QRTIPS
Health Care Agency • Behavorial Health Services • CYS Quality, Review & Training

May 2013

Updating and amending existing client service plans.

Service plans are often modified to accommodate the treatment needs of the client. Clinicians are encouraged to do so to keep their treatment plan relevant to the needs of the client.

Previously, when new modalities of service were added to an existing service plan, it was only necessary to add the new modality to the existing service plan and have the client/or legal guardian(s) initial and date next to new modality. A progress note was also required documenting the rationale for the new modality and that this rationale was discussed with the client.

New procedures are required in order to reduce the risk of recoupments during external audits. These new procedures should be implemented immediately and moving forward.

To add a new modality-intervention, a new objective, or a new impairment the following are required**:**

1. Use a blank **CSP, check the "update page" box and add the new information.** See Examples A and Examples B on the following pages.
2. **Both the therapist and client (or legal guardian)** must sign and date the new update page.
3. A **corresponding progress note is written documenting the rationale for the updated service plan** and the rationale was discussed with the client. **The activity is billed as an assessment.**

   For example:

   The corresponding progress note would include something like……"This is an update to current service plan dated 4/1/13. I met with the client today to discuss her depressed mood. The client agrees that she has not felt an improvement in her feelings in spite of several weeks of individual therapy. The writer discussed the possible benefits of adding psychotropic medication as an additional treatment modality with the client. The client agreed to meet with the psychiatrist for a medication evaluation. The writer updated the existing milestone with an additional service plan update page. Both the client and the writer signed the update page today."

If there is a change on the frequency and/or amount of treatment then the following is required:

1. **Make the change on the existing CSP**. Cross out the old frequency and/or amount, and write in the new information.
2. **Both the client and therapist initial** and date next to the changes.
3. A corresponding progress note is written documenting the rationale for the changes and that the rationale was discussed with the client. **This activity is billed as an assessment.**

EXAMPLE A: ADDING NEW MILESTONES TO AN EXISTING SERVICE PLAN.

CONFIDENTIAL PATIENT INFORMATION
See: Cal W & I Code, Section 5328

CLIENT SERVICE PLAN (CSP)
COUNTY OF ORANGE HEALTH CARE AGENCY
BEHAVIORAL HEALTH SERVICES
CHILDREN AND YOUTH SERVICES

Name:
DOB:
MRN#:

- Problems are related to the diagnosis.
- Goals and objectives are observable, time-framed and related to the presenting problem(s).
- Baselines must be present.
- Beginning at 16th birthday all clients must have transition goal.

CSP Page 3 of 3

●PLEASE CHECK ONE: ☐INITIAL ☒UPDATE PAGE ☐6-MONTH UPDATE- **See PNOTE: Dated 5/11/13** ☐ANNUAL UPDATE

SYMPTOMS/BEHAVIORS AND THE RESULTING IMPAIRMENT/S:	Client experienced the recent death of a grandparent which has resulted in an extreme grief reaction. Client is tearful most of the day, can't attend school 3 out of 5days and experiences sleeplessness four days per week.
TREATMENT GOAL:	To resolve the grief reaction to the point that client can function in her daily living

Obj. # 3	**Reference Obj. #, Modality & Intervention**	**Frequency**	**Amount**
DURATION & SHORT-TERM OBJECTIVE (MILESTONE) with BASELINE:			
3. a. By 3 months, the client report sleeping five days per week.	For Obj. 3 a-b: The clinician will provide individual therapy using psycho-education and supportive therapy to manage depressive symptoms related to grief.	1 x week	Min. 30 minutes
3. b. By 6 months, the client will report an increase in her mood to the point that she can attend school five days per week.	For Obj. 3 a-b: The clinician will provide collateral therapy with the parent and child to assist in resolving extreme grief reactions.	2 x month	Min 30 minutes.

Number new milestone as would be true in creating a new service plan.

List the date of progress note referring to the new milestone. New milestones should be developed in collaboration with the client, and or, the legal guardian. This collaboration should be documented in the progress note.

Both the client (or legal guardian) and therapist date and sign the update page.

