



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

BHRS Mental Health Documentation 2020

Treatment Planning focused on the goal



The Golden Thread

ASSESSMENT

- Complete the Assessment within the first 3 sessions (or so)

TREATMENT PLAN

- Develop the Treatment Plan with the client (within the first 3 sessions)

PROVIDE PLANNED SERVICES

- Then, you may provide **Planned Services**



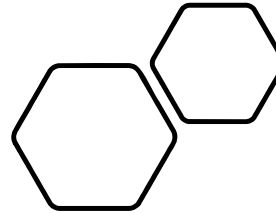
You have 60 days but...

You must complete BOTH
the Assessment or Assessment Review
&
the Treatment Plan

BEFORE you start providing Planned
Services



Treatment Plan Process



**FOR MEDI-CAL SPECIALTY MENTAL
HEALTH SERVICES:**

ALL PLANNED SERVICES **MUST** BE ON
THE TREATMENT PLAN.

EVEN IN THE FIRST 60 DAYS,
PLANNED SERVICES MUST BE ON
THE TREATMENT PLAN.

Billable Services

- Clinical staff are **REQUIRED** to write billable goals and interventions on the client's Treatment Plan
- Billed services **MUST** address the Treatment Plan and a billable (included mental health) diagnosis
- If billing under someone else's ([i.e., another program's](#)) Treatment Plan: You are **REQUIRED** to read the Treatment Plan's goals and interventions and address them in all billed Progress Notes
- To determine what is billable, you **MUST** review the Treatment Plan or ask your supervisor to review the Treatment Plan with you
- The goal to be addressed in a billable Progress Note **MUST** be one that is a **Medical Necessity Goal** on the Treatment Plan
- All billed Planned Services **MUST** address/link to the diagnosis on the Treatment Plan

You MAY
provide
unplanned
services prior
to the
completion of
the Assessment
and Treatment
Plan

Unplanned Services

- 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) – Injections if Urgent.
- Case Management/Plan Dev/Assess/Linkage (52)

Planned Services

- Collateral (12), Group Collateral (120), Rehab (7), Group Rehab (70), Intensive Home-Based Services (IHBS), Therapy Individual (9), Therapy Family (41), Therapy Group (10)
- Case Management (51), (VRS-51), (ICC-51)
- Medication Support (15), (16), (17) and (19)
- Adult Residential Treatment Services, Crisis Residential Treatment services, TBS



IN PERSON



BY PHONE



BY VIDEO

Clients should be seen in person **only** when it is safe and appropriate to do so to develop the Treatment Plan.

Developing the treatment plan over the Phone and by Video is fine too.



Services by Phone or Video

Phone Call or Video Conference with the Client/Family:

- Review/develop plan together
- Document your efforts to include the client in developing the treatment plan on the treatment plan and in progress note
- Bill for this service as Plan Development or Medication Support



Write a progress note that describes the client's participation in the development of, and agreement with, the Treatment Plan.

Sample Progress Note for Tx Plan over phone:

"Ct was unable to come in person to the appointment due to the public health emergency. Clinician and Client completed treatment plan over the phone and developed goals and objectives. Client agreed to the plan and gave verbal approval. Was unable to provide a copy of the plan due to not being able to meet with client in person because of COVID-19 restrictions."

Coding Services by Phone or Video

Phone and Video Services Coding

Use all of the regular service codes that you normally use. Still use billable codes.

Phone Service with Client

Time with client on PHONE is entered in

- “Other Billable Service Time”
- Location code is “PHONE” unless client is in a lockout location

Video Conferencing with Client

Time with client by VIDEO is entered in

- “Service Time Client Present in Person”
- Location code is “TELEHEALTH” unless client is in a lockout location





Developing the Treatment Plan

Utilize supports, resources and strengths to develop strategies or steps to accomplish the goal.



Treatment Plan Parts



CLIENT'S OVERALL GOAL/DESIRED OUTCOME

- The **client's desired outcome** from successful treatment.

DIAGNOSIS/RECOVERY BARRIER/PROBLEM

- **Primary Diagnosis' signs/symptoms/impairments**, and other barriers/challenges/problems. Describes the behavioral health symptoms and impairments that are the focus of treatment.

