CCC Training Manual

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State of Illinois
Community Mental Health Services
Service Definition and Reimbursement Guide

GROUP **B** SERVICE

Case management—Client-centered consultation

MEDICAID

Service definition:

An individual client-focused professional communication between provider staff, or staff of other agencies, or with other professionals or systems who are involved with providing services to a client.

Minimum staff requirement:

RSA

Example activities:

Face-to-face or telephone contacts (including scheduled meetings or conferences) between provider staff, staff of other agencies and child-caring systems concerning the client's status.

Contacts with a State-operated facility and educational, legal or medical system.

Staffing with school personnel or other professionals involved in treatment.

Administrative case review (ACR).

Notes:

Must be provided in conjunction with one or more group 2 mental health services.

Does not include advice given in the course of clinical staff supervisory activities, in-service training, treatment planning or utilization review and may not be billed as part of the assessment process.

Does not include direct intervention with the individual or their family.

Applicable populations

☑ Adults (21+) ☑ Adults (18-20) ☑ Children
☑ Specialized substitute care ☑ SASS

Allowed mode(s) of delivery

☑ Face-to-face ☑ Individual ☑ On-site
☑ Videoconference ☑ Off-site
☑ Telephone ☐ Group

Pre-service requirements

☑ Medical necessity ☑ Mental health assessment ☑ Treatment plan
☐ Prior authorization required

References

Rule: 59 *Ill. Adm. Code* 132.150(c)
HIPAA: Case management

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s) (1)	Modifier(s) (2)	Modifier(s) (3)	Place of service	Notes	Unit of service	Rate per unit of service
6R	T1016	TG			11	On-site; RSA	¼ hr.	$ 13.68
6R	T1016	TG			12	Home; RSA	¼ hr.	$ 15.87
6R	T1016	TG			99	Off-site; RSA	¼ hr.	$ 15.87
6M	T1016	HN	TG		11	On-site; MHP	¼ hr.	$ 16.65
6M	T1016	HN	TG		12	Home; MHP	¼ hr.	$ 19.31
6M	T1016	HN	TG		99	Off-site; MHP	¼ hr.	$ 19.31

CCC Training Manual

What is CCC?

1. SPECIFIC discussions with other providers and family about the client's progress in treatment
2. Consultation must be specific to and reference the treatment plan directly
3. The consultation is with collateral contacts ONLY and never involves the client in any way
4. Includes professional staff communication regarding a client's progress relative to the treatment plan
5. CCC can include communication with family regarding progress in treatment

What is NOT CCC?

1. NOT supervision
2. NOT utilization review
3. NOT part of the assessment process
4. NOT emailing, writing letters, faxing, or written correspondence
5. NOT scheduling and/or canceling of appointments
6. NOT documentation of services
7. NOT completing or discussion about completing a new or revised treatment plan
    a. Specific conversation about the **current treatment plan only**
    b. If the parties agree the plan is not meeting client needs CCC would stop and be documented
        i. A different service (ITP) would then be documented and provided

Requirements for Providing CCC:

1. CAN NOT be provided to any client prior to the completion of the mental health assessment
2. Must be identified and documented as a needed service in the mental health assessment or a reassessment
3. Must be a specific service on the client's individual treatment plan
4. Client CAN NOT be present during the discussion
5. Can ONLY be provided face-to-face or by telephone (does not include written correspondence or email/voicemail)
6. Amount/Frequency/Duration of CCC should reflect the client's severity of illness
7. **A progress note must be completed for each CCC service documenting the consultation completed with the collateral party present or by phone to discuss and process the client's progress toward achieving current treatment goals and/or objectives**
    a. **Must be based ONLY on the client's progress related to his/her <u>current</u> plan**
    b. **At the end of each session you must plan the steps identified that would improve the client's progress in meeting treatment goals/objectives**
    c. **Must identify and document in the note the discussion regarding client progress and the plan for changing treatment approaches in effort to improve client treatment outcome**

Examples of CCC:

Consulting, reviewing, discussing, updating, informing, collaborating (<u>these are the only allowed CCC activities</u>)

Key Words to Use in Progress Note Summary:

Consulted, reviewed, discussed, updated, informed, collaborated

CCC Training Manual

Key Words Not to Use in Progress Note Summary:

Only the above key words should ever be used when documenting CCC

SAMPLE SUMMARIES

Consulted w psychiatrist regarding client lack of progress in meeting and achieving Tx goals and objectives; explored barriers to progress and explored options for addressing the barriers and improving client Tx outcome; explored how therapy could be more effective and discussed best-practice approaches that could improve the client's Tx outcome; psychiatrist commented on adjustments they could make w medications to improve symptoms and improve outcome; reviewed current treatment plan and discussed changes and adjustments that would improve outcome and meet client preferences; collaborated on identifying changes to the treatment plan that would be explored w the client in the next session and completed

Completed consultation w treatment team regarding clt and discussed the progress made with treatment goals; talked about what was working and processed improvements in client functioning and mood; reviewed treatment plan and discussed the need to reduce the frequency of services to once per month as the client was demonstrating improvement; informed treatment team of some comments client made during the last session about stressors that impact mood and functioning; explored some coping and problem solving skills that could be taught and implemented to address/resolve stressors; updated treatment team on current treatment objectives being worked on in sessions

Completed consultation w client's guardian and received an update on how the client is functioning at home and in the community; reviewed what approaches were working w the client and the approaches that were not effective; discussed how the current treatment plan is meeting the client's needs and is helping the client move toward a more positive treatment outcome; informed the guardian about new issues client is discussing in session and talked about how the new issues might be taking away from the client's focus on current treatment objectives; collaborated on strategies to help keep sessions on task and the client working toward completing treatment goals

CI Training Manual

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3. **What is NOT CI?**
4. **Requirements for Providing CI**
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6. **Key words to use in the summary**
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8. **3 Examples of well written and focused summaries documenting CI services**

CI Training Manual

GROUP B SERVICE

Crisis intervention — **MEDICAID**

Service definition:

Activities or services provided to a person who is experiencing a psychiatric crisis that are designed to interrupt a crisis experience including assessment, brief supportive therapy or counseling and referral and linkage to appropriate community services to avoid more restrictive levels of treatment, with the goal of symptom reduction, stabilization and restoration to a previous level of functioning.

Notes:

May be provided prior to a mental health assessment and prior to a diagnosis of mental illness.

In certain settings, may be provided by more than one direct care staff person if needed to address the situation. All staff involved and their activities must be identified and documented.

Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.

Applicable populations

☑ Adults (21+) ☑ Adults (18-20) ☑ Children
☑ Specialized substitute care ☑ SASS

Allowed mode(s) of delivery

☑ Face-to-face ☑ Individual ☑ On-site
☑ Videoconference ☑ Off-site
☑ Telephone ☐ Group

Pre-service requirements

☐ Medical necessity ☐ Mental health assessment ☐ Treatment plan
☐ Prior authorization required

Minimum staff requirement:

MHP with immediate access to a QMHP

Example activities:

All activities must occur within the context of a potential psychiatric crisis.

Face-to-face or telephone contact with client for purpose of preliminary assessment of need for mental health services.

Face-to-face or telephone contact with family members or collateral source (*e.g.*, caregiver, school personnel) with pertinent information for purpose of a preliminary assessment.

Face-to-face or telephone contact to provide immediate, short-term crisis-specific therapy or counseling with client and, as necessary, with client's caretaker and family members.

Referral to other applicable mental health services, including pre-hospitalization screening. Activities include phone contacts or meeting with receiving provider staff.

Face-to-face or telephone consultation with a physician or hospital staff, regarding need for psychiatric consultation.

Face-to-face or telephone contact with another provider to help that provider deal with a specific client's crisis.

Consultation with one's own provider staff to address the crisis.

References

Rule: *59 Ill. Adm. Code* 132.150(b)

HIPAA: Crisis intervention

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s) (1)	Modifier(s) (2)	Modifier(s) (3)	Place of service	Notes	Unit of service	Rate per unit of service
10, 13	H2011				11	On-site	¼ hr.	$ 29.97
10, 13	H2011				12	Home	¼ hr.	$ 34.77
10, 13	H2011				99	Off-site	¼ hr.	$ 34.77
1A	H2011	HT			Any code from Appendix A	More than one direct care staff person is engaged and the services are delivered offsite in a setting that is not a hospital setting.	¼ hr.	$ 47.77

CI Training Manual

What is CI?

1. Addressing any psychiatric crisis as identified by the client, clinical staff, family, and others through:
   a. Assessing risk of suicidality, homicidality, stability, and/or ability to care for self
   b. Brief supportive therapy
   c. Providing resources and/or referrals to alleviate distress or symptoms
2. Returning the client to their previous level of functioning and/or referring the client to a level of care in effort to accomplish an increase in immediate functioning.
3. When in doubt about whether or not an intervention is a crisis or not seek consultation

What is NOT CI?

1. ONLY the above activities can be documented as CI

Requirements for Providing CI:

1. CAN be provided to any client at any time with or without an assessment and treatment plan.
2. CAN be provided to any person whether a resident or non-resident of the community
3. **A QMHP must be available at all times during the service**
4. Crisis must be identified by the client, clinical staff, family, and/or others
5. Must include an assessment of the client's risk of harm to themselves and to others
6. Must include identification of current symptoms and level of functioning
7. Must include recommendations for both the necessary level of care and necessary services
8. Must include documentation and evidence that supports the client was properly provided services and/or transported to the appropriate level of care
9. May be at risk of living displacement
10. May include a client's response to a traumatic event even if the intervention is not connected to harm to self/others of ability to care for self
11. In order to qualify as a crisis the client must be interviewed and documented at some point during the intervention
12. **If the client is under 20 years old with funding from Medicaid of unfounded the crisis intervention must be provided by a SASS therapist**
13. **A progress note must be completed for CI services documenting the nature of the crisis, the parties involved and their reports regarding the crisis, and any information or data relevant to identifying a plan of action and documenting the implementation of the plan**
    a. **Should include the date, time, and duration of the service**
    b. **Must include documentation of all the parties involved**
    c. **Must attest that the client was involved and in what manner and extent of the involvement**
    d. **Must identify and document in the note the client response to the intervention and the plan for care**
    e. **Must identify in the note how the plan is implemented including any outcome of the plan if known**

Examples of CI:

Assessing functioning, assessing suicidality/homicidality, observing self-care, assessing self-care, assessing level of self-mutilation (frequency and severity), determining placement and/or resources, assessing emotional and/or mental deterioration, assessing the potential for future dangerous conduct, providing access to resources

CI Training Manual

Key Words to Use in Progress Note Summary:

Assessed, determined, evaluated, planned, referred, educated, engaged, identified, recommended, consulted

Key Words Not to Use in Progress Note Summary:

ONLY THE KEY WORDS ABOVE SHOULD BE USED IN AN CI PROGRESS NOTE

SUMMARIES

Writer met with client when they came into program due to sobbing in the hallway on the way in. Client was unable to stop crying in writer's office for over an hour. Client stated she feeling horrible and has been feeling much worse starting on Saturday. When asked, client stated feeling worse than when beginning the program. Writer asked psychiatrist to join the session. Client stated to both staff, "I can't take care of myself anymore." Hospitalization was discussed and recommended by psychiatrist. Client stated they could not go because no one could take care of their animals. Psychiatrist filled out certificate and writer did petition. In the process of facilitating a transfer to Inpatient Hospital, client slowly escalated and told staff they were leaving. Writer informed client if they leave the building 911 would be called. Client started screaming, swearing and throwing personal objects against the wall in the office. Writer called 911 for assistance. Police and ambulance transported client to NIMC ER.

Client called into crisis stating to the operator that he wanted to commit suicide. Writer answered crisis call. Client states that they are detoxing at home with help of family and that the physical pain that of detox is so bad that they would "Id rather end it." Client states that they would slit their wrists if someone did not help him get through this detox. Writer referred to supervisor for assistance. Writer spoke with clients family about client either going to hospital for suicidal ideation or Rosecrans for detox. Writer asked client which one, and client states that he is not really suicidal but that he cannot stand the pain. Writer spoke again to family stating their options. Family stated that they are taking client to Rosecrans and will call writer when they get there. Writer encouraged family to call and received a cell number. Writer will call police for wellness check if client and family do not call to notify writer they are at the hospital.

CM Training Manual

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6. Key words to use in the summary
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8. 3 Examples of well written and focused summaries documenting CM services

State of Illinois
Community Mental Health Services
Service Definition and Reimbursement Guide

GROUP **B** SERVICE

Case management—Mental health

MEDICAID

Service definition:

Services include assessment, planning, coordination and advocacy services for clients who need multiple services and require assistance in gaining access to and in using mental health, social, vocational, educational, housing, public income entitlements and other community services to assist the client in the community. Case management activities may also include identifying and investigating available resources, explaining options to the client and linking them with necessary resources.

Minimum staff requirement:

RSA

Example activities:

Helping the client access appropriate mental health services including the ICG program, apply for public entitlements, locate housing, obtain medical and dental care, or obtain other social, educational, vocational, or recreational services.

Assessing the need for service, identifying and investigating available resources, explaining options to the client and assisting in the application process.

Supervision of family visits for DCFS clients.

Notes:

Case management does not include time spent transporting the client to required services or time spent waiting while the client attends a scheduled appointment.

Case management may be provided, for a maximum of 30 days, prior to a mental health assessment or ITP.

Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.

Applicable populations

☑ Adults (21+) ☑ Adults (18-20) ☑ Children
☑ Specialized substitute care ☑ SASS

Allowed mode(s) of delivery

☑ Face-to-face ☑ Individual ☑ On-site
☑ Videoconference ☑ Off-site
☑ Telephone ☐ Group

Pre-service requirements

☑ Medical necessity ☑ Mental health assessment ☑ Treatment plan
☐ Prior authorization required

References

Rule: 59 *Ill. Adm. Code* 132.165(a)
HIPAA: Case management

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s) (1)	Modifier(s) (2)		Place of service	Notes	Unit of service	Rate per unit of service
5R	T1016				11	On-site; RSA	¼ hr.	$ 13.68
5R	T1016				12	Home; RSA	¼ hr.	$ 15.87
5R	T1016				99	Off-site; RSA	¼ hr.	$ 15.87
5M	T1016	TF			11	On-site; MHP	¼ hr.	$ 16.65
5M	T1016	TF			12	Home; MHP	¼ hr.	$ 19.31
5M	T1016	TF			99	Off-site; MHP	¼ hr.	$ 19.31

CM Training Manual

What is CM?

1. DOING FOR the client
2. Researching available resources
3. Evaluating and monitoring the plan for providing case management services
4. Linking the client to resources and/or services
5. Assessing and determining a client's needs
6. Case planning – planning to meet the client treatment needs
7. Advocacy on behalf of the client
8. Implementation of case management plan
9. Gaining access to resources
10. Assisting in receiving entitlements (public and/or private)

What is NOT CM?

1. NOT teaching
2. NOT transporting, escorting, running errands, or accompanying
3. **NOT any** skill training
4. NOT emailing, writing letters, faxing, or written correspondence
5. NOT scheduling and/or canceling of appointments
6. NOT documentation of services
7. NOT general parenting or prevention
8. NOT maintenance of any kind or type

Requirements for Providing CM:

1. Limited use service: client is only eligible for 40 total hours of case management per year
2. Can be provided on an emergency basis prior to completion of the ITP
3. Must be identified and documented as a needed service in the mental health assessment or a reassessment
4. Must be a specific service on the client's individual treatment plan and the goals need to be consistent with the identified needs in the assessment
5. **A progress note must be completed for each CM service documenting the work completed with the client present to build skills and work toward healthy living and independence**
    a. **Must be based ONLY on the client's actual/documented needs**
    b. **Must be developed and reviewed when service is provided**
    c. **Must include a specific and step-by-step explanation of the work done to help the client and on behalf of the client**
    d. **Make session objectives specific and consistent with the identified plan**
    e. **At the end of each session you must plan the steps for the next session if further case management is needed**
    f. **Must identify and document in the note the response to the service and the outcome of your intervention**

Examples of CM:

Advocating, linking to resources, referring to other provider(s), assessing needs, calling others to secure assistance for client, accessing services, identifying resources, contacting resources on behalf of the client, determining needs, obtaining resources, coordinating resources,

Key Words to Use in Progress Note Summary:

Advocated, linked, referred, assessed, called, filled-out, completed, accessed, assisted, identified, contacted, determined, obtained, coordinated, explained

Key Words Not to Use in Progress Note Summary:

Maintained, Practiced, Promoted, Consulted, Taught, Coached, Encouraged, Identified coping skills and/or strengths, Guided, Modeled, Explored, Created, Taught, Identified, Motivated, Prompted,

SAMPLE SUMMARIES

Provided CM for clt; contacted local DHS office to secure documentation needed to apply for assistance; determined the criteria for acceptance; obtained information on the time-line for completing and returning forms; went over needed documentation that should be included in the documentation to ensure the application was complete; will work on completing and sending DHS application w clt at next session

Provided CM for clt; advocated for clt w their therapy and medication provider regarding the need for adjustment in treatment approach; explained the clt has significant transportation issues and would be unable to meet expectations of weekly sessions; identified alternative approaches to securing Tx and meeting Tx needs including use of phone sessions and the potential for in-home services; referred clt for intensive services as clt has not responded to weekly outpatient therapy and discussed the transportation needs in effort to secure the intensive Tx; staff reported that transportation was available for PSR recipients and that T/C session and medication management could be provided concurrently w PSR services; other provider and this writer agreed that PSR w concurrent services to stabilize clt mental health would be implemented and resolve transportation needs

Provided CM for clt; used session to assess needs and explore how other community services could improve clt support system and increase Tx outcome; assessed needs in housing, food, clothing, and transportation; linked clt to community resources that would meet the assessed needs for food and transportation; obtained names and contact info for clt and determined which resources would be most helpful; contacted the providers to make initial appointments and linked clt to needed resources

CS-I Training Manual

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1. **Rule 132 Service Definition Guide**
2. **What is CS-I?**
3. **What is NOT CS-I?**
4. **Requirements for Providing CS-I**
5. **Examples of CS-I**
6. **Key words to use in the summary**
7. **Key words to avoid using in the summary**
8. **3 Examples of well written and focused summaries documenting CS-I services**

State of Illinois
Community Mental Health Services
Service Definition and Reimbursement Guide

GROUP **B** SERVICE
MEDICAID

Community support (individual, group)

Service definition:

Services and supports for children, adolescents, adults and families necessary to assist a client to achieve and maintain rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.

Notes:

At least 60% of the individual and group community support (CS) services must be provided in natural settings.

Group size may not exceed 15 clients.

May not be provided in conjunction with ACT except during a 30-day transition period.

Applicable populations

☑ Adults (21+) ☑ Adults (18-20) ☑ Children
☑ Specialized substitute care ☑ SASS

Allowed mode(s) of delivery

☑ Face-to-face ☑ Individual ☑ On-site
☑ Videoconference ☑ Off-site
☑ Telephone ☑ Group (15:1)

Pre-service requirements

☑ Medical necessity ☑ Mental health assessment ☑ Treatment plan
☐ Prior authorization required

Minimum staff requirement:

RSA

Example activities:

Coordination and assistance with the identification of individual strengths, resources, preferences and choices.

Assistance with the identification of existing natural supports for development of a natural support team.

Assistance with the development of crisis management plans.

Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies.

Support and promotion of client self-advocacy and participation in decision-making, treatment and treatment planning.

Assist the client in building a natural support team for treatment and recovery.

Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client.

Skill building in order to assist the client in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the client's mental illness.

References

Rule: 59 *Ill. Adm. Code* 132.150(f), (g)
HIPAA: Comprehensive community support services

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s) (1)	(2)	(3)	Place of service	Notes	Unit of service	Rate per unit of service
SR	H2015	HM			11	On-site; individual, RSA	¼ hr.	$ 13.68
SR	H2015	HM			12	Home; individual, RSA	¼ hr.	$ 15.87
SR	H2015	HM			99	Off-site; individual, RSA	¼ hr.	$ 15.87
SM	H2015	HN			11	On-site; individual, MHP	¼ hr.	$ 16.65
SM	H2015	HN			12	Home; individual, MHP	¼ hr.	$ 19.31
SM	H2015	HN			99	Off-site; individual, MHP	¼ hr.	$ 19.31
SQ	H2015	HO			11	On-site; individual, QMHP	¼ hr.	$ 18.02
SQ	H2015	HO			12	Home; individual, QMHP	¼ hr.	$ 20.90
SQ	H2015	HO			99	Off-site; individual, QMHP	¼ hr.	$ 20.90
S1	H2015	HM	HQ		11	On-site; group, RSA	¼ hr.	$ 3.42
S1	H2015	HM	HQ		12	Home; group, RSA	¼ hr.	$ 3.97
S1	H2015	HM	HQ		99	Off-site; group, RSA	¼ hr.	$ 3.97
S2	H2015	HN	HQ		11	On-site; group, MHP	¼ hr.	$ 4.16
S2	H2015	HN	HQ		12	Home; group, MHP	¼ hr.	$ 4.83
S2	H2015	HN	HQ		99	Off-site; group, MHP	¼ hr.	$ 4.83
S3	H2015	HO	HQ		11	On-site; group, QMHP	¼ hr.	$ 6.01
S3	H2015	HO	HQ		12	Home; group, QMHP	¼ hr.	$ 6.97
S3	H2015	HO	HQ		99	Off-site; group, QMHP	¼ hr.	$ 6.97

CS-I Training Manual

What is CS-I?

1. Skill based learning
2. Client encouragement
3. Building skills and creating change in small and incremental steps
4. Building skills through hands on training with the client – teach the client how to accomplish the task or utilize the skill
5. Addressing deficits as identified in the mental health assessment by teaching the client to overcome the deficits
6. Teach the client to DO for themselves and how to LEARN new skills
7. Teaching the client how to make correct and effective responses to their environment
8. Helping the client build his/her own natural supports
9. Provided in the client's home and/or community in effort to teach skills in the "real world"

What is NOT CS-I?

1. Doing tasks for the client instead of teaching the client to do the task themselves
2. Working on life issues without the client present

Requirements for Providing CS-I:

1. Must be identified and documented as a needed service in the mental health assessment or a reassessment
2. Must be a specific service on the client's individual treatment plan and the goals need to be consistent with the identified needs in the assessment
3. **A progress note must be completed for each CS-I service documenting the work completed with the client present to build skills and work toward healthy living and independence**
   a. **Must be based ONLY on the client's actual/documented needs**
   b. **Must be developed and reviewed with the client when service is provided**
   c. **Must include a specific and step-by-step plan for achieving successful skill development**
   d. **Make session objectives specific and consistent with the identified plan**
   e. **At the end of each session you must plan the steps for the next session**
   f. **Must identify and document in the note the client's response to the treatment**

Examples of CS-I:

learning to buy groceries, budgeting and money management, computer and other forms of skills training, development of effective communication skills, meal planning, life skills building (hygiene, cleaning living space, etc.), learning to contact and access needed services and supports, social skills development and support network building

Key Words to Use in Progress Note Summary:

Promoted, coached, encouraged, identified coping skills and/or strengths, guided, modeled, explored, created, taught, identified, motivated, prompted,

Key Words <u>Not to Use</u> in Progress Note Summary:

Maintained, Provided, Assisted

SAMPLE SUMMARIES

MHP engaged in CS-I services w consumer by going over his budget and discussing his current finances. MHP reviewed consumer checkbook including expenditures, bills, and income. Completed monthly bills. Discussed discretionary income and encouraged the consumer to determine how to use it. Consumer decided to spend $10. Assisted consumer in making sure his calculations were correct and his checkbook was balanced. Monitored consumer progress in completing his own financial books. Accompanied consumer in getting required secondary signatures as required under the consumer's rep payee account rules. Encouraged consumer to ask for signatures on his own as a step toward achieving financial independence – consumer was able to meet the goal despite some anxiety. The consumer completed all of the required financial tasks and was able to communicate effectively his needs to all involved parties. Consumer reported he feels good about learning to budget his money independently.

Provided community support with client by promoting self-advocacy while applying for public entitlements. Client refused previous referral to supports for meeting nutritional needs but stated he was interested in food stamps and wanted to learn how to access the system. Coached client in completion of the DHS application to overcome distraction and poor focus which interfered with independent completion of the task. Educated the client on the remaining steps in securing food stamps from DHS and discussed what response from DHS client could likely expect. Client acknowledged understanding the guidance and was able to complete the required tasks. Also explored options for acquiring disability benefits. Scheduled an appointment to work on the disability application process next week.

MHP provided CS-I for client by promoting self-advocacy to encourage client toward open dialog during his first therapy appointment. Reviewed a list with client provided by the therapist to explore and document issues w client's marriage. Client reported he did not work on the list because exploring his marriage was too painful. Encouraged client to communicate his feelings and barriers to the therapist and client stated he would. Guided client as needed through the actual therapy session during moments when his memory was incorrect or he had problems remembering the information he wanted to cover in the session. Will follow-up w client to ensure he completed the therapy homework for his next session.

MHP provided CS-I w client by working on life skills including accessing and using pharmacy for refill of medications. Guided client through the process from approaching the counter and making his needs known to procuring script. Worked w client on identifying his plan which included dropping off the script to the pharmacy and waiting till filled to purchase the script and return home. Coached client while in the moment to make his requests and needs clear to the pharmacy staff. Reviewed the importance of monitoring medication to determine if it is getting low and requires a refill. Client was able to complete order request, wait patiently, and complete transaction and acquire script. Client was able to follow the pharmacist instructions before leaving the building. Client reported he feels good about learning to access medication and deal w the pharmacy.

CS-R Training Manual

CONTENTS:

1. Rule 132 Service Definition Guide
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3. What is NOT CS-R?
4. Requirements for Providing CS-R
5. Examples of CS-R
6. Key words to use in the summary
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8. 3 Examples of well written and focused summaries documenting CS-R services

CS-R Training Manual

State of Illinois
Community Mental Health Services
Service Definition and Reimbursement Guide

GROUP **B** SERVICE

Community support (residential)

MEDICAID

Service definition:

Services and supports for children, adolescents, adults and families necessary to assist a client to achieve and maintain rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.

Notes:

Group size may not exceed 15 clients.

Individuals eligible for community support (CS) residential services include individuals whose mental health needs require active assistance and support to function independently as developmentally appropriate within home, community, work, or school settings and who are in public payer designated residential settings.

CS residential may be provided on-site. Offsite services should be billed as other services, *e.g.*, community support individual or case management.

May not be provided in conjunction with ACT except during a 30-day transition period.

Applicable populations

☑ Adults (21+) ☑ Adults (18-20) ☑ Children
☑ Specialized substitute care ☑ SASS

Allowed mode(s) of delivery

☑ Face-to-face ☑ Individual ☑ On-site
☑ Videoconference ☑ Off-site
☑ Telephone ☑ Group (15:1)

Pre-service requirements

☑ Medical necessity ☑ Mental health assessment ☑ Treatment plan
☑ Prior authorization required (other than DHS)

Minimum staff requirement:

RSA

Example activities:

Coordination and assistance with the identification of individual strengths, resources, preferences and choices.

Assistance with the identification of existing natural supports for development of a natural support team.

Assistance with the development of crisis management plans.

Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies.

Support and promotion of client self-advocacy and participation in decision-making, treatment and treatment planning.

Assist the client in building a natural support team for treatment and recovery.

Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client.

Skill building in order to assist the client in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the client's mental illness.

References

Rule: 59 *Ill. Adm. Code* 132.150(h)

HIPAA: Comprehensive community support services

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s) (1)	(2)	(3)	Place of service	Notes	Unit of service	Rate per unit of service
S4	H2015	HE	HM		11	On-site; individual, residential, RSA	¼ hr.	$ 13.68
S5	H2015	HE	HN		11	On-site; individual, residential, MHP	¼ hr.	$ 16.65
S6	H2015	HE	HO		11	On-site; individual, residential, QMHP	¼ hr.	$ 18.02
S7	H2015	HE	HM	HQ	11	On-site; group, residential, RSA	¼ hr.	$ 3.42
S8	H2015	HE	HN	HQ	11	On-site; group, residential, MHP	¼ hr.	$ 4.16
S0	H2015	HE	HO	HQ	11	On-site; group, residential, QMHP	¼ hr.	$ 6.01

CS-R Training Manual

What is CS-R?

1. Skill based learning
2. Client encouragement
3. Building skills and creating change in small and incremental steps
4. Building skills through hands on training with the client – teach the client how to accomplish the task or utilize the skill
5. Addressing deficits as identified in the mental health assessment by teaching the client to overcome the deficits
6. Teach the client to DO for themselves and how to LEARN new skills
7. Teaching the client how to make correct and effective responses to their environment
8. Helping the client build his/her own natural supports
9. Provided in the client's <u>group/residential housing only</u> – services outside the group home would be CS-I

What is NOT CS-R?

1. Doing tasks for the client instead of teaching the client to do the task themselves
2. Working on life issues without the client present

Requirements for Providing CS-R:

1. Must be identified and documented as a needed service in the mental health assessment or a reassessment
2. Must be a specific service on the client's individual treatment plan and the goals need to be consistent with the identified needs in the assessment
3. **A progress note must be completed for each CS-R service documenting the work completed with the client present to build skills and work toward healthy living and independence**
   a. **Must be based ONLY on the client's actual/documented needs**
   b. **Must be developed and reviewed with the client when service is provided**
   c. **Must include a specific and step-by-step plan for achieving successful skill development**
   d. **Make session objectives specific and consistent with the identified plan**
   e. **At the end of each session you must plan the steps for the next session**
   f. **Must identify and document in the note the client's response to the treatment**

Examples of CS-R:

budgeting and money management, computer and other forms of skills training, development of effective communication skills, meal planning, life skills building (hygiene, cleaning living space, etc.), learning to contact and access needed services and supports, and social skills development

Key Words to Use in Progress Note Summary:

Promoted, coached, encouraged, identified coping skills and/or strengths, guided, modeled, explored, created, taught, identified, motivated, prompted,

Key Words <u>Not to Use</u> in Progress Note Summary:

Maintained, Provided, Assisted

SAMPLE SUMMARIES

MHP engaged in CS-R services w consumer by going over his budget and discussing his current finances. MHP reviewed consumer checkbook including expenditures, bills, and income. Completed monthly bills. Discussed discretionary income and encouraged the consumer to determine how to use it. Consumer decided to spend $10. Assisted consumer in making sure his calculations were correct and his checkbook was balanced. Monitored consumer progress in completing his own financial books. Accompanied consumer in getting required secondary signatures as required under the consumer's rep payee account rules. Encouraged consumer to ask for signatures on his own as a step toward achieving financial independence – consumer was able to meet the goal despite some anxiety. The consumer completed all of the required financial tasks and was able to communicate effectively his needs to all involved parties. Consumer reported he feels good about learning to budget his money independently.

Provided community support with client by promoting self-advocacy while applying for public entitlements. Client refused previous referral to supports for meeting nutritional needs but stated he was interested in food stamps and wanted to learn how to access the system. Coached client in completion of the DHS application to overcome distraction and poor focus which interfered with independent completion of the task. Educated the client on the remaining steps in securing food stamps from DHS and discussed what response from DHS client could likely expect. Client acknowledged understanding the guidance and was able to complete the required tasks. Also explored options for acquiring disability benefits. Scheduled an appointment to work on the disability application process next week.

ITP Training Manual

CONTENTS:

1. **Rule 132 Service Definition Guide**
2. **What is ITP?**
3. **What is NOT ITP?**
4. **Requirements for Providing ITP**
5. **Examples of ITP**
6. **Key words to use in the summary**
7. **Key words to avoid using in the summary**
8. **3 Examples of well written and focused summaries documenting ITP services**

GROUP A SERVICE
MEDICAID

Treatment plan development, review and modification

Service definition:

The development of a plan, in conjunction with the client and parent/guardian as applicable, to deliver specific mental health services to a client, based on the service needs identified in the mental health assessment, which includes goals, objectives, specific mental health services, frequency and identification of staff responsible for delivering the services. The LPHA and QMHP shall review the individualized treatment plan (ITP) no less frequently than every six months and make any modification, if necessary.

Notes:

Required if providing group 2 services, except for crisis services or case management provided 30 days preceding the completion of a mental health assessment.

Mental health diagnosis required, or documentation of evaluations that will be conducted to determine a definitive diagnosis.

Participation by the client and parent/guardian (if client is a minor) is expected.

Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.

Applicable populations

☑ Adults (21+) ☑ Adults (18-20) ☑ Children
☑ Specialized substitute care ☑ SASS

Allowed mode(s) of delivery

☑ Face-to-face ☑ Individual ☑ On-site
☑ Videoconference ☑ Off-site
☑ Telephone ☐ Group

Pre-service requirements

☑ Medical necessity ☑ Mental health assessment ☐ Treatment plan
☐ Prior authorization required

Minimum staff requirements:

MHP

QMHP responsible for development

LPHA provides clinical direction

Example activities:

Meeting with client or parent/guardian (if the client is a minor) to discuss, develop or review a treatment plan.

Face-to-face meetings with family members, collaterals, or with other persons essential to the development or review of the treatment plan, with client's permission.

Treatment team meetings used for ITP development and/or formalized review of the effectiveness of the entire treatment plan. The LPHA or QMHP must be present and sign documentation. Does **not** include intra-agency meetings to review client progress related to individual ITP goals.

Time spent by the QMHP/MHP reviewing the assessment materials and developing ITP with others (but not time spent writing/typing the document).

References

Rule: *59 Ill. Adm. Code* 132.148(c)

HIPAA: Mental health service plan development

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s) (1)	(2)	(3)	Place of service	Notes	Unit of service	Rate per unit of service
0C	H0032	HN			11	On-site; MHP	¼ hr.	$ 16.65
0C	H0032	HN			12	Home; MHP	¼ hr.	$ 19.31
0C	H0032	HN			99	Off-site; MHP	¼ hr.	$ 19.31
0D	H0032				11	On-site; QMHP	¼ hr.	$ 18.02
0D	H0032				12	Home; QMHP	¼ hr.	$ 20.90
0D	H0032				99	Off-site; QMHP	¼ hr.	$ 20.90

ITP Training Manual

What is ITP?

1. Discussing, reviewing, or developing a plan for treatment.
2. Developing a plan that is based on diagnosis and assessment data, client preferences and needs, focuses on building from client strengths, and planning for discharge so the clinician and client understand how they will know the treatment process will be successfully completed.
3. Treatment planning must include the input and needs of the client and should involve all parties involved in the clients care (the treatment team)
4. Treatment planning should always include the client's direct feedback either in-person or by phone.
    a. If a client cannot participate due to hospitalization, refusal, etc. the client's absence must be documented and include documentation of the clinical team's efforts to contact and include the client.
    b. If the client is not present the treatment planning process is **<u>NOT</u> billable**
5. Treatment plans should be completed using the client's own words and must include client preferences and identifiable goals and objectives. Documentation of this can include statements that the clinician or clinical team spent time discussing and explaining portions of the plan when needed.
6. If the client is a minor or has a guardian that parent/guardian must be present when developing the treatment plan and be aware of/understand the plan.
7. Every treatment plan must be directly connected to the mental health assessment data, recommended services, and directly connected to addressing all of the diagnoses identified.
    a. The plan must be in concert with the medical necessity for treatment as demonstrated by careful consideration of treatment objectives and services as well as the amount, duration, and frequency of identified services
8. ITP can include future reviews and re-writes of the treatment plan with treatment team members, involved family, community supports, and the client.
9. The treatment plan must be reviewed or revised no less than once every 6 months

What is NOT ITP?

1. NOT treatment
2. NOT consultation or case management
3. NOT completed without client participation unless it is impossible to involve the client

Requirements for Providing ITP:

1. CAN NOT be provided to any client prior to the completion of the mental health assessment
2. **Must be completed no more than 45 days after completion of the mental health assessment**
3. Must be directly connected to the mental health assessment recommendations and diagnoses
4. Can be completed and reviewed with the client by at least a QMHP but MUST be reviewed and signed by an LPHA in order to be completed and implemented.
    a. If a psychiatrist is involved he/she must also sign the treatment plan
5. Can be provided face-to-face or by phone
6. Must be reviewed at minimum once every 6 months – more frequent review is appropriate and advised as the treatment process should be connected to ongoing progress and client change
    a. <u>REVIEW OF THE ITP CAN NEVER BE LATER THAN 6 MONTHS – NEVER!</u>
7. Treatment plans must include the following information
    a. Service type and amount/frequency/duration of services must be documented for each objective
    b. Each treatment plan must include the evidence for treatment, treatment goals, and objectives
    c. Each treatment plan must include the date of completion, a discharge plan, and projected date of discharge
    d. A full five Axis mental health diagnosis including a level of functioning score
    e. Client and/or guardian signature

f. QMHP and LPHA signature
g. Psychiatrist signature if medication monitoring is included in the plan
h. Documentation that indicates the client's involvement and support of the plan
    i. Documentation of why the client and/or guardian did not sign if they refused

8. A progress note must be completed for ITP services documenting the process for treatment plan development, the client/guardian involvement, and statement that the client/guardian were provided their own copy(s) of the plan
   a. Should include the date, time, and duration of the service
   b. Must include documentation of all the parties who attended the treatment planning session
      i. Or documentation explaining why the planning process did not include all the required parties
   c. Documentation attesting that the client understood the plan and that it was written in a manner the client could understand
   d. Must identify and document in the note the client response to the services provided
   e. Must identify in the note how the plan will be used as a tool for determining medical necessity and discharge planning

Examples of ITP:

Reviewing the current treatment plan, developing a new treatment plan, revising a treatment plan already in place, modifying a current treatment plan to meet new identified needs or diagnoses, determining and documenting the completion and/or discontinuation of objectives

Key Words to Use in Progress Note Summary:

Reviewed, planned, discussed, developed, met goals, discontinued goals, explained, identified, evaluated

Key Words <u>Not to Use</u> in Progress Note Summary:

ONLY THE KEY WORDS ABOVE SHOULD BE USED IN AN ITP PROGRESS NOTE

SUMMARIES

Met with client and guardian to review the current treatment plan; reviewed each objective and determined goals that need to be discontinued due to completion and which objectives need continued treatment; discussed progress toward discharge and the evidence that would support discharge; discussed changes in client preferences and reviewed assessment data for any new issues or changes in client needs; developed a revised treatment plan including changes in amount, frequency, and duration of services consistent with the client's current need for services; went over the plan to ensure client understood the goals and objectives and desired treatment outcomes; client and guardian reported they understood the plan and were provided copies

Developed, discussed, and reviewed the initial treatment plan with client and the treatment team; went over assessment data and worked with client's preferences to determine needed services and amount/frequency/duration of services; discussed and chose goals and objectives; planned for client discharge and discussed how client and the treatment team would be sure that the treatment goals were completed; went over the plan to ensure client understood the goals and objectives and desired treatment outcomes; client reported they understood the plan and were provided a copy

PSR Training Manual

CONTENTS:

1. Rule 132 Service Definition Guide
2. What is PSR?
3. What is NOT PSR?
4. Requirements for Providing PSR
5. Examples of PSR
6. Key words to use in the summary
7. Key words to avoid using in the summary
8. 3 Examples of well written and focused summaries documenting PSR services

GROUP B SERVICE
MEDICAID

Psychosocial rehabilitation

Service definition:

Facility-based rehabilitative skill-building services for individuals 18 years of age and older with serious mental illness or co-occurring psychiatric disabilities and addictions. The focus of treatment interventions includes skill building to facilitate independent living and adaptation, problem solving and coping skills development.

Notes:

The client to staff ratio for groups shall be no more than 15:1.

May not be provided in conjunction with ACT (except during transition to or from ACT) or hospital-based psychiatric clinic services type A.

Services shall be available at least 25 hours/week and on at least four days/week.

PSR services shall be provided onsite only.

Applicable populations

☑ Adults (21+) ☑ Adults (18-20) ☐ Children
☐ Specialized substitute care ☑ SASS

Allowed mode(s) of delivery

☑ Face-to-face ☑ Individual ☑ On-site
☑ Videoconference ☐ Off-site
☑ Telephone ☑ Group

Minimum staff requirements:

RSA.

Must have at least a QMHP as clinical director on-site at least 50% of the program time.

Example activities:

Individual or group skill building activities that focus on the development of skills to be used by clients in their living, learning, social and working environments.

Cognitive behavioral intervention.

Interventions to address co-occurring psychiatric disabilities and substance use.

Promotion of self-directed engagement in leisure, recreational and community social activities.

Engaging the client to have input into the service delivery of psychosocial rehabilitation programming.

Client participation in setting individualized goals and assisting their own skills and resources related to goal attainment.

Pre-service requirements

☑ Medical necessity ☑ Mental health assessment ☑ Treatment plan
☐ Prior authorization required

References

Rule: *59 Ill. Adm. Code* 132.150(k)

HIPAA: Psychosocial rehabilitation services

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s) (1)	(2)	(3)	Place of service	Notes	Unit of service	Rate per unit of service
3R	H2017	HM			11	On-site; individual, RSA	¼ hr.	$ 13.68
3M	H2017	HN			11	On-site; individual, MHP	¼ hr.	$ 16.65
3Q	H2017	HO			11	On-site; individual, QMHP	¼ hr.	$ 18.02
3G	H2017	HM	HQ		11	On-site, group, RSA	¼ hr.	$ 3.42
3H	H2017	HN	HQ		11	On-site; group, MHP	¼ hr.	$ 4.16
3J	H2017	HO	HQ		11	On-site; group, QMHP	¼ hr.	$ 6.01

PSR Training Manual

What is PSR?

1. FACILITY BASED (In Own Agency – On-Site) skills training
2. Skills training is curriculum based i.e. CBT/DBT
3. Training consists of psycho-educational groups up to 20 hours per week
4. Includes up to 5 hours per week of individual (one-on-one) skills training
5. Services MUST be offered at least 4 days per week
6. Specific groups are offered
   a. Examples include: independent living, coping skills, adaptation, problem solving
7. Focus of the intensive therapeutic services is on living, learning, life skills, and social skills
8. PSR MUST be provided as a pre-vocational service for those clients who are impaired to the point they are unable to secure and maintain employment
9. Addresses co-occurring disorders such as mental illness and substance abuse issues
10. Focus is on improving the client's self-direction

What is NOT PSR?

1. NOT provided out of the office (Off-site)
2. NOT therapy or counseling
3. NOT employment training

Requirements for Providing PSR:

1. CAN NOT be provided to any client prior to the completion of the mental health assessment
2. Must be identified and documented as a needed service in the mental health assessment or a reassessment
3. Must be a specific service on the client's individual treatment plan
4. PSR must be connected to a CS-I program or CS-I services
5. Can ONLY be provided face-to-face
6. Amount/Frequency/Duration of PSR should reflect the client's severity of illness
7. **Progress notes must be completed for PSR services documenting the training and skill building provided the client while in the days' evidenced based treatment groups**
   a. **Must be based ONLY on the client's group and individual work accomplished on the days/times the client attended**
   b. **Must identify the curriculum used in each group provided**
   c. **Must identify and document in the note the client response to the services provided**
   d. **Must identify in the note how the services/groups are helping client achieve progress toward completion of treatment objectives**

Examples of PSR:

Teaching, skill-building, educating, training, practicing, role-modeling, challenging; using any "therapeutic action words

Key Words to Use in Progress Note Summary:

Instructed, discussed with, practiced, taught, described, role-played, assisted, helped, offered, challenged, redirected, reinforced, reviewed, pointed out, clarified, validated

Key Words <u>Not to Use</u> in Progress Note Summary:

Monitored, maintained, must not use any vocational language – can not be job specific

SUMMARIES

MHP briefly reviewed the topic discussed in the prior week's group and asked for feedback from each group member. MHP gave handouts for this week's topic for discussion about identifying triggers and developing an action plan for triggers. Client was able to give examples of triggers. MHP and client worked together in identifying steps that could be taken to alleviate some of the symptoms that a trigger might cause. Client was insightful in identifying triggers 0and steps to alleviate symptoms of that trigger. Client was outgoing and positive when sharing in group. MHP also gave positive feedback about client sharing in group.

Client reported some continued stress related to communicating w family members, particularly his sister, whom client is currently living with. Client stated in group sessions, "I hate always being compared to my sisters," and acknowledged how this relates to his low self-esteem. Client continues to acknowledge communicating with people is a stressor for him and yet does not seem to acknowledge how he may be causing some of the stress. Client has been increasingly challenged in group session to stay on topic and gain insight into his behaviors and repeatedly reports, "yeah but my sister does this to me so I have to do something," to justify his behaviors. Client was particularly observed this week to be appropriate and talkative in one session and the following session sitting in the corner avoiding eye contact and saying little. Client has made no significant improvement toward any stated goals on his ITP. Client has been encouraged to consider his treatment goals and willingness to change behavior. Staff will follow-up with client in upcoming session regarding willingness to make changes. Client continues to benefit from structure the PSR program provides. Client's GAF score is currently 45.

T/C Training Manual

CONTENTS:

1. **Rule 132 Service Definition Guide**
2. **What is THERAPY/COUNSELING?**
3. **What is NOT THERAPY/COUNSELING?**
4. **Requirements for Providing THERAPY/COUNSELING**
5. **Examples of THERAPY/COUNSELING**
6. **Key words to use in the summary**
7. **Key words to avoid using in the summary**
8. **3 Examples of well written and focused summaries documenting THERAPY/COUNSELING services**

GROUP B SERVICE

Therapy/counseling — **MEDICAID**

Service definition:

Treatment to promote emotional, cognitive, behavioral or psychological changes using psychotherapy theory and techniques.

Minimum staff requirement:

MHP

Example activities:

Formal face-to-face or videoconference meetings or telephone contacts with the client, or client's family as specified in the ITP.

Conducting formal face-to-face group psychotherapy sessions with the client or his/her family. This may include serving special client populations with a particular theoretical framework, or addressing a specific problem such as low self-esteem, poor impulse control, depression, *etc.* Examples include:

- Cognitive behavioral therapy.
- Functional family therapy.
- Motivational enhancement therapy.
- Trauma counseling.
- Anger management.
- Sexual offender treatment.

For family modality, includes couple's or marital therapy and individual sessions with one parent if it is for the benefit of the child or therapy sessions with members of a child's foster family.

Notes:

Incidental telephone conversations and consultations are not billable as therapy/counseling.

Services to the family on behalf of the client should be reported and billed using the code for family therapy or counseling.

Applicable populations

☑ Adults (21+) ☑ Adults (18-20) ☑ Children
☑ Specialized substitute care ☑ SASS

Allowed mode(s) of delivery

☑ Face-to-face ☑ Individual ☑ On-site
☑ Videoconference ☑ Off-site
☑ Telephone ☑ Group

Pre-service requirements

☑ Medical necessity ☑ Mental health assessment ☑ Treatment plan
☐ Prior authorization required

References

Rule: *59 Ill. Adm. Code* 132.150(e)

HIPAA: Behavioral health counseling and therapy

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s) (1)	(2)	(3)	Place of service	Notes	Unit of service	Rate per unit of service
2A	H0004				11	On-site; individual; MHP	¼ hr.	$ 16.65
2A	H0004				12	Home; individual; MHP	¼ hr.	$ 19.31
2A	H0004				99	Off-site; individual; MHP	¼ hr.	$ 19.31
2C	H0004	HR			11	On-site; family; MHP	¼ hr.	$ 16.65
2C	H0004	HR			12	Home; family; MHP	¼ hr.	$ 19.31
2C	H0004	HR			99	Off-site; family; MHP	¼ hr.	$ 19.31
2B	H0004	HQ			11	On-site; group; MHP	¼ hr.	$ 4.16
2B	H0004	HQ			12	Home; group; MHP	¼ hr.	$ 4.83
2B	H0004	HQ			99	Off-site; group; MHP	¼ hr.	$ 4.83
21	H0004	HO			11	On-site; individual; QMHP	¼ hr.	$ 18.02
21	H0004	HO			12	Home; individual; QMHP	¼ hr.	$ 20.90
21	H0004	HO			99	Off-site; individual; QMHP	¼ hr.	$ 20.90
23	H0004	HO	HR		11	On-site; family; QMHP	¼ hr.	$ 18.02
23	H0004	HO	HR		12	Home; family; QMHP	¼ hr.	$ 20.90
23	H0004	HO	HR		99	Off-site; family; QMHP	¼ hr.	$ 20.90
22	H0004	HO	HQ		11	On-site; group; QMHP	¼ hr.	$ 6.01
22	H0004	HO	HQ		12	Home; group; QMHP	¼ hr.	$ 6.97
22	H0004	HO	HQ		99	Off-site; group; QMHP	¼ hr.	$ 6.97

T/C Training Manual

What is THERAPY/COUNSELING?

1. Use of best-practice treatment approaches to address and resolve mental health diagnoses and problems that are negatively interfering with a client's mental health and/or quality of life.
2. Services can be provided to an individual, an entire family system, or a group that consists of individuals struggling with the same treatment issues.
    a. Group services must have a ratio of 1 staff person to 8 clients
3. The session has to be pre-scheduled
4. Includes professional staff (minimally a QMHP for Therapy and an MHP for Counseling) working with a client on meeting objectives identified in the treatment plan that if addressed and resolved would improve the client's functioning and quality of life.

What is NOT THERAPY/COUNSELING?

1. NOT socializing
2. NOT excessive self-disclosure
3. NOT part of the assessment process
4. NOT emailing, writing letters, faxing, or written correspondence
5. NOT scheduling and/or canceling of appointments

Requirements for Providing THERAPY/COUNSELING:

1. CANNOT be provided to any client prior to the completion of the mental health assessment.
2. Must be identified and documented as a needed service in the mental health assessment or a reassessment.
3. Must be a specific service on the client's individual treatment plan – each service needs to be connected to each treatment plan objective which are connected back to the mental health assessment or reassessment.
4. Client MUST be present during the service of group or individual therapy/counseling.
    a. Family therapy can be provided without the client present if doing so would meet the treatment objectives worked on
5. Can ONLY be provided face-to-face or by telephone (does not include written correspondence or email/voicemail).
6. Amount/Frequency/Duration of THERAPY/COUNSELING should reflect the client's severity of illness – the frequency should increase or decrease based entirely on the client's medical need for the service.
7. **A progress note must be completed for each THERAPY/COUNSELING service documenting the specific treatment provided and should include how the client is functioning, the specific service(s) provided to address treatment goals, and the clients response to the treatment provided.**
    a. **Must be based ONLY on the client's current treatment plan objectives**
        i. **Stressors and new issues can be worked on if the summary demonstrates these new issues/stressors are impacting issues identified in the treatment plan.**
        ii. **Any new issue that changes the treatment needs requires a reassessment and changes to the treatment plan before becoming regular components of therapy/counseling sessions.**
    b. **At the end of each session you must plan for the next scheduled session including providing homework assignments and identifying the objectives to be addressed in subsequent sessions**

c. **Must identify and document in the note the discussion regarding client progress and the plan for changing treatment approaches in effort to improve client treatment outcome if the current best-practice approaches are not effective.**

Examples of THERAPY/COUNSELING:

Teaching, developing, processing, role-playing, exploring, identifying, prompting, challenging, reinforcing, redirecting, validating, summarizing, addressing, practicing, clarifying (these are the only allowed THERAPY/COUNSELING activities)

Key Words to Use in Progress Note Summary:

Taught, worked on, developed, processed, explored, identified, role-played, prompted, challenged, reinforced, redirected, validated, summarized, addressed, practiced, pointed-out, clarified

Key Words Not to Use in Progress Note Summary:

Only the above key words should ever be used when documenting THERAPY/COUNSELING

SAMPLE SUMMARIES

Client reported no change in mood or anxiety since last session; explored what cognitive reframing and relaxation strategies client has been working on since last session; went over homework w client and processed how the material applies to client; explored the learning experience of the client and processed how the homework clarified the application of learned skills to client symptoms; worked on CBT skills to improve mood and increase functioning; focused session on using a Mirror Exercise to begin helping client reframe negative thinking that is connected to depressed mood and anxiety; reinforced the need to develop a regular exercise routine to reduce tension and anxiety and improve mood; explored how stressors and family conflict exacerbate mood symptoms and role-played some effective communication skills; also worked w client on limit setting and practiced setting limits w negative family members; validated client for the efforts made and the improvements accomplished; went over homework for next session and clarified what client needs to do between sessions related to CBT skills; client reported the session was helpful and noted the homework would help keep the skills worked on in session connected to daily life

McHenry County Mental Health Providers Service and Documentation Handbook

Things that should never be done while documenting services:

1. Leave any section in any document blank and without some indication the information needed was addressed
2. Never use any form of pen except one containing black ink - never use pencil
3. N/A, NA, or Not Applicable should never, ever, never, ever be written – anywhere – ever
4. When making an error never:
   a. Use white out
   b. Scribble out the error
5. Use any abbreviations not contained in the approved abbreviations list