

## BHRS Mental Health SOC Documentation Updates February 2020

The Assessment and Treatment Plan **MUST** be completed **BEFORE** planned services are provided.

**Non-billable notes (55) and non-billable groups (550)**

**You MAY NOT provide Planned Services Prior to the completion of the Assessment/Treatment Plan. Planned services include:**

- ◆ Collateral (12) Group Collateral (120)
- ◆ Rehab (7) Group Rehab (70)
- ◆ Intensive Home Based Services (IHBS)
- ◆ Therapy (9) Family (41) Group (10)
- ◆ Case Management (51) VRS-51, ICC-51
- ◆ Medication Support 15, 16, 17, 19
- ◆ Therapeutic Behavioral Services (TBS)
- ◆ Adult residential treatment service
- ◆ Crisis residential treatment services

**You MAY provide these Unplanned Services prior to the completion of the Assessment/Treatment Plan.**

- ◆ 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)
- ◆ Case Management/Plan Dev/Assess/Linkage(52)

**Non-billable service are coded as 55, non-billable groups are coded as 550**

Within 3 Visits &  
60 days of admit

- Step 1 – Complete Assessment within the first 3 Face to Face Sessions, if possible.
- Step 2 – Develop Treatment Plan with client.
- Step 3 – Provide Planned Services.

All <u>Planned Service types</u> must be on the Treatment Plan, <u>including</u> :	For each service type include:	
Medication Support	◆ Duration (usually 12 months)	with mood stabilizer.  (Group Therapy) CBT group treatment to improve daily functioning and address ongoing symptom management of depression.
Rehab/Group Rehab	◆ Frequency, weekly, monthly, daily, 2tx weekly, etc.- DO NOT use “AS NEEDED” or “PRN”	(Case Management) Assist client with linkage and coordination of services to support the client in maintaining living in the community and not needing a higher level of care.
Individual Therapy	◆ Describe how the intervention will address the diagnosis	(Collateral) Assist parent in understanding the need to structured home in order to reduce child's acting out behaviors.
Group therapy	Examples:  (Med Sup) Address psychotic symptoms to stabilize the client in the community, reduce need for hospitalization. Continue to manage depression	
Family Therapy		
Case Management		
TBS		
Collateral (Family Partners)		

Every plan **MUST** have a medical necessity goal that addresses the diagnosis.

Group progress notes **MUST** justify co-providers in every progress note. Examples:

- ◆ Due to the unsafe behavior of several clients (include examples) two providers were required to maintain safety
- ◆ Due to potential dysregulation of group members, both providers were needed in order to remove or re-direct specific clients to maintain safety of all clients in the group.
- ◆ Due to EBP requirements two providers were needed to provide DBT group.
- ◆ Co-provider assisted in role playing healthy communication skills throughout group.

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