

# Pulling It All Together

## CSP Encounter Notes

Developed by Sandra Wilson, SWCMHS-MSS Director & UM

- Purpose of Encounter Notes
- The How To: GIRP format
- What is a TCM Service
- TCM Acid Tests: It is What you Do Not How you Describe the Service
- Language Signals but does not Determine
- Using a One Line Starter
- Encounter Note Audit Sheet
- Codes

# Purpose & The How To

## Purpose: Encounter Notes

- Tell the story of your work and collaboration with an individual
- Provide an on-going narrative of the interventions that have been offered
- Detail a person's progress in achieving the small steps on their journey to reaching important life goals
- Offer an overview of the work during the past 90 days that sets the stage for the 90 IRP update

## The GIRP Format:

**Goal-** refers to the goal & objective on the person's IRP that the service or intervention being documented is related to

**Intervention-** Describes the what and why of the intervention. Describe in detail what you did and why you provided this service

**Response-** Describes the person's response to the intervention and the impact regarding progress toward achieving the IRP objective referenced in the **G** section of the note

**Plan-** Identify the specific next step or focus of your next meeting with the person. Include the date of the next scheduled meeting

In addition, the encounter note must include:

The **signature, credentials and title** of the staff providing the service

**Date of service, start time, End time, Total # of minutes**

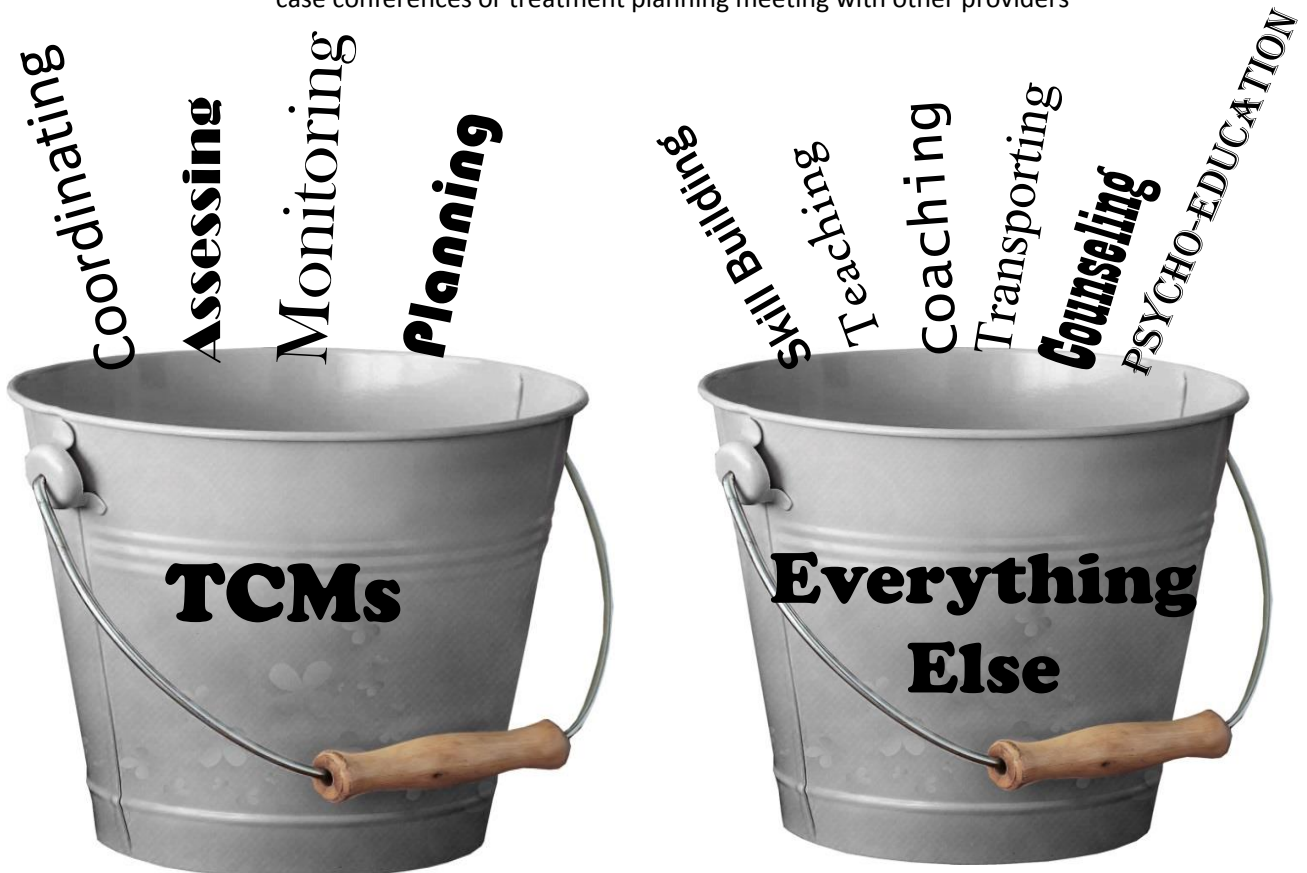
**Location** of the service

**Identification as to the type of Encounter Note or Intervention being offered.** This can be a check box that staff use to identify the note as a TCM, Skill Building, or Case Management service.

# TCM and Everything Else:

## What Is a TCM Service?

- **Type 1:** Coordination of care that involves the CSP worker interacting with a collateral resource external to the CSP specialist own agency
  - The CSP worker needs to have some type of contact and interaction with the external collateral provider or resource for the service to qualify as TCM.
  - Providing the person with a referral or doing research regarding possible community resources, where the CSP work does not have contact with the identified resource, does NOT qualify as a TCM.
- **Type 2:** A service that involves assessment, recovery planning or monitoring progress toward an IRP objective
  - These include:
    - Assessments completed for the purpose of developing an IRP or IRP update such as engagement worksheets, the FA, or FA updates;
    - Meeting with the person to develop the IPR or IRP update;
    - Monitoring progress of IRP objectives; and
