



PNMI 101

Sample Packet



Sample Treatment Plan Signature Pages

Licensed Practitioner Authorization (Approval): I have assessed this child/youth and reviewed all available information regarding this child/youth's needs and progress, and by my signature below I am authorizing this plan as necessary and appropriate.

Agency-Authorized Licensed Clinical Practitioner Approving This Plan:

<u>Elizabeth Director, LCSW, Group Home Director</u>	<u>Elizabeth Director, LCSW</u>	<u>5/31/15</u>
<i>Printed Name, Credentials, Agency Title</i>	<i>signature (Or E-Signature), Credentials</i>	<i>Date</i>

Team Members (Persons who participated in the development of this plan):

Clinician

I have discussed this plan with youth to ensure his/her complete understanding and have attempted to incorporate his/her concerns and suggestions into this plan.

-Yes -No (Explanation): _____

I have discussed this plan with the child's parents to ensure their complete understanding, and have attempted to incorporate their concerns and suggestions into this plan:

-Yes -No (Explanation): _____

Clinician Signature: <u>Mary Therapist, LCSW</u>	<u>Mary Therapist, LCSW</u>	<u>05/31/15</u>
<i>printed Name/Credential</i>	<i>signature and credentials</i>	<i>date</i>

Child/Youth:

I participated in the development of this plan through: Attendance at planning meeting - Participation in a planning meeting via phone Discussion with a clinician- Other- _____

I did not participate but have reviewed this plan-

Child/Youth Signature: <u>JP O'Example/Youth</u>	<u>JP O' Example</u>	<u>05/31/15</u>
<i>printed name/relationship</i>	<i>signature</i>	<i>date</i>

Explanation for child/youth not participating in the development of this plan and/or not signing it: _____

DCF:

I participated in the development of this plan through: Attendance at planning meeting - Participation in a planning meeting via phone Discussion with a clinician- Other- _____

I did not participate but have reviewed this plan-

DCF Signature: <u>John Doe/AOSW</u>	<u>John Doe</u>	<u>05/31/15</u>
<i>printed name/title</i>	<i>signature</i>	<i>date</i>

Explanation for DCF staff not participating in the development of this plan or indicating they do not accept this plan and/or not signing it: _____



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Parent:

I participated in the development of this plan through: Attendance at planning meeting - Participation in a planning meeting via phone Discussion with a clinician- Other- _____

I did not participate but have reviewed this plan-

Parent/Family Signature: Olga O 'Example/Mother Olga O' Example 05/31/15
Printed name/relationship *signature* *date*

Explanation for parent not participating in the development of this plan or indicating they do not accept this plan and/or not signing it: _____

Parent 2

I participated in the development of this plan through: Attendance at planning meeting - Participation in a planning meeting via phone Discussion with a clinician- Other- _____

I did not participate but have reviewed this plan-

Parent/Family Signature: Olga O 'Example/Mother Olga O' Example 05/31/15
Printed name/relationship *signature* *date*

Explanation for parent not participating in the development of this plan or indicating they do not accept this plan and/or not signing it: Mr. O' Example was recently admitted into an in-patient treatment program for alcohol dependence. The program does not allow calls or contacts the first two weeks. A copy of the plan was sent to him today. M.T. 5/31/15

Guardian (if other than any above)

I participated in the development of this plan through: Attendance at planning meeting - Participation in a planning meeting via phone Discussion with a clinician- Other- _____

I did not participate but have reviewed this plan-

Guardian Signature: _____ _____ Date: 05/31/15
printed name/relationship *signature* *handwritten date*

Explanation for Guardian not participating in the development of this plan or indicating they do not accept this plan and/or not signing it: _____

A copy of this plan was given to (please indicate the date the copy was given or sent and initial as sender and if a copy was not given please explain why):

Child/Youth - 5/31/15 MT

Parent 1 - 5/31/15 MT

Parent 2 - 5/31/15 MT

Other Involved Relative (s) - _____

DCF Worker-5/31/15 MT

If a copy was not given to child, parent(s) and/or other involved relatives or DCF explain why below, or, if the plan (or a copy) was made available to child, parents and/or other involved relatives for reading upon request, please state so below and explain why: _____



