Strengthening Families and EPSDT©
Program Application and Documentation Standards

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For Santa Clara County Department of Mental Health

Special Thanks to...

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- Quan Dong, LMFT, Quality Improvement
- Shideh Shahvarian, LMFT, Quality Improvement

Presentation Overview/Outline

- EPSDT Defined: Requirements & Criteria
- Strengthening Families and EPSDT Crosswalk
- Documentation Samples: Do’s and Don’ts tied to Strengthening Families
- Reminder: This document cannot be used for commercial purposes
What is EPSDT?

- Early and Periodic Screening, Diagnosis and Treatment
- Defined under California Code of Regulations (CCR), Title 9, §1810.215 as a "Supplemental Mental Health Service"
- Mental Health Service under WIC 5601 is any service directed toward early intervention in, or alleviation or prevention of, mental disorder, including, but not limited to, diagnosis, evaluation, treatment, socialization, case management, information, referral, consultation, and community services.
- Claimable under Medi-Cal (Medicaid)

How Does EPSDT impact Medical Necessity?

EPSDT broadens the definition to allow intervention to "correct or ameliorate" a mental health condition and does not restrict services to "Severely Emotionally Disturbed" (SED) child/youth, therefore expanding the target population served (larger net, less restrictive) Medical Necessity threshold is lowered...

How does one “define” Medical Necessity?

Two Medical Necessity Features:

- An “Included” Primary Diagnostic Features based on the Diagnostic Statistical Manual (DSM) and International Classification of Disorders (ICD)
- Functional Impairment impacting quality life that requires intervention or assistance
Why is “Medical Necessity” Important?

Without Medical Necessity:
- You may not be providing the right service for your clients
- You may limit your opportunity or deprive another client who meets Medical Necessity a needed service
- Cannot Claim/Bill for Medi-Cal

For more Information see

Santa Clara County
Initial Mental Health Assessment

Stakeholders Defined
- Clinician/Mental Health Rehab Specialist
- Significant Support Persons
- Client
- Community/Resources
How does one “define” Comprehensive Assessment?

**Assessment**

is defined by CCR Title 9 §1810.204 as:

...a service activity designed to evaluate the current status of a beneficiary’s mental, emotional, or behavioral health.

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**Assessment** as defined by CCR Title 9 §1810.204 includes...

- but is not limited to one or more of the following:
  - mental status determination,
  - analysis of the beneficiary’s clinical history;
  - analysis of relevant cultural issues and history;
  - diagnosis; and
  - the use of testing procedures.

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**Other types of Assessments conducted by SCC Mental Health Services**

1. Initial Mental Health Assessment
2. Mental Health Assessment Update
3. Unicare/HealthLink

Can you think of other Types of Assessments or Evaluations?
Number One Audit Exception on Assessments?

- Leaving _______....BLANKS
- Potential Errors of Omission!
- Need evidence of asking or query

“Jamie’s developmental history is unknown according to Foster parent”

What to assess?

Assessment Guidance
(SCC BHSD Practice Standards Manual, Page 13-22)

Sources of Information

- Client
- Family/Guardian
- Social Services
- Criminal justice
- School
- Other

NOTE: These sources may be classified as “Significant Support Persons”
Significant Support Person Defined

CCR, Title 9, §1810.246.1

“Significant support person” means persons, in the opinion of the beneficiary or the person providing services, who have or could have a significant role in the successful outcome of treatment, including but not limited to the parents or legal guardian of a beneficiary who is a minor, the legal representative of a beneficiary who is not a minor, a person living in the same household as the beneficiary, the beneficiary’s spouse, and relatives of the beneficiary.

Support Systems: Your potential “Collateral” contacts

- Significant community support
  (extended family, school teacher, neighbor, place of worship, civic, social)

  **NOTE:** Potential “Significant Support Person” in Treatment Plan

Clinical Formulation

- Hypothesized reason/context for presenting problems;
- Need to stress in clinical formulation something about the family that necessitates and contributes to client’s significant impairment to claim collateral EPSDT.
Whose the client?

- The child/youth, however...
- Need to stress in clinical formulation something about the family that necessitates and contributes to client’s significant impairment
- Can you give examples?

Current Mental Health Presentation

Critical!!

Include:

- Current symptoms
- Current and Persistent behaviors
- Family response to current situation including stressors
- Most importantly, MATCHES & supports an included Diagnosis (for medical necessity)!

