NUMBER
#16-53-01

DATE
September 1, 2016

OF INTEREST TO
County Directors
Social Services Supervisors
and Staff
Minnesota Health Care
Program providers
Managed Care
Organizations
Tribal Agencies
Collaboratives

ACTION/DUE DATE
Please read information
and prepare for
implementation

EXPIRATION DATE
September 1, 2018

Mental Health Service Plan Development in Children’s Therapeutic Services and Supports

TOPIC
Changes to Minnesota Health Care Programs (MHCP) allows providers of Children’s Therapeutic Services and Supports (CTSS) to claim reimbursement for Mental Health Service Plan Development.

PURPOSE
Provide an overview of legislative and documentation requirements allowing CTSS providers to claim separate payment for (1) the development, review and revision of a child’s Individual Treatment Plan (ITP); and (2) for administering standardized mental health functional assessment and outcome measures required by the commissioner.

CONTACT
Children’s Mental Health
Minnesota Department of Human Services
(651) 431-2335

SIGNED
Claire Wilson
Assistant Commissioner
Community Supports Administration

TERMINOLOGY NOTICE
The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.
Introduction/Purpose

This bulletin provides information for mental health providers, counties, tribal authorities, health plans and youth servicing organizations certified to provide Children’s Therapeutic Services and Supports (CTSS) regarding claiming and payment for Mental Health Service Plan Development (MHSPD) as a service to Minnesota Health Care Program (MHCP) participants. This bulletin contains information on the components of the service, service standards, documentation requirements, rates and codes for claiming MHSPD.

Legal Authority

The 2013 Minnesota State Legislature made revisions to Minnesota Statutes, section 256B.0943 that defined MHSPD as a service under CTSS to be added to the MHCP benefit for Children’s Mental Health. The Centers for Medicare and Medicaid (CMS) authorized the addition of this CTSS service for payment under the Minnesota State Medicaid Plan in late 2015. Mental Health Service Plan Development is defined in subdivision 1(p) and identified as a covered CTSS service in subdivision 2.

Background

The Department of Human Services has long identified individual treatment planning and review as important practices for providing safe and effective mental health services to youth and their families. Providers are required to develop individualized treatment plans that describe services to address the mental health needs identified in diagnostic assessments and to regularly review and modify those plans over the course of treatment.

Individualized treatment plans identify specific goals and objectives to be achieved through service delivery; strategies and services to help the client achieve their goals and objectives; provider staff who will be responsible for implementing and measuring accomplishment of the goals and objectives; and timeframes for completing the goals and objectives. The individualized treatment plan is reviewed at least every 90 days to determine what progress has been made on each goal and objective; new information that has been learned since the plan was implemented (such as changes in the client’s condition or situation); provides an explanation of the progress that has or has not been made; and changes that must be made to the individualized treatment plan. Development and review of the individualized treatment plan is client-focused and family driven, and the plan must be approved by the supervising mental health professional, the client, if appropriate, and by the parent, guardian or other adult authorized by law to provide consent for services to the client.

Unlike the diagnostic assessment, treatment plan development previously has not been a reimbursed service. This has resulted in poor documentation of individual treatment plans and reviews that are the foundation of service delivery of and the determination of medical
necessity. There is a distinct need to improve documentation of treatment planning to improve the development and delivery of client-focused and family driven mental health services for youth receiving CTSS.

**Overview and Definition of Mental Health Service Plan Development (MHSPD)**

Minnesota Statutes, section 256B.0943 defines MHSPD in subdivision 1, paragraph (p): "Mental health service plan development" includes:

(1) the development, review, and revision of a child's individual treatment plan, as provided in Minnesota Rules, part 9505.0371, subpart 7, including involvement of the client or client's parents, primary caregiver, or other person authorized to consent to mental health services for the client, and including arrangement of treatment and support activities specified in the individual treatment plan; and

(2) administering standardized outcome measurement instruments, determined and updated by the commissioner, as periodically needed to evaluate the effectiveness of treatment for children receiving clinical services and reporting outcome measures, as required by the commissioner.

Requirements for individualized treatment plans are different from administering functional assessment and outcome instruments. As a result, each has been assigned a different procedure code and requirements for each are described separately.

**Eligible Recipients**

Clients who receive Mental Health Service Plan Development must (1) be Minnesota Health Care Program recipients, (2) meet medical necessity criteria for CTSS, and (3) be receiving services from a certified CTSS provider. *Rehabilitative* mental health services are medically necessary when services can help restore abilities that the youth has lost as a result of the diagnosed mental health disorder or when the child has failed to develop abilities common to similar-age peers as a result of the diagnosed mental health disorder and has instead developed maladaptive behaviors.

To be eligible for MHSPD services, a MHCP recipient must meet the following requirements:

1. Be between the ages of 0-21
2. Have a diagnosis of mental illness determined by a diagnostic assessment as defined in Minnesota Rules 9505.0372, Subpart 1, A and B, or C, or E
   a. Children under age 18 diagnosed with an Emotional Disturbance (ED) or meet Severe Emotional Disturbance (SED) criteria
   b. Young adults ages 18 through 20 diagnosed with Mental Illness (MI) or meet Serious and Persistent Mental Illness (SPMI) criteria.
3. Have a need for mental health services as documented by information in a
4. Meet medical necessity criteria for rehabilitative mental health services.