6 Month Update: Obj. # _____ ☐ Met; **Obj. # _____** ☐ Not met; **Obj. # _____** ☐ In Progress

☒ Copy of plan offered to the consumer/legal guardian
☒ Copy of plan given to consumer/legal guardian _____ (consumer/legal guardian's initials)

Prefer a language other than English ☐ Yes ☒ No. This form was translated into: Enter Language by Enter name of translator

Client Signature	5/11/13		
*Client Signature	Date	*Legal Guardian	Date
Provider Signature	5/11/13		
Provider Signature/Title	Date	Licensed Supervisor Signature/Title (if applicable)	Date
**Coordinator's Signature/Title (if not primary therapist)	Date	Licensed Supervisor Signature/Title (if applicable)	Date
New Provider Signature/Title (if applicable)	Date	Licensed Supervisor Signature/Title (if applicable)	Date
		Physician's Signature (Required for **Medicare** Consumers)	Date

*Signature indicates client has agreed to the above CSP and to participate in the treatment process.
If signature is not obtained, see progress note dated: ____/____/____
** If signature is not obtained or if verbal approval is given, see progress note dated: ____/____/____

EXAMPLE B: ADDING A NEW SERVICE MODALITY WITH AN EXISTING SERVICE PLAN

CONFIDENTIAL PATIENT INFORMATION
See: Cal W & I Code, Section 5328

- Problems are related to the diagnosis.
- Goals and objectives are observable, time-framed and related to the presenting problem(s).
- Baselines must be present.
- Beginning at 16th birthday all clients must have transition goal.

CLIENT SERVICE PLAN (CSP)
COUNTY OF ORANGE HEALTH CARE AGENCY
BEHAVIORAL HEALTH SERVICES
CHILDREN AND YOUTH SERVICES

CSP Page 2of 2

Name:
DOB:
MRN#

●PLEASE CHECK ONE: ☐INITIAL ☒UPDATE PAGE ☐6-MONTH UPDATE- **See PNOTE: Dated 5/9/2013** ☐ANNUAL UPDATE

SYMPTOMS/BEHAVIORS AND THE RESULTING IMPAIRMENT/S:	**See CSP dated _____**
TREATMENT GOAL:	

Obj. #___	**Reference Obj. #, Modality & Intervention**	**Frequency**	**Amount**
DURATION & SHORT-TERM OBJECTIVE (MILESTONE) with BASELINE:			
See objective # 1	For Obj. 1. a-c MD will provide Medication support services to stabilize depression.	1 x every 6 weeks	45 minutes.

For new modalities… always reference the objective being addressed from the existing CSP *OR* write a new objective, new symptoms or impairments if needed. If no new symptoms or impairments are added, do write "See CSP dated_____", see above.

Put date of the progress note here which documents the meeting with the client and the discussion about the new modality of treatment.

Both the therapist and client or legal guardian should sign the new update page.

6 Month Update: Obj. # _____ ☐ Met; **Obj. # _____** ☐ Not met; **Obj. # _____** ☐ In Progress

☒ Copy of plan offered to the consumer/legal guardian
☒ Copy of plan given to consumer/legal guardian _____(consumer/legal guardian's initials)

Prefer a language other than English ☐ Yes ☒ No. This form was translated into: Enter Language by Enter name of translator

Client Signature	*5/9/2013*		
*Client Signature	Date	*Legal Guardian	Date
Therapist Signature	*5/9/2013*		
Provider Signature/Title	Date	Licensed Supervisor Signature/Title (if applicable)	Date
**Coordinator's Signature/Title (if not primary therapist)	Date	Licensed Supervisor Signature/Title (if applicable)	Date
New Provider Signature/Title (if applicable)	Date	Licensed Supervisor Signature/Title (if applicable)	Date

*Signature indicates client has agreed to the above CSP and to participate in the treatment process.
If signature is not obtained, see progress note dated: ____/____/____
** If signature is not obtained or if verbal approval is given, see progress note dated: ____/____/____

Physician's Signature (Required for **Medicare** Consumers) Date