Mental Health History

Also

Include:

- Symptom onset, duration, severity...
- Use of DSM/ICD descriptors
- Previous Treatment in chronological order
Child/Youth/Family Strengths

e.g., motivation, insight, support of family/community, special talents, abilities, and interest, etc.

These insights can reinforce goals and objectives and be part of the Treatment Plan!

Cultural factors which may influence presenting problems

May include ethnicity, race, language, immigration, level of acculturation or assimilation, religion, spiritual practice, sexual orientation, caregiver socioeconomic status, living environment.

Strength based does not mean...

- Ignoring the elephant in the room; you need to describe the behaviors to be addressed, and
- Then, the skills and strengths/resilience and social supports to address targeted behaviors
Psychosocial History

**Should Include:**
- Prenatal (FAS, low birth weights)
- Developmental milestones
- Family History (financial, relationship issues, living arrangements, mental health/SA)
- Education... Individualized Educational Plan

Medical History & Substance History

- The youth’s, not the caregivers!
- Caregiver’s history is in “psychosocial” section!

Medical History

- **Past/current illnesses and medical conditions include previous hospitalization:** List.
- **Alternative healing practice/date** (e.g., acupuncture, hypnosis, etc.): Date, Provider/Type, Reasons for Treatment, Outcome (was it helpful and why): Complete.
- **Current medication/previous medication** (include all prescribed and over-the-counter medications and holistic/alternative remedies): Name, Dosage Date Started, Effectiveness/Side Effects.
- **Allergies:** List.
- **Primary Physician:** name and phone number.
- **Date of last physical/dental exam?**
Primary Care History Requirement

- Requirements of the Primary Care assessment
- Provider’s link with Primary Care Physician for any medical issues, etc... must be documented!

Assessment: Don’t forget...

- Consider Behaviors Impact on functioning (include impact on self-care, home, school, and community. Note whether the impairments are due to symptoms/behavior of the included DSM-5/ICD 10 Diagnosis): Describe.
- Precipitating events and other significant life events leading to current situation (e.g., divorce, losses, moves, school changes, financial difficulties): Describe.

Substance/Alcohol Use

Specify type-including tobacco and caffeine, frequency and amount, and level of impairment [e.g., missing work/school, law enforcement or incarceration, family’s level of concern and attempts to intervene]) The new SUT Manual Substance Use SUTS-documentation-manual SCC 2017.docx
Purpose of Risk Assessments

- Rule-out and reduce the likelihood or chance of potential risk of current or imminent harm.

Day to Day Risk Assessments

- For Inflicting Harm to others
- Gang/Criminal involvement
- For High Risk Behaviors and/or Assessing Grave Disability

Self-destructive/suicidal behavior/danger to self

Include:
- Level of impairment [e.g., ideation, plan, threats, attempts/gestures, crisis services, hospitalization]
- Current Risk
- Interim Safety Plans
Assessing Risk for Self-Harm

- Social Media Sites or Posts
- Self-Isolation

Assessing Grave Disability (Secondary to a Mental Disorder)

Different for Children and Youth:

Not based on inability to provide “food, shelter, or clothing secondary to a Mental Disorder”

Instead it is the inability to “utilize” food, shelter, or clothing...

Assessing Risk for Harm to Others

Victimization: Bully or Victim?
Aggressive/violent behavior/danger to others

- Include level of impairment (e.g., school suspension, law enforcement / incarceration, crisis services, and hospitalization):
- Consider frequency, recent and relevancy
- Age of onset? Precipitating factors?

At Risk of Out of Home Placement

- Meeting Criteria for more intensive services or
- Therapeutic Behavioral Services (TBS)
- Referral to Santa Clara County Mental Health Call Center (800) 704-0900

Mental Status Examination
Diagnosis

Made ONLY by a Licensed Practitioner of the Healing Arts (LPHA)
- Physician [MD/DO]
- Psychologists [PhD/PsyD/EdD],
- Licensed Clinical Social Workers [LCSW]
- Marriage, Family & Child Therapist [MFT]
- Licensed Professional Clinical Counselor [LPCC]
- Registered Psychiatric Nurses (CNS, NP)

What is an "Included PRIMARY Diagnosis" for Medical Necessity?