Required Components of an Individualized Treatment Plan for MHSPD Payment

Individualized treatment plan components that may be billed include the individualized treatment plan, individualized treatment plan review, and activities performed by mental health professionals or mental health practitioners associated with completing either the individualized treatment plan or treatment plan review. Activities by mental health professionals and mental health practitioners cannot be billed at the same clock time. The following components must be present in the written individualized treatment plan:

- Specific treatment needs identified in the diagnostic assessment that will be addressed through the identified treatment services. When skills training is one of the services identified to address problem behaviors, baselines for the specific problem behaviors should be identified.
- Measureable treatment goals and objectives, including baselines and expected changes from baselines. Strategies for meeting the goals and objectives should be identified. When skills training is being provided, the objectives should identify specific skills (e.g., “taking turns in conversation”), not categories of skills (e.g., “prosocial skills”).
- Specific staff responsible for implementing services and monitoring progress for each goal and objective. The specific measures to assess the changes will be identified. Subjective or non-measurable assessment, such as “somewhat better”, “in process”, “continues to struggle”, etc., are not acceptable. Where possible, changes in behavioral baselines or changes in scores on validated and standardized measurement tools are expected.
- Type, frequency and duration of services to be provided under the plan, assuming the client and the family comply with the plan. If psychotherapy is not going to be provided in the next 90 days, the plan should explain why. CTSS services (other than crisis psychotherapy) and treatment objectives that are not specified in the individualized treatment plan are not eligible for payment.
- Cultural considerations, as related to the service plan and delivery, should be presented. This might include changes in manualized treatments to adopt the treatment to meet the client and their family’s cultural, spiritual or language needs. If the client wishes no changes, this could be stated as “no treatment modifications are required due to cultural considerations”.
- Documentation of the participation and concerns of the client and parent/guardian or other adult legally authorized to provide consent for treatment for the client. This should include specification of time spent with the family to develop the individualized treatment plan and notation of any concerns about how the plan will be implemented or balanced with other needs of the family.
- Signatures of the mental health professional and the parent/guardian or other person authorized by law to provide consent for treatment. Signatures must be dated. A client’s parent or guardian may approve the individualized treatment plan by secure electronic signature or by documented oral approval that is later verified by written
signature. In instances where oral approval is verified by a later written signature, the effective date is the date of oral approval, which is documented in the individualized treatment plan.

The following components must be present in individualized treatment plan review:

- Additional treatment needs that have been identified after the implementation of the individualized treatment plan must be addressed. This may be related to changes in the client’s situation which has resulted in additional treatment needs or may be the result of new information discovered since the diagnostic assessment was completed.
- Progress made on each treatment plan goal and objective, documented by changes in the measures established for the objectives, e.g., changes in the baselines for targeted behaviors, or increases in the use of trained skills. If objectives or related services have not been implemented, reasons should be provided, as should the plan for when the objectives will be addressed. Subjective or non-measurable assessment, such as "somewhat better", "in process", "continues to struggle", etc., are not acceptable. Where possible, changes in behavioral baselines or changes in scores on validated and standardized measurement tools are expected.
- Revised and new measureable treatment goals and objectives, including baselines and expected changes that providing the services will achieve in such baselines. Strategies for meeting the goals and objectives should be identified. When skills training is being provided, the objectives should identify specific skills (e.g., "taking turns in conversation"), not categories of skills (e.g., "prosocial skills").
- Type, frequency and duration of services to be provided under the revised plan, assuming the client and the family comply with the plan. If psychotherapy is not going to be provided in the next 90 days, the plan should explain why. CTSS services (other than crisis psychotherapy) and treatment objectives that are not specified in the revised individualized treatment plan are not eligible for payment.
- Documentation of the participation and concerns of the client and parent/guardian or other adult legally authorized to provide consent for treatment for the client. This should include specification of time spent with the family to develop the individualized treatment plan and their comments on any concerns about how the plan will be implemented or balanced with other needs of the family.
- Signatures of the mental health professional and the parent/guardian or other person authorized by law to provide consent for treatment. Signatures must be dated. A client’s parent or guardian may approve the revised individualized treatment plan by secure electronic signature or by documented oral approval that is later verified by written signature. In instances where oral approval is verified by a later written signature, the effective date is the date of oral approval. The date of the oral approval must be verified by a later signature of the plan by the parent or guardian.

Involvement of the Client's Parents and Caregivers in Arranging Treatment and Support

In addition to the individualized treatment plan and treatment plan reviews, Mental Health Service Plan Development may be billed for activities that create involvement of the parent or other caregivers in treatment planning, and for arrangement of support activities that are
specified in the individualized treatment plan. These activities may be documented and claimed as part of the treatment plan or treatment plan review document (see example plans), or documented in progress notes in accordance with current MHCP standards. Examples of such activities include, but are not limited to:

- Contacting and arranging with caregivers to review and sign the individualized treatment plan if they are not able to participate at the same time as the mental health professional and mental health practitioner;
- Meeting with the family or client and caregivers to review and address what is to be accomplished in providing CTSS, including identification of specific problem behaviors, baselines, existing skills and skills to be developed in treatment, after the diagnostic assessment is completed;
- Making arrangements with an external entity to make resources (e.g., facilities, staff, materials) available that are necessary to provide services specified in the individualized treatment plan.

