program: 410108 NORTH COUNTY TOTAL WELLNESS	Individual Therapy Duration: 9 Months Individual Therapy Frequency: Every 2 Months Addendum Interventions: Date: 07/01/2019 Group Therapy Duration: 3 Months Group Therapy Frequency: Weekly Case Management Duration: 3 Months Case Management Frequency: Weekly	Start Date: 04/01/2019	End Date: 03/30/2020

Dx For Current Assessment V2

Episode: 49 Diagnosing Practitioner :BULL,

Primary Dx: BULL,INGALL, 311, Depressive

Additional Dx: , ,

Treatment Plan Overdue for Caseload



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# BEHAVIORAL HEALTH & RECOVERY SERVICES



**Client Treatment Plan Addendum**

**Addendum to Treatment**

**ONLY COMPLETE ITEMS TO BE ADDED TO AN EXISTING PLAN**

**Date of Addendum**  
[Date Picker] [T] [Y] [ ]

**Addendum to Treatment Plan (Select one)**  
[Dropdown Menu]

**Comments**  
Add Interventions  
[Text Area]

**INTERVENTIONS-Describe in detail the interventions proposed for each service type**

<input checked="" type="checkbox"/> Medication Support	<input type="checkbox"/> Rehab/Rehab Group	<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Group Therapy
<input type="checkbox"/> Family Therapy	<input type="checkbox"/> Case Management	<input type="checkbox"/> Collateral	<input type="checkbox"/> TBS

**Medication Support Duration**  
☒ 12 Months ☐ 9 Months ☐ 6 Months ☐ 3 Months

**Medication Support Frequency**  
☐ 2 to 3 Tx Month ☐ 2 Tx Week  
☒ 3 to 5 Tx Week ☐ 3 Tx Week  
☐ Daily ☐ Every 2 Months  
☐ Every 3 Months ☐ Monthly  
☐ Weekly

**Rehab Group Duration**  
☐ 12 Months ☐ 9 Months ☐ 6 Months ☐ 3 Months

**Rehab Group Frequency**  
☐ 2 to 3 Tx Month ☐ 2 Tx Week  
☐ 3 to 5 Tx Week ☐ 3 Tx Week  
☐ Daily ☐ Every 2 Months  
☐ Every 3 Months ☐ Monthly  
☐ Weekly

**Medication Support Agency/Provider**  
[Text Field]

**Rehab Agency/Provider**  
[Text Field]

**Medication Support Intervention Details**  
[Text Area]

**Rehab Intervention Details**  
[Text Area]

Avatar 2016

Home

jolly T

Out Switch Help

JMI

TEST, JOLLY (000938760)  
M, 55, 12/05/1962

Allergies (5)

Chart

Overview

Client Treatment and Recovery Plan

Add Print All

URGENT CARE PLAN  
Update Client Data  
BHRS Client Relationships  
Assign Care Coordinator  
Application for Services and Consent  
Authorization for Use or Disclosure  
Verbal Authorization for Release  
Verification of Consent to Medication

Assessments  
Initial Contact Information  
Treatment Plans  
Progress Note Forms  
Medical  
Financial and Authorizations  
Consents

28: AD412101 STARVISTA - ARCHWAY OPT (0)  
07/07/2017 - 09/28/2017

27: ADRTX SERVICE CONNECTIONS  
05/25/2017 - Active

25: 417000 COASTSIDE ADULT PSYCHIATRY CLINIC (0)  
05/18/2017 - Active

20: 419100 PALM BEACH COUNTY MENTAL HEALTH CLINIC (0)  
03/27/2017 - Active

Sort/Filter: Plan Name Plan Type Plan Status

Submitted 12/29/2017 at 08:52 AM by JEANNINE MEALEY

Edit Print Report

Client Treatment and Recovery Plan  
Plan Name: Jolly's 2018 Plan  
Plan Type: Annual  
CLIENT'S OVERALL GOAL/DESIRED OUTCOME - What the client wants to accomplish  
To keep from getting hospitalized.  
Plan Start Date: 01/15/2018  
Plan End Date: 01/14/2019  
Did Client sign the Treatment Plan?: Signed Printed Copy  
Was Client offered a copy of the Treatment Plan?: Yes-Accepted  
Who is the signature for?: Client  
Treatment Plan Status: Final

Treatment Plan Items  
Medical Necessity Goal?: Yes

# How to View/PRINT the plan



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# BEHAVIORAL HEALTH & RECOVERY SERVICES

## Billing Under Other Programs

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### What you need to know when billing under other programs' episodes

**Even if you are writing your Progress Notes  
under another program, all of these rules still  
apply:**

- ▶ Look at the Treatment Plan
- ▶ Get a Goal or Intervention added
- ▶ Do an Addendum to their plan and add an Intervention (i.e., your service).