- "Included PRIMARY Diagnosis" is defined by California Code of Regulations, Title 9, Article 2, section 1830.205

IS IN REGULATORY TRANSITION!!!
- Must still have a PRIMARY reason/necessity for treatment
- DHCS directs MHP to use DSM-5 since the ICD-10 [...]does not contain information needed to determine diagnosis. (MHSUDS INFORMATION NOTICE NO.: 16-051)
- Both the ICD-10 and the corresponding DSM-5 diagnosis codes should be indicated in the beneficiary’s clinical record

Included PRIMARY Diagnosis List

- Neurodevelopmental (AD/HD)
- Schizophrenia Spectrum & other Psychotic D.O.
- Mood Disorder (Bipolar, Depressive)
- Anxiety
- Obsessive-Compulsive
- Trauma-Stressor-Related (Adjustment & PTSD)
- Dissociative
- Gender Dysphoria
- Disruptive, Impulse Control
- Personality D.O. (over 18 years old)
- Other Mental D.O.
DHCS Directive on DSM-5 & ICD 10

- If an ICD-10 code corresponding to the selected DSM-5 diagnostic code is not in the table of included diagnoses for SMHS?
- When an alternative ICD-10 diagnosis has been identified which is on the included list
- Identify an alternative ICD-10 diagnosis which is similar to the originally selected DSM-5 diagnosis
- Identify a DSM-5 diagnosis which aligns with (“crosswalks” to) the alternative ICD-10 diagnosis.

DHCS Directive on DSM-5 and Autism Spectrum

Exception to the crosswalk tables for Autism Spectrum Disorder & Childhood Disintegrative Disorder and Rett’s Disorder

- Use the individual ICD-10 codes for these diagnoses
- Use the diagnostic criteria in DSM-IV to establish these diagnoses since no comparable criteria are available in DSM-5
  - Autistic Disorder (F84.0)
  - Rett’s Disorder (F84.2)
  - Childhood Disintegrative Disorder (F84.3)
  - Asperger’s Disorder (F84.5)
  - Other Pervasive Developmental Disorder (F84.8)
  - Pervasive Developmental Disorder Unspecified (F84.9)

In Addition to the DSM Diagnosis, What is meant by “Functional Impairment”?

- A significant *impairment* in an important area of life functioning (*use developmental, social impairments to justify*)
- A probability of significant *deterioration* in an important area of life functioning (*identify*)
- A probability a child/youth will *not progress developmentally* as individually appropriate (*use developmental milestones as measure*)
Included Secondary Diagnosis List

- Intellectual Disabilities
- Communication D.O.
- Learning D.O.
- Motor D.O.
- Somatic D.O.
- Feeding & Eating D.O.
- Elimination D.O.
- Sleep-Wake D.O.
- Sexual Dysfunctions
- Substance-Related & addictive D.O.
- Neurocognitive D.O.
- Personality D.O., (not if under 18 years old, however, use "traits")
- Paraphilic D.O.
- Medication-Induced Movement D.O. & Other Adverse Effects of Medication
- Other Conditions That May be a Focus of Clinical Attention (V-Codes & 999.5_Codes)

Where do you get these Diagnoses?

- Being mindful of source diagnosis: Who made it, its relevancy, does it meet "Medical Necessity"?
- Primary or Targeted Diagnosis must always matches and substantiates child/youth symptoms and behaviors (especially if "multiple diagnoses" are listed)

Diagnosis

Using the DSM-5
Name of the disorder according to DSM 5 followed by the numerical ICD-10 code and description.
- Example: DSM-5: Major Depressive Disorder, Moderate. ICD-10: F33.1, Recurrent Depressive Disorder, Current Episode Moderate.
- Indicate principal/primary diagnosis.
- Include LPHA Clinician Completing Assessment: Name, Title, Signature, Professional License #, Date
In Addition to the DSM Diagnosis, What is meant by “Functional Impairment”?

- A significant impairment in an important area of life functioning (provide examples)
- A probability of significant deterioration in an important area of life functioning
- A probability a child/youth will not progress developmentally as individually appropriate.

Probability of significant deterioration in an important area of life functioning.

Without intervention child/youth will deteriorate:
- At Home
- At School
- In Community (i.e., loss of functioning in the above spheres)

Probability a child/youth will not progress developmentally as individually appropriate.

Lack of Progression OR Regression
- 10 year old still OR starts sucking thumb
- 8 year old cannot feed or dress self (secondary to a mental disorder)
- 16 year old (without a medical condition) is incontinent
In Strengthening Families program it is Important to include the family dynamic in the Assessment

- Leads to a family goal that addresses behavior and significant impairment of the child client in the Treatment Plan
- Will assist the caregiver in addressing the family goal and help with supportive documentation as well!

