KEPRO Overview of Supportive Counseling (Individual & Group)

Gene Surber, MA, LPC, ALPS

KEPRO Trainer/Consultant

Purpose & Objectives

1) Identify the Role of KEPRO
2) Discuss Medical Necessity Criteria
3) Overview & Purpose of Professional Therapy
4) Identify Staff Qualifications
5) Review Therapy Codes
6) Identify Therapy Components
7) Discuss Documentation Requirements with Examples
8) Review KEPRO Consultation Scoring Tool for Therapy

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 Supportive Counseling

SIC Documentation should demonstrate Medical Necessity of the service by:

1) The purpose of the service, and subsequent supportive interventions links directly to the diagnosis of the member.

2) Documentation demonstrates the member has continuing symptoms that create functional deficits as a result of their diagnosis.

Areas of Caution Related to Medical Necessity for Therapy

- Other/outside sources do not establish medical necessity
  - For example, court referrals, physician referrals, placement alone, do not automatically establish medical necessity.
  - The documentation itself, related to the members symptoms and functional deficits and interventions to address them, either establishes medical necessity criteria or doesn't.

- Medical Necessity criteria continues to be reflective and established within each service provided and each progress note within the member's clinical record
  - For example, the member may have met medical necessity at admission for Supportive Counseling services; however, after a period of time they no longer meet the criteria.

Overview & Purpose of SIC

Supportive Counseling

- Face-to-face intervention provided to a member receiving coordinated care and part of the “bundle” of services in Residential services.
- It must directly support/supplement another Behavioral Health service that is addressing the individual’s behavioral health needs to meet service definition and medical necessity.
- Must be directly related to the individual’s behavioral health condition
- The service is intended to promote continued progress toward identified goals and to assist members in their day-to-day behavioral and emotional functioning.
- This service must be included in the member's service plan. The objectives of the service must be clearly identified, and reviewed at a minimum of each 90 days and at every critical treatment juncture.
  - Supportive Counseling is considered a coordinated service

Supportive Counseling Service Definition, cont.

- Supportive Counseling utilizes *basic* counseling techniques to *support* outcomes of other services. It is not a Therapy service.
- Supportive Counseling must be provided on a *scheduled basis*, with the exception of unscheduled crisis activities. The nature of the crisis should be documented in the member's record.
- Supportive Counseling services should be provided such that it *enhances the outcomes* of other clinical services being provided.
- The need for Supportive Counseling should be supported by the Assessment.

Supportive Counseling Should:

- Promote application and generalization of age appropriate skills such as problem solving, interpersonal relationships, anger management, and emotional control as it impacts daily functioning as related to the member's behavioral health condition; and/or

- The intervention assists the member as they explore newly developing skills as well as identifying barriers to implementing those skills that are related to objective listed on their treatment plan.

- Supportive counseling consistently should augment other coordinated care services being provided by the agency and if possible, services being provided to the member by other agencies.

Supportive Counseling Augments Clinical Services:

- Supportive counseling may be used to augment all clinical treatment services in the Provider Manual such as Therapy, Behavior Management, Community Focused Treatment, etc.

- Service such as Assessments, Crisis Intervention, Targeted Case Management, and Service Planning *in themselves* would not be appropriate for Supportive Counseling to augment.

Credentialing & Service Codes

Staff Qualifications

- Providers must maintain documentation of staff qualifications in staff personnel files.
- Documented evidence includes, but is not limited to transcripts, licenses, credentials, background checks, trainings and certificates.
- WV Cares meets these standards.
  - Please refer to Chapter 700 WV CARES Provider Manual: https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter 700 WV CARES Policy FinalApprovedforManual.pdf

Credentialing Requirements - LBHC

- As defined in Chapter 503 Licensed Behavioral Health Centers “Individuals providing this service must have a bachelor’s degree in a human services field or a high school diploma or GED with two years documented experience in mental health and/or substance abuse services. Staff must be properly supervised according to the BMS policy on clinical supervision. The service may be provided in a variety of settings by appropriately designated, trained, and supervised staff”,

or

Credentialing Requirements - Residential

- For Residential Facilities - Individuals providing this service must have a bachelor's degree or a high school diploma or GED and complete the Residential Children's Supportive Counseling Certification that was developed and maintained through the collaboration of the Residential Children's Service providers and must be adopted by any residential provider that chooses to use this service under this provision.

