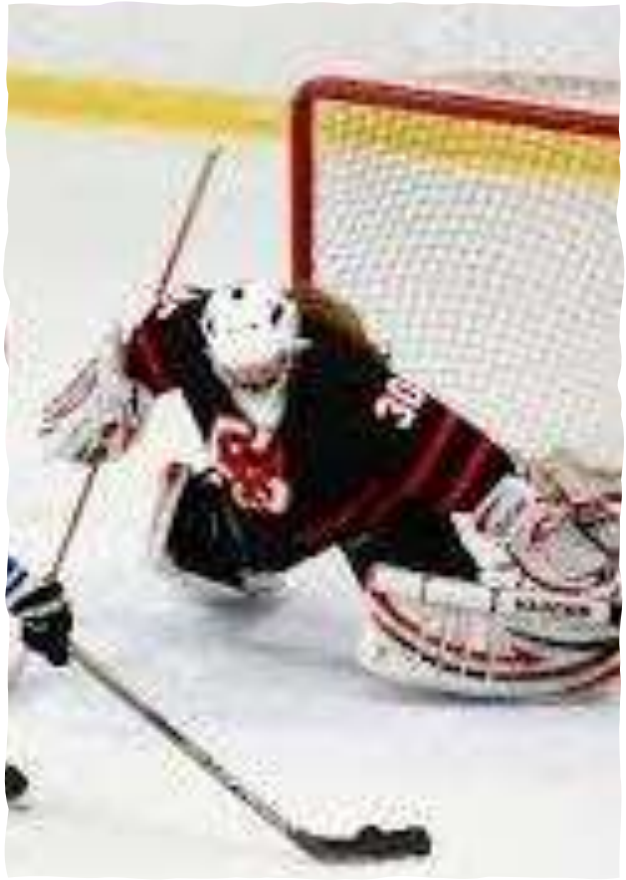
The Recovery Journey through Medical Necessity

- **Maria Gregg, LCSW**
  - maria@brightwayscounseling.com
- **Amanda Vierra, MA, CMHRS, LAADC, MAC**
  - mastermindcoaching01@gmail.com

- CASRA 2021 Spring Conference
- Tuesday, May 4, 2021
  - Part 1 - 10:15 AM - 11:15 AM
  - Part 2 – 11:30 AM – 12:30 PM

Goals



- Understanding Medi-Cal requirements as the framework to use strengths-based language to document treatment and service engagement.
- Shift towards documentation as an extension of person-centered care.
- Increased awareness of how language used in documentation impacts engagement with the individuals we serve.

Objectives

- By the end of this session, participants will be able to:
  - Identify two reasons why documentation impacts engagement
  - Cite two ways in which developing strength-based progress notes can help to create meaningful interventions
  - Identify two ways that practitioners can translate traditional language to recovery-oriented language, especially in the use of trans-theoretical model.

“A Difficult Patient”

"The Package." Seinfeld, written by Jennifer Chrittenden, directed by Andy Ackerman, Columbia TriStar Television, 1996. S8, E5.

https://youtu.be/ZJ2msARQsKU

HAVE YOU EVER READ YOUR CHART?

"I want you to find a bold and innovative way to do everything exactly the same way it's been done for 25 years

Although one is not better than the other, our philosophy and mission encourages the use of the Recovery Model.

We strongly believe that utilizing recovery language ensures that we focus on and provide recovery-oriented support & services.

Traditional Language	Recovery Language
One to two-word descriptors that only highlight issues someone is facing rather than providing a fuller context of what an individual is experiencing.	Fuller, more broad description of a person's situation and experiences. This description is more clinically useful as it paints a picture of the successes and setbacks in someone's life.

Cinderella Seeks Services (Traditional Language)

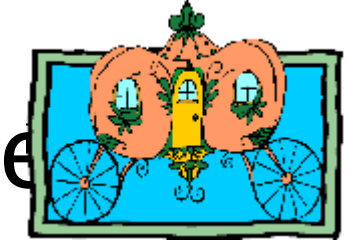
Patient is a 23-year-old female who lives with her step-mother and two step-sisters. Patient's father is deceased and step-mother serves as the patient's conservator. Patient and her family live in a rural community.

Patient arrived to the center at 11AM. Patient immediately begins to discuss her difficulties with her family. Patient accused her step-family of abusing her verbally. She also describes herself as a "slave". Patient has a long history of making complaints against her family. However, authorities have gone out in the past and found no merit to her claims.

Patient expressed bizarre thoughts during the session. She claims that she can talk to animals and that she is going to marry a prince. Case Manager (CM) told her that her unrealistic thoughts were impairing her ability to connect appropriately with her family and others and insisted Patient speak with her psychiatrist about a medication adjustment.

Patient became argumentative and refused to see the psychiatrist for evaluation. CM discussed the benefits of medication compliance in her case but Patient refused to listen to CM. Unfortunately, the Patient remains treatment resistant and has little motivation to modify her current behavior.

Cinderella Seeks Assistance (Recovery Model)



Cinderella is a 23 year old female who lives in a rural community with her step-mother and two step-sisters. Her father passed away 2 years ago leaving her in the care of her step-mother. Her step-mother is her conservator which is causing distress for Cinderella.

During the session, Cinderella disclosed that her step-family is verbally abusive toward her and expressed feeling like a prisoner in her home. I listened to Cinderella and recommended family therapy to improve the family dynamics. I also gave her hotline numbers that she could call if she felt unsafe in the home.

In order to decrease Cinderella's isolation, we discussed ways that she could increase her social supports within the community. When I inquired about Cinderella's coping skills, Cinderella informed me that speaking with animals helps makes her feel happy thus decreasing her feelings of loneliness. I inquired about what kinds of things the animals say. Cinderella indicated that animals are supportive and positive and don't tell her to harm herself or others. I will inform Cinderella's psychiatrist for further supportive and equally collaborative interventions.

Cinderella remains optimistic about her future despite the barriers she pointed out to me. She believes that she will marry a prince. I could see that this was very important to her and encouraged Cinderella to work collaboratively with staff on developing a desirable plan to connect socially with others.

Why use recovery language?

- Reduces burnout and makes the connection more personalized.
- It influences our “worldview”
- Focus on strengths rather than weaknesses
  - drives services & motivates towards change & increased self-worth.
  - “what is right?” instead of “what is wrong?”
- The language we use can influence where we go, what we do with others & how we see their progress (i.e., the “Stages of Change”).

