

Documentation and Medical Necessity: Aligning for the Future



Welcome

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CMS Medicaid Documentation Requirements & ODJFS Rules

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ODJFS

What is Medicaid?

- * Public health care program funded by state and federal government
- * Provides necessary health care coverage to certain limited income individuals
- * Federal government requires states provide specific services, others optional

Medicaid administration

- * States administer program within broad federal guidelines set by CMS
- * ODJFS is Ohio's single state agency for Medicaid, OHP administers
- * ODJFS is permitted to delegate certain activities to state agencies

Medicaid program compliance

- * OAC rules are developed to implement ORC and federal requirements
- * Medicaid providers are required to abide by OAC rules

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Medicaid mental health documentation requirements

- * Medicaid State Handbook 4221 (D)
- * OAC Rule 5101: 3-27-02 (G)
- * OAC Rule 5122-27-06

What needed to be done?

- * Reconcile the three sources of requirements
- * Avoid any revisions in OAC Rule 5101: 3-27-02
- * Temporary Restraining Order

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Reconciliation via OAC Rule 5101: 3-27-05

- * Why use this rule?
- * Medicaid reimbursement rule addressing mental health

- * “Notwithstanding the provisions set forth in paragraph (G) of rule 5101:3-27-02 of the Administrative Code the agency shall be deemed to be in compliance with paragraph (G) of rule 5101: 3-27-02 of the Administrative Code if it satisfies all the requirements in rule 5122-27- 06 of the Administrative Code.”

- * What does this mean?
- * Fulfilling 5122-27-06 equates to satisfying 5101: 3-27-02

Questions

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Ohio Administrative Code (OAC) 5122-27-06 Progress Notes

Janel M. Pequignot, Chief, Standards Development &
Administrative Rules
Ohio Department of Mental Health

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The Ohio Department of
Mental Health would like to
thank the following
agencies and organizations
for their participation in this
project:

Thank You

- ▶ Appleseed Community Mental Health Center
- ▶ Bellefaire JCB
- ▶ Child Focus, Inc.
- ▶ Greater Cincinnati Behavioral Health Services
- ▶ Jewish Family Service Association of Cleveland
- ▶ Mental Health Services for Clark & Madison County, Inc.

Thank You

- ▶ Mental Health Services for Homeless Persons, Inc.
- ▶ Neighboring
- ▶ Ohio Association of Child Caring Agencies
- ▶ Ohio Association of County Behavioral Health Authorities
- ▶ Personal & Family Counseling Services of Tuscarawas Valley, Inc.
- ▶ Scioto Paint Valley Mental Health Center

Thank You

- ▶ Southeast, Inc.
- ▶ St. Joseph Orphanage
- ▶ St. Vincent Family Centers
- ▶ The Buckeye Ranch
- ▶ The Children's Home of Cincinnati
- ▶ The Ohio Council of Behavioral Health & Family Services Providers
- ▶ United Methodist Children's Home

Regulatory Reduction

- ▶ Less writing
 - Removes requirement that each progress note contains narrative
 - There may be times when narrative and/or long narrative is appropriate. However, this is based on clinical need, not a regulatory rule.
- ▶ Daily note rather than per service contact
 - Per individual service and provider of service

5122-27-06 Progress Notes

(A) The agency shall document progress or lack of progress toward the achievement of specified treatment outcomes identified on the individualized service plan (ISP).

Documentation of progress may be done through use of checklists and/or brief narrative.

Previous Requirements

- ▶ ODMH Progress Note Rule (Rescinded OAC 5122-27-06)
 - A narrative description of the provision of the service
 - Clinical observations, including a description of the response by the client to the service
- ▶ ODJFS Coverage & Limitations (OAC 5101:3-27-02)
 - The description of the activities of the service
 - The therapeutic interventions, as defined in rule 5122-24-01 of the Administrative Code, rendered by the provider
 - The behavior and the response to the intervention of the person served

5122-27-06 Progress Notes

- (B) Each individual staff providing services shall document progress or lack of progress each day that a service is provided.
- ▶ The requirement to document progress after providing a service is NOT new.

Previous Requirements

- ▶ Progress notes shall reflect progress or lack of progress toward the achievement of identified treatment outcomes.
- ▶ Documentation shall be completed for each service contact and shall include clinical observations, including a description of the response by the client to the service provision.

5122-27-06 Progress Notes

(B) Each individual staff providing services shall document progress or lack of progress each day that a service is provided.

The exception shall be the provision of group services, when a minimum of one staff person shall complete the progress note documentation.

(1) When multiple contacts of the same type of service are provided in one day, the staff may complete one progress note per day, rather than per service contact.

May vs. Shall

- ▶ “Shall” or “Must” denotes a mandatory requirement
- ▶ “May” or “Should” denotes a discretionary action, one that may or may not be taken at the agency’s discretion

5122-27-06 Progress Notes

(B) **Each individual staff** providing services shall document progress or lack of progress each day that a service is provided.

(2) **When the same staff person provides more than one type of service in the same day** to an individual client, e.g. behavioral health counseling and therapy service and community psychiatric supportive treatment service, **the staff shall complete a separate progress note for each different type of service provided.**

5122-27-06 Progress Notes

(C) Documentation shall include, at a minimum:

- (1) The date of the service contact;
 - (2) The time of day and duration of each service contact;
 - (3) The location of each service contact;
- ▶ These elements align with the previous rule and/or support billing

5122-27-06 Progress Notes

(C) Documentation shall include, at a minimum:

(4) A description of the service(s) rendered;

- ▶ Reminder: "...may be done through use of checklists and/or brief narrative."

5122-27-06 Progress Notes

(C) Documentation shall include, at a minimum:

(5) Whether or not the intervention provided is specifically authorized by the service plan that was developed based on a mental health assessment.

