



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

BHRS MH Documentation Updates 2019

Assessments & Treatment Plans



Main Points to Take Away

- ▶ The Assessment and Treatment Plan **must** be completed before Planned Services are provided.
- ▶ All Planned Services **must** be on the Treatment Plan.
- ▶ Assessment, Treatment Plan, & BILLED Progress Notes **must** address a billable diagnosis and impairment (this is “Medical Necessity”).



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BEHAVIORAL HEALTH & RECOVERY SERVICES

Main Reasons for Not Getting Paid for Services

▶ LOST REVENUE due to NO Treatment Plan for Service Date:

\$1.2 million in loss revenue for 2018

- ▶ Treatment Plan left in DRAFT or NOT co-signed
- ▶ No Treatment Plan completed
- ▶ Treatment Plan dates are incorrect

▶ AUDIT RISK AREA:

- ▶ Service is NOT on the Treatment Plan
- ▶ No Client Signature on Treatment Plan
- ▶ No billable diagnosis
- ▶ Assessment or Treatment Plan does NOT address the client's impairment related to diagnosis



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Assessment/Tx Plan Timeline

Follow these steps:

- ▶ **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.



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Do We Still have 60 days?

- ▶ You have 60 days but...
- ▶ Caution- Assessments & Treatment Plans must be completed **BEFORE** you can provide Planned Services.



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Assessment Still in Draft at DC?



ILT Initial Assessment v2

Assessment Type: (Indicates the type of staff involved in completing title of printed form.)

Assessment Date

Assessment Type

- ☐ Initial Assessment (Clinician, Casemgr.)
- ☐ Multidisc. Assessment (Includes MD Eval)
- ☐ Physician Initial Assessment (MD/NP)
- ☒ Screening/Additional Information

Draft/Pending Approval/Final

- ☐ Draft
- ☐ Pending Approval
- ☒ Final

- ▶ All Assessments **must** be finalized and submitted.
- ▶ You are responsible for ensuring that Assessments are **NOT left in Draft.**



Assessment Still in Draft?

- ▶ Fill in the areas of the Assessment that you were able to gather information in and still finalize.
- ▶ If you were **NOT** able to complete the Assessment due to loss of contact with the client:

▶ “unable to assess”



Significant Developmental Issues / Childhood Events / Family History / Immigration Hx

Unable to assess.

▶ Clinical Formulation

- ▶ Include any diagnostic details that were gathered and any information regarding the inability to complete the Assessment (ex: client disengaged in services).

▶ Progress Notes- document reasons

- ▶ Discharge PN - why you were unable to complete the Assessment (ex: made multiple attempts to reach client, client not engaged in services, client moved out of county etc.).



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Who is Responsible For Making Sure there is an Assessment & Treatment Plan?

- ▶ All staff: billing for Planned Services **must** ensure the Assessment and Treatment Plan are completed.
- ▶ Clinicians/Supervisors: are responsible for oversight of Assessment & Treatment Plan completion, and that all Planned Services are on the Treatment Plan.



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You Must Establish Medical Necessity

ASSESSMENTS **must** document that BECAUSE of the **billable diagnosis** the client needed services due to:

- ▶ a) A significant impairment in life functioning due to DX
- ▶ b) A probability of significant deterioration in an important area of life functioning;
- ▶ c) A probability the child will not progress developmentally as individually appropriate; or
- ▶ Age 21 and under years- can correct or improve MH condition


Avatar 2016

Home

Jolly T

Preferences Lock Sign Out Switch Help

JMEALEY



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

Epi: 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

Progress Notes with Face to

DIAGNOSIS / PROBLEMS / IMPAIRMENTS (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 last 12 months 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 are 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, JEANNINE

SMBHRS myAvatar UAT

AVPM (UAT)

12/29/2017 09:13:17 AM

98%

10



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Understanding the PRIMARY diagnosis.....

You are an eye doctor. The client has cancer & the client needs a new pair of glasses for far vision. You address the need for glasses. What is the Diagnosis?



Vision Impairment



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Understanding the PRIMARY diagnosis.....

You are an Nurse Practitioner at the Mental Health Clinic #1.

Your client is diagnosed with autism and bipolar. You are treating the bipolar illness with medications.

What is the primary diagnosis?



Bipolar Disorder



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Understanding the PRIMARY diagnosis.....

You are a clinician at the Mental Health Clinic #1.

Your client is diagnosed with Alcohol Use Disorder, and this is clearly the client's biggest impairment. He is also diagnosed with bipolar illness. You are treating the bipolar illness. What is the primary diagnosis?