**Administering and Reporting Standardized Measurement Instruments for MHSPD Payment**

Providers of Children’s Therapeutic Services and Supports are expected to administer and report data on standardized outcome measures as part of functional assessment and outcome evaluation. At the publication of this bulletin, measures are the Child and Adolescent Service Intensity Instrument (CASII) for persons age 6 until age 21; the Early Childhood Service Intensity Instrument (ECSII) for children age 5 or younger; and the Strengths and Difficulties Questionnaire (SDQ) for all clients. These instruments may be superseded over time, as determined by the Commissioner of Human Services.

Activities associated with administration and reporting of these instruments to the Department of Human Services should be documented in progress notes in accordance with Minnesota Statutes, section 9505.2175, including date of the service; start and stop time of the activity; date of entry into the record; and signature of the person writing the note, including title and credentials. Such activities do not include time spent in writing reports or interpreting the results for families or other service providers.
Billing

<table>
<thead>
<tr>
<th>Code</th>
<th>Mod</th>
<th>Brief Description</th>
<th>Units</th>
<th>Service Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0032</td>
<td>UA</td>
<td>Treatment Plan development and Review</td>
<td>15 min</td>
<td>Authorization is required for more than 200 hours per client per calendar year for all combined CTSS services</td>
</tr>
<tr>
<td>H0031</td>
<td>UD</td>
<td>Administering and Reporting Standardized Measures</td>
<td>15 min</td>
<td></td>
</tr>
</tbody>
</table>

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling toll free 866-267-7655 or 651-431-4300 (voice), or by using your preferred relay service. For other information on disability rights and protections, contact the agency’s ADA coordinator.
### ITP Example for Psychotherapy and Skills Training

*(Shows all activity documented on ITP)*

**LOCAL MENTAL HEALTH AGENCY**  
**INDIVIDUAL TREATMENT PLAN**

<table>
<thead>
<tr>
<th>CLIENT NAME:</th>
<th>Juan Doe</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>7/24/10</td>
</tr>
<tr>
<td>PROVIDER NAME:</td>
<td>Lili Flower, LICSW</td>
</tr>
<tr>
<td>TREATMENT PLAN DATE:</td>
<td>8/24/15</td>
</tr>
</tbody>
</table>

**SUPPORT SYSTEMS:** Father, Mother, grandparents.

**MEDICALLY NECESSARY TREATMENT SERVICES:** Individual and family therapy 1 time a week, individual and family skills training, one time a week. Projected treatment length: Six months. From: 6/20/15 to 12/31/15. The family does not have access to public transportation and no vehicle, so travel is medically necessary to deliver skills training. Interactive complexity present (see Cultural Considerations)

**DSM V DIAGNOSIS:**  
300.02 (F41.1) Generalized Anxiety Disorder

**PROBLEMS/NEEDS IDENTIFIED IN DIAGNOSTIC ASSESSMENT AND FUNCTIONAL ASSESSMENT:**  
Juan’s daily functioning is impaired by his level of anxiety. He is not able to calm himself when he becomes dysregulated.

**CASII:** Level 3 consistent with this provider recommended level of care.

**CULTURAL CONSIDERATIONS:**  
The family is Hispanic and only speaks Spanish in the home. Client has limited English capabilities so therapy will involve interactive complexity for nonverbally oriented therapy and use of Spanish interpreter in delivery of services.

**MENTAL HEALTH SERVICE PLAN DEVELOPMENT.** *(Time spent with the client or collaterals developing, reviewing or modifying the ITP. Activities that resulted in modifications to the ITP).*

8/20/15 Meeting with family to review progress on ITP goals and objectives and to re-evaluate baselines. Discussed the need to continue to include psychotherapy and family agrees. *(POS 11)*

8/21/15. Meeting with school staff to collect data averages of behaviors and changes observed. Contact start time: 2:45 Stop time 3:00 pm. Travel time to school: Start time: 230 p.m. Stop time 2:40 p.m. – Travel from school: Start time: 3:05 pm. Stop time 3:20 pm. Skills trainer *(POS 03)*

8/22/15 Contacted parents by phone to describe school’s report and discussed how the information will affect the treatment plan. Requested a time to meet to review and sign the ITP hard copy, time set for 8/23/15 at 4:30 pm at their home. Contact start time: 2:00 Stop time: 2:16. Skills trainer. *(POS 11)*

8/23/15 Phone call from Juan’s parents: they stated their Dr. appointment ran late and they could not contact me in time. We rescheduled for 8/24/15 at 4:30 pm. Contact time: Start time: 6:06 pm. Stop time: 6:15 pm. Skills trainer. *(POS 11)*

8/24/15. Phone call from Juan’s parents, stating they got stuck in traffic, but were willing to go over the new ITP over the phone to authorize services. We went over the changes and they verbally approved. Scheduled meeting for then to sign the ITP on 8/28/15 at 6:00 pm at their home. Notified Lili Flower, LICSW. Start time: 4:20 pm. To 4:56 pm. Skills trainer. *(POS 11)*

8/28/15. Met with Juan’s parents to sign the plan documenting their verbal authorization for services and agreeing to all services in the new ITP. Service time: Start time: 6:03. Stop time: 6:31 pm. Travel time: Start time: 5:40 pm. Stop time 6:00 pm. – start time 6: 35 pm. Stop time: 6:56 pm. Skills trainer. *(POS 12)*

**INDIVIDUAL TREATMENT PLAN GOALS/OBJECTIVE STRATEGIES.**

**LONG TERM GOAL:**
1. Juan will explore, identify and resolve the source of his anxiety, to reduce the episodes of anxiety from 5 times a day to 1 time a day. Staff responsible: Therapist.

