

# Progress Notes Training Packet



## Service Types

**“Targeted Case Management”** (Case Management/ Brokerage/Linkage/Placement) means services that assist a client to access needed medical, educational, social, pre-vocational, 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 client access to service and the service delivery system; monitoring of the client’s progress; placement services; and plan development.

**\*“Intensive Care Coordination” (Targeted Case Management for Katie A clients)** means facilitating assessment of, care planning for and coordination of services, including urgent services. Includes assessment related to action planning and development/revision of action plans, referral, linkage, monitoring and transition activities that address the use of natural and community supports.

**“Collateral”** means a service activity to a significant support person in a client’s life with the intent of improving or maintaining the mental health status of the client. The client may or may not be present for this service activity.

**“Rehabilitation”** means a service activity which includes assistance in improving, maintaining, or restoring a client’s or group of clients’ functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.

**\*“In Home Behavioral Support” (Mental Health Rehabilitation Services for Katie A clients)** means intensive, individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with functioning and assist in building skills and developing replacement behaviors necessary for success at home and in the community.

**“Assessment”** means a service activity which may include a clinical analysis of the history and current status of a client’s mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.

**“Plan Development”** means a service activity which consists of development of client plans, approval of client plans, and/or monitoring of a client’s progress.

**“Therapy”** means a service activity which 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 clients and may include family therapy.

**“Medication Support Services”** means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of the client.

**“Crisis Intervention”** means a service, lasting less than 24 hours, to or on behalf of a client for a condition which requires more timely response than a regularly scheduled visit. Service activities may include but are not limited to assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who are not eligible to deliver crisis stabilization or who are eligible, but deliver the service at a site other than a provider site that has been certified by the department or a Mental Health Plan to provide crisis stabilization.

(**Note:** To be reimbursable, service components must also meet Medical Necessity)

## Medi-Cal, SMHS (Specialty Mental Health Services) Service Component Examples

Activity that <b><u>IS</u></b> a Service Component	Service Component	Activity that <b><u>IS NOT</u></b> a Service Component
Refer and coordinate client's registration with the local youth center in order to increase client's socialization with peers.	Referral and Related Activities	Provide client with a list of TAY activity centers to call and look into.
Coached client on how to figure out a monthly budget on her own, while accompanying her to the bank.	Rehabilitation	Transport client to the bank to deposit her check.
Primary Therapist spoke with Clinician who facilitates the ongoing Depression Group that client attends to get an update on how client's doing in group.	Plan Development	Spoke with referring Primary Care Physician to inform him that client was evaluated and does not meet criteria for this program.
Model effective communication skills for client during community outing to the park.	Rehabilitation	Take clients to the park for exercise.
Speak with client at graduation venue prior to ceremony about the gains she's made throughout her treatment as part of the therapeutic termination process.	Therapy	Attend client's high school graduation.
At the market, led client in practicing the steps involved in obtaining groceries for himself.	Rehabilitation	Go grocery shopping with client.
Meet with client's Foster Mom to teach her how the behavior chart works and help her to practice implementing it for client.	Collateral	Have breakfast with client's mother to build a rapport with her.
Assist client with employing relaxation techniques to help reduce anxiety while utilizing public transportation.	Rehabilitation	Accompany client to her DPSS appointment using public transportation.
Administer psychological tests to evaluate whether client's behavioral symptoms are due to mental illness or are more organic in nature.	Assessment (MHS)	Provide monthly report to DCFS per their request on client's mental status.
Facilitated current events group, assisting clients with increasing their focus on external stimuli and verbal interaction with others.	Rehabilitation	Talk to client about current events.
Complete a community college verification of disability form to assist client in getting back into school and resuming his education based on a TCM evaluation.	Referral and Related Activities	Complete client's application for Social Security benefits based on a request from DPSS.
Demonstrate different relaxation techniques and how they might benefit client helping to reduce his anxiety.	Rehabilitation	Research different relaxation techniques for clients.
Redirect client from verbally abusive language toward another client during group and facilitate insight oriented discussion regarding the impact of the abusive language.	Therapy	Remind client of the no profanity rule during group.