Traditional vs. Recovery

Traditional-Based

- Practitioner-based
- Problem- based
- Professional dominance
- Acute treatment
- Cure/amelioration
- Facility-based
- Dependence
- Episodic
- Reactive
- Yeah, but…

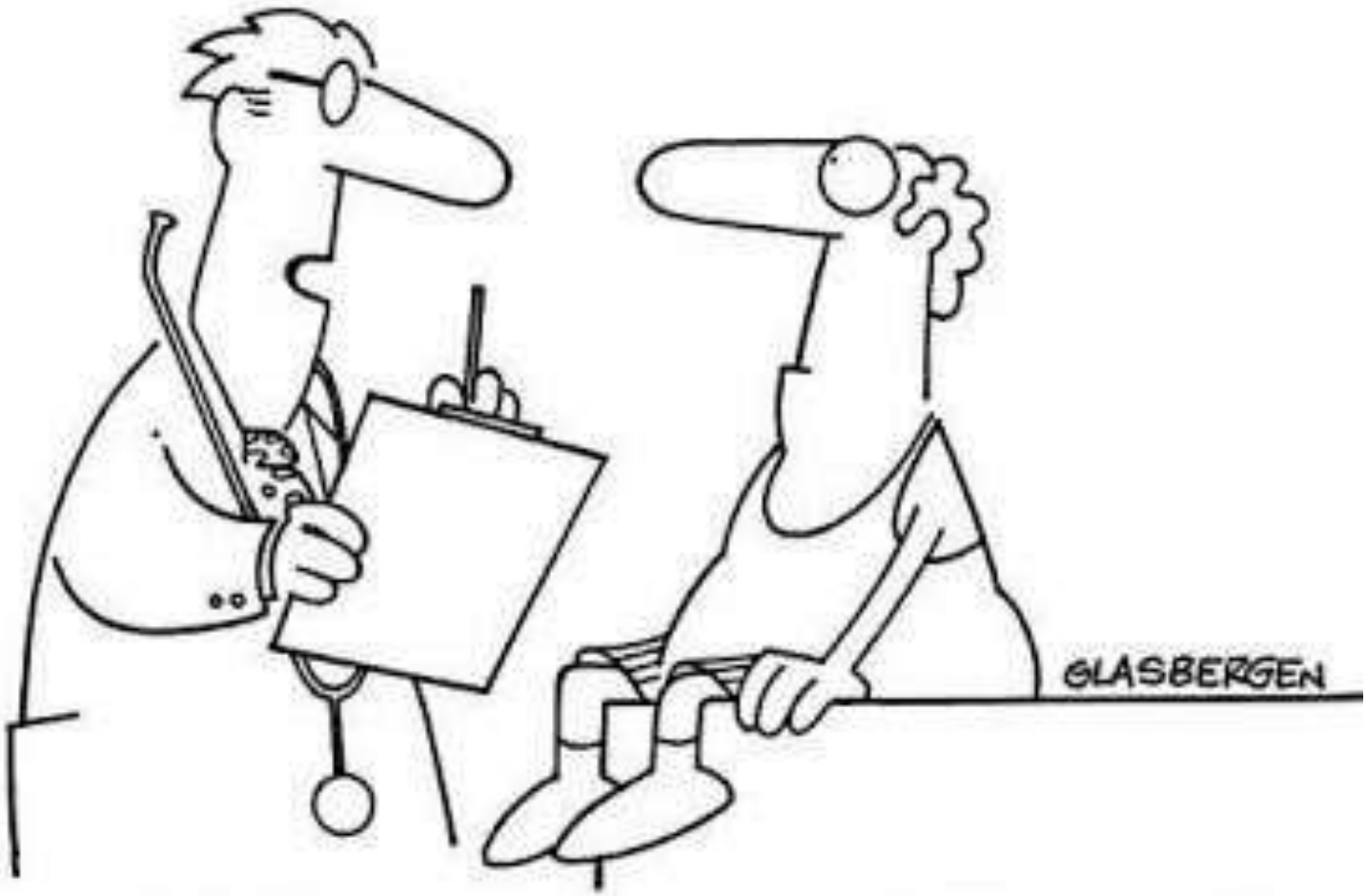
Recovery-Oriented

- Person-directed
- Strengths-based
- Skill Acquisition
- Collaboration
- Quality of Life
- Community-based
- Empowerment/choices
- Least restrictive
- Preventative/wellness
- Yeah, and…

Traditional Language	Recovery Language
Impaired	…limits ability to…
Non-Compliant	Chooses not to / Chooses to
Manipulative	Advocate / Resourceful
Psychotic	Experiencing increased symptoms of…
Decompensated/ Decompensating	Relapse / Struggling with current symptoms or situation / regression of Sx or Bx
Symptomatic	Experiencing symptoms including… which are manifested as…
Treatment Resistant	Not ready to…
Unmotivated	Not ready for / Not comfortable with
Unrealistic	High goals for him/herself

Examples - Discussion

…but what about Medical Necessity?



"We can't find anything wrong with you, so we're going to treat you for Symptom Deficit Disorder."

In Medi-Cal funded programs, clients must meet the following medical necessity criteria as described in Title 9 (1830.205, 1830.210) in order to receive outpatient mental health services:

- The client must have an included qualifying current Diagnostic and Statistical Manual (DSM) mental health diagnosis that is the focus of treatment.
- As a result of the mental health diagnosis, there must be one of the following criteria.
  - A significant impairment in an important area of life functioning (e.g., health, daily activities, social relationships, living arrangement).
  - A reasonable probability of significant deterioration in an important area of life functioning.
  - For a child (a person under the age of 21 years), a reasonable probability that the child will not progress developmentally as individually appropriate.
- Must meet each of the interventions criteria listed below:
  - Focus of the proposed intervention must address the condition identified,
  - The proposed intervention will do, at least, one of the following:
    - Significantly diminish the impairment
    - Prevent significant deterioration in an important area of life functioning
    - Allow the child to progress developmentally as individually appropriate.
  - The conditions would not be responsive to physical healthcare-based treatment (Primary Care Physician).

Medical Necessity for Mental Health Programs in every-day speak:

- Ind has an included MH diagnosis;
- Ind's level of impairment is severe enough to limit their life functioning/stage development, goals, hopes & dreams;
- Ind requires specialized mental health services so they cannot be served chiefly by a primary care physician;
- Ind will benefit from interventions we work on together throughout treatment.

