

## **Treatment Planning**

CBH Compliance has been tasked with ensuring that our providers adhere to documentation standards presented in state regulations, bulletins, CBH contractual documents, etc. Complying with rules and regulations related to treatment planning remains a significant concern and accounts for a large portion of overpayments identified in compliance audits.

Effective treatment plans are crucial to providing a construct for effective treatment and successful outcomes. Additionally, treatment plans are required for behavioral health services to be reimbursed through Pennsylvania Medicaid. Over time, different “levels of care” have developed specific requirements regarding treatment plans. Specifically, requirements include:

- when initial plans should be completed
- deadlines for updates
- requirements for who must participate in the development of the plans
- required signatures on the plans

Historically, this information has been scattered across various regulations, bulletins, and CBH correspondence. This section attempts to bring this information into one easy to access and review location. It is important to note that, at times, CBH will have more stringent requirements than state requirements. We have provided references to state regulations, bulletins, etc. in order to give you a foundation from which we set each standard. In many cases our standard is the same as the reference. We sincerely hope that this will assist our provider network in your own internal quality review and compliance processes.

### **General Considerations**

All providers must develop a policy and procedure on the development and construction of treatment plans. The policy must indicate how the provider will adhere to the following general requirements:

- reflect input from **all** disciplines involved in the individual’s care and the individual (interdisciplinary treatment plan development)
- document the admission date, the date of the initial treatment plan, the date of the current treatment plan, and the date of the subsequent treatment plan
- document the expected duration of the treatment
- reflect behaviorally defined problem statements
- goals are realistic, objective, stated in measurable terms, developmentally appropriate, behaviorally based, and related to all areas of the individual’s life
- formulated from a strengths-based perspective and identify the strengths/barriers of the individual on all treatment plans
- be based on the diagnostic evaluation of the individual
- reflect a complete diagnosis based on the current version of the DSM
- reflect the methods of treatment to be utilized

- reflect specific planned interventions and action steps
- reflect discharge planning
- identification of persons responsible for the implementation of interventions
- discuss the requirement to document progress towards (or lack thereof) goal attainment in updated plans
- active participation and signature of the primary caregiver (legal guardian, parent) and/or the individual for the development of, **and** any changes to, the treatment plan
- statement of understanding on treatment plans (initial and updated) be signed by the individual (*if capable*)
- require treatment plans to be LEGIBLE
- **For children's services only:** Policy language that discusses how the educational needs of the child are provided when treatment causes an absence from school

Compliance Analysts will review documentation to ensure treatment plans are present, completed and updated within required timeframes, and contain all required elements and signatures. Treatment plans included in the records must have original signatures. Treatment plans completed electronically as part of a provider's electronic health record (EHR) may be signed electronically. Methods for electronic signature may include, but are not limited to:

- Signature Pads
- Affixing of Signatures via secure log-in
- Attestation using personal identifying information
- Biometric signatures

***Payment for all services provided during a period of time without a valid treatment plan will be retracted. Treatment plans may be considered invalid for the following reasons:***

- ***Missing required signatures***
- ***Missing plans/updates***
- ***Late signatures from required individuals***
- ***Duplicated plans – either from plan to plan for the same individual or between individuals***
- ***Failure to include all treatment modalities provided, i.e. medication management***

## MENTAL HEALTH SERVICES

### **23-HOUR ASSESSMENT BED**

**Initial Treatment Plan Due** Ongoing clinical documentation is to reflect “continued evaluation over an extended period of time beyond the initial emergency psychiatric evaluation to further evaluate for the most appropriate level of care.”