## Targeted Case Management vs. Rehabilitation

### TCM (T1017)

#### Service Components:

- Assessment
- Plan Development
- Referral and Related Activities
- Monitoring and Follow-up

#### What it is:

- Services to assist client in accessing needed **ancillary services** (i.e. medical, dental, alcohol/drug treatment, educational, social, prevocational, rehabilitative, or other community services)
- Services include **linkage and consultation, placement, and plan development**

#### Requirements:

- Justify need for TCM service based on the client's mental health symptoms/impairments
- Evaluating for needs, planning, referral, and progress
- Assisting client in gaining access to services and plan coordination when linking client to services and monitoring progress
- Ensuring TCM services are being furnished in accordance with client treatment plan
- Evaluating the adequacy of services/resources and adjusting plan accordingly

#### TCM activities:

- Locating and securing appropriate resources
- Monitoring the client's access to services
- Monitoring the client's progress once access has been established

#### Key words when writing TCM note:

Refer to **Active Verbs/Phrases that Can Be Used to Document Targeted Case Management (TCM) Service Interventions**

### Rehabilitation (H2015)

#### A Component of Mental Health Services:

- Assessment
- Plan Development
- Therapy
- **Rehabilitation**
- Collateral

#### What it is:

- A service delivered to a client to provide assistance in improving, maintaining, or restoring the client's functional, daily living, social and leisure, grooming and personal hygiene, or meal preparation skills, or his/her support resources
- Service activity provides assistance in restoring, improving, and/or preserving a client's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation

#### Requirements:

- Must provide assistance in restoring, improving, or preserving the client's functional level (i.e. **skill building**)
- Focus should be on **teaching skills**, not doing the skill/activity for the client

#### Rehab activities:

- **Teaching** the client social skills/communication skills/problem-solving skills/relaxation skills/anger management skills/assertiveness skills to promote self-sufficiency
- Prompted the client to use healthy coping skill (e.g. deep breathing) to self-regulate while doing an activity

#### Key words when writing a Rehab note:

Refer to section on Rehabilitation in **Active Verbs/Phrases that Can Be Used to Document Mental Health Services (MHS) Interventions**

## Intervention Phrase Examples

- acknowledged client's need for improvement in ...
- actively listened
- allowed client to openly express
- asked client to be mindful of
- asked exploratory, Socratic, open-ended, directed, feelings-related questions regarding
- assessed client's mood by asking questions related to/about
- assisted client in
- brought to client's attention
- checked in with client
- clarified the expectations for; asked for clarification around
- collaborated on/with
- congratulated client
- continually checked for appropriateness during
- demonstrated patience around...
- directed the client
- discussed client's current behavior, coping skills, triggers, treatment plan
- empathized with
- encouraged client to express/use mindfulness/make alternative behavioral choices about
- engaged in a feelings-related conversation
- established clear boundaries
- explicitly stated and had client repeat for clarity
- explored client's underlying feelings about
- expressed concern/cautioned about client's words/actions/behaviors
- facilitated a conflict resolution/conversation between
- followed up with/on
- frequently checked back with client for the duration of the activity for
- granted client's request...
- guided the client in a role play/ role-played the situation so that client could experience different outcomes
- helped client achieve goal #\_\_ by; create a behavioral contract
- identified triggers, coping skills, boundaries...
- informed
- initially used planned ignoring so as not to positively reinforce the negative behavior but then...
- isolated/insulated client from the situation and used active listening to
- made plans for client's next interaction
- modeled various reactions to

## **Additional Intervention Phrases That Specifically Support the Core Practice Model**

- Identified and encouraged replacement behaviors such as...
- Provided psycho-education about...
- Aimed at reducing symptoms including...
- Created behavior plans about/for the purpose of...
- Developed functional skills such as... to address impairment(s) including...
- Provided collateral consultation to \_\_\_ about....
- Worked within a child and family centered framework
- Reaches out to informal supports
- Demonstrates cultural competency
- Promotes permanency and stability
- Safety
- Promotes well-being
- Teaming
- Family voice
- Child and Family Team
- Care Coordination
- Individualized
- Strengths Based
- Sustainability
- Permanency
- Connectedness
- Family Focused
- Culturally Respectful
- Needs driven
- Skills building
- Build trust
- Encourage transparency

## ACTIVE VERBS/PHRASES THAT CAN BE USED TO DOCUMENT INTENSIVE HOME BASED SERVICES (IHBS) INTERVENTIONS

**\*This is not an exhaustive list**

Rehabilitation:	Collateral:
Assisted client with restoring/improving/preserving functioning in...(communication, daily living, etc.)...by...	Assisted significant support person in/with ... to support client...
Assist client with acquiring and improving/mastering ...skill...	Assist significant support person with acquiring and improving/mastering ...skill...
Assisted client in/with...by developing skills in...	Built capacity in ...skill to support client with...
Built capacity in ...skill...	Clarified skills building technique
Clarified skills building technique...	Coached significant support person...
Cued...	Demonstrated...
Demonstrated...	Developed ...(strategies) with significant support person to support client with...
Developed ...(strategies) with client to address ...	Educated/informed significant support person...
Discussed...	Encouraged significant support person to assist client in...
Directed/redirected...	Enhanced knowledge on...
Educated/expained/informed...	Expanded knowledge on...
Encouraged...	Explained ... to significant support person...
Enhanced self-sufficiency by...	Follow up on...
Enhanced self-regulation by...	Gave/provided feedback...
Expand knowledge on...	Guided significant support person...
Established boundaries/set limits...	Helped significant support person develop skills in...for...
Focused/refocused...	Instructed...
Follow up on...	Led significant support person in practicing...
Gave/provided feedback...	Modeled...
Guided...	Observed...
Helped client develop skills in...for...	Recommended...
Instructed...	Reinforced...
Led client in practicing...	Reviewed skills/techniques...
Modeled...	Role-played...
Observed...	Sought clarification of client progress and/or understanding of client condition or skills/technique...
Recommended...	Taught significant support person in ... skill...
Reinforced...	Trained significant support person in ... skill...
Reviewed skills/techniques...	Worked on...
Role-played...	
Skill Building in ... (advocacy/assertiveness training, conflict resolution, relaxation techniques, etc.) ... to/for...	
Sought clarification of client progress and/or client understanding of skills/technique...	
Taught...skill...	
Trained...	