5122-27-06 (C)(5) Continued

The exception shall be the following circumstances, in which case the documentation must include the presenting problem in addition to the other requirements of this rule:

(a) Pharmacologic management service provided as the least restrictive alternative prior to completion of a mental health assessment, as described in paragraph (B) of rule 5122-29-04 of the Administrative Code, and

(b) Crisis intervention mental health service when not listed on the treatment plan;

This is New

- ▶ Each staff should ask him/herself each time:
 - “Is this service provided in accordance with the treatment plan?” (the “golden thread”; more about this later from Terry Jones, ODMH)
 - If not, may need to update the treatment plan and/or diagnostic assessment
- ▶ This Yes or No provides assurance to ODMH in the wake of promulgating a rule requiring less documentation.

(C)(5) - continued

- ▶ There is a link between this paragraph and (C)(4)
 - Demonstrating compliance with (C)(4) may also link to how the agency and/or clinician document this
 - Flexible Options

Flexible Options

- ▶ “Yes/No Prompt Question”
 - Most likely to be used when utilizing checklists to meet requirements of (C)(4)
- ▶ “Client Specific Checklists” to meet requirements of (C)(4)
 - Individualized checklists to describe the service provision. Checklists options are generated from each client’s ISP and are not the same for each agency client.
 - May also use “Yes/No Prompt Question”, but not a requirement
- ▶ Well-Written Narrative to meet requirements of (C)(4)
 - May also use “Yes/No Prompt Question”, but not a requirement

5122-27-06 Progress Notes

(C) Documentation shall include, at a minimum:

(6) The assessment of the client's progress or lack of progress, and a brief description of progress made, if any;

(7) Significant changes or events in the life of the client, if applicable;

(8) Recommendation for modifications to the ISP, if applicable; and

Why (C)(7) & (C)(8)?

- ▶ Meet continuity of care and treatment needs
 - Significant information must be documented.
 - Will the next service provider be able to read the record and have a picture of what has occurred up until that point?
 - Important to each accrediting body

“As Applicable”

- ▶ Documentation needs to exist only if the requirement is true
- ▶ For (C)(7) & (C)(8), there is no need to document anything if there are no significant changes or events, or if the provider is not recommending a modification to the ISP

5122-27-06 Progress Notes

(C) Documentation shall include, at a minimum:

(9) The signature and credentials, or initials, of the provider of the service and the date of the signature. The credentials are the provider's qualifications to provide the service according to the matrix in Chapter 5122-29 of the Administrative Code. A provider signing a progress note utilizing initials must maintain a signature sheet, including credentials, in the individual client record (ICR).

5122-27-06 Progress Notes

(D) Documentation in the progress note, or elsewhere in the individual client record, may include a notation that there is no change in the client's risk of harm to self or others, or, if there is a change, the results of a review of the client's ideation, intent, plan, access, and previous attempts.

- ▶ Remember Slide # 20: “May vs. Shall”

What do the Accrediting Bodies Say?

- ▶ ODMH did consult with TJC, COA & CARF at the beginning of the process
- ▶ ODMH has provided each with a copy of the final rule and discussed the final rule with representatives of each accrediting body
- ▶ No conflicts noted as long as progress and significant information is recorded in the clinical record

Questions

- ▶ Janel M. Pequignot, Chief
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- ▶ OMDH Rules Web Page
<http://mentalhealth.ohio.gov/what-we-do/protect-and-monitor/licensure-and-certification/rules/rules-in-effect.shtml>

Medicaid and Clinical Documentation

Presented by:
Terry R. Jones
Manager of Medicaid Program Compliance
Ohio Department of Mental Health

Medicaid Funding

- ▶ In Ohio, Medicaid funds behavioral healthcare services through the Psychiatric Rehabilitation Option.
- ▶ The Psychiatric Rehabilitation Option is often known as the “Rehab Option” or the “Medicaid Rehabilitation Option (MRO).”
- ▶ The MRO/Rehab Option pays for services rather than programs.
- ▶ Covered services include: Mental Health Assessment service, Behavioral Health Counseling and therapy service, Pharmacologic Management service, Crisis Intervention service, Partial Hospitalization service, and Community Psychiatric Supportive Treatment service.

Medicaid and Rehabilitative Services in Ohio

- ▶ Rehabilitation services are defined in federal law at 42 CFR 440.130 as
 - “any medical or remedial services (provided in a facility, home or other settings) recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law, for the maximum reduction of physical or mental disability and *restoration* of the individual to the best possible functional level.”

Medicaid Billing

- ▶ Providers bill for rehabilitative services on a client by client basis;
- ▶ The amount that a provider can bill is based on the client's assessed needs as outlined in a mental health assessment, treatment plan and the actual services that are delivered.

Clear Guidance

- ▶ The Rehab Option provides clear guidance for delivering, billing, and documenting services.
- ▶ Services must be related to a mental health diagnosis that is identified in a mental health assessment, with goals and objectives specified on an individualized service plan. Services must be ‘medically necessary.’

What is Medical Necessity ?

- ▶ “Medically necessary mental health services” refer to those mental health services, including but not limited to:
 - preventive,
 - diagnostic,
 - therapeutic,
 - rehabilitative and
 - palliative interventions,...provided for the symptoms, diagnosis and treatment of a particular disease or condition.”

5101:3-1-01 Medicaid: medical necessity.

- ▶ A) “Medical necessity” is a fundamental concept underlying the Medicaid program. Physicians, dentists, and limited practitioners render, authorize, or prescribe medical services within the scope of their licensure and based on their professional judgment regarding medical services needed by an individual. “Medically necessary services” are defined as services that are necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort.

What is Medical Necessity?

A medically necessary service must:

- (1). Meet generally accepted standards of medical practice;
- (2). Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome;
- (3). Be appropriate to the intensity of service and level of setting;

What is Medical Necessity?

- (4). Provide unique, essential, and appropriate information when used for diagnostic purposes;
- (5). Be the lowest cost alternative that effectively addresses and treats the medical problem; and
- (6). Meet general principles regarding reimbursement for Medicaid covered services found in rule 5101:3-1-02 of the Administrative Code.

Medical Necessity: Where Does It Begin?