Sample Treatment Plan

Client: Johnny O'Brian						
Goals , Objectives, Interventions and Strengths to Address Specific Vulnerabilities/Needs:						
Vulnerability/Symptom/Need/Impairment in Daily Living 1:	Strengths that Support Positive Outcomes	Source: (Diagnosis/Evaluation/Assessment Utilized as Source)				
Chronic depressed mood, conflicts with peers, chronic irritability and frequent anger explosions.	Described as able to listen to advice, estimated to be slightly above average intelligence, reported as insightful.	Dr. Pill's Psychiatric Evaluation 1/16/16				
Goal 1: (Anticipated Outcome)						
Johnny will regularly exhibit a positive mood, a calm affect and a pro-social attitude.						
Progress: Johnny has made good progress on this goal AEB by obtaining and maintain green level.						
Objectives (incorporate strengths as appropriate):	Service Type:	Service Description:	Session Duration	Frequency	Staff Responsible:	Progress:
1A: Johnny will develop positive coping skills and social skills to help develop and maintain healthy relationships with adults and peers. Progress will be measured by regular positive reports from his therapist.	Individual Therapy	Provide cognitive behavioral therapy to assist with identifying patterns of thoughts, beliefs and actions relating to frequent anger outbursts and depressed mood	60 Minutes	1x/week	Clinician-Therapist/ Mary Nice, LCSW	Moderate-Johnny has worked with therapist on new interpersonal strategies. He is now better able to replace negative self-judgement and negative thinking with healthier, positive approaches. He still needs to continue to work on it and on elevating his self-esteem
1B: Johnny will improve symptoms of depression by taking his medication as prescribed and meeting with the psychiatrist as scheduled.	Medication Management	Provide regular consultation regarding effectiveness of medication	15 Minutes	2x/month	Child Psychiatrist/ Robert Pill, MD	Good. Johnny attended all his medication management sessions with the psychiatrist, takes his medications regularly. The meds have consistently had a positive effect in his mood amelioration and stabilization and his affect is positive most of the times.



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<p>1C: Johnny will learn and use healthy ways of controlling his anger. Progress will be measured by regular reports from milieu staff and youth.</p>	<p>Proactive Milieu Service</p>	<ul style="list-style-type: none"> • Identify Triggers • Identify/practice Coping Skills • Identify ways to reduce stress • Identify physiological stress symptoms • Practice asking to utilize coping skills • Identify barriers • Identify supports 	<p>15 Minutes</p>	<p>Daily</p>	<p>Milieu Coach</p>	<p>Moderate. Johnny only had a few anger outburst and currently he is better to maintain awareness of what others say about him and to him and how he reacts to it. He needs to continue to work on self-awareness and triggers identification.</p>
<p>1D: Johnny will learn and use positive ways of engaging in healthy social interactions with peers and adults. Progress will be measured by regular reports from milieu staff and youth.</p>	<p>Proactive Milieu Service</p>	<ul style="list-style-type: none"> • Practice having a conversation • Ask for help • Look in a person's eyes when talking • Reading body language • Taking turns talking • Cultural differences 	<p>15 Minutes</p>	<p>Daily</p>	<p>Milieu Coach</p>	<p>Moderate- Staff reported Johnny having had less instances of arguing with peers and acting in opposition of staff. He was observed seeking to engage in conversation with peers and staff more often this period than the last plan's period. He also argued less often with peers while engaged in activities with them. He needs to continue to work on it especially the area of trigger identification and listening to others for positive reactions.</p>

Discharge Planning

Discharge Plan: Reunification

Projected Caregiver: Father

Projected Discharge Date: 10/1/2019

Services required after discharge: Medication management, individual therapy, family therapy

Barriers to reunification: none identified at this time

Concurrent planning: n/a



Clinical Progress Notes Examples:

- No Progress: Johnny has made no progress as he refused to engage in the session and discuss his inappropriate boundaries with staff.
- Poor Progress: Johnny made poor progress as evidenced by his inability to acknowledge his triggers and the impact his behaviors have on the others within the group home.
- Moderate Progress: Johnny made moderate progress. He described some of his emotions that he was experiencing but had difficulty connecting how his actions affected multiple domains of his life.
- Good Progress: Johnny made excellent progress He verbalized his coping skills and when to utilize them in the future



Treatment Plan Timeliness Tool

	Name- First	Last	Admission Date	30 Day TP	90 Day Plan	180 day (6 mo) Plan	270 day Plan	360 day (12 mo) Plan	450 day Plan
1				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
2				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
3				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
4				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
5				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
6				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
7				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
8				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
9				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
10				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
11				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
12				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
13				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
14				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
15				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
16				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01



MTPPR Tracking Tool

Name: Admit Date: Additional Quarters:

Treatment Plan Authorization Due	MTPPR Due	Reporting Period Start	Reporting Period End
Initial	<input type="text" value="1/1/18"/>		
Plan Due: ↗	N/A		
30 Day	<input type="text" value="1/31/18"/>	Due	Start End
Plan Due ↗	2/19/18	1/1/18	2/14/18
	3/21/18	2/15/18	3/16/18
90 Day	<input type="text" value="4/1/18"/>	Due	Start End
Plan Due: ↗	4/20/18	3/17/18	4/15/18
	5/20/18	4/16/18	5/15/18
	6/19/18	5/16/18	6/14/18
180 Day	<input type="text" value="6/30/18"/>	Due	Start End
Plan Due: ↗	7/19/18	6/15/18	7/14/18
	8/18/18	7/15/18	8/13/18
	9/17/18	8/14/18	9/12/18
270 Day	<input type="text" value="9/28/18"/>	Due	Start End
Plan Due: ↗	10/17/18	9/13/18	10/12/18
	11/16/18	10/13/18	11/11/18
	12/16/18	11/12/18	12/11/18
360 Day	<input type="text" value="12/27/18"/>	Due	Start End
Plan Due: ↗	1/15/19	12/12/18	1/10/19
	2/14/19	1/11/19	2/9/19
	3/16/19	2/10/19	3/11/19

