DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE
Minutes – Wednesday, March 14, 2018
10:00 - 11:00 a.m.

Facilitator: Dorothy Pomin, DHCFP Supervisor, Social Services Program Specialist

Webinar Address: WEBEX Registration Link

1. **Purpose of BH Monthly Calls**
   a. Questions and comments may be submitted to BehavioralHealth@dhcfp.nv.gov
   b. Prior to the webinar or after for additional questions. The webinar meeting format offers providers an opportunity to ask questions via the Q & A or the "chat room" and receive answers in real time.
   c. Introductions – DHCFP, DXC Technology

2. **Documentation Training**
   Social Services Program Supervisor, Dorothy Pomin

TREATMENT (TX) PLAN DOCUMENTATION

1. Importance of Tx Plan to all other services
   a. Complete assessment
      i. Diagnosis
      ii. Level of Intensity (LOI)
      iii. Strengths/Needs (Functionality within all aspect of recipient's daily life)
   b. Tx Planning
      i. What does the recipient want to improve?
      ii. Goals (need to directly relate to diagnosis and reason for referral) *action oriented and based on what need to occur not what needs to stop.*
      iii. Objectives (Specific, measurable [action oriented], achievable, realistic, time limited, outcome driven, individualized, progressive and age and developmentally appropriate)
2. Assessment / Treatment Plan / Interventions (documented in progress notes) establish the golden thread that runs throughout a recipient's outpatient Mental Health services; support the treatment path over time.
3. Good components within the treatment plan document
   a. Recipient
      iv. Name
      v. CASII /LOCUS Score and date
      vi. Medicaid number
      vii. DOB and age
   b. Servicing Agency Name, address, phone
   c. Clinical Supervisor's Name & Title; completing Tx Plan
   d. Date of plan
   e. Initial or revision to an active Tx Plan
   f. Date for next Tx Plan review
   g. Diagnostic Summary
      i. Date of SED/SMI determination (annual)
      ii. Principle Diagnosis (date of diagnostic evaluation)
      iii. Duration of current Principle Diagnosis
      iv. Functional Areas - Needs identified within Recipient's Assessment
         1. Health/Medical; Vocational/Educational; Social/Interpersonal; Financial; Family; Basic Living Skills; Housing; Community/Legal
   h. GOALS –
      i. Based upon recipient's diagnosis and reason for referral
      ii. Focused, individualized GOALS that are based upon the actual recipient's current life functioning. (The number of goals identified should not be overwhelming to the recipient)

i. Objectives (multiple objectives/steps to accomplish a goal)
    i. Easily understood language (describe what the recipient will do to improve current "need" area – *positive focus*, not the action they need to stop – *negative focus)*
    ii. Specific - Must specifically describe what action is to be taken in detail
    iii. Measurable (action oriented) - Must be measurable to verify recipient progress
        1. Poor objective: "I will accept "NO" from authority figures 70% of the time.
            a. Without a consistent way to measure from all authority figures in the recipient's life, the percentage would be impossible to measure.
        2. Good objective: Youth - "I am in bed and quiet by 10:00 pm, 5 out of 7 nights so I can be more alert during class.
            a. Adult - "I get a refill on my antidepressant medication when I have 10 pills left so I don't run out of medication.
    iv. Achievable - is the recipient willing to follow through on the described objective? Is the recipient capable of achieving the objective?
    v. Realistic – Is the objective realistic to the circumstances of the recipient? Is the objective realistic to the recipient's actual capability and capacity? Can it realistically be met or is it "pie in the sky" for this recipient?
    vi. Time Limited – What is the estimated time period for meeting each goal
j. Interventions – What specific services will be put in place? Where will this take place? Who specifically will be providing the service? What is the frequency of the service? What amount of services will be needed? How long is each service provision (duration)? What is the expected time period for this service?
k. Discharge Planning Component –
    i. What is the expected timeframe for the identified goals to be completed?
    ii. What are the criteria to determine when a goal has been satisfied?
    iii. What are the required aftercare services?
    iv. Specifically identify agencies or providers to provide the after-care services
    v. Specific plan to assist recipient in accessing these services upon completion
l. Signatures and Dates
    i. Clinical Supervisor
    ii. Other
    iii. Recipient and/or Guardian
        1. Signature needs to address recipient's participation in the development of the plan, consent to the plan and receiving a copy of the plan
        2. Recipient has been informed that they have individual choice in determining service providers

4. Progress Notes – need to relate specifically to the Tx Plan and identify the recipient's progress/regress toward meeting goals/objective and need to specifically describe behaviors, symptoms, etc.
5. Prior Authorization – the Tx Plan and Progress Notes provide the basis for justification for services and to identify medical necessity based upon specific, current information.

Remember that a Tx Plan is a FLUID document and needs to be reviewed at regular intervals and revised/updated as necessary. When a significant event occurs, the Tx Plan may need revising on a more ad hoc basis to ensure it is addressing the needs of the recipient.

Also covered and reviewed: 400 Introductions, 403.4 Assessments, 403.2A Supervisor, Clinical Supervision (C., D. E.) 403.2B Documentation\Progress Notes (3 & 4) QMHA Pg. 13

3. **DHCFP Updates**
    a. Public Workshops Update: http://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/
    b. Announcements/Updates: https://www.medicaid.nv.gov/providers/newsannounce/default.aspx
    c. Behavioral Health Community Networks (BHCN) Updates: Social Services Program Specialist, Sheila Heflin-Conour.

d. Social Services Program Specialist, Briza Virgen: Behavioral health provider types 14 and 82 were invited to take the DHCFP Provider Training Survey via Survey Monkey. Thank you to everyone for participating; it is now closed. From the survey, we have added many new participants to our monthly Behavioral Health Technical Assistance Webinar.

4. **DHCFP Surveillance Utilization Review (SUR) Unit**

Updates or reminders for Providers: Kurt Karst, Surveillance and Utilization Review (SUR) Unit. Surveillance Utilization Review (SUR)

a. Documentation Requirements

Kurt discussed the importance of provider's adherence to MSM Policy 400 Section 403.6B Rehabilitative Mental Health (RMH) services which states "progress notes must reflect the date and time of day that RMS services were provided; the recipient's progress toward functional improvement and the attainment of established rehabilitation goals and objectives; the nature, content and number of RMH service units provided; the name, credential(s) and signature of the person who provided the RMH service(s). Progress notes must be completed after each session and/or daily; progress notes are not required on days when RMH services are not provided; a single progress note may include any/all the RMH services provided during that day." Policy section for provider viewed during the webinar.

5. **DXC Technology Updates**

Updates or reminder for Providers:
Joann Katt, LPN, Medical Management Center/Behavioral Health Team Lead.
Stephanie Ferrell, Provider Services Field Representative Updates.

6. **Q/A: Provider Question Submitted:**

Q: The GAF was mentioned in which the DSM V has dropped the multiaxial diagnostic system and moved to a dimensional system of diagnostic classification. Do we still need to do the GAF?
Q: Dorothy mentioned who Clinicians who can diagnosis, but CPC were not mentioned can I have clarification?
Q: Does I.O.P. need prior authorization?
Q: Can individual therapy be serviced on days the client does not attend I.O.P.?
Q: Are there limitations on how long a program curriculum can be?

Please email questions, comments or topics that providers would like addressed any time prior to the monthly webinar.
Email Address: BehavioralHealth@dhcfp.nv.gov

Upcoming topics and dates: May 9th, Outpatient Mental Health Services; June 13th, Therapy treatment milieus and July 11th, Rehabilitative Mental Health Services.