- ▶ Starts with a qualified professional
 - Assessment: clinical and functional
 - Clinical Formulation: support for diagnosis
 - Diagnosis – necessary for all payers
 - Determination of level of care
 - Ordering treatment

- ▶ Scope of license issues

Medical Necessity

- ▶ Appropriately Qualified Clinician
- ▶ Clinically Appropriate Services and Interventions
- ▶ Delivered at appropriate Intensity and Duration

As Directed by an

- ▶ Individualized Service Plan

Designed to

- ▶ Improve functioning and symptoms or prevent their worsening

Based on

- ▶ Assessed Needs and an Approved Diagnosis

Documenting Medical Necessity

- ▶ Documentation is required by all payers.
 - OAC 5101:3-1-27 “...all Medicaid providers are required to keep such records as are necessary to establish medical necessity and to fully disclose the basis for the type, extent, and level of the services provided.”

Clear Guidance for Documentation

- ▶ Documentation focuses on the interventions delivered to meet the goals and objectives and the consumer's progress toward meeting goals and objectives.

Documenting Medical Necessity of Rehabilitation:

- ▶ Service focus is on teaching not providing – cueing, reminding, training, overcoming barriers.
- ▶ “Medical necessity” is based on functional criteria.
- ▶ **Community Psychiatric Supportive Treatment is *not* case management!**

The Medicaid Goal for Services:

- ▶ In all situations, the ultimate goal is to reduce the scope, duration and intensity of medical care to the least intrusive level possible which sustains health.
- ▶ The Medicaid goal is to deliver and pay for clinically appropriate, Medicaid-covered services that would contribute to the treatment goal(s).

Consumer & Recovery Focus:

- ▶ Within the rules, the MRO encourages a focus on recovery and consumer-centered services.
- ▶ The consumer goals and needs will drive the priorities within the treatment plan. Consumers will be reviewing their services and their progress toward goals with providers on a regular basis. The consumer must participate and work towards measurable goals with the right amount of provider support.

Additional Guidance for Behavioral Health:

- ▶ Rules that are incorporated into medical necessity for payment purposes:
 - Consumer must be able to be an active participant in their treatment; and
 - Consumer must have sufficient cognitive ability to benefit from the treatment;

Additional Guidance for Behavioral Health:

- ▶ Documentation must be clear about the consumer's participation in treatment:
 - Besides being present during the intervention– what else occurred?
 - Evidence that the plan has been developed with the active participation of the client;
 - Progress notes must document the services that were provided;

Consumer & Recovery Focus:

- ▶ Staff must empower the client towards goal completion. They must believe in recovery!

Role of Community Support:

- ▶ Community Support is a community-based, rehabilitative, and environmental support which is considered essential in assisting consumers in gaining access to necessary services and in restoring him or herself to the best possible functional level with the greatest degree of life quality enhancement, self efficacy, and recovery/resiliency, illness self-management, and symptom reduction possible.

5101:3-27-02 CPST Requirements

- ▶ A billable unit of service for CPST service may include either:
 - face-to-face,
 - telephone contact, or
 - video conferencing (pending)...between the mental health professional and the client
- ...or an individual essential to the mental health treatment of the client such as...?

The Golden Thread:

Mental Health Assessment

- ▶ determine and justify diagnoses,
- ▶ identify the symptoms,
- ▶ consumer personal goals,
- ▶ stressors, strengths, skills and
- ▶ functional deficits, etc and
- ▶ **establish baselines**

The Golden Thread:

Clinical Summary, Identified needs & Service Recommendations

- Justify type and intensity of services
- Prioritize areas of need and recommended services

The Golden Thread:

- ▶ Service Plan Goals
- ▶ Service Plan Objectives
- ▶ Interventions
- ▶ Progress Notes

The Golden Thread:

▶ Service Plan Goals

- Address the needs identified in the mental health assessment

The Golden Thread:

▶ Service Plan Objectives

- Measurable changes in consumer behavior/symptoms that are steps to meeting the specified goal

The Golden Thread:

▶ Interventions

- Service/Modalities + intensity appropriate to accomplish the objective

The Golden Thread:

▶ Progress Notes

- Tied to ISP goals and objectives,
- Describe the intervention specified in the service plan,
- Progress toward the specified goals and objectives, and
- Recommendations for modifications to the ISP, if applicable

The Golden Thread:

- ▶ Documentation linkage should be viewed as a reflection of the “Golden Thread“, not the Golden Thread itself.
- ▶ The “Golden Thread” is the real connection between the assessed consumer needs, strengths, preferences and personal goals and the individual service plan and services provided

The Golden Thread: Summary

- ▶ Clinical needs are identified through the mental health assessment;
- ▶ Clinical needs are transferred to the consumer's Individual Service Plan; and
- ▶ Progress toward goals are reported in the consumer's progress notes.

Paradigm Shift:

- ▶ We weren't taught to document and bill in a Medicaid environment.
- ▶ We were taught to provide services by following what supervisors and colleagues modeled for us.
- ▶ Supervisors must know and teach the requirements associated with the Medicaid Rehabilitative Option as well as they know and teach the clinical skills themselves.

Paradigm Shift:

- ▶ Too often, we are accustomed to “doing for” and not teaching skills that move someone from dependence to independence.
- ▶ If we change the way we are interacting to reflect a teaching modality, documentation of services has never been easier...
- ▶ But not without a major ideological shift in our approach to service delivery.

Paradigm Shift:

- ▶ What do our agencies tell us CPST is?
- ▶ What is it *really*?
- ▶ Traditional approaches to community mental health emphasized “Do anything the client needs you to do” or “Do whatever is necessary for the client...”

Paradigm Shift:

This is inherently in conflict with:

- Current regulatory requirements associated with Medicaid as a funder, compared with block grants and other grant funding to serve this population.
- The Recovery Model

Today's supervisors and program directors are often teaching from a platform that is outdated and not reflective of current regulatory and fiscal parameters.