Medical Necessity Necessities

- Always review and document the presenting behaviors and symptoms
- Always document the "Primary, Included Diagnosis" in the first listing position
- Always support the Diagnosis with examples of functional impairment
- Directs Treatment Goals in Plan
- Reflected in Progress Notes

Pain-Point: Santa Clara QI states insufficient documentation that interventions support Medical Necessity

What is the ?

Support Medical Necessity

Assess Symptoms & Behaviors

Support Medical Necessity

Assess Symptoms & Behaviors

Support Medical Necessity

Assess Symptoms & Behaviors

Support Medical Necessity

Assess Symptoms & Behaviors
Assessment Updates

- Not necessary to spend endless amount of time re-assessing
- What does the client and family need right now?
- Can always update the Assessment

No Billing of Planned Services

Assessment and Care Plan must be completed PRIOR to the billing of most Services (including Case Management & Collateral), except for Psychiatric Emergency (Crisis Intervention), or urgent Med Support, Assessment and Plan Development!

No Assessment No Care Plan = No Billing!

What are Examples of Services that require Care Plan in Place FIRST

- Mental Health Services: Individual Therapy, Collateral
- Non-urgent Medication Support
- Rehab
- Day Treatment
- Group Therapy and Collateral
- Case Management Services
Putting our Knowledge to Use

Vignettes:
• A "Vignette" is a brief incident or scenario that allows us to practice with what we just learned and apply our knowledge in a practical, hands-on exercise.
• By design, vignettes require one to add logical or additional details that support your hypothesis or conjecture...

Vignette

Miyuen is a 7 y.o. Asian-American girl who presents as fidgeting, squirming, reported to constantly leave her seat during class; she often runs about or climbs on everything; Miyuen often has difficulty playing or engaging in leisure activities quietly and is often "on the go" or often acts as if "driven by a motor"; Miyuen talks incessantly, has difficulty awaiting her turn and often interrupts or intrudes on others.

Miyuen is failing in most of her classes and her mother is at wits end.

Vignette Analysis: Use the following guide with each Vignette

1. Possible Diagnosis? (LPHA)
2. What to rule out first? (LPHA)
3. What is the Primary Diagnosis? (LPHA)
4. Is it included?
5. Meet Medical Necessity or Targeted Case Management? Which one and why?
6. What is the functional impairment?
7. What is the proposed intervention (diminish, prevent, or allow developmental progress, one, two, all?)
BE SPECIFIC!
Be measurable and quantifiable!

- Who is providing the services?
- What type of services are being provided?
- When and/or how often will you see client? Frequency and Duration?
- Where are services being provided?
- How are you measuring improvement?
- Strength-based, Client Centered?

Client/Care Plan Requirements
(Santa Clara’s MHP Contract with the State DHCS)

Client Plan must include, but are not limited to,
- reference to the client’s participation and agreement in the body of the plan,
- client signature on the plan, or
- a description of the client’s participation and agreement in progress notes.

Santa Clara County Guidance also requires Client/Care Plans be SMART,
- Specific, Measurable, Attainable, Realistic & Signed and Time-Framed

Transformational Care Planning (TCP) in Treatment Plans
- Goals
- Objectives
- Desired Results
TCP Planning Means:

- Person-centered
- Family driven
- Principles of:
  - inclusion
  - hope
  - wellness
  - resiliency and recovery.

A collaborative process between an individual/family and his/her service provider(s). (See example)

CCR Title 9, Focus of Intervention must address the condition/functional impairment (i.e., DSM Diagnosis)

The expectation is that the proposed intervention will:
1. Significantly **diminish/reduce** the functional impairment
2. **Prevent** significant deterioration in an important area of life functioning
3. Allow the child/youth to **progress developmentally** as individually appropriate

What are the Requirements of Plans of Care?

- Client Treatment Plan shall:
  - Have specific **observable and/or specific quantifiable goals**
  - Identify the proposed type(s) of intervention
  - Have a proposed duration of intervention(s)
  - Parenting Interventions has to support Treatment Care Plan!
BE SPECIFIC!
Be measurable and quantifiable!
(The 5 W’s *and the two H’s)

- Who is providing the services?
- What type of services are being provided?
- Why are the services needed?
- When and/or how often will you see client and the significant support persons?
- Where are services being provided? And
  - How are you measuring improvement?
  - How does the client and family know they are improving?