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

### These are Unplanned Services

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You may provide these Unplanned Services **prior** to completion of the Assessment/Treatment plan:

- ▶ Assessment (5)
- ▶ Plan Development (6)
- ▶ Crisis Intervention (2)
- ▶ Medication Support Services for Assessment/Evaluation/Plan Development (14) or urgent need (14) or NEW CODE Medication Support Urgent RN (15U)
- ▶ NEW CODE: Case Management (52) For Assessment Plan development, limited referral/linkage.



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

### These are Planned Services

These services **must** be on the **Treatment Plan** in order to bill for them  
in a Progress Note:

- ▶ Collateral (12)/ Group Collateral (120)
- ▶ Rehab (7)/ Group Rehab (70)/Intensive Home Based Services (IHBS)
- ▶ Therapy (9)/Family (41)/Group (10)
- ▶ Case Management (see Exception) (51) VRS-51/ICC-51
- ▶ Therapeutic Behavioral Services (TBS)
- ▶ Day treatment intensive
- ▶ Adult residential treatment services
- ▶ Crisis residential treatment services
- ▶ Medication Support (non-emergency) 15, 16(?)17, 19(?)



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

### You are Responsible for Reviewing the Treatment Plan

#### Steps to Success:

#### **A Billable Diagnosis & Good Enough Treatment Plan:**

- ▶ Billable Goals that address Medical Necessity
- ▶ Includes all interventions/service types that are provided
- ▶ Your service type is missing? Ask the clinician to add the service type to the plan
- ▶ **All billed Planned Services **MUST** address/link to the diagnosis on the Treatment Plan (and medical necessity goal).**



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

### Progress Note Content **EVERY NOTE**

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- ▶ **Billed services address Medical Necessity**
- ▶ You **MUST** explain how the services you provided to the client (or others for the sake of the client):
  - ▶ Reduced impairment
  - ▶ Restored functioning
  - ▶ Prevented significant deterioration in an important area of life functioning
  - ▶ Improve the mental health condition (age under 21)



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# BEHAVIORAL HEALTH & RECOVERY SERVICES

## Non-group Co-Providers

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Non-Group co-providers are **not** billed in the  
same Progress Note

**Each provider must write their own  
Progress Note for a Non-Group service.**



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# BEHAVIORAL HEALTH & RECOVERY SERVICES

## Non-group Co-Providers: Example #1

There is a meeting to address the client's increased symptoms of depression.

These people attend:

- ▶ Client
- ▶ Client's mother- worried about son
- ▶ BHRS MD - would like to increase medication dose
- ▶ BHRS Clinician – recommends family therapy to work on communication
- ▶ BHRS Family Partner – supports mother is voicing her concerns about her son and his suicidal gestures
- ▶ Caminar Case Manager- being added to the team to provide services in the home to improve structure, develop skill building & reporting to team about clients progress

**How many progress notes should be written? What are the correct service codes?**



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# BEHAVIORAL HEALTH & RECOVERY SERVICES

## Non-group Co-Providers: Example #1

There is a meeting to address the client's increased symptoms of depression.

These people attend:

4 notes

- ▶ Client
- ▶ Client's mother- worried about son
- ▶ BHRS MD - would like to increase medication dose (1 note, code 15)
- ▶ BHRS Clinician – recommends family therapy to work on communication (1 note, code 51)
- ▶ BHRS Family Partner – supports mother is voicing her concerns about her son and his suicidal gestures (1 note, code 12)
- ▶ Caminar Case Manager- being added to the team to provide services in the home to improve structure, develop skill building & reporting to team about clients progress (1 note, code 51)



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

### Non-group Co-Providers: Example #2

There is a meeting to address the client's increased symptoms of depression.

#### These people attend:

- ▶ Client
- ▶ BHRS MD - would like to increase medication dose
- ▶ BHRS Peer Worker – drove the client to the meeting, waited for the client outside
- ▶ BHRS Case Manager- reporting on the clients symptoms and recent 5150

**How many progress notes should be written? What are the correct service codes?**



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

### Non-group Co-Providers: Example #2

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There is a meeting to address the client's increased symptoms of depression.

