KEPRO
INTELLIGENT VALUE

KEPRO Overview of Skills Training And Development

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Purpose & Objectives

- 1. Identify the Role of KEPRO
- 2. Discuss Medical Necessity Criteria
- 3. Overview of Skills Training & Development
- 4. Provide Service Comparisons
- 5. Address Specifics Related to Young Children
- 6. Review Documentation Standards
- 7. Discuss Service Plan Guidelines
- 8. Provide an Example Plan
- 9. Review KEPRO Consultation Scoring Tool

KEPRO

- KEPRO is an Administrative Service Organization contracted with three Bureaus within West Virginia Department of Health and Human Resources (DHHR):
  - Bureau for Medical Services (BMS)
  - Bureau for Children and Families (BCF)
  - Bureau for Behavioral Health (BBH)

- KEPRO, in conjunction with the Bureau for Medical Services, is conducting this webinar training for fee-for-service providers.

Medical Necessity

MEDICAL NECESSITY CRITERIA

- Medical Necessity is services that are:
  1. Appropriate and necessary for the symptoms, diagnosis or treatment of an illness;
  2. Provided for the diagnosis or direct care of an illness;
  3. Within the standards of good practice;
  4. Not primarily for the convenience of the member or provider; and
  5. The most appropriate level of care that can safely be provided.

Demonstrating Medical Necessity for Skills Training & Development

- Documentation should demonstrate the link between the diagnosis and/or functional impairment to the necessity of the service by reflecting one or both of the following:

- Documentation would demonstrate the member has a history of abuse or neglect, or years spent in institutional settings/supervised living arrangements, that precluded development of age appropriate skills related to daily living;

- Documentation would identify the elementary, basic, and fundamental skills necessary to improve or preserve the member's level of functioning.

Overview & Purpose of Skills Training & Development

Skills Training & Development

- Procedure Code: H2014*U1, H2014 HN*U4, H2014 HN*U1
- Service Units: 15 minutes
- Telehealth: Not Available

- Where these services are provided in a group context, the group must be limited to four members to each staff person. In any setting, these services target members who require direct prompting or direct intervention by a provider. [H2014*U1 – 1:2-4 by Paraprofessional; H2014 HN*U1 1:2-4 by Professional].

- Recreational trips, visits to the mall, recreational/leisure time activities, activities which are reinforcements for behavioral management programs, and social events are not therapeutic services and cannot be billed as Skills Training and Development Services.

Skills Training & Development

- The structured therapeutic activities designed to improve or preserve the member's functioning are designed to be provided in the member's natural environment.

- These activities are designed to teach basic living skills that would prevent institutionalization or out-of-home placement and the member doesn't have supports to meet their need.

Skills Training & Development

- Skills Training & Development is appropriate for skill reacquisition.
  - The member has a diagnosis with accompanying symptoms and functional impairments are identified in the assessment process.

And

- Skill deficits resulting from abuse and neglect, institutionalization, or supervised living arrangement is identified.

And

- There is a reasonable expectation for skill improvement within three months.

Service Comparisons

Service Comparisons

BLS	Behavior Management
▪ Short Term ▪ Detailed plan broken into small steps ▪ Focuses on a single skill deficit per plan ▪ Rehabilitates a skill that has been lost or was prevented from developing due to BH condition, abuse, neglect, or institutionalization ▪ Generally looking for improvement in 90 days ▪ Rehearses a skill	▪ Short Term but Longer than BLS ▪ Detailed plan broken into small steps ▪ Focuses on teaching a new behavior and/or changing a maladaptive behavior ▪ Focuses on behaviors ▪ May address multiple behaviors within the same plan ▪ Uses reinforcement to promote appropriate behavior ▪ Generally looking for improvement in 3-6 months depending on severity of the behavior