## ACTIVE VERBS/PHRASES THAT CAN BE USED TO DOCUMENT MENTAL HEALTH SERVICES (MHS) INTERVENTIONS

**\*This is not an exhaustive list**

Assessment:	Plan Development:
Assessed for ... (risks, strengths, trauma, etc.)	Clarified plan...
Analyzed...	Coordinated...
Completed assessment...	Created/Developed plan for ... (issues) (describe plan)
Conducted assessment...	Discussed planning...
Determined...	Established plan for...
Evaluated...	Evaluate effectiveness of plan...
Gathered history...	Explored plan options...
Gathered information...	Focused/refocused on planning...
Reviewed...	Gave feedback on plan...
Tested...	Helped client redefine plan...
	Modified/adjusted plan...
	Monitored adherence to plan recommendations...
	Planned for...
Rehabilitation:	Collateral:
Assisted client in/with...by developing skills in...	Assisted significant support person in/with ... to support client...
Clarified skills building technique...	Clarified skills building technique
Cued...	Coached significant support person...
Discussed...	Demonstrated...
Directed/redirected...	Educated/informed significant support person...
Educated/explained/informed...	Encouraged significant support person to assist client in...
Encouraged...	Expanded knowledge on...
Established boundaries/set limits...	Explained ... to significant support person...
Focused/refocused...	Follow up on...
Follow up on...	Gave/provided feedback...
Gave/provided feedback...	Guided significant support person...
Guided...	Helped significant support person develop skills in...for...
Helped client develop skills in...for...	Led significant support person in practicing...
Led client in practicing...	Modeled...
Modeled...	Observed...
Observed...	Recommended...
Recommended...	Reinforced...
Reinforced...	Reviewed skills/techniques...
Reviewed skills/techniques...	Role-played...
Role-played...	Sought clarification of client progress and/or understanding of client condition or skills/technique...
Skill Building in ... (advocacy/assertiveness training, conflict resolution, relaxation techniques, etc.) ... to/for...	Taught significant support person in ... skill...
Sought clarification of client progress and/or client understanding of skills/technique...	Trained significant support person in ... skill...
Taught...skill...	Worked on...

## ACTIVE VERBS/PHRASES THAT CAN BE USED TO DOCUMENT MENTAL HEALTH SERVICES (MHS) INTERVENTIONS

**\*This is not an exhaustive list**

Therapy:

Addressed client's concerns...	Identified themes...
Addressed worries/fears...	Identified triggers...
Assigned task/homework...	Implemented...to address...
Assisted client in/with...by...	Interpreted... (thoughts, themes, etc.)
Challenged beliefs/thoughts...	Investigated...
Clarified/Sought clarification of...	Led client in practicing...
Collaborated with...on...	Listed client's... (concerns, strengths, behaviors, etc.)
Connected comments about...with...	Modeled...
Confronted...	Modified (increased/decreased/adapted/adjusted)...
Contracted for...	Monitored...
Coordinated...	Observed...
Created...	Obtained...
Cued...	Probed...
De-escalated...	Processed...
Developed strategies for... (issue) (describe strategies)	Problem solved...
Developed behavioral program for... (issue) (describe program)	Provided...for...
Discussed...	Provided a corrective social experience...
Directed/Redirected...	Provided feedback...
Educated/informed...	Recommended...
Elicited...	Redefined...
Encouraged...	Referred to...(clinical strategies) for...
Established boundaries...	Reflected...
Established connections between...	Reframed...
Examined benefits/consequences (pros/cons)...	Reinforced...
Explained...	Responded to...
Explored... (e.g. history, trauma, risks, cognitions, self-defeating life patterns and beliefs, pros and cons, etc.)	Restated...
Explored options in/for...	Reviewed...
Evaluated...	Role-played...
Facilitated...	Set limits...
Focused/refocused on...	Skill building in... (assertiveness training, relaxation training, etc.)...to/for...
Follow-up on...	Summarized...
Gave feedback...	Supported...by...
Guided...	Taught...skill...
Helped client develop/increase awareness...by...	Tracked...
Helped client develop skill in...for...	Used/utilized... (therapeutic technique-such as desensitization, imagery/visualization, silence, etc.) to/for...
Helped client redefine...	Verbalized...
Identified...	Worked on...

