Behavioral Health Compliance Office
# Compliance Corner

**October 2019**

## COMPLIANCE

### ALL ABOUT THE CREDENTIALNG PROCESS

**When will my program be credentialed?**

We acknowledge that many of you have expressed concern about the new credentialing process. Please be assured that the credentialing unit will be notifying each program about the new credentialing process in an orderly manner. If your program has not yet been notified, you can continue to operate as usual. Please continue to use the **Certification & Verification for Avatar Staff ID** form that is listed on the DPH site for new employees.

**What is the reason for credentialing?**

The Credentialing Application requirement is a State Mandate. See **DHCS MH SUD IN # 18-019**.

**Who will this apply to?**

Credentialing and re-credentialing requirements apply to all licensed, waivered, or registered mental health providers and licensed, registered, or certified substance use disorder services providers[1] employed by or contracting with the City & County of San Francisco, DPH, Behavioral Health Services, to deliver Medicare and/or Medi-Cal covered services.

| MH- LPHAs including: | Substance Use LPHAs including: |
|---|---|
| MD/DO | MD/DO |
| NP | NP |
| Licensed/Waivered Psychologist | Licensed/Waivered Psychologist |
| ASW | ASW |
| LCSW | LCSW |
| AMFT | AMFT |
| LMFT | LMFT |
| APCC | APCC |
| LPCC | LPCC |
| | PA |
| | RN |
| | Registered Pharmacists |

**For more information, please refer to the August 2019 Compliance Newsletter.**

Q: What happens if my program has not been contacted for the credentialing process?

A: Keep calm and carry on. Your program will be contacted in the near future.

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[1] Applicable provider types include licensed, registered, or waivered mental health providers, licensed practitioners of the healing arts, and registered or certified Alcohol or other Drug counselors.

## WHAT ARE THE 11 REQUIRED ELEMENTS OF THE CLIENT ASSESSMENT?

*From: SUD Desk Reference Guide pg. 4*

The intake assessment is the foundation of a client's treatment plan and informs medical necessity and level of care placement determinations.  There are eleven required elements that must be documented at intake in each client record.  Assessment elements are mapped to corresponding ASAM Dimensions in the table below.  Please consult the DPH DMC-ODS SUD Treatment Documentation Manual for additional assessment requirements for Narcotic Treatment Program and pregnant and postpartum clients.

| Intake Assessment Element | Required Documentation in Client Record | Maps to ASAM Dimension… |
|---|---|---|
| 1. Drug/ Alcohol History | Description of history of present episode including precipitating factors, current symptoms, and pertinent present risks. | Dimension 1: Acute Intoxication and/or Withdrawal Potential |
| 2. Medical History | Description of pertinent medical problems and treatment; emergency department visits including those for substance-related problems, surgeries, and head injuries; present medications; allergies; and most recent medical evaluation. | Dimension 2: Biomedical Condition and Complications |
| 3. Family History | Description of family alcohol, tobacco, and other drug use and addictive behavior history, including past treatment episodes; family social history including profiles of parents (or guardians or other caregivers), siblings, home atmosphere, economic status, religious affiliation, cultural influences, leisure activities, monitoring and supervision, and relocations; religious, spiritual, or faith background and practice; and family medical and psychiatric history. | Dimension 6: Recovery/Living Environment |
| 4. Psychiatric/ Psychological History | Description of psychiatric history including symptoms and their relation to substance use and addictive behavior, current and past diagnoses, treatments, and providers. | Dimension 3: Emotional, Behavioral, or Cognitive Condition and Complications |
| 5. Social/ Recreational History | Description of peer relationships and friends; leisure and recreational activities; sexual activity, including choice of partners, romantic relationships, sexual risk behaviors, relation of sexual activity to substance use and addictive behavior; physical or sexual abuse or other maltreatment either as a victim or perpetrator; disruption of healthy social supports and problems in interpersonal relationships which can impact the development of resiliencies; military service, Veteran status; and religious, spiritual and faith based history. | Dimension 6: Recovery/Living Environment |
| 6. Financial Status/History | Description of past and current financial situation. | Dimension 6: Recovery/Living Environment |

| 7. Educational History | Description of history. | Dimension 6: Recovery/Living Environment |
|---|---|---|
| 8. Employment History | Description of work history and work situations. | Dimension 6: Recovery/Living Environment |
| 9. Criminal History | Description of past behaviors and their relation to substance use and addictive behavior, arrests, adjudications, and details of current status. | Dimension 6: Recovery/Living Environment |
| 10. Legal Status | Description of legal status (probation, parole, adjudicated, diversion). | Dimension 6: Recovery/Living Environment |
| 11. Previous SUD Treatment History | Description of alcohol, tobacco and other drug use or addictive behavior history including onset and pattern of progression, previous disease or injury resulting from substance use, and past treatment episodes including past successes and barriers to success. | Dimension 2: Biomedical Condition and Complications<br><br>Dimension 5: Relapse/Continued Use/Continued Problem Potential |



Image from: https://www.asam.org/resources/the-asam-criteria/about

HX = history

*Written by: Joseph Turner, PhD, Director of QM at Felton Institute*

| DEFINITIONS OF TCM |
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| The definitions and clinical documentation standards for Targeted Case Management (TCM) services are taken directly from California Code of Regulations (CCR Title 9 §1810.249) and California's Medicaid State Plan (i.e., the contract between California and federal government) |
| **CCR Title 9 Definition of TCM:** |
| "Targeted Case Management" means 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. |
| **Medicaid State Plan Definition of TCM** |
| Targeted Case Management (TCM) means services that assist a beneficiary to access needed medical, alcohol and drug treatment, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities include (dependent upon the practitioner's judgment regarding the activities needed to assess and/or treat the beneficiary): 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.<br><br>TCM may be provided face-to-face, by telephone, or by telemedicine with the beneficiary or significant support person and may be provided anywhere in the community. TCM contacts with significant support persons may include helping the eligible beneficiary access services, identifying needs and supports to assist the eligible beneficiary in obtaining services, providing case managers with useful feedback, and alerting case managers to changes in the eligible beneficiary's needs (42 CFR 440.169(e)). |

| TCM includes the following Services: | |
|---|---|
| **Element #1** | **Assessment of Needs for TCM** |
| **Assessment** | Assessment of **client's ability to access** any medical, educational, social, or other services. |
| | Assessing client's **support network availability, adequacy of living arrangements, financial status, employment status,** and potential and training needs. |
| **Element #2** | **Treatment Planning for TCM Services** |
| **Treatment Planning** | Includes activities like **ensuring the active participation of the eligible individual,** and **working with the individual and others to develop these goals** (e.g., individual's authorized health care decision maker). |
| **Element #3** | **Referral & Related Activities (cont. on next page)** |
| •**Brokerage** •**Linking** •**Coordinate** | ***Making referrals to providers*** for needed services and ***scheduling appointments for the individual*** (to access needed services) **[BROKERAGE]** |
| | **LINKING** the client to medical, alcohol and drug treatment, social, educational providers or other programs and services that are capable of providing needed services. |
| | At the ***onset of a crisis, provide assistance in problem resolution*** and to **COORDINATE** *or arrange for the provision of other needed services.* |

## ALL ABOUT TCM - TARGETED CASE MANAGEMENT CONT.

| Element #3 | Referral & Related Activities (cont.) |
|---|---|
| •*Consultation* <br>•*Placement Consultation* | *Identify, assess, and mobilize resources* to meet the client's needs (typically include CONSULTATION and *intervention on behalf of the client* with *Social Security, schools, social services and health departments, and other community agencies,* as appropriate). |
| | PLACEMENT COORDINATION services including *assessing the adequacy and appropriateness of the client's living arrangements* when necessary to address the identified mental health condition.  Typical activities could include *locating* and COORDINATING *the resources necessary* to facilitate a successful and appropriate PLACEMENT in the least restrictive setting and CONSULTING *with the care provider (as required).* |
| **Element #4** | **Monitoring & Follow-Up Activities** |
| *Monitor & Follow-Up* | Activities to *monitor, support, and assist the client on a regular basis in developing or maintaining the skills needed to implement and achieve the goals* of the Client Plan. |
| | Activities include *support in the use of psychiatric, medical, educational, socialization, rehabilitation, and other social services.* |

| TIPS FOR DOCUMENTING TCM |
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| **Focus on Functional Impairments** |
| TCM is focused on functional impairments and life domain functioning—progress notes should address domains, including: <br> ▪ Living arrangements ▪ Social support ▪ Health ▪ Daily activities |
| **Billable Activities Related the "Referral" Element of TCM** |
| • Discussing a resource with a client <br> • Contacting the resource <br> • Completing a written referral form (including the referrals within the EHR) <br> • Helping a client access the referral and following up to make sure the connection happened |
| **Non-Billable Activities** |
| • Billing for Filling Out Client Forms: typing and filling out forms for the client, like SSI (vs. forms required by the programs you are referring the client to). <br><br> • Activities Unrelated to Mental Health Condition: If you cannot link the necessity of the service to the goal of improving the client's mental health condition, it is not billable as TCM <br> • Any activity that cannot be linked to the goal of improving the client's mental health condition <br> • No Intervention Provided: <br> ▪ transporting a client to an activity <br> ▪ providing interpretation services <br> ▪ discharge activities that are clerical (copying and filing discharge info <br> ▪ waiting with client for a doctor's appointment <br> ▪ waiting at SSI office |

**CMB** (Case Management Brokerage) **=** **TCM** (Targeted Case Management)

| Progress Note Example from Butte County 1<br>(Client needing assistance to access community resources) | |
|---|---|
| **Presenting Problem (P)**<br><br>Describes the presenting problem and how the client presents him/herself. Why is this session necessary? | Client arrives on time for case management session with counselor to work on client's stated goals of increasing his independent living skills. Client continues to complain about difficulty locating appropriate food bank in the community and thus feeling "more anxious and frustrated." |
| **Intervention (I)**<br><br>What treatment plan service was provided by the staff? | Counselor and client called local food bank to determine drop-in hours and intake process. Counselor encouraged client to write information provided by food pantry staff in notebook. Counselor reviewed client's previously stated transportation plan to/from food pantry on designated days |
| **Response (R)**<br><br>What was the client's clinical response to the intervention? | Client expresses relief after receiving assistance in calling food bank, less anxiety, and willingness to follow through with plan of visiting food bank independently. Client denies any increased thoughts of paranoia or anxiety related to visiting food bank and states he is willing to "give it another shot." |
| **Treatment Plan (P)**<br><br>What was the client's clinical response to the intervention? | Counselor scheduled to meet with client next week after his food pantry visit to discuss his ability to follow plan and connect with local food bank. Counselor will continue to assist client in connecting with services & resources in community that are in line with client's stated goal of increased independence. |

| Progress Note Example from Butte County 2<br>(Client struggling to attend medical appointment) | |
|---|---|
| **Presenting Problem (P)**<br><br>Describes the presenting problem and how the client presents him/herself. Why is this session necessary? | Unscheduled phone call from client who states he cannot come in for his injection appointment later this week because he does not have a ride. |
| **Intervention (I)**<br><br>What treatment plan service was provided by the staff? | Commended client for expressing concerns, rather than just not showing up for appointment. Explored possibility of getting client a bus pass. Offered to meet with client at client's home to look at bus schedules. Discussed options of other transportation modes as well. |
| **Response (R)**<br><br>What was the client's clinical response to the intervention? | Client initially agitated when called and expressed feelings of being overwhelmed at the lack of transportation. Client reported feeling less agitated when given options and chose to accept bus pass and will meet to review bus schedules to be on time to next appointment. |
| **Treatment Plan (P)**<br><br>What was the client's clinical response to the intervention? | Meet with client to review bus schedules and provide bus pass, client will maintain appointments as scheduled. |