Treatment Care Plan Requirements cont.

When the client and/or caregiver’s signature is required on the TCP Client Plan of Care; if the client and/or caregiver refuses or is unavailable for signature, you MUST include a written explanation of the refusal or unavailability.

Client Plan Requirements cont.

- Copies of the TCP Treatment Plan shall be distributed to all Behavioral Health Care Providers/collaborators for coordinated care for an individual client.
- The MHP shall offer a copy of the TCP Treatment Plan to the client upon request.
Client Plan Requirements cont.

Timeliness/Frequency of Client Plan

- Shall be updated at least annually.
- The MHP shall establish standards for timeliness and frequency for the individual elements of the client plan.
- What is it for your programs? 30 days? 60-days? Every 6-months?

Red Flag Reminders

- No Late Treatment Plans
- Focus of Intervention consistent with behaviors identified & match Diagnosis
- Specific observable/quantifiable goals
- Must be signed or co-signed by LPHA
- Evidence of client or caregiver participation and agreement (signature)
- Parenting Interventions support TCP Treatment Plan that focus on child’s symptom reduction or child’s mental health

Strengthening Families and EPSDT Crosswalk

- A Reference Guide
- Primary focus is on both rehab, therapeutic and “collateral” Group Claiming
- Red Flag claims
Using Crosswalk as Guide…

Walking through the “crosswalk”

Strengthening Families Crosswalk 04-04-2018.xlsx

PROGRESS NOTES

If it isn’t documented…

Progress Notes

- Document all contacts & interventions
- Due within 5 business days of service
- Late entry, include date of service. Sign and put date you wrote the late entry in progress note.
- Not all actions will be claimable, but all observations are helpful insights and explanations.
Types of Progress Notes

- Assessment
- Plan Development
- Crisis Intervention
- Urgent Medication Support

Following Services Need Client/Care Plan in Place FIRST
- Case Management
- Rehab
- Individual Therapy
- Group Therapy or Group Rehab
- Collateral and Collateral Group

Review: Assessment Notes

9 CCR §1810.204

A service activity designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health. Assessment includes but is not limited to one or more of the following: mental status determination, analysis of the beneficiary's clinical history; analysis of relevant cultural issues and history; diagnosis; and the use of testing procedures.

CPT staff use Full Assess: 90791 or Brief Assess: 96127
HCPC staff use H0031

Assessment Note Example 1

In our initial session, I summarized and assessed the presenting problem (Jamie striking others when frustrated or angry), evaluating and reviewing the behavioral triggers, and impact of consequences of the behavior. Reviewed with caregivers their perception of problem behaviors, completed intake assessment. Plan is to review Strengthening Families program with caregivers and work with family in developing TCP Plan of Care. ---- Joe Staff, LSW, 1234
Assessment Note Example 2

Completed initial session with caregiver without Jamie present. After obtaining written consent for services and reviewing the limits of confidentiality; I interviewed the caregiver about Jamie’s presenting problems and behaviors, conducted a functional analysis of the problem behaviors, Jamie’s “likes and dislikes” and asked the caregiver to complete standardized assessment measures of Jamie’s behavior and parenting practices. Plan is to review assessment findings with caregiver and develop the TCP Plan of Care. -----------Joe Staff, LCSW 1234

Review: Plan Development

9 CCR §1810.232
a service activity that consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary’s progress.

HCPCS: H0032 Plan Development

Importance of including the family dynamic in the Assessment

- Leads to a family goal that addresses behavior and significant impairment of the client in the Transformational Care Plan
- Will assist in the parent in addressing the family goal and help with supportive documentation as well!
Plan Development Example

Discussion and development of goals with Jamie's caregivers. In our initial session, I summarized and assessed the presenting problem (Jamie striking others when angry), evaluating and reviewing the behavioral triggers, and impact of consequences of the behavior. Reviewed with caregivers their perception of problem behaviors, completed intake assessment. Plan is to review Strengthening Families program with caregivers and develop TCP Care Plan.

Joe Staff, LCSW, 1234

Review: Case Management/Brokerage

9 CCR §1810.249

services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.

Jane Staff, MHRS

Case Management/Brokerage Activity and Linkage Example

Provided caregiver overview of the Strengthening Families program and discussed what help or resources are available to support Jamie in the community. Provided linkage and referral to those resources. Reviewed next steps/tasks. Plan is to check in with caregiver to assure linkage to resources were successful; will meet Jamie and mother at their residence next Friday, 03-25-16 at 4:30.

