

Treatment Planning System Configuration

Treatment Plan Types

TREATMENT PLAN TYPES INTERVENTIO	NS ASSESSMENTS TREATMENT METHOD	DS OBJECTIVES MILESTONES PROBLEMS STAGES OF CHANGE
NEW TREATMENT PLAN TYPE	Name *	
Filter By Name	Initial Treatme	ent Plan
Initial Treatment Plan	Start Date	End Date
MH Case Management	Review Period	(Days)
MH Outpatient Counseling	Summary Form	
Treatment Plan	Problem Form	
	Problem Sum	x v

Create as many Treatment Plan Types as you need. Separate Treatment Plan Types should be created if:

- 1) There are different review periods.
- 2) Different information (different forms) should be captured on different plans (e.g., different plans for different programs).
- 3) Different types of staff should be able to access different types of plans.

Choose a Name for each Treatment Plan Type, along with Start and End Dates if necessary.

Enter a **Review Period** that will be used to automatically populate the end date on specific treatment plans.

Choose a **Summary Form**. These forms are created using FDNext. The form should contain the fields that are appropriate for the treatment plan type generally. This form may not be necessary for every Treatment Plan Type (e.g., Initial Treatment Plan).,

Choose a **Problem Form**. These forms are created using FDNext. The form should contain the fields that you want to capture at the Problem level on treatment plans.

Interventions

TREATMENT PLAN TYPES INTERVENTIONS	ASSESSMENTS TREATMENT METHODS OBJECTIVES I	MILESTONES PROBLEMS STAGES	OF CHANGE	
	Name * Therapy - Individual and Family			
Filter By Name	Start Date 09/01/2022 End Date			
MH Case Management	Required Credentials *			
MH Outpatient Counseling	Lic Marriage and Fam Therapist 🗴 🛛 Li	ble to BCBS X Lic Clinical Social Worker X icensed Professional Counselor X Doctor rse Practitioner X Physician Assistant X	of Osteopathic Medicine x Clinical Nurse	Specialist x X V
Multi-modal interventions	Progress Note Form *			
Therapy - Group	SOAPPN4	X ~		
Therapy - Individual and Family	Valid Component Codes Program	Location	Activity	1
	OUTMH Outpatient Mental Health	CRISIS Crisis Center	IND Individual Therapy	
	Attendance CAN Cancelled Appointment HERE Client has arrived KPT Kept Appointment NOS No Show PEND Pending	Recipient ADULT Adult Age >17 Years Old	+	

Create as many Interventions as you need. You can combine services into one intervention if they:

- 1) Use the same credentials for billing.
- 2) Use the same service components.
- 3) Use the same Progress Note form.

Choose a **Name** for each Intervention, along with Start and End Dates for the use of the type if necessary.

Choose Required Credentials for Billing.

Choose the **Progress Note Form** to be entered when the service is delivered. These forms are created using FormDesignEHR.

Choose the Valid Component Codes for the Service. These will limit the choices for the end user.

Assessments

TREATMENT PLAN TYPES INTERVENTIONS ASSESSMENTS T	REATMENT METHODS OBJECTIVES MILESTONES PROBLEMS STAGES OF CHANGE
• NEW ASSESSMENT	Name * PHQ-9 Depression Score
Filter By Name	Start Date 09/01/2022 End Date Difference Start Date Op/01/2022
C-SSRS Suicide Severity Score	
PCL-5 Post Traumatic Stress Disorder Score	Description
	Form PHQ9 X V
PHQ-9 Depression Score	Data View *
	VAssessment_PHQ9 X V
	Filter View
	VAssessmentClients_HasEnrollment X v
	Rules
	+ ADD RULE
	Clinical Severity * Min Score * Max Score * Indicates Need
	None - Minimal 0.0 4.0
	Mild 5.0 9.0
	Moderate 10.0 14.0
	Moderately Severe 15.0 19.0
	Severe 20.0 27.0

Create as many Assessments as you need. If you are using the same assessment but have different forms (e.g., adolescent vs. adult), create separate assessments.

Choose a Name for each Assessment, along with Start and End Dates if necessary.

Choose whether or not to Include the assessment in the Clinical Hub. This determines whether the assessment appears as an option for the "plus" icon located in the bottom right-hand corner of Face Sheets, Treatment Plans, and Encounters so that users can add a new assessment when necessary.



Enter a **Description** (not required).

Choose the **Assessment Form** to be entered when the service is delivered. These forms are created using FormDesignEHR. In FormDesignEHR, there must be a location "assessment" option chosen in order for the assessment form to appear in the drop-down.

Choose the **Data View** that pulls the results of the assessment. Based on this view, the assessment results will appear in a graph under Outcomes on the Face Sheet, assuming that the associated Problem (see Problems below) has been associated with the individual's treatment plan.

Choose the **Filter View** that filters which clients are appropriate for this assessment. This could be, for example, clients that have open enrollments, or clients within a certain age group. This field is not required.

Choose **Rules** for the assessment. Based on these rules, the <u>Clinical Severity</u> appears on the treatment plan for the end user. Additionally, the <u>Indicates Need</u> checkbox allows for Suggested Problems to appear on the Face Sheet and Treatment Plan if the Rule is met. For each Rule, enter a name for the Clinical Severity category, the Min and Max Scores associated with that category, and whether the category indicates a need for associated Problems to be addressed on the treatment plan.

Stages of Changes

TREATMENT PLAN TYPES	NTERVENTIONS	ASSESSMENTS	TREATMENT N	IETHODS	OBJECTIVES	MILESTONES	PROBLEMS	STAGES OF CHANGE
• NEW STAGE OF CHANGE	≡		ame *					
Filter By Name		A	ction					
Pre-contemplative		St	tart Date	🖬 En	d Date			
Contemplative								

Create as many Stages of Change as you need. If you're not using Stages of Change, you can create a generic Stage of Change (e.g., "Active") that end users will see but will not be distracting.

Choose a Name for each Stage of Change, along with Start and End Dates if necessary.

Treatment Methods

TREATMENT PLAN TYPES INTERVENTION	ONS ASSESSMENTS TREAT	TMENT METHODS OBJECTIVES MILESTONES PROBLEMS ST.	AGES OF CHANGE				
• NEW TREATMENT METHOD		Name *					
Filter By Name		(CAMS) Collaborative Assessment and Management of Suicidalit	у				
(CAMS) Collaborative Assessment and Management of Suicidality		Start Date 🖬 End Date 🖬					
(CBT) Cognitive Behavioral Therapy		Required Credentials Start typing to search	Use of Objectives * Include all objectives on client treatment plans X V				
Hamilton Treatment Method		Objectives	User chooses objectives on client treatment plans				
MH Case Management Treatment Method		Preparation					
Method		Provide psychoeducation to client about direct and indirect drivers of	f suicide 🗸 🗸 🗙				
		+ ADD OBJECTIVE					
		Contemplative					
		Provide information regarding risk factors and safety planning.	~ 🖌 ×				
		Provide psychoeducation of what risk factors and protective factors	are v 🖍 X				
		+ ADD OBJECTIVE					
		Pre-contemplative					
		Educate client about CAMs modality using a collaborative approach	~ 🖌 ×				
	+ ADD OBJECTIVE						
		Maintenance					

Create as many Treatment Methods as you need. Note that you may want to set up your Objectives and Milestones

Choose a Name for each Treatment Method, along with Start and End Dates if necessary.

Choose Required Credentials for Billing.

Choose **how Objectives can be used** by the end user. This determines whether objectives and milestones are automatically included in the treatment plan, or whether end users are allowed which objectives to include, for this particular Treatment Method.

*Please see Appendix A for a diagram of a Treatment Method's association with Stages of Change, Objectives, and Milestones.

Treatment Methods, continued

Objectives

For each configured **Stage of Change**, choose Objectives and Milestones. These Objectives and Milestones may be entered directly using the Objectives/Milestones tabs, or new Objectives can be entered through the Treatment Methods tab. Order Objectives as you choose. Choose Add Objective to add new objectives or associate existing objectives to the Treatment Method/Stage of Change. New Milestones must be entered through the Milestones tab.

Add Objective to Treatment Method	×
NEW OBJECTIVE EXISTING OBJECTIVE	
Name *	
Start Date 🖬 End Date 🗐	
Description	
	/_
Milestones	
+ ADD MILESTONE REORDER Show Inact	tive
No active milestones	



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Objectives

TREATMENT PLAN TYPES INTERVENTIONS AS	SESSMENTS TREATMENT METHODS OBJECTIVES MILESTONES PROBLEMS	STAGES OF CHANGE	
• NEW OBJECTIVE	Name *		
Filter By Name	Assess client's overall suicide risk weekly 		
Assess client's overall suicide risk weekly	Start Date End Date		
Assist client in admitting their may be some work that needs to be done on their thinking patterns.	Description Milestones		<i>ħ</i>
Assist client in completing	+ ADD MILESTONE		Show Inactive
detailed safety plan/stabilization plan which includes reducing access to lethal means and	Name *	Start Date End Da	ate
engagement of social supports	Client expressed low risk and high management of suicidality	× ~	
Assist client in identifying and processing troubling situations in their life	Client reports using safety plan	× ~	i ×
	Client participated in CAMS assessment of risk	× ~	ti ×
Assist client in identifying negative or inaccurate thinking			

Create as many Objectives as you need. Objectives may also be created directly from the Treatment Methods tab. Objectives can be associated with multiple Treatment Methods. Note that agencies have chosen to number objectives to more easily reference them.

Choose a **Name** for each Objective, along with Start and End Dates if necessary.

Enter a **Description** (not required).

Associate **Milestones** with each Objective, including a Start Date and End Date if necessary. Order Milestones as you choose. Note that agencies have chosen to number objectives in order to more easily reference them. New Milestones must be entered through the Milestones tab.

Milestones

TREATMENT PLAN TYPES INTERVENTION	ONS ASSESSMENTS	TREATMENT MET	THODS OBJECTIVES	MILESTONES	PROBLEMS	STAGES OF CHANGE
• NEW MILESTONE	Nam	ie *				
Filter By Name		aregiver can talk a t Date	bout how their past e	experiences imp	act their curr	ent parenting
1 Able to identify physical reactions to trauma.	08/0	1/2022	End Date			
10 Caregiver can talk about how their past experiences impact their current parenting						
100 Youth will identify benefits of post-traumatic growth.						

Create as many Milestones as you need.

Choose a **Name** for each Milestone, along with Start and End Dates if necessary.

Problems

TREATMENT PLAN TYPES INTERVENTIONS ASSESS	MENTS TREATMENT METHODS OBJECTIVES MILESTONES PROBLEMS STAGES OF CHANGE	
• NEW PROBLEM	Name *	
Filter By Name	6 Depression	
21 Trauma	07/15/2022 Treatment Methods	
22 Wraparound	(IMR) Illness Management and Recovery × (RSS) Peer Support × (REBT) Rational Emotive Behavior Therapy × (SFBT) Solution-Focused Brief Therapy × (CPCIT) Parent-Child Interaction Therapy × (CBT) Cognitive Behavioral Therapy ×	
23 Service Coordination	(CCPT) Child-Centered Play Therapy X Team Solutions for Wellness X (CPRT) Child Parent Relationship Therapy X (BSFT) Brief Strategic Family Therapy X (BISS) Behavioral Intervention Services and Supports X T.E.A.C.H (Child & Adolescent) X	× ~
24 Suicidality or Risk Factors	(EMDR) Eye Movement Desensitization and Reprocessing × (MI) Motivational Interviewing × Assessments	
3 Anxiety	Client Rated Function - Depression X PHQ-9 Depression Score X	x ~
4 Attachment	Billable ICD-10 Diagnosis	
5 Criminogenic Thinking	All diagnoses are billable	
6 Depression	+ ADD DIAGNOSIS	-
7 Emotional Regulation	F05 Delirium due to known physiological condition F06.0 Psychotic disorder with hallucinations due to known physiological condition	î
8 Employment & Education	F06.1 Catatonic disorder due to known physiological condition	Î
9 Excessive Mood Swings	F06.2 Psychotic disorder with delusions due to known physiological condition	i.

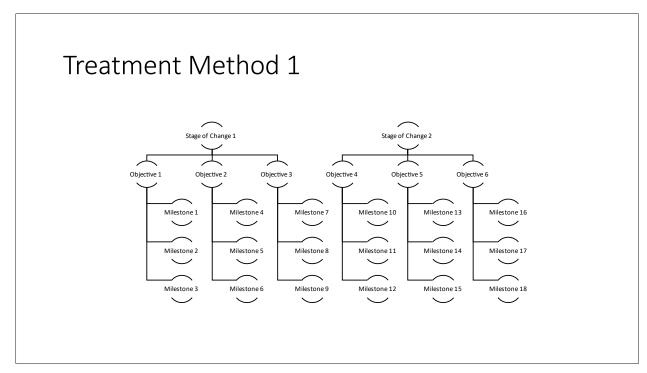
Create as many Problems as you need. End users will be able to associate Problems with Treatment Plans, and Treatment Methods will then be limited to those appropriate for the given Problem. Problems will appear on the Face Sheet in the Outcomes column if they have received an associated assessment and if the problem has been added to the individual's treatment plan.

Choose a Name for each Problem, along with Start and End Dates if necessary.

Choose all **Treatment Methods** that are appropriate in working with this Problem.

Choose all Assessments that should be associated with this Problem.

Choose whether all **Diagnoses** are billable, or not. If not, choose which Diagnoses should be billable for this Problem.



Appendix A. Diagram of Treatment Method Association with Other Treatment Plan Objects

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