(Oral tradition)

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QUESTIONS and ANSWERS

Audience and Panel Discussion

PROVIDER PANEL: SAMPLE FORMS & LESSONS LEARNED

Appleseed Community Mental Health Center

Michael Coffman, LPCC-S
Clinical Director



Community Mental Health Center

Our History

- 1991 – Appleseed Community Mental Health Center Established as a 501c3, Private, Not-For-Profit, Comprehensive Community Mental Health Center.
- 1994 – Added Housing Program
- 1995 – Added Services to Youth & Children
- 1997 – Added Rape Crisis Services
- 2006 – First Three year CARF Accreditation
- 2006 – Added Domestic Violence Safe Haven Shelter

Small Rural Community

- Serving a Population Base of 55,000 +
- Brief Composition:
 - 97% White
 - 3% African American, Hispanic, Asian, Amish, Other
 - Median Income: \$43,000
 - 12% – 13% of the Population is Below Poverty
 - Number ACMHC Clients at or Below Poverty: 69%
 - 2429 Adults and Youth Served in FY 2009

Services Currently Offered

- Emergency Services and Crisis Intervention
- Diagnostic Assessment
- Psychiatric Services for both Youth and Adult Populations
- Individual and Group Counseling
- Youth and Family Counseling (In Office or Intensive Home Based Services)
- Case Management Services for Youth and Adult Populations
- ACT Teams (including forensic monitoring)
- Supported Employment

Services Currently Offered

- EAP Wellness Partnerships
- Integrated Dual Disorder Treatment
- Housing and Housing Assistance
- Keys to Transition
- Rape Crisis
- Domestic Violence Shelter
- School/Community Liaison Program
- Jail Services
- Keeping Families Strong (KFS)

The Progress Note Project

- 2009 Retooled Our ISP
 - Updated Information on Salient Components of a Dynamic Treatment Plan
 - Found a Need to Re-educate on How to Link Progress to a Good Treatment Plan vs. A Paper Tiger
 - Lead to a Committee Dedicated to Finding Ways to Work Smarter and More Efficiently
 - Another Motivator: Changes in Auditing

The Progress Note Project

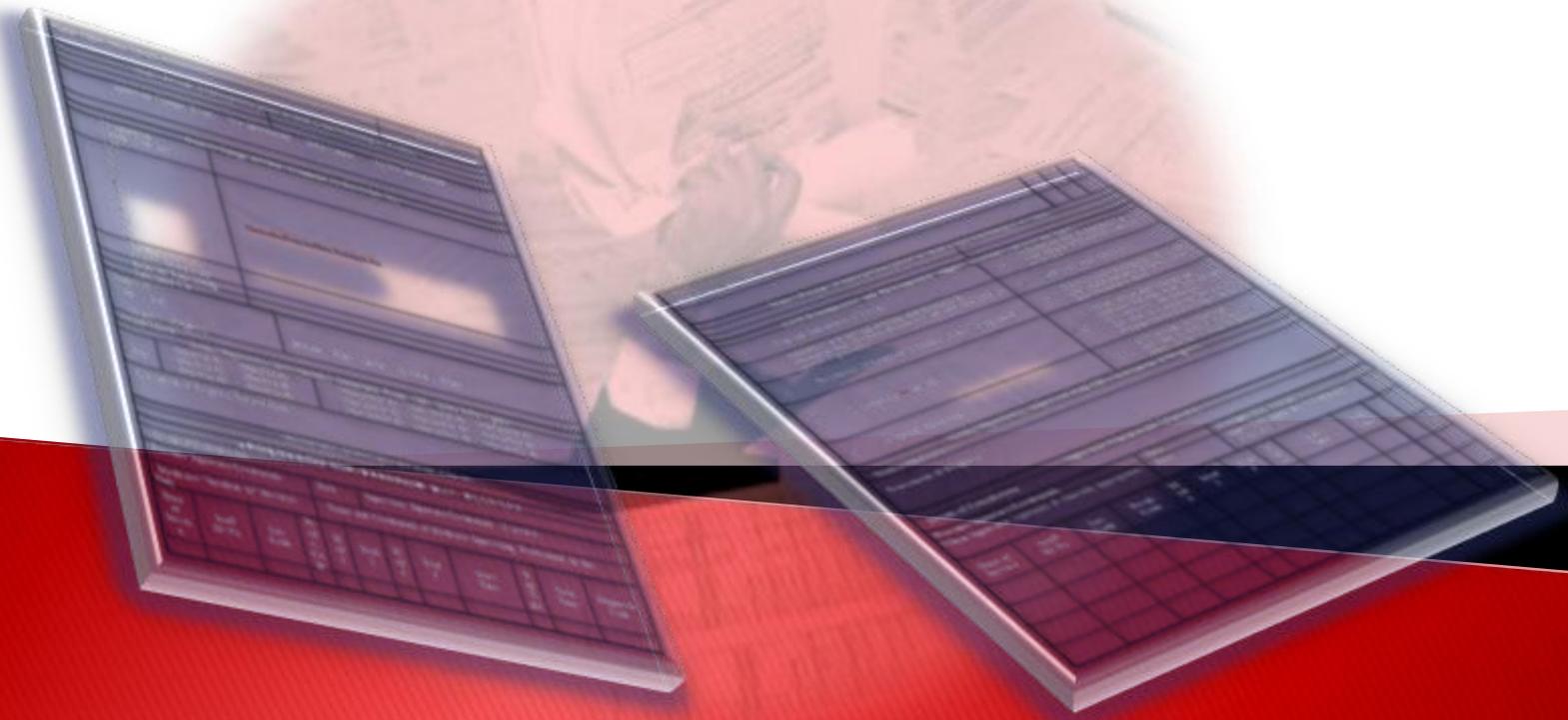
- Immediate Reaction
 - Confusion, Euphoria, Mistrust & Slow Acceptance (In That Order)
 - Acknowledgement of a Change of the Second Order and a Paradigm Shift in Conceptualizing Documentation Mandates
 - Recognize the Need to Re-Think and Train to Focus on Treatment Outcomes Based on Client's Goals
 - Biggest Hurdle: Being Brief (Easier Said Than Done)