## ACTIVE VERBS/PHRASES THAT CAN BE USED TO DOCUMENT INTENSIVE CARE COORDINATION SERVICES (ICC) INTERVENTIONS

### \*This is not an exhaustive list

Planning and Assessment of Strengths & Needs:	Re-Assessment of Strengths & Needs:
<b>ASSESSING:</b>	Approved updated plan with CFT members...
Analyzed...	Clarified/created/developed updated plan...
Assessed/evaluated needs for...	Completed/updated needs reassessment...
Assessed/evaluated strengths...	Contributed new information on ... during CFT Meeting...
Assessed/evaluated available resources...	Determined if changes are necessary to address new needs...
Assessed/evaluated available support networks...	Discussed needs and strengths identified in CANS tool to develop or enhance plan...
Completed needs assessment...	Discussed new needs and strengths/gains...
Contributed/provided needs assessment information about ... during CFT Meeting...	Established need for continuation of ICC services...
Determined...	Established plan to address new need...
Discussed needs and strengths identified in CANS tool to develop plan...	Modified/adjusted plan...
Elicited information on needs from CFT Members...	Reassessed/reevaluated needs and strengths...
Established need for ICC services...	Reassessed/reevaluated available resources...
Gathered history...	Reassessed/reevaluated available support networks...
Gathered information...	Refined plan...
Identified needs/underlying needs...	Revised plan...
Identified strengths & protective factors/behaviors...	
Reviewed...	<b>(refer to Planning and Assessment of Needs and Strengths for additional verbs/phrases)</b>
<b>PLANNING:</b>	
Aligned/Approved plan with CFT members...	
Clarified plan...	
Coordinated...	
Created plan...	
Developed plan for...	
Developed strategies for...	
Discussed planning...	
Established plan for...	
Explored plan options...	
Explored barriers in plan and with adherence...	
Formulated positive intervention strategies...	
Focused/refocused on planning...	
Gave feedback on plan...	
Helped client redefine plan...	
Informed of ... to develop plan...	
Participated in CFT Meeting by...	
Planned for...	
Prioritized needs to be addressed...	

## ACTIVE VERBS/PHRASES THAT CAN BE USED TO DOCUMENT TARGETED CASE MANAGEMENT (TCM) SERVICE INTERVENTIONS

**\*This is not an exhaustive list**

Assessment:	Referral & Related Activities:
Analyzed...	Assisted client in/with...by...
Assessed/evaluated needs for...	Coordinated linkage to ancillary services...
Assessed/evaluated available resources...	Coordinated linkage to community resources...
Assessed/evaluated available support networks...	Coordinated placement...
Completed needs assessment...	Discussed options in resources...
Determined...	Educated and informed about resource...
Established need for or continuation of TCM services...	Encouraged use of/engagement in...(linkage/referral)...
Gathered history...	Established communication between client and (resource)...
Gathered information...	Established connections between client and (resource)...
Identified needs/potential needs...	Facilitated client linkage to referral...
Re-Assessed/re-evaluated needs for...	Implemented needs plan...
Re-Assessed/re-evaluated available resources...	Linked client to...(resource) to address...(need)...
Re-Assessed/re-evaluated available support networks...	Obtained ... to address ... need...
Reviewed...	Referred client to...(resource) to address...(need)...
Plan Development:	Monitoring & Follow Up:
Approved plan...	Adjust/modify/refine/rework plan...
Clarified plan...	Arranged services with providers after a change in the CTP...
Coordinated...	Clarified progress of plan...
Created plan...	Evaluated effectiveness of plan to meet needs...
Determined if changes are necessary to plan...	Follow-up to ensure plan is appropriately implemented...
Developed plan for...	Follow-up to monitor if plan addresses client needs...
Discussed planning...	Gave/Provided feedback...
Established plan for...	Monitored client's response with plan...
Explored plan options...	Monitored adequacy of the plan...
Explored barriers in plan and with adherence...	Monitored adherence with the CTP...
Focused/refocused on planning...	Recommended...
Gave feedback on plan...	Reviewed...
Helped client redefine plan...	Summarized...
Integrated strengths to expand on plan...	Tracked progress in plan...
Modified/adjusted plan...	
Monitored client's progress to revise plan...	
Planned for...	
Refined plan...	
Revised plan...	
Updated plan...	

