

Welcome



BHPN Connections Meeting
October 2021

Reminder – Changes to Communication Strategy with the Network



MONTHLY CALENDAR

- Please use the portal for updates and all communications moving forward.



CONNECTIONS – Operational Meetings

- Meetings will encompass both operational and clinical updates
- Move to quarterly and focus on Operational Updates (unless an emergency meeting is needed due to changing times)
- Deck will be provided following the meeting and posted on the Portal when available



Continuing EDUCATION

- Continuing Education topic will be clearly communicated in the portal.

The background features a light gray network diagram with nodes and connecting lines. A solid green vertical bar is on the left side.

enhancing
your **IMPACT**
theBHPN annual conference 2022

January 27 & 28

theBHPN Annual Conference 2022

Conference Initiatives

- Reinforce the application and effectiveness of **caregiver-mediated treatment and caregiver engagement** in progress
- Expand our knowledge of the **diversity of the current treatment population** in Behavioral Health Treatment and unique needs of caregivers
- Emphasize the roles and benefits of a multi-disciplinary treatment team to **client outcomes and family quality of life**
- Increase knowledge and *application* of treatment planning to reflect clients' **meaningful progress and family social significance**
- Understand how Behavioral Health Treatment is **impacting the community** and individuals' role in that impact

Potential Keynote Speakers

- Temple Grandin & her Mother Eustacia Cutler
- Trudy Grable – Looking Through a Parents Eyes

Proposed Topics

- Picky Eaters
- Parent Training Goals
- The Use of Video Modeling & Parenting Strategies
- Trauma-Informed Supports for Children with Autism & Other Developmental Disabilities & Application to BHT
- Parent-Led Behavioral Health Treatment
- Compassion Fatigue
- Cultural Responsibility Family Involvement and Inclusion

CSAT Handout



- Providers could share with families to help them better understand the importance of completing the CSAT as well as help them identify it in their inbox.
- By having the conversation about the importance of completing the survey, we can strive for an increase response rate

COVID Related Cost Relief



- Applies to all home visits from September of 2020 until the COVID state of emergency is completed
- The PPE credit that will be applied is \$6.57 per session
- As a next step, we are analyzing all claims data and will be making a payment for any in-home visits for this time period
- We will also be sending the network instructions on a go-forward plan

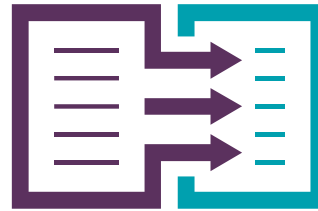
BHPN Clinical Report Template Updates



Report Template Updates



Incorporate
new requirements



Reducing
redundancies in
reporting
requirements to
reduce provider
response effort and
returned reports



Integrating the
Goal Attainment
Scale (GAS) into
our reporting
process in a
manner that will
require the lowest
response effort
from our providers

Notable Updates

Client
Demographics

Support
Services

Care
Coordination

Client
Strengths

Goal Writing

Updated
Behavior
Section

GAS
Summary of
Progress

Client Demographic Section

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Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap to enter a date.

Progress Report

Choose an item.
Choose an item.

Provider Name	Click or tap here to enter text.
Provider Logo (optional)	

CLIENT INFORMATION

Click or tap here to enter text.

Client Full Legal Name:
Client Preferred Name (if applicable)
Date of Birth:
Client Age in Years, Months: (e.g., 02 years, 08 months)
Client's Race / Ethnicity
Client's Gender
Client's Pronouns
Parent/Legal Guardian Name:
Parent/ Legal Guardian Address:
Client Resides With:
Client Address if Different Than Parent/Legal Guardian:
Out of (Funder) Service Area (OOSA) Yes or No (If Yes, provide treatment location)
Phone Number:
Treatment Team: Include contact email and phone for supervisor)
Diagnosis (listed on authorization):
Diagnosing MD or Psychologist Name AND Date of Diagnosis(es) (If not ASD Client, use the referring physician)
Initial BHT Start Date:
Academic Performance (School)

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Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap to enter a date.