GOAL

- **The removal or reduction of the problem, new replacement behaviors.**

OBJECTIVE(S)

- **What the client will do to reach the goal.** S.M.A.R.T. (Specific, Measurable, Attainable, Relevant, Time-bound).

INTERVENTION(S)

- **The specific services that staff will provide.**

DURATION OF INTERVENTION

- **12 months.** A Client Plan in which all interventions have a duration of *less than one year* must be updated on time (before they expire), prior to the annual due date.

FREQUENCY OF INTERVENTION

- Be specific (e.g., daily, weekly, etc.) or as a frequency range (e.g., 1-4 x per month).
- Do not use terms such as "as needed" or "ad hoc"

Examples for Treatment Plans

Examples: DIAGNOSIS/RECOVERY BARRIER/PROBLEM

- Auditory hallucinations leading to self-harm and hospitalization.
- Exhibits angry behavior in class; refuses to complete tasks or accept help; learning disabilities impede progress in school.

Examples of Goals

- Reduce auditory hallucinations and improve symptom management.
- Get along better with others at school, without physical aggression.
- Will participate in job placement activities through Vocational Rehab Services (VRS).

Examples of Objectives

- From a baseline of 0, I will meet with MD 1x/month to discuss positive and negative impact of medication over the next 12 months.
- Within 12 months, I will identify at least 2 activities, from a baseline of 0 activities, that will help me not listen to negative voices.
- Within 12 months, I will have at least one friendly talk with peers 2-3 times per week, from a baseline of 0 friendly talks weekly.

Examples of Interventions

- Provide monthly medication support services to assess and monitor medication compliance, client's response and side effects.
- Provide rehab services weekly to assist client in performing ADLs and reducing anxiety.
- Provide targeted case management every 3 months, to coordinate with VRS, so client can reduce depression and achieve employment goals.
- Will provide Individual Therapy 1x per week, for 6 months, utilizing Cognitive-Behavioral techniques, to assist client to reduce his anxiety.
- Case Management twice monthly, to ensure that client is utilizing support/resources to maintain sobriety and address co-occurring issues.
- DBT-based individual therapy to reduce client's self-harming/cutting behaviors.

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

Rehab Agency/Provider

North Adult Team

Rehab Intervention Details

Daily living skills and social skills training group to assist client with reduction of paranoia.

Treatment Plan Interventions

All proposed interventions/service types must now include a description, in the *Intervention Details*, that is linked to the (included mental health) billable diagnosis.

The descriptions need not be lengthy, but should be specific enough so that all proposed interventions are in some way linked to treatment objectives that focus on the mental health diagnosis—i.e., how the interventions will address symptoms and/or functional impairments resulting from that diagnosis.

Poll Answers

1. Do I need to put in the specific name of the therapist/psychiatrist/other provider in the Interventions? Or can I just put the name of the team (e.g., “North County Mental Health”)?

Just the team. (But if you have the name of the therapist or MD, you can add that.) But in general, the team only is fine.

2. If I put the specific provider’s name in the Interventions, and the therapist/psychiatrist changes to a different one, do I need to redo the treatment plan?

No, not if the new provider is on same team. No new plan is necessary; just complete a *Client Treatment Plan Addendum*.

3. Do I need to put the provider on the treatment plan if the provider is from the PPN or other private provider (e.g., psychiatrist from Kaiser)?

No, you don’t need to add private providers because they do their own plans. At the current time, the only provider outside of your own team that you must include on the plan is TBS.

Example: *Intervention Details for DEPRESSION*

- *Individual Therapy:* Cognitive/Behavioral Therapy to increase client's self-esteem and reduce social isolation.
- *Medication Support:* Medication monitoring to assist in stabilizing mood—reduce depression.
- *Rehabilitation:* Coping skills and social skills training to help client manage depressive symptoms/improve daily functioning.



