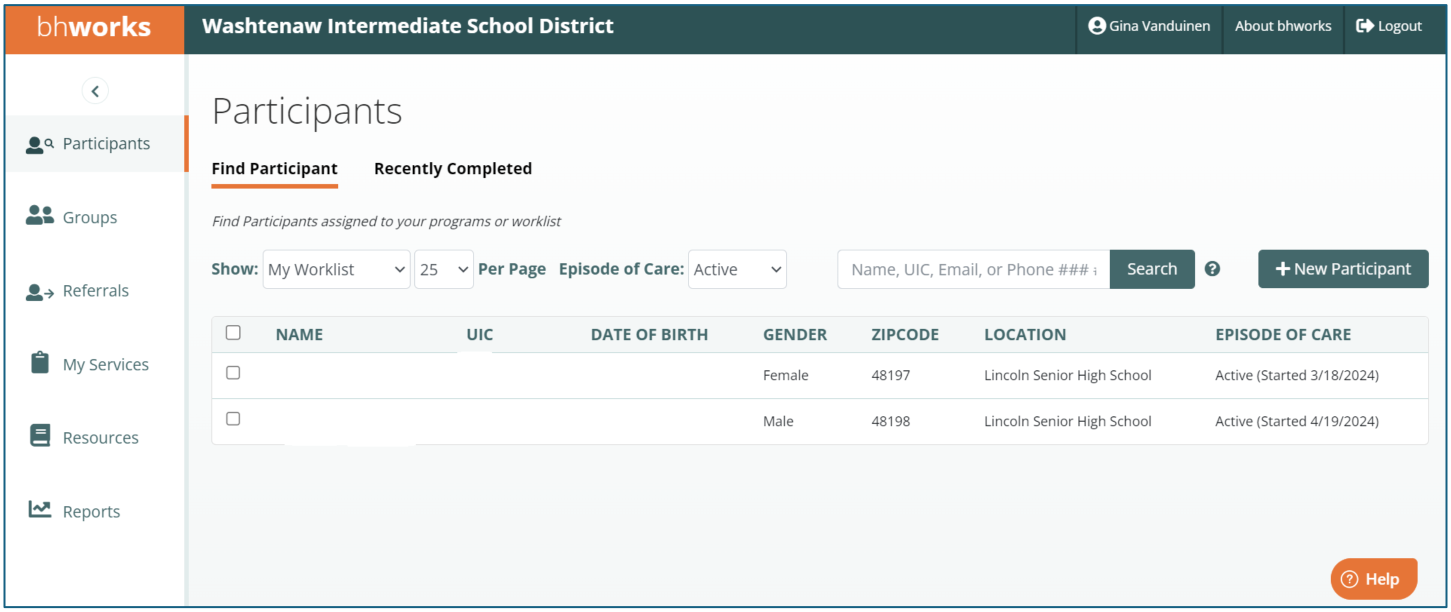
bhworks User Guide

Table of Contents

10.30.24

Navigating the Workspace



Participants: The Participants tab is where staff will create, manage, and monitor the participants with which they are working.

Groups: The Groups tab is where staff can create, manage, and monitor groups when meeting with multiple students at once.

Referrals: The Referrals tab is where staff can view referrals that their organization has made or referrals that have been made to their organization. Users can view these referrals and monitor them for follow-up as needed. *Not currently being used by the district.*

My Services: The My Services tab can be used for documentation of indirect services such as consultations, attending meetings, or providing a training.

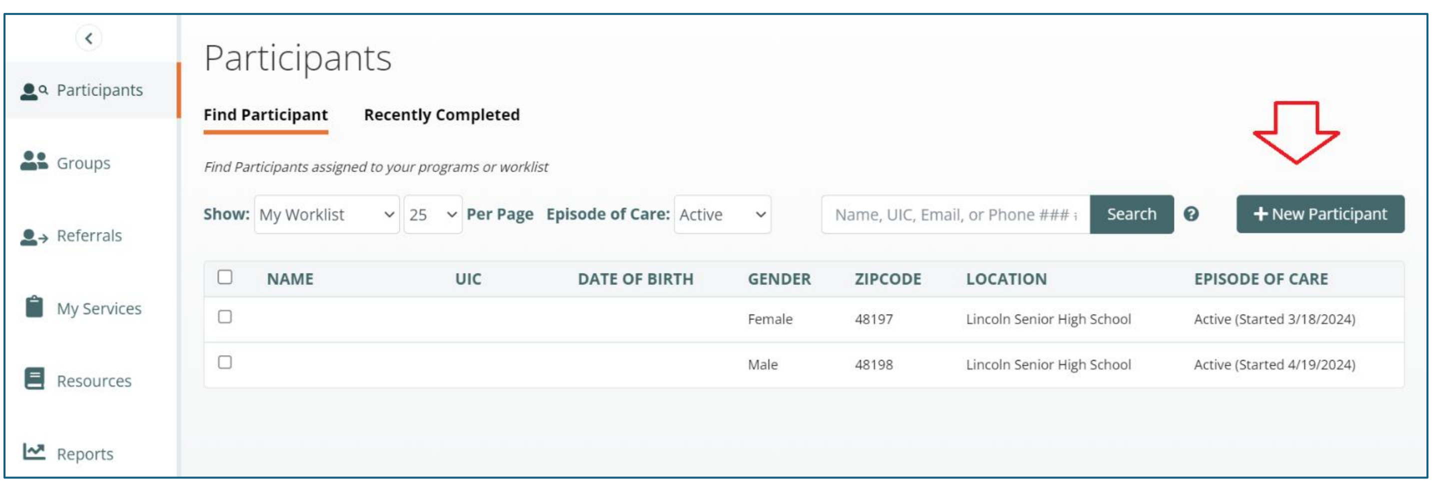
Resources: The Resources tab allows staff users to access and view materials that will help with setup, training, and implementation of bhworks into their organization. This tab is accessed from the sidebar menu of the bhworks screen and provides templates, guides, and training slides.

Reports: The Reports tab allows specified staff to view aggregate data that has been collected for their organization. Those with permission are able to view summary statistics with visuals (heat maps, bar graphs, charts, lists) representing data across an organization, program, or study.

Creating a Participant

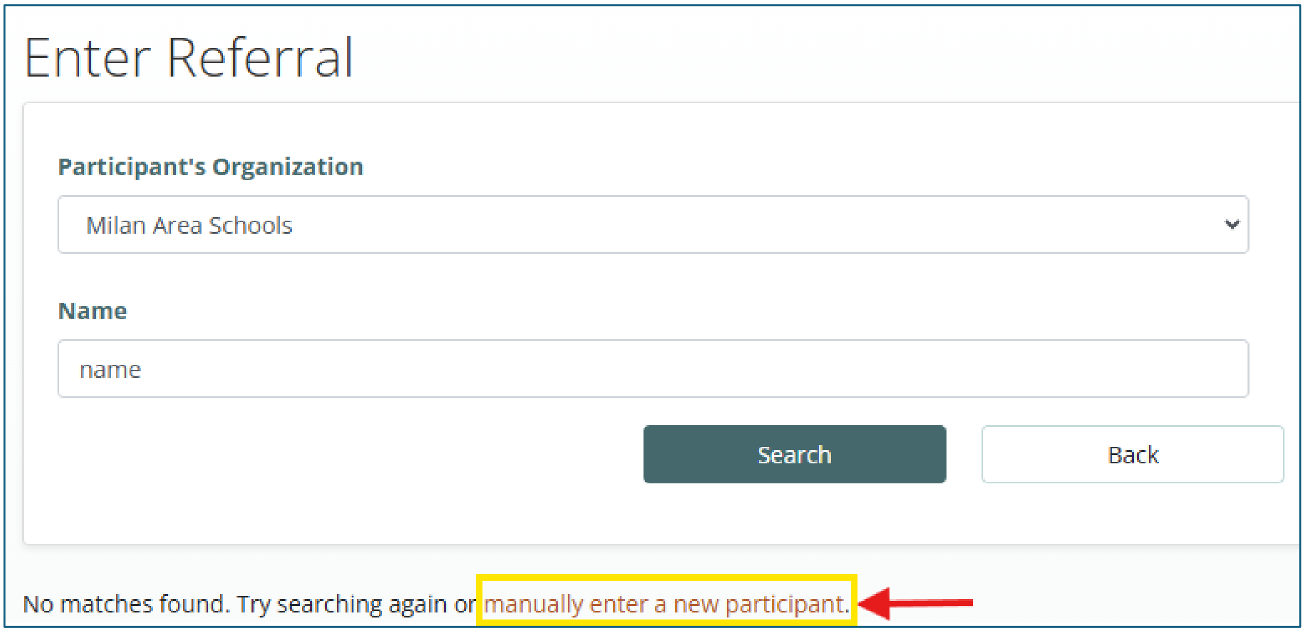
Providers may have to manually enter information for a student if their name does not appear when entered in the search bar.

1. On the **Participants** tab, click on the **New Participant** button.



2. Enter the student's full first and/or last name. Click **Search**.

3. If the student is in bhworks, their name will appear and you can click it to access their profile. If the student is not yet in bhworks, you will click **manually enter a new participant**.



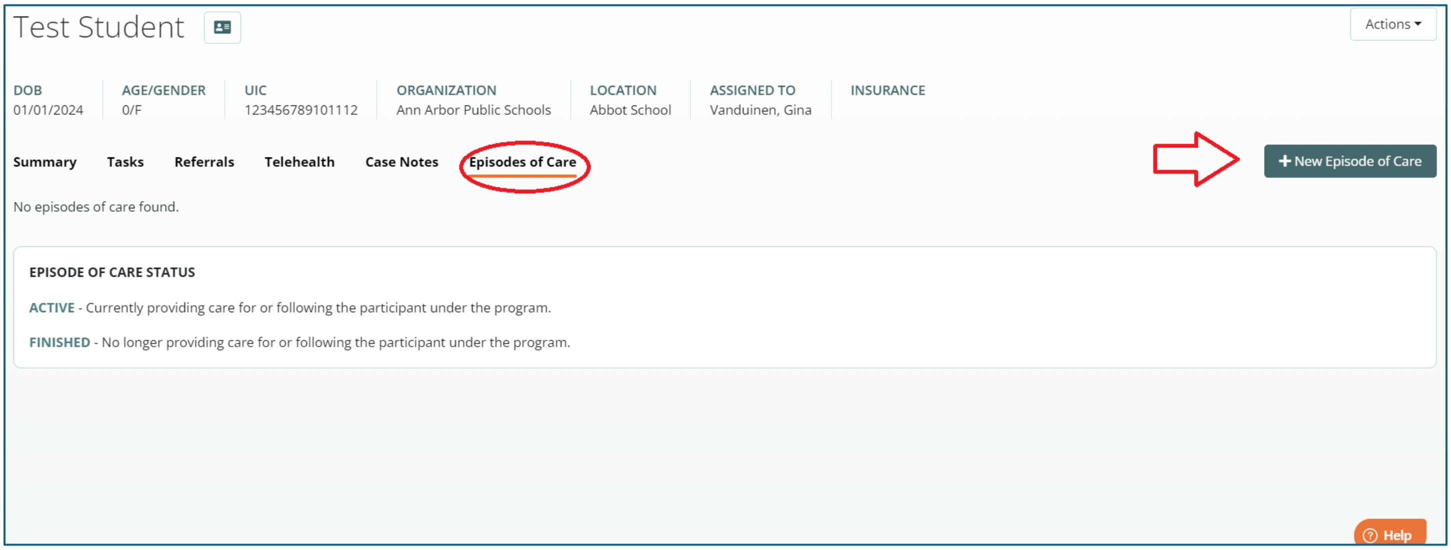
4. Select the **school** where the referral is from, which will also be the program.   **Referral To** will always be **Milan School Based Mental Health**. Complete the rest of the Enter Referral page with relevant information. All required fields are indicated with an asterisk.

8. Click **Continue and Create Participant** to create the participant or Back if you do not want to save the information

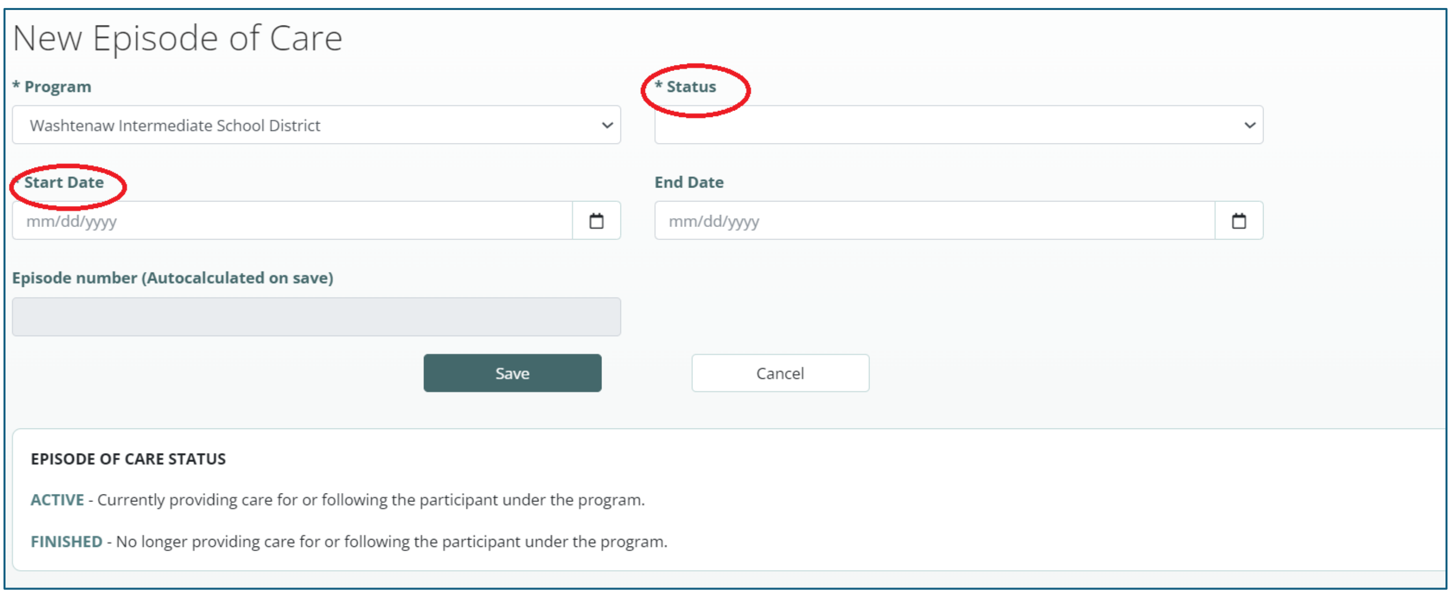
Students assigned to you will appear on your Participants dashboard.