Philosophy & Model

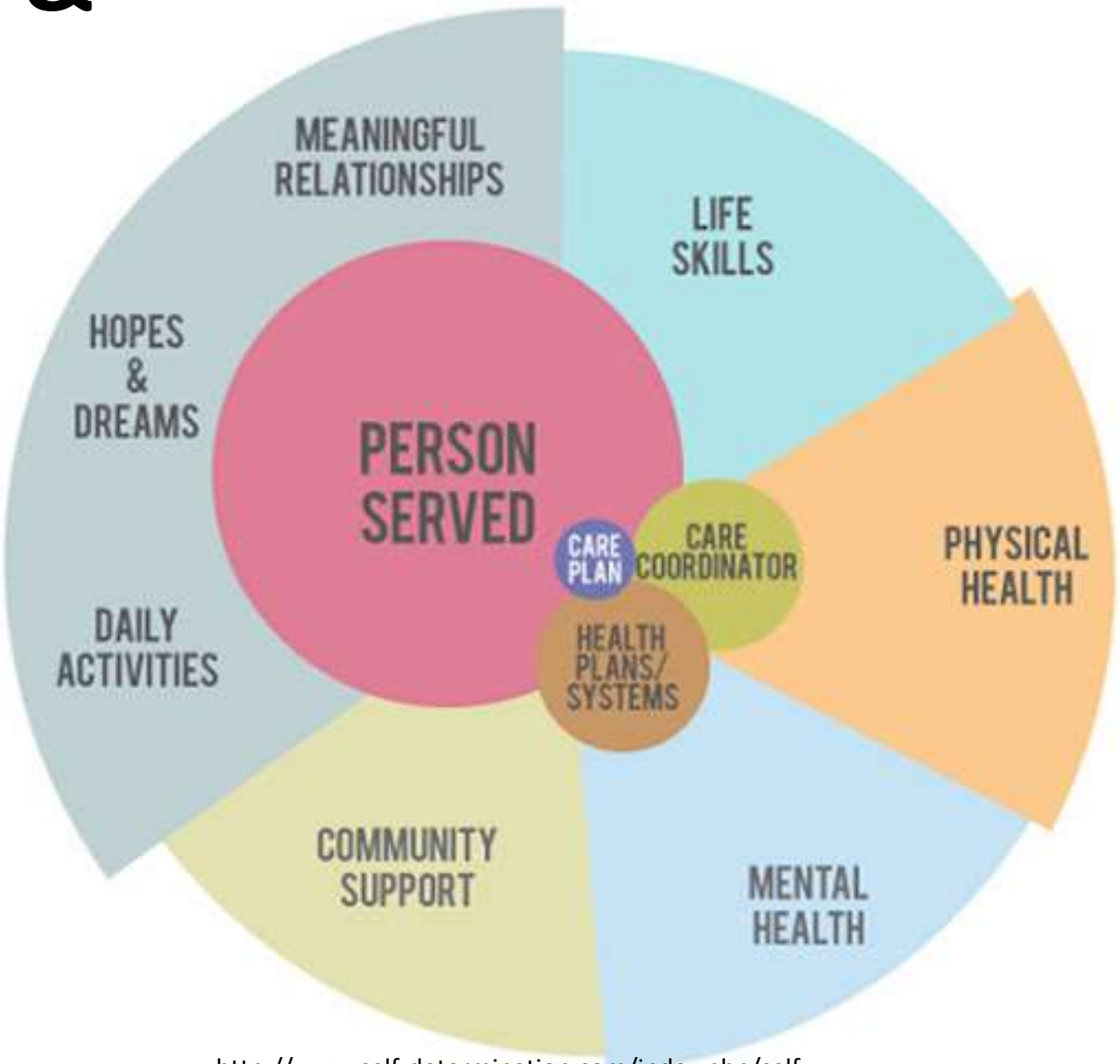
Person Centered

Adapting Tx and services to an Individual's

- Aspirations/desires
- Values/beliefs
- Strengths and motivations
- Culture

WHAT DOES THE CLIENT CARE ABOUT?

Sees the client holistically (beyond their MH condition)



http://www.self-determination.com/index.php/self-determination/person-centered-planning

STRENGTHS-BASED

- Accomplishments
- Skills/Abilities
- Resiliency
  - What's worked before?
  - How do you make things better when things are okay now?

Recovery Zones (SAMHSA's definition of recovery)

- **Health:** emotional, physical, medical conditions, diet, self-care, exercise, etc. Supporting a client's involvement, management, and improvement in their health
- **Purpose:** meaningful roles and community activities, (such as a job, school, volunteerism, family caretaking, creative endeavors, and recreational activities that are consistent with their interests, desires, and values.
- **Social/Community Supports:** Supportive social relationships and community connections
- **Housing:** a safe and stable home consistent with their individual desires, values, and resources

Tips to Document with Recovery Language & Meet Medical Necessity

Reduce & clarify psychiatric jargon

- words like “manic,” “paranoid,” and “delusions” should be accompanied by **descriptions** of behavior, functioning, problems and/or barriers.
- Describe observations, decisions or plans made.
- Be mindful that someone with no mental health experience or knowledge should be able to follow your note.

Barriers are a key to medical necessity

- List the barriers according to what the consumer states they are experiencing.
- The Stages of Change help determine barriers & movement – whether forward or back.

Tips (cont'd)

