

EPSDT for Triple P Practitioners

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Lisa Scott-Lee, EdD

CEUS



ceus@msn.com

Stephanie Romney, PhD

The Parent Training Institute
San Francisco Department of
Public Health

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Purpose of this Presentation

- To provide documentation support to Triple P practitioners for claiming all relevant and allowable services under EPSDT
- This presentation is 1 of 2 components of the **EPSDT Toolkit for Triple P Practitioners**. The other component is the Triple P/EPSDT Crosswalk.
- Please note: The EPSDT Toolkit does not guarantee “audit-proof” records, but it is offered as guidance for Triple P practitioners based on current Federal and California State claiming standards

Presentation Overview

Part I. Brief EPSDT Review

Part II. Documentation Samples

Part I. Brief EPSDT Review

What is EPSDT?

- EPSDT stands for “Early and Periodic Screening, Diagnosis and Treatment”
- This is federally-funded program that states can choose to participate in
- **Mental Health Service** under California State Welfare and Institution Code (WIC) 5601 is any service directed toward early intervention in, or alleviation or prevention of, mental disorder, including, but not limited to, diagnosis, evaluation, treatment...socialization, case management...information, referral, consultation, and community services.
- Mental Health services are claimable under Medi-Cal (Medicaid)

To Claim EPSDT, Practitioners Need to:

- 1) Establish that the client meets medical necessity
- 2) Identify the caregiver as a “significant support” person in the client’s Plan of Care
- 3) Link the cause and/or maintenance of the client’s symptoms to caregiver behavior in your clinical formulation
- 4) Individualize each progress note, even if you are providing Group Triple P. (Documentation samples are provided in Part II of this presentation).

Practitioner note: Although Triple P services are provided to the caregiver, remember that the child is always the identified client when claiming EPSDT.

To Establish Medical Necessity

You must show that the client:

1. Has an “Included” Primary Diagnosis based on the Diagnostic Statistical Manual (DSM)
- AND
2. Is experiencing functional impairment

Unless the child meets *both* of the criteria above, you cannot bill Medi-Cal

This is the complete list of included primary diagnoses

- Pervasive Developmental D.O. (except Autism)
- Disruptive Behavior & Attention Deficit D.O.
- Feeding & Eating D.O.
- Elimination D.O.
- Disorders of Infancy, Childhood
- Schizophrenia & other Psychotic D.O.
- Mood Disorder
- Anxiety D.O.
- Somatoform D.O.
- Factitious D.O.
- Dissociative D.O.
- Paraphilias
- Gender D.O.
- Impulse Control D.O.
- Adjustment D.O.
- Personality D.O. (not if under 18 years old, however)

Practitioner note: Check the list carefully – not all DSM diagnoses qualify!

What is “Functional Impairment”?

- A significant *impairment* in an important area of life functioning (school, home, community)
- A probability of significant *deterioration* in an important area of life functioning.
- A probability a child/youth *will not progress developmentally* as individually appropriate.

Practitioner Note: For clients you are considering using Triple P with, think about:

- 1) the problematic child behaviors that you expect Triple P to address and
- 2) how and where those behaviors impact the child’s functioning

Examples

Problematic Behavior	Setting	Impact on functioning
Non-compliant with parent instructions (getting ready for school, brushing teeth, turning off TV)	Home	Strained parent-child relationship
Hitting peers when they have toys that child wants to play with	Preschool	Difficulty developing and maintaining friendships, risk of being expelled
Wandering away from parent during outings	Community	Child unable to participate in shopping, community events

The Client's Plan of Care

The Plan of Care is the client's treatment plan and must:

- 1) Have specific observable and/or specific quantifiable goals

Example goal: reduce number of times the client hits peers from 2x/day to 1x/week per parent report.

- 2) Identify the proposed type(s) of intervention. Have a proposed duration of intervention(s)

Example: Provide up to 4 months of Standard Triple P, an evidence-based parenting intervention, to parents 2x /week.

Practitioner note: Triple P services must support the Plan of Care. In other words, Triple P must be provided to caregivers to address one or more goals in the client's Plan of Care.

Putting Triple P into the Plan of Care

The expectation of any intervention included in the Plan of Care is that it will accomplish one or more of the following outcomes:

- Significantly diminish the child's functional impairment
- Prevent significant deterioration in an important area of life functioning
- Enable the child to progress developmentally as individually appropriate

Identify the Caregiver as a “Significant Support Person” in the Plan of Care

California Code of Regulations, Title 9, **§1810.246.1**

"Significant support person" means persons, in the opinion of the beneficiary or the person providing services, who have or could have a *significant role* in the successful outcome of treatment.

Practitioner Note: This means you must clearly identify in the Plan of Care the significant support persons (adults) who will be receiving Triple P in order to help achieve the child’s treatment goals. Significant support persons may include the child’s parents or legal guardian, other relatives of the child, or other adults living in the child’s household.