**Progress:** Juan’s source of anxiety appear to be distorted cognitions. Juan was able to identify an alternative thought and he will continue to refer to it cognitively until he completely replaces it and it is not any longer a source of anxiety. Resolving it allowed Juan to decrease the frequency of his anxiety from 5 times a day to 4 times a day. We will continue to explore, identify and resolve the sources of his anxiety until the episodes of anxiety are reduced to 1 time a day.

**Short term goal:**

1. Juan will acquire and implement 2 relaxation skills. Staff responsible: Therapist.

**Objectives:**

1a. Juan will acquire and implement “blow-up the balloon skill” 4 out of 5 opportunities. Baseline 0/5.  
Staff responsible: Skills trainer.

**Progress:** Juan is able to use “blow-up the balloon skill” 1 out of 5 opportunities. Will continue the objective until 4/5 is mastered.

1b. Juan will acquire and implement “hard spaghetti – soft spaghetti” skill 4 out of 5 opportunities.  
Baseline 0/5. Staff responsible: skills trainer.

**Progress:** Not yet introduced.

**Strategies:**
Juan will be introduced to, role play, demonstrate with prompting and then without prompting, practice within the session and then generalize to multiple settings & parents.

**LONG TERM GOAL:**

2. Juan and his parents will understand how behavioral skills build adaptive behaviors to replace maladaptive behaviors resulting from the anxiety. Staff responsible: therapist.

**Progress:** New goal, because family is not recognizing the importance of developing the behavioral skills and parents need to learn how to reinforce and maintain Juan’s developing skills.

**Short term goal (new):**

2. Juan will acquire and implement 1 compliance skill. Staff responsible: skills trainer.

**Progress:** New short term goal, because the child needs to comply in order to consistently use the acquired skills.

**New Objectives for new short term goal:**

2a. Juan will acquire and implement “Simon says skill” 4 out of 5 opportunities. Staff responsible: skills trainer, baseline 0/5.

2b. Juan will follow 1 direction at the time when given by an adult 4 out of 5 opportunities. Baseline 0/5.  
Staff responsible: skills trainer

**Strategies:**
Juan will be introduced to, role play, demonstrate with prompting and then without prompting, practice with in the session and then generalize to multiple settings. Caregivers will prompt and redirect the introduced skills.

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**Parent Approved verbally**
Parents reviewed goals on the phone and provided verbal approval on 8/24/15

**Coordinate via email/verbally**

**SIGNATURES:**

**DATE:**
<table>
<thead>
<tr>
<th><strong>CLIENT:</strong> Juan Doe</th>
<th>8/28/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PARENT/GAURDIAN:</strong></td>
<td>8/28/2015</td>
</tr>
<tr>
<td>Papa Doe</td>
<td>Maria Doe</td>
</tr>
<tr>
<td><strong>CLINICIAN:</strong></td>
<td>8/24/2015</td>
</tr>
<tr>
<td>Bonita Linda, B.S., Skills Trainer</td>
<td></td>
</tr>
<tr>
<td><strong>SUPERVISOR (IF APPLICABLE):</strong></td>
<td>8/24/2015</td>
</tr>
<tr>
<td>Lili Flower, MSW, LICSW</td>
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</tbody>
</table>
**Example for Psychotherapy and Skills Training with Documentation of MHSPD in Progress Notes**