These people attend:

**3 notes**



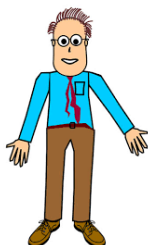
► Client



► BHRs MD - would like to increase medication dose  
(1 note, code 15)



► BHRs Peer Worker – drove the client to the meeting,  
waited for the client outside (1 note, code 55)



► BHRs Case Manager- reporting on the clients  
symptoms and recent 5150 (1 note, code 51)



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# BEHAVIORAL HEALTH & RECOVERY SERVICES

## Group Progress Notes

### YES

- ▶ Justify **why** two providers were needed
- ▶ Must be based on the client's needs, **not** the clinicians' needs

#### Examples:

- ▶ *Due to the unsafe behavior of several clients in the group today, two providers were required to maintain safety*
- ▶ *Both practitioners were needed, due to potential dysregulation of clients in the group, to remove or re-direct specific clients within the group to maintain safety of all clients in the group.*
- ▶ *Due to EBP requirements, two providers were needed to provide DBT group.*

### NO

- ▶ **Don't assume that groups need multiple providers**
- ▶ Many groups may only need 1 provider
- ▶ If an intern is there to learn how to run a group- do **NOT** bill for the intern



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

### Non-Billable Groups (code 55)

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- ▶ A “**Dual-Diagnosis Group**” that focuses **ONLY** on clients’ substance use recovery issues.
- ▶ A group that is an unstructured activity such as eating lunch, watching a movie, or going for a walk.





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## BEHAVIORAL HEALTH & RECOVERY SERVICES

#1 Way to **Increase** Productivity

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# Write a Progress Note!





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## BEHAVIORAL HEALTH & RECOVERY SERVICES

1# Reason for **LOW** Productivity

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# NOT writing Progress Notes!

55



***When in doubt code 55***

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## BHRS Mental Health SOC Documentation Updates Jan 2018

The assessment and treatment plan **MUST** be completed before planned services are provided.

**You MAY NOT provide Planned Services Prior to the completion of the assessment/treatment Plan. Planned services include:**

- ◆ Collateral (12) Group Collateral (120)
- ◆ Rehab (7) Group Rehab (70)
- ◆ Intensive Home Based Services (IHBS)
- ◆ Therapy (9) Family (41) Group (10)
- ◆ Case Management (51) VRS-51, ICC-51
- ◆ Medication Support 15, 16, 17, 19
- ◆ Therapeutic Behavioral Services (TBS)
- ◆ Adult residential treatment service
- ◆ Crisis residential treatment services

**You MAY provide these Unplanned Services prior to the completion of the assessment/treatment plan.**

- ◆ Assessment (5)/TBS Assessment
- ◆ Plan Development (6)
- ◆ Crisis Intervention (2)
- ◆ Medication Support for Assessment/Evaluation/Plan Development (14) or urgent need (14)
- ◆ Medication Support Urgent RN (15U)
- ◆ Case Management/Plan Dev/Assess/Linkage(52)

**within 3 Visits &  
60 days of admit**

Step 1 –Assessment within the first 3 Face to Face Sessions, if possible.  
Step 2 –Develop treatment plan with client.  
Step 3 –Provide planned services.

All Planned Service types must be on the treatment plan, including:

Medication Support,  
Rehab/Rehab Group  
Individual Therapy  
Group therapy  
Family Therapy  
Case Management  
TBS  
Collateral (Family Partners)

**For each service type include:**

- ◆ Duration (usually 12 months)
- ◆ Frequency, weekly, monthly, daily, 2x weekly, etc.- DO NOT use "AS NEEDED" or "PRN"
- ◆ Describe how the intervention will address the diagnosis, e.g.,  
(Med Sup) Address psychotic symptoms to stabilize the client in the community, reduce need for hospitalization. Continue to manage depression with mood stabilizer.

(9) Short-term CBT to develop a safety plan and coping strategies to deal with depression and paranoia.

(10) CBT group treatment to improve daily functioning and address ongoing symptom management of depression.

(51) Assist client with linkage and coordination of services to assist the client in maintaining living in the community and not needing a higher level of care.

(12) Assist parent in understanding the need to structured home like to reduce child's acting out.

Every plan must have a medical necessity goal that addressed the diagnosis.

Group progress notes **MUST** justify co-providers in every progress note, examples:

- ◆ Due to the unsafe behavior of several clients (i.e.... )two providers were required to maintain safety
- ◆ Both practitioners were needed due to potential dysregulation of clients in the group to remove or re-direct specific clients within group to maintain all clients in the group.
- ◆ Due to EBP requirements two providers were needed to provide DBT group.
- ◆ Co-provider assisted in role playing healthy communication skills throughout group.