Episode of Care

1. When you receive a new referral, you will **start an episode of care**. In the student's profile, select the Episode of Care tab. Then click **New Episode of Care**. *This is used to track which participants are active on a program.*



2. Click **Status** and select **Active**. Enter a **start date** and click **save** when completed.



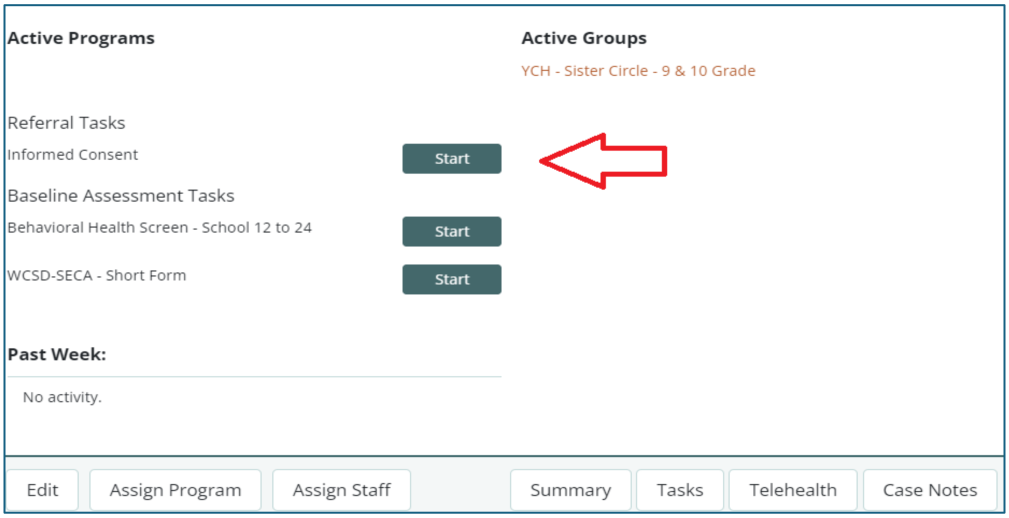
3. Enter an **end date** when you have finished your work with the student and they have been **removed from your caseload**.

Consent Form

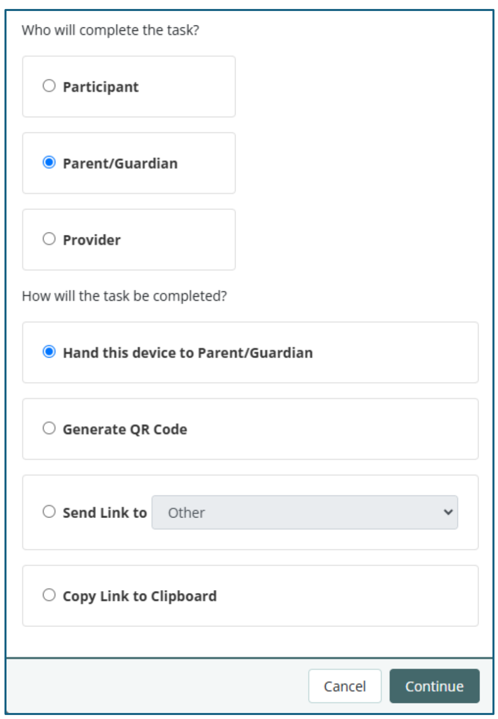
Consent to bill and treat for the purpose of providing mental health services and Medicaid billing shall be obtained from the parent(s)/guardian(s) by the provider prior to delivery of mental health services.

- Consent is obtained through either an **electronic signature** in bhworks or a **printed signature uploaded** into the bhworks platform.

a. Click on the **start** button next to **Informed Consent.**

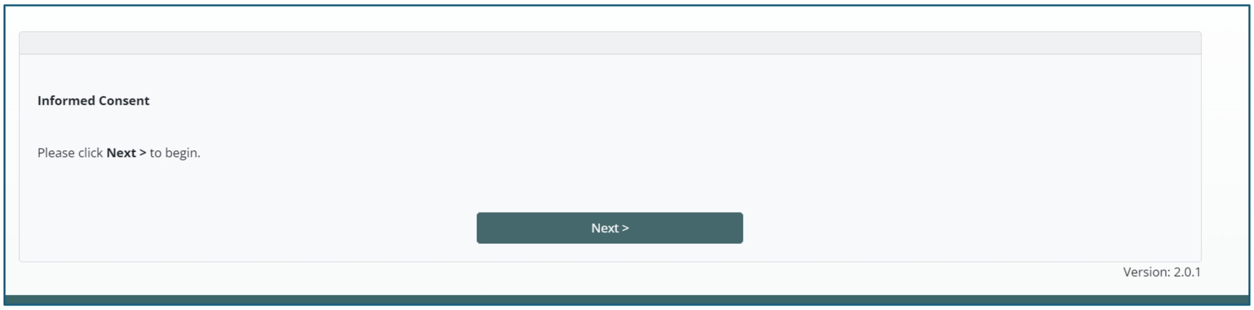


b. A task mode window will appear. If the student is **18+** and may consent to services themselves, you will select **Participant**. If a parent or guardian will be consenting to services, you will select **parent/guardian**.



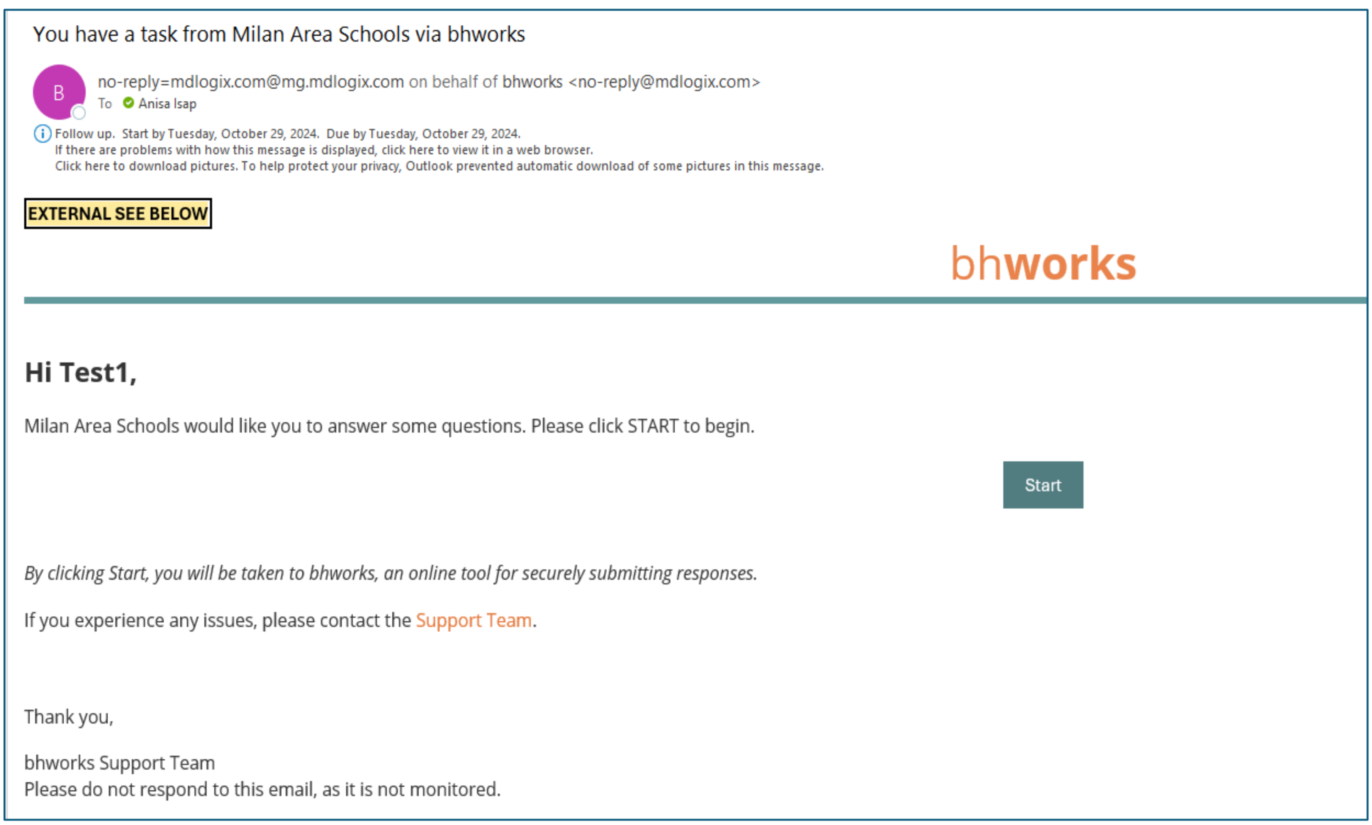
c. If the person consenting is with you and wants to electronically sign on your device, select **Hand this device to Parent/Guardian** and click **Continue**. *Note: you will be signed out of Bhworks at this time.*

d. Then click **Next** on the screen and a consent form will appear. This consent form can be electronically signed at the bottom of the page.



e. If the person consenting is with you and would like to sign using their phone or tablet, select **Generate QR code** and click **continue**. A new screen with a QR code will appear. The person consenting can then scan the QR code on their device and the consent form will appear for them to sign. *Note: the QR code will be available for 5 minutes.*

f. There is also an option to send a link via email to the individual signing the consent form. Select **Send link to** and then type in the appropriate email address. You may select "notify me when this task is completed" to receive an email alert when the consent form has been signed. This will send an auto-email to the parent or guardian from bhworks that looks like the below:



You have a task from Milan Area Schools via bhworks

no-reply=mdlogix.com@mg.mdlogix.com on behalf of bhworks <no-reply@mdlogix.com>
To Anisa Isap

Follow up. Start by Tuesday, October 29, 2024. Due by Tuesday, October 29, 2024.
If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

EXTERNAL SEE BELOW

bhworks

Hi Test1,

Milan Area Schools would like you to answer some questions. Please click START to begin.

Start

By clicking Start, you will be taken to bhworks, an online tool for securely submitting responses.

If you experience any issues, please contact the Support Team.

Thank you,

bhworks Support Team
Please do not respond to this email, as it is not monitored.

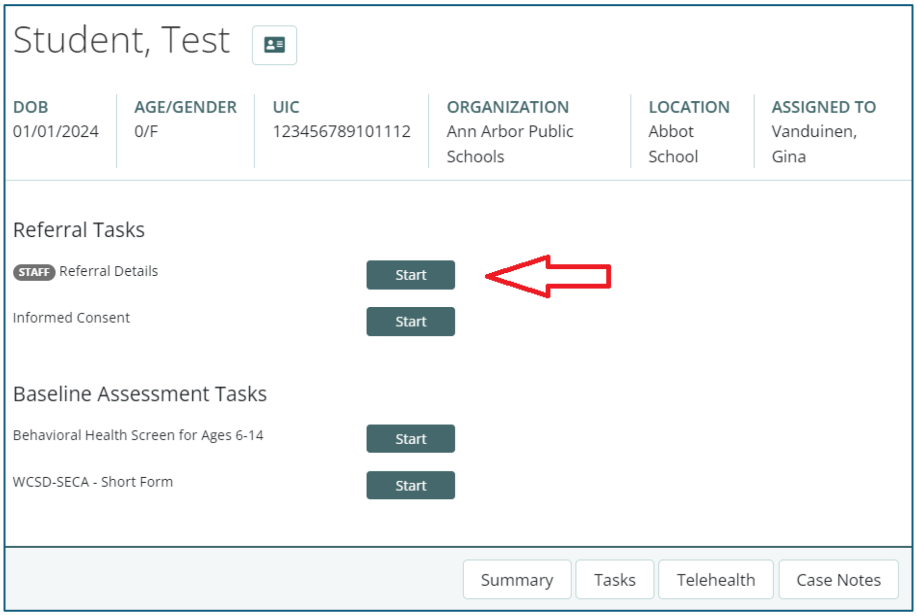
g. You can also click **Copy Link to Clipboard** and craft your **own email** to the parent/guardian requesting their signature instead of the automated one from bhworks.

h. Finally, you can upload a **manually signed form** by clicking under **Who will complete the task?** and then **Upload Document**.

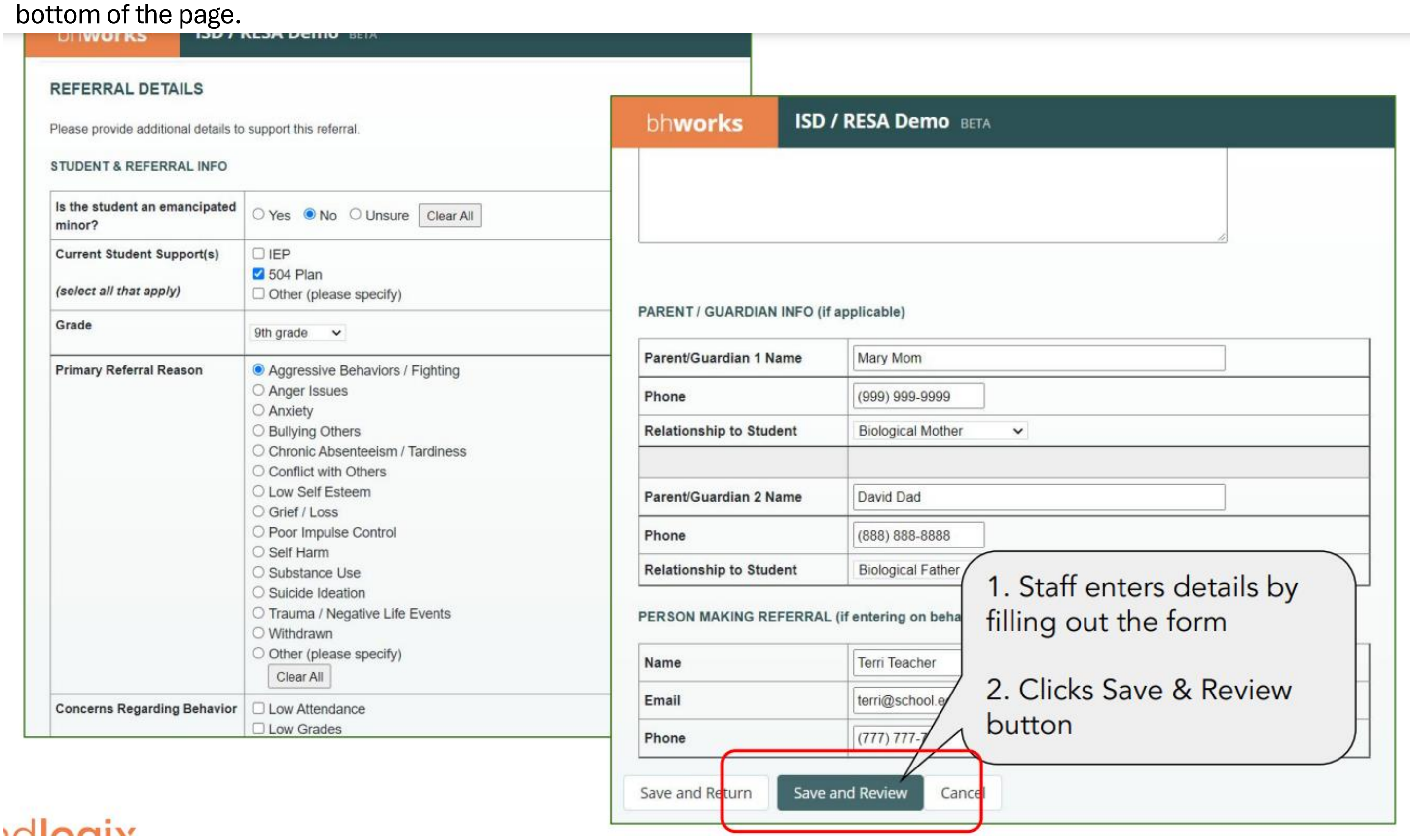
Referral Details

One of the options that will initially appear in the window when you click on a student's name is **Complete Referral Details**.