Treatment Plan Authorization Due	MTPPR Due	Reporting Period Start	Reporting Period End
900 Day	<input type="text" value="6/19/20"/>	Due	Start End
Plan Due ↗	7/8/20	6/4/20	7/3/20
	8/7/20	7/4/20	8/2/20
	9/6/20	8/3/20	9/1/20
990 Day	<input type="text" value="9/17/20"/>	Due	Start End
Plan Due ↗	10/6/20	9/2/20	10/1/20
	11/5/20	10/2/20	10/31/20
	12/5/20	11/1/20	11/30/20
1080 Day	<input type="text" value="12/16/20"/>	Due	Start End
Plan Due: ↗	1/4/21	12/1/20	12/30/20
	2/3/21	12/31/20	1/29/21
	3/5/21	1/30/21	2/28/21
1170 Day	<input type="text" value="3/16/21"/>	Due	Start End
Plan Due: ↗	4/4/21	3/1/21	3/30/21
	5/4/21	3/31/21	4/29/21
	6/3/21	4/30/21	5/29/21
1260 Day	<input type="text" value="6/14/21"/>	Due	Start End
Plan Due: ↗	7/3/21	5/30/21	6/28/21
	8/2/21	6/29/21	7/28/21
	9/1/21	7/29/21	8/27/21



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PROVIDER ALERT

MTPPR GUIDE

Alert#: PA 2015-10

Issued: September 1, 2015

To: All CT BHP Residential and Group Home Providers

Subject: Updates to MTPPR Process

Dear Provider,

As you are aware, The CT BHP initial & concurrent authorization process for Residential and Group Home providers was revised and abridged in March of this year. This change impacted providers completing the initial telephonic review as well as the concurrent Monthly Treatment Planning and Progress Reports (MTPPR) in ProviderConnect. Although these modifications were made to alleviate administrative burden for the intake staff and to streamline the authorization process by reducing the number of fields and the amount of information required for the initial telephonic authorization of care, it has come to our attention that the abridged form has become problematic for the PNMI standards related to the treatment plan's goals, objectives and progress. **Therefore, going forward, please begin documentation of the treatment plan's goals, objectives and progress in the Symptomatology box and continue documentation in the Recovery & Resiliency box.** In order to meet PNMI standards the treatment plan **must** include and clearly label the **Goals, Objectives, and Progress** for each section. The combination of these two fields should allow for the input of 4000 characters, which will allow for a more comprehensive progress within the MTPPR. We thank you for your participation in the CT BHP network and we look forward to working with you in the coming months to continue to enhance collaboration within the behavioral health delivery system. If you have any questions, please feel free to contact the CT BHP Call Center at 1-877-552-8247.

Provider Relations Department, Connecticut Behavioral Health Partnership

<http://www.ctbhp.com/providers/bulletins/2015/PA-2015-10.pdf>

Begin documentation of the treatment plan in the **Symptomatology** box

Continue documentation in the **Recovery & Resiliency** box, which is further down in the review and allows 2000 characters.



Example MTPPR Progress Statement (Standard 34)

**Remember to begin documentation of progress in the Symptomatology Box & continue documentation in the Recovery & Resiliency Box.*

**There is no need to write out all Goals & Objectives if they can be linked to the treatment plan. They can be identified in the progress narrative by G1, G101, G102, G2, G201, G202, G203 etc.*

Example:

G1: Jack has demonstrated growth in maintaining a positive emotional state, evidenced by increased peer interactions, a decrease in oppositional behaviors & improved medication compliance. He has maintained safe behaviors as there have been no AWOL's, protective holds or police interventions during this review period. **G101:** Jack has willingly participated in all group sessions. He requires re-direction at times due to inappropriate social communication, however, more recently has been able to maintain composure in group. **G102:** Jack continues to require frequent prompts in order to engage in appropriate peer interactions; at times he requires intervention from staff to assist him in managing his behaviors. **G2:** Jack has continued to complete his hygiene 2x/day, without prompts from staff. He has been more engaged with staff & peers & participating in all daily activities. In contrast, this has led to the opportunity for staff to observe on-going inappropriate social interactions, resulting in an increase in teaching opportunities for staff & Jack to practice positive prosocial skills during group, individual therapy and within the milieu. Jack continues to struggle with unplanned changes in routine, time management and limit setting, specifically with use of his electronics. **G201:** Jack consistently takes his medications without issue. **G202:** Jack has continued to demonstrate an increase in his ability to communicate his needs with completing life skills/ADL tasks, to include being more receptive to household rules/expectations, particularly around household chores. **G203:** Jack has been able to complete hygiene without prompting and with minimal support from staff.