Bipolar Disorder



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Understanding How to Select the DX

In general, look at the diagnosis in the DSM5 column to diagnose. For Autism Spectrum diagnoses, however, use DSMIV column to diagnose.

Autism Spectrum:

- We **were** able to update Avatar to correct the Autism Spectrum.
- If the diagnosis is one the following included diagnoses...
 - Rett's Disorder (F84.2)
 - Childhood Disintegrative Disorder (F84.3)
 - Asperger's Disorder (F84.5)
 - Other Pervasive Developmental Disorder (F84.8)
 - Pervasive Developmental Disorder Unspecified (F84.9)

Please use the codes below to correctly diagnose. You **MUST** also write in the name of the specifier in the diagnosis comment box—e.g. Rett's Disorder. Use the DSM IV to diagnose Autism Spectrum.

Rett's Disorder (F84.2) → Rett's Disorder (F84.2)
Childhood Disintegrative Disorder (F84.3) → Childhood Disintegrative Disorder (F84.3)
Asperger's Disorder (F84.5) → Asperger's Disorder (F84.5)
Other Pervasive Developmental Disorder (F84.8) → Pervasive developmental disorder NOS (F84.8)
Pervasive Developmental Disorder Unspecified (F84.9) → Pervasive developmental disorder NOS (F84.9)

Ignore this column

Look at this column for
Autism Spectrum specifier

Look at this column for
Diagnosing- We diagnose
with DSM 5

Diagnosis	ICD-9	ICD-10	DSMIV	DSM5
Autistic disorder	299.00	F84.0	Autistic disorder	Autism spectrum disorder
Rett's syndrome	330.8	F84.2	Rett's disorder	Other specified neurodevelopmental disorder
Other childhood disintegrative disorder	299.10	F84.3	Childhood disintegrative disorder	Other specified neurodevelopmental disorder
Asperger's syndrome	299.80	F84.5	Asperger's disorder	Autism spectrum disorder
Other pervasive developmental disorders	299.80	F84.8	Asperger's disorder	Other specified neurodevelopmental disorder
Pervasive developmental disorder	299.90	F84.9	Pervasive developmental disorder NOS	Other specified neurodevelopmental disorder
Pervasive developmental disorder, unspecified	299.90	F84.9	Pervasive developmental disorder NOS	Other specified neurodevelopmental disorder
Active autistic disorder	299.00	F84.0	Autistic disorder	Autism spectrum disorder
Active autistic disorder with active but odd behavior	299.00	F84.0	Autistic disorder	Autism spectrum disorder
Active infantile autism	299.00	F84.0	Autistic disorder	Autism spectrum disorder
Autism spectrum disorder	299.00	F84.0	Pervasive developmental disorder NOS	Unspecified autism spectrum disorder



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What is a Billable Diagnosis?

Check the ICD10 codes if you are not sure if it is billable.

<https://www.smchealth.org/sites/main/files/file-attachments/selectingcorrectdiagnosisavatar.pdf>

UPDATED 6/4/2019 - PLEASE READ

Selecting the Correct Diagnosis in Avatar- for Mental Health Programs

In general, look at the diagnosis in the DSM5 column to diagnose. For Autism Spectrum diagnoses, however, use DSMIV column to diagnose.

Autism Spectrum:

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Other Pervasive Developmental Disorder (F84.8)	→	Pervasive developmental disorder NOS (F84.8)
Pervasive Developmental Disorder Unspecified (F84.9)	→	Pervasive developmental disorder NOS (F84.9)

Ignore this column

Look at this column for
Autism Spectrum specifier

Look at this column for
Diagnosing- We diagnose
with DSM 5



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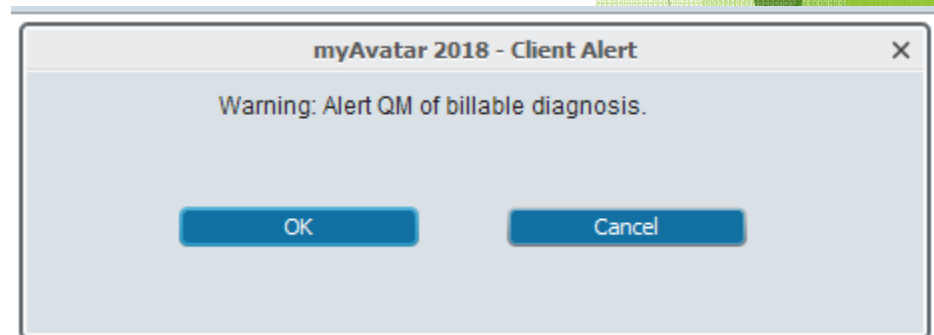
BEHAVIORAL HEALTH & RECOVERY SERVICES

What if there is NO Billable Diagnosis?