In California, the “significant support person” cannot be a minor unless the minor is the child’s parent.

Clinical Formulation

- The clinical formulation is the hypothesized reason/context for client's presenting problems
- To claim for Triple P, you must connect the child's symptoms/impairment with behavior by the significant support person (caregiver) in the clinical formulation
- You must also note that the education and proposed intervention that you deliver to the significant support person is for the purpose of improving in the client's mental health.

Example

The client is a 6 year old boy who is reported by his mother to exhibit externalizing behaviors such as hitting peers/siblings and having tantrums (throwing self on the ground and screaming) when he does not get his way. **PROBLEM BEHAVIORS**

The client's mother reports that as a result of these behaviors, the child has stopped being invited to playdates, and the family members feel they are "always walking on eggshells" trying to prevent the next tantrum. **IMPACT ON FUNCTIONING**

The client's mother reports that she started a new job 3 months ago and since then, she has had less energy to devote to managing the client's problematic behaviors. She says sometimes she feels it's easier to "just give him what he wants to keep the peace", inadvertently reinforcing tantrum behavior.

LINK TO CAREGIVER'S BEHAVIOR

Part II. Documentation Samples

Types of Progress Notes for Triple P

- Assessment
- Plan Development
- Case Management
- Collateral and Collateral Group

Practitioner Note: Most Triple P services will be billed as Collateral (if focused on one client) or Collateral Group (if focused on multiple clients). Examples:

Level 4 Group + Pathways (Collateral Group)

Level 4 Standard + Pathways (Collateral)

Assessment Notes

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

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

(9 CCR §1810.204)

Full Assessment (Licensed Staff: 90801 CPT)

Brief Assessment/Update (or Unlicensed: H2015)

Sample Assessment Note

DATE	HRS:MIN	LOC	SVC Code	NOTES
MM/DD/YR	FTF/TT		CPT/HCPC	
9/30/2010	50/60	1	90801	In the initial session, I met with the client's caregiver without the client present. After obtaining written consent for services and reviewing the limits of confidentiality, I interviewed the caregiver about client's presenting problems, conducted a functional analysis of the problem behaviors, and asked the caregiver to complete standardized assessment measures of child behavior and parenting practices. Plan is to review assessment findings with caregiver and develop the Plan of Care.----- Joe Staff, LCSW
<p>Location Codes: 1 = Office, 2 = Field, 3=Phone, 4 =Home, 5 = School, 6 - Satellite Clinic, 9 = Inpatient/SNF</p>				

Plan Development

a service activity that consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary's progress.

9 CCR §1810.232

CPT 90801 for Licensed staff

H2015 For Updates and unlicensed staff

Sample Plan Development Note

DATE	HRS:MIN	LOC	SVC Code	NOTES
MM/DD/YR	FTE/TT		CPT/ HCPC	
10/2/2010	54/78	2	H2015	Discussion and development of treatment goals with caregiver. Reviewed and summarized the presenting problem and assessment findings related to frequency of the target behaviors, degree of functional impairment, and previous efforts by the caregiver to address the behaviors. Set behavioral goals with the caregiver and introduced Triple P Parenting as an intervention to help the client achieve these goals.----- Joe Staff, LCSW
Location Codes: 1 = Office, 2 = Field, 3= Phone, 4 = Home, 5 = School, 6 - Satellite Clinic, 9 = Inpatient/SNF				

Case Management/Brokerage

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

9 CCR §1810.249

Linkage/Brokerage (90882)

Rehab staff (T1017)

Record Review (90885)

Consultation (H2015)

Report Writing (90889)

Case Management/Brokerage General Activity and Linkage Note

DATE	HRS:MIN	LOC	SVC Code	NOTES
MM/DD/YR	FTE/TT		CPT/BIS HCPC/BIS	
10/5/2010	43/53	1	T1017/391	Provided caregiver overview of the program and discussed what help or resources are available to support their child in the community and linkage to those resources. Reviewed next steps/tasks. ----- Jane Staff , MFT-Intern
Location Codes: 1 = Office, 2 = Field, 3= Phone, 4 = Home, 5 = School, 6 - Satellite Clinic, 9 = Inpatient/SNF				

Case Management/Brokerage Consultation Note

DATE	HRS:MIN	LOC	SVC Code	NOTES
MM/DD/YR	FIF/TT		CPT/BIS HCPC/BIS	
10/4/2010	0/15	1	H2015/331	<p>Consulted with school teacher on client's school performance and classroom behavior. Plan is to work with classroom school aide on possible behavioral interventions and redirects.</p> <p>-----Katy Staff, MFT</p>

Location Codes: 1 = Office, 2 = Field, 3= Phone, 4= Home, 5 = School, 6 - Satellite Clinic, 9= Inpatient/SNF