Service Comparisons Continued

Day Tx	CFT	ACT
▪ Short Term ▪ About improving the client's baseline ▪ Must be on site ▪ Usually IDD ▪ Broader plan focusing on a set of skills ▪ Building independence ▪ If no improvement in 90 days plan should be modified ▪ If no improvement after two 90 day plans, Day Tx must stop ▪ Can use training modules ▪ Inclusive; cannot be billed with any other BH service	▪ Longer Term than BLS & Day Tx ▪ Cannot be maintenance ▪ Community Based ▪ about preventing deterioration of the client's baseline and working within the baseline function to promote independence ▪ A step down ▪ Severe and persistent Mental Illness required ▪ Cannot include mod-severe IDD. ▪ Very Specific ▪ Activities that allow client to stay in community	▪ Long Term ▪ CFT clients would qualify for this service if they meet the 3 or more hospitalizations within the past year/substance use disorder/homelessness criteria. ▪ CFT clients may also meet if it can be substantiated that without CFT, the client would likely have been hospitalized

BLS for Members with Substance Use Disorders

- Assessment must demonstrate that the member has lost or never gained the skill due history of abuse/neglect or years spent in institutional settings that did not allow normal development in areas of daily living skills.
- Assessment/documentation must clearly demonstrate the member's skill deficit and how it has resulted of functional impairments related to the member's behavioral health condition.
- BLS should not be utilized to address milieu and/or to promote chores, housing responsibilities, etc.
- BLS should not be counted in the total clinical hours within the SUD RAS application as it typically will not be an appropriate service for all members within the program.

Example Assessments

Example Assessment

- **Problem:** Ima was recently removed from her home in which domestic violence was prevalent. Mrs. Sad indicated that her husband, and Ima's step father, who no longer lives in the home, consistently yelled and hit members of the household, including Ima's mother, Ima and her siblings. These instances of abuse would occur at least one time a week, if not greater. Members of the household, including Ima, would be struck in the face, hit with objects such as extension cords or paddles, and called names by their step-father. This continued over the course of Ima's life while the step father, who also sexually abused her, was in the home (aged 2 – 14). This resulted in her resistance to caring for her personal hygiene and has poor dental hygiene due to refusal to brush her teeth. Her strong resistance resulted in her never being taught appropriate personal hygiene skills. It is recommended that Ima receive therapy to address PTSD and appropriate coping skills, Supportive Counseling to practice learned coping skills, Behavior Management to develop a plan to address refusal to brush teeth and Skills Training & Development to teach her the proper way to do so.

SUD Example Assessment

- Problem: John Doe began huffing gasoline and air duster at the age of 10. By 12 he was drinking 1/5 of liquor daily. At age 13 he became close friends with a 25 year old that was cooking methamphetamines. While high on methamphetamines, John and some friends robbed a house and attacked the homeowner. John was convicted of attempted murder and spent 6 years in a juvenile detention center. Upon his release, he immediately returned to using substances. He has been in and out of both jail and rehab centers with limited abstinence over the past four years. He reports his primary trigger as not having money and resorting to making methamphetamines to sell to pay his bills. Once he begins "cooking, I can't not use it" he states. He reports never learning to balance a checkbook or being taught any budgeting skills while in the correctional facility. Due to lack of skills learned while in on-going institutions (correctional facility, jail & rehab), it is recommended that John participate in Skills Training and Development to teach budgeting as a part of his Relapse Prevention Plan.

Example Not Meeting Medical Necessity

- Problem: Jane Doe has an extensive history of substance use. She began drinking alcohol at age 16, snorting cocaine at 18 and switched to pain meds at 20. She has been injecting heroin intravenously daily for the past 4 years. This is her first out-of-home rehabilitation and/or placement. It is recommended that she participate in skills training (i.e, budgeting, communication & social skills) in conjunction with group and individual therapy to address her substance use disorder.

Guidelines for Young Children

Guidelines For Young Children

- The service must be age and functionally appropriate and be delivered at the intensity and duration that best meets the needs of the child.
- The service must not be utilized to provide therapeutic activities for children under the age of five in a group setting for more than four hours per day or more than four days per week.
- Therapeutic activities must promote skill acquisition, include necessary adaptations and modifications, and
- Be developmentally appropriate
- And be on the member's individualized Skills Training and Development Plan.
- Must be provided in a way that supports the daily activities and interactions within the family's routine.

Guidelines For Young Children Continued

- Skill acquisitions for Skills Training and Development Services for young children include, but are not limited to:
  - Adaptive, self-help, safety, and nutritional skills
  - Parent-child interactions, peer interactions, coping mechanisms, social competence, and adult-child interactions
  - Interpersonal and communication skills
  - Mobility, problem solving, causal relationships, spatial relationships, sensorimotor, sensory integration, and cognitive skills.
- The skill acquisitions must be related to previously assessed deficits that resulted from severe abuse, neglect, or institutionalization and outlined in the Skills Training & Development Plan.

Skills Training & Development

- Therapeutic activities include but are not limited to:
  - Learning and demonstrating personal hygiene skills;
  - Managing living space;
  - Manners;
  - Sexuality;
  - Social appropriateness;
  - and Daily Living Skills.

Skills Training & Development Plan

BLS Service Plan

- The services must be specified in the Initial and/or Master Service Plan of the member.
- The plan may be incorporated into the Initial or Master Service Plan, or after referencing the service on the Service Plan, be a separate document created by the professional clinician.
- The Plan must be signed by the clinicians responsible for implementing the service.

BLS Service Plan

- The plan must identify the specific, sequential, steps necessary toward identified skill acquisition identified in the goal and be related to previously assessed deficits of the member.
  - (e.g., hand over hand, instruction, demonstration, practice, independent implementation, mastery).
- The steps identified must establish a means for measuring achievement of objectives within the specified timeframe.
- The plan must establish a realistic timeframe for skill acquisition.
  - If objectives have not been achieved within a realistic timeframe established by the Plan, it must be discontinued or revised.

Example Plan

Example BLS Service Plan

- *On the Master Plan, reference to the BLS Plan should be indicated either associated with an outcome objective or component objective, for example:*

  - **Goal:** Ima will gain skills to improve her ability to cope with PTSD symptoms in order to improve her overall functioning and return to a less restrictive living environment.
  - **Outcome:** Ima will engage in a proper self hygiene routine daily by 9/15/19.
  - **Component 1G:** Ima will master the 5 steps of proper teeth brushing identified with her Skills Training & Development Plan by 8/15/19.

Example Plan

- Ima Sad
- 7/1/19

- Through staff instruction, coaching/prompting & modeling (when appropriate) Ima will learn, practice and master brushing her teeth properly.

<u>Steps:</u>

- 1. Apply toothpaste to toothbrush.
- 2. Brush teeth with a circular, firm motion for two minutes.
- 3. Rinse mouth out with water.
- 4. Rinse toothbrush.

Example Plan Continued

Objectives

- 1. Staff will model each step and Ima will mimic to ensure a clear understanding of the expectation for 3 consecutive days.
- 2. Staff will provide verbal prompts through each step for the first week.
- 3. Ima will independently complete 25% of the steps with no prompting by 7/15/19.
- 4. Ima will independently complete 50% of the steps with no prompting by 7/22/19.
- 5. Ima will independently complete 75% of the steps with no prompting by 7/29/19.
- 6. Ima will independently complete 100% of the steps with no prompting by 8/5/19.

- The plan will be discontinued when Ima completes 100% of the steps with no prompting for 14 consecutive days.

- _____
- Clinician's Signature with Credentials

Example of Inappropriate Plan

- Goal 1: Jane will utilize appropriate daily living skills to improve her ability to return to her natural living environment.
- Outcome Objective 1: Jane will use appropriate skills daily with no verbal prompts by 9/15/19.
- Component Objective 1A: Jane will learn the 5 steps of financial planning by 7/30/19.
- Component Objective 1B: Jane will meal plan and cook 2 meals weekly using recommended nutritional guidelines by 8/15/19.
- Component Objective 1C: Jane will learn 4 effective ways of communicating with other to improve her social skills by 9/1/19.
- Component Objective 1D: Jane will learn and practice 4 steps of effective time management by 9/15/19.

Documentation

Skills Training & Development Documentation

Documentation must include:

- A description of the service/activity provided.
- Relationship of the activity to the member's BLS Plan objectives.
- Indicate progress (or lack of progress) toward achievement of objectives.
- Signature with credentials of the staff providing the service.
- Place of service
- Date of service
- Start and Stop times of the service delivery
- Identify the service through the HCPCS code or descriptor
- Identify staff to member ratio

Additional Documentation Requirements

- Additionally, if the service is provided in a ratio of 1:2-4, there must be an attendance roster listing those members and staff who participate in each ratio.
- The roster must be signed (with credential initials) and dated by staff that provided the service.
- The roster must not be stored in the main clinical record, but must be maintained and be available for review.

Example Documentation

- Ima Sad
- July 2, 2019
- Residential Cottage
- 1:00pm-1:20pm
- H2014 HN U1
- 1:1 ratio

- Met with Ima, individually, to review her Skills Training & Development Plan. This relates to Goal 1, Objective IF on her Service Plan. Provided instructions and modeled step #1 (applying toothpaste to toothbrush). Prompted Ima to rehearse step one, provided feedback and reinforcement. Ima was hesitant but able to successfully conduct this step with prompting and encouragement. Ima will practice applying toothpaste to her toothbrush and then we will proceed to step two once she is comfortable with step one. _____

- Staff Name and Credential

Inappropriate Documentation Example

- Jane Doe
- July 2, 2019
- Residential Cottage
- 1:00pm-1:20pm
- H2014 HN U1
- 1:1 ratio

- Conducted a group session on the benefits of budgeting. All group members discussed their former knowledge of budgeting and what previously worked for them vs. what didn't work. Jane shared that when she is not using substances she is able to stick to a budget; however, when in active addiction she doesn't care whether or not she pays her bills. She indicated that as long as she stays clean she doesn't expect budgeting to be a problem for her.

- _____
- Staff Name and Credential

Retrospective Review Tool

1.	Does the documentation demonstrate that the member met medical necessity criteria for the authorization period under review? **(Note: If Question #1 scores 0, all remaining questions score 0.)**	1	0		
2.	Are the services consistent with the service definitions and/or best practice? (Meets the definition of Rehabilitation) **(If Question #2 scores 0, all remaining questions score of 0.)**	1	0		

3.	Is there a current Service Plan for Skills Training and Development that demonstrates participation by Physician/Psychologist/ Approved Licensed Professional* and member including all required signatures, credentials, each with dates, start and stop times? **(Note: If Question #3 scores zero, all remaining questions will score zero.)**	1	0		
4.	Does the plan demonstrate participation by all required team members, including members from other agencies involved in behavioral health care of the member (dates, start and stop times) including all required signatures and credentials?	3	0		

5.	Are objectives focused on the assessed areas of skill deficit? (The skill deficit used to establish medical necessity.) **[If this question scores zero, question 2 and all remaining questions score zero].**	3	2	1	0
6.	Does the service plan indicate the specific service to be utilized (i.e. 1.1 Paraprofessional; 1:2-4 Paraprofessional; 1:1 Professional; 1:2-4 Professional)?	3	1.5	0	

7.	Do the objectives on the plan specifically identify criteria (specific steps) the member must achieve to master the skill? **(Note: the skills must be substantiated in the documentation and meet the rehabilitation definition).**	3	2	1	0
8.	Are objectives discontinued if mastered within the timeframes indicated?	3	2	1	0

9.	If no progress is made toward mastering skills at the 90-day re-evaluation juncture are changes made or objectives discontinued? **(Note: changes must be more substantive than simply changing dates or compliance targets).**	3	2	1	0
10.	Does service activity documentation include: • Practitioner Signature with appropriate credentials • Start and stop times • Date • Location of service • Service code and/or descriptor • Staff to member ratio? **(Note: If there is no signature with appropriate credentials, questions 10 through 13 score 0 for those notes).**	3	2	1	0

11.	Are the activities that meet criteria, age and functionally appropriate per the definition?	3	2	1	0
12.	Do service notes document reasonable movement toward acquisition of the identified skill relative to the plan?	3	2	1	0
13.	Do service notes address the member's level of functioning?	3	2	1	0
14.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Scoring for each question is determined as follows:

Total Score = _____ [Possible 36]

3 – 100% of the documentation meets this standard.

2 – 99% to 75% of the documentation meets this standard.

1 – 74% to 50% of the documentation meets this standard.

0 – Under 50% of the documentation meets this standard.

QUESTIONS AND ANSWERS

Contact Information

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