**LOCAL MENTAL HEALTH AGENCY**
**INDIVIDUAL TREATMENT PLAN**

<table>
<thead>
<tr>
<th>CLIENT NAME:</th>
<th>Juan Doe</th>
<th>PROVIDER NAME:</th>
<th>Lili Flower, LICSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>7/24/10</td>
<td>TREATMENT PLAN DATE:</td>
<td>8/24/15</td>
</tr>
<tr>
<td>SUPPORT SYSTEMS:</td>
<td>Father, Mother,</td>
<td>MEDICALLY NECESSARY TREATMENT SERVICES:</td>
<td>Individual and family therapy 1 time a week, individual and family skills training, one time a week. Projected treatment length: Six months. From: 6/20/15 to 12/31/15. The family does not have access to public transportation and no vehicle, so travel is medically necessary to deliver skills training. Interactive complexity present (see Cultural Considerations)</td>
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<td></td>
<td>grandparents.</td>
<td></td>
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<tr>
<td>DSM V DIAGNOSIS:</td>
<td>300.02 (F41.1) Generalized Anxiety Disorder</td>
<td>PROBLEMS/NEEDS IDENTIFIED IN DIAGNOSTIC ASSESSMENT AND FUNCTIONAL ASSESSMENT:</td>
<td>Juan’s daily functioning is impaired by his level of anxiety. He is not able to calm himself when he becomes dysregulated.</td>
</tr>
<tr>
<td>CASII:</td>
<td>Level 3 consistent with this provider recommended level of care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CULTURAL CONSIDERATIONS:</td>
<td>The family is Hispanic and only speaks Spanish in the home. Client has limited English capabilities so therapy will involve interactive complexity for nonverbally oriented therapy and use of Spanish interpreter in delivery of services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL TREATMENT PLAN GOALS/OBJECTIVE STRATEGIES. LONG TERM GOAL:</td>
<td>1. Juan will explore, identify and resolve the source of his anxiety, to reduce the episodes of anxiety from 5 times a day to 1 time a day. Staff responsible: Therapist.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>Progress:</strong> Juan’s source of anxiety appear to be distorted cognitions. Juan was able to identify an alternative thought and he will continue to refer to it cognitively until he completely replaces it and it is no longer a source of anxiety. Resolving it allowed Juan to decrease the frequency of his anxiety from 5 times a day to 4 times a day. We will continue to explore, identify and resolve the sources of his anxiety until the episodes of anxiety are reduced to 1 time a day.</td>
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<tr>
<td>Short term goal:</td>
<td>1. Juan will acquire and implement 2 relaxation skills. Staff responsible: Therapist.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objectives:</td>
<td>1a. Juan will acquire and implement “blow-up the balloon skill” 4 out of 5 opportunities. Baseline 0/5. Staff responsible: Skills trainer.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>Progress:</strong> Juan is able to use “blow the balloon skill” 1 out of 5 opportunities. Will continue the objective until 4/5 is mastered.</td>
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1b. Juan will acquire and implement “hard spaghetti – soft spaghetti” skill 4 out of 5 opportunities.
  Baseline 0/5. Staff responsible: skills trainer.

**Progress:** Not yet introduced.

**Strategies:**
Juan will be introduced to, role play, demonstrate with prompting and then without prompting, practice within the session and then generalize to multiple settings & parents.

**LONG TERM GOAL:**

2. Juan and his parents will understand how behavioral skills install adaptive behaviors to replace maladaptive behaviors resulting from the anxiety. Staff responsible: therapist.

**Progress:** New goal, because family is not recognizing the importance of developing the behavioral skills and parents need to learn how to reinforce and maintain Juan’s developing skills.

**Short term goal (new):**

2. Juan will acquire and implement 1 compliance skill. Staff responsible: skills trainer.

**Progress:** New short term goal, because the child needs to comply in order to consistently use the acquired skills.

**New Objectives for new short term goal:**

2a. Juan will acquire and implement “Simon says skill” 4 out of 5 opportunities. Baseline 0/5. Staff responsible: skills trainer

2b. Juan will follow 1 direction at a time when given by an adult 4 out of 5 opportunities. Baseline 0/5. Staff responsible: skills trainer.

**Strategies:**
Juan will be introduced to, role play, demonstrate with prompting and then without prompting, practice within the session and then generalize to multiple settings. Caregivers will prompt and redirect the introduced skills.

**Parent Approved verbally**
Parents reviewed goals on the phone and provided verbal approval on 8/24/15

**Coordinate via email/verbally**

**SIGNATURES:**

**DATE:**

**CLIENT:** Juan Doe  
8/28/2015 😊

**PARENT/GAURDIAN:**

Papa Doe Maria Doe  
8/28/2015

**CLINICIAN:**

Bonita Linda, B.S., Skills Trainer  
8/24/2015

**SUPERVISOR (IF APPLICABLE)**

Lili Flower, MSW, LICSW  
8/24/2015

**SAMPLE PROGRESS NOTES**

8/20/15 – Mental health service plan development (H0032)
10:00 – 11:00 am
Meeting with family and Bonita to review progress on ITP goals and objectives and to re-evaluate baselines. Discussed the need to continue to include psychotherapy and family agrees.

*Lili Flower, MSW, LICSW*

8/20/15

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8/21/15 – Mental health service plan development (H0032)
2:45 – 3:00 pm
Meeting with school staff to review changes in behaviors and current concerns.
Travel (H0046) TO: 2:30 – 240 pm; FROM: 3:05 – 3:20 pm

*Bonita Linda, B.S., Skills Trainer*

8/21/15

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8/22/15 – Mental health service plan development (H0032)
2:00 – 2:16 pm
Contacted parents by phone to report school’s report and explained how the information will affect the treatment plan. Requested a time to meet to capture their signature in the ITP hard copy, time set for 8/23/15 at 4:30 pm at their home.

*Bonita Linda, B.S., Skills Trainer*

8/22/15

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8/23/15 – Missed appointment (no charge)
4:30 – 4:45 pm
Arrived at the home and no one came to the door. The multiple phone calls placed went to the voice mail. Waited for 10 minutes and went back to the office. Travel time: TO: 4:20 – 4:30 pm; FROM: 4:45 – 5:05 pm

*Bonita Linda, B.S., Skills Trainer*

8/23/15

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8/23/15 – Mental health service plan development (H0032)
6:06 – 6:15 pm
Phone call from Juan’s parents to reschedule. They stated their doctor appointment ran late and they could not contact me in time. We rescheduled for 8/24/15 at 4:30 pm.