**Treatment Plan Updates Due** Ongoing clinical documentation to reflect discharge planning

**Required Signatures** As required for clinical documentation

### **PSYCHIATRIC INPATIENT HOSPITALIZATION**

- **ACUTE PSYCHIATRIC INPATIENT HOSPITALIZATION**

- **SUB-ACUTE PSYCHIATRIC INPATIENT HOSPITALIZATION**

- **EXTENDED ACUTE CARE (EAC)**

**Initial Treatment Plan Due** Within 72 hours

**Treatment Plan Updates Due** (at minimum every 7 days)

**Reference** 55 PA Code § 1151.65. (CBH exceeds State minimums) and 55 PA Code § 5100.15.

### **PSYCHIATRIC INPATIENT HOSPITALIZATION**

-**ELECTROCONVULSIVE THERAPY**

The treatment plan should define the specific target symptoms to be benefited by ECT, including alternative therapies that have been used or considered, and criteria for remission. ECT requires preauthorization from a CBH physician. A course of ECT is usually six (6) to twelve (12) treatments, administered three times a week or every other day. The total number of treatments should be a function of the patient’s response and the severity of the adverse effects, if any.

### **CRISIS RESIDENCE**

**Initial Treatment Plan Due** A medical examination and diagnosis is required for individuals housed over 24 hours. Initial treatment plan developed as outlined in provider policy; recommend within seven days. Policies should be available for auditors to review.

**Treatment Plan Updates Due** When clinically indicated and as outlined in provider policy; recommend review at a minimum of every seven days

**Required Signatures** Client, Mental Health Worker/Professional, Psychiatrist

**Reference** PA Bulletin, Vol. 23, No. 10, March 6, 1993 and 5240.144.

### **ACUTE PARTIAL HOSPITALIZATION PROGRAM - ADULT**

**Initial Treatment Plan Due** Within the first five (5) days of service

**Treatment Plan Updates Due** When clinically indicated; At a minimum of once every 20 days of service to the individual patient

**Required Signatures** The client and the treatment team (consists of a treatment team leader, a psychiatrist when the treatment team leader is not a psychiatrist and other appropriate staff).

**Reference** 55 PA Code § 5210.23 and 55 PA Code § 5210.25.

### **ACUTE PARTIAL HOSPITALIZATION – CHILD/ADOLESCENT**

**Initial Treatment Plan Due** Within the first five (5) days of service

**Treatment Plan Updates Due** A minimum of once every 20 days of service

**Required Signatures** Client (Parent/Guardian if child under 14-years old), Psychiatrist, Treatment Team

**Reference** 55 PA Code § 5210.33 and 55 PA Code § 5210.35.

### **RESIDENTIAL TREATMENT FOR ADULTS**

#### **- RESIDENTIAL TREATMENT FACILITY FOR ADULTS (RTFA)**

**Preliminary plan** within 24 hours of admission. Comprehensive plan (ISP) within 14 calendar days of admission

**Treatment Plan Updates Due** At least every 30 days

**Required Signatures** Client, Physician, Treatment Team

### **RESIDENTIAL TREATMENT FACILITIES (RTF) –**

**CHILD/ADOLESCENT Initial Treatment Plan Due** Preliminary plan within 24 hours of admission. Comprehensive plan (ISP) within 14 calendar days of admission

**Treatment Plan Updates Due** At least every 30 days

**Required Signatures** Client (Parent/Guardian if child under 14-years old), Physician, Treatment Team

**Reference:** *Proposed Rule-Making Bulletin* [40 Pa.B. 6109] [Saturday, October 23, 2010] 55 PA Code § 23.223, 55 PA Code § 23.224, and 55 PA Code § 23.225.

### **LONG TERM STRUCTURED RESIDENTIAL (LTSR)**

**Initial Treatment Plan Due** Initial plan within 72 hours, comprehensive treatment plan within 10 days of admission

**Treatment Plan Updates Due** At least every 30 days or more frequently as the resident's condition changes

**Required Signatures** The client and the interdisciplinary treatment team

**Reference** 55 PA Code § 5320.51 and 55 PA Code § 5320.52.

### **COMMUNITY RESIDENTIAL REHABILITATION (CRR)**

**Initial Treatment Plan Due** The community residential rehabilitation service (CRRS) staff shall develop with each client an individualized written client residential service plan upon the client's enrollment in the CRRS.