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**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Example: *Intervention Details for ADHD*

- *Collateral: Support and psychoeducation for parents regarding client's ADHD to improve client's focus and compliance with house rules.*
- *Family Therapy: to reduce client's hyperactivity and disruptive behaviors.*
- *Medication Support: Stabilize client—reduce hyperactivity and other ADHD symptoms.*
- *Case Management: Coordination with school staff to reduce client's disruptive behavior in the classroom.*

Example: *Intervention Details for SCHIZOPHRENIA*

- *Medication Support: Medication monitoring to increase psychiatric stability—reduce auditory hallucinations and paranoid ideation.*
- *Case Management: Linkage with vocational and social supports to improve daily functioning/manage psychotic symptoms.*
- *Rehabilitation Group: Daily living skills and social skills training group to assist client with reduction of paranoia.*



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**BEHAVIORAL HEALTH
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Example: *Intervention Details for* ANXIETY

- *Individual Therapy: CBT to help client to manage chronic fears and worries.*
- *Group Therapy: CBT group to reduce anxiety symptoms, develop coping skills.*



Treatment Plan Signatures

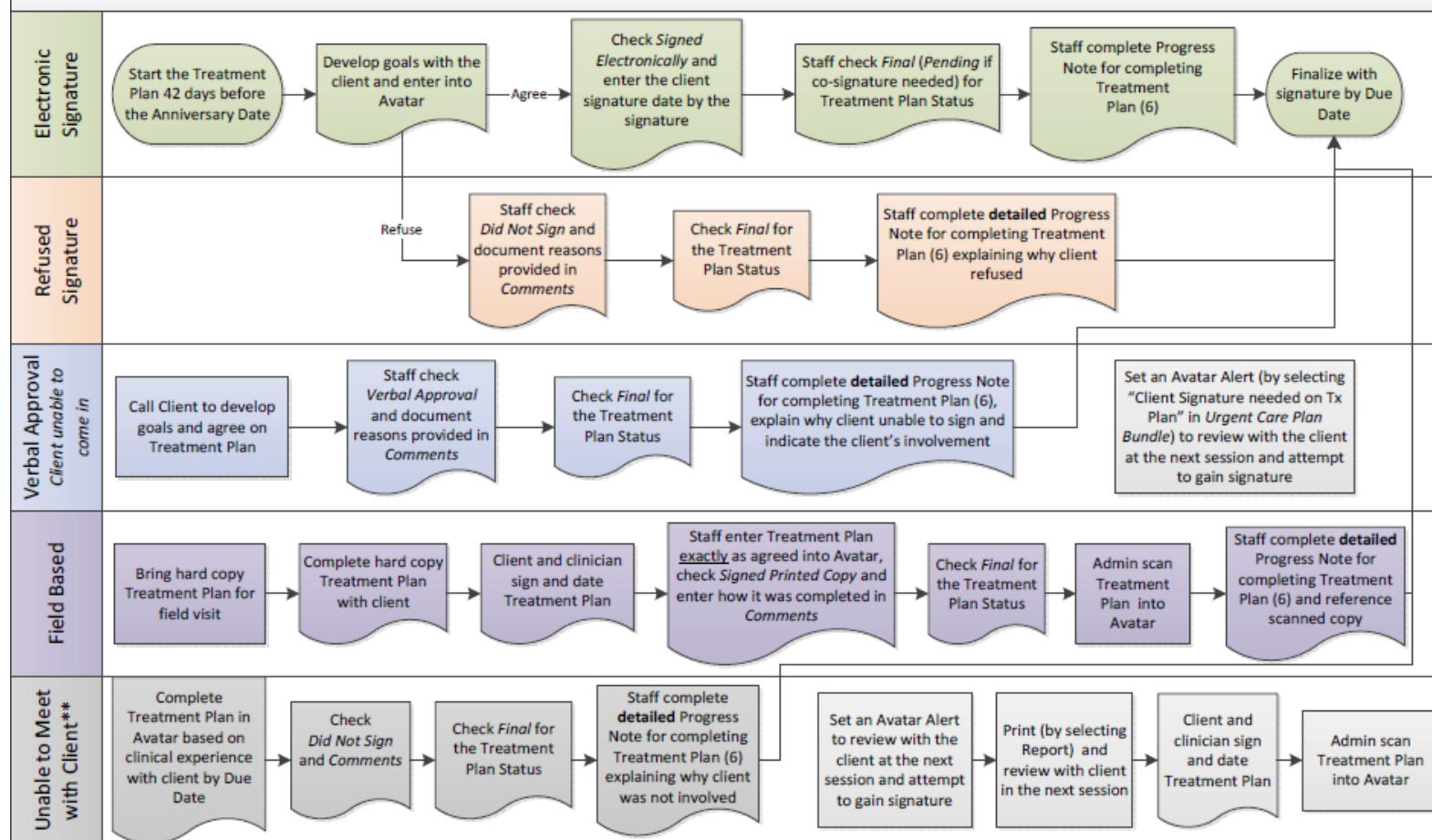
- All treating staff may participate in the treatment planning process and may bill for Plan Development (MDs use 15/17).
- A licensed or registered staff must sign/finalize the treatment plan.
- Licensed/registered staff include MD/NP/LMFT/LCSW/LPCC, and RN. (All RNs may sign/finalize treatment plans.)
- The Treatment Plan must include the following:
 - Provider's Signature with Degree/License/Job Title;
 - Date of Provider Signature (*i.e., date document completed*);
 - Client's signature* or documentation of client's verbal approval (WHO MUST APPROVE)

