Documenting Treatment/Rehab Options in ICS Programs

September 2024

Medicaid Rehabilitative Options – What is it?

- The Medicaid Rehabilitative Services Option provides federal funding for a portion of DMH service costs for our ICS Services.
- As defined under Title XIX of the Social Security Act (Medicaid) Section 440.130(d), ***"rehabilitative services"*** are:

  "Any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under state law, for the maximum reduction of physical or mental disability and restoration of a recipient to his/her best functional level."

- Helping the youth/young adult acquire skills essential for everyday living
- Treatment!

What is a Rehabilitative Service? It's Treatment!

For a service to be considered Rehabilitation it must:

1. Be identified as a goal in the youth's treatment plan and be related to the assessed needs.
2. Have measurable and achievable goals based on assessed needs and time anticipated for progress

Behavioral and Feelings Management

Face to face crisis support to aid the child/young adult in managing a crisis, and intensive short term interventions to stabilize behavior.

Develop coping skills strategies to manage stress, anger and/or anxiety and build resilience and hopefulness.

Develop behavioral, social and recreational skills which foster appropriate behavior management and coping strategies.

Develop therapeutic recreation for observing or reinforcing interpersonal skills, anger management, conflict resolution, etc.

Supportive Counseling

Rehab = Treatment

Symptom Management

Medication self-administration training, support and supervision which focuses on educating the youth about the role and effects of medication.

Symptom management or supportive counseling (i.e. ongoing monitoring of the youth's symptoms and response to treatment, interventions designed to help the youth manage symptoms, development of behavioral symptom management techniques using a host of treatment strategies including medication when necessary.)

Rehab = Treatment

Independent Living Skills

Learn and maintain social and interpersonal skills

Learn and maintain skills needed to successfully live in the community

Learn and maintain self-preservation skills (i.e. pre vocational services, self-care, money management, physical health maintenance, transportation use, supportive counseling)

Rehab = Treatment

Collateral Activities

Participation in case conferences

Providing family consultations

Functioning as a liaison with community resources

Developing Treatment Plan

Rehab = Treatment

Treatment Planning

Attending to the Treatment Plan and related care coordination activities associated with the youth's treatment/rehabilitation (i.e. assessment, development, advocating, implementation, documentation, facilitating a family team meeting.)

Treatment Documentation

Documentation of service interventions directly related to the youth's treatment plan (i.e. service interventions, youth's progress, case activity summaries, collateral interviews.

Rehab = Treatment

Role of LPHA

LPHA's must provide oversight of Treatment.

- The LPHA must oversee the development of the assessment and the updates (which are required annually, at minimum) and ensure that it includes a Clinical Formulation/Interpretive Summary.
- The LPHA must be involved in the development of the treatment plan, quarterly reviews and revisions to ensure that the goals, objectives and interventions reflect the Clinical Formulation/Interpretive Summary and the assessed needs.

The comprehensive assessment and treatment plan and quarterly reviews and revisions must be signed by the LPHA.

Licensed Practitioner of the Healing Arts

In Massachusetts, the following practitioners are designated as LPHAs:

- Physicians licensed
- Registered Nurses
- Psychologists
- Licensed Independent Clinical Social Workers, Licensed Certified Social Workers and Licensed Social Workers
- Registered Occupational Therapists
- Licensed Rehabilitation Counselors
- Licensed Mental Health Counselors
- Licensed Marriage and Family Therapists
- Licensed Applied Behavior Analysts
- Other persons who become licensed in a mental health related discipline or profession in accordance with state law and regulations and subject to the approval of the Commissioner of DMH.

Initial Risk Assessment and Safety Plan

- Conduct within 8 hours of intake
- Discuss and assess any immediate risks with youth/family
- Develop a safety plan to address any safety concerns that are identified

Full Risk Assessment and Safety Plan

- Conducts ongoing evaluation of the full range of risk and safety concerns.
- Assists the youth and family in developing a written (and/or visual) safety plan in proportion to safety concerns present, in collaboration with the Family Team and others.
- Safety Plan is family driven, youth guided and individualized, using skills and strengths to increase protective factors, build safety networks and resolve potential danger
- Obtains input from all relevant supportive persons resulting in a coordinated comprehensive plan that is realistic for the youth and family to implement and addresses the assessed risks.
- Once completed and authorization permitting, promptly shares the safety plan document with other providers, supports, and Family Team members who share responsibility for supporting the youth and family.
- Additionally, shares the safety plan (as appropriate) with local Mobile Crisis Intervention (MCI) team.
- Revises the safety plan with the youth and family when needed and promptly communicates any proposed changes or new concerns to relevant parties .

Rehab Activity: Risk Assessment and Safety Planning

Development and update activities include:

❖ Meeting with the youth, parent/caregiver, other service providers, and/or other individuals of the youth/family choosing to gather the information;

❖ completion of other assessments as indicated;

❖ gathering of pertinent information from other parties needed for the assessment.

Note: Full Safety Plan is due in 72 hours for TGC and YATC; and with the first treatment plan for IHBTC

Assessment and Annual Update

Comprehensive assessment is an evaluation of the youth and their family and would include (but not be limited to) the following items:

- Strengths
- Key supports and the extent of involvement with youth and family
- Needs and stressors, including any risk factors
- Relevant history
- Developmental history
- Mental health history
- Substance use history
- Trauma history
- Gender Identity and Sexual Orientation
- Mental Status Exam
- Medical history, including use of any medications
- Educational and vocational history, needs and strengths
- Cultural, ethnic, and religious or spiritual factors important to the youth/ family.
- Youth's functioning in and integration into their community, including engagement in recreational and leisure activities.
- Clinical Formulation and diagnosis

Assessment should be signed by LPHA and updated when new information is learned or minimally, annually.

Assessment: Clinical Formulation

- The Clinical Formulation should synthesize the information gathered in the assessment to support the diagnosis and need for treatment.
- The formulation provides a quick snapshot of understanding the youth's needs and strengths.
- This should then lead to treatment plan with clear, measurable goals and interventions.
- Usually the length of a concise paragraph

Rehab Activity: Assessment and Annual Update

Development and update activities include:

- Meeting with the youth, parent/caregiver, other service providers, and/or other individuals of the youth/family choosing to gather assessment information;
- completion of other assessments as indicated;
- gathering of pertinent information from other parties needed for the assessment.

Family Team Meetings and Treatment Planning

- A Family Team is created for the youth and consists of the youth, caregiver, LPHA, DMH and may include, but is not limited to, any or more of the following: family members, out of home treatment providers, OT, psychiatry consultants, school personnel, community resources and natural supports (as determined by youth/family)
- Family Team meeting is responsible for ongoing collaborative development, implementation and amendment of the youth's treatment plan
- Family Team meets as needed, but quarterly at a minimum to review and update the treatment plan

Treatment Planning

- Treatment plan is based on the findings and recommendations of the assessment and the youth's vision for themselves
- Goals, objectives and interventions are prioritized through the family team meeting process
- Goals, objectives and interventions should be clear and measurable and within the youth and family's capacity
- Reflects family's strengths, voice and culture
- Agreed to and signed by youth and family

Rehab Activity: Treatment Planning

Development, review and revision activities include:

- Meeting with the youth, parent/Legally Authorized Representative (LAR), other service providers, and/or other individuals of the youth or family's choosing for the purposes of determining the youth's goals, needs, service preferences, etc;
- the gathering of pertinent information from other parties needed for the treatment plan and/or quarterly reviews;
- the facilitation of a family team meeting to determine goals and priorities; and
- the completion of the treatment plan documents

Service Notes

A provider must ensure service notes are entered into a youth's record each time a youth receives a treatment intervention as identified in the youth's Treatment Plan.

Includes: intervention provided, youth/family's response to intervention, significant events that may have impacted youth/family, next steps

Rehab Activity: Service Notes

- Services notes should be documented aligned with R day reporting
- Mulitple interventions delivered in one day can be documented in one service note
- Service notes are dated and signed (within 72 hours)

Strengths and Needs Identified in Assessment

Collaborative Goals on the Treatment Plan

Interventions provided and documented

Remember “Golden Thread”

Reporting R Days

R" Days may be reported for one or more of the following situations:

- Staff completed work toward the risk assessment/safety planning.
- Staff completed work toward the development of the Assessment and/or Annual Assessment Update.
- Staff completed work toward the development and revision activities of the Treatment Plan
- Treatment interventions provided that were connected to the goals written in the treatment plan.

Note: The majority of our work with families is expected to be in person, however, virtual work is part of the treatment process as makes sense for the family

Coding R Days

ICS Billing Codes for SDR submission		
Code	Definition	Applies to ICS service:
E	Enrolled - youth is enrolled but there may not have been contact or specific treatment that day OR they are boarding in a hospital awaiting an inpatient bed. Please use the E code when a youth is boarding in a hospital or when they are hospitalized medically, even when you are providing treatment that is rehab billable.	IHBTC TGC YATC – staffed YATC – supported YATC - outreach
ER	Enrolled with Rehab Day – youth is enrolled and treatment activites related to treatment goals were provided	IHBTC TGC YATC – staffed YATC – supported YATC – outreach
H	Enrolled but in the hospital, CBAT, CCU or Youth Community Crisis Stabilization (YCCS) – youth is enrolled but also is in the hospital, CBAT, CCU or YCCS, use this code regardless of whether treatment activities are provided Please only use the H code if the youth is admitted to psychiatric inpatient hospital, CBAT, CCU or YCCS, but not if they are boarding or medically hospitalized.	IHBTC TGC YATC – staffed YATC – supported YATC - outreach
EO	Enrolled and also in Out of Home Treatment (e.g., TGC, Residential School, IRTP, CIRT, YATC-staffed) (youth is enrolled but also in an out of home treatment setting, use this code regardless of whether treatment activities are being provided.)	IHBTC YATC - outreach
RP	Respite Day- youth/young adult is in the TGC or YATC for respite only	TGC YATC – staffed

Medical Record Standards

DMH monitors the following Medical Record Standards for Rehab Option Certification (see Rehab Option Review tool):		
ALL DOCUMENTS HAVE TO BE SIGNED BY A LICENSED PRACTITIONER OF THE HEALING ARTS		
Document	**Due**	**When to Void R Days (applies to open and closed records)**
Medical Record	a record is created and maintained for each youth	If no record, Void all R days
Assessment	Due within 20 days for contract Due within 45 days for rehab	R days would need to be voided for any dates beyond 45 if not signed by LPHA – until signed by LPHA
Determination of Need for Rehabilitative Services (Clinical Formulation-Interpretive Summary	Due within 45 days	No clinical formulation – void R days until date of signed clinical formulation.
Treatment Plan	Due within 30 days for contract Due within 45 days for rehab	R days would need to be voided for any dates beyond 45 if not signed by LPHA – until signed by LPHA
Quarterly Review of Treatment Plan	Every three months from date of intake	No need to void if assessment and clinical formulation are still current
Annual update of Assessment	Update assessment one year from time of original assessment (and anytime there is new information that impacts the clinical formulation)	R days would need to be voided if signed assessment is late – from due date to date it is signed by LPHA
Transition/Discharge Summary	At time of discharge (within 14 days)	
Records do not meet rehab requirements, on the whole, if: • There is no record • No LPHA signature on any assessment/clinical formulation		

C/R*	Document Checklist
R	**An individual record is created and maintained for each youth.**
C	Documentation of Initial Safety Plan (within 8 hours of intake)
C	Documentation of Suicide Screening
C	Documentation of Substance Abuse Screening
C	Documentation of Full Safety Plan For youth enrolled in TGC, due within 72 hours of intake For youth enrolled in IHBTC, due with first treatment plan
R	**Comprehensive Assessment** **date due: / / (contract -due 20 days from enrollment date)** **(rehab – due 45 days from enrollment date)** **date signed: / /**
R	**Record includes clinical formulation**
R	**Record includes Mental Status Exam**

Rehab Review Tool

C/R*	Document Checklist Continued
C	Comprehensive Assessment – includes CANS
R	**Treatment Plan** **date due: / / (contract - due 30 days from enrollment date)** **(rehab – due 45 days from enrollment date)** **date signed: / /**
C	Treatment Plan – signed by family
R	**Ongoing documentation - Each person's record contains information sufficiently detailed to document the services the person received.**
R	**Documentation of updated Comprehensive Assessment**
R	**Documentation of periodic reviews of Treatment Plan (minimum of quarterly)**
R	**Documentation of Parent/Caregiver and Youth/Young Adult participation in treatment planning.**
R	**Documentation of Transition/Discharge Plan, if applicable**

Rehab Review Tool