**Treatment Plan Updates Due** The CRRS staff shall evaluate the client's adjustment to the program within 30 days of enrollment and modify the service plan as needed. The residential service plan must be reviewed and updated every 60 days thereafter.

**Required Signatures** Client and CRR staff

**Reference:** 55 PA Code § 5310.33. Residential service plan.

### **COMMUNITY REHABILITATION RESIDENCE-HOST HOME (CRR-HH)**

**Initial Treatment Plan Due** Within 30 days of enrollment

**Treatment Plan Updates Due** Every 60 days

**Required Signatures** CRR staff with the child's parent, the agency having custody of the child, if applicable, and the child when the child is 14 years of age or older

**Reference:** 55 PA Code § 5310.33. and 55 PA Code § 5310.123.

### **OUTPATIENT MENTAL HEALTH**

**Initial Treatment Plan Due** Within 15 calendar days of intake.

**Treatment Plan Updates Due** at least every 120 days or 15 clinic visits, whichever is first

**Required Signatures** Client (parent if client age < 14 yo), Psychiatrist, Mental Health Professional

**Reference:** 55 PA Code § 1153.52 and 55 PA Code § 5200.31 *Please Note that CBH expects all providers billing for Outpatient Mental Health services, including independent practitioners, to abide by these requirements regarding timeframes. State regulations apply only to Mental Health Outpatient CLINICS*

### **TCM / Blended Case Management / Assertive Community Treatment**

**Initial Treatment Plan (Personal Goal Plan) Due** Within one (1) month of registration.

**Treatment Plan Updates Due** Monthly Review. Comprehensive update every six (6) months.

**Required Signatures** Client/guardian, case manager, and case management supervisor

**Reference:** 55 PA Code § 5221.31 and 55 PA Code § 5221.33

### **Psychiatric Rehabilitation Services (CIRC, Mobile Psych Rehab, Certified Peer Specialist)**

**Initial Treatment Plan Due** A PRS agency shall complete an IRP by day 20 of attendance, but no more than 60 calendar days after initial contact.

**Treatment Plan Updates Due** A PRS agency and an individual shall update the Treatment Plan (Individualized Recovery Plan/IRP) at least every 90 calendar days and when:

- (1) A goal is completed.
- (2) No significant progress is made.
- (3) An individual requests a change.

**Required Signatures** Dated signatures of the individual, the staff working with the individual and the PRS director.

**Reference:** 55 PA Code § 5230.62.

## **FQHC**

**Initial Treatment Plan Due** FQHC Behavioral Health service is a consultative model. Treatment plans do not necessarily need to be developed independently; the goal(s) can be devised during the session and documented within the progress note.

**Treatment Plan Updates Due** The goal(s) for ongoing behavioral health services should be developed during the session and documented within the “Plan” section of the progress note. There is no delineated timeframe, as the chart may never technically close and clients do not necessarily come in for regularly scheduled visits.

**Required Signatures** For ongoing behavioral health services, it is recommended for the client and clinician to sign off on treatment goals to indicate their understanding and agreement.

## **BEHAVIORAL HEALTH REHABILITATIVE SERVICES (BHRS, OR “WRAP AROUND”)**

**Initial Treatment Plan Due** Before services are started

**Treatment Plan Updates Due** 180 Days

**Required Signatures** Parent, Child (if 14-years old or older), and all BHRS staff assigned to the case (BSC, MT, TSS)

Recommendations from the BHRS Packet Reduction Workgroup:

- Intensive Professional Services “Providers are to complete and submit every 120 days an updated treatment plan to CBH along with a summary of progress in treatment”
- TSS School requests for up to 20 hours or less per week that meet medical necessity, without a request for non school TSS services, may be approved for the entire academic year.
  - “CBH will require Treatment Plans be completed and submitted every 120 days to monitor progress In treatment”

MA Bulletin 01-94-01 “The treatment plan must be developed and updated at a minimum of every four months in collaboration with the child and family as clinically needed.”