## ACTIVE VERBS/PHRASES THAT CAN BE USED TO DOCUMENT INTENSIVE CARE COORDINATION SERVICES (ICC) INTERVENTIONS

**\*This is not an exhaustive list**

Referral, Monitoring & Follow Up:	Transition:
<b>REFERRAL</b>	Adjust/modify transition plan...
Advocated...	Clarified information/progress to transition...
Assisted client in/with...by...	Coordinated transition plan with CFT members...
Coordinated linkage to ancillary services...	Determined status of transitioning from formal services...
Coordinated linkage to community resource...	Determined status of transitioning level of care...
Coordinated placement...	Developed transition plan to address change with...
Educated and informed about resource...	Developed transition plan with CFT members...
Encouraged use of/engagement in...(linkage/referral)...	Developed transition plan to ensure safety and effective use of informal supports and community resources.
Established communication between client and (resource)...	Discussed natural supports and community resources in place to support client and family...
Established connections between client and (resource)...	Ensured that any referrals for continued care are in place and working before transition is completed...
Facilitated client linkage to referral...	Evaluated progress of transition plan to meet needs...
Implemented needs plan...	Gave/Provided feedback...
Linked client to...(resource) to address...(need)...	Identified and discussed effectiveness of resources in place for client & family to transition...
Obtained ... to address ... need...	Identified ways to maximize community/external resources...
Referred client to...(resource) to address...(need)...	Informed of progress to transition...
<b>MONITORING &amp; FOLLOW UP:</b>	Prepared for changes in advance and provided strategies to manage the changes...
Adjust/modify/refine/rework plan with CFT...	Recommended...
Arranged services with providers and support network after a change in the CTP...	Reviewed strengths and external resources...
Clarified progress of plan...	Reviewed/clarified gains and progress...
Evaluated effectiveness of plan to meet needs...	Strategized for change...
Follow-up to ensure plan is appropriately implemented...	Summarized...
Follow-up to monitor if plan addresses client needs...	
Gave/Provided feedback...	
Monitored client response with plan...	
Monitored adequacy of the plan...	
Monitored adherence with the CTP...	
Recommended...	
Reviewed...	
Summarized...	
Tracked plan progress...	

## Billing for Multiple Staff

***Multiple staff can be billed for when one of the below three conditions are met:***

### Safety

1. In crisis situations when the threat of danger to self or others has deemed the need for multiple staff in order to reduce the risk of harm to any persons involved. The risk involved to meet this criteria is above and beyond day-to-day workings with clients and is limited to circumstances in which staff do not have the environmental support that would usually maintain safety, i.e. responding to a crisis call in which a client is threatening the safety of his/her family)
2. In situations when client history deems it clinically necessary to double staff in order to maintain safer circumstances such as reducing the risk of AWOL and/or aggressive acts. This must be indicated within client's tx plan, and a statement of explanation for the justification of two staff should be included at the start of the note.
  - a. The tx plan should be regularly reviewed to determine if double staffing remains a necessity and documentation of the client's progress should be noted to determine the (in)effectiveness of this support.

### Meetings

1. For client-based meetings that involve multiple parties (IEPs, TDMs, and CFTs) multiple staff can bill so long as their contribution to the meeting is active, results in providing unique information from their perspective and is not a passive participation where listening to the information being presented is the essential role.
  - \* *Typically, two staff, but three staff may bill for Katie A ICC Child and Family Team Meetings*
2. All billable staff are to clearly define the unique nature of their involvement by co-authoring the note and "signing off" on the documentation for accountability and to ensure accuracy of reporting.
3. All billable staff must to be present for the entire time billed.

### Group Notes

1. When providing therapy or rehabilitation to multiple clients, multiple staff can be listed on the documentation.
2. It is not necessary to define individual roles in this type of documentation, but both billing staff need to be present throughout the entire duration of the group. Their presence needs to possess a clinical relevance and they must participate continually throughout the duration of the session.

## **How to Best Document Travel Time: Frequently Asked Questions**

### **1. Can I bill travel time for time I spent in the car with my client while my client was asleep/reading/staring out the window?**

Any minutes spent with client when no interventions are provided should be reflected by non-billable time: even if service is occurring during a drive (client is sleeping, listening to music, playing on iPod). We cannot bill for travel even if no other direct interventions are occurring. Travel time accounts only for the minutes you spend traveling to a location, alone, to provide a service. Any time spent with the client/family is either billable or non-billable service time.

### **2. How do I account for travel time if I drove from home to provide my service?**

When driving from “home” staff should reflect travel as if they had driven from their home site office and only bill for travel as if it had originated from their office.

### **3. What if two staff have to travel to the same location, but have different travel times (and authorship on the note is shared)?**

The primary author of the note should bill for the average travel time of the two staff. Remember that the travel time entered in the note will be portioned out to each billing staff.