Be informative but to the point

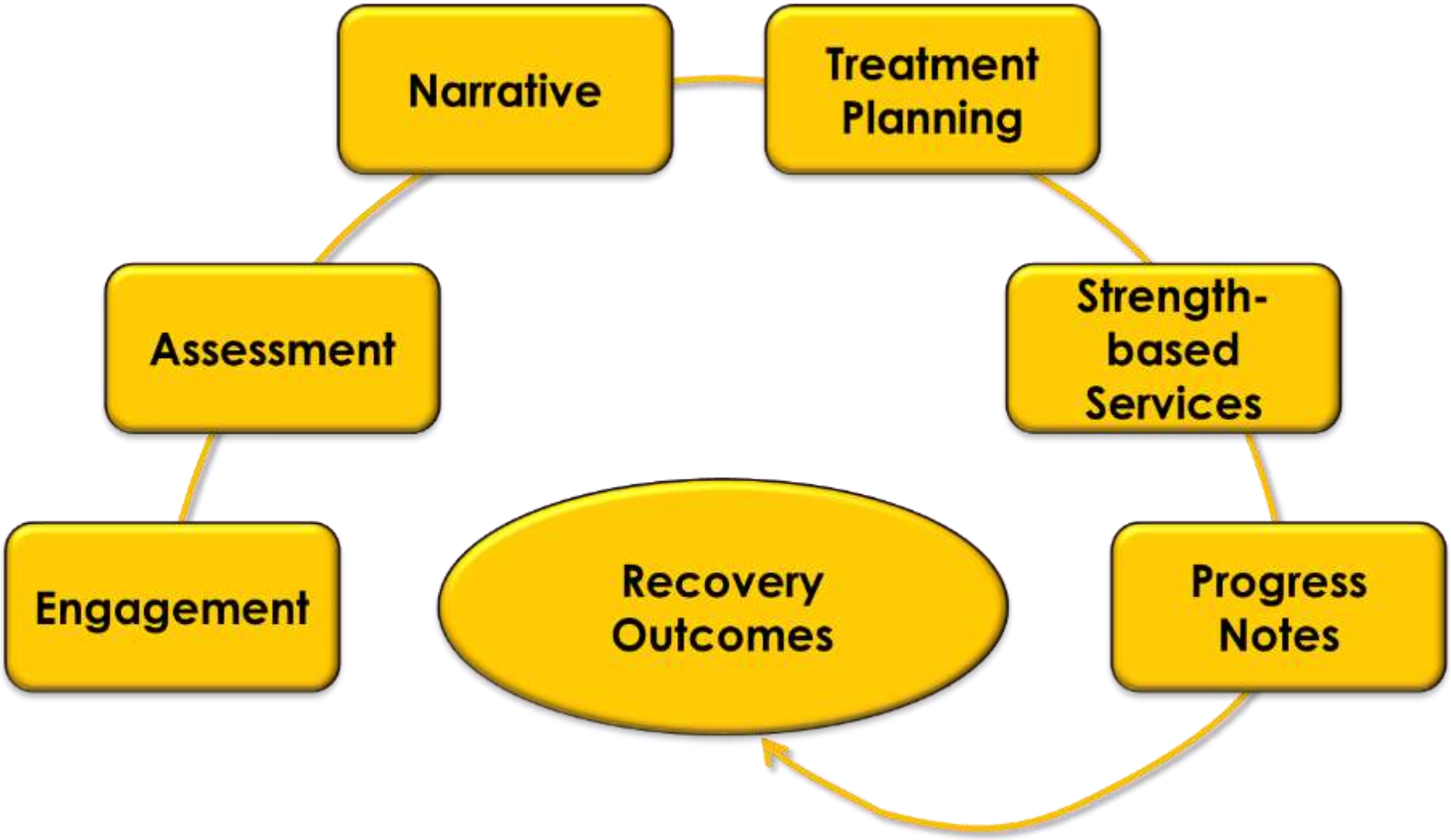
- Use of PIRP or FIRP format helps: (Problem-Functioning / Intervention / Response / Plan)
- *Remember*: We are not looking for a sentence by sentence, incident by incident account of what happened in session, just the PIR or PIRP version. **No novels required**.

It's ok to use the Client or Patient's name

- This makes the experience more personal & individualized.

Time to Take a Stretch Break

Outcomes-based Services



Credit: Ian Gregg

Clinical Thread

- **ASSESSMENT**
  - confirms medical necessity is met and defines the needs
- **TREATMENT PLAN**
  - targets the needs & medical necessity through goals and interventions
  - the agreement between individual and provider
- **PROGRESS NOTES**
  - tell the story of INTERVENTIONS (clinical and self-directed)
  - responses to interventions
  - Observations
  - plans for continued services based on medical necessity (SMART Progress Notes)

Using Prochaska & DiClemente's "Stages of Change"

Service Support & Documentation
to help with Recovery Interventions

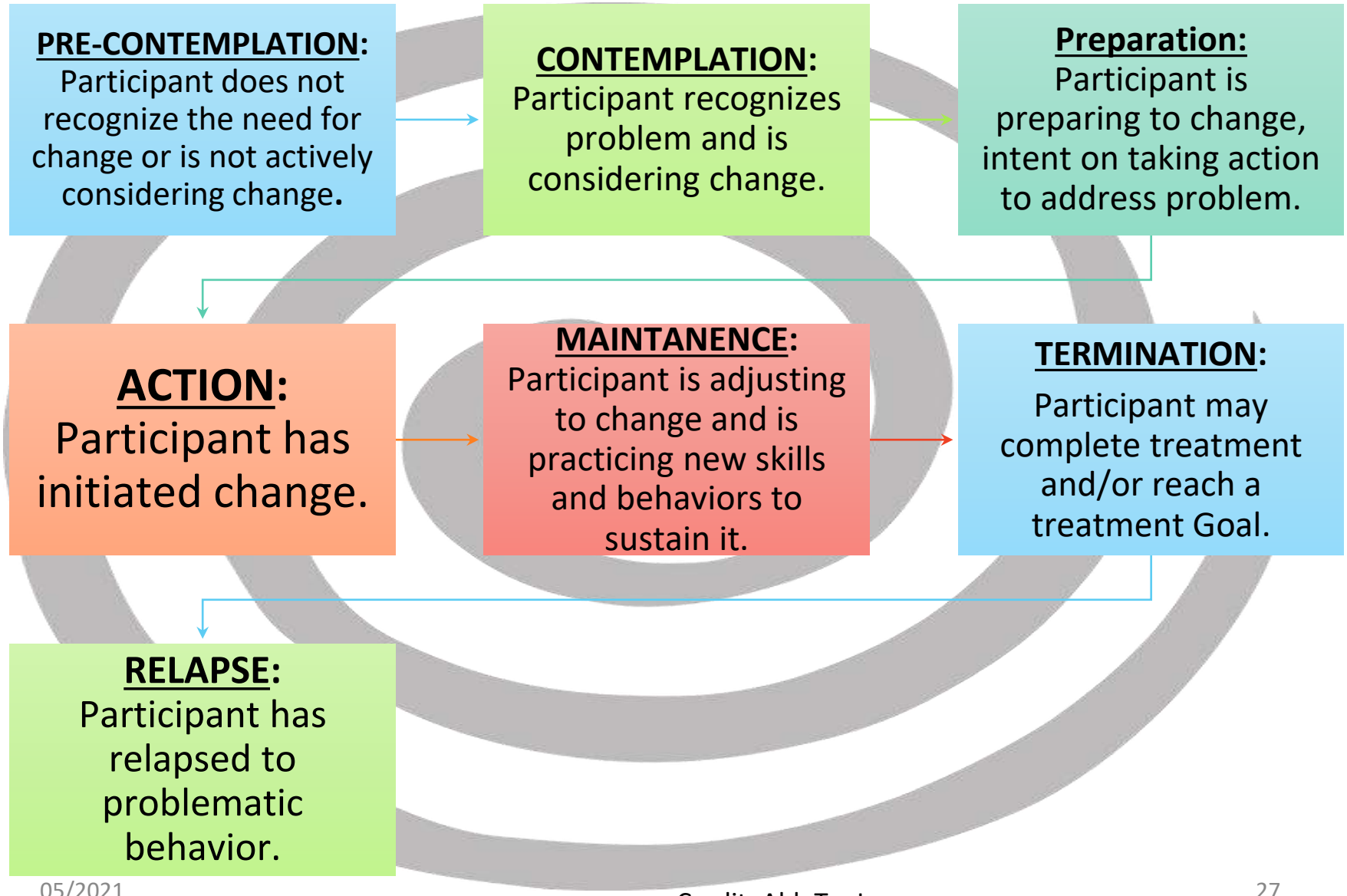
If thought corrupts language, language can also corrupt thought.

