Orientation to Medicaid Funded Certified Peer Support Documentation

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PR Training Solutions

Developed by a Pennsylvania Office of Mental Health and Substance Abuse Services Workgroup
Course Objectives

• Discuss purposes of documentation and relevant regulations

• Examine a Strengths Based Assessment

• Examine an Individual Service Plan (ISP)

• Examine progress notes that meet documentation standards

• Examine the essential elements of collaborative documentation
Disclaimer

• Completion of this training does not protect an agency from penalty due to non-compliance with regulations

• It is an agency’s responsibility to ensure that documentation procedures are properly followed

• There was no commercial support received for this presentation
Please Complete Pre-Test
Defining Peer Support

“Peer Support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.”

~ Sherry Mead, 2003~

“Defining Peer Support
Role of a Certified Peer Specialist

• To teach and support the acquisition and utilization of skills needed to facilitate the individual’s recovery

• To promote the knowledge of available service options and choices

• To promote the utilization of natural resources within the community

• To facilitate the development of a sense of wellness and self worth

• To document strengths, goals, dreams, progress toward goals and goal achievement
CPS Programs
Find the Balance

- Person Centered
- Recovery
- Community Integration
- Core Gifts
- Partnering
- Self-Directed

- Regulations
- Medical Necessity
- Billing
- Codes
What’s the Point

• In a small group, generate a list of WHO would be interested in your documentation

• Consider the REASONS documentation is important to each of the persons or groups you identify and what would happen if the documentation was inadequate

• If the person or group is a payer of your services, identify one or two things you, if you were paying, would want to see before you would pay
Process the Activity

WHO?
Managed Care Organization

WHY?
Need to know what they are paying for

WHAT?
Adherence to their specific documentation guidelines
Purposes of Documentation

- To provide a roadmap for services
- To track progress in recovery
- To receive payment for services funded through Medical Assistance
- To receive/remain in good standing with:
  - Office of Mental Health & Substance Abuse Services (OMHSAS): Licensing
  - Behavioral Health Managed Care Organizations (BH-MCO) Credentialing
Licensing & Credentialing

- Office of Mental Health and Substance Abuse Services set the minimum licensing requirements

- BH-MCO credentialing requirements may be more detailed and more stringent than licensing requirements

- Refer to your BH-MCO’s Performance Standards for Certified Peer Support for requirements beyond those presented here
General Documentation Requirements

Records must:
• Be legible and in ink
• Identify the person on each page
• Be signed and dated by the provider
• Include service plan and progress notes
• Include a discharge summary
• Include documentation of medical necessity

SIGNATURE= Name and Credentials
Remember...

• No standardized way to meet all of these requirements

• Requirements can change

• Responsibility is on the agency and supervisors to inform Certified Peer Specialists of all changes from BH-MCO or OMHSAS
Strengths Based Assessment
Strengths Based Assessment

Identifies an individual’s

Hopes

Desires

Skills

Supports
Why use a Strengths Based Assessment?

- Unlike traditional assessments that focus on “what’s wrong,” Strengths Based approaches identify “what’s right,” and “what strengths, skills & resources,” the individual has.

- Focusing on strengths engages the individual in the planning process in a positive way.

- Creates the environment of self-empowerment and establishes a partnership rather than the traditional “I say, you do,” approach to services.
<table>
<thead>
<tr>
<th>Traditional Approach</th>
<th>VS</th>
<th>Strengths Based Approach</th>
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<tbody>
<tr>
<td>“What’s wrong with you?”</td>
<td></td>
<td>“What are your skills and strengths”</td>
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<td>“What symptoms do you have?</td>
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<td>“What tools are you using to stay well?”</td>
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<td>“Why did you get fired?”</td>
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<td>“What did you love about your last job?”</td>
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</tbody>
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Review a Strengths Based Assessment
Individual Service Plan

(ISP)
Individual Service Plan Development

• ISP developed from Strengths Based Assessment

• ISP is the foundation of service delivery including:
  • skills to be developed
  • action steps toward skill mastery
  • supports to be developed
Requirements for Individual Service Plans

PA Bulletin: OMHSAS-09-07 “Peer Support Services-Revised”

Individual Service Plans must

• Be developed by the individual, the Certified Peer Specialist and the mental health professional

• Be developed within one month of enrollment

• Be reviewed every six months

• Be signed by the individual, the CPS & the Mental Health Professional
Requirements for Individual Service Plans

PA Bulletin: OMHSAS-09-07 “Peer Support Services-Revised”

Specific Goals based on the individual needs and personal aspirations in the areas of:

- Wellness and Recovery
- Education/Employment
- Crisis Support
- Housing
- Social Networking
- Self-Determination
- Individual Advocacy
Individual Service Plans

Individual Service Plans Must:

• Specify measurable goals & objectives
• Be written in individualized and outcome oriented language
• Include the services to be provided-(Identify interventions directed to achieving the individualized goals and objectives)
• Include the expected frequency & duration
• Include the location of the services provide
• Include the Certified Peer Specialists role in relating to the individual and others involved
GOALS

Goal: the end toward which effort and action are directed

Goal Statement: a written statement of a person’s desire to add/change/improve something in his/her life in the next 6 months to 2 years

A statement of what the person wants and where he/she wants to be in their life

A Destination!
GOALS

**Should Be**

- Person Centered
- Stated in positive terms
  - “I will” NOT “I will not” or “I will have no...”
- What the person wants
- Expressed in the person’s words
- Appropriate to culture & values
**S** - Detailed, results and action-oriented