    - Working with collaterals to develop or revise IRP goals and objectives such as attending case conferences or treatment planning meeting with other providers



TCMs are Important because they are **Billable** and create **Revenue**

# What is a TCM Service?

**What You Did** determines whether an intervention is a TCM, not the language that is used to describe the service in the encounter note.

If you can answer **YES** to any one of the following questions, then the service is a TCM.

Can You Answer Yes?	Y	N
1. Did the CSP worker coordinate care that involved <u>interacting</u> with a resource <u>external</u> to the agency?		
2. Was an assessment completed in order to inform recovery planning?		
3. Did the service involve a meeting with the person, collateral providers or a natural resource to develop or revise the recovery plan?		
4. Did the intervention involve monitoring progress of an IRP objective?		

## TCMs: The Particulars

1. You **CANNOT** submit a TCM note for any service provided to a person in a **hospital or jail** even if you provided a TCM. Write-up the intervention as a case management note to get credit for face-to-face contact.
2. When you offer either a skill building or case management service and a TCM in the same contact or meeting with the person, **write separate notes**. For the TCM note, only “bill” for the amount of time that was used to provide the TCM service, not the total meeting time.
3. DMHAS has **no minimum or maximum TCM requirements**- Document the work and services you offer just as you performed them.

# TCM: Yes or No?

Assume that all of the services listed below are referenced in the person's IRP	YES	NO
1. Accompanying a person to a mutual support group outside your agency?		
2. Looking on Craig's List to find housing options?		
3. Completing an engagement worksheet to understand what the person wants and expects from the CSP program?		
4. Attending a planning conference with person's other providers?		
5. Providing transportation to a social activity in the community?		
6. Monitoring a person's progress on adherence to their monthly budget?		
7. Developing a checklist of concerns for person to raise at next Doc. Appt.?		
8. Accompany person to local library and help them obtain a library card?		
9. Picking up meds from pharmacy and delivering them to person's home?		
10. Completing a Functional Skill 90 day update at a person's home?		
11. Writing-up a person's IRP, FA, or GIRP note?		
12. Completing a pros & con list regarding weight loss?		
13. Linking person with a social activity offered at the Fellowship Club at your agency?		
14. Coordinated transportation with person's sister to appointment with cardiologist?		
15. Used computer at local library to link person with prospective employers?		