*Bonita Linda, B.S., Skills Trainer*

8/23/15

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8/24/15 – Mental health service plan development (H0032)
4:20 – 4:56 pm
Phone call from Juan’s parents, stating they got stuck in traffic, but were willing to go over the new ITP over the phone to authorize services. We went over the changes and they verbally approved. Scheduled meeting for then to sign the ITP on 8/28/15 at 6:00 pm at their home. Notified Lili Flower.

*Bonita Linda, B.S., Skills Trainer*

8/24/15

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8/28/15 – Mental health service plan development (H0032)
6:03 – 6:31 pm
Met with Juan’s parents to sign the plan documenting their verbal authorization for services and agreeing to all services in the new ITP. Discussed differences in behaviors at school and hopes for continued improvement if we stick to the plan.
Travel (H0046) TO: 5:40 – 6:00 pm; FROM: 6:35 – 6:56 pm

Bonita Linda, B.S., Skills Trainer
8/28/15
### Example for Skills Training with No Psychotherapy, all Activity Documented on ITP

#### LOCAL MENTAL HEALTH AGENCY
INDIVIDUAL TREATMENT PLAN

<table>
<thead>
<tr>
<th>CLIENT NAME:</th>
<th>PROVIDER NAME:</th>
<th>DOB:</th>
<th>TREATMENT PLAN DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>Lili Flower, LICSW</td>
<td>7/24/05</td>
<td>8/24/15</td>
</tr>
</tbody>
</table>

#### SUPPORT SYSTEMS:
Father, Mother, grandparents.

#### MEDICALLY NECESSARY TREATMENT SERVICES:
Individual and family skills training, one time a week. Projected treatment length: Six months. From: 7/14/15 to 1/15/16. Family lacks transportation so travel will be necessary to provide services.

#### DSM V DIAGNOSIS:
300.02 (F41.1) Generalized Anxiety Disorder

#### PROBLEMS/NEEDS IDENTIFIED IN DIAGNOSTIC ASSESSMENT AND FUNCTIONAL ASSESSMENT:
John’s daily functioning is impaired by his level of anxiety. He is not able to calm himself when he becomes dysregulated.

#### CASII:
Level 3 consistent with this provider recommended level of care.

#### CULTURAL CONSIDERATIONS:
No treatment modifications are required due to cultural considerations.

#### SERVICE PREFERENCES:
Parents declined receiving psychotherapy stating they have tried it in the past and they did not find it useful. We will discuss again at next treatment plan review.

#### MENTAL HEALTH SERVICE PLAN DEVELOPMENT:
(Time spent with the client or collaterals developing, reviewing or modifying the ITP. Activities that resulted in modifications to the ITP).

- **8/20/15** Meeting with family and went over previous ITP, reporting progress and evaluating baselines. Reviewed why psychotherapy would be useful, but family still does not want psychotherapy at this time. Service start time: 10:00 am. Stop time: 11:00 am. Mental health professional. (POS 11)
- **8/21/15**. Meeting with school staff to collect report of average of behaviors and changes observed. Collateral contact start time: 2:45 Stop time 3:00 pm. Travel time: Start time: 2:30 p.m. to 2:40 p.m. – Start time: 3:05 pm. Stop time 3:20 pm. Skills trainer (POS 03)
- **8/22/15** Contacted parents by phone to report school’s report and explained how the information will affect the treatment plan. Requested a time to meet to capture their signature in the ITP hard copy, time set for 8/23/15 at 4:30 pm at their home. Contact start time: 2:00 Stop time: 2:15. Skills trainer. (POS 11)
- **8/23/15** Arrived at the home and no one came to the door. The multiple phone calls placed went to the voice mail. Waited for 10 minutes and went back to the office. Service start time: 4:30 pm. Stop time: 4:45 pm. Travel time: 4:20 pm. Stop time: 4:30 pm. Start time: 4:45 pm. Stop time: 5:05 pm. Skills trainer. (POS 12)
- **8/24/15** Phone call from John’s parents to reschedule, they stated their Dr. run late and they could not contact me in time. Re-schedule for next day on 8/25/15 at 4:30 pm. Contact time: Start time: 6:06 pm. Stop time: 6:15 pm. Skills trainer. (POS 11)
- **8/28/15**. Met with John’s parents to sign the plan documenting their verbal authorization for services and agreeing to all services in the new ITP. Service time: Start time: 6:03. Stop time: 6:31 pm. Travel time: Start time: 5:40 pm. Stop time 6:00 pm. – start time 6: 35 pm. Stop time: 6:56 pm. Skills trainer. (POS 12).

#### INDIVIDUAL TREATMENT PLAN GOALS/OBJECTIVE STRATEGIES.

### LONG TERM GOAL:
1. John will increase his ability to self-sooth to decrease his anxiety episodes from 5 a day to 4 a day.

### SHORT TERM GOAL:
1. John will acquire and implement 2 relaxing skills. Staff responsible: Therapist.

**Objectives:**
1a. John will acquire and implement “blow-up the balloon skill” 4 out of 5 opportunities. Continue to increase frequency until mastering 10 out of 10. Baseline 0/5. Staff responsible: Skills trainer.

