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
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

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
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
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

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

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.

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

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

**Treatment Plan Updates Due** 180 Days. *For children with Autism Spectrum Disorder, treatment plans are to be updated at minimum every 180 days, but will only need to be submitted to CBH with requests for service reauthorization, at minimum every 12 months.*

**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:

- 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”

Provider Bulletin #14-03 "12-month authorizations will continue to be considered for children with Autism Spectrum Disorder (per Medical Assistance Bulletin 08-05-04). Treatment plans should still be completed at minimum every 180 days, but will only need to be submitted to CBH with requests for service reauthorization, at minimum every 12 months."

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

- **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.

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**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.


**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 10th 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 10th 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 10th day

Treatment Plan Updates Due: Every 25 days

Required Signatures: Client, Counselor, Clinical Supervisor/Director


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.

Intensive Outpatient (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: 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. (Note: Pennsylvania’s Client Placement Criteria (PCPC) for Adults Third Edition 2014 recommends IOP treatment plans be updated every 30 days.)

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

Reference: 55 PA Code § 1223.52.
**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.