## **List of non-billable service examples (NOT an exhaustive list):**

→ *Keep in mind: When determining if a note is “billable” or “non-billable,” don’t think about the funding stream. Instead, think about the kind of service you are providing.*

- Researching resources, programs, etc. that can be potentially used for the benefit of other clients (and/or is considered professional development for staff)
- Sending, leaving and/or receiving messages, email, faxes, texts (Skype, however can be billable)
- Writing letters
- Scheduling meetings, arranging for transportation
- Completing non-clinical documentation (episode open/close, client registration, letters to staff/clients, etc.)
- Contact with clients or caregivers that only results in administrative gains or only includes administrative functions (i.e. scheduling, cancellations, obtaining contact information, etc.)
- No-shows (i.e. driving to the client’s home/school/etc. and not being able to provide service to a client or their caregiver)
- Supervision with either a licensed or an unlicensed person
- Creation of assessment tools like Genograms, Eco-maps, Fit Circles, etc. without family/client participation
- When client is in a psychiatric hospital (until time of release in Santa Clara, except day of discharge in San Francisco)
- When client is in juvenile hall, until time of release
- Reading “non-clinical” documents, including IR’s
- Writing IR’s and CPS reports
- Reading one’s own clinical documents
- Anytime the worker is with the client and/or caregivers and unable to provide intervention that relates directly to the target behavior (i.e. when a client is sleeping, during a restraint, when the client is in the quiet room, or when the service is unrelated to the Tx goals)
- Anytime the services are purely medical, recreational or educational in nature
- Translation/interpretation services
- Recreational activity that isn't clearly tied to treatment goal(s) or mental health support
- Writing referrals (filling out referral forms and not developing/updating clinical info)

# What Is Reimbursable and What Is Not?

*Some required tasks are just part of the job, and cannot be claimed to Medi-Cal for Reimbursement.*

## Vocational Examples

Reimbursable	Non-Reimbursable
<ul style="list-style-type: none"> <li>Assist the client in considering how the Boss' criticism affects him/her and strategies for handling criticism.</li> </ul>	<ul style="list-style-type: none"> <li>Visiting a client's job site to teach him/her a job skill.</li> </ul>
<ul style="list-style-type: none"> <li>Responding to the employer's call for assistance when the client is in tears at work because client is having trouble learning a new cash register (self-regulate and concentrate on the task of learning the new skill).</li> </ul>	<ul style="list-style-type: none"> <li>Providing hands-on technical assistance to the client regarding how to use a computer.</li> </ul>

## Educational Examples

Reimbursable	Non-Reimbursable
<ul style="list-style-type: none"> <li>Sitting with a client in a Community College class the first time and debriefing the experience afterward.</li> </ul>	<ul style="list-style-type: none"> <li>Assisting the client with his/her homework.</li> </ul>
<ul style="list-style-type: none"> <li>Assisting the client with the arithmetic necessary to help him/her manage their household budget.</li> </ul>	<ul style="list-style-type: none"> <li>Teaching a typing class on site at an adult residential program in preparation for entry to a formal job training program.</li> </ul>
<ul style="list-style-type: none"> <li>Assisting a client to find tutorial help in English.</li> </ul>	<ul style="list-style-type: none"> <li>Teaching an English class/typing class.</li> </ul>

## Recreational and Socialization Examples

Reimbursable	Non-Reimbursable
<ul style="list-style-type: none"> <li>Helping the client improve his/her communication skills during a recreational activity.</li> </ul>	<ul style="list-style-type: none"> <li>Playing basketball with the client or taking them to the beach.</li> </ul>
<ul style="list-style-type: none"> <li>Helping the client learn better social skills so he/she will be better able to interact with people.</li> </ul>	<ul style="list-style-type: none"> <li>Playing cards or any other games with a client or groups of client.</li> </ul>

## Other Non-Reimbursable Activities

Non-Reimbursable
<ul style="list-style-type: none"> <li>Travel time between two provider sites (two billing providers).</li> </ul>
<ul style="list-style-type: none"> <li>Explaining:               <ul style="list-style-type: none"> <li>HIPAA &amp; obtaining signature</li> <li>Consent for Treatment &amp; obtaining signature</li> <li>Advanced Health Care Directive &amp; obtaining signature.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Completing face sheets for opening clinical record.</li> </ul>
<ul style="list-style-type: none"> <li>Translation/Interpreter service.</li> </ul>
<ul style="list-style-type: none"> <li>Supervision time.</li> </ul>
<ul style="list-style-type: none"> <li>Services after the death of a beneficiary (client).</li> </ul>
<ul style="list-style-type: none"> <li>Leaving a note on a door or making a phone call from the location.</li> </ul>
<ul style="list-style-type: none"> <li>Scheduling or re-scheduling an appointment.</li> </ul>
<ul style="list-style-type: none"> <li>Phone calls to remind clients of appointments, including leaving a message on an answering machine.</li> </ul>
<ul style="list-style-type: none"> <li>Faxing, copying, emailing, and other clerical activity.</li> </ul>
<ul style="list-style-type: none"> <li>Completing SSI applications.</li> </ul>
<ul style="list-style-type: none"> <li>Transportation services.</li> </ul>
<ul style="list-style-type: none"> <li>Payee related services.</li> </ul>
<ul style="list-style-type: none"> <li>Conservatorship investigation.</li> </ul>
<ul style="list-style-type: none"> <li>Missed appointments (and no services provided).</li> </ul>
<ul style="list-style-type: none"> <li>Home or personal care services performed for the client.</li> </ul>