**Progress:** John is able to use “blow up the balloon skill” 1 out of 5 opportunities. Will continue the objective until 4/5 is mastered.

1b. John will acquire and implement “hard spaghetti – soft spaghetti skill” 4 out of 5 opportunities. Continue to increase frequency until mastering 10 out of 10. Baseline 0/5. Staff responsible: skills trainer.

**Progress:** Not introduced yet.

**Strategies:**
John will be introduced to, role play, demonstrate with prompting and then without prompting, practice within the session and then generalize to multiple settings.

**LONG TERM GOAL:**
2. John will respond to the caregiver’s directions to comply with requests to decrease disagreements from 3 a day to 1 a day.

**Short term goal:**
2. John will acquire and implement 1 compliance skill. Staff responsible: skills trainer.

**Objectives:**
2a. John will acquire and implement “Simon says skill” 4 out of 5 opportunities. Continue to increase frequency until mastering 10 out of 10. Baseline 0/5. Staff responsible: skills trainer

2b. John will follow 1 direction at the time when given by an adult 4 out of 5 opportunities. Continue to increase frequency until mastering 10 out of 10. Baseline 0/5. Staff responsible: skills trainer.

**Strategies:**
John will be introduced to, role play, demonstrate with prompting and then without prompting, practice within the session and then generalize to multiple settings. Caregivers will prompt and redirect the introduced skills.

<table>
<thead>
<tr>
<th><strong>Parent Approved Verbally:</strong> Parents reviewed goals on the phone and provided verbal approval on 8/24/15</th>
<th>Coordinate via email/verbally</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SIGNATURES:</strong></td>
<td><strong>DATE:</strong></td>
</tr>
<tr>
<td><strong>CLIENT:</strong> John Doe</td>
<td>8/28/15</td>
</tr>
<tr>
<td><strong>PARENT/GAURDIAN:</strong> Paul Doe Maria Doe</td>
<td>8/28/15</td>
</tr>
<tr>
<td><strong>CLINICIAN:</strong> Bonita Linda, B.S., Skills Trainer</td>
<td>8/24/15</td>
</tr>
<tr>
<td><strong>SUPERVISOR (IF APPLICABLE)</strong> Lili Flower, MSW, LICSW</td>
<td>8/24/15</td>
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</tbody>
</table>
Example for Day Treatment, all Activity Documented on ITP

LOCAL MENTAL HEALTH AGENCY
INDIVIDUAL TREATMENT PLAN

<table>
<thead>
<tr>
<th>CLIENT NAME:</th>
<th>John Doe</th>
<th>PROVIDER NAME:</th>
<th>Lili Flower, LICSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>7/24/05</td>
<td>TREATMENT PLAN DATE:</td>
<td>12/01/15</td>
</tr>
<tr>
<td>SUPPORT SYSTEMS:</td>
<td>Father, Mother, grandparents.</td>
<td>MEDICALLY NECESSARY TREATMENT SERVICES:</td>
<td>Behavioral day treatment with 1 hour of psychotherapy and two hours of skills training, 4 days per week. Projected treatment length: Six months. From: 12/01/15 to 5/31/16. Due to parent schedules, travel may be necessary for mental health service plan development.</td>
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</table>

DSM V DIAGNOSIS:
314.01 (F90.2) Attention Deficit Hyperactivity Disorder, combined presentation

PROBLEMS/NEEDS IDENTIFIED IN DIAGNOSTIC ASSESSMENT AND FUNCTIONAL ASSESSMENT:
John’s daily functioning is impaired by his limited attention span and constant activity and poor boundaries.

Changes in Condition/Emergent Issues:
John has recently started being aggressive and fighting with specific group members who he says “bother him all the time.” John is escalating to fighting two times per day and being directed to time-out in accordance with his approved behavior management plan. New goals addressing the aggressive behavior are being added at this time even though the last plan was completed less than 60 days ago.

CASHII: Level 3, however previous psychotherapy and skills training on an outpatient basis have not been effective, so more intensive day treatment services are being implemented.

CULTURAL CONSIDERATIONS:
Both parents work multiple jobs and it is important to schedule brief treatment planning meetings when parents are available. May require in-home meetings to complete treatment plan approvals.

MENTAL HEALTH SERVICE PLAN DEVELOPMENT.
(Time spent with the client or collaterals developing, reviewing or modifying the ITP. Activities that resulted in modifications to the ITP).

