



BHRS MH Documentation Updates 2018 Clinical Staff Version



Three Main Points to Take Away

- ▶ The assessment and treatment plan **MUST** be completed before planned services are provided.
- ▶ Group progress notes must justifying co-providers.
- ▶ All services that your team provides must be on the treatment plan.

The answer to all 3 should be yes.

Billing for Planned Services





These are Planned Services

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 (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



Unplanned

You may provide these Unplanned Services prior to 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.



Assessment/Tx Plan Timeline Changes

Do this:

- ▶ Step 1 – Complete the Assessment within the first 3 sessions.
 - ▶ Step 2 – Then, develop the treatment plan with the client
 - ▶ Step 3 – Then you may provide planned services.
-



Do We Still have 60 days?

- ▶ Technically yes
- ▶ But in most cases the answer is no



Does this apply to School Based?

- ▶ The requirement still applies to your program
-
- ▶ Yes, you should complete the assessment and treatment plan with in the first three days/sessions
-



Does this apply Residential?

- ▶ The requirement still applies to your residential programs
-
- ▶ Residential problems may required that you complete the assessment before referring to them in some cases
 - ▶ After 3 days, if these needed documents are NOT completed residential (including Redwood House) can not bill.
-



You are Responsible

- ▶ All staff- if you are billing for planned services you must ensure the assessment and treatment plan are completed
 - ▶ Clinicians/supervisors are responsible for informing the team when they can bill and/or provide services
 - ▶ Any program/facility accepting a client is responsible for assessing and/or confirmed the assessment
-

Group Progress Notes





Group Progress Notes

YES

Justify why two providers were needed

Must be based on the client's needs, not the clinicians' needs

- ▶ 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.

NO

Don't continue to write group notes as normal

No program is currently meeting this requirement

Don't assume that all 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

Example of Group Notes Billing



Example.

Group time 50 minutes lead by Vanessa.

Jeannine (Intern) wrote progress notes and observed the group. Time to write progress notes for the group 40 minutes.

- ▶ Billed time:
- ▶ Vanessa face to face =50 min, other billable time =0, non-billable time =0.
- ▶ Jeannine face to face =0 min, other billable time (progress notes) =40, non-billable time =50

Justified co-provided group- both practitioners are needed

In this case:

- ▶ Vanessa face to face =50 min, other billable time = 0, non-billable time = 0.
- ▶ Jeannine face to face =50, other billable time (progress notes) = 40, non-billable time= 0

Treatment Plan Changes



Treatment Plans Requirements



Client Treatment and Recovery Plan

Client Treatment and Rec
Treatment Plan Items

Submit

Plan Name

Plan Type
 Initial Annual Update

CLIENT'S OVERALL GOAL/DESIRED OUTCOME - What the client wants to accomplish from treatment, in client's words.

To keep from getting hospitalized.

!!!DO NOT BACK DATE!!! Start Date is the date that you write/approve the plan.

Plan Start Date

Plan End Date

Did Client sign the Treatment Plan?
 Signed Electronically
 Verbal Approval
 Did Not Sign
 Signed Paper Copy
 Will Sign Printed Version of this Plan

Was Client offered a copy of the Treatment Plan?
 Yes-Accepted Yes-Declined No

Comments (Document the reason for the client not signing or not being offered a copy of the plan)

Who is the signature for?
 Client
 Parent/Guardian/Significant Other

Signature Date

Signature for Client, Guardian, Parent, or Other

Name

Treatment Plan Status
 Draft Pending Approval
 Final



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

Ep: 25 : 41... Location: 1950 A..
Problem P: - Attn. Pract.: No Entry
DX P: 296.24 ... Adm. Pract.: MONTO...

Allergies (5)

Chart

Client Treatment and Recovery Plan

Client Treatment and Rec
Treatment Plan Items

Submit

DIAGNOSIS / PROBLEMS / IMPAIRMENTS (displays current listing)

Major depressive disorder, with psychotic features, interferes with the client's ability to remain living in the community

Medical Necessity Goal?

Yes No

Add/Edit DIAGNOSIS/PROBLEMS:

Signs, symptoms and behavioral problems resulting from the diagnosis that impede client from achieving impairments related to the diagnosis must be addressed in all medical necessity goals.