## Caseload Time Blocking

Arrange your schedule according to client or parent schedules. Plug in paperwork time around already determined schedule & map out for the week. Here are some examples of time organization and management

8:00- 12:00 Mornings	12:00- 3:00 Early Afternoon	3:00-6:00 Evenings
-non-working parents -Preschool kids - school observations - independent study Collaterals <ul style="list-style-type: none"> <li>• P.O</li> <li>• Social workers</li> <li>• Doctors</li> </ul>	- Modified school days - School observations - Transport/ linkage	- Traditional schools - Working parents - After-school meetings

Example:

1. Make a task list for things to do if a client/collateral cancels: closing paperwork prep prior to final session, assessments, collaterals, back-up client, or ask someone if they need assistance with transport etc...
2. Who is available in the mornings?
3. What parents can I meet with regularly as part of family therapy?
4. Estimate # of contacts per week needed and time.
  - ✓ School visits/ Meetings-teachers, school counselors
  - ✓ Parent Education/ self-regulation- while child is at school
  - ✓ Weekly contact with P.O. and SW

8:00- 12:00 Mornings	12:00- 3:00 Early Afternoon	3:00-6:00 Evenings
<b>Monday</b> 10 am Tommy- Parent Visit (2 Hrs.)	12:30pm- school visit- Sally (1:45) 3:00- ART transport (1 hour)	3:45- Renaldo- ind + family (2 hrs.)
<b>Tuesday</b> 8:30am Notes 10 am Benny collateral PO & parent (10:30)  11am school visit Tommy (lunch- observation/ skill building)	12:00 am Parent (lunch meeting) (1:27)  1:30-2:30 complete assessment Tommy/ review chart	3:00- Bill- Pick up from school (1:15) 4:30-Paula- Individual/ sibling- House rules (1:30)

**Generally, 3 client contacts per day with collateral will help you achieve 65%**

## Activity 1: Planning a session

Susie's parents are separated and there is a history of domestic violence in the relationship. Father has been absent most of client's life due to imprisonment and substance abuse. Susie has been removed from her biological mother and placed in foster care after CPS substantiated allegations of severe neglect. Susie is 9 years old.

Susie presents as irritable, cries, has temper tantrums lasting 45 minutes and engages in power struggles. She is easily angered, hypervigilant, has a heightened startle response, and avoids males. There will be times when she takes 3-4 baths a day for a couple of weeks and then won't take a bath again for 3 weeks to 2 months. She does, however, change her clothes frequently. Client also exhibits a high amount of anxiety and difficulty trusting.

At school, she is hyperactive, impulsive, interrupts conversations, has difficulty sustaining attention, and avoids schoolwork. There are, however, times when she exhibits more success in completing work.

### Diagnosis

### Treatment Goals

### Skills to be addressed in Rehab sessions

### Interventions

### Activity 3: Note Practice:

#### Behavior

#### Interventions

#### Response

#### Plan

## **Activity 4: Case Management or Collateral?**

Read the following examples and determine which service type best fits:

### **Example 1**

This counselor (JP) greeted client and foster parents (FPs). JP engaged FPs in a discussion regarding concerns with client including phone use in the home and mood regulation. FP's stated that they saw "excessive phone use" as a distraction from homework and something that "triggers her bad mood." The FP's mentioned that phone use has increased from approximately 30 minutes to 3 hours per night. JP told FP's that client has self-reported increased anxiety and depression symptoms after a lot of time on the phone. FP's stated that they had just begun behavior modification chart for earned phone time only after periods of respectful communication and homework completion.

### **Example 2**

This counselor (JP) praised the client's mother's positive response to client's recent increased homework completion. JP acknowledged client's mother for giving stickers, verbal praise, and telling client aloud specific examples of desired behaviors (homework completion, respectful communication and using coping skills when frustrated, per client's treatment goal.) JP highlighted specific structural elements included into visits such as explanation of expectations prior to activities and development of reward systems for positive behavior, introducing client's mother to a potential video diary project in which to involve this client. JP highlighted the benefits of this project, naming the opportunity for the client to share the final product with family and friends in order to underscore the client's strengths and develop positive relationships with family. JP suggested that client's mother continue the positive reinforcement and reminded her that her own self-care (continued AA meeting attendance to support her sobriety, continued healthy eating, and healthy sleep hygiene) plays a key role in role modeling for client.