**M** - Measurable: Describes the end result.

**A** - Achievable: Can the goal be achieved? Determined by the person. We inspire HOPE

**R** - Realistic: Does the person feel the goal is realistic for them? We inspire HOPE

**T** - Timeframe: Determine a timeframe for the completion of the goal
Objectives

• Skills the individual identified as wanted/needed to develop in order to achieve their goal

• Supports the individual identifies as wanted/needed to develop in order to achieve the goal
Action Steps

• Services (interventions) to be provided by the CPS, individual, family, natural supports, etc. to assist in the achievement of objectives/goal

• Specific to each objective

• As steps are completed, new steps can be added until the objective (skill) is mastered
Intervention Language

- Role modeled
- Demonstrated
- Facilitated
- Provided
- Shared
Individual Service Plan Tips

- Be sure the goal is SMART
- Be sure it is signed by all
- Be sure the goal relates to the areas identified in the strengths based assessment
- Be sure the objectives relate to goal achievement
- Be sure the action steps describe the role of the CPS (intervention)
GOAL  Desired outcome

OBJ’s  Skills to be acquired

Action Steps  Interventions to be provided
Review Jane’s ISP
Exercise: ISP Evaluation

1. Evaluate the sample ISP

2. What can be improved?
Progress Note
Progress Notes: Regulations

Progress Notes must:

• Record the date, location of visit, start and stop time & circumstance of contact, regardless of whether or not a billable service was provided
• Describe how the service or encounter related to the individual’s goals, objectives or interventions identified in the ISP
• Summarize the purpose and content of the peer support session
• Specify the intervention utilized as related to the goal in the ISP
• If contact cannot be made with the individual, the progress note will reflect attempts to contact the individual
Progress Notes Tips

• Always use recovery language and focus on strengths

• Include how the individual responded to the intervention

• Describe progress towards the goal

• Must be signed and dated by CPS

• Best practice: the person in service signs as well

• Document how your service relates to the person’s needs as identified in the strength’s based assessment.
Collaborative Documentation
Definition of CD

- Collaborative Documentation is a person-driven therapeutic approach and an interactive process that supports recovery-oriented services in which documentation of the assessment, goal setting, and progress notes is integrated into the delivery of service. The individual is face to face with the provider and engaged in the documentation process by providing input and perspective on their services and progress.
Definition of CD

- Person-driven therapeutic approach
- Interactive process
- Documentation of assessment, goal setting, and progress notes is integrated into the delivery of service
- Provider and individual are face to face
- Individual is engaged in the documentation process by providing input and perspective on their services and progress.
Essential Elements of CD

1. Utilized in person-driven assessments, service planning and progress notes

2. Incorporates the ideas of the individual and the provider in real time during the face to face session

3. Used as an intentional technique to engage the individual to develop their objectives and support their goals

4. Highly engaged conversation through shared narrative between the provider/individual to assure that both are of the same understanding regarding accomplishments of the session and next steps
Essential Elements for CD

5. Provider clearly defines CD and the individual is fully informed of the process and may choose to participate in the process.

6. Used to benefit the individual as part of their recovery

7. CD must clearly indicate that the documentation was collaboratively written with the individual
Essential Elements for CD

8. CD must occur within the scheduled time limit for the session

9. Providers must have specific policy/procedures for using CD which include training for staff prior to the use of CD and ongoing supervision focused on fidelity
CD Is NOT

- Provider completes documentation during or at the end of the session while the individual is NOT involved or waiting to leave.
- To be billed beyond the scheduled appointment time
- To be mandated by the provider
- Used for convenience of provider to simply complete documentation “concurrently” WITHOUT engaging the individual.
CD Is NOT

• To be used during telephonic sessions

• NOT meant to replace any required documentation elements delineated in the PA Medical Assistance handbook or various PA regulations. All required elements must be included in each encounter
Review Jane’s Progress Note
Activity: You be the Reviewer

1. Utilize the checklist to identify problems in the sample progress notes

2. What can be improved?
Write a Progress Note

1. Utilize the Individual Service Plan

2. Write a progress note for Jane
Discharge Summary
Discharge Summary

Should Include:

• Summary of the person’s participation
• The services provided and progress made
• The reason for discharge
• Note how the person was informed about future enrollment
• Signatures of the person, the CPS and the Mental Health Professional
• Discharge due to disengagement, explain the circumstances and rationale for discharge
Reminder

• OMHSAS establishes minimum requirements

• Providers must follow guidelines policies in place (including those from MCOs)

• Slides on Collaborative Documentation were produced from the OMHSAS CD Workgroup “Next Steps”
  • CD training focusing on:
    • Essential Elements
    • Best practices
    • Competency criteria and standards
Relevant Regulations & Standards

Title 55 Pa. Code §§ 1101.51(d) & (e)

Medical Assistance payment regulations

Peer Support Bulletin – “OMH-09-07”

Establishes the MINIMUM standards for licensure

Peer Support Provider Handbook

Pg. VII-8, Section D covers documentation requirements
Please complete Post Test and Evaluation
Source Documents

**PSS Bulletin**

**PSS Provider Handbook**

**PSS Frequently Asked Questions**

**MA Provider Payment Regulations**
http://www.pacode.com/secure/data/055/chapter1101/s1101.51.html
Thank You!

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