# Language as a Signal

Use **language to Signal** what type of encounter note you are writing. Determine the type of service you provided, then use language that reflects the type of service you are documenting.

Language that is reflective of the different types of interventions or encounter notes

- **TCM interventions** use: Coordinated, Assessed, Attended or Conducted recovery planning meeting, and Monitored progress .
- **Skill Building interventions** use: Taught, Coached, Prompted, Cued, Instructed, Role-played, Demonstrated, and Practiced.
- **Case Management interventions** use language that does not signal TCM or skill building types of interventions such as counseled, assisted, provided referral, supervised.

## Sample GIRP Notes

**Helpful Hint:** Use language in the first sentence of your Intervention section that signals the type of intervention provided. (Remember what you did determines service type, not the language used.)

### TCM

**G:** Mental Health Objective

**I:** Coordinated medication evaluation appointment with Dr. X . Accompanied Mr. Blake to his medication management appointment with Dr. X at Norwalk Hospital. He spoke to Dr. X about what had been transpiring in his life since his last appointment and specifically how his new job was making him anxious. He asked if there were any medication adjustments that might help with this. He also expressed concern that his medications were causing him to gain weight. Dr. X suggested that although there could be some weight gain from current medications that he should also take the initiative to eat healthy and exercise more. The doctor adjusted the current Paxil medication from 30mgs to 40mgs daily.

**R:** Was pleased that Doctor heard his concerns about increased anxiety. Commented that he did not really want to change his eating habits.

**P:** Meet next Weds. To discuss possible pros and cons about eating healthier and adding some exercise into current schedule. SS Wilson, Ph.D., 2/2/18 start 11:30/end 12:15, total 45 mins. Psychiatrist office

### TCM

**G:** Independent Living Objective

**I:** Conducted a functional assessment with Mr. Blake in order to assess his functional living skills. Met with Mr. Blake at his apartment to evaluate his independent living skills, safety and health skills, and community living skills. The results of this assessment are documented on the Functional Assessment dated 9/19/17.

**R:** Mr. Blake was cooperative and willing to demonstrate specific skills when requested. He voiced an interest in learning more about healthy eating habits since he has recently been concerned about losing weight.

**P:** Meet next Thurs. to finish FA Update to assess community safety skills. SS Wilson, Ph.D., start 2:00/end 3:00, total 60 mins./client's apartment.

### Skill Building Note

**G:** Budgeting Objective

**I:** Educated Mr. Blake regarding his budgeting skills in order to support him with his long-term goal of wanting to manage his own money. Worked on completing the monthly budgeting worksheet from the Money Management curriculum from L.I.S.T. We were able to list all of Mr. Blake's on-going monthly expenses versus his monthly income. Once all the monthly expenses were paid, it was clear that there was little money left for other spending.

**R:** "No wonder I am having trouble managing my money because I really don't have any spending money left"

**P:** To meet next Tues. to review monthly expenses and see if there are payment options that might free-up a small amount of monthly spending money also to explore client's thoughts about other options. SS Wilson, Ph.D., start 10/end 10:45am, total 45 min., local library.

# Audit Sheet: Reviewing CSP

	Yes	No
For all Notes, is the note written in GIRP format?		
Is there a:		
Date, start/end time, total # of minutes?		
Location of Service?		
Staff signature, credentials, & title?		
<b>For Encounter Skill Building or CM Notes</b>		
➤ Is the content of the note related to the goals and objections identified on the IRP?		
➤ Does the Intervention section describe the details of the what and why the intervention was offered?		
➤ Is language reflective of skill building or cm services provided ?		
➤ Is the person's response to the intervention documented?		
➤ Does the Plan clearly state what the focus of the next meeting will be? Is there a date for the next meeting?		
Comments:		
<b>For TCM Notes</b>		
➤ Is the content of the note related to the goals and objections identified on the IRP?		
➤ Is the intervention a TCM service? (Involve coordination of care with an external resource, activities related to assessment, development of the IRP, or monitoring of progress toward IRP objectives)		
➤ Is there a starter sentence that identifies the note as a TCM by the use of TCM type language?		
➤ Does the remainder of the intervention section elaborate on the TCM intervention only? (TCM is not mixed with skill building or case management interventions in the same note)		
➤ Is the person's response to the intervention documented?		
➤ Does the Plan clearly state what the focus of the next meeting will be? Is there a date for the next meeting?		
Comments:		

# Frequently Used DDAP Codes

- **TCM Codes**
  - **TCM01**- with client face-to-face
  - **TCM02**- with client by telephone
  - **TCM03**- with collateral
  
- **CSP and Case Management Codes**
  - **T1016**- Case Management w/ person face-to-face
  - **90887**- case consult with person
  - **T1006**- Family counseling with person
  - **ENG01**- Engagement
  - **H0004**- Individual Counseling
  - **H0005**- Group Counseling
  - **H2027**- Psychoeducational-Individual
  - **H227A**- Psychoeducational-Group



# Encounter Note TIP Sheet

## Encounter Notes:

1. Tell the story of your work and collaboration with an individual
2. Provide an on-going narrative of the interventions that have been offered
3. Detail the person's progress in taking the small steps to achieve important life goals
4. Provide a summary of the work that sets the stage for the next 90 day IRP update

## The GIRP Format

**Goal** – refers to the goal/objective on the IRP that the documented service is related to

**Intervention** – Describes what you did and why you provided the service

**Response** – the person's response to the intervention and progress toward achieving the IRP objective

**Plan** – Identifies the specific focus of the next meeting with the person and includes meeting date

**The note must also include:**

1. The **signature, credentials and title** of the staff providing the service
2. **Location** of the service
3. **Type of encounter note**; TCM, Skill Building, or case management

## Codes

### TCM Codes

**TCM01**- face-to-face with person

**TCM02** – on the phone with person

**TCM03** – with collateral

### CSP and Case Management Codes

**T1016** – cm w/ person face-to-face

**90887** – case consult w/ person

**T1006** – Family counseling w/ person

**ENG01** – Engagement

**H0004** – Individual Counseling

**H0005** – Group Counseling

**H2027** – Psychoed/individual

**H227A** – Psychoed./group

## TCM & Everything Else

TCMs are important because they are **billable** and create **revenue**

### What Is a TCM Service:

- Any service that involves care coordination where the CSP staff actively interacts with a provider, community resource or natural support external to the CSP specialist own agency.
- Any service that involves assessment, recovery planning or monitoring progress toward an IRP objective.

### Everything else:

- All other types of services that involve teaching, counseling, psycho-education, researching, transporting, etc. that **do not** involve coordination of care with an external resource, activities related to assessment, development of the IRP, or monitoring of progress of an IRP objective,
- Most of the services that are provided in CSP programs are not TCMs and are interventions that should be documented as skill building or case management services.

### Helpful Hints

1. You cannot submit a TCM service for a person in a hospital or jail
2. When you offer a skill building or case management service and a TCM in the same contact or meeting with the person, write 2 separate notes. One for the skill building or cm service and another outlining the TCM intervention.

## Language Signals But Does Not Determine

- It is **what you did** that determines the type of intervention provided ... **NOT the language** that is used in the encounter note to describe the intervention
- Determine what type of intervention you are documenting (TCM, cm, skill building), then use language to signal to the reader the type of service you are documenting
- Language that is reflective of the different types of interventions:
  - **TCMs:** Coordinated care with, Assessed, Attended planning conference, Conducted a recovery planning meeting, Assessed progress (of an IRP objective)
  - **Case Management:** Counseling, assisted with, transported, provided referral, supervised
  - **Skill Building:** Taught, coached, prompted, researched, cued, instructed, role-played, demonstrated, practiced

# Audit Sheet: Reviewing CSP and TCM Notes

	Yes	No
For all Notes, is the note written in GIRP format?		
Is there a:		
Date, start/end time, total # of minutes?		
Location of Service?		
Staff signature, credentials, & title?		
<b>For Encounter Skill Building or CM Notes</b>		
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Comments:		