- ▶ Make sure that you understand what the Primary DX is.

Primary Diagnosis

- ▶ Talk with your supervisor about DX and decide if treatment will continue.
- ▶ Notify ASK QM if there is NO billable diagnosis.
- ▶ If there is a billable DX at some time- Notify QM





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Updating or Changing the Diagnosis

To **UPDATE** a diagnosis, complete the Reassessment v2 and check Update.

Assessment Type

☐ Reassessment ☒ Update

- ▶ Fill in the diagnosis
- ▶ Describe signs and symptoms that meet criteria for that diagnosis in the Clinical Formulation.



REMEMBER: An *UPDATE* does *NOT* count for a Reassessment and therefore does *NOT* change the timeline of the next due date for the 3 year Reassessment.





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Treatment Plan Process



Client Plan: Over the Phone



- ▶ Clients should be seen in person, whenever possible to develop the Treatment Plan.
- ▶ If there is an exception, **there must be very good documentation in a Progress Note.**

Examples

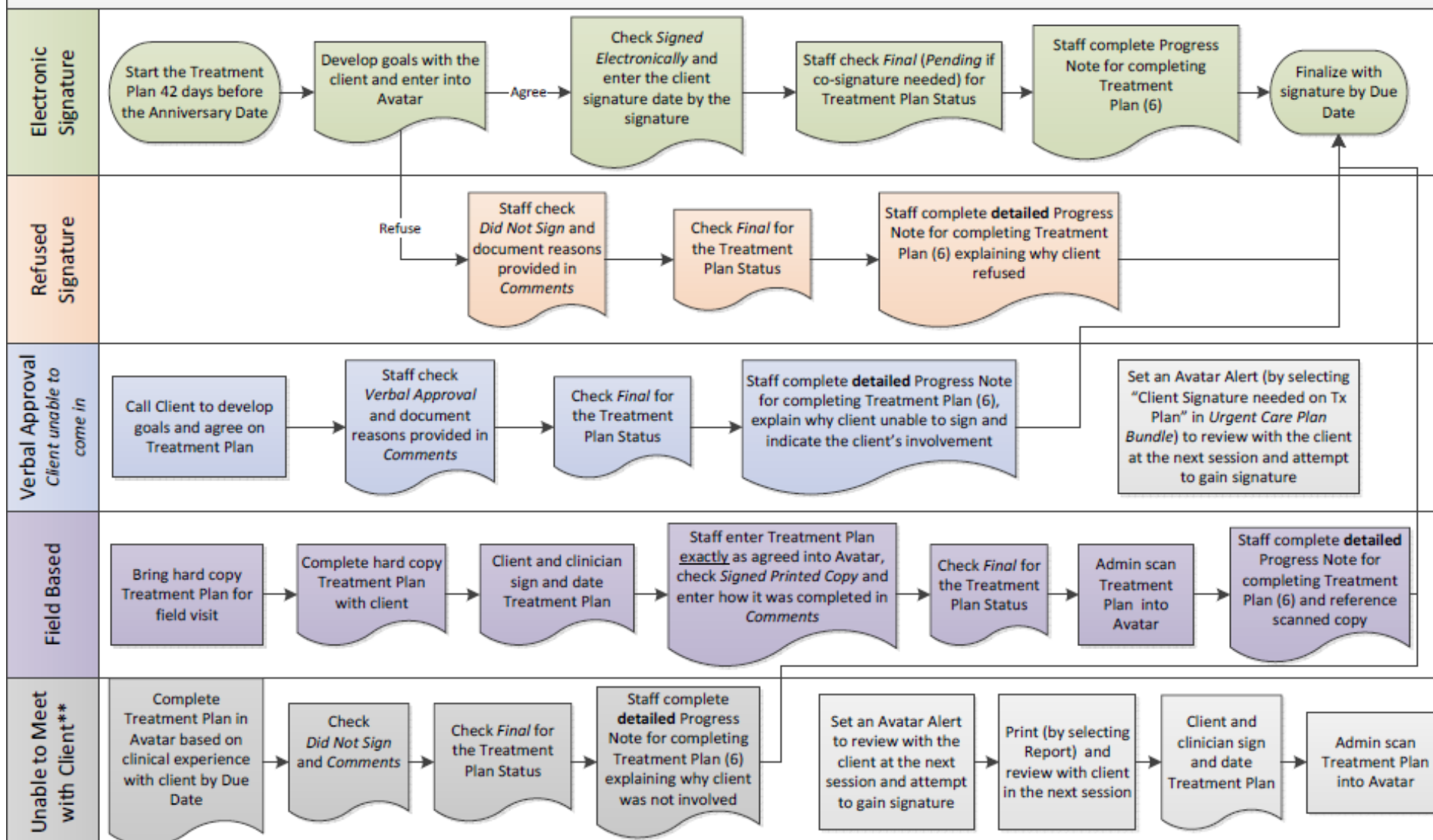
The client has severe agoraphobia, is sick, or unable to leave the home for some reason & not able to make it in-person to the appointment.

