SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

SPPN Treatment Plan Update

To be used for continuing clients only/treatment plan update

Name of Care Coordinator:	**Phone:**	**Current Date:**
Name of Client:		
DOB:	**MHN:**	
Primary Diagnosis Code (ICD10): *ICD-10 must match most recent assessment*		

Change of Provider **SPPN ending contract** **Roll-In Process** **Change to Treatment Plan**

Annual Reauthorization

Most recent treatment plan Start Date: _____ End Date: _____

Treatment Plan must include all interventions including check boxes that the SPPN provider will be providing Individual Therapy, Family Therapy, Group Therapy, Collateral, Case Management)

Intervention	Frequency (1 x Weekly, etc.)
Individual Therapy – (OPPSY)	_____ X Weekly _____ X Every other week _____ X Monthly _____ X Other or N/A _____
Family Therapy - (Family Therapy Associated)	_____ X Weekly _____ X Every other week _____ X Monthly _____ X Other or N/A _____
Group Therapy: *Must be included in the treatment plan if the SPPN provider will be providing Group Therapy* **(90853)**	_____ X Weekly _____ X Every other week _____ X Monthly _____ X Other or N/A _____
Collateral - *Contact with one or more family members and/or significant support persons* **(90887)**	_____ X Weekly _____ X Every other week _____ X Monthly _____ X Other or N/A _____
Clinical Consultation/Care Coordination-(Case Management on Avatar Tx Plan) REQUIRED for all SPPN - *This code needs to be included in every treatment plan for collaborative consultation with the treatment team. (SPPN providers do not provide case management services to the client.)* ***(T1017)***	_____ X Weekly _____ X Every other week _____ X Monthly _____ X Other or N/A _____

Please email completed form to BHRS-Call-Center-PPNReferrals-Internal@smcgov.org

Revised 10.13.2021