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.
• 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
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

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLIENT’S OVERALL GOAL/DESIRED OUTCOME</strong></td>
<td>The client’s desired outcome from successful treatment.</td>
</tr>
<tr>
<td><strong>DIAGNOSIS/RECOVERY BARRIER/PROBLEM</strong></td>
<td>Primary Diagnosis’ signs/symptoms/impairments, and other barriers/challenges/problems. Describes the behavioral health symptoms and impairments that are the focus of treatment.</td>
</tr>
<tr>
<td><strong>GOAL</strong></td>
<td>The removal or reduction of the problem, new replacement behaviors.</td>
</tr>
<tr>
<td><strong>OBJECTIVE(S)</strong></td>
<td>What the client will do to reach the goal. S.M.A.R.T. (Specific, Measurable, Attainable, Relevant, Time-bound).</td>
</tr>
<tr>
<td><strong>INTERVENTION(S)</strong></td>
<td>The specific services that staff will provide.</td>
</tr>
<tr>
<td><strong>DURATION OF INTERVENTION</strong></td>
<td><strong>12 months.</strong> A Client Plan in which all interventions have a duration of <em>less than one year</em> must be updated on time (before they expire), prior to the annual due date.</td>
</tr>
<tr>
<td><strong>FREQUENCY OF INTERVENTION</strong></td>
<td>Be specific (e.g., daily, weekly, etc.) or as a frequency range (e.g., 1-4 x per month).</td>
</tr>
<tr>
<td></td>
<td>Do not use terms such as “as needed” or “ad hoc”</td>
</tr>
</tbody>
</table>
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.
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.
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.
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
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).
**Interventions**

- **Medication Support**:
  - Frequency: Monthly
  - Agency/Provider: Hung-Ming Chu MD
  - Intervention Details: Address psychotic symptoms to stabilize the client in the community, reduce need for

- **Individual Therapy**
  - Frequency: Weekly
  - Agency/Provider: Jeannine Mealey LMFT
  - Intervention Details: Short-term CBT to develop a safety plan and coping strategies to deal with depression and

- **Group Therapy**
  - Frequency: 2 Tx Week
  - Agency/Provider: Coastside Adult
  - Intervention Details: CBT group treatment to improve daily functioning and address ongoing symptom management
### Client Treatment and Recovery Plan

#### Treatment Plan Items

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Plan Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Initial</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.

** 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 **

** Treatment Plan Status **

- Draft
- Pending Approval
- Final

** Send To for CoSignature **

Click Here to Get Signature
To ADD Interventions or gain signature use the Client Treatment Plan Addendum
How to PRINT the plan
QUESTIONS

EMAIL YOUR QUESTION TO HS_BHRS_ASK_QM@SMCGOV.ORG