The Progress Note Project

- Still Evolving: The Form Focuses The Treatment
 - Move Away From a Standardized Form Assisted in Looking at the Law to Individualize Forms vs. What Was Generally Accepted as Standard but Not Necessary According to the Rule
 - Result: Doing More Work than Needed Contributes to Burnout, Decreased Quality of Care and Productivity

The Progress Note Project

- A Quick Peek at Our New Forms (Still in Process)



**APPLESEED COMMUNITY MENTAL HEALTH CENTER, INC.
COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRESS NOTE**

| Client Name (First, MI, Last) | | | | | | | | Client No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Client Present (if others present, please list name(s) and relationship(s) to client) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Significant Changes/Events (if applicable) <input type="checkbox"/> Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation for Modifications to ISP (if applicable) <input type="checkbox"/> Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CPST Rehabilitative and Environmental Support Activities (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1. Ongoing Assessment of Needs. | | | | <input type="checkbox"/> 6. Coordination and/or assistance in crisis management and stabilization as needed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2. Assistance in achieving personal independence in managing basic needs as identified by the individual and/or parent or guardian. | | | | <input type="checkbox"/> 7. Advocacy and outreach. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3. Facilitation of further development of daily living skills. | | | | <input type="checkbox"/> 8. Education and training specific to the individuals assessed needs, abilities, and readiness to learn. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 4. Coordination of the ISP. | | | | <input type="checkbox"/> 9. Mental health interventions that address symptoms, behaviors, thought processes, etc., that assist an individual in eliminating barriers to seeking education and employment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5. Symptom monitoring. | | | | <input type="checkbox"/> 10. Activities that increased the individual's capacity to positively impact his/her own environment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Goal(s)/Objective(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brief Description of Service/s and Progress Toward Goal/s and Objectives: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Provider Signature/Credentials | | | | | | Date | | Provider No. (optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client Signature (optional, if clinically appropriate) | | | | | | Date | | Supervisor Signature/Credentials (if needed) | | | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor Consultation (if needed): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse; text-align:center;"> <thead> <tr> <th>Date of Service</th> <th>Staff ID No.</th> <th>Loc. Code</th> <th>Prctr. Code</th> <th>Mod 1</th> <th>Mod 2</th> <th>Mod 3</th> <th>Mod 4</th> <th>Start Time</th> <th>Stop Time</th> <th>Total Time</th> <th>Diagnostic Code</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | | | | | | | | | | | | | Date of Service | Staff ID No. | Loc. Code | Prctr. Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Start Time | Stop Time | Total Time | Diagnostic Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Service | Staff ID No. | Loc. Code | Prctr. Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Start Time | Stop Time | Total Time | Diagnostic Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**APPLESEED COMMUNITY MENTAL HEALTH CENTER, INC.
COUNSELING PROGRESS NOTE**



| Client Name (First, MI, Last) | | | | | | | | Client No. | | | | | |
|---|--------------|-----------|-------------|-------|-------|--|-------|--|-----------|------------|-----------------|------|--|
| Others Present at Session: If others present, please list name(s) and relationship(s) to the client: <input type="checkbox"/> Client Present <input type="checkbox"/> Client No Show/Cancelled | | | | | | | | | | | | | |
| Stressor(s)/ Significant Changes in Client's Condition (for face-to-face visit) | | | | | | | | | | | | | |
| <input type="checkbox"/> No Significant Change from Last Visit | | | | | | | | | | | | | |
| <input type="checkbox"/> Mood/Affect | | | | | | | | | | | | | |
| <input type="checkbox"/> Thought Process/Orientation | | | | | | | | | | | | | |
| <input type="checkbox"/> Behavior/Functioning | | | | | | | | | | | | | |
| <input type="checkbox"/> Substance Use | | | | | | | | | | | | | |
| Danger to: <input type="checkbox"/> None <input type="checkbox"/> Self <input type="checkbox"/> Others <input type="checkbox"/> Property | | | | | | <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Attempt <input type="checkbox"/> Other: | | | | | | | |
| Goal(s)/Objective(s): | | | | | | | | | | | | | |
| Therapeutic Intervention and Progress Toward Goal's: | | | | | | | | | | | | | |
| Recommendation for Modification and Update of the ISP if Applicable: | | | | | | | | | | | | | |
| Provider Signature/Credentials | | | | | | Date | | Supervisor Signature/Credentials (if needed) | | | | Date | |
| <input type="checkbox"/> Medicare "Incident to" Services Only | | | | | | | | Supervisor Signature/Credentials (if needed) | | | | Date | |
| Supervisor Consultation (if needed) | | | | | | | | | | | | | |
| Date of Service | Staff ID No. | Loc. Code | Prcdr. Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Start Time | Stop Time | Total Time | Diagnostic Code | | |
| | | | | | | | | | | | | | |
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The Progress Note Project

- Anticipated Efficiencies:
 - Reduce Time in Documentation
 - Increased Focus on Quality Care
 - Possible Effect on No-Show Rate
 - Increased Productivity
 - Decrease in Burnout and Documentation Anxiety
 - Increased Focus on Developing and Maintaining Meaningful Treatment
 - Greater Focus on Care vs. Paperwork
 - Less Time to Ensure I's dotted & T's crossed

The Progress Note Project

- Positioning For the Future
 - Training on How to Make Documentation a “Palatable” Experience
 - Documenting Toward Outcomes to Increase Quality of Care
 - Increasing the Understanding and Linkage Between 3 Main Clinical Documents (MHA, ISP, Progress Note)
 - Tracking Outcome Measures on Progress via Each Clinician

We Think This Helps with
Clarity and Supports a Way
Through the Documentation
Maze!

