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

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 where 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

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Plan Type</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Initial, Annual, Update</td>
</tr>
</tbody>
</table>

**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.**

<table>
<thead>
<tr>
<th>Plan Start Date</th>
<th>Plan End Date</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**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**

- 

**Treatment Plan Status**

- Draft
- Final

**Name**

- 

**Pending Approval**
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 impair the client from achieving goals 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 last 6 months due to development of psychotic features.

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

I want to 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.

OBJECTIVE 1 - Client's next step to achieving goal. Must be observable, measurable and time-limited objective.

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 others are thinking about me.

Medication Goal:
1. I will report increase in symptoms and changes in thoughts/behaviors/feelings.
Problem P: -
DX P: 296.24 Major depressive disorder, single...

NGS (displays current listing)

- No

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

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

Interventions proposed for each service type: Individual Therapy, Rehabilitation, Collaborative Case Management, etc.
INTERVENTIONS - Describe in detail the interventions proposed for each service type. e.g. Clinician will provide individual therapy and cognitive-behavioral techniques, to assist client with decreasing his depressive symptoms.

- Medication Support
- Group Therapy
- 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 Mealy LMFT

Individual Therapy Intervention Details:
- Short-term CBT to develop a safety plan and coping strategies to deal with depression and

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 function and address ongoing symptom management
**COUNTY OF SAN MATEO**

**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

**Family Therapy Duration**
- 12 Months
- 9 Months
- 6 Months
- 3 Months

**Family Therapy Frequency**

**Family Therapy Agency/Provider**

**Family Therapy Intervention Details**

**Collateral Duration**
- 12 Months
- 9 Months
- 6 Months
- 3 Months

**Collateral Frequency**

**Collateral Agency/Provider**

**Collateral Intervention Details**

**Group Therapy Duration**
- 12 Months
- 9 Months
- 6 Months
- **3 Months**

**Group Therapy Frequency**
- 2 Tx Week

**Group Therapy Agency/Provider**
- Coastside Adult

**Group Therapy Intervention Details**
- CBT group treatment to improve daily functioning and address ongoing symptom management of

**Case Management Duration**
- 12 Months
- 9 Months
- 6 Months
- 3 Months

**Case Management Frequency**
- Weekly

**Case Management Agency/Provider**
- Coastside Adult

**Case Management Intervention Details**
- Assist client with linkage and coordination of services to assist the client in maintaining

**TBS Duration**
- 12 Months
- 9 Months
- 6 Months
- 3 Months

**TBS Frequency**

**TBS Agency/Provider**

**TBS Intervention Details**
How to print the plan
To add interventions or gain signature use the Client Treatment Plan Addendum.

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<td>Avatar PM / Services / Service Reports</td>
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<tr>
<td>Day Treatment Daily Note</td>
<td>Avatar CWS / Progress Notes / Day Treatment Notes</td>
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<tr>
<td>Day Treatment Weekly Summary</td>
<td>Avatar CWS / Progress Notes / Day Treatment Notes</td>
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<td>Client Treatment and Recovery Plan</td>
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<td>Treatment Plan Sig Verification Report</td>
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<td>Client Treatment Plan Addendum</td>
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<td>Treatment Plan Overdue Status Report</td>
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<tr>
<td>Day Treatment Authorization Report</td>
<td>Avatar CWS / Reports / Day Treatment Reports</td>
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<tr>
<td>Day Treatment Authority Tracking/Audit</td>
<td>Avatar CWS / Reports / Day Treatment Reports</td>
</tr>
<tr>
<td>Day Treatment Authorization</td>
<td>Avatar CWS / Other Chart Entry / Authorizations and Referrals / ...</td>
</tr>
<tr>
<td>Day Treatment Authorization Approval</td>
<td>Avatar CWS / Other Chart Entry / Authorizations and Referrals / ...</td>
</tr>
</tbody>
</table>
Client Treatment Plan Addendum

ONLY COMPLETE ITEMS TO BE ADDED TO AN EXISTING PLAN

Date of Addendum: 01/15/2018

Addendum to Treatment Plan (Select one):
01/15/2018 Jolly's 2018 Plan: JENNINGS MEALEY-TX054663J00002

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

Signature:
Click Here to Get Signature

SEND TO (For Co-Signature Only):

Status:
Draft
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)."
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

**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).

**NO**

Do not write,

- “Will get client to sign plan”
- “Client refused to sign”
- “Client was unable”
- “Verbal approval”
Resources

- Updated Documentation Manual:

- Updated treatment plans can be found at:

- 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