Jane Staff, MHRS
Case Management/Brokerage
Consultation Example

Consulted with Ms. Jones, (school teacher) regarding Myeon’s school performance and classroom behavior that create barriers to her education. Plan is to work with classroom school aide, identified as a significant support person at school on possible behavioral interventions and redirection to increase Myeon’s attention and decrease distraction in the classroom.

Katy Staff, MFT, 1234

Case Management/Brokerage
Rehab/Non-Licensed Staff Example

Spoke with group home staff regarding Jamie's current placement and group home behavior. Plan is to work with group home counselors on possible behavioral interventions and redirects as designated significant support persons in the home.

Joe Staff, MHRS, BA

Review: Rehabilitation (Rehab)

9 CCR §1810.243

a service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.

H2015 All staff can claim for Rehab
Rehabilitation (Rehab) Example

Went to the Jamie's home to work with Jamie on how to occupy his time with activities when bored and frustrated; currently he has difficulty with free time frequently resulting in arguments with his caregiver and siblings. Worked with Jamie on the Stop, Think, Say "No" and Go Look for something else to do by selecting board games and other structured activities. Plan is to continue with skill-building exercises to decrease frequency of negative outbursts.  

-------- Jane Staff, MHRS

Review: Individual Therapy

9 CCR §1810.250

a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

Licensed/Licensed Eligible Staff Only
90832 30 min w/client
90834 45 min w/client
90837 60 min w/client
Can add on +90785 Interactive complexity to any above code

Individual Therapy Example

I met with the Jamie in my office. Today we worked with hand-puppets to role play how to say "No" and stay out of trouble. Practiced rewarding positive behaviors and ignoring behaviors with the "Stop, Think, Say "No" and Look alternatives. Jamie used his Iron Man puppet to strike the "sister puppet" repeatedly. Jamie explained that his sister always "takes my stuff and breaks it!" I worked with Jamie on how to use his "words" and ignore his sister and seek help from trusted adults; by the end of the session, Jamie was able to role play alternative positive outcomes with the puppets. Plan is to work with mother on reinforcing Jamie's verbalization at home.  

-------- Joe Staff, BSW, 1234
Review: Crisis Intervention

9 CCR §1810.209

a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy....

CPT staff claim 90839 first 60 mins. Add-on code: 90840 each additional 30 mins

HCPC User: H2011

Crisis Intervention Example

Received urgent phone call from caregiver outside of prescheduled appointment secondary to the Shona "blowing" out. Shona is at immediate risk of losing foster care placement due to threats of property destruction, self-harm and harm to others. Worked with caregiver on how to redirect Shona and model calm behavior. Briefly practiced interventions. Intervention proved effective; caregiver was able to deescalate Shona. Plan is to have follow-up at clinic tomorrow. Provided caregiver with interim safety plan---------- Joe Staff, LSW, 1234

Pain Points: in Crisis Intervention

• Cannot claim for hours of Crisis Intervention in Emergency Rooms.

• Can only claim for time spent on well documented intervention!
Review: Collateral

9 CCR §1810.206

A service activity to a significant support person in a beneficiary's life for the purpose of meeting the needs of the beneficiary in terms of achieving the goals of the beneficiary's client plan. Collateral may include but is not limited to consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the beneficiary, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s). The beneficiary may or may not be present for this service activity.

Rehab users should always bill H2015

Collateral (Individual) Example

Reviewed with caregiver (Ms. Romero) "Parent's Game" on how to effectively communicate with her son, Matteo. Used Parent Handouts to say exactly what she means, look directly at Matteo, using a firm, but pleasant voice emphasizing "do" directions and avoiding "don't" directions. Developed behavioral star charts with targeting positive behaviors using concrete goals and how to incorporate intermittent reinforcement to prolong positive change.----Jane Staff, MORS

Review: Group Notes

9 CCR §1840.314 and §1840.316

- Contacts with significant support persons in the client's life are directed exclusively to the mental health needs of the client.
- When services are being provided to or on behalf of a client by two or more persons at one point in time, each person's involvement shall be documented in the context of the mental health needs of the client.
- When a person provides service to or on behalf of more than one client at the same time, the person's time must be prorated to each client. When more than one person provides a service to more than one client at the same time, the time utilized by all those providing the service shall be added together to yield the total claimable services. The total time claimed shall not exceed the actual time utilized for claimable services.