- ▶ *Do the plan over the phone. When they come in, review the plan, and sign the plan.*

Sample Progress Note for Tx Plan over phone:

- ▶ *"Ct was unable to come in person to the appointment due to being sick. Clinician and Ct completed treatment plan over the phone and developed goals & objectives. Ct agreed to the plan and gave verbal approval."*

Treatment Plans – The Due date is 60 days after admission for a new client and by the annual Anniversary date for an existing client.
If the Treatment Plan is late, enter the Start Date as the date completed not a previous date.



**** Completing without the client is the last resort and should only occur if the client is in a crisis or in a locked facility. If there are challenges with engagement, consider a goal around engaging the client or discuss with your Supervisor for potential discharge.**



Detailed Progress Note - Explain circumstances for lack of client involvement, electronic or hard copy signature. Do not write will obtain signature at next session.



Late Treatment Plan - The Start Date on a Treatment Plan cannot be changed. If a draft was started but not finalized, add a New Treatment Plan, click Yes to default plan information and finalize so the Start and Sign date match. Email QM to remove the draft version.



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Treatment Plan Requirements

Chart Client Treatment and Recovery Plan

Client Treatment and Recovery Plan

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

Treatment Plan Status

☐ Draft ☐ Pending Approval
☐ Final

Send To for Co-Signature



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

Rehab/Rehab Group Duration

☐ 12 Months ☐ 9 Months ☐ 6 Months

Medication Support Frequency

Monthly

Rehab/Rehab Group Frequency

Medication Support Agency/Provider

Hung-Ming Chu MD

Rehab Agency/Provider

Medication Support Intervention Details

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

Rehab Intervention Details

Individual Therapy Duration

☐ 12 Months ☐ 9 Months ☐ 6 Months ☒ 3 Months

Group Therapy Duration

☒ 12 Months ☐ 9 Months ☐ 6 Months

Individual Therapy Frequency

Weekly

Group Therapy Frequency

2 Tx Week

Individual Therapy Agency/Provider

Jeannine Mealey LMFT

Group Therapy Agency/Provider

Coastside Adult

Individual Therapy Intervention Details

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

Group Therapy Intervention Details

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



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My Views: 1-Clinical View **2-Clinical View** Assessment View

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 Pla
- 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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To **ADD** Interventions or gain signature
use 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



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 T Y

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.



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Client Treatment Plan Addendum

Addendum to Treatment

ONLY COMPLETE ITEMS TO BE ADDED TO AN EXISTING PLAN

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

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]

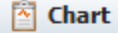
Rehab Intervention Details
[Text Area]



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

Allergies (5)

How to PRINT the plan



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 Cons
- Authorization for Use or Disclos
- Verbal Authorization for Release
- Verification of Consent to Medicati
- Treatment Plans**
- Client Treatment and Recovery Pla**
- Client Treatment Plan Addendum**
- Contractor/Field Based Treatment
- BHRS Client Treatment and Recovi
- 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 Appr
- Consents**
- Application for Services and Conse
- Verification of Consent to Medicati
- Authorization for Use or Disclosure
- Verbal Authorization for Release o

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 05/18/2017 - Active	26: 417000 COASTSIDE ADULT 05/18/2017 - Active	27: 417000 COASTSIDE ADULT 05/18/2017 - Active	28: 417000 COASTSIDE ADULT 05/18/2017 - Active	29: 417000 COASTSIDE ADULT 05/18/2017 - Active	30: 417000 COASTSIDE ADULT 05/18/2017 - Active	31: 417000 COASTSIDE ADULT 05/18/2017 - Active	32: 417000 COASTSIDE ADULT 05/18/2017 - Active
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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 acc

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



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People are Forgetting to Write Progress Notes

In all cases:

- ▶ Write a Progress Note
- ▶ Describe the client's participation in the development of, and agreement with the Treatment Plan.



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Client Plan:

People are Forgetting to Write Progress Notes

► *Example Progress Note:*

- *"The Client participated in treatment planning meetings on (date(s)). 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). The client signed the Treatment Plan and accepted/denied a copy of the plan."*



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Questions





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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 Contractor:
<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>
-