Special Education / SDC? Yes ☐ No ☐
General Education? Yes ☐ No ☐
Performance in General Education (if "yes" above): Low ☐ Moderate ☐ High ☐
Educational Setting: Choose an item.

Documented Reason for Referral:
Click or tap here to enter text.

Click or tap to enter a date.
IEP? Yes ☐ No ☐

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Updated demographic information including preferred name, race/ethnicity and educational setting.

Reason for Referral & Recommendations

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Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap here to enter a date.

	Special Education / SDC? Yes ☐ No ☐
	General Education? Yes ☐ No ☐
	Performance in General Education (if "yes" above): Low ☐ Moderate ☐ High ☐
	Educational Setting: Choose an item.

Documented Reason for Referral:
Click or tap here to enter text.

RECOMMENDATIONS
Based on assessment, observation and the learner profile, it has been determined that intensive services as indicated below are being recommended. Direct services will be focused on skill acquisition and behavior reduction as detailed in the report below. Additionally, natural socialization will be incorporated regularly into the intervention services provided as this is critical to generalizing skills for use in real world settings.

The following recommendations are being recommended:
Choose an item.

Intervention should consist of:

____ Recommended Hours of direct service (H2019) per week. (Optimal Hours recommended for treatment)

____ Requested Hours of direct service (H2019) per week for new authorization (Beneficial Hours accepted by the family. Treatment plan should be based on Beneficial Hours)

Difference between requested and recommended hours if applicable:
Click or tap here to enter text.

Authorization Request (Hours agreed to by client/family)

Practitioner Level	Service Type	Hours	Location of
Direct Level Practitioner - H2019	Direct	____ Hours/Week	Home ☐ Clinic/Center ☐ Community ☐ Telehealth ☐ Other Setting ☐ Click or tap here to enter text.

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Reason for referral is needed on all reports.

Choose an item.

3-Tier ABA

3-Tier ABA & Social Skills Group

ABA Parent Training

ABA Parent Training & Social Skills Group

Parent-Led ABA

Parent-Led ABA & Social Skills Group

Parent Training & Social Skills Group

Social Skills Group

Other Services to be Identified

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Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap to enter a date.

Service	Intensity
Direct Service Practitioner – H2019 (weekly)	__ Hours/Week
Social Skills Group – H2014 (weekly)	__ Hours/Week
Mid-Level Supervisor– H0032 (monthly)	__ Hours/Month
High-Level Supervisor– H0004 (monthly)	__ Hours/Month

SERVICE DELIVERY
*If client participates in Social Skills Group, please include description of group below.
Click or tap here to enter text.

EDUCATIONAL SERVICES:
Total number of hours of education services comprised of the following:

Service	Service Dates	Intensity (Hours Per Week/Month)
Click or tap here to enter text.		Click or tap here to enter text.
Click or tap here to enter text.		Click or tap here to enter text.

OTHER SERVICES
Total number of hours of other services comprised of the following (including extracurricular activities):

Service	Service Dates	Intensity (Hours Per Week/Month)
Click or tap here to enter text.		Click or tap here to enter text.
Click or tap here to enter text.		Click or tap here to enter text.

Did care coordination occur during this authorization period? Yes ☐ No ☐
If "No," Please provide reason: Choose an item.

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All reports need to identify the client's services. This should be considered when planning treatment and recommendations.

Coordination of Care

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Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap to enter a date.

Service	Service Dates	Intensity (Hours Per Week/Month)
Click or tap here to enter text.		Click or tap here to enter text.
Click or tap here to enter text.		Click or tap here to enter text.

Did care coordination occur during this authorization period? Yes ☐ No ☐

If "No," Please provide reason: Choose an item.

Coordination of Care:
(Other Behavioral Health Treatment, supplementary services, BHPN care teams, or educational entities with which collaboration for treatment recommendations occurred):

Type of Collaboration/Coordination & Description	Name and/or Role	Date(s) and/or frequency of Collaboration
Choose an item. Click or tap here to enter text.		Click or tap to enter a date.
Choose an item. Click or tap here to enter text.		Click or tap to enter a date.
Choose an item. Click or tap here to enter text.		Click or tap to enter a date.
Choose an item. Click or tap here to enter text.		Click or tap to enter a date.