- George Orwell

Transtheoretical Model of Change
(Stages of Change)

- Influenced development of Motivational Interviewing
- Helps assess someone's readiness to act on a new behavior.
- Provides strategies & processes of change to guide them through their recovery
- Utilized to determine a person's needs and supports level of care as it relates to where the person is at in their recovery, not where we think they should be
- Balances advantages (pros) and disadvantages (cons) of what they are experiencing which affects their motivation to change
- The Stages of Change are Cyclical and Varied!
  - Someone may shift or revisit various stages at any time.
    - Example: maybe the client is in action regarding healthy eating, but pre-contemplative regarding work-life balance improvement.

The Stages of Change Cycle



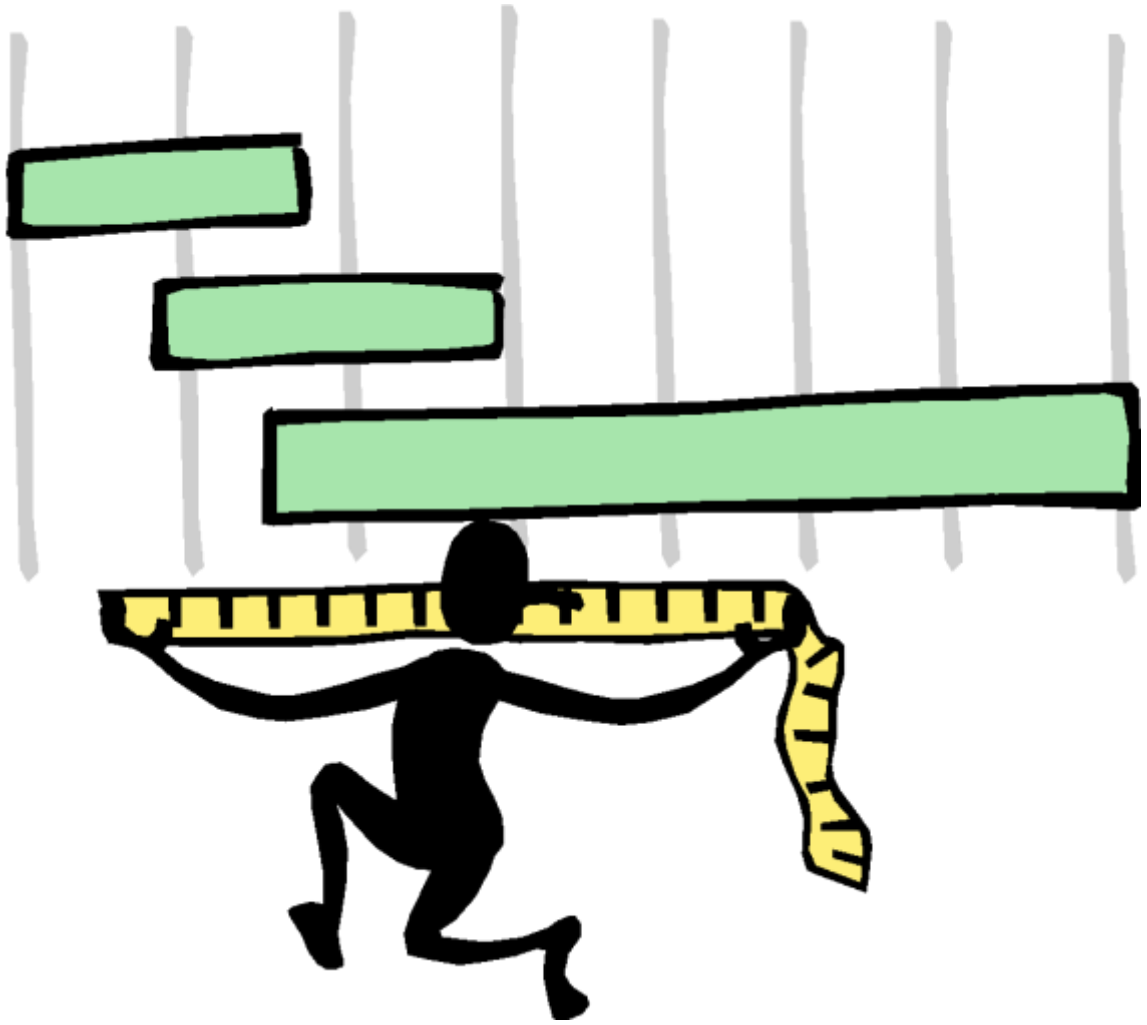
Credit: AbleTo, Inc.

Recovery Success

Any functioning improvement, no matter how small, a client makes in any of the recovery life dimensions

Any goal a client accomplishes, no matter how small, that moves them closer to the improvement they want to make