*If you are unable to get the client's/legal representative's signature, document the reason—e.g., “unable to meet in person due to [reason]; obtained verbal approval”, “client refused to sign”...etc. The reason should be documented both on the plan and in a Plan Development note. The progress note should include how the client participated in the formulation of the plan.



Treatment Plan Flow Chart

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.**

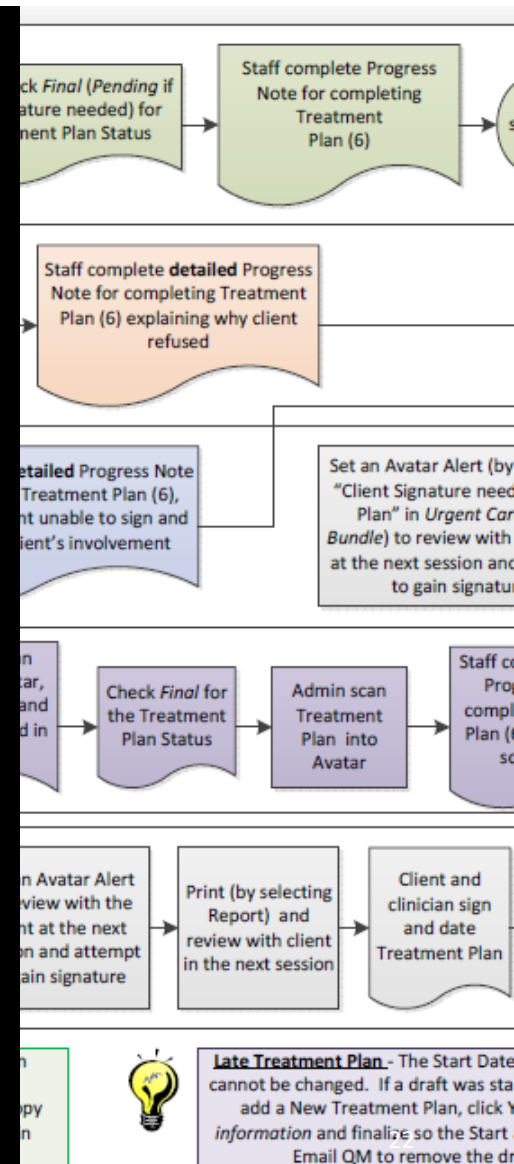


Detailed Progress Note - Explain circumstances for lack of client involvement, electronic or hard copy signature. Do not write will obtain signature at next session.



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.

A word about revenue...



Main Reasons for Not Getting Paid for Services

LOST REVENUE due to NO Treatment Plan for Service Date:

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

AUDIT RISK Areas:

- Service is **NOT** on the Treatment Plan
- No verbal approval on Treatment Plan/no Client signature/[No progress note to explain missing signature](#)
- No billable diagnosis
- Assessment or Treatment Plan does NOT address the client's impairment related to diagnosis



BHRS Avatar Issues

Entering the Plan into BHRS Avatar

Billing For Entering Into Computer

Deciding whether or not to bill for entering information into EMR:

Such decisions sometimes fall in the gray area. Staff should determine if they really provided a service *for the benefit of the client*, or not. This may help them to decide.