## BILLING CODE REFERENCES & DESCRIPTIONS

### \$ TARGETED CASE MANAGEMENT (51) VRS-51, Katie A-ICC-51

- Communicate with others to assess, refer, monitor, evaluate services
- Coordinate w/others to access service
- Locate funding for living arrangement
- Referral/Access/ or Monitor needed services e.g., Medical Needs, MH Services, Social Support , Vocational
- Provide linkage to other services

### \$\$\$ CRISIS INTERVENTION (2)

- Assess immediate crisis
- Danger to Self/Other addressed/resolved
- Gravely Disabled addressed/resolved
- Stabilize immediate crisis

### Mental Health Services

### \$\$ ASSESSMENT(5), GROUP(50)

*Non MD/Non NP- Working on Assessment*

- Assessment/Medical Necessity
- Assessment/Diagnosis/MSE (by LPHA)
- Re-Assessment
- Assessment Addendum

- Behavioral or Needs Assessment
- CA/LOCUS
- Co-Occurring Assessment
- Conduct Psych Test (by PhD/PsyD)
- Review external information for assessment

### \$\$ PLAN DEVELOPMENT (6)

*Non MD/Non NP - Working on Treatment Plan*

- Develop client's Treatment Plan
- Gain Treatment Plan approval
- Evaluate Treatment Plan goal, progress
- Update/Modify client's Treatment Plan
- Treatment Plan Addendum

### \$\$ REHAB (7), VRS-07, Katie-A-IHBS-7, REHAB GROUP (70)

- Address Behavioral Health goal
- Address Behavioral symptoms & impact of/on health
- Coping skills development
- Daily living skills development
- Social skills development

### \$\$ COLLATERAL (12), GROUP (120)

- Not for working with other professionals
- Address client's MH w/support person/family
- MH Related-Parent/support person training
- MH Related- Psycho-educate support person

## BILLING CODE REFERENCES & DESCRIPTIONS

### \$\$ THERAPY INDIVIDUAL (9), FAMILY (41) & GROUP (10)

*LPHA, Trainee, RN w/Psych MS*

- Address Treatment Plan goals-therapy

### \$\$\$\$ MEDICATION SUP (15), GROUP (150)

*MD, NP, RN, LVN or LPT*

- Address health issues impacted by psychotropic meds or functional impairments
- Address psychiatric symptoms
- Evaluate med side effects/effect
- Medication education
- Obtain Med Consent
- Physician Update Assessment
- Develop Treatment Plan with medication support

### \$\$\$\$ MD/NP INITIAL ASSESSMENT (14)

- Physician Initial Assessment

### \$\$\$\$ RN INJECTIONS (16)

*MD, NP, RN, LVN or LPT*

- Injection

### \$\$\$\$ RN INJECTIONS (19)

*MD, NP, RN, LVN or LPT*

- Injection of Risperdal Consta or Invega Sustenna

### \$\$\$\$ MD TIME NOT MEDICARE BILLABLE (17)

*Not face to face MD or NP*

- Billable to Medi-Cal without client present- Not any of the things listed under (55)
- Chart review for medication
- Reports/letters- not SSI, not court
- Clinical Paperwork

## Unbillable Services (55)

- ⊗ Clerical task
- ⊗ Close a chart
- ⊗ CPS/APS report
- ⊗ Deceased client
- ⊗ Discharge Note
- ⊗ Family member referral
- ⊗ Preparation for service
- ⊗ Rep-Payee functions
- ⊗ Review/Prepare chart for release of information
- ⊗ SSI paperwork no client present
- ⊗ Tarasoff Report—making report
- ⊗ Translation only
- ⊗ Transportation of client – driving to appointment
- ⊗ Prepare, Testify, Wait in court
- ⊗ Write a letter for court
- ⊗ No service - missed visit - no show
- ⊗ Schedule appointments
- ⊗ Send or receive email, voicemail, fax



SAN MATEO COUNTY HEALTH

# BEHAVIORAL HEALTH & RECOVERY SERVICES

## Resources

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- ▶ **Updated Documentation Manual:**  
<http://www.smchealth.org/sites/main/files/file-attachments/bhrsdocmanual.pdf>
- ▶ **Updated treatment plans can be found at:**  
<http://www.smchealth.org/post/bhrs-client-treatment-recovery-plan>
- ▶ **For San Mateo County Contractors:**  
<http://www.smchealth.org/bhrs/providers/soc> and for Out-Of-County Youth Contractors  
<http://www.smchealth.org/bhrs/providers/oocy>
- ▶ **Policy Memo:**  
<http://www.smchealth.org/bhrs-policies/policy-memo-policy-memo-11-17-chart-documentation-requirement-updates>



SAN MATEO COUNTY HEALTH

# BEHAVIORAL HEALTH & RECOVERY SERVICES

Questions