Greater Cincinnati Behavioral Health Services

Amy Flesher
Quality Assurance Director & Compliance Officer

Greater Cincinnati Behavioral Health Services

- Cincinnati OH–Hamilton County–Large Urban
- 3,400 SMD adults (4,000 per year)
- Case Management, ACT (+ 4 specialty ACT) Psychiatric Services, Psychiatric Nursing, Payees Counseling, Day Program, Vocational Services
- 140 direct service staff
- 75% of services are field-based
- Primarily CPST and Psychiatric Services
- EMR status–Currently scan paper forms; no direct entry; plan to auto-extract data elements for import into database

Efficiencies

- Fewer areas to document (12 to 7; 2 pg to 1)
- Save approximately 5–10 minutes per note
- Even more time savings for multiple services in one day
- Estimate: CUT DOCUMENTATION TIME IN HALF
- Able to rate progress for day vs. intervention
- Checkbox format will allow us to extract more data using scanning software
- Not necessary to restate need for services in each progress note–will improve quality and clarity of Assessment Updates and ISPs

Challenges

- ▶ Will require significant training
- ▶ Take time to “trust” that it’s ok to write less
- ▶ More efficient, but still need to document for care coordination, liability and utilization mgt
- ▶ Big changes have unforeseen impact on processes–PILOT!!!
- ▶ Still faced with full EMR implementation challenges–75% field based services

Staff Feedback

- ▶ LOVE IT!!! (can we start using it now???)
- ▶ Is there going to be more space if I need it?
- ▶ Much more clear; better flow
- ▶ Ability to combine shorter services (4 minute phone call) with other interventions is great!
- ▶ When is an event “significant”?
- ▶ Supervisor view–Much easier to read one note per day vs. piecing together multiple

Greater Cincinnati Behavioral Health Services
Progress Note-CPST

Amx CLIENT label

Amx STAFF label above

Date of Service

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| M | M | D | D | Y | Y | Y | Y |

Service Codes: H0036 – CPST M3149 – CoTx-safety H0031 - MH Assess no bill
 Location Codes: 53-GCB 12-Cit Home 59-Community 51-Summit 09-Jail
 Mod 1: HE-face-to-face GT-phone HQ-group Mod 2: UK-Client Not Present

| Start Time | End Time | Service Code | Mod 1 | Mod 2 | Location |
|------------|----------|---|---|-----------------------------|---|
| | | <input type="checkbox"/> H0036 <input type="checkbox"/> M3149 | <input type="checkbox"/> HE <input type="checkbox"/> GT <input type="checkbox"/> HQ | <input type="checkbox"/> UK | <input type="checkbox"/> 53 <input type="checkbox"/> 12 <input type="checkbox"/> 99- <input type="checkbox"/> 51 <input type="checkbox"/> 09 |
| | | <input type="checkbox"/> H0031 <input type="checkbox"/> no bill | <input type="checkbox"/> HE <input type="checkbox"/> GT <input type="checkbox"/> HQ | <input type="checkbox"/> UK | <input type="checkbox"/> 53 <input type="checkbox"/> 12 <input type="checkbox"/> 99- <input type="checkbox"/> 51 <input type="checkbox"/> 09 |
| | | <input type="checkbox"/> H0036 <input type="checkbox"/> M3149 | <input type="checkbox"/> HE <input type="checkbox"/> GT <input type="checkbox"/> HQ | <input type="checkbox"/> UK | <input type="checkbox"/> 53 <input type="checkbox"/> 12 <input type="checkbox"/> 99- <input type="checkbox"/> 51 <input type="checkbox"/> 09 |
| | | <input type="checkbox"/> H0031 <input type="checkbox"/> no bill | <input type="checkbox"/> HE <input type="checkbox"/> GT <input type="checkbox"/> HQ | <input type="checkbox"/> UK | <input type="checkbox"/> 53 <input type="checkbox"/> 12 <input type="checkbox"/> 99- <input type="checkbox"/> 51 <input type="checkbox"/> 09 |

Program: Case Management CU TSS
 Homelink CLS Welcome Center

Team: _____ Date entered: _____

Treatment Outcome(s) from the ISP addressed by this intervention(s)

- Psychiatric Improvement
- Improved Management of SAMI Issues
- Medical and Health Wellness and Personal Safety
- Housing Stability
- Barriers to Employment, Education, Meaningful Activities
- Independent Living Skills
- Personal and Social Skills/Empowerment

CPST Activity Directions: Check the box(es) that best describe the CPST activity(s).

- Ongoing assessment of needs
- Assistance in achieving personal independence in managing basic needs
- Facilitation of further development further development of daily living skills
- Coordination and/or assistance in crisis management and stabilization
- Coordination of the ISP
- Education and training specific to the individual's assessed needs, abilities and readiness to learn
- Address symptoms, behaviors, thought processes, that assist in eliminating barriers to seeking or maintaining education or employment
- Activities that increase the individual's capacity to positively impact his/her own environment
- Symptom monitoring Advocacy and outreach

Describe Staff Intervention(s): (taught, trained, practiced, reviewed, role-modeled, coached, prompted etc.)

Significant changes or events in the life of the client: None reported/observed

Observations of living environment, appearance, behaviors and barriers to progress:

Recommended Revision to ISP: None Revise ISP

Assessment of progress toward treatment outcomes: No Progress If Progress, specify:

| | | |
|-------------------|---|---------------------------------------|
| Staff Signature: | <input type="checkbox"/> QMHS <input type="checkbox"/> PC <input type="checkbox"/> PCC <input type="checkbox"/> SW <input type="checkbox"/> ISW | Signature/Documentation Date -- -- |
| Client Signature: | | |

Greater Cincinnati Behavioral Health Services
Counseling Progress Note

Affix CLIENT label

Affix STAFF label

Client Name: _____

Client ID: _____

Staff Name: _____

Staff ID: _____

Date of Service

M M D D Y Y Y Y
 Start Time am pm
 End Time am pm

Program: CTU Counseling Team: _____ Service Code: H0004 HE-face-to-face HQ-group # in group _____

Client Location (check only one) 53-GCB 12-Client Home 88-Community 51-Summit 09-incarcerated UK- client not present Date entered: _____

Observed/Reported changes in condition:

None

Stressors/Extraordinary Events:

None No significant change from last visit

Client Condition

Appearance

appropriate casual and neat fastidious unusual/bizarre poor hygiene
 inappropiate unkempt disheveled appears younger apprehensive

appears older other: _____

Behavior

cooperative guarded aggressive passive agitated
 unusual/bizarre impulsive fearful dramatic other: _____

Stream of Thought

clear & coherent impoverished rapid flight of ideas incoherent
 fragmented disordered loose tangential other: _____

Abnormalities of Thought Content

none phobias concrete thinking paranoid ideation delusions
 overvalued ideas ideas of reference poverty of thought obsessions other: _____

Perceptual Disturbances

none depersonalization derealization auditory visual
 illusions tactile olfactory other: _____

Affect

appropriate inappropriate expansive guilty bright
 congruent incongruent labile heightened depressed
 full range constricted blunted flat other: _____

Mood

euthymia elevated euphoria angry/irritable apprehensive
 anxious depressed dysphoria apathetic other: _____

Orientation

oriented x 3 not time not place not person

Insight

present adequate limited impaired faulty

Judgment

good fair impaired poor grossly inadequate

Counseling Progress Note 2010-04-01

Wingspan Care Group:

Applewood Centers & Bellefaire JCB

Leigh Johnson, JD, LISW-S
Director of Risk Management

Overview: Wingspan Care Group

Wingspan Care Group and its affiliate agencies share the common mission of delivering child welfare, behavioral healthcare, and educational services to children and families. Both Bellefaire Jewish Children's Bureau ("Bellefaire") and Applewood Centers, Inc. ("Applewood") have deep roots in the greater Cleveland community.

- Applewood is the result of the merger of three agencies – Children's Aid Society (1832), Child Guidance Center (1924), and Children's Services aka Jones Home (1945).
- Bellefaire was founded in 1868 as an Orphanage for children orphaned in the civil war.
- Wingspan Care Group is the non-profit parent company of both agencies, born out of Bellefaire in 2002, and affiliated with Applewood in 2008.

Applewood & Bellefaire: what we do – who we serve

Wingspan's subsidiary agencies, Bellefaire and Applewood, deliver services to over 18,000 children and families annually from nearly all 88 counties in Ohio and other states in the following programs/venues:

- ▶ Residential treatment – including a specialization for children who are court involved, dually diagnosed AOD/MH, and children on the autism spectrum;
- ▶ Foster care and adoption;
- ▶ Pharmacological management services for both residential and community clients,
- ▶ School based mental health, prevention, and consultation services;
- ▶ Partial hospitalization – both in the residential and community settings;
- ▶ In-home services, including behavioral health care counseling, CPST, AOD, traditional MST, and MST for children with problem sexual behavior;
- ▶ Education for children with autism (pre-school through 22), school-aged children identified as SED and those with other mental health needs that interfere with learning, including extended school year and summer programming;
- ▶ Independent and transitional living programs, and homeless youth outreach.

The New Progress Note Rule: Finding Balance

Efficiencies Gained

- ▶ During the pilot staff reported a time savings on average of 50% as a result of the use of checkboxes and documenting multiple contacts on the same note.

▶ Potential Challenges:

- Clinical Supervision
- Compliance Oversight
- Multiple templates

The New Progress Note Rule: Action Plan for Applewood and Bellefaire

1. Staff education – “Yes, You Can”
 - Use checkboxes
 - Write more than one contact on a note
 - Refer to the mental health assessment and individual service plan (ISP) to demonstrate medical necessity
 - “Write less”
2. CPST note implementation
3. Behavioral health counseling note implementation
3. Mental health assessment progress note implementation:
general and testing notes
4. Partial hospitalization note development and implementation
5. Electronic Record – We currently have electronic intake and are piloting an electronic treatment plan. We anticipate that the progress note changes resulting from the rule change will assist in the implementation of the electronic progress note.