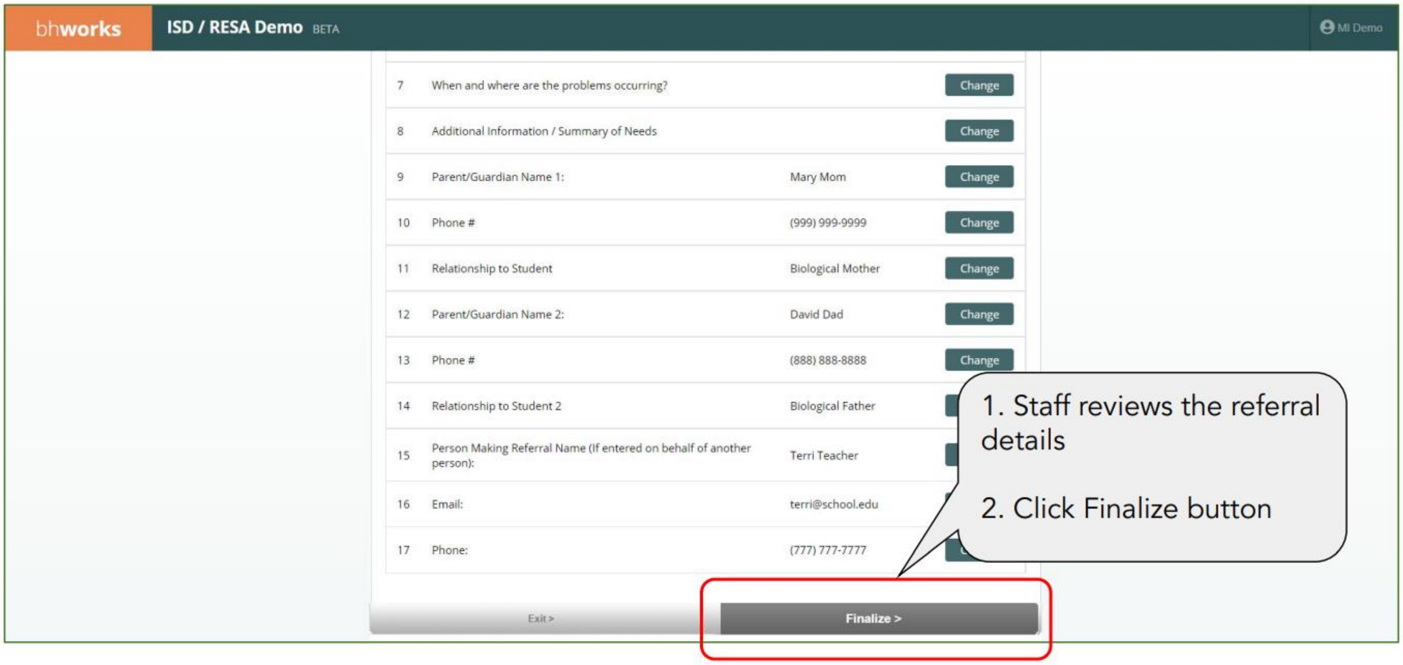
1. Click the **start** button to complete this task at the **beginning of services**.



2. You will be taken to a new page to complete this task. Input pertinent information and click **Save and Review** at the bottom of the page.



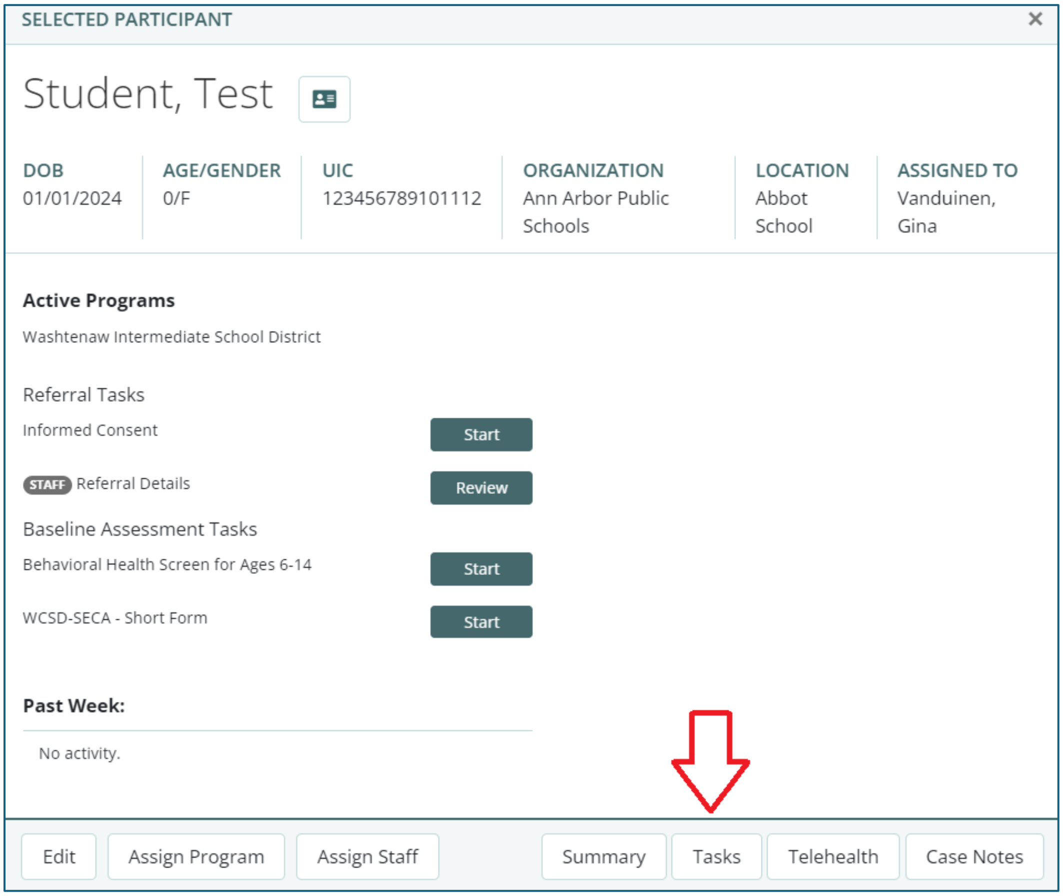
3. You will be able to review the information you entered and make any necessary changes. When all the information looks correct, click "Finalize" to save the referral details to the student's profile.



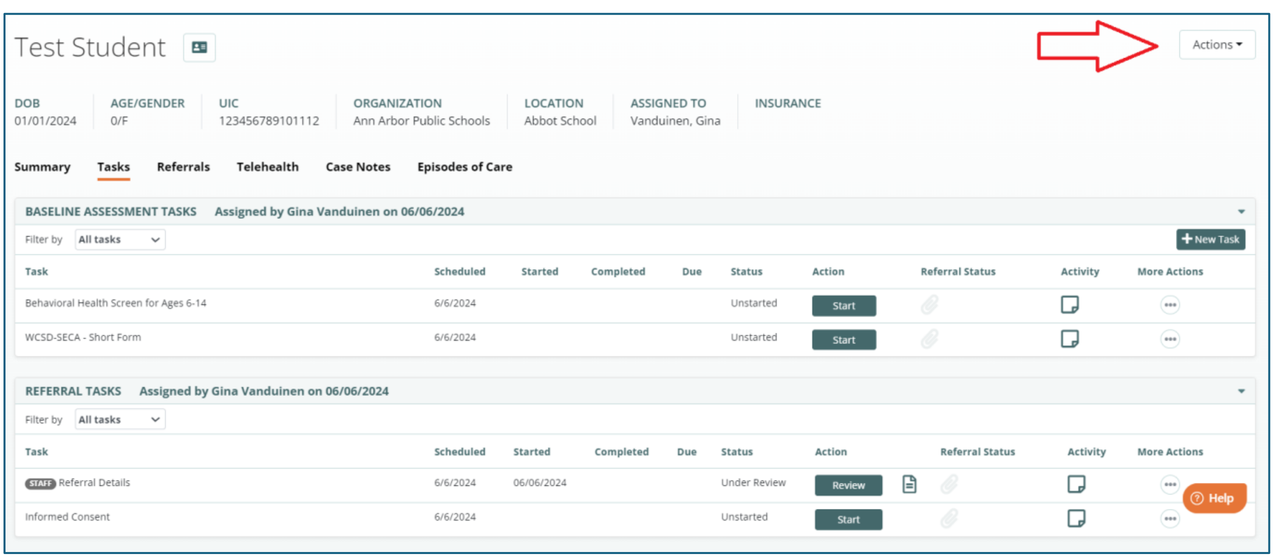
Assigning Therapy Tasks

When the consent form is completed, start billable services and complete a plan of care.

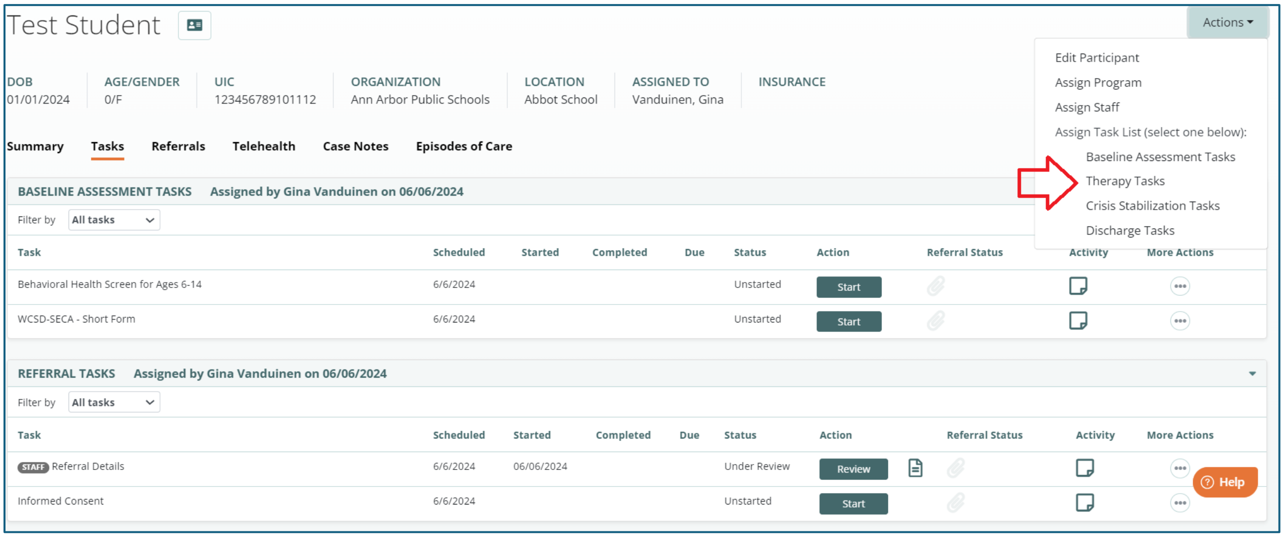
1. The window that appears when you click on a student's name will have several options at the bottom



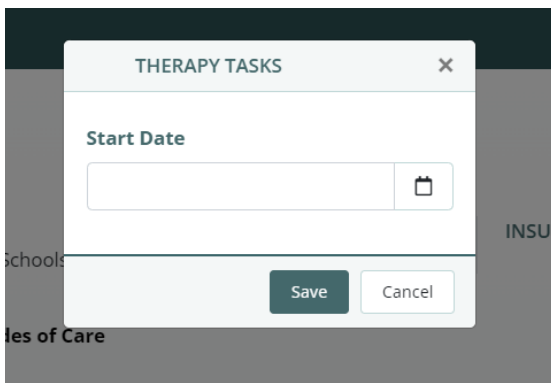
2. Clicking **Tasks** will take you to the Tasks tab of the student's profile. There is an **Actions** button in the top right corner of the page.



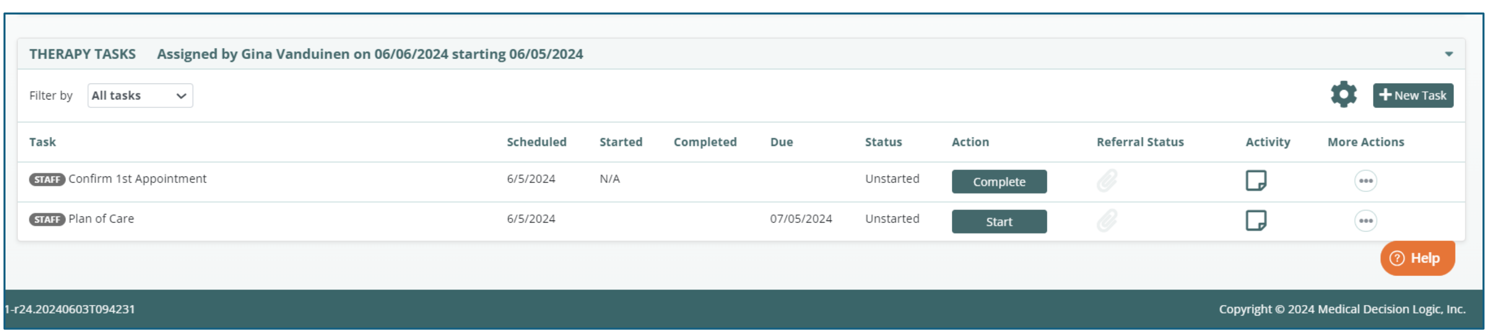
3. Clicking actions will bring up a drop-down menu. Under **Assign task list** select **Therapy Tasks.**



4. A window will appear asking for the **Start Date**. Enter the date when you first met with the student. *Note: case notes for meetings with students prior to the consent form being signed will be non-billable: other.



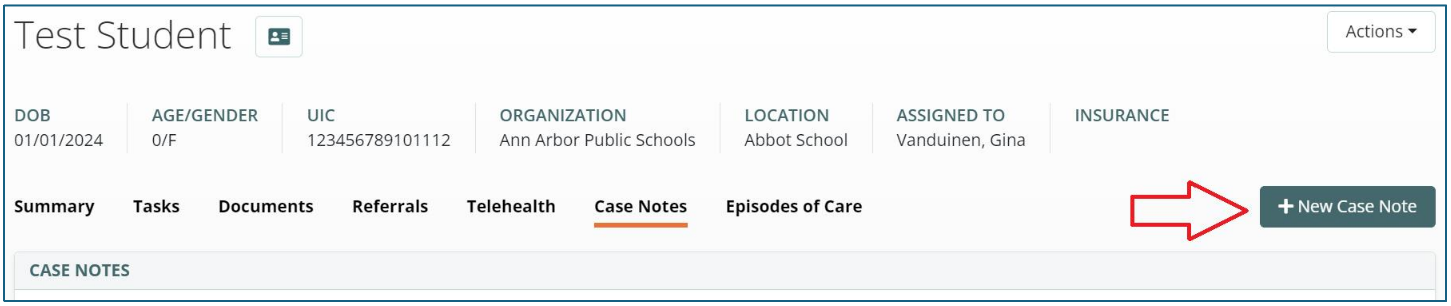
5. After entering a Start Date and clicking save, a new box will appear at the bottom of the page with a Plan of Care Task.