Residential Credentialing Requirements – Core Training

Residential Children's Supportive Counseling Certification includes core training modules, with a pre- and post-test, as well as 90 days of an on-the-job shadowing program. Core training modules include:

- Away from Supervision (AFS) Training
- Trauma Training
- Diagnoses and Developmentally Appropriate Behavior
- Confidentiality
- Mandated Reporting
- Policies and Procedures
- Crisis Prevention and De-escalation (CPI/TCI)
- Module Pre-Test Quiz
- Module Post-Test Quiz

Residential Credentialing Requirements – Core Training

- Training for core modules must be provided by a trained clinician within their scope of practice. Additional modules for training can be added (but are not mandatory) for facilities who have a specific population such as, but not limited to, children involved in human trafficking, children with substance use diagnosis, other specific mental health diagnosis, etc.
- After successful completion of core modules and shadowing, an employee must continue to be properly supervised according to the BMS policy on clinical supervision in *Chapter 503 Licensed Behavioral Health Centers.*. The personnel file must contain documentation for each of these certifications and pre-test and post-test quizzes with the appropriate correlating modules.

Residential Credentialing Requirements – Core Training

- This certification process for Behavioral Health Counseling, Supportive Exclusion can only be used while employed by a Residential Children's Facility and cannot be transferred to different provider type. If this occurs, the criteria for Behavioral Health Counseling, Supportive reverts to the criteria defined in *Chapter 503 Licensed Behavioral Health Centers.*

- An employee cannot bill for supportive counseling services until core modules and the 90 day shadowing period has been successfully completed.

The Supportive Counseling Services Are Coordinated Care

Coordinated Care in an LBHC

- Members who have severe and/or chronic behavioral health conditions that necessitate a team approach to provide medically necessary services
- Treatment is usually provided on a more intensive basis (i.e. several times per week, if not daily)
- Team consists of personnel ranging from paraprofessionals through psychiatrists in providing care
- Member is likely to have a case manager who is responsible for coordinating and facilitating care
  - Not necessarily referencing TCM services but rather someone who is coordinating care.
- Coordinated Care members must have a Service Plan that "coordinates" the team approach to care.

The SIC Service Plan

Supportive Counseling Should Be On The Service Plan

- COMPONENT(I): Charlotte will learn and *practice* at least two relaxation techniques (e.g., deep breathing, positive guided imagery, deep muscle relaxation) by 8/15/19.
  - Therapy four times per month.
  - *Supportive counseling three times per month.*
- COMPONENT (II): Charlotte will practice her coping skills to manage symptoms of depression in role play during at least three sessions and discuss results in session by 10/30/19.
  - Individual Therapy 4x's a month
  - *Supportive Counseling 3x's a month*
- COMPONENT (III): If unable to utilize her coping skills, Charlotte will problem solve at least three alternate ways to handle her depressive symptoms other than withdrawing/crying by 10/15/19.
  - *Supportive Counseling 3x's a month*
- COMPONENT(IV): Charlotte will discuss at least three barriers to implementation to use of her coping skills during her week and problem solve at least one way to deal with them by 11/30/19.
  - *Supportive counseling three times per month.*

Components of Documentation

SIC Documentation Requirements

- Discussion of management of day to day events or problem-solving that relates directly back to the diagnosed condition, program outcomes (Residential), and other service outcomes (e.g., Therapy, Behavior Management) and the member's Service Plan.
- Documentation must include the topic/purpose of the session.
- The intervention (role-playing, problem solving pro's vs con's, processing workbook pages, discussion of barriers to implementing a skill, etc.) utilized by the supportive counselor ("encouragement" by itself is not an intervention) must be documented.
- Must reflect the member's response to intervention.
- Must support continuation of the service if the member is continuing to exhibit behavioral health needs (MNS).

SIC Documentation Requirements (cont.)

- Identify the service through its HCPCS code and/or descriptor. (H0004 or H0004*HQ)
- Be a stand-alone document.
- Be LEGIBLE.
- Documentation should be distinguishable from the documentation for therapy services.
- Contain information for a single consumer.
- Notes should discuss symptoms and functioning as related to the assessed behavioral health condition of the consumer.
- Documentation must include the clinician's signature with credentials, start/stop times, place of service, and date.

Areas of Consideration

- Supportive Counseling is not for re-direction.
- Supportive Counseling is not Basic Living Skills.
- Supportive Counseling is not "learning" or "teaching" in the therapeutic sense.
- Supportive Counseling should not be utilized in conjunction with transportation.
- Supportive Counseling techniques are more complex than instruction or basic identification (e.g. role playing, pros and cons, brainstorming, rehearsing basic Control Theory/Reality Therapy).
- Supportive Group Counseling should consist of peers and not just family members.
  - Notes must meet service definition and medical necessity or they will score zero during a retrospective review.

SIC Documentation

- SIC interventions should demonstrate basic counseling interventions (e.g., brainstorming, discussion of pro's and cons, role playing, etc.). These interventions should relate back to Service Plan objectives and be supportive of clinical outcomes related to other clinical services.

- Two ways to determine if the documentation meets both medical necessity and its service definition are:

1) The diagnosis can be generally determined from the content of the progress note.

2) The intervention is specific enough that another clinician could duplicate it and relates back to outcomes established by another clinical service.

Documentation Examples

Appropriate Use SIC

Member Name: Ima Sad **Date**: 5/1/19 **Time**: 10:04am-10:47am **Location:** Office **Service:** Group Therapy

- **Purpose:** Met with Ima after staff indicated to her that she had not met her goal on her BM plan of zero incidents of verbally aggressive behaviors within the past hour.
- **Intervention:** Discussed with Ima barriers for her utilizing her anger coping skills to ensure that she can earn her points for the hour.
- **Response:** Ima indicated that when she is in the moment she just "loses it". Practiced her relaxation technique of taking deep breaths as well counting to five before responding to irritating situations as she has been working on in therapy sessions. After rehearsal she related her plan for how she can earn her points over the next hour would include asking staff for a personal timeout to gather herself prior to lashing out at peers and using the skills we just rehearsed.
- **Interval History:** Ima has been doing better lately with taking responsibility for her behaviors.

Clinician Signature with Credentials

Inappropriate Use of SIC

Member Name: Ima Sad **Date**: 4/30/19

Start/Stop Times: 10:03 a.m. - 10:36 a.m.

Location: Phone **Service:** 90832

Content: Brainstormed coping skills she could use when angry. she could listen to her iPod, go for a walk, talk to staff. Ima needs to follow staff directions and rules.

_____

Clinician Signature with Credentials

Appropriate Use SGC Example

Name: Ima Sad **Date**: 4/30/19 **Service:** H0004 HQ, Supportive Group

Location: Office **Start/Stop Times**: 10:00 a.m. - 11:00 a.m.

- **Topic:** Practicing coping strategies for anxiety learned in therapy.
- **Interval History:** Ima reported feeling she is improving and is feeling less anxious and depressed.
- **Content:** Practiced with members the progressive muscle relaxation techniques learned earlier this week in group therapy. Had members practice the tense and release method, and the release method. Members discussed how they felt this technique helped them feel more relaxed and less anxious. I reinforced that this was a good way of managing stress & anxiety and encouraged members to try it during the upcoming days so as to get used to using it. We brainstormed different situations they could use this skill in. Ima indicated she could use it when anxious at school. Discussed that the release method would be very beneficial when in social groups and feeling anxious, while the tense and release method would be beneficial when sitting down and having a moment to themselves.
- **Response & Plan:** Ima related that she had not been aware of how tense her body felt until she learned this exercise in therapy. Continue to practice muscle relaxation as a means of anxiety management.

Clinician Signature with Credentials

Inappropriate Use of SGC

Member Name: Ima Sad **Date**: 5/1/19

Start/Stop Times: 10:04 a.m. -10:45 a.m.

Location: Office **Service:** Group

Purpose: To complete a worksheet entitled "Ways to Decrease Feelings of Anger".

Content: Supportive Counselor asked members what coping skills they could use to manage their anger. Taught members coping skills for anger management.

Outcome: Ima was present for entire meeting. She was alert, oriented and responded to verbal cues.

_____

Clinician Signature with Credentials

QUESTIONS AND ANSWERS

Supportive Counseling Retrospective Review Tool

Supportive Counseling Retrospective Review Tool

1.	Is there a behavioral health condition that establishes medical necessity for this service? (**Note: If Question #1 scores zero, the remaining questions score zero**.)	1	0		
2.	Is there a current Service Plan for Individual Supportive Counseling that demonstrates participation by Physician/Psychologist (start and stop times) and Member including all required signatures and credentials? **(Note: If Question #2 scores zero, all remaining questions will score zero.)**	1	0		
3.	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		

Supportive Counseling Retrospective Review Tool

*4.	Do the goals/objectives address day-to-day management and problem solving based on the assessed need indicated by the supported service, therefore demonstrating service definition? **(If this question scores zero, question 2 & all remaining questions score zero).**	3	2	1	0
*5.	Does the Service Plan contain measurable component objectives the member would take toward achieving service plan goals consistent with member's assessed need indicated by the supported service? **(must meet service definition).**	3	2	1	0
6.	Are goals and objectives commensurate with time spent in services and consistent with member's assessed need indicated by the supported service?	3	0		

Supportive Counseling Retrospective Review Tool (cont.)

7.	Is the frequency and intensity at which the service is prescribed consistent with the member's assessed need indicated by the supported service?	3	0		
*8.	Are projected achievement dates for the objectives on the Service Plan realistic and consistent with the member's assessed need indicated by the supported service?	3	2	1	0
9.	Is there a Service Plan review that includes: 1.) A review of the amount of Individual Supportive Counseling treatment provided and the objectives that were addressed 2.) Progress toward achievement of Individual Supportive Counseling objectives 3.) Problems which impede Individual Supportive Counseling treatment/progress (whether member or center based) 4.) Whether timelines designed for its completion were met, 5.) A decision either to continue or modify the Individual Supportive Counseling objectives on the plan?	3	2	1	0

Supportive Counseling Retrospective Review Tool (cont.)

10.	Is the Service Plan reviewed when a critical juncture occurs in the member's clinical status?	3	0		
11.	Does the Service Plan include individualized and measurable discharge criteria for supportive counseling?	3	1.5	0	
*12.	Do the Individual Supportive Counseling notes include: ▪ Signature with appropriate practitioner credentials ▪ Service start and stop times ▪ Location of service ▪ Date ▪ Service code and/or descriptor? **(Note: if there is no signature with appropriate credentials, questions #12 through #16 all score 0 for those notes.)**	3	2	1	0

*13.	Are the specific interventions utilized during the encounter (e.g., practicing coping skills, discussion of pros and cons, etc.) demonstrated (demonstrating service definition) and do they address assessed need indicated by the supported service? **(Note: If Question #13 scores 0, then Questions 12, 14, 15, 16, and 17 score 0.)**	3	2	1	0
*14.	Do the Individual Supportive Counseling service notes relate to the Individual Supportive Counseling objectives?	3	2	1	0
*15.	Do the Individual Supportive Counseling notes address the member's response to the specific Individual Supportive Counseling interventions utilized?	3	2	1	0
*16.	Is pertinent interval history documented including changes in symptoms and functioning and addressing appropriate high-risk factors?	3	2	1	0

Supportive Counseling Retrospective Review Tool (cont.)

*17.	Are the services consistent with best practice and provided at a frequency commensurate with assessed need indicated by the supported service?	3	2	1	0
18.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Total Score = _____ [Possible 50]

*The scoring for these questions are as follows:

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

Contact Information

KEPRO **1007 Bullitt Street, Suite 200** **Charleston, WV 25309** **Phone: 1-800-378-0284** **Fax: 1-866-473-2354** **Email: wv_bh_sns@kepro.com**	**Christy Gallaher , Team Leader** **304-573-9008** **cgallaher@kepro.com**
	Lisa McClung 304-921-8414 Lisa.McClung@kepro.com
	Colleen Savage 304-692-5759 csavage@kepro.com
	Heather Smith 304-966-2751 hesmith@kepro.com
	Gene Surber 304-654-7183 resurber@kepro.com

KEPRO's WV webpage: http://wvaso.kepro.com/members/