## Activity 5: Quality Over Quantity

**Read the following mental health document and “trim the fat.” What information is essential, not essential? Can you revise this 63 minute note into a more condensed version?**

Staff JP engaged with client about how court had went and apologized for making him wait so long. Client stated court was "alright" and also informed JP that he enjoyed re-connecting with some of the staff he had not seen at the Juvenile Justice Center since his release. JP informed client that he was glad client was able to re-connect with some of the staff and let them know how good he was doing. JP praised client for all the effort he has put into trying to get involved in different activities and giving another attempt in staying with his grandmother. JP reinforced to client that many of the staff members noticed his improvement and seemed proud to notice that he was doing better as evidenced by their encouragement. JP also informed client that the Judge seemed proud of client for being able to reach out for help when needed. JP congratulated client for staying on the right track and encouraged him to keep it up.

JP engaged with client about the plans that this JP had for client this afternoon which included participating in the Youth Radio program as agreed to the previous day. Client stated he did not want to go to Youth Radio because he was not going to get paid for it. JP validated client's feelings of wanting a financial motivation and informed client that although he would no get paid right away, he would receive his stipend immediately after his school placement is worked out. JP engaged with client about the commitment he had made with Youth Radio and how the program coordinator was really excited to have him in the program. JP continued to encourage client to give Youth Radio a try by praising him for his excellent interview that he had the previous day. JP informed client that this was a great opportunity for client as it would be a paid program and he would be allowed to use the studio throughout the week. Client stated he wanted to go to Youth Uprising because he was only interested in the studio time and wanted to start right away. JP aligned with client's feelings and agreed to transport him to Youth Uprising.

JP informed client that he had brought him the Hip-Hop CD that client had asked for. Client appeared excited as evidenced by the smile on his faced and asked this JP if he could play the CD in the car. JP provided proximity as client listened and analyzed the tracks. Client appeared amazed by the tracks on the CD as evidenced by his head bobbing to the music and the fist pump he gave this JP. JP engaged with client about the mix of tracks and asked client if the music fit his interests. JP also discussed with client the idea of the music being relaxing and calming to client and engaged briefly about how the rhythm made him feel. Client stated he would like to write verses to the music later on in the day on his own. JP validated client's feelings and expressed that he was glad client enjoyed the music.

JP engaged with client about the information client needed in order to join the Youth Uprising program and asked client if he would be alright with filling out the application the next day. JP also asked client if he had been keeping track of the schedule this JP and his therapist had made for him in order to keep him in a routine throughout the day. JP informed client about the plans for the next day, including transportation to client's assessments at the Juvenile Justice Center. JP informed client of the different details for the following day in order to give client something to look forward to in an effort to help relieve client's frustration. JP agreed to follow up with client the following morning about his transportation the Juvenile Justice Center.

## **Activity 6: Pretend YOU are the Note Approver...What Feedback Would You Give?**

Date of Service: 11/8/2013; Service Time: 9am-11am; Duration of Service: 120 minutes

### **Treatment Goals dated 03/24/2013**

#1 Joseph will begin accepting rules and limits placed on his behavior by the adults in his life.

#2 Joseph will work on understanding his emotions and on finding healthy ways to express anger and frustration to the people in his life.

**Service Plan Goal Addressed:** Staff will help Joseph work on understanding his emotions and on finding healthy ways to express anger and frustration to the people in his life.

(B) Joey appeared tired as he talked with me about the new martial arts class he started this morning. Client said some rude statements. Client talked mess about his martial arts teacher.

(I) Staff engaged in a lengthy conversation with client about his treatment goal. Staff actively listened to client. I asked client why he was so tired. I asked him if he thought his tiredness was related to the incident last night. I confronted him on his rude statements. I provided support and said, "That's great about your class homeboy!" I validated his feelings and role modeled appropriate conversation skills. Staff asked client open-ended questions. Client expressed that he did not believe staff when he said he would start a behavioral contract with him for going on an outing. Staff said, "Why don't you trust me?" Client said, "I don't trust anybody." Staff said, "Why not? So many people care about you like your mom, your uncle, and me." Joey answered, "Whatever." Staff validated her feelings and checked for accuracy. Staff told client that his treatment goals should be kept in mind and that he shouldn't play himself. Staff and client then had a conversation about last night's basketball game. Staff encouraged him to keep up with basketball. I told client he should really work on his coping skills to control all this anger within him. Joseph said, "Whatever. Leave me alone. You suck!"

(R) Client didn't meet his goal. Client said "Okay I will keep up with basketball." Client gave staff a side-hug. Client had a good evening and was in a good space after our talk.