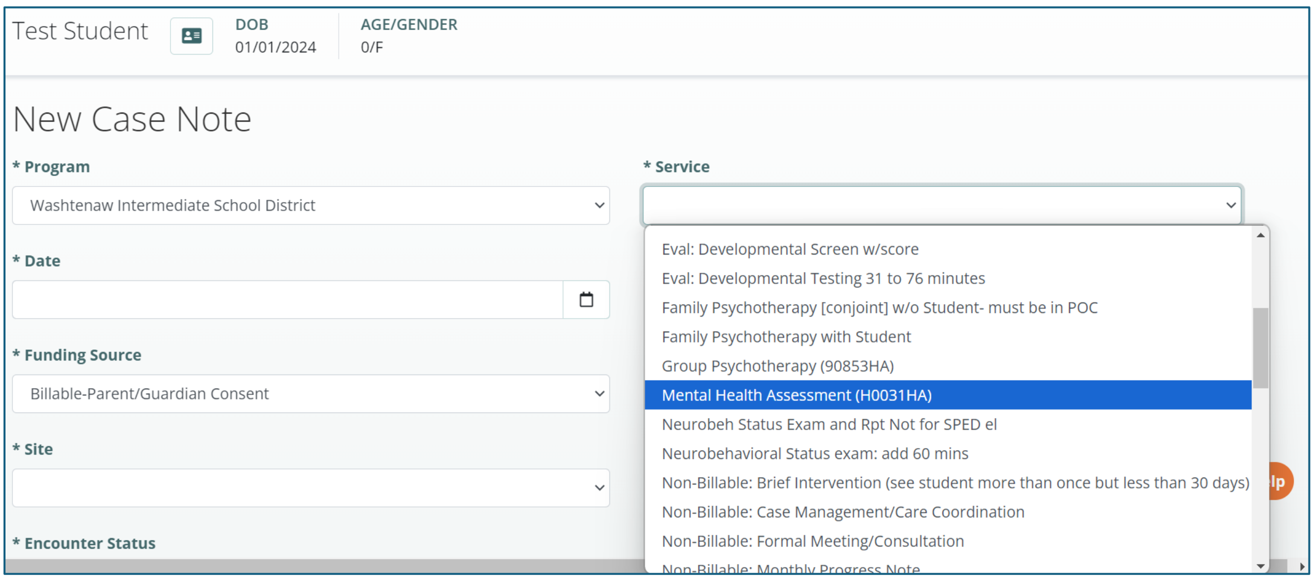
Mental Health Assessment

A mental health assessment will be completed for every student that starts services. This assessment helps to identify presenting challenges, treatment goals, and appropriate Z code.

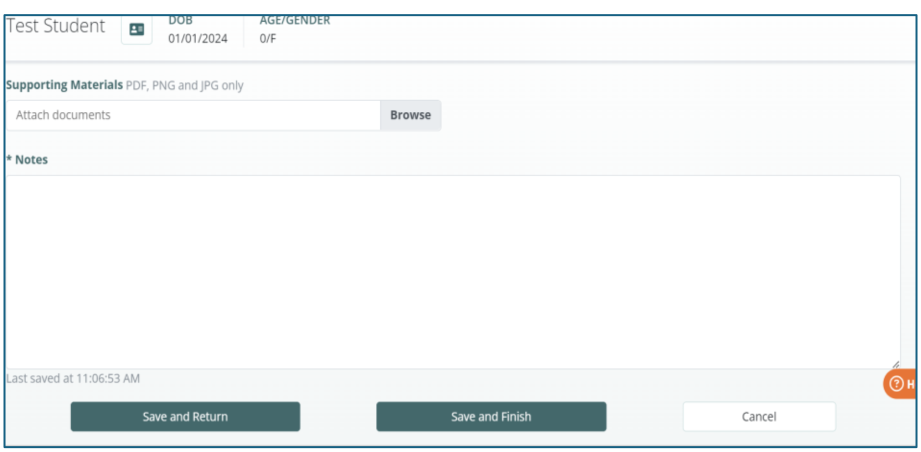
1. When documenting an assessment, start a **new case note**.



2. Select **Mental Health Assessment (H0031 HA)** from the **Services** dropdown menu



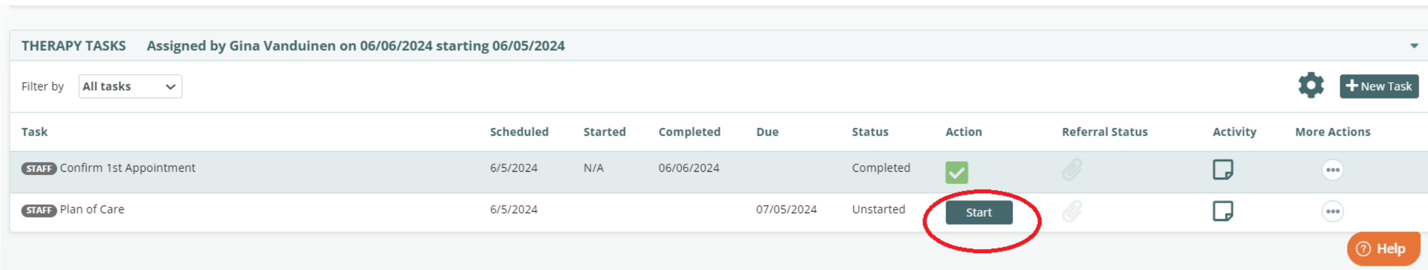
3. Enter the relevant details and/or **upload any separate assessment documents** under Supporting Materials. Select **Save and Finish** when complete.



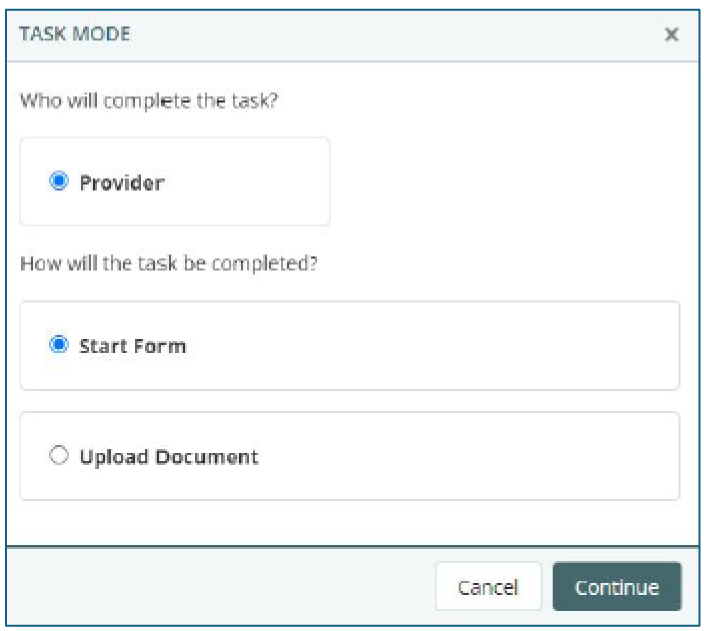
Plan of Care

A Plan of Care (POC) should be created within 30 calendar days from the first date that services were provided for a specific condition. *The POC must include specific and achievable goals for each condition and be relevant to the individual student's well-being and lifestyle. Treatment goals should be measurable, and time bound as appropriate. The individualized POC must be developed, maintained, and updated based on status or goal changes by licensed medical providers acting within their scope of practice. All POCs must be updated at least annually.*

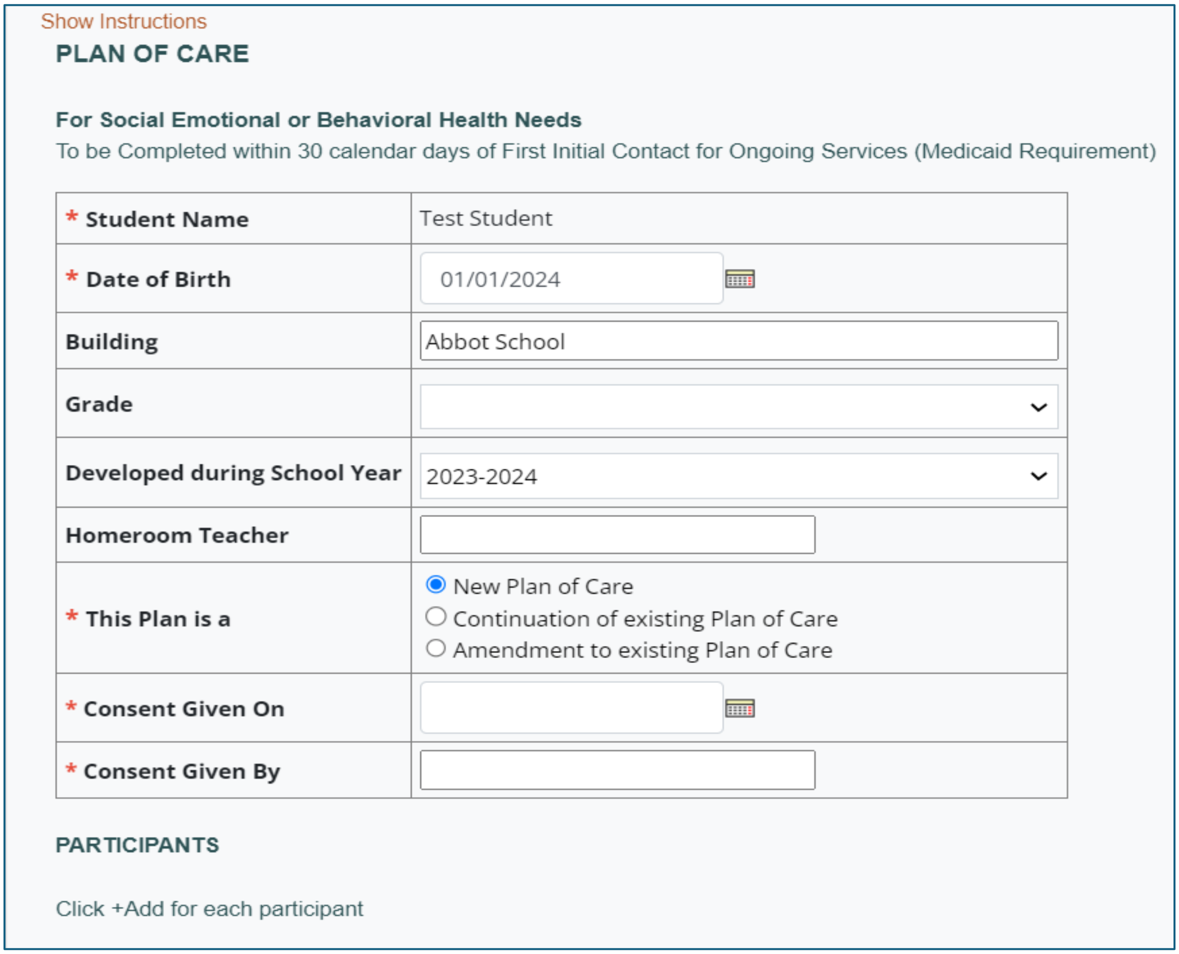
1. When ready to start the **Plan of Care**, select **Start**.



2. Select **Provider** under **Who will complete the task**? Select **Start Form** or **Upload Document.**



3. Complete **Plan of Care** with information you have obtained from student, parent/guardian, and referral source. Areas with red asterisk next to them are required fields.



Show Instructions

PLAN OF CARE

For Social Emotional or Behavioral Health Needs

To be Completed within 30 calendar days of First Initial Contact for Ongoing Services (Medicaid Requirement)

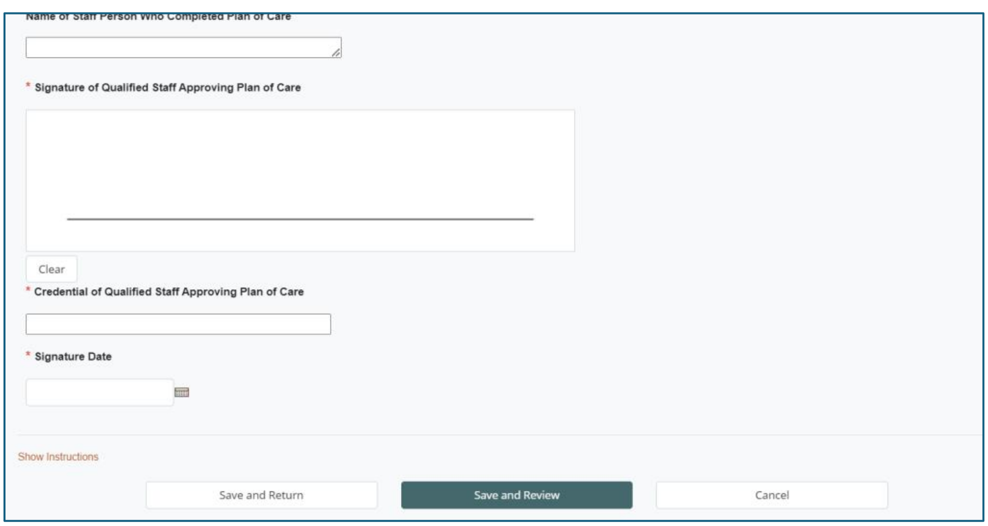
* Student Name	Test Student
* Date of Birth	01/01/2024
Building	Abbot School
Grade	
Developed during School Year	2023-2024
Homeroom Teacher	
* This Plan is a	New Plan of Care Continuation of existing Plan of Care Amendment to existing Plan of Care
* Consent Given On	
* Consent Given By	

PARTICIPANTS

Click +Add for each participant

4. You will be asked to detail how you are **coordinating with other service providers** as this is a Medicaid requirement.

5. When all information has been ready and you are ready to finish the Plan of Care, you will **electronically sign** the document. You have options to Save and Return, Save and Review, or cancel. When the document is ready to be finalized, click **Save and Review**. Make sure all needed information has been entered and is accurate. If all information looks correct, then click **Finalize**.