Major depressive disorder, with psychotic features, interferes with the client's ability to remain living in the community. Client has been hospitalized 2 times in the past year due to development of psychotic features.

GOAL - Development of new skills/behaviors and reduction, stabilization, or removal of symptoms/impairments

I want keep from feeling so guilty about everything that I do.
I want to stop feeling so sad and worried about what others are thinking about me.

OBJECTIVES - Client's next steps to achieving goal. Must be observable, measurable and time-limited objectives/symptoms/impairments linked to the primary diagnosis.

Identify at least one thing I can do everyday to help myself feel better.
I will develop/use my crisis plan when I become worried about what other people thinking about me.

Medication Goal:

1. I will report increase in symptoms and changes in thoughts/behaviors/feelings

INTERVENTIONS - Describe in detail the interventions proposed for each service type. E.g. Clinician will provide

Last Diagnosis-Current

Episode: 25 Diagnosing
Practitioner :MEALEY,
JEANNINE DX:
Update 2017-12-28

Primary Dx: MEALEY,

Progress Notes with Face to

Ep: 25 : 417000 COASTSIDE ADULT

Location: 1950 ALAMEDA, SAN MATEO, CA

Problem P: -

Attn. Pract.: No Entry

DX P: 296.24 Major depressive disorder, single...

Adm. Pract.: BULLOCK,KIM

OBJECTIVES (displays current listing)

▼

No

What are the signs, symptoms and behavioral problems resulting from the diagnosis that impede client from achieving desired goals? Signs, symptoms and behavioral problems resulting from the diagnosis must be addressed in all medical necessity goals.

Behaviors and reduction, stabilization, or removal of symptoms/impairments.



Objectives must be observable, measurable and time-limited objectives that address the client's needs for achieving goal. Must be observable, measurable and time-limited objectives that address the client's needs for achieving goal.



Interventions proposed for each service type: Individual Therapy, Rehabilitation, Collaborative Case Management, etc.

- ANGER free of angry outbursts
- ANGER impulse stabilization
- ANXIETY free of anxiety
- ANXIETY panic attacks
- AOD cut down on use
- ASSAULT stop physically violence
- DAILY LIVING skills
- MOOD keep from feeling
- EATING eat healthy
- RELAPSE keep from getting worse
- SELF-CONTROL
- SELF-HARM RISK**
- SLEEP
- SOCIAL be involved
- SOCIAL more active
- SX MGMT improve my ability
- SX MGMT free of
- SX MGMT be safe
- SX MGMT stop feeling so
- WELLNESS improve my health
- WELLNESS improve how I feel

- Cut Ctrl+X
- Copy Ctrl+C
- Paste Ctrl+V
- Delete Delete
- SpellCheck F7
- Select All Ctrl+A
- System Templates**
- User Defined Templates
- Widget Templates



INTERVENTIONS-D describe in detail the interventions proposed for each service type. E.g. Clinician will provide individual the cognitive-behavioral techniques, to assist client with decreasing his depressive symptoms.

- Medication Support
- Group Therapy
- Collateral
- Rehab/Rehab Group
- Family Therapy
- TBS
- Individual Therapy
- Case Management
- Day Treatment

Medication Support Duration

- 12 Months
- 9 Months
- 6 Months
- 3 Months

Medication Support Frequency

Monthly

Medication Support Agency/Provider

Hung-Ming Chu MD

Medication Support Intervention Details

Address psychotic symptoms to stabilize the client in the community, reduce need for

Individual Therapy Duration

- 12 Months
- 9 Months
- 6 Months
- 3 Months

Individual Therapy Frequency

Weekly

Individual Therapy Agency/Provider

Jeannine Mealey LMFT

Individual Therapy Intervention Details

Short-term CBT to develop a safety plan and coping strategies to deal with depression and