MA Bulletin 01-02-07, 20-02-04, 33-02-04, 41-02-03, 48-02-02, 49-02-04, 50-02-02 Issue Date April 3, 2002, Effective Date March 1, 2002 3.a. – 3.f.

## SCHOOL BASED PROGRAMS

### - SCHOOL THERAPEUTIC SERVICES (STS)

**Initial Treatment Plan Due** With authorization packet. If there is an existing CBE/CBR completed by another provider recommending STS, CBH can approve an initial authorization of STS Assessment for up to 4 weeks to allow sufficient time to observe and assess the need for behavioral health support, and to complete and submit the ASEBA and an updated treatment plan.

**Treatment Plan Updates Due** STS has been approved as a program exception under BHRS, which allows the completion of evaluations, treatment plans, and plan of care summary to be done in 5-month time frames. A new treatment plan is required in September for carry over youth even if the STS authorization will be extended into the following academic year. STS providers have up to 30 days at the beginning of the school year to get the Treatment Plan updated and signed by the licensed psychologist or psychiatrist.

**Required Signatures** Client (if 14-years or older), Parent, Licensed Psychologist or Psychiatrist

### - THERAPEUTIC EMOTIONAL SUPPORT CLASSROOM (TESC)

**Initial Treatment Plan Due** Before services are started (same requirements as BHRS)

**Treatment Plan Updates Due** 120 Days

**Required Signatures** Parent, Child (if 14-years old or older), and

**Reference** MA Bulletin 01-94-01 and MA Bulletin 01-02-07, 20-02-04, 33-02-04, 41-02-03, 48-02-02, 49-02-04, 50-02-02 Issue Date April 3, 2002, Effective Date March 1, 2002 3.a. – 3.f.

### - SUMMER THERAPEUTIC ACTIVITIES PROGRAM (STAP)

**Initial Treatment Plan Due** Within two weeks of beginning service

**Treatment Plan Updates Due** N/A

**Required Signatures** Child (if age 14 and above), Parent, Lead Clinician

**Reference:** Medical Assistance Bulletin 50-96-03 “Summer Therapeutic Activities Program”

## CONTINUUM OF FAMILY ORIENTED TREATMENT SERVICES

### - FAMILY-BASED MENTAL HEALTH SERVICES (FBMHS)

**Initial Treatment Plan Due** A treatment plan must be initiated within five days from the first day of service; however, a longer period of time may be required to complete the treatment plan. A jointly-developed, written plan which documents the service responsibilities of each system must be included in the treatment plan within the first 30 days of service.

**Treatment Plan Updates Due** Once a month

**Required Signatures** Client (required if age 14-years or older), Parent (required if child less than 14-years old), program director

**Reference** PA Mental Health Bulletin Number OMH-97-19, Date of Issue February 27, 1992;

## **- FUNCTIONAL FAMILY THERAPY (FFT)**

**Initial Treatment Plan Due** At the beginning of treatment

**Treatment Plan Updates Due** As family completes each phase of treatment, **at minimum every 120 days** (FFT is loaded as BHRS)

**Required Signatures** Client, Parent/Legal Guardian, Therapist, Supervisor

**Reference** <http://www.episcenter.psu.edu/ebp/familytherapy>

Together with representatives of FFT Inc., the OMHSAS Children's Bureau developed two templates for Pennsylvania M.A-compliant FFT treatment plans. In Template 1 the entire plan is written at the beginning of treatment, while in Template 2 the plan is updated with each phase of FFT. A completed sample treatment plan highlights what OMHSAS expects with regard to content.

## **SUBSTANCE ABUSE SERVICES**

### **MEDICALLY MANAGED DRUG AND ALCOHOL TREATMENT (4B & 4C)**

**Initial Treatment Plan Due:** within 24 hours of admission

**Treatment Plan Updates Due:** Treatment and rehabilitation plans shall be reviewed and updated at least every 15 days.

**Required Signatures:** Client; The treatment plan updates should be signed and dated by the primary counselor and it is recommended that it be countersigned and dated by the supervisory counselor.