Name of Staff Person Who Completed Plan of Care

* Signature of Qualified Staff Approving Plan of Care

Clear

* Credential of Qualified Staff Approving Plan of Care

* Signature Date

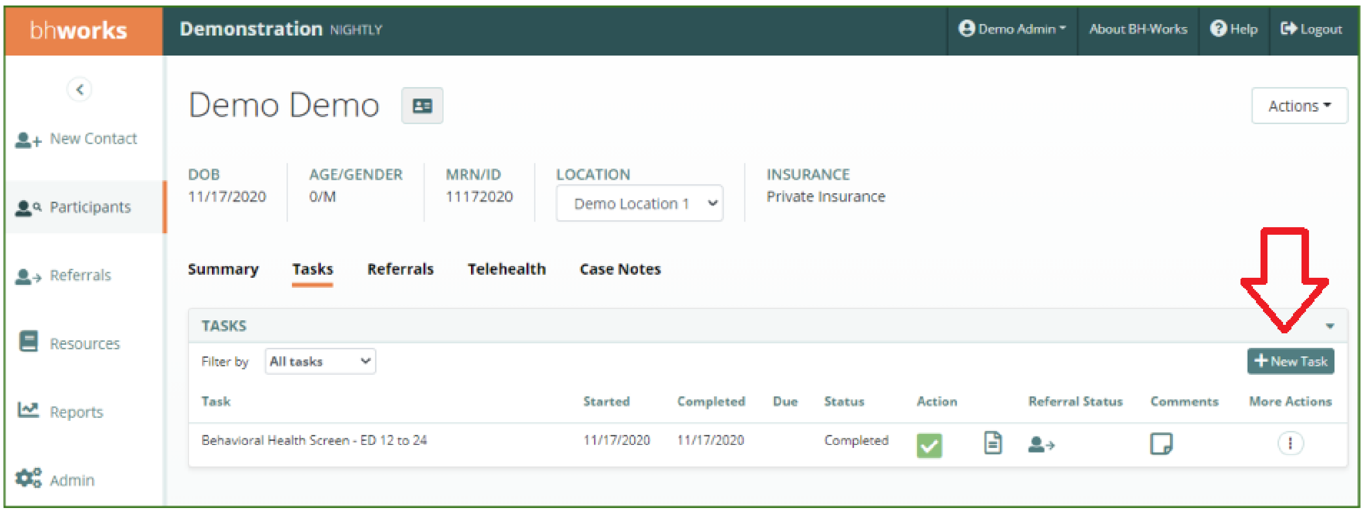
Show Instructions

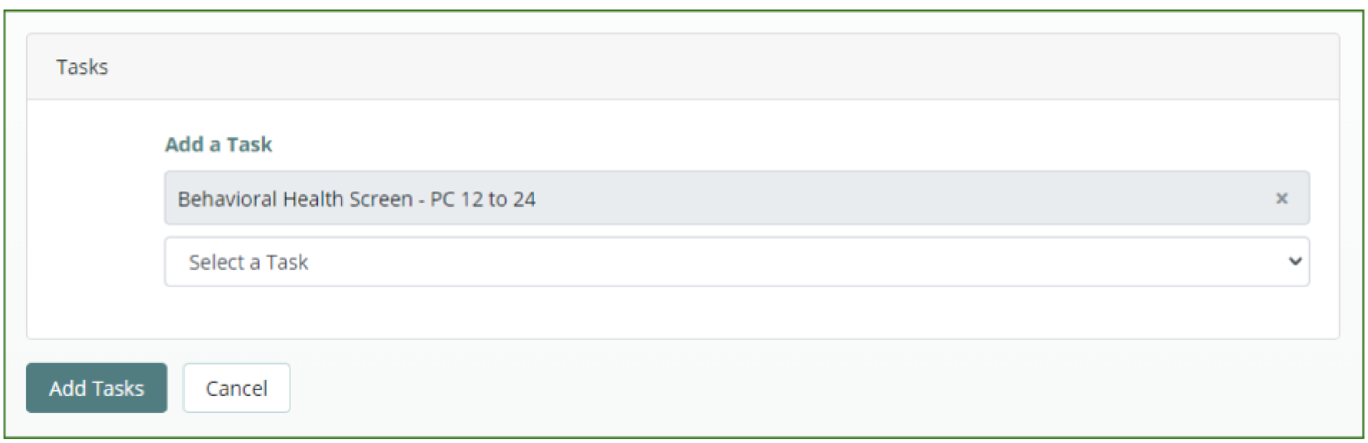
Save and Return | Save and Review | Cancel

Assign a New Task

Staff can assign other **new tasks (assessments, crisis stabilization, discharge)** on the participant's task list as needed. To assign a task, staff will:

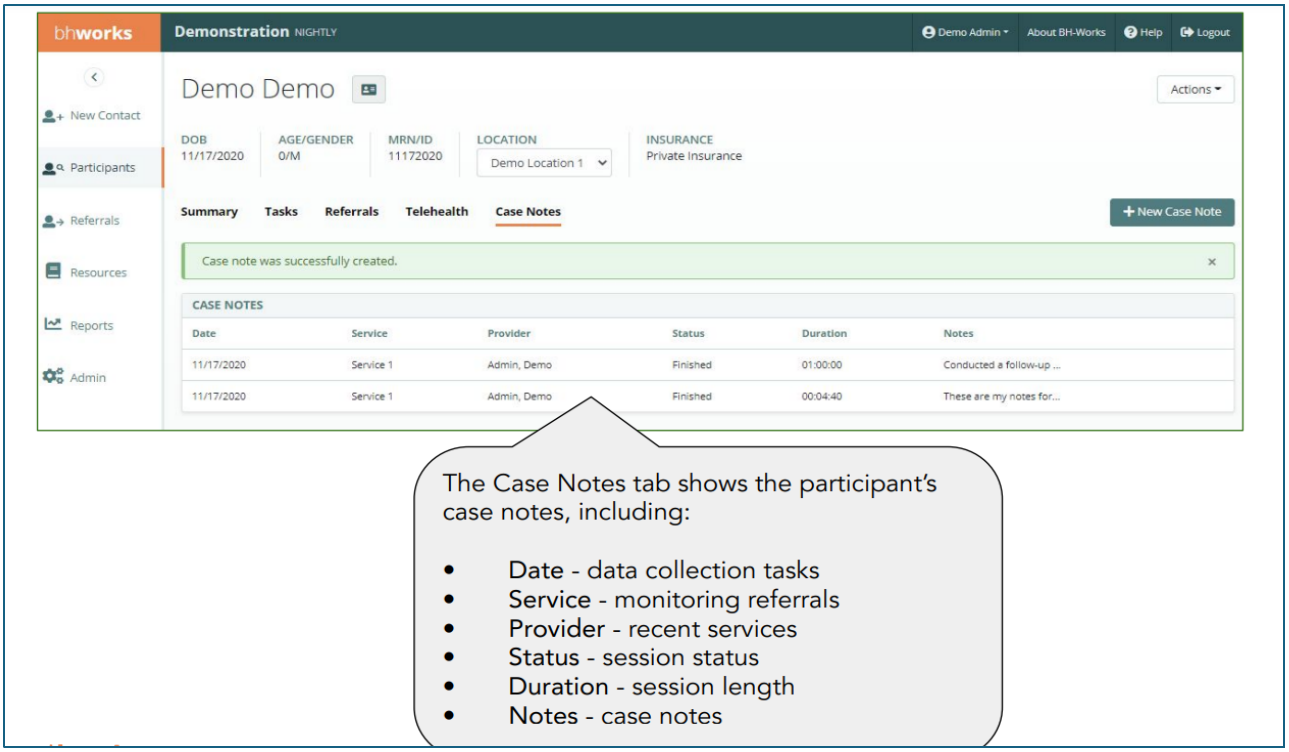
1. Click **Participants** tab in the side panel .
2. Click on desired **participant.**
3. Click on **Tasks** button next to the participant's name to view tasks (forms).
4. Click on **+ New Task** button.
5. Select the desired Task in the dropdown menu under Add a Task.
6. Click **Add Tasks** to save the assigned task or Cancel to undo the action.





Case Notes

Case Notes are a critical component for providers and staff when interacting with a student and/or providing activities and services. This documentation support sprogress and treatment options and is also crucial for billing purposes.



To record a case note:

1. Click **Participants** tab in the side panel.

2. Click the desired participant.

4. Select **Case Notes** at the bottom of the window.

5. Select **+New Case Note**.

6. Enter required info (marked with an *)

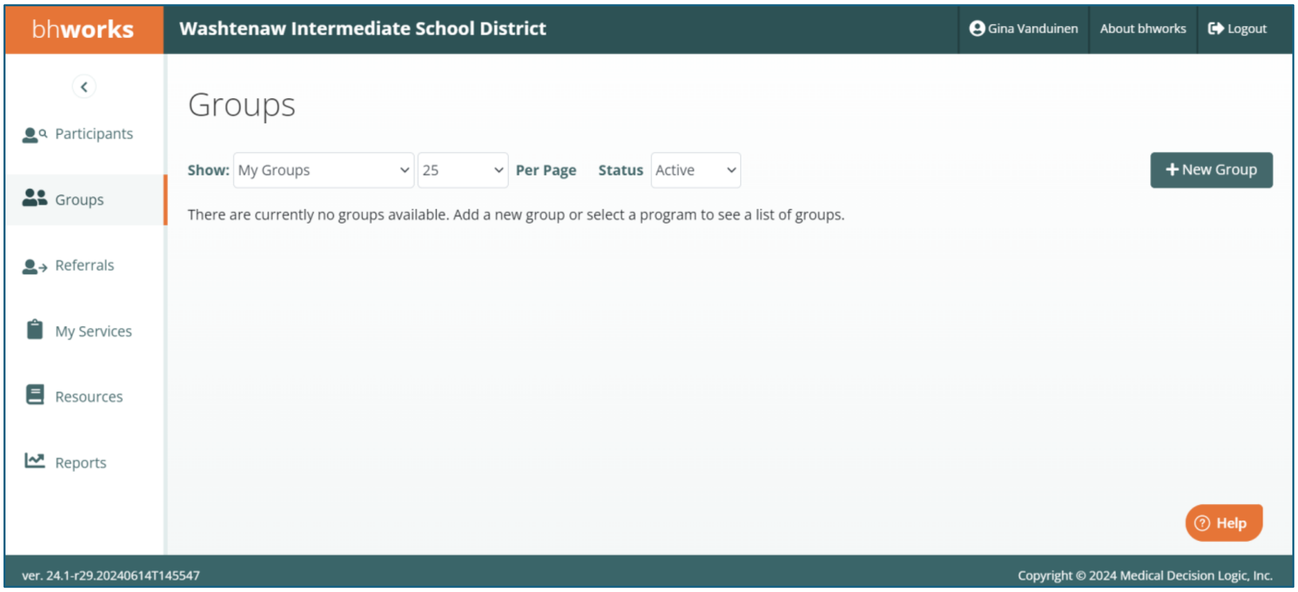
7. **Describe session/treatment**
   - Ensure that the Service Detail Note is sufficiently detailed to allow reconstruction of what transpired for each service billed.
   - Describe the "medical' goal of the service.
   - Indicate the result of the therapy session (student's response).
   - ***If the student is Medicaid eligible, you will also need to complete a monthly summary describing progress towards goals. Select Non-billable: Monthly Progress Note as the service type and choose the last school day of the month.***

8. Click Save and Return to exit the case note and complete it at a later time. To finalize a case note, the staff member will select **Save and Finish**. If after that point anything needs to be changes, you must select the three dots and click "amend" to unlock it.

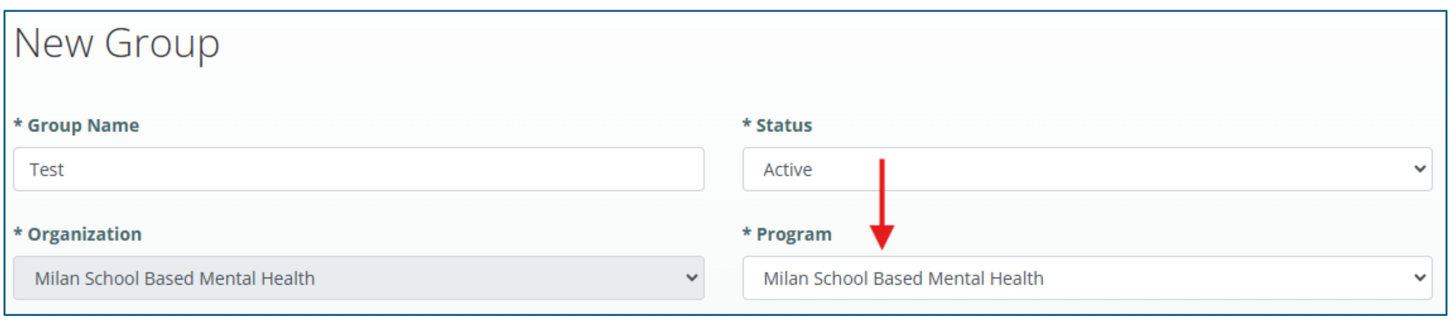
Groups

If you are facilitating ongoing sessions with multiple meetings at the same time, creating a group will save you time when entering case notes. **To create a group**:

1. Select **Group** from the side panel and click **+New Group.**



2. Enter Group information, selecting **Milan School Based Health** from the drop down under **Program.**

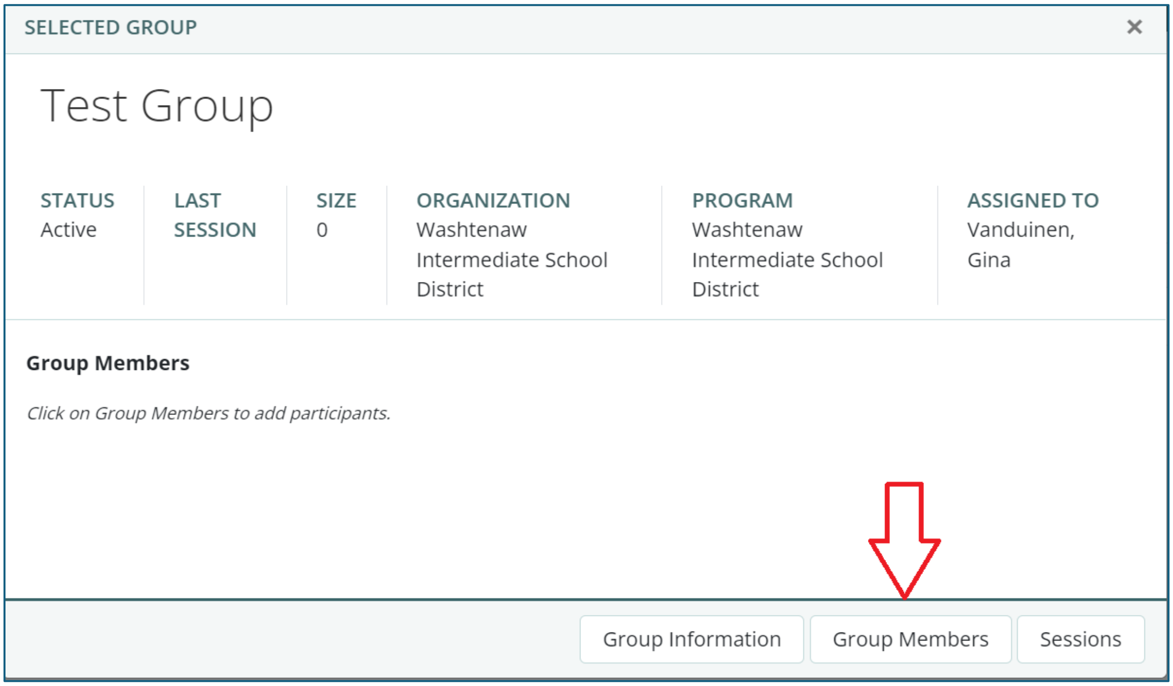


3. When you have entered all applicable information, select **Save** to create a new group

4. Once your group has successfully been created, it will appear on the **Group dashboard**.

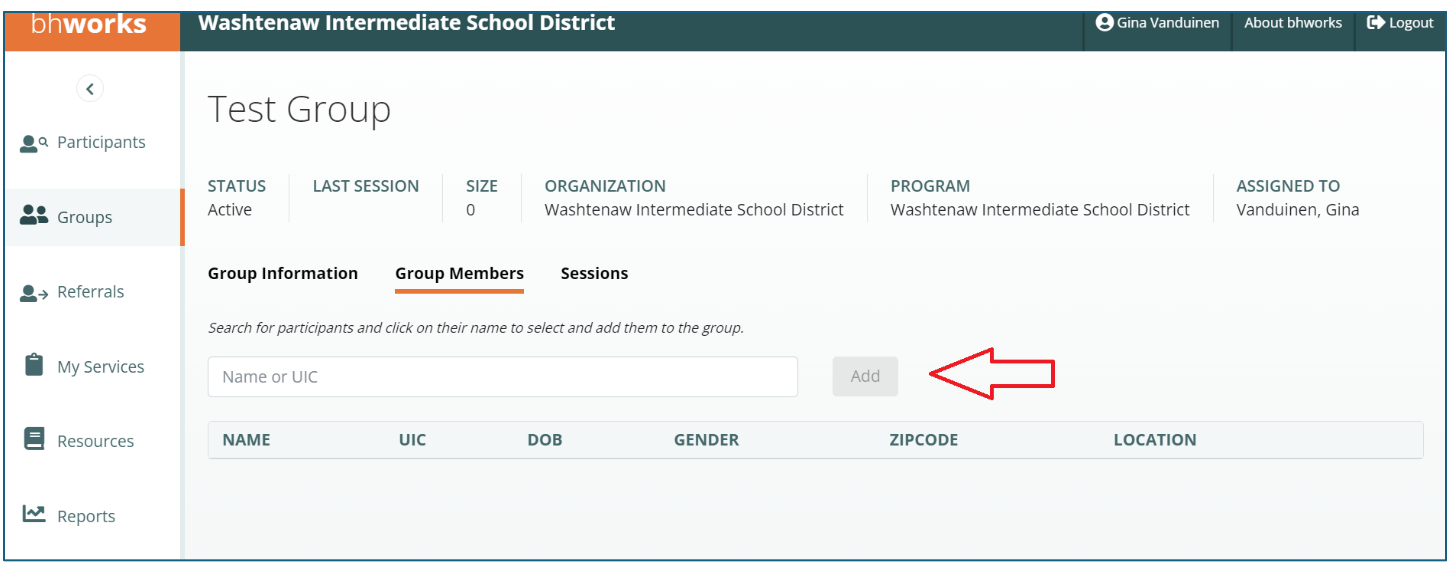
5. Clicking on the **Group Name** will cause a new window to pop up, similar to when you click on an individual participant name.

6. You can add participants to the group by clicking **Group Members**.

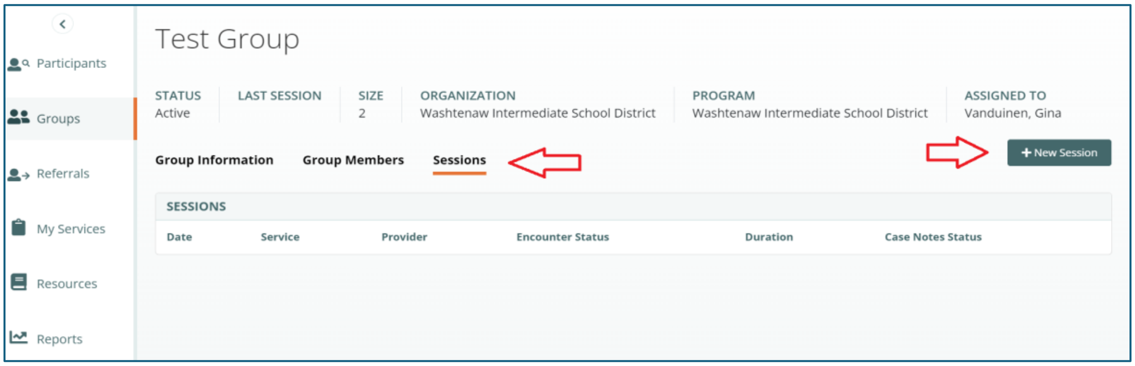


7. Clicking on Group Members will bring you to a new page. On this page, you can **search for participants** and click on their name to **select and add them to the group.**

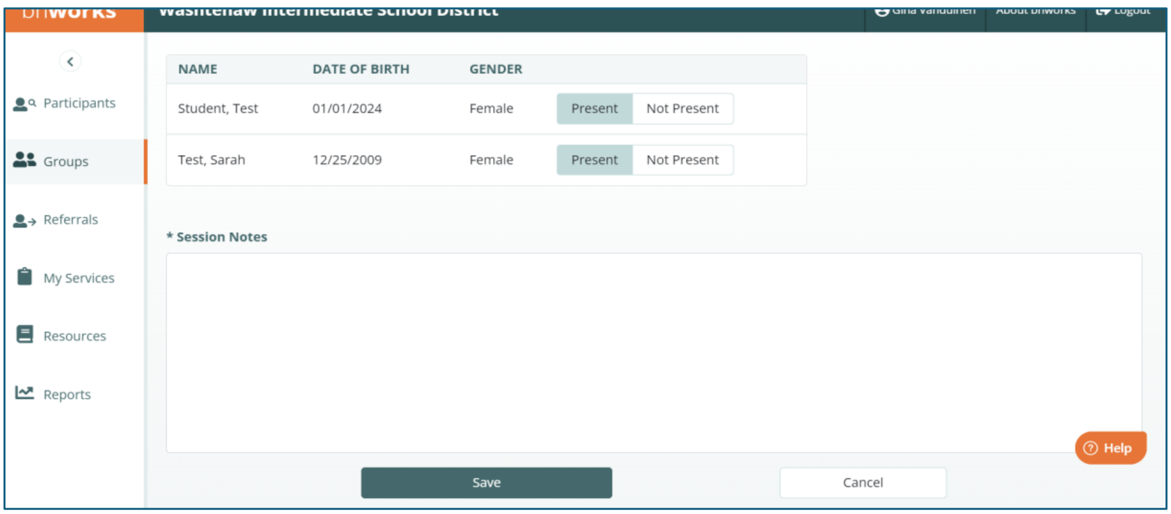
A. Note: Bhworks does not let you add more than 10 students to a group. **HOWEVER,** Medicaid reimbursement will only allow billing for groups between 2-8 students.



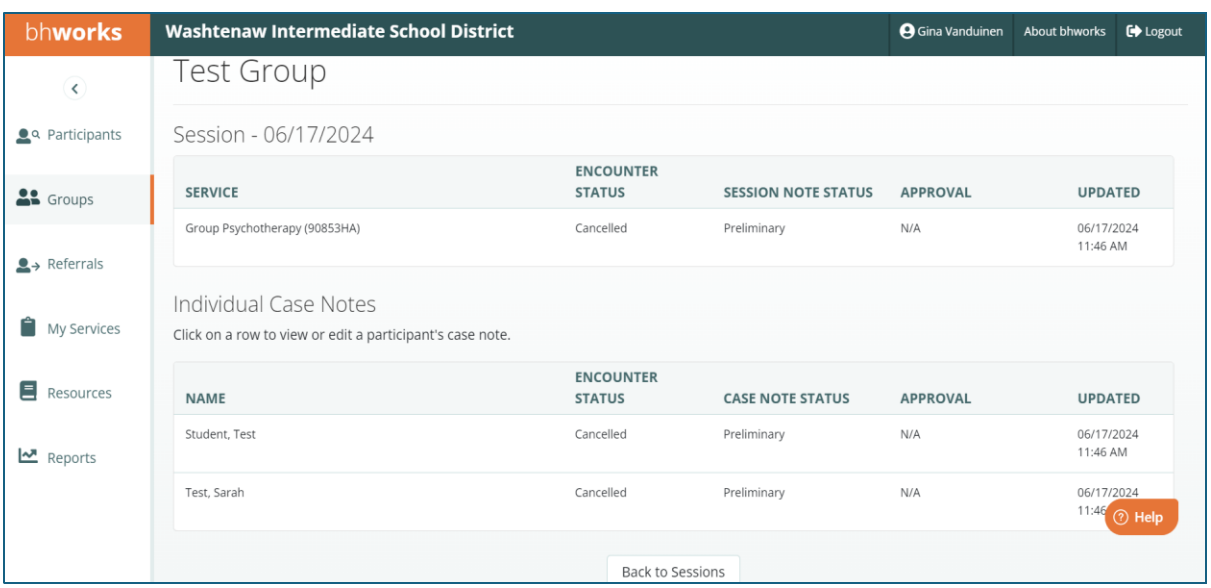
8. When you have completed a group session, document it by clicking on **Sessions** and **+ New Session.**



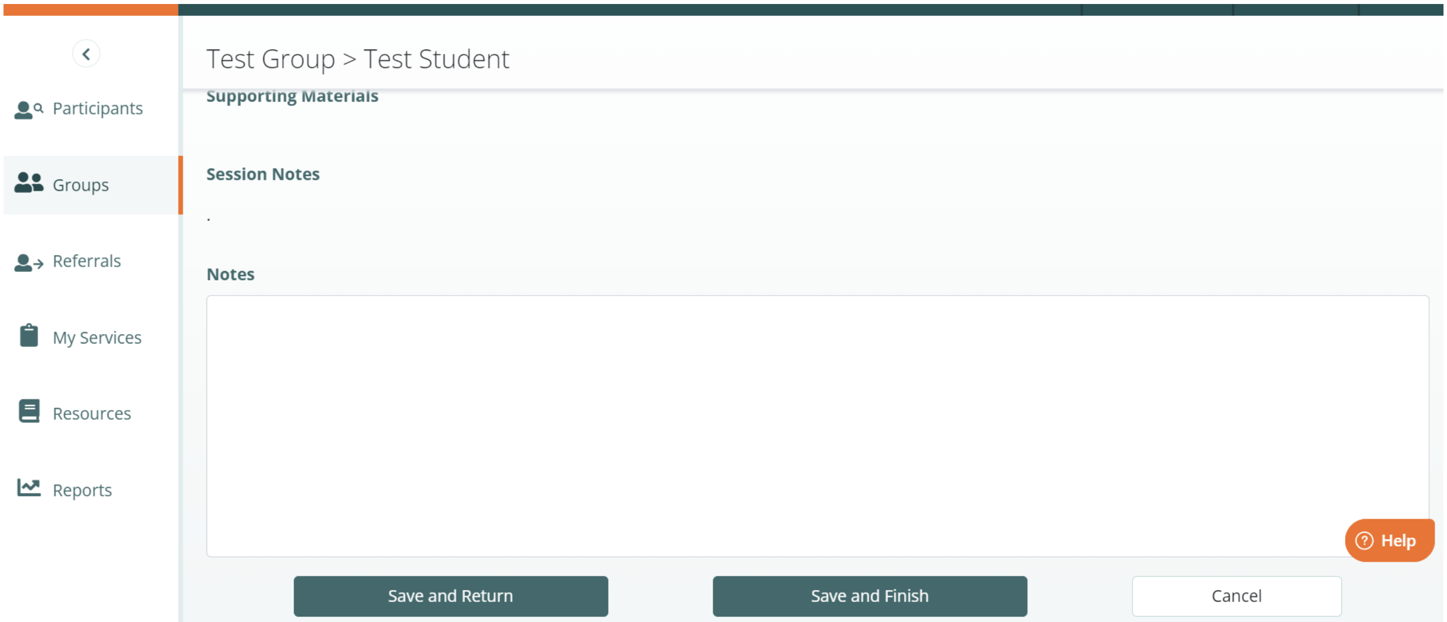
9. **Enter** relevant information and **session notes/a general note (specific notes for each student will be entered in the next screen)**. All fields marked with an asterisk are required. When complete, click **Save**.



10. After saving, you will then need to click **on each individual group member** and enter **a note specific to that student** detailing their progress and participation in group.



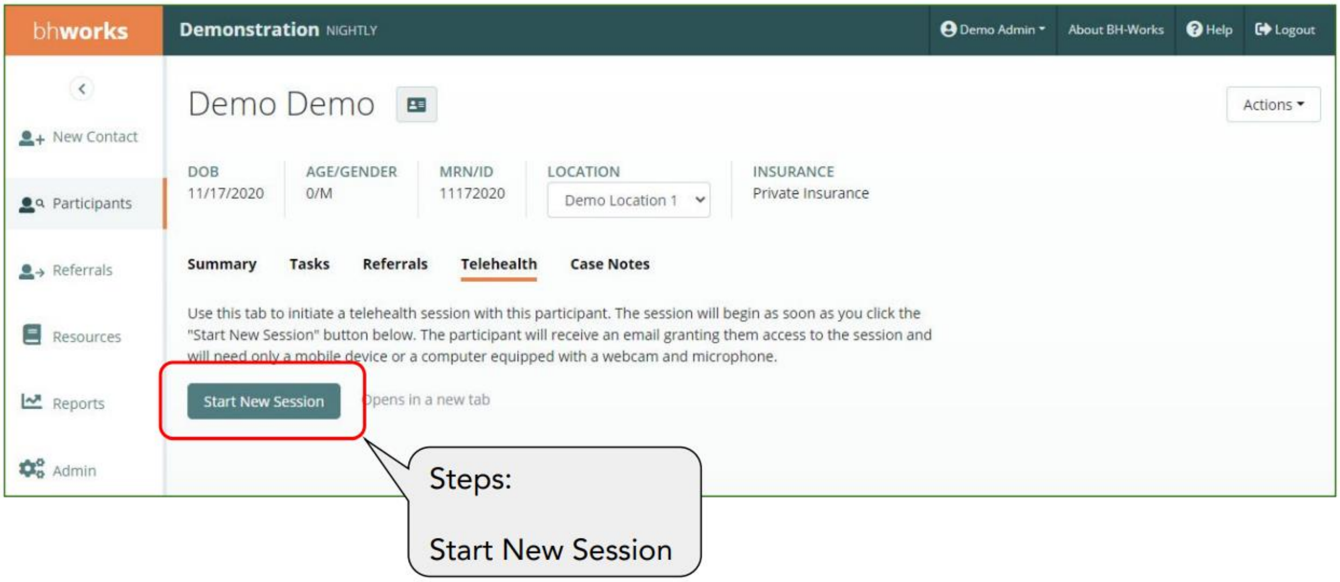
11. After entering relevant information for the individual student, you will have the option to Save and Return or Save and Finish. Note that once you click **Save and Finish**, you will not be able to edit the group note or individual note unless you click on the three dots and select “amend.”



