



TREATMENT PLAN REVIEWS & ADDENDUMS

A Treatment Plan Review (TPR) is billable.

A Treatment Plan Addendum (Addendum) is not billable, but it is used to update something in between TPRs.

At the very top, you can select a TPR or Addendum, and the boxes change depending on your selection.

The Addendum is supposed to be to change/add services in the grid, add a new clinician. Everything else you should do a TPR.

Enter the basic information:

- Client ID
- Client's Name (make sure it's not misspelled = must match EHR)
- Where the session took place
- Session Date
- Start Time
- End Time
- DOB
- Age
- Who participated in the session (client, parent? Someone else was there too?)

The Review Period

- Is always **FROM** the date of the last TPR (or Master TP)....
- **TO** today's date (the date when the TPR is done).

Review Period

From



date of last MTP/TPR

To



today's date

Indicate what the Primary Diagnosis is. Write the ICD-10 code + the name. --- "F90.1 - ADHD -xxxx"

Enter a secondary diagnosis if necessary, and whether they have changed.

IF they have changed from the last TPR (or Master TP), then enter the Justification for the diagnosis.

- TIP - Have a word file with all the DSM-5 criteria for the most common diagnoses.
- So, for ADHD, for example, you would just copy/paste the ADHD criteria here, and then adjust accordingly to what the client is showing as far as symptoms.

Complete the Findings of Current Symptoms

- Focus on the behaviors and symptoms that the client is going through on the past 5-6 months
- It's OK to write other information, but don't leave the past 5-6 months out.

Complete the Strengths, Needs, and Challenges to Treatment since the last TPR or Master TP was written.

Strengths

Needs

Challenges to Treatment Since Last Plan

Next you will go over the status of each problem/goal/objective.

For each problem, indicate if it's an existing problem, or a new one.

Established = it was in the previous TPR or Master TP already.

✖ Problem 1

Is this a New Problem or Established Problem?

Established

Name of Problem

if established, copy/paste from MTP

Measurable Baseline

if established, copy/paste from MTP

Type-in the Name of the problem and the measurable baseline

- if established problem, copy/paste the info from the Master Treatment Plan

Goals

- Is the goal established last time, or a new one? Enter it in the Description Box.
- If established, you will see an extra box, to enter the PROGRESS towards that goal and those objectives to follow.
 - How is the client progressing or not progressing in this goal?
 - Be specific.

Type of Goal

Established Goal New Goal

Description

if established, copy/paste from MTP

Client's progress towards this goal and these objectives?

Objectives

Objectives

✕ Objective 1

Type of Objective

Established & Not Changed Established & Revised New Objective

Measurable Description

if established, copy/paste from MTP

Target Date

- Established & Not Changed = you had these objectives before and you're not changing them.
- Established & Revised = you had these objectives before, and you ARE adjusting them somewhat.
- New Objective = you are adding a new objecting under the goal.
- It is recommended that you always adjust AT LEAST SOME of the objectives somewhat.
 - e.g. ".....15 times a week...." to "10 times a week..."

Remember how to write the objectives in Medicaid-compliant fashion:

"Johnny will learn at least 4 anger management techniques per week, over the next 6 months, as reported by the parent or self-reported by the client himself".

- *Learn at least 4 anger management techniques* ← it QUANTIFIES it and says WHAT they need to do
- *per week, over the next 6 months* ← shows frequency and duration
- *as reported by the parent or self-reported by the client himself* ← it tells you how you would know

Target Date = 5 months from today's TPR date.

ALWAYS KEEP CONSISTENCY!

GOAL # 1 IN TPR SHOULD = GOAL # 1 IN MASTER TREATMENT PLAN

OBJECTIVE # 2 IN TPR SHOULD = OBJECTIVE # 2 IN YOUR LAST TPR

- The point is.... Don't go around changing the goal/objective numbers.
- If you need to add a new objective, you should click on "Add Objective". Same with Goals.

Complete Recommendation box.

The Discharge Criteria should be copied from Master Treatment Plan, or adjusted if needed to be.

Complete Progress Towards Discharge.

Complete the Service Grid

- Individual Therapy You should put **4** units per week
- TBOS You should put **8** units per week
 - Even if TBOS is requested, you can leave IT with 4 units
 - Because if we don't get "insurance authorized" for TBOS, then at least we have IT to use.
 - You can also start off with IT, and then utilize TBOS.

- Important TIP
 - You should NEVER go back and forth using IT and TBOS.
 - For example, you should never bill IT one week, and then TBOS for a while, and then go back to IT, then TBOS again.
- If you are recommending PSR or Group, then enter 4 units for Group, and 12 for PSR.
- You are authorizing all of the services “clinically”.
- If the insurance company requires an authorization for these, then we’ll need to authorize them too.

TBOS or PSR Certifications

- If you selected TBOS, or PSR in the grid, you need to “justify” why.
- Complete the select certifications as needed.
- Pay attention to make sure you are checking-off what’s needed.

Complete your name, credentials (e.g. LMHC), Sign your name, and date it.

DON'T FORGET TO MAKE SURE THE CLIENT, AND THE PARENT, SIGN AND DATE THE TREATMENT PLAN SIGNATURE PAGE, PREFERRABLY ON THE SAME DATE, IF NOT VERY SOON AFTER. IF YOU ARE DOING TELEHEALTH OR DOING IT IN-PERSON, GUIDE THEM TO OUR WEBSITE TO MAKE SURE THEY SIGN.

SUBMIT the Review/Addendum

Treatment Reviews

Are done every 6 months. But you can start doing them at 5 months (so that you are not pushing it against the 6-month deadline!) - So every time you do a treatment plan review, your new plan will cover the client's next 6 months.

Treatment Addendums

Addendums are not billable. But they are required if you need to change the treatment plan in between reviews. They are just like a treatment plan review, except that they're not billable, they're shorter, but they must still be signed by the parent and client in order to be effective.