

Behavioral Health Office Treatment Plan for Behavioral Health Therapists

Ambulatory **JOB AID**

Summary: New Behavioral Health Office Treatment Plan workflow and note.

When: December 3, 2019

Why the change? To streamline the treatment plan process and to meet documentation requirements.

Support: For questions or support, please contact the Helpdesk at (231) 935-6053 or Ambulatory Informatics at (231) 392-0229.

Patient Intake Change:

 The treatment plan will no longer be completed in the BH OP Therapy visit intake form, as this section of the powerform will be removed and is being replaced by a new treatment plan note.

	Treatment Goals	Objectives	Status	Start Date	Target Date	Date Met	Comments
Psychotherapy Objective #1	(Alpha)		<alpha></alpha>	<date></date>	<date></date>	<date></date>	
Psychotherapy Objective #2	<alpha></alpha>	<u> </u>	<alpha></alpha>	<date></date>	<date></date>	(Date)	
Psychotherapy Objective #3	<alpha></alpha>		<alpha></alpha>	<date></date>	<d ate=""></d>	<date></date>	
Psychotherapy Objective #4	<alpha></alpha>		<alpha></alpha>	(Date)	<date></date>	<date></date>	
Psychotherapy Objective #5	<alpha></alpha>		Alpha	<date></date>	<date></date>	<date></date>	
Psychotherapy Objective #6	<alpha></alpha>	_	<alpha></alpha>	<date></date>	<date></date>	<date></date>	
Psychotherapy Objective #7	<alpha></alpha>		<alpha></alpha>	<date></date>	(Date)	<date></date>	
Psychotherapy Objective #8	<alpha></alpha>		<alpha></alpha>	<date></date>	<date></date>	(Date)	
Psychotherapy Objective #9 🔔	<alpha></alpha>		<alpha></alpha>	<date></date>	<date></date>	<date></date>	
Psychotherapy Objective #10	<alpha></alpha>		<alpha></alpha>	<date></date>	<date></date>	<date></date>	

Workflow to Create Initial Treatment Plan Note:

- 1. Create and sign the BH Therapist Initial Office Note/BH Therapist Office Note.
- 2. Navigate to the Ambulatory Workflow page.
- 3. Ensure 'This Visit' diagnoses have been selected in the Problem List component.
 - a. **Note:** This is a shared problem list; if you remove a chronic problem it removes it for all other providers that the patient may encounter.
- 4. Navigate to the Assessment and Plan component and enter the .bh_tx_plan auto text in the free text box.
- 5. Edit all fields in the auto text. The blue drop down arrow expands to provide either a blank free text option or an auto filled text.
- 6. **Click** on BH Office Treatment Plan note link from the Workflow page menu.
- 7. **Review** the information and **sign**.

BH Therapist Workflow	Orders & Charges - AMB BH X	Treatment Plan
Chief Complaint Subjective/History of Present Illness Home Medications (0) Documents (2) Labs New Order Entry	Assessment and Plan	Services to be provided: supportive therapy• Frequency: every other week* Duration: 3 months* Types of providers who will deliver services: LPC/LMSW• Clinical Global Impression: Normal (1)* Goals and Objectives: Goal #1: Increase ability to manage symptoms of anxiety. • Patient Quote: "Want less panic attacks in public." Objective #1: Prioritize 2 to 3 self care areas to focus effort and improve functioning. • Objective #2: Identify a list of 8-10 positive affirmations to strengthen self-esteem and worthiness. • Objective #3: •
Assessment and Plan Create Note	2. Tobacco use	Start Date: Outline a structured daily routine that in Target Date: Prioritize 2 to 3 self care areas Implement 2.4 relaxation exer Outline a structured daily routine that includes social
		Methods for molengage in 2-3 activities on a d
BH Therapist Office Initial Note BH Therapist Office Note BH Office Treatment Plan	.bhl .bh_tx_plan *	Identify any concerns that interfere with Patient is able to Take medications as prescribed and rep Treatment plan Make 1-3 changes in diet that will prom This treatment glaentify a list of 8-10 positive affirmation Identify & explore 1-3 concerns/questio
Select Other Note 6		



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How to Add an Item within Recommendation Component:

Within the Ambulatory Workflow, the Recommendations component allows you to add a visual reminder for reviewing the treatment plan.

