

MENTAL HEALTH SERVICES



2014

# PATHWAYS TO WELL-BEING

**ELIGIBILITY FOR PATHWAYS TO WELL-BEING  
AND ENHANCED SERVICES  
(Katie A.- Class or Sub-Class)**

2014

- WHEN:** The Pathways to Well-Being Eligibility form must be completed at intake, discharge, when open or closed to Child Welfare Services, and during any other noted changes throughout the course of treatment (i.e. client requires change in level of care, change in medical necessity status, change in Medi-Cal status, etc.)
- ON WHOM:** All clients with an open Child Welfare Services (CWS) case must have completed Pathways to Well-Being Eligibility form. To determine if there has been a petition filed or if it is a voluntary services case and who the CWS Protective Services Worker is, contact CWS at (858) 694-5191
- COMPLETED BY:** Reviewing clinical service provider (i.e. Care Coordinator, Therapist)  
Must be completed by provider eligible to determine medical necessity:  
Physician,  
Licensed/Waivered Psychologist,  
Licensed/Registered/Waivered Social Worker,  
Licensed/Registered/Waivered Marriage and Family Therapist, or  
Registered Nurse
- MODE OF COMPLETION:** Form fill or hand written and maintain a copy in the medical record  
Class or Enhanced Services (Sub-Class) level must be identified in the Electronic Health Record
- REQUIRED ELEMENTS:** All elements of the Pathways to Well-Being Eligibility Form must be completed:
- Follow given instructions on the top portion of form to determine whether or not the youth is eligible for Enhanced Services (Sub-Class)
  - On lower portion of form, if client is determined as not eligible for sub-class, check box indicating whether client is eligible or not eligible for Class
  - Identify CWS Protective Services Worker and update as needed
  - Provide date that switch was “flipped” in Anasazi and when Progress Note was written to reflect Class or Enhanced Services (Sub-Class) determination
  - If youth is identified as Subclass, provide date Client Plan was updated to include safety and permanency goals/objectives

ELIGIBILITY FOR PATHWAYS TO WELL-BEING  
AND ENHANCED SERVICES  
(Katie A.- Class or Sub-Class)

2014

- If youth is identified as Subclass, provide date that Client Plan was updated to reflect Enhanced Services (ICC, CFT, and IHBS as applicable)
- If case is closed to CWS, indicate date
- Provide date if/when youth eligibility status changes

**BILLING:**

Billing for gathering of information for the Pathways to Well-Being Eligibility form shall only occur when it is connected to a direct client service

**NOTE:**

Within 30 days of identification of **Enhanced Services (Sub-Class)** members, the Progress Report to Child Welfare Services must be completed and securely sent to CWS Protective Services Worker.

# Eligibility for Pathways to Well-Being & Enhanced Services

(Katie A. – Class or Sub-Class)

Intake    Reassessment    Discharge

Eligibility is assessed at intake & discharge & if indicated during the course of treatment. If upon discharge client continue to meet Enhanced Services/Sub-Class level, current provider must connect client to a Pathways – Enhanced Services/Sub-Class provider who can offer Care Coordination and ICC. Identifying/updating Class (Open to CWS) vs. Sub-Class (Enhanced Services) level in Anasazi is critical.

**Child/youth meets criteria for Enhanced Services (Katie A. Sub-Class) if:**

- Answers to item 1, 2, and 3 below are all 'yes' **AND**
- Answer to item 4 **OR** 5 is 'yes'

- |  |  |                              |                             |
|--|--|------------------------------|-----------------------------|
| 1. Child/youth has open <u>Child Welfare Services Case</u> (petition filed or voluntary services)?   |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Child/youth meets <u>Medical Necessity</u> criteria (included diagnosis; significant impairment in an important area of life functioning; and intervention will result in positive impact)? |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Child/youth (up to age 21) has <u>full scope Medi-Cal</u> ?   |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Child/youth has had <u>3 or more placements within 24 months</u> due to behavioral health needs?  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Child/youth currently <u>receiving or being considered for any of the following services</u> :  |  |                              |                             |
| Crisis Stabilization (ESU)   |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Placement in a RCL 10 or above facility  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Placement in psychiatric hospital or 24 hour mental health treatment facility (ex. PHF)  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Care Rate (SCR) due to behavioral health needs   |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Therapeutic Behavioral Services (TBS)  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wraparound, Comprehensive Assessment and Stabilization Services (CASS),<br>Foster Family Agency Stabilization and Treatment (FFAST) Program  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Intensive Treatment Foster Care (ITFC), Multidimensional Treatment Foster Care (MTFC)  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Clients who are eligible for Enhanced Services (members of the Sub-Class) **must** have a Care Coordinator as well as receive Intensive Care Coordination (ICC) & a formal Child and Family Team (CFT). ICC is provided but may not be billable in lockout situations. In-Home Based Services (IHBS) shall be offered as clinically indicated to Enhanced Services/Sub-Class members.

**Eligible for Enhanced Services (Sub-Class)**    Yes    No

**Not eligible for Enhanced Services (Sub-Class); but is eligible for Pathway (class)**

- Client will be identified as Class in Anasazi and will receive informal child/family teaming and support with CWS taking the lead.

**Not eligible for Enhanced Services (Sub-Class) and not eligible for Pathway (class)**

- If Anasazi currently reflects active to class or sub-class; both need to be de-activated.

Checklist of items for completion:	Date
Name of Child Welfare Services SW (call 858-694-5191 to obtain current worker):	
Switch flipped on in Anasazi and progress note completed to reflect Sub-Class/Class eligibility status on:	
If Enhanced Services (Sub-Class member), Client Plan was updated to incorporate safety and permanency goals/objectives on:	
If Enhanced Services (Sub-Class member), Client Plan was updated to include ICC, CFT, and IHBS as applicable on:	
Informed case was closed to Child Welfare Services (if applicable) on:	
Client changed categories or was de-activated to Pathways services (if applicable) on:	
Care Coordinator:	Program Name:
Completed By (Printed Name):	Credential:
Signature:	Date:

Note: Complete and provide to CWS the Pathways to Well-Being Progress Report to Child Welfare Services form at intake, quarterly and upon discharge.

County of San Diego  
Health and Human Services Agency  
Child Welfare Services  
Behavioral Health Services

**PATHWAYS TO WELL-BEING / ENHANCED SERVICES ELIGIBILITY**  
**KATIE A. (CLASS / SUB-CLASS)**  
Page 1 of 1

**Client:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

**Record Number:** \_\_\_\_\_

**Program:** \_\_\_\_\_

PATHWAYS TO WELL-BEING  
CHILD & FAMILY TEAMING STANDARDS  
(CWS FORM 04-173)

2014

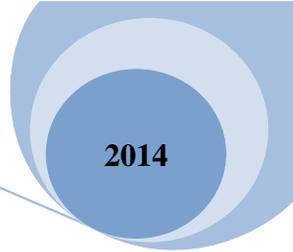
- WHEN:** The Child & Family Teaming Standards is to be reviewed at the initial Child and Family Team (CFT) meeting. The form should be given to new members as they join the team and reviewed periodically.
- ON WHOM:** All clients who are identified as Eligible for Enhanced Services (Sub-Class) or Open to CWS (Class) should have a Child & Family Teaming Standards document reviewed and completed at the initial CFT meeting.
- COMPLETED BY:** Any professional member of the Child & Family Team may complete the Child & Family Teaming Standards document.
- MODE OF COMPLETION:** Form fill or hand written  
Document may be kept in the back of the medical record  
A copy shall be given to all CFT members at the initial meeting
- REQUIRED ELEMENTS:** The following elements of the Child & Family Teaming Standards are to be completed:
- List of Team Members
  - Group Agreements, created and agreed upon by team
- The following elements of the Child & Family Teaming Standards should be reviewed with the team by the meeting facilitator:
- The Team Foundation
  - Team Practices
  - Maintaining the Pathway
  - Principles of Family Youth Professional Partnership
- BILLING:** Billing for gathering of information and review of the Child & Family Teaming Standards shall only occur when it is connected to a direct client service.
- NOTE:** This form is a tool for the Child and Family Team and is completed in collaboration with Child Welfare Services. A professional member shall be identified to complete the form at the initial CFT meeting.  
This form is not an official part of the Behavioral Health medical record.

**PATHWAYS TO WELL-BEING  
CHILD & FAMILY TEAM MEETING  
PROGRESS SUMMARY AND ACTION PLAN  
(CWS FORM 04-174)**

2014

- WHEN:** The Child & Family Team (CFT) Meeting Progress Summary and Action Plan is to be completed at every CFT Meeting. A new form will be completed each time the team meets.
- ON WHOM:** All clients who are identified as Eligible for Enhanced Services (Sub-Class) or Open to CWS (Class) should have a CFT Meeting Progress Summary and Action Plan completed at each CFT meeting.
- COMPLETED BY:** Any professional member of the Child & Family Team may complete the Progress Summary and Action Plan.
- MODE OF COMPLETION:** Form fill or hand written  
Document may be kept in the back of the medical record  
A copy shall be given to all CFT members after the meeting
- REQUIRED ELEMENTS:** All elements of the CFT Meeting Progress Summary and Action Plan are to be completed, including:
- CFT Meeting Date
  - Name of Facilitator
  - Initial or follow up meeting indicated
  - Name of Parents and/or Caregiver
  - Name & DOB of Youth/Client
  - Identification of Intensive Care Coordination, if eligible
  - Identified goal for meeting
  - Existing support services in place for Youth/Client
  - All elements of plan, including action steps and person responsible
  - Scaling questions should be discussed with CFT members
  - All CFT members should sign last page of meeting summary
  - If applicable, reason why parent/client was absent from meeting
  - Date the meeting summary was distributed to team members
- BILLING:** Billing for gathering of information for the CFT Meeting Progress Summary and Action Plan shall only occur when it is connected to a direct client service.

PATHWAYS TO WELL-BEING  
CHILD & FAMILY TEAM MEETING  
PROGRESS SUMMARY AND ACTION PLAN  
(CWS FORM 04-174)



2014

**NOTE:**

This form is a tool for the Child and Family Team and is completed in collaboration with Child Welfare Services. A professional member shall be identified to complete the form at each CFT meeting.  
This form is not an official part of the Behavioral Health medical record.

# PROGRESS REPORT TO CHILD WELFARE SERVICES

2014

- WHEN:** The Progress Report to Child Welfare Services (CWS) form must be completed at intake, quarterly, at discharge, and when any significant changes occur. The initial report is to be submitted within 30 days of Open to CWS (Class) or Enhanced Services (Sub-Class) identification.
- ON WHOM:** All clients identified within Pathways to Well-Being as Open to CWS (Class) or Enhanced Services (Sub-Class) must have a completed Progress Report to Child Welfare Services
- COMPLETED BY:** Reviewing clinical service provider (i.e. Care Coordinator, Therapist) Must be completed by provider eligible to determine medical necessity: Physician, Licensed/Waivered Psychologist, Licensed/Registered/Waivered Social Worker, Licensed/Registered/Waivered Marriage and Family Therapist, or Registered Nurse
- MODE OF COMPLETION:** Form fill or hand written and forwarded in a secure manner to CWS Protective Services Worker and maintain a copy in the medical record
- REQUIRED ELEMENTS:** All elements of the Progress Report to Child Welfare Services must be addressed including:
- Identification of Open to CWS (Class) or Enhanced Services Eligible (Sub-Class)
  - Name of Care Coordinator
  - Date of next Child and Family Team (CFT) Meeting
  - Identification of what is needed from CWS, including secure contact to receive information
  - DSM diagnosis
- Attachment of the following documents:
- If identified as Eligible for Enhanced Services (Sub-Class):
- Client Plan
  - CAMS results
  - CFARS
  - Client Assignment History
  - CFT meeting note (when sending as a quarterly report)
  - Discharge Summary, if at discharge
- If identified as Class:
- Only Client Plan must be attached

# PROGRESS REPORT TO CHILD WELFARE SERVICES

2014

**BILLING:**

Billing for gathering of information for the Progress Report to Child Welfare Services shall only occur when it is connected to a direct client service

# Progress Report to Child Welfare Services Pathways to Well-Being / Enhanced Services Eligibility

(Katie A. Sub-Class Membership)

Initial (within 30 days of Sub-Class/Enhanced identification)     Quarterly     Discharge

**Report Period From:                      To:**

Child Welfare Services SW:

Email (do not email PHI):

Phone Number:

Secure Fax:

Provider may call 858-694-5191 to obtain name and contact information of current Child Welfare Services worker.

Youth meets <u>Sub-Class/Enhanced Services</u> criteria: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Youth <u>only</u> meets Class/Open to CWS criteria (not Sub-Class) Record in Anasazi and provide CWS SW with this form & Client Plan
Comments:	

<p><b>The following items are attached</b> (provide all relevant and updated materials):</p> <p><input type="checkbox"/> Current Client Plan</p> <p><input type="checkbox"/> Current CAMS results</p> <p><input type="checkbox"/> Current CFARS evaluation</p> <p><input type="checkbox"/> Current Client Assignment history from Anasazi</p> <p><input type="checkbox"/> Child Family Team Meeting Note when served as minimum 90 Day Review (ICC Progress Note)</p> <p><input type="checkbox"/> Discharge Summary</p> <p><input type="checkbox"/> Other:</p> <p>Care Coordinator Name: Title:</p> <p>Next Child Family Team Meeting Date: Comments:</p>	<p><b>Please provide the following items</b> (request items that have not been provided and are needed):</p> <p><input type="checkbox"/> Consent for Treatment &amp; Exchange of Information</p> <p><input type="checkbox"/> Completed Therapy Referral Form #04-176A</p> <p><input type="checkbox"/> Child Welfare Services Case Plan</p> <p><input type="checkbox"/> Detention Report</p> <p><input type="checkbox"/> Jurisdictional/Disposition Report</p> <p><input type="checkbox"/> Status Review Court Reports (every 6 months):</p> <p><input type="checkbox"/> No Contact List (if applicable)</p> <p><input type="checkbox"/> Health and Education Passport</p> <p><input type="checkbox"/> Mental Health Screening (when it becomes available)</p> <p><input type="checkbox"/> Other:</p> <p>Send item to: Phone Number: Secure Fax:</p>
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**CWS workers are NOT to attach this document to court reports**

Diagnostic Impression:	DSM Code	Diagnosis
<b>Axis I Primary</b>		
<b>Secondary</b>		
<b>Axis II</b>		
<b>Axis III</b>		
<b>Axis IV (identified stressors)</b>		
<b>Axis V (GAF)</b>	<b>Current:</b>	<b>Highest past year, if known:</b>

Therapist's Name:  
Phone:

Signature: \_\_\_\_\_  
Email:

Licensed  
Date:

Credentials:

County of San Diego  
Health and Human Services Agency  
Child Welfare Services  
Behavioral Health Services

**PATHWAYS TO WELL-BEING**  
PROGRESS REPORT TO CHILD WELFARE SERVICES 2-13-14

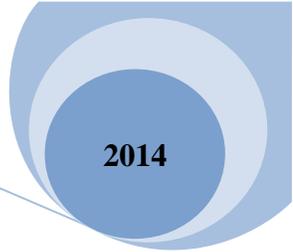
Client: \_\_\_\_\_  
Record Number: \_\_\_\_\_  
Program: \_\_\_\_\_

# PATHWAYS TO WELL-BEING INDIVIDUAL PROGRESS NOTE/ ICC NOTE

2014

- WHEN:** The ICC Progress note will be used to document any ICC service, including Child and Family Team (CFT) Meetings, at every service contact where a progress note entry is required.
- ON WHOM:** All clients identified within Pathways to Well-Being as Enhanced Services (Sub-Class) that are receiving Intensive Care Coordination (ICC) will have these services documented on the ICC Note.
- COMPLETED BY:** Staff delivering services within scope of practice. Co-signatures must be completed within timelines.  
**Note:** When more than one staff member provides services, one staff member may write the progress note for all staff; but the unique role/function/contribution of each staff member participating must be documented.
- MODE OF COMPLETION:** Data must be entered into the Electronic Health Record. Day programs will document in the paper chart.
- REQUIRED ELEMENTS:** The following elements of the ICC Note must be addressed, including:
- Type of ICC (CFT Meeting **or** type of Care Coordination Activity)
  - Participants (if CFT Meeting, should identify role of each participant)
  - Intervention
  - Response/ Observed Behavior
  - Progress Toward Plan Goals/ Objective (include permanency and safety goals and transition plan)
  - Plan
- When Applicable include:
- Additional Information
  - Traveled To Location
- If using the template as a CFT Meeting Note, also include:
- Name of the Care Coordinator
  - Date the CFT Meeting note was offered to Youth, Caregiver, and Protective Services Worker
  - Date of Initial Treatment Session
  - Total Number of Attended and Missed Therapy Sessions
  - