



# QRTIPS

Health Care Agency • Behavioral Health Services • CYS Quality, Review & Training

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## Family Therapy/Collateral Therapy/Family Therapy Rehabilitation Services:

### Documentation Reminders

According to the The California Institute for Mental Health (CIMH) **Early and Periodic Screening Diagnosis and Treatment (EPSDT)** Chart Documentation Manual:

“Collateral” is defined as a service activity to a **Significant Support Person** in a child’s life for the purpose of meeting the needs of the child in terms of achieving the **goals of the youth’s client plan**.

Collateral may include, but is not limited to, **consultation and training of the significant support person(s) to assist in better utilization of mental health services by the child**, consultation and training of the significant support person(s) to assist in better understanding of the *youth’s* serious emotional disturbance; and family counseling with the significant support person(s) in achieving the goals of the *youth’s* client plan.

The youth **may or may not be present** for this service activity.

A **Significant Support Person** is defined as a person who, **in the opinion of the child/youth, or the person providing services**, who has or could have a significant role in the successful outcome of treatment, including but not limited to the parents or legal guardian or relatives of the child/ youth or a person living in the same household as the child/youth, a legal representative of a child/youth who is not a minor, a person living in the same household as the child/youth, and relatives of the child/youth.

### **Please use the following CPT Codes for Family Therapy/Family Therapy Rehabilitation:**

**90846:** Family Therapy/Counseling Without Patient

**90847:** Family Therapy/Counseling With Patient: This type of therapy does not change in scope from that of CPT Code 90846 except that the **client is present**.

- Family therapy should be distinguished from **targeted case management**:

**Targeted Case Management (TCM)** means services that **assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services**. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary’s progress; placement services; and plan development.

The greatest challenge in documenting a family therapy session is writing a progress note **that clearly shows services directly related to the child’s mental health condition**. A caregiver’s problem(s) could be impacting the child’s mental health condition, but often, the progress note can appear to reflect interventions directed to the caregiver’s personal concerns and **not** the child’s.

For example: A child’s parents’ recent divorce results in increased aggressive behaviors in the school setting and sleep disturbances at home. In a family session without the child present, the therapist focuses on the parent’s grief issues surrounding the divorce in the treatment session, but fails to tie in the treatment to the child’s mental health condition. A progress note documenting such a session would be at risk of recoupment in a state audit, since it failed to address the child’s mental health condition because the focus was on the parent’s issues.

On the other hand, addressing the child's impairments by educating the parent about the impact of the divorce on children and suggesting interventions that could assist in reducing the child's anger and anxiety would be a valid intervention and eligible for Medi-Cal billing.

### **Family Rehabilitation Services**

Please remember that family rehabilitation services **must document the teaching of a skill or simple counseling to address one or more of the impairments related to the mental health diagnosis identified on the client service plan.**

For example: A child's parents recent divorce results in increased aggressive behaviors in the school setting and sleep disturbances at home. In a rehabilitation family session without the child present, the rehabilitation coach may teach the parent the basic steps to implement a parenting technique such as time out for reducing the child's aggressive behavior, and encourage the parent to use such technique. The coach may also educate the parent about the importance of implementing a regular bedtime for the child, which could help decrease the sleep difficulties at home.