CPT staff: 90853 for other than multiple-family group.
All other staff: HCPCS H2015
**Collateral Group Note Example**

**Name of Group:** Strengthening Families Caregiver Education Group  
**Group Goal:** Effective use of positive reinforcers versus punishment  
**No. Client’s in Group:** 7  
**No. of Staff:** 1  

**Today’s Focus:** Educating caregivers on positive parenting using effective communication and assertive discipline including limit-setting and role-modeling.

**Client Response (include client’s behaviors/target symptoms/level of participation/clinical intervention):**  
This staff member worked with Jamie’s mother, Alice in role-modeling ignoring misbehavior and rewarding Jamie’s positive behaviors. Alice stated she used shame to gain compliance. Plan is for Alice to dedicate 15 minutes of quality time with Jamie each day and practice these new skills replacing shaming for compliance.  
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*Jane Staff, MHRS*

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**Good Collateral Group Notes Example**

**Name of Group:** Strengthening Families Caregiver Education Group  
**Group Goal:** Educating caregivers how to use “do” statements and reinforce positive behavior activities by “ignoring” negative, unwanted behavior and rewarding positive behavior with role play, a written exercise and illustrations.  
**No. Client’s represented in Group:** 8  
**No. of Staff:** 1  

**Today’s Focus:** Use of “Do” statements to address Child Behavioral Problems  

**Client Response (include client’s behaviors/target symptoms/level of participation/clinical intervention):**  
Service provided in Spanish. Introduced caregivers to concepts of ignoring and rewarding. Jesus’s mother, Elsa admits using ineffective communication, resorting to yelling and intimidation. Worked with caregivers on how to identify their child’s “likes” and “dislikes” and use the “likes” as reinforcers. Elsa, shared that Jesus loves to listen to Rap and Hip-Hop music. Elsa agreed to a plan to preview music for positive messages and use positive song lyrics to download for Jesus as reinforcers.  
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*Jorge Staff, MFT, 1234*

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**What is wrong with this Collateral Group Note 1?**

**Name of Group:** Strengthening Families Caregiver Education Group  
**Group Goal:** Working with caregivers on de-stressing.  
**No. Client’s represented in Group:** 5  
**No. of Staff:** 2  

**Today’s Focus:** Taking breaks away from Children  

**Client Response (include client’s behaviors/target symptoms/level of participation/clinical intervention):**  
Staff member Jill Doe, LCSW introduced caregivers on identifying triggers of their stress. Shared with group members how their stress can result in negative physical outcomes and unintentional consequences. I worked with caregivers on progressive relaxation and breathing techniques. Madison’s mother states her job is a great source of her stress level and plans on asking other caregivers’ support group as a de-stressing activity.  
---  
*Joe Staff, MFT, 1234*
ANSWER: Problems with Group Collateral Note 1:

- Focus on Parent’s needs
- Not individualized
- Not linked to client
- At risk of disallowance even if linked since focus on caregiver, not client

What is wrong with this Collateral Group Note 2?

<table>
<thead>
<tr>
<th>Name of Group: Strengthening Families Caregiver Education Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Goal: Consulting and educating caregivers on intervention strategies</td>
</tr>
<tr>
<td>No. Client’s represented in Group: 8 No. of Staff: 2</td>
</tr>
<tr>
<td>Today’s Focus: Effective use of intervention techniques to address child’s behavior problems</td>
</tr>
<tr>
<td>Client Response (include client’s behaviors/target symptoms/level of participation/clinical intervention): Staff member Jill Doe, LCSW introduced caregivers the value of quality time and how to reinforce positive behaviors to replace misbehavior and avoid incidents of rewarding negative behavior. Scheduled alternative group meeting date due to this clinician’s planned vacation. ---Joe Staff MFT</td>
</tr>
</tbody>
</table>

ANSWER: Problems with Group Collateral Note 2:

- Not individualized specific to client
- No explanation what the second clinician did to justify 2nd staff claiming
- Billed for administrative activity (appointment Scheduled)
- No Licensed/Registered staff number
What is wrong with this Collateral Group Note 3?

<table>
<thead>
<tr>
<th>Name of Group: Strengthening Families Education Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Goal: Consulting and educating caregivers on effective communication skills.</td>
</tr>
<tr>
<td>No. Client’s represented in Group: 8 No. of Staff: 2</td>
</tr>
<tr>
<td>Today's Focus: Jill Doe, LCSW to focus on planned ignoring, clear, calm instructions, use of eye contact to gain attention. I will review last week's parenting homework assignments and outcomes.</td>
</tr>
<tr>
<td>Client Response (include client’s behaviors/target symptoms/level of participation/clinical intervention): Made copies of today’s parenting homework assignment and reviewed with caregivers last week’s parenting homework. Shared how timing, praise and repetition will reinforce positive behavior. Parents very receptive to new skills. Each parent successfully practiced and role modeled in group. Filed and faxed outcome reports to respective schools.</td>
</tr>
</tbody>
</table>

ANSWER: Problems with Group Collateral Note 3:

- Copying not claimable (Admin)
- Not Individualized (required in Regs)
- Filing and Faxing not claimable (Admin)
- No follow-up plan documented

What is wrong with this Collateral Group Note 4?

<table>
<thead>
<tr>
<th>Name of Group: Strengthening Families Caregiver Education Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Goal: We worked with 10 clients’ caregivers on how to better communicate with their children using effective communication skills.</td>
</tr>
<tr>
<td>No. Client’s represented in Group: 8 No. of Staff: 2</td>
</tr>
<tr>
<td>Today's Focus: Jill Doe, LCSW and I focused on planned ignoring, clear, calm instructions, use of proximity and attention. We also reviewed last week’s parenting homework assignments and outcomes.</td>
</tr>
<tr>
<td>Client Response (include client’s behaviors/target symptoms/level of participation/clinical intervention): In today's group we reviewed with caregivers last week’s parenting homework and provided individual feedback. We shared how timing, praise and repetition will reinforce compliance. Parents very receptive to new skills. Each parent successfully practiced and role modeled in group. We closed with a group activity that reinforced and modeled topics presented today.</td>
</tr>
</tbody>
</table>
ANSWER: Problems with Group Collateral Note 4:

- Number of Clients in group does not match.
- Each staff member's role not defined (coat-tailing)
- Not individualized or linked to this specific client.
- No Plan or Follow-up documented
- No staff License/Registration number

Example Good Collateral Group Note

Name of Group: Strengthening Families Caregiver Education Group
Group Goal: Instructing caregivers on Problem Solving intervention techniques to promote cooperation and their child following directions.

<table>
<thead>
<tr>
<th>No. Client's represented in Group: 9</th>
<th>No. of Staff: 2</th>
</tr>
</thead>
</table>

Today's Focus: Incorporating “Simon Says” game with praise to reinforce following directions. Staff member Jill Doe, LCSW to focus on educating caregivers how use “I” statements with firm, pleasant voice & clear directions to gain compliance. I will review last week’s parenting homework.

Client Response (include client’s behaviors/target symptoms/level of participation/clinical intervention):

Jamie’s mother, Alice had great difficulty in applying intervention concepts. Alice was easily frustrated with this exercise calling it “stupid and childish” exclaiming, “I don’t know how this is going to help Jamie!” Plan is to continue to work with Alice on parenting homework and track any behavioral changes.

Collateral Group Note Checklist

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Include Significant Support Person</td>
</tr>
<tr>
<td>2.</td>
<td>Focus is exclusively on the client’s benefit &amp; address Medical Necessity</td>
</tr>
<tr>
<td>3.</td>
<td>Count the Number of clients represented in the group regardless of funding stream</td>
</tr>
<tr>
<td>4.</td>
<td>Individualize, not generalize. Include client’s specific Medical Necessity.</td>
</tr>
<tr>
<td>5.</td>
<td>Each staff claiming has a documented non-duplicative role.</td>
</tr>
</tbody>
</table>
Do’s and Don’t EVER!
Progress Note Guidance

Do’s
- Include time, date, type of contact
- Include all contacts
- Brief, succinct
- Include behavior being addressed or mitigated
- Include intervention or action
- Include follow-up plan or next step
- Signed (electronically okay)
- Consult with supervisor when in doubt

Don’t EVER…
Disallow Claiming for:
- Transport
- Providing Mental Health Services to a person other than the client
- Clerical Activities (filing, copying, faxing)
- Making an Appointment
- Translating or Interpreting
- Researching a topic or intervention
- Recreation or Vocational Intervention/Training
Contacting SCC Quality Improvement

The Quality Improvement Program oversees program compliance to all local, State, and Federal Guidelines for quality of care, certification, and utilization management.

**Phone** 1 (408) 793-5894

Questions?

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