**Reference:** 55 PA Code § 709.52 (b), 55 PA Code § 157.22, and 55 PA Code § 157.42.

### **MEDICALLY MONITORED DRUG AND ALCOHOL DETOXIFICATION (3A)**

#### **MEDICALLY MANAGED DRUG AND ALCOHOL DETOXIFICATION (4A)**

**Initial Treatment Plan Due :** within 24 hours of admission

**Treatment Plan Updates Due** Ongoing clinical documentation to reflect discharge planning

**Required Signatures**

**Reference:** 55 PA Code § 157.21 and 55 PA Code § 157.22

### **MEDICALLY MONITORED DRUG AND ALCOHOL TREATMENT (3B & 3C)**

#### **- SHORT-TERM REHABILITATION**

**Initial Treatment Plan Due** Treatment plan and biopsychosocial assessment are due by the 10<sup>th</sup> day of participation in the program (Reference BHS Policies & Procedures 12/5/96 p.14)

**Treatment Plan Updates Due** For those projects whose client treatment regime is less than 30 days, the treatment and rehabilitation plan, review and update shall occur at least every 15 days

**Required Signatures:** Counselor and client at minimum – recommend all involved in the direct care of the client

**Reference:** 55 PA Code § 709.52.



### **- LONG-TERM REHABILITATION**

**Initial Treatment Plan Due** : Treatment plan and biopsychosocial assessment are due by the 10<sup>th</sup> day of participation in the program

**Treatment Plan Updates Due** Treatment and rehabilitation plans shall be reviewed and updated at least every 30 days. For those projects whose client treatment regime is less than 30 days, the treatment and rehabilitation plan, review and update shall occur at least every 15 days.

**Required Signatures** Client; The treatment plan updates should be signed and dated by the primary counselor and it is recommended that it be countersigned and dated by the supervisory counselor.

**Reference** 55 PA Code § 709.52.

### **- HALFWAY HOUSE (2B)**

**Initial Treatment Plan Due** By the 10<sup>th</sup> day

**Treatment Plan Updates Due** Every 25 days

**Required Signatures** Client, Counselor, Clinical Supervisor/Director

**Reference** BHS Policies and Procedures (12/5/96) Page 13

### **OUTPATIENT D&A**

**Initial Treatment Plan Due** Within 15 days following intake, the clinic's supervisory physician shall review and verify each patient's level of care assessment, psychosocial evaluation and initial treatment plan prior to the provision of any treatment beyond the 15th day following intake.

**Treatment Plan Updates Due** Sixty days following the date of the initial treatment plan and at the end of every 60-day period during the duration of treatment, the clinic's supervisory physician shall review and update each patient's treatment plan.

**Required Signatures** Each review and update shall be dated, documented and signed in the patient's record by the clinic's supervisory physician.

**Reference:** 55 PA Code § 1223.52.

### **IOP**

**Initial Treatment Plan Due:** Within 15 days following intake, the clinic's supervisory physician shall review and verify each patient's level of care assessment, psychosocial evaluation and initial treatment plan prior to the provision of any treatment beyond the 15th day following intake

**Treatment Plan Updates Due** 60 days

**Required Signatures:** Primary Counselor and client at minimum, recommend all involved in the direct care of client participate and sign plans.

### **METHADONE**

**Initial Treatment Plan Due** Following intake and prior to the provision of any services, the clinic's supervisory physician shall perform a comprehensive medical examination on each

patient to determine the patient's diagnoses, initial treatment plan and identify any medical conditions.

**Treatment Plan Updates Due** Sixty days following the date of the initial treatment plan and at the end of every 60-day period during the duration of treatment, the clinic's supervisory physician shall review and update each patient's treatment plan.

**Required Signatures** Physician or counselor, Client. Recommend all involved in the direct care of client participate and sign plans.

**Reference:** 55 PA Code § 1223.52 and 32 Pa.B. 5638 55 PA Code § 715.23.