Progress & Outcomes



"What Gets Measured, Gets Done."
- Author Unknown

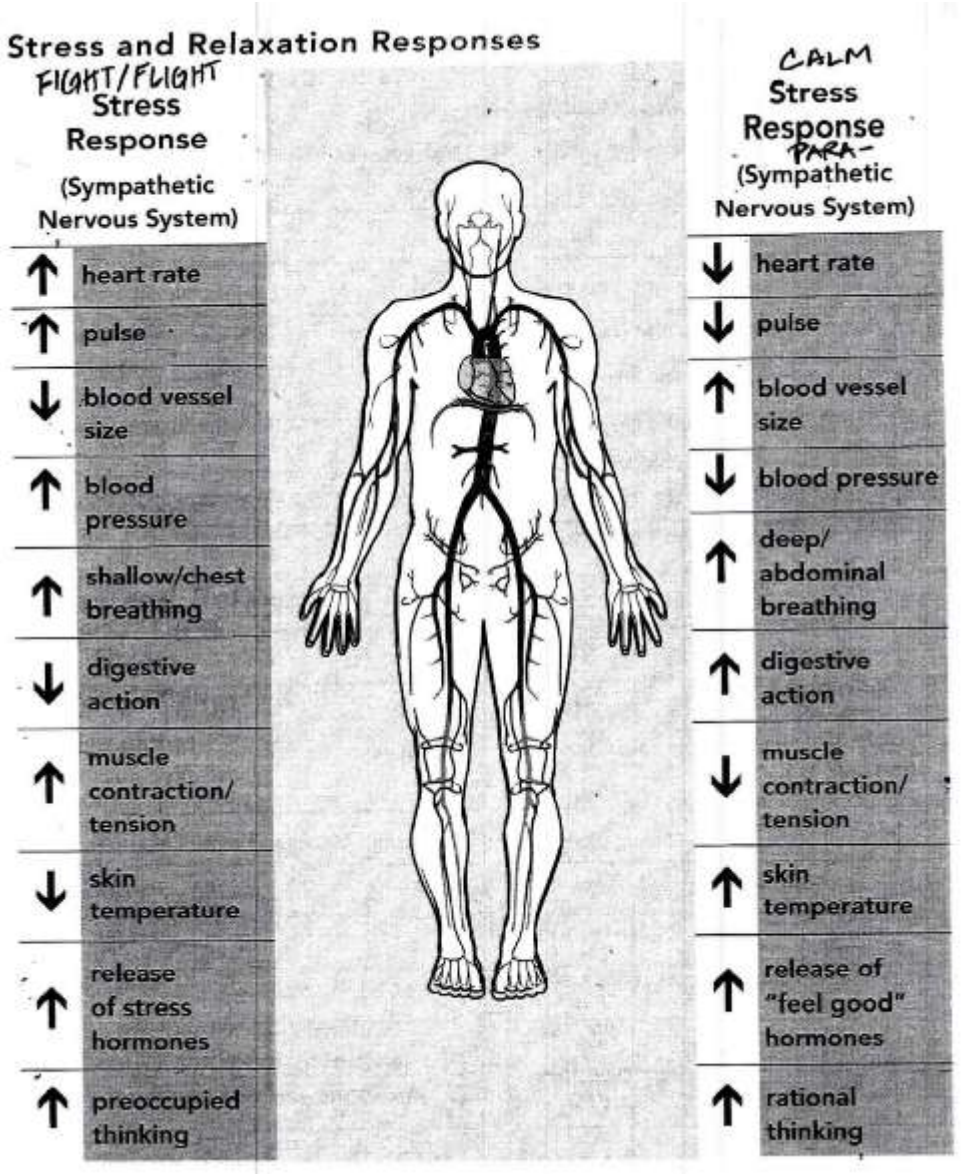
Traditional Language vs Recovery Language

Putting it all together

Improving Life Functioning Supports…

- Empowerment – self-confidence and self-efficacy
- Success
- Independence
- Resilience
- Hope
- Enjoyment
- Quality of life
- New meaning and purpose
- A life not defined by mental illness!
- MH condition improvement – better coping and mastery

Are you writing out of fear?



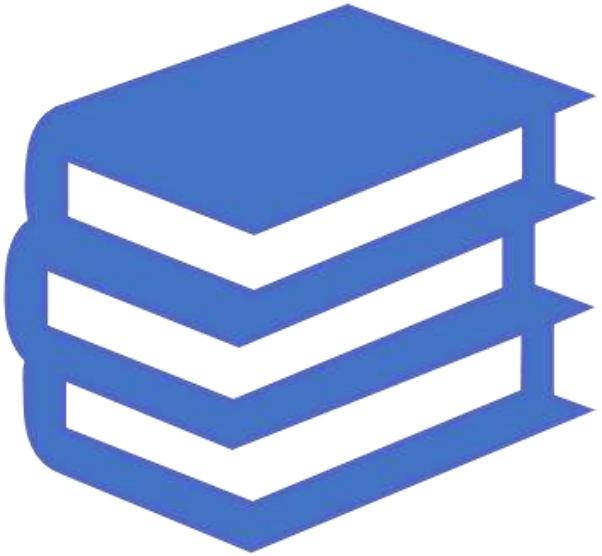
Something to Ponder

- Your documentation can be person-centered and recovery-oriented, and you can do well or poorly on an audit.
- Conversely, your documentation can NOT be person-centered and recovery-oriented, and you can do well or poorly on an audit.
- A successful audit doesn't mean clients are getting better.
- Conversely, poor audit results doesn't mean clients are getting better.

Documentation can be your way of fighting mental health stigma

How do you plan to bring this back and balance it in your daily work & life?

"Words and magic were in the beginning one and the same thing, and even today words retain much of their original power."
- Sigmund Freud



References & Articles

Additional Resources & Articles (p.1)

- California Institute for Behavioral Health Solutions: http://www.cibhs.org/
- The Change Companies – Tips & Topics: http://changecompanies.net/tipsntopics/
- Healing through Language: http://soar.wichita.edu/dspace/bitstream/10057/1808/1/LAJ+22_p54-65.pdf
- L.E.A.P.: http://www.leapinstitute.org/
- Mental Health Recovery & the Wellness Recovery Action Plan (WRAP) http://www.mentalhealthrecovery.com
- Person-Centered Planning Education Site (Cornell University): http://www.personcenteredplanning.org/

Additional Resources & Articles (p.2)

- Person-Centered Planning Research Site (Yale University): http://medicine.yale.edu/psychiatry/prch/research/pcp.aspx
- Person-First Language Bibliography and Resource List: http://www.apna.org/files/public/Person-First_Language_Bibliography_&_Resource_List.pdf
- Practice Guidelines for Recovery-Oriented Behavioral Health Care: http://www.ct.gov/dmhas/lib/dmhas/publications/practiceguidelines.pdf
- Recovery-based strengths terminology: http://www.sacpros.org/Pages/NotingClient2FMemberStrengths.aspx
- Research into Recovery: http://www.researchintorecovery.com/
- RESPECTFUL Counseling: http://knowledge.sagepub.com/view/the-intersection-of-race-class-and-gender-in-multicultural-counseling/n17.xml

Additional Resources & Articles (p.3)

- The Rhetoric of Recovery Advocacy: An Essay On the Power of Language: http://www.williamwhitepapers.com/pr/2001RhetoricofRecoveryAdvocacy.pdf
- Santa Clara County TCP Website: https://www.sccgov.org/sites/bhd-p/initiatives/tcp/pages/default.aspx
- Shared Decision Making: http://www.integration.samhsa.gov/clinical-practice/shared-decision-making
- Spirituality and Recovery from Mental Disorders: http://www.spiritualcompetency.com/recovery/lesson1.html
- Strengths in Psychological Assessment: http://www.psychpage.com/learning/library/assess/strengths.html
- Writings from The Village: http://mhavillage.squarespace.com/writings/

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- Longhofer, J., Kubek, P.M., & Floersch, J. (2010). On Being and Having a Case Manager: A Relational Approach to Recovery in Mental Health. Columbia University Press.

Additional Resources & Articles (p.5)

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- Rosengren, D.B. (2009). Building Motivational Interviewing Skills: A Practitioner Workbook. The Guilford Press.
- Slade, M. (2009). Personal Recovery and Mental Illness: A Guide for Mental Health Professionals (1st ed). Cambridge University Press.
- Tondora, J., Miller, R., Slade, M., & Davidson, L. (2014). Partnering for Recovery in Mental Health: A Practical guide to Person-Centered Planning. Wiley & Sons.
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Resources

The Power of Words: Ask Yourself

- Do I allow the individual enough time to examine his/her thoughts and to frame his/her responses to my questions?
- Do I really listen to the response and consider it carefully before I speak?
- Do I let us sit with the thoughts for a while or do I fill the deafening silence to eliminate the perceived awkwardness?2
- Is the language I am using discouraging, or even rob, people of their Hope?
- Is the language I am using frighten people out of their power to be Response-able?
- Is the language you use discourage others from exploring ALL options?
- Is the language you use stifle, or even silence, a person's efforts to self-advocate?
- Is the language you use diminish or even steer people away from natural Supporters?

 [2]Addiction Professional, May/June 2009 (Vol 7, No 3), *Questions for Productive Treatment Sessions,* Brian Duffy, LMHC, LACS-1; pp. 14-15

Traditional Language	Recovery Language
Abnormal	Should not be used to describe a person
Addict	(if impairment & diagnosed) Has an addiction to… Otherwise, this should not be used.
Argumentative	Advocating strongly for…
Borderline	Shouldn't be used w/o diagnosis
Criminal	Has a history with the legal system
Decompensated	Relapse / Struggling with current symptoms or situation / regression of Sx or Bx
Delusional	Believes / Stated "…"; Unusual thoughts
Deviant	Unstable
Difficult	Pre-contemplative
Disabled	Symptoms of mental illness cause
Disengaged	Pre-contemplative / Not interested at this time / Not ready for
Disturbed	Experiencing…

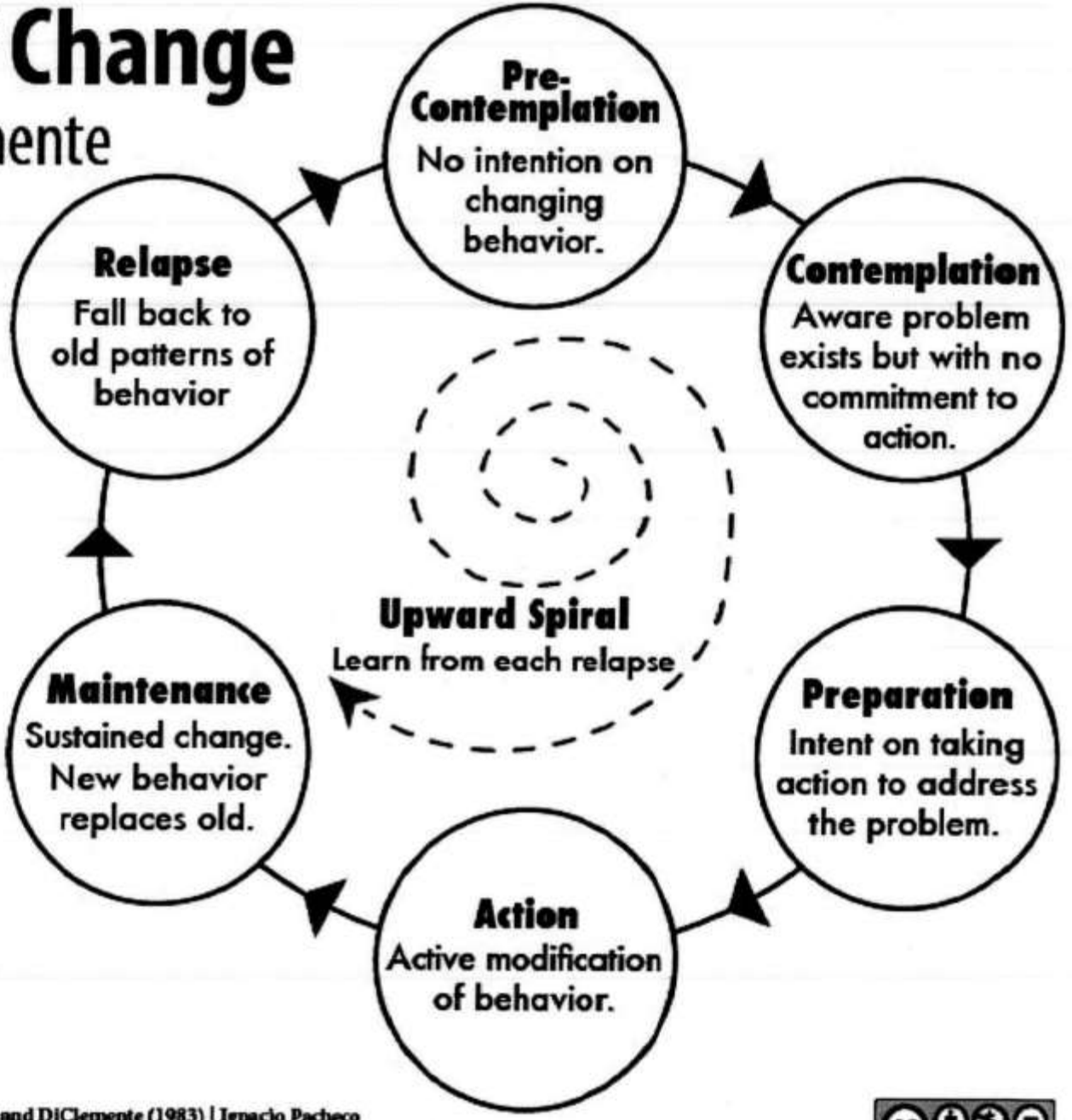
Traditional Language	Recovery Language
Flawed	Mental Illness causes…
Help Rejecting	Has other ideas / Not interested in support at this time because…
Helpless	Struggles with / Needs support in
Hopeless	Lack of Interest / Not able to find a solution to…
Impaired	Limits ability to…
Impossible	Lack of Interest / Not able to find a solution to…
In Denial	Doesn't believe or feel…/Pre-contemplation
Incompetent	Struggles with / Unable to
Incurable	Manageable with support
Liar / Lies	Believes/Stated "…"
Manic	Should not be used to label – only used as a symptom of a diagnosis
Manipulative	Advocate / Resourceful

Traditional Language	Recovery Language
Negative Symptoms	Specify the symptom or behavior
Non-Compliant	Chooses not to / Chooses to
Pathological	P.D./M.I. interferes with ability to
Psychotic	Experiencing increased symptoms of…
Schizo / Insane	This term should NEVER be used!
Symptomatic	Experiencing symptoms including… which are manifested as…
Treatment Resistant	Not ready to…
Unmotivated	Not ready for / Not comfortable with
Unrealistic	High goals for him/herself

The Cycle of Change

Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation:** The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action:** The person is in active modification of behavior
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional
- **Relapse:** The person falls back into old patterns of behavior
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.