ADAPTIVE BEHAVIOR ASSESSMENT

If Vineland-3 Update Not Completed, please provide rationale and timeline for completion:
Click or tap here to enter text.

Vineland Adaptive Scales, 3rd edition was used to assess the individual's adaptive behavior functioning. The standard scores reported have an average of 100 and a standard deviation of 15. Age-equivalents indicate the average age of the individual from the Vineland-3 normative sample who obtained the same raw score as the individual currently being assessed. Adaptive levels are scored on a 5-point scale from Low to High.

Individuals over the age of three will include Maladaptive Behavior Index (MBI).

All coordination of care efforts should be outlined in this section.

Client's Strengths & Desired Outcomes

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Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap to enter a date.

Externalizing					
Other					
Adaptive Behavior Composite					

ASSESSMENT RESULTS
Click or tap here to enter text.

Client Strengths:

- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.

Desired Outcomes of Behavioral Health Treatment for Client / Family:

- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.

PROGRESS REPORT & TREATMENT PLAN
Below is the treatment plan for intervention and provider's report on progress toward goal mastery. Treatment plans are based on ongoing assessment, response to treatment, priorities of the individual, and input from other professionals that support the family.

RECEPTIVE COMMUNICATION
Skills in this domain target a client's responses to communication from others across settings, communication partners, and language functions.

1. Treatment Goal: (within six-months) Click or tap here to enter text.
Goal Status: Choose an item.
Assessment Tool Source: Click or tap to enter a date. Click or tap here to enter text.
Baseline Date and Brief Description: Click or tap to enter a date. Click or tap here to enter text.
Generalization Criteria: Choose an item.
Goal Attainment Scale Score: Choose an item.
Progress: Click or tap here to enter text.
Graphic Display:

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All reports will need to highlight the client's strengths and desired outcomes for treatment. These sections are especially important to include in discussion and collaboration with the client and family.

Goal Writing

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Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap here to enter a date.

Externalizing					
Other					
Adaptive Behavior Composite					

ASSESSMENT RESULTS
Click or tap here to enter text.

Client Strengths:

- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.

Desired Outcomes of Behavioral Health Treatment for Client / Family:

- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.

PROGRESS REPORT & TREATMENT PLAN
Below is the treatment plan for intervention and provider's report on progress toward goal mastery. Treatment plans are based on ongoing assessment, response to treatment, priorities of the individual, and input from other professionals that support the family.

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1. Treatment Goal: (within six-months) Click or tap here to enter text.

Goal Status: Choose an item.

Assessment Tool Source: Click or tap here to enter text.

Baseline Date and Brief Description: Click or tap here to enter a date. Click or tap here to enter text.

Generalization Criteria: Choose an item.

Goal Attainment Scale Score: Choose an item.

Progress: Click or tap here to enter text.

Graphic Display:

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GAS training video will be available to watch on demand in the portal.

- Goals written to be completed within the authorization.
- Generalization criteria needed for each goals.
- GAS rating should be explained in the progress section.

Choose an item.

- 0 - No progress within reporting period - Goal not met
- 1 - Some progress within reporting period - Goal not met
- 2 - Expected outcome - Goal met
- 3 - Somewhat more than expected outcome - Goal met
- 4 - Much more than expected outcome - Goal met

Dangerous Behavior

If Dangerous Behaviors are present, then there needs to be a BSP or a rationale as to why one is not indicated.

Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap here to enter a date.

BEHAVIOR

This domain focuses on behavioral excesses and skill deficits, which pose a risk to the client or others, or present a clinically significant need for intervention.

5. Treatment Goal: (within six-months) Click or tap here to enter text.
Goal Status: Choose an item.
Assessment Tool Source: Click or tap here to enter a date. Click or tap here to enter text.
Baseline Date and Brief Description: Click or tap here to enter a date. Click or tap here to enter text.
Generalization Criteria: Choose an item.
Goal Attainment Scale Score: Choose an item.
Progress: Click or tap here to enter text.
Graphic Display:

FUNCTIONAL BEHAVIOR ASSESSMENT AND BEHAVIOR PLAN (IF APPLICABLE)
Is physical intervention clinically indicated? ☐ Yes ☐ No
Click or tap here to enter text.

If physical intervention is clinically indicated, has the intervention in the treatment plan been reviewed and approved by the BHPN? ☐ Yes ☐ No
Click or tap here to enter text.

Has the intervention been reviewed with parent/caregiver/consent and are they in agreement with described intervention? ☐ Yes ☐ No
Click or tap here to enter text.

If Dangerous Behaviors are Present, list assessment tool source(s) used
Choose an item.

Behavior Support Plan (if indicated):
Click or tap here to enter text.

BEHAVIORAL CRISIS PLAN:
Click or tap here to enter text.

SUMMARY OF PROGRESS
Click or tap here to enter text.

Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap here to enter a date.

BARRIERS TO SERVICE

Environmental or family concerns that are likely to have significantly impacted service delivery in the last treatment period.
☐ Yes
☐ No

DOES CLIENT EXHIBIT DANGEROUS BEHAVIORS (inclusive of any dangerous behaviors observed during or outside of treatment)?
☐ Yes ☐ No

Behavior Support Plan (BSP) to be implemented (see BSP above)?
☐ Yes ☐ No

If "No," Rationale:
Click or tap here to enter text.

If "Yes," please select all that apply:
☐ Self-injurious behavior that could result in the need for first aid or medical attention

- Age or date of onset (estimated) Choose an item. Click or tap to enter a date.
- Frequency: Choose an item.
- Intensity: Choose an item.

☐ Physical harm to others that could result in the need for first aid or medical attention
• Age or date of onset (estimated) Choose an item. Click or tap to enter a date.

☐ Dangerous elopement that is not age-appropriate and could result in injury
• Age or date of onset (estimated) Choose an item. Click or tap to enter a date.

☐ Sexually inappropriate behavior that could result in physical harm, serious complaint from others or law enforcement involvement
• Age or date of onset (estimated) Choose an item. Click or tap to enter a date.

☐ Property destruction that could result in law enforcement involvement
• Age or date of onset (estimated) Choose an item. Click or tap to enter a date.

Summary of Progress & Fade Plan

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Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap to enter a date.

< insert description >

- Age or date of onset (estimated) Choose an item. Click or tap to enter a date.
- Frequency: Choose an item.
- Intensity: Choose an item.

EMERGENCY / CRISIS PLAN

In the event of an unexpected crisis during sessions, treatment staff will follow the general guidelines outlined below:

- Responsible adult oversees client safety
- Treatment staff will ensure safety of self
- If the Responsible adult is unavailable or unable to help, treatment staff will assist by calling 911 if appropriate and possible
- Treatment staff will inform supervisor of the incident as soon as possible
- Immediate notification to the BHPN and submission of a Reportable Event Form to theBHPN@theBHPN.org within 1 business day of the incident

GOAL ATTAINMENT SCALE OVERALL PROGRESS

* Do not include goals that are new, on hold or discontinued.	Total Number of Goals
Goals at 0 (Not Met - No Progress within Reporting Period)	
Goals at 1 (Not Met - Some Progress within Reporting Period)	
Goals at 2 (Goal Met - Expected outcome)	
Goals at 3 (Goal Met - Somewhat more than expected outcome)	
Goals at 4 (Goal Met - Much more than expected outcome)	
Total Goals Met Score (add goals scored 2, 3, & 4 on GAS)	
Total Percentage of Goals Met (total goals met divided by ALL goals listed above)	

TOTAL GOALS

Total met, continued, revised, on hold, discontinued goals:	
Count of New Goals Added for Next Reporting Period	

ANTICIPATED DISCHARGE DATE: Click or tap to enter a date.

FADE PLAN (required if anticipated discharge date is within 6 months):

Click or tap here to enter text.

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Reminder: GAS is used to understand the overall progress a client is making in treatment. These scores will be reflected in your provider data.

Reminders



- Updated templates, Authoring Guide and GAS training video and materials will be available in the portal by the end of this week
- Updated templates can be used immediately
- Required to use the updated templates starting January 1, 2022
- We are working with Central Reach to make updates

Questions & Comments