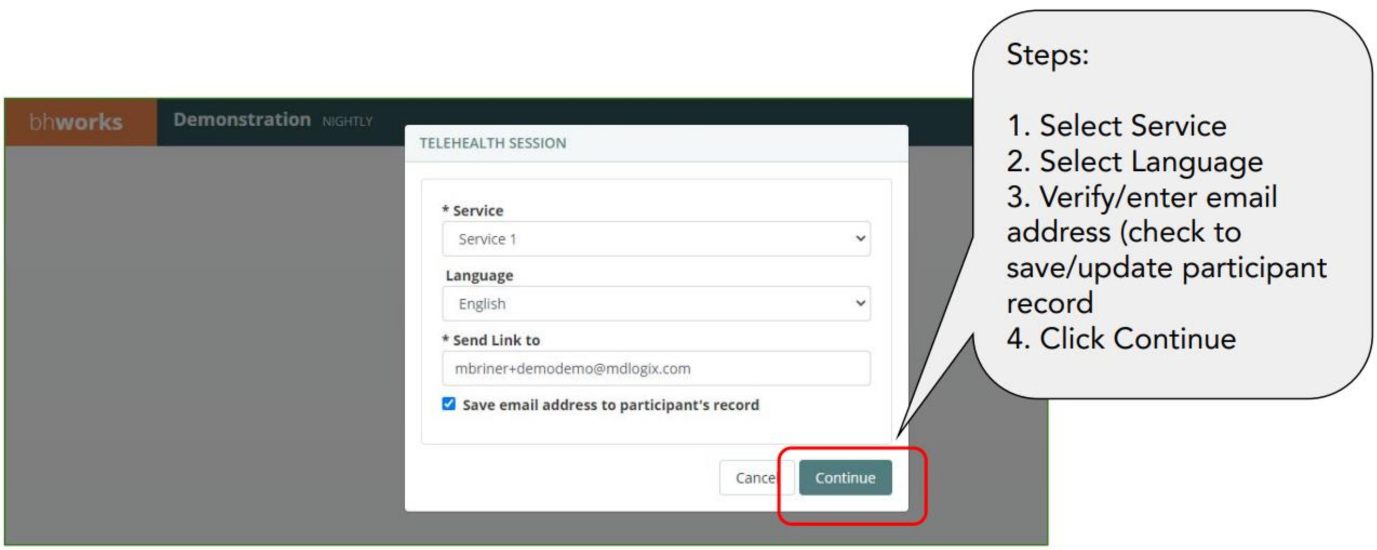
Telehealth

Bhworks includes telehealth (virtual care) functions that allow you to work with participants (patients, clients, students, or employees) remotely.

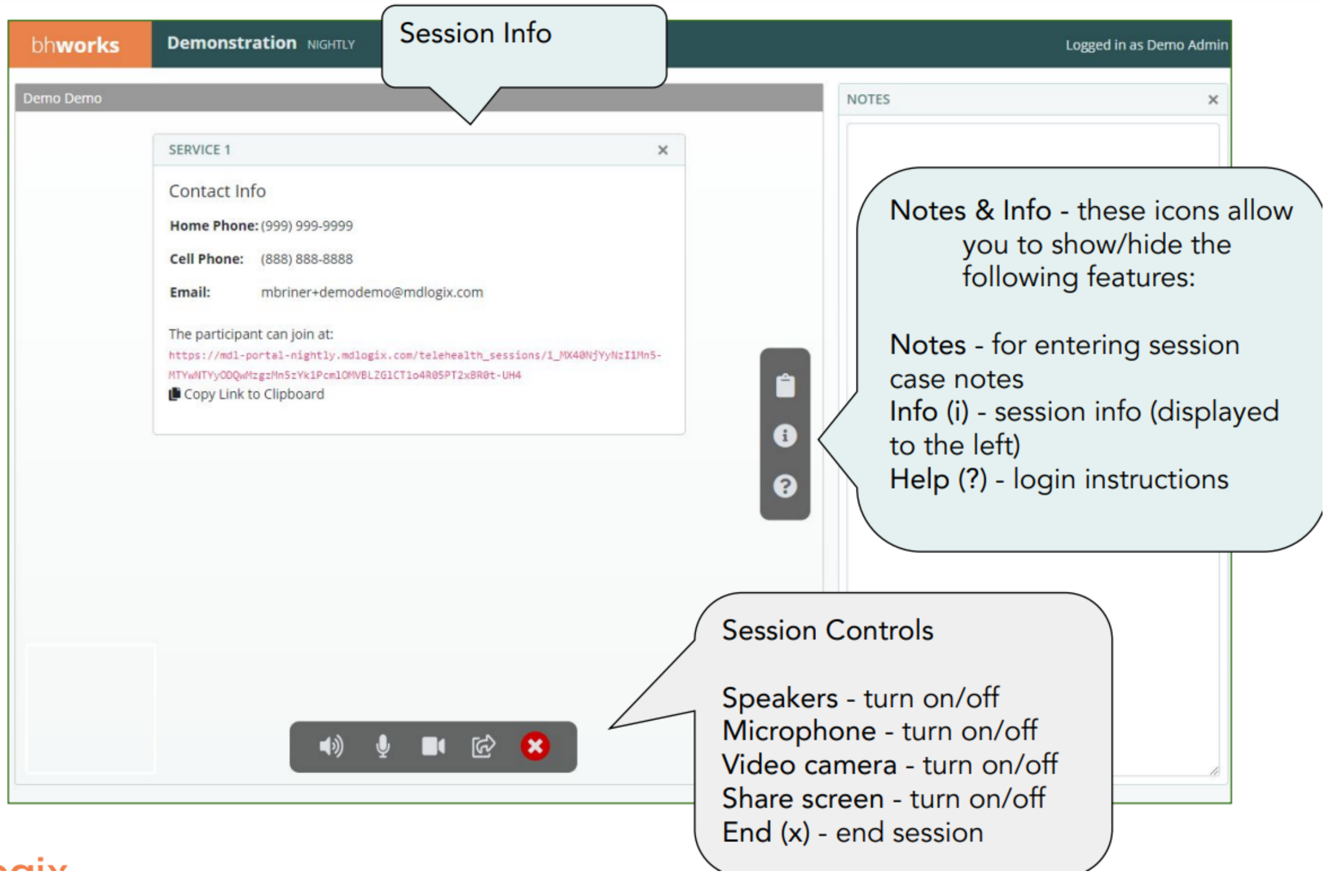
a. In a participant's profile, one of the tabs says **Telehealth**. When you are ready to start a Telehealth session with that participant, click **Start New Session**.



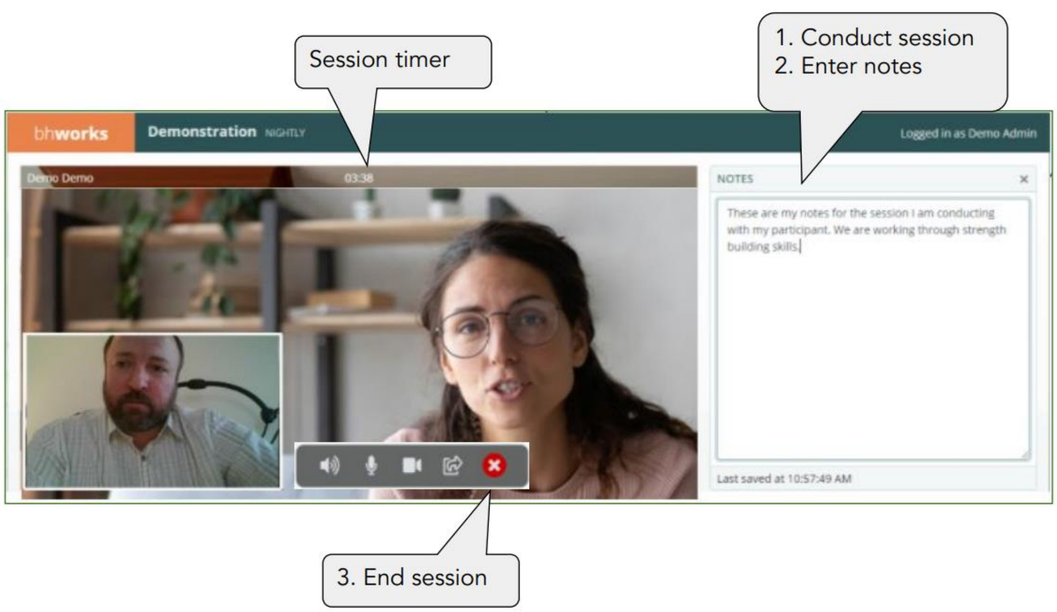
b. Click **continue**.

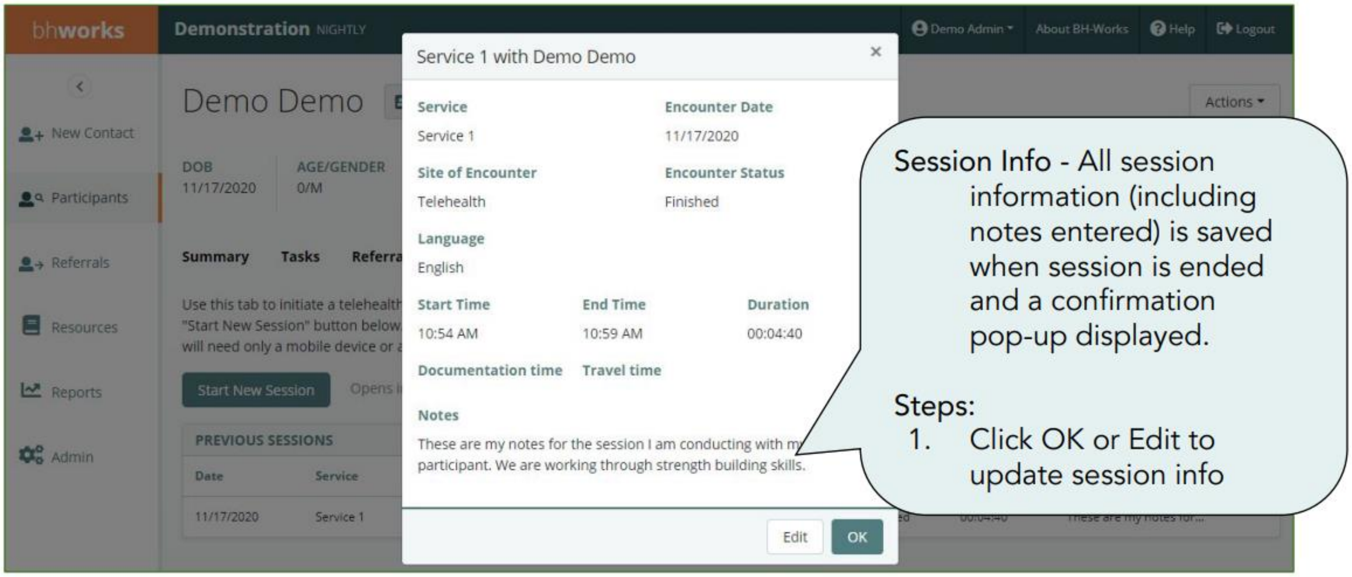


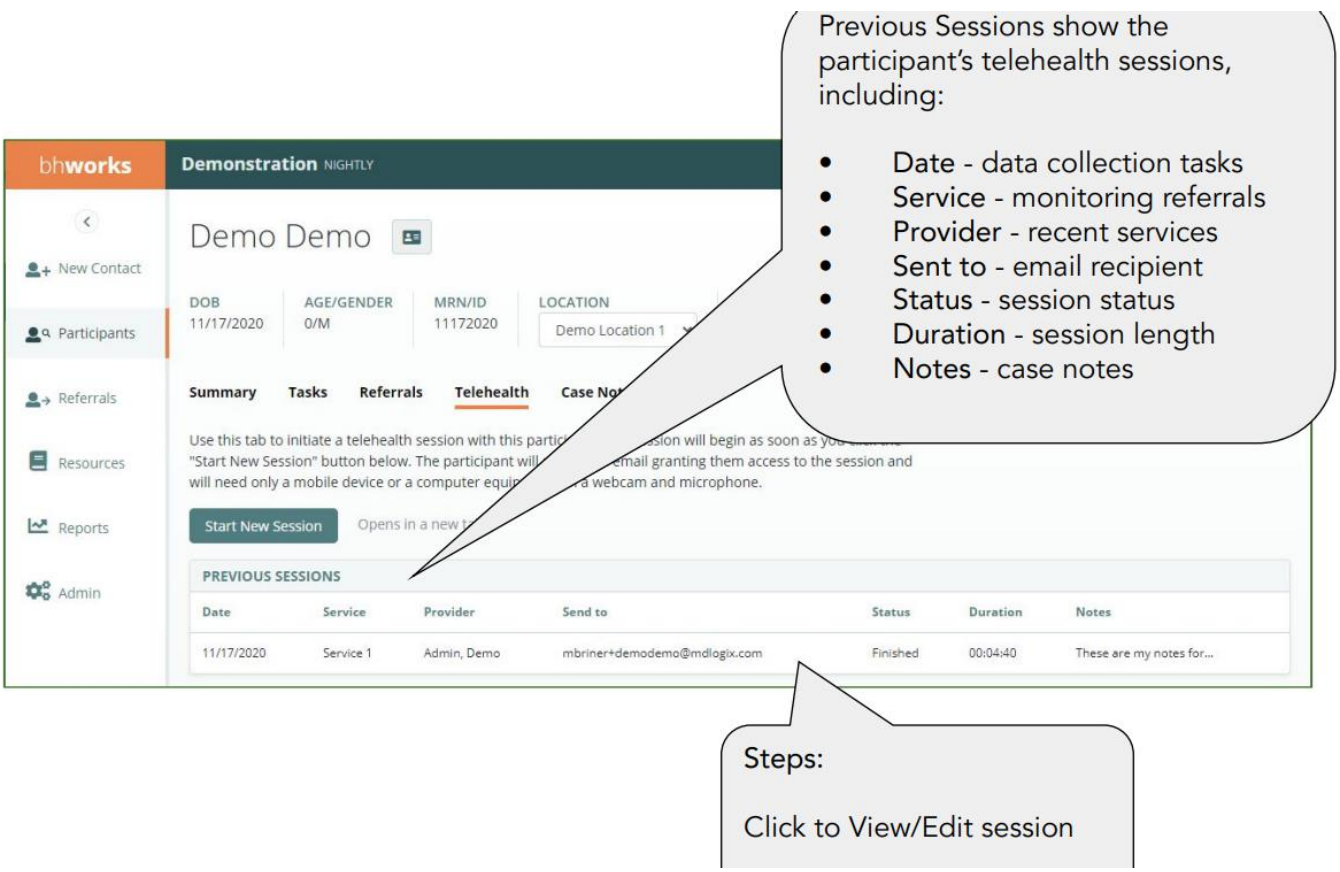
c. A link to the session will have been sent to the participant's email address that was entered and they will be able to join the session.