Social Work Tech!

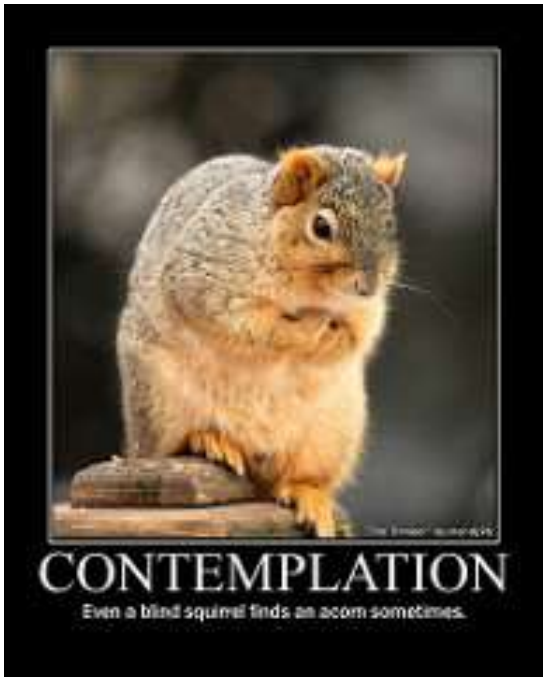
The Cycle of Change
Adapted from a work by Prochaska and DiClemente (1983) | Ignacio Pacheco

Pre-contemplation… Discovery Track

- Not considering change or more than 6 months from doing something about it
  - Goal
    - Consciousness-raising
  - Barriers/Risks:
    - No knowledge of risks/consequences
    - Contentment in their life

Contemplation…Discovery Track

- Considering change with no plan – ambivalent & undecided
  - Goal:
    - Consciousness-raising
    - Self Re-evaluation
  - Barriers:
    - Knowledge of risks/consequences
    - Self-efficacy
    - Contentment
    - Indecisiveness



Preparation…
Discovery & Recovery Track

- Committed to change within 1 month
  - Goal:
    - Self- Liberation
    - Social Liberation
    - Commitment
  - Barriers/Risks:
    - Loss of commitment
    - Knowledge of options
    - Making decisions about plans for change

Action…Recovery Track

- Has begun changing behaviors & increase self-efficacy
  - Goal:
    - Optimize plans
    - Modify behaviors and surroundings
  - Barriers/Risks:
    - Failure and disillusionment
    - Overconfidence

Maintenance…Recovery Track

- Behavior change is well-learned typically for 6 months
  - Goal:
    - Stable, new lifestyle
    - Attainment of original goals
    - Continue positive reinforcement & social support
  - Barriers/Risks:
    - Major losses and stresses
    - Failure to attain original goals

Relapse / Recycling

- Resumption of undesired behavior
- Relapse is a normal, expected stage of behavior change
- Goals:
  - Identify relapse
  - Reframe as opportunity to learn
  - Restage

Termination/Exit

- New lifestyle is stable
  - Goal:
    - Exit the cycle of change without fear of relapse
  - Barriers/Risks:
    - Pre-contemplation about returning to behavior

Cinderella's Recovery Plan

- DESIRED RESULTS: "I want to make friends & find my Prince Charming."
- OBSTACLES: mood instability, anxiety, poor hygiene & boundaries w/others, disorganized behavior, & chaotic relationship with her family (particularly step-mother) interfere with her ability to make and maintain appropriate relationships with her peers.
- SHORT-TERM GOAL(S): Cinderella will express herself respectfully & assertively to her peers 3 out of every 4 interactions over the next 2 months as reported by group facilitators.
- STRENGTHS: loves to be around others, passionate about animals & caring for them, hopeful towards change and improvement in her life
- ACTION STEPS BY IND & SUPPORTERS: Cinderella will attend groups at least 3x/week (currently is 0x/week) to practice social skills & meet others. Cinderella will explore activities in the community to do with her new friends, like shopping for a new ball gown. She will also take showers 2-3 times a week and do laundry at least every 2 weeks which will make her more approachable to others. Step-mother will provide positive feedback towards Cinderella daily.
- ACTION STEPS BY STAFF (interventions): CM will provide case management & rehab at least 2x/month for the next 3 months to support Cinderella in attending groups, review & role-play life skills, appropriate hygiene, and how to establish & maintain appropriate boundaries. MD will provide Cinderella with medication education and support monthly for the next 6 months to help decrease some of Cinderella's symptoms. CM will support Cinderella at her psych appts & her in her efforts to feel more comfortable around taking her medications and speaking openly to her doctor. Therapist will provide family therapy and collateral for Cinderella & her step-mother weekly for the next 6 months to improve their communication.

Prince Charming's Recovery Pl

- DESIRED RESULTS: "I want to stop the bad & violent thoughts in my head that are causing me to be self-destructive. I also want to re-visit my meds because they make me so out of it."
- OBSTACLES: Prince experiences impulsivity, rapid thought, pressured speech, and paranoia that others are after him. These experiences have lead to suicidal ideations, unprotected sex, spending sprees, & unprovoked fights impairing his ability to remain safe in the community & around others.
- SHORT-TERM GOAL(S): Prince will have 10 non-violent encounters with his housemates weekly over 2 months as reported by Prince & his house manager.
- STRENGTHS: able to recognize difference between negative & positive thoughts; enjoys singing, writing music & riding his horse; wants to stay in the community & has supportive house manager, motivated for help
- ACTION STEPS BY IND & SUPPORTERS: Prince will work collaboratively with the psychiatrist to come up with a less sedating medication cocktail that can address his impulsivity. Prince will utilize after-hours emergency phone when his thoughts are becoming too intrusive. Prince will experience his angry feelings and journal them rather than act them out. Prince will go on horse-back rides to get exercise and feel more relaxed.
- ACTION STEPS BY STAFF (interventions): CM will meet with Prince 2x/month over the next 3 months for rehab counseling to discuss how to interact with others assertively rather than aggressively. CM will give Prince relationship & substance abuse resources and follow-up every other week for the next 2 months, and refer to therapy if Prince is interested. Therapist will work with Prince weekly for the next 4 months in developing new cognitive-based coping skills & practice how to use them daily. CM & Psychiatrist will work collaboratively with Prince monthly for the next 6 months on his medications to ensure that he is not having any negative side-effects.