Non-Billable:

- Administrative tasks are not billable: typing, copying, emailing, scanning.
- Once the paper form is completed, you could give the treatment plan to administrative staff to enter into Avatar; this task is not billable (55).
- Translating the plan into Spanish or other language. Translation ONLY is not billable; this is a red flag for auditors.

Billable:

- Clinician is still formulating and completing the clinical treatment plan, *which could not be done by administrative staff*. This is billable as Plan development (6) or Medication Support (17).

Avatar 2016

Home
Jolly T
Preferences
Lock
Sign Out
Switch
Help
JMEALEY

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

Progress Notes with Face to

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 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,

SMBHRS myAvatar UAT AVPM (UAT) 12/29/2017 09:13:17 AM 98%

INTERVENTIONS-Describe in detail the interventions proposed for each service type. E.g. Clinician will provide individual th 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 fu and address ongoing symptom management

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

No Picture

Click Here to Get Signature

Name

Treatment Plan Status

☐ Draft

☐ Pending Approval

☐ Final

Send To for Co-Signature

28

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

Views: QM Testview Home 1-Clinical View **2-Clinical View** Assessment View

Client Staff Site

Forms & Data

Treatment Plan Interventions

Dx For Current Assessment V2

Clients

stone, Test V Mr (000930000)

My Forms

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 Record
- URGENT CARE PLAN Bundle
- POS Scan
- Child and Adolescent Needs and Strengths

Recent Forms

Selected Client: Test, Jolly T (000938760)

Episode: Episode #55 Admit : 08/01/2019

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

Start Date: 05/01/2019

End Date: 04/29/2020

Addendum Interventions:
Date: 05/03/2019

Episode: 50

Program: 410108 NORTH COUNTY TOTAL WELLNESS

Individual Therapy Duration: 9 Months

Individual Therapy Frequency: Every 2 Months

Start Date: 04/01/2019

End Date: 03/30/2020

Group Therapy Duration: 3 Months

Group Therapy Frequency: Weekly

Case Management Duration: 3 Months

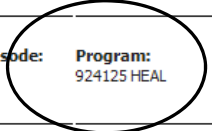
Case Management Frequency: Weekly

Episode: 49 Diagnosing Practitioner :BULL,INGALL DX: Admin

Primary Dx: BULL,INGALL, 311, Depressive disorder NOS, F32.9

Additional Dx: , "

Treatment Plan Overdue for Caseload



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 Rep	Avatar CWS / Treatment Planning
Client Treatment Plan Addendum	Avatar CWS / Treatment Planning
Day Treatment Progress M	
Vivitrol / Naltrexone Injec	
Treatment Plan Overdue S	
Day Treatment Authorizat	
Day Treatment Authorizat	
Day Treatment Authorizat	
Day Treatment Authorizat	

Client Treatment Plan Addendum

ONLY COMPLETE ITEMS TO BE ADDED TO AN EXISTING PLAN

Date of Addendum: 01/20/2018

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

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

Submit

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

Client Treatment Plan Addendum

Addendum to Treatment

Submit

ONLY COMPLETE ITEMS TO BE ADDED TO AN EXISTING PLAN

Date of Addendum

Addendum to Treatment Plan (Select one)

Comments

Add Interventions

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

☒ Medication Support ☐ Rehab/Rehab Group ☐ Individual Therapy ☐ Group Therapy

☐ Family Therapy ☐ Case Management ☐ Collateral ☐ 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

Rehab Agency/Provider

Medication Support Intervention Details

Rehab Intervention Details

Individual Therapy Duration

Family Therapy Duration

Avatar 2016

Home jolly T Out Switch Help JMEALEY

TEST, JOLLY (000938760)
M, 55, 12/05/1962 Allergies (5)

How to **PRINT** the plan

Chart

Overview

Client Information/Consent

- 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 Appr

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

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

Sort/Filter: Plan Name Plan Type Plan Status

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

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

Edit Print **Report**

33 p

QUESTIONS

EMAIL YOUR QUESTION TO HS_BHRS_ASK_QM@SMCGOV.ORG