Bellefaire Jewish Children's Bureau: CPST Progress Note

| | | | | | |
|--|---|------------------|--|-------------------------|-----------------|
| Client Name: (Last, First) | | Client #: | | Date of service: | |
| Staff ID, Name: | | | | | |
| Client Start Time | : | PM | Client End Time | : | PM |
| Staff Start Time | : | PM | Staff End Time | : | PM |
| Program RU | | | Location | | Modifier |
| ISP GOAL(S) ADDRESSED: <input type="checkbox"/> #1 ; <input type="checkbox"/> #2 ; <input type="checkbox"/> #3 ; <input type="checkbox"/> #4 ; <input type="checkbox"/> #5 | | | | | |
| SERVICE ACTIVITY RENDERED | | | | | |
| <input type="checkbox"/> Ongoing Assessment of needs <input type="checkbox"/> Assist in achieving personal independence in managing basic needs <input type="checkbox"/> Facilitate further development of daily living skills <input type="checkbox"/> Coordination of the ISP <input type="checkbox"/> Assistance with accessing natural support systems in the community <input type="checkbox"/> Linkage to formal community services/systems | | | <input type="checkbox"/> Symptom monitoring <input type="checkbox"/> Coordination and/or assistance in crisis management and stabilization <input type="checkbox"/> Advocacy and outreach <input type="checkbox"/> Education and Training specific to assessed needs <input type="checkbox"/> Activities that increase the individual's capacity to positively impact own environment <input type="checkbox"/> MH intervention to address symptoms, behaviors, thought process that assist in eliminating barriers to seek or maintain education and employment | | |
| Briefly Describe: | | | | | |
| Client Start Time | : | PM | Client End Time | : | PM |
| Staff Start Time | : | PM | Staff End Time | : | PM |
| Program RU | | | Location | | Modifier |
| ISP GOAL(S) ADDRESSED: <input type="checkbox"/> #1 ; <input type="checkbox"/> #2 ; <input type="checkbox"/> #3 ; <input type="checkbox"/> #4 ; <input type="checkbox"/> #5 | | | | | |
| SERVICE ACTIVITY RENDERED | | | | | |
| <input type="checkbox"/> Ongoing Assessment of needs <input type="checkbox"/> Assist in achieving personal independence in managing basic needs <input type="checkbox"/> Facilitate further development of daily living skills <input type="checkbox"/> Coordination of the ISP <input type="checkbox"/> Assistance with accessing natural support systems in the community <input type="checkbox"/> Linkage to formal community services/systems | | | <input type="checkbox"/> Symptom monitoring <input type="checkbox"/> Coordination and/or assistance in crisis management and stabilization <input type="checkbox"/> Advocacy and outreach <input type="checkbox"/> Education and Training specific to assessed needs <input type="checkbox"/> Activities that increase the individual's capacity to positively impact own environment <input type="checkbox"/> MH intervention to address symptoms, behaviors, thought process that assist in eliminating barriers to seek or maintain education and employment | | |
| Briefly Describe: | | | | | |
| Client Start Time | : | PM | Client End Time | : | PM |
| Staff Start Time | : | PM | Staff End Time | : | PM |
| Program RU | | | Location | | Modifier |
| ISP GOAL(S) ADDRESSED: <input type="checkbox"/> #1 ; <input type="checkbox"/> #2 ; <input type="checkbox"/> #3 ; <input type="checkbox"/> #4 ; <input type="checkbox"/> #5 | | | | | |
| SERVICE ACTIVITY RENDERED | | | | | |
| <input type="checkbox"/> Ongoing Assessment of needs <input type="checkbox"/> Assist in achieving personal independence in managing basic needs <input type="checkbox"/> Facilitate further development of daily living skills <input type="checkbox"/> Coordination of the ISP <input type="checkbox"/> Assistance with accessing natural support systems in the community <input type="checkbox"/> Linkage to formal community services/systems | | | <input type="checkbox"/> Symptom monitoring <input type="checkbox"/> Coordination and/or assistance in crisis management and stabilization <input type="checkbox"/> Advocacy and outreach <input type="checkbox"/> Education and Training specific to assessed needs <input type="checkbox"/> Activities that increase the individual's capacity to positively impact own environment <input type="checkbox"/> MH intervention to address symptoms, behaviors, thought process that assist in eliminating barriers to seek or maintain education and employment | | |
| Briefly Describe: | | | | | |
| Progress: <input type="checkbox"/> N/A <input type="checkbox"/> No Change <input type="checkbox"/> Deterioration <input type="checkbox"/> Improvement: If Deterioration or Improvement Noted, Briefly Describe | | | | | |
| Significant Life Changes/Events: <input type="checkbox"/> N/A <input type="checkbox"/> Yes, Explain: | | | | | |
| Recommend Modification to ISP: <input type="checkbox"/> No <input type="checkbox"/> Yes, refer to MHA Update | | | | | |
| Change in Risk to Self or Others: <input type="checkbox"/> No <input type="checkbox"/> Yes, refer to MHA update; <input type="checkbox"/> Suicide Assessment <input type="checkbox"/> Duty to Protect | | | | | |
| My signature verifies that service occurred as documented on this progress note. I authorize Bellefaire/JCB to bill for the time documented as "billable" above. | | | | | |
| STAFF SIGNATURE | | | CREDENTIAL | | DATE |
| SUPERVISOR SIGNATURE (if Applicable) | | | CREDENTIAL | | DATE |

March 2010

**BELLEFAIRE JCB
 OUTPATIENT TRAUMA FOCUS COGNITIVE BEHAVIORAL THERAPY (TFCBT) PROGRESS NOTE**

CASE TYPE: WRAP TFCBT; JOP/WRAP TFCBT; OUTPATIENT TFCBT; SCHOOL BASED TFCBT

Client Name: (Last, First) **Client #:** **Date of service:**

| | | | | | |
|--------------------------|---|----|------------------------|---|----|
| ID, Name: | | | | | |
| Client Start Time | : | PM | Client End Time | : | PM |
| Staff Start Time | : | PM | Staff End Time | : | PM |
| Billable Time | | | Total Time | | |
| 0.00 UNITS | | | 0.00 UNITS | | |

| | | |
|---|-----------------|-----------------|
| <i>Program RU</i> | <i>Location</i> | <i>Modifier</i> |
| < | < <i>Other:</i> | < |
| OAL(S) ADDRESSED: <input type="checkbox"/> #1 ; <input type="checkbox"/> #2 ; <input type="checkbox"/> #3 ; <input type="checkbox"/> #4 | | |

INTERVENTION

| | | |
|---------------------------|-----------------------------|------------------------|
| PSYCHOEDUCATIONAL: CLIENT | PSYCHOEDUCATIONAL: PARENT | RELAXATION SKILLS |
| > | > | > |
| AFFECT EXPRESSION | COGNITIVE COPING TECHNIQUES | INVIVO DESENSITIZATION |
| > | > | > |

| | |
|---|--|
| rative therapy techniques ety planning ntify and correct cognitive distortions aration of child for sharing narration with parent using CBT and client centered techniques er: er: | <input type="checkbox"/> Identify and correct cognitive distortions <input type="checkbox"/> Behavior management techniques <input type="checkbox"/> Preparation of parent for sharing of narration <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: |
|---|--|

Describe:

Status: N/A No Change Deterioration Improvement: If Deterioration or Improvement Noted, Briefly describe

Significant Life Changes/Events: N/A Yes, Explain:

Recommend Modification to ISP: No Yes, refer to MHA Update

Change in Risk to Self or Others: No Yes, refer to MHA update; Suicide Assessment; Duty to Protect

Signature verifies that service occurred as documented on this progress note. I authorize Bellefaire/JCB to bill for the time documented as "billable" above.

| | | |
|--|---------------------|---------------|
| _____ SIGNATURE | _____ CREDENTIAL | _____ DATE |
| _____ VISOR SIGNATURE (If Applicable) | _____ CREDENTIAL | _____ DATE |

Revision chart: >

March 2010

QUESTION & ANSWERS

THANK-YOU!