Rehab/Rehab Group Duration

- 12 Months
- 9 Months
- 6 Months

Rehab/Rehab Group Frequency

Rehab Agency/Provider

Rehab Intervention Details

Group Therapy Duration

- 12 Months
- 9 Months
- 6 Months

Group Therapy Frequency

2 Tx Week

Group Therapy Agency/Provider

Coastside Adult

Group Therapy Intervention Details

CBT group treatment to improve daily fu and address ongoing symptom management

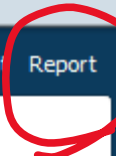
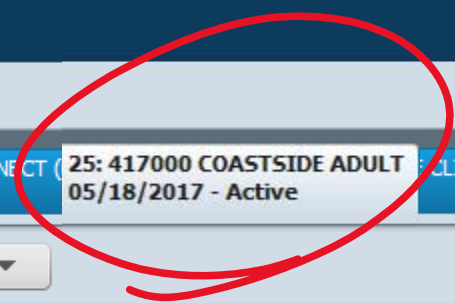
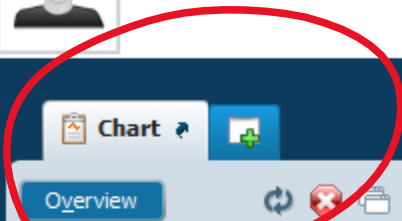
<p>Individual Therapy Duration</p> <p><input type="radio"/> 12 Months <input type="radio"/> 9 Months <input type="radio"/> 6 Months <input checked="" type="radio"/> 3 Months</p>	<p>Group Therapy Duration</p> <p><input checked="" type="radio"/> 12 Months <input type="radio"/> 9 Months <input type="radio"/> 6 Months <input type="radio"/> 3 Months</p>
<p>Individual Therapy Frequency</p> <p>Weekly</p>	<p>Group Therapy Frequency</p> <p>2 Tx Week</p>
<p>Individual Therapy Agency/Provider</p> <p>Jeannine Mealey LMFT</p>	<p>Group Therapy Agency/Provider</p> <p>Coastside Adult</p>
<p>Individual Therapy Intervention Details</p> <p>Short-term CBT to develop a safety plan and coping strategies to deal with depression and</p>	<p>Group Therapy Intervention Details</p> <p>CBT group treatment to improve daily functioning and address ongoing symptom management of</p>
<p>Family Therapy Duration</p> <p><input type="radio"/> 12 Months <input type="radio"/> 9 Months <input type="radio"/> 6 Months <input type="radio"/> 3 Months</p>	<p>Case Management Duration</p> <p><input checked="" type="radio"/> 12 Months <input type="radio"/> 9 Months <input type="radio"/> 6 Months <input type="radio"/> 3 Months</p>
<p>Family Therapy Frequency</p> <p></p>	<p>Case Management Frequency</p> <p>Weekly</p>
<p>Family Therapy Agency/Provider</p> <p></p>	<p>Case Management Agency/Provider</p> <p>Coastside Adult</p>
<p>Family Therapy Intervention Details</p> <p></p>	<p>Case Management Intervention Details</p> <p>Assist client with linkage and coordination of services to assist the client in maintaining</p>
<p>Collateral Duration</p> <p><input type="radio"/> 12 Months <input type="radio"/> 9 Months <input type="radio"/> 6 Months <input type="radio"/> 3 Months</p>	<p>TBS Duration</p> <p><input type="radio"/> 12 Months <input type="radio"/> 9 Months <input type="radio"/> 6 Months <input type="radio"/> 3 Months</p>
<p>Collateral Frequency</p> <p></p>	<p>TBS Frequency</p> <p></p>
<p>Collateral Agency/Provider</p> <p></p>	<p>TBS Agency/Provider</p> <p></p>
<p>Collateral Intervention Details</p> <p></p>	<p>TBS Intervention Details</p> <p></p>



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

Allergies (5)

How to print the plan



- Chart
- Overview
- 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 of Information
- Verification of Consent to Medication
- Treatment Plans
 - Client Treatment and Recovery Plan
 - Client Treatment Plan Addendum
 - Contractor/Field Based Treatment
 - BHRS Client Treatment and Recovery
- Progress Note Forms
 - Progress Notes with Face to Face
 - BHRS Outpatient Progress Note
 - Medication Administration Record
 - Day Treatment Daily Note
 - Day Treatment Weekly Summary
- Medical
 - Vitals Entry
 - AIMS (Abnormal Involuntary Move)
 - Physician's Initial Assessment (PIN)
 - Total Wellness SID
- Financial and Authorizations
 - Financial Eligibility
 - Day Treatment Authorization Approval
- Consents
 - Application for Services and Consent
 - Verification of Consent to Medication
 - Authorization for Use or Disclosure
 - Verbal Authorization for Release of Information

Client Treatment and Recovery Plan

Add Print All

28: AD412101 STARVISTA - ARCHWAY OPT (0) 07/07/2017 - 09/28/2017	27: ADRTX SERVICE CONNECT (0) 05/25/2017 - Active	25: 417000 COASTSIDE ADULT CLINIC (0) 05/18/2017 - Active	20: 419100 PA 03/27/2017 - A
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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



To add interventions or gain signature on the Client Treatment Plan Addendum

Name	Menu Path
Service Summary By Treatment Program	Avatar PM / Services / Service Reports
Day Treatment Daily Note	Avatar CWS / Progress Notes / Day Treatment Notes
Day Treatment Weekly Summary	Avatar CWS / Progress Notes / Day Treatment Notes
Client Treatment and Recovery Plan	Avatar CWS / Treatment Planning
Print Treatment Plan	Avatar CWS / Treatment Planning
Treatment Plan Sig Verification Report	Avatar CWS / Treatment Planning
Client Treatment Plan Addendum	Avatar CWS / Treatment Planning
Day Treatment Progress Notes Report	Avatar CWS / Reports / Progress Note Reports
Vivitrol / Naltrexone Injection List Rpt	Avatar CWS / Reports / Medical Reports
Treatment Plan Overdue Status Report	Avatar CWS / Reports / Documentation Status Reports
Day Treatment Authorization Report	Avatar CWS / Reports / Day Treatment Reports
Day Treatment Authization Tracking/Audit	Avatar CWS / Reports / Day Treatment Reports
Day Treatment Authorization	Avatar CWS / Other Chart Entry / Authorizations and Referrals / ...
Day Treatment Authorization Approval	Avatar CWS / Other Chart Entry / Authorizations and Referrals / ...

<= Previous 25 1 through 18 of 18 Next 25 =>



Client Treatment Plan Addendum

Avatar 2016

Home Jolly T

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

Ep: 25 : 417000 COASTSIDE ADULT
Problem P: -
DX P: 296.24 Major depressive disorder, single...

Location:
Attn. Pract.:
Adm. Pract.:

Chart Client Treatment Plan Addendum

• Addendum to Treatment

Submit

ONLY COMPLETE ITEMS TO BE ADDED TO AN EXISTING PLAN

Date of Addendum: 01/20/2018

Addendum to Treatment Plan (Select one): 01/15/2018-Jolly's 2018 Plan-JEANNINE MEALEY-TXC64663.00002

Comments: Met with client to review and approve this treatment plan.

INDIVIDUAL SIGNING - I have reviewed the Treatment Plan and / or Addendum indicated and agree with its contents.

Person Signing: Client Parent Guardian

Signature:

Click Here to Get Signature

SEND TO (For Co-Signature Only):

Status: Draft Final Pending Approval



Client Plan

- ▶ Client's signature on the treatment plan.
 - ▶ In all cases, a progress note should be written to describe the client's participation in the development of, and agreement with the client plan.
 - ▶ *Example progress note, The Client participated in treatment planning meetings on (date) and (date). The client participated in developing their treatment plan goals and interventions; in particular, the goals for (state goal or goals that the client gave specific input for). The client was satisfied with the client plan and stated agreement at the meeting held on (date).*
-

Client Plan- over the phone



- ▶ Clients should be seen in person, whenever possible to develop the treatment plan.
- ▶ The goal is to meet with the client in person. That should be the regular course of care, however the exceptions still exists.
- ▶ If there is an exception, there must be very good documentation in a progress note explaining why the client can not be seen in person.
- ▶ Examples that are justified to complete the plan over the phone- the client is a shut in, sick, or unable to leave the home for some reason.
- ▶ If someone can't make it in before their appt., we do it over the phone. When they come in, we meet, review it, and then they sign it.



Treatment Plans

NO

Do not write,

“Will get client to sign plan”

“Client refused to sign”

“Client was unable”

“Verbal approval”

YES

Yes, what to do. Write a progress note:

- ▶ *The Client participated in treatment planning meetings on (date) and (date). The client participated in developing their treatment plan goals and interventions; in particular, the goals for (state goal or goals that the client gave specific input for). The client was satisfied with the client plan and stated agreement at the meeting held on (date).*

Resources



- ▶ 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>

Questions