11/20/15 Meeting with family and went over previous ITP reporting progress and evaluating baselines. Service start time: 10:00 am. Stop time: 11:00 am. Mental health professional. (POS 11)
11/21/15. Meeting with school staff to collect report of average of behaviors and changes observed. Collateral contact start time: 2:45 Stop time 3:00 pm. Travel time to school: Start time: 2:30 p.m. Stop time 2:40 pm. – Travel from school: Start time: 3:05 pm. Stop time 3:20 pm. Skills trainer. (POS 03)
11/22/15 Contacted parents by phone to report school’s report and explained how the information will affect the treatment plan. Requested a time to meet to capture their signature in the ITP hard copy, time set for 11/23/15 at 4:30 pm at their home. Contact start time: 2:00 Stop time: 2:15. Skills trainer. (POS 11)
11/23/15 Missed appointment, not billable. Arrived at the home and no one came to the door. The multiple phone calls placed went to the voice mail. Waited for 10 minutes and went back to the office. Service start time: 4:30 pm. Stop time: 4:45 pm. Travel time: 4:20 pm. Stop time: 4:30 pm. Start time: 4:45 pm. Stop time: 5:05 pm. Skills trainer. (POS 12)
11/23/15 Phone call from John’s parents to reschedule, they stated their doctor run late and they could not contact me in time. Re-schedule for next day on 8/24/15 at 4:30 pm. Contact time: Start time: 6:07 pm. Stop time: 6:15 pm. Skills trainer. (POS 11)
11/24/15. Phone call from John’s parents, they stated they got stuck in traffic, but willing to go over the new ITP over the phone to authorize services. We went over the changes and they verbally approved. Documented the date and time of the verbal approval in order to start services and will have them sign hard copy. Scheduled meeting for signatures on 12/01/15 at 6:00 pm at their home. Start time: 4:50 pm. To 5:26 pm. Skills trainer. (POS 11)
12/01/15. Met with John and his parents to sign the plan documenting their verbal authorization for services and agreeing to all services in the new ITP. Service time: Start time: 6:02. Stop time: 6:46 pm. Travel time: Start time: 5:40 pm. Stop time 6:00 pm. – Start time 6:48 pm. Stop time: 7:09 pm. Skills trainer. (POS 12).
INDIVIDUAL TREATMENT PLAN GOALS/OBJECTIVE STRATEGIES.

LONG TERM GOAL:
1. John will identify triggers to his distractibility and short attention span to increase attention span from 2’ a day to 10’ per group. Staff responsible: Mental Health Professional.

**Progress:** John was able to identify two triggers and replaced it with alternative responses. Replacing the maladaptive response, allowed John to decrease his distractibility and increase attention span to 4’ per group. He will continue to explore, identify and resolve the sources of his distractibility until the attention span reaches 10’ per group session.

Short term goal:
1. John will acquire and implement 2 attention focus skills. Staff responsible: Therapist.

Objectives:
1a. John will acquire and implement “watch my eyes” skill 4 out of 5 opportunities, with prompting. Baseline 0/5. Staff responsible: Skills trainer.

**Progress:** John is able to use “watch my eyes skill” 1 out of 5 opportunities with prompting. Will continue the objective until 4/5 is mastered.

1b. John will acquire and implement “I spy” skill 4 out of 5 opportunities. Baseline 0/5. Staff responsible: skills trainer.

**Progress:** Not introduced yet.

Strategies:
John will be introduced to, role play, demonstrate with prompting and then without prompting, practice within the session and then generalize to multiple settings & parents.

LONG TERM GOAL:
2. John will understand how mindfulness is needed in order to implement adaptive behaviors and respecting other’s boundaries and to replace maladaptive behaviors resulting from the distractibility and lack of boundaries. Staff responsible: Mental health professional.

**Progress:** Not yet introduced.

Short term goal (new):
2. John will acquire and implement 1 boundary skill. Staff responsible: skills trainer.

**Progress:** Not introduced yet.

Objectives for new short term goal:
2a. John will acquire and implement “I’m in my bubble skill” 4 out of 5 opportunities. Baseline 0/5. Staff responsible: skills trainer

2b. John will acquire and implement “ask first skills” to decrease his habit of using other people’s possessions without permission 4 out of 5 opportunities. Baseline 0/5. Staff responsible: skills trainer

LONG TERM GOAL:
3. John will explore and understand how the stimuli affect his self-regulation, and identify triggers that result in aggressive behaviors in order to decrease aggressive episodes from 2 times a day to 1 time per day. Staff responsible: Mental health professional.

**Progress:** Not yet introduced.

Short term goal (new):
3. John will acquire and implement “hands in my pockets” skill 4 out of 5 opportunities. Baseline: 1/5. Staff responsible: skills trainer.

**Progress:** Not introduced yet.

Objectives for new short term goal:
3a. John will acquire and implement “I’m in my bubble skill” 4 out of 5 opportunities. Baseline 0/5.
   Staff responsible: skills trainer
3b. John will acquire and implement “feet in cement skills” 4 out of 5 opportunities. Baseline 1/5.
   Staff responsible: skills trainer

**Strategies:**
John will be introduced to role play, demonstrate with prompting and then without prompting, practice within the session and then generalize to multiple settings. Caregivers will prompt and redirect the introduced skills.

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**SIGNATURES:**

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<th>CLIENT: John Doe</th>
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<tbody>
<tr>
<td>PARENT/GAURDIAN:</td>
<td></td>
</tr>
<tr>
<td>Paul Doe</td>
<td>Mildred Doe</td>
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<td>DATE: 12/01/15</td>
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<tr>
<td>CLINICIAN:</td>
<td></td>
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<tr>
<td>Bonita Linda, B.S., Skills Trainer</td>
<td>DATE: 11/24/2015</td>
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<tr>
<td>SUPERVISOR (IF APPLICABLE)</td>
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<tr>
<td>Lili Flower, MSW, LICSW</td>
<td>DATE: 11/24/2015</td>
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