Collateral

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

9 CCR §1810.206

License staff CPT 90846 or 90847
Rehab users should always bill H2015

Collateral (Individual) Note

DATE	HRS:MIN	LOC	SVC Code	NOTES
MM/DD/YR	FTE/TT		CPT/BIS HCPC/BIS	
10/2/2010	64/106	4	H2015/311	Went to the client's home assisting and educating the caregiver in developing behavioral charts targeting positive behaviors equating to concrete goals and how to incorporate intermittent reinforcement to prolong positive change. Jane Staff, MHRS
Location Codes: 1 = Office, 2 = Field, 3=Phone, 4 = Home, 5 = School, 6 - Satellite Clinic, 9 = Inpatient/SNF				

Collateral Group Notes

- Contacts with significant support persons in the client's life are directed *exclusively* to the mental health needs of the client.
- When services are being provided to or on behalf of a client by two or more persons at one point in time, each person's involvement shall be documented in the context of the mental health needs of the client.

Practitioner Note: If there are 2 Triple P practitioners running a group, you must describe what each practitioner did for each client in the progress notes. No duplication of services allowed!

Licensed staff: CPT 90853

All other staff: HCPCS H2015

Collateral Group Notes

- When a person provides service to or on behalf of more than one client at the same time, the person's time must be prorated to each client. When more than one person provides a service to more than one client at the same time, the time utilized by all those providing the service shall be added together to yield the total claimable services. The total time claimed shall not exceed the actual time utilized for claimable services.

Practitioner Note: See the next slide for an example.

Example

2 practitioners running a 2-hour Group Triple P session for 10 caregivers representing 6 clients:

- o 2 hours = 120 minutes total time
- o 120×2 practitioners = 240 min total time
- o 240 divided by 6 clients = 40 minutes per client
- o 40 minutes divided by 2 practitioners = 20 minutes billable for each client by each practitioner

Sample Collateral Group Note (1 Practitioner)

DATE (Mo. Day, Yr)	HRS:MIN	Name of Group: Triple P Caregiver Education Group
10/12/2010	50/62	Group Goal:
LOC	SERVICE	Effective use of positive reinforcers versus punishment.
6	90853/480	
# CLIENTS IN GROUP		Today's Focus: Educating caregivers on use of positive parenting strategies for effective communication and assertive discipline strategies, such as praise, modeling appropriate behavior, planned ignoring, and logical consequences.
	7	
STAFF CODES		Client Response (include client's behaviors/target symptoms/level of participation/clinical intervention):
123456		This staff member worked with Jamie's mother, Alice, to role-play ignoring misbehavior and praising positive behaviors. Alice stated she typically uses shame with Jamie to gain compliance but will try new strategies. Plan is for Alice to dedicate 15 minutes of quality time with Jamie each day and practice praising desirable behaviors.
Signature:	<i>Joe Staff</i>	
Title/Date:	MFT/09-30-2010	

Sample Collateral Group Note (2 Practitioners)

DATE (Mo. Day, Yr)	HRS:MIN	Name of Group: Triple P Caregiver Education Group
10/12/2010	62/78	Group Goal:
LOC	SERVICE	Instructing caregivers on step by step intervention techniques to facilitate child skill acquisition.
1	90853/480	
# CLIENTS IN GROUP		Today's Focus: Incorporating “Ask, Say, Do” followed by praise. Staff member Jill Doe, LCSW to focus on educating caregivers how beliefs and expectations impact their child. I will review last week’s parenting homework.
9		
STAFF CODES		Client Response (include client's behaviors/target symptoms/level of participation/clinical intervention): Jamie’s mother, Alice, initially had difficulty in applying intervention concepts in her situation. She had difficulty understanding how withholding praise following Jamie’s effort to learn a new task can lead to frustration and escalation of Jamie’s externalizing behaviors. Plan is for Alice to work on parenting homework, including praise, and track behavioral changes between now and the next session.
123456		
654321		
Signature:	<i>Joe Staff</i>	
Title/Date:	MFT/10-06-2010	

Triple P Services That Are NOT Claimable

- Preparing for the Triple P session
 - Reviewing the video (without parent)
 - Printing and photocopying materials (e.g., tally sheets)
 - Arranging childcare, food, transportation support for group
 - Making reminder calls to parents / scheduling appointments
- Learning the Triple P Curriculum
 - Watching the video
 - Attending training / accreditation
 - Researching a topic (e.g., on the Triple P website)
- Supervision

Contact Information

Stephanie Romney, PhD
The Parent Training Institute
San Francisco Dept of Public Health
Stephanie.Romney@sfdph.org
415-255-3412

Lisa Scott-Lee, EdD
CEUS 
ceus@msn.com
916-538-2387