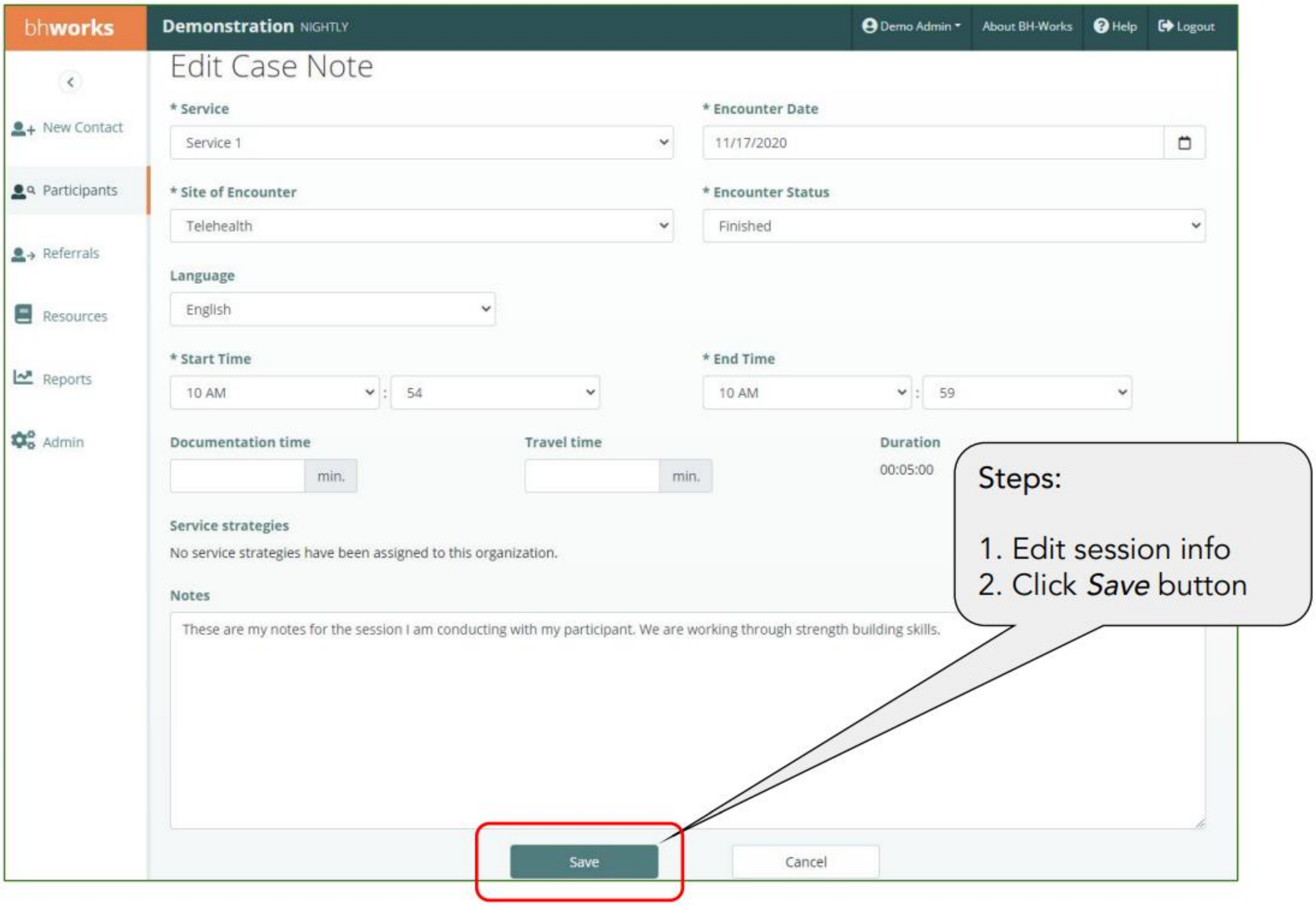


d. During the session, you will be able to take notes. The length of the session will be tracked and will end when you click the X

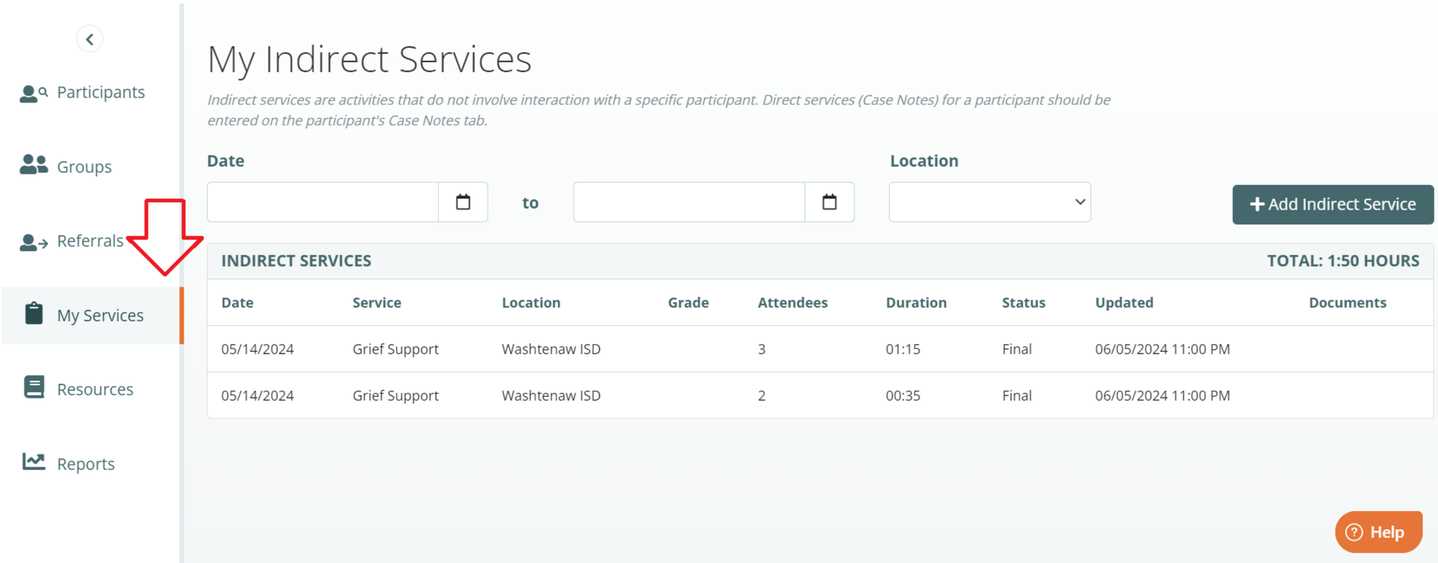



bhworks
Demonstration NIGHTLY
Demo Admin
About BH-Works
Help
Logout
New Contact
Participants
Referrals
Resources
Reports
Admin
Demo Demo
DOB
11/17/2020
AGE/GENDER
0/M
Summary
Tasks
Actions
Start New Session
PREVIOUS SESSIONS
Date
Service
11/17/2020
Service 1
Service 1 with Demo Demo
Service
Service 1
Encounter Date
11/17/2020
Site of Encounter
Telehealth
Encounter Status
Finished
Language
English
Start Time
10:54 AM
End Time
10:59 AM
Duration
00:04:40
Documentation time
Travel time
Notes
These are my notes for the session I am conducting with my participant. We are working through strength building skills.
Edit
OK
Session Info - All session information (including notes entered) is saved when session is ended and a confirmation pop-up displayed.
Steps:
1. Click OK or Edit to update session info


Previous Sessions show the participant's telehealth sessions, including:
• Date - data collection tasks
• Service - monitoring referrals
• Provider - recent services
• Sent to - email recipient
• Status - session status
• Duration - session length
• Notes - case notes
bhworks
Demonstration NIGHTLY
New Contact
Participants
Referrals
Resources
Reports
Admin
Demo Demo
DOB
11/17/2020
AGE/GENDER
0/M
MRN/ID
11172020
LOCATION
Demo Location 1
Summary
Tasks
Referrals
Telehealth
Start New Session
PREVIOUS SESSIONS
Date
Service
Provider
Send to
Status
Duration
Notes
11/17/2020
Service 1
Admin, Demo
mbriner+demodemo@mdlogix.com
Finished
00:04:40
These are my notes for...
Steps:
Click to View/Edit session


bhworks
Demonstration NIGHTLY
Demo Admin
About BH-Works
Help
Logout
New Contact
Participants
Referrals
Resources
Reports
Admin
Edit Case Note
* Service
Service 1
* Encounter Date
11/17/2020
* Site of Encounter
Telehealth
* Encounter Status
Finished
Language
English
* Start Time
10 AM
54
* End Time
10 AM
59
Documentation time
min.
Travel time
min.
Duration
00:05:00
Service strategies
No service strategies have been assigned to this organization.
Notes
These are my notes for the session I am conducting with my participant. We are working through strength building skills.
Save
Cancel
Steps:
1. Edit session info
2. Click *Save* button

Indirect Services



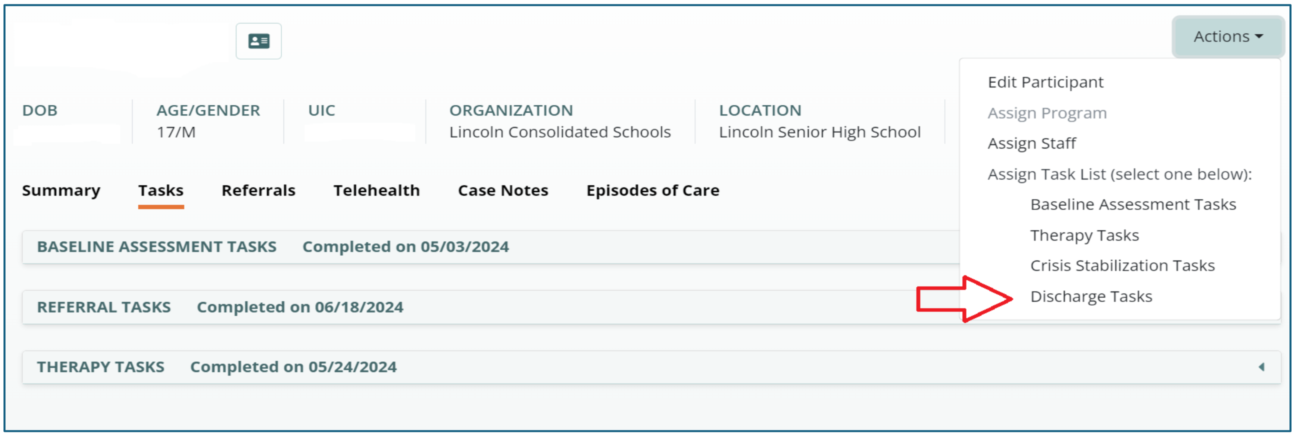
Indirect Non-caseload Student services include: school-wide crisis response, committee and special group meetings, , meeting with a school administrator, building/classroom-wide tier 1 supports, students attending tier 2 group sessions, or providing grief support.

Discharging a Student from Services

This should be discussed in advance with the student, parent(s)/guardian(s), and/or the administrator as able. The provider should also discuss and prepare the student for discharge several sessions prior to the final session and provide appropriate outside resources when necessary.

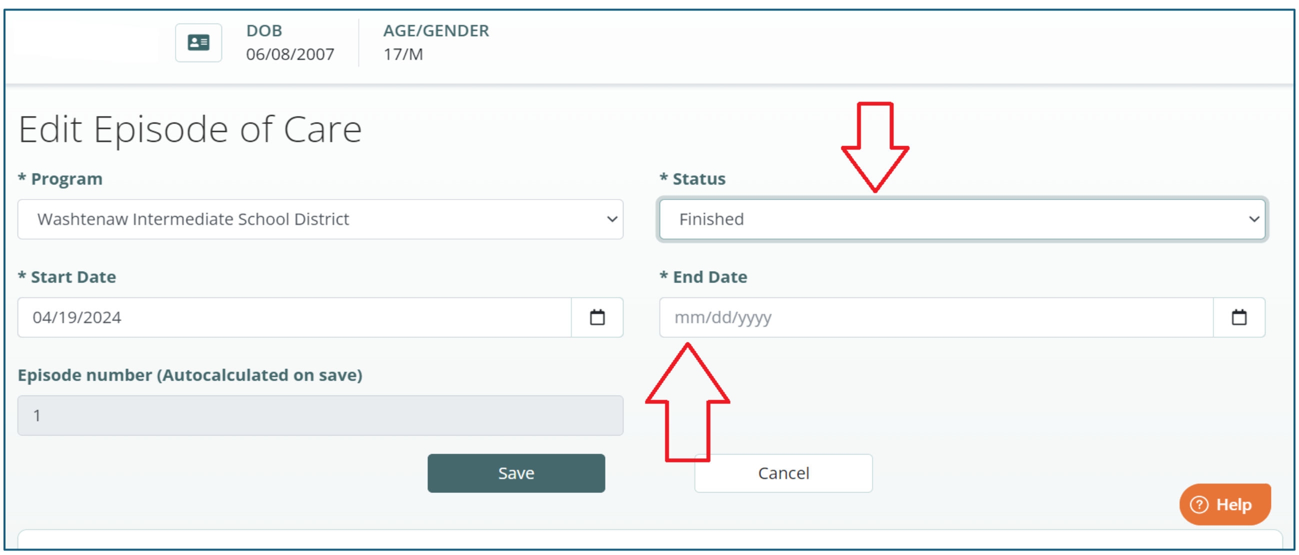
To exit a student from services:

- **Assign Discharge Tasks** under the **Actions dropdown**.



- Complete the **Discharge Summary.**

- Change the current **Episode of Care to Finished** and **input the End Date** under the Episode of Care tab.



- To **remove a student** from your participant list. **Click the checkbox** next to their name. Select **Actions** and then **Unassign Staff**.

Informed Consent

Dear Parent/Guardian:

You are receiving this because your child has been referred to the Mental Health Services Team to assess if additional support is needed. We are very excited about the opportunity to collaborate with you and provide tools and strategies that will help your child succeed both in and out of school. Please fill out and return this form.

These services are intended to gather important data that will help support your child behaviorally, academically, socially, and emotionally. These services may include:

- Observing the Student in the School Setting
- Using Screening Tools
- Attending Team Meetings
- Individual and/or Group Therapy
- Community Resources
- Telehealth

Should schools go to remote learning, or you decide to have your child participate in remote learning, mental health services will continue to be available through telemental health.

Information and data gathered is intended to be kept confidential. However, information that will enhance the child's success in school may be shared with his/her teacher(s) and/or administrator(s) on a need-to-know basis. If there is specific information you do not want shared, please notify us. The therapeutic process is one that requires trust between the client and therapist; therefore, the student's confidentiality will be maintained. Limits to confidentiality required by law, include if a child discloses that he/she or another child is being hurt or is in danger and if a child threatens to harm him/herself or another person. Measures will be made to protect confidentiality, however, telehealth communications may be at greater risk of information being accessed by non-authorized persons, as computers and cell phones could be hacked, lost, or stolen.

Medicaid: If your child receives medical or social/emotional services listed above, has a Plan of Care, or needs crisis support services and is eligible or becomes eligible for Medicaid benefits at any time during the school year, we will share your child's information with the state Medicaid agency and its affiliates to obtain reimbursement. This may include name, address, date of birth, student ID, Medicaid ID, disability, dates, and services your child received.

The Medicaid School-Based Services Program:

- Provides partial reimbursement to school districts for school-based mental health services.
- Does NOT affect a family's Medicaid insurance benefits and there is NO cost to the family, now or in the future.
- Helps the school districts to offset some of the costs of health care provided to children.

This consent remains in effect one year from signature date. You have the right to withdraw this consent at any time by notifying your school district in writing.

AGREEMENT FOR TREATMENT/SERVICES

______ YES - I AGREE for my child to receive school-based services as described above

______ NO - I DO NOT AGREE for my child to receive school-based services as described above

CHILD NAME: ____

PARENT/LEGAL GUARDIAN NAME: ____

DATE: ____

By signing this form, I acknowledge that I have read and understand the above information.

SIGNATURE: ____

We believe working as a team is one of the most beneficial ways to support student progress, and we look forward to the possibility of being part of your child's team. Please provide your contact information.

EMAIL: ____

PHONE: ____