- 1. Navigate to the Recommendations component.
- 2. **Click** on the symbol, located to the immediate right of the Recommendation title.
- 3. Check the box next to BH Treatment Plan Review in the Add Recommendations window.
- 4. In the Selected Expectations section, **enter** in the desired frequency and corresponding date for treatment plan review, as specified at your facility.
- 5. Click Save for the recommendation to populate into the Recommendations component.

Available Expectations	Selected Expectations	
 Advance Directive Asthma Maintenance BH Treatment Plan Review BMI Measurement CAD Maintenance Distante Maintenance 	BH Treatment Plan Review Frequency 3 mon V Age * Date day(s) V Or 02/03/2020	
Add Free text Expectation	Reason Comments Add a comment	
Recorded for : Ambulatory, BH Psychologist/Therapist	5 Save C	ance

How to Filter an Item within Recommendation Component:

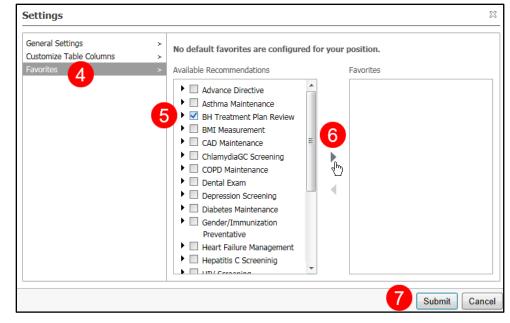
1. Navigate to the Recommendation component.

 $\exists \bullet$ located to the far right of the Recommendation title.

- 3. A drop down menu will appear, then **select** Settings.
- 4. Click the Favorites tab.

2. Click the filter symbol

- 5. **Check** the box next to BH Treatment Plan Review.
- Select the right arrow. This will add that item to your Favorites section.
- 7. Then click Submit.
- Navigate back to the symbol and select Show only favorites, this will filter all Recommendations to only show the BH Treatment Plan Review.



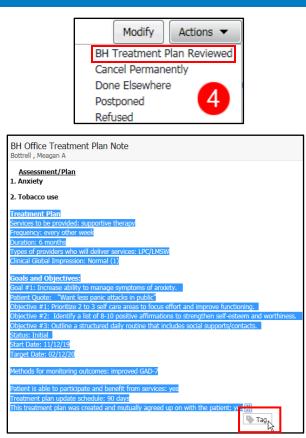


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Subsequent Visit:

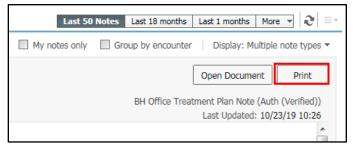
- 1. At each visit, **complete** the BH OP Therapy Visit form, the BH Therapist Office Note, and sign.
- 2. Navigate to the Recommendation component, if plan is up for review (i.e. every 3 months, 6 months, or etc.).
- 3. Click on the BH Treatment Plan Review.
- 4. **Click** on the Actions button and **select** BH Treatment Plan Reviewed.
- 5. Complete a BH Office Treatment plan note.
 - Navigate to the Documents component.
 - b. Open the previous treatment plan note. Tag (copy/paste) the treatment plan to add to the current visit. Edit plan as needed.
 - c. **Sign** after completing the BH Office Treatment Plan note.



Patient Signature:

If the patient's signature is required at your facility on the treatment plan, follow the steps below:

- 1. Navigate to the Documents component and single click the BH Office Treatment Plan note.
- 2. Click Print, located in the right upper corner.



- 3. **Obtain** the patient's handwritten signature and date.
- 4. **Submit** the document to the office scanning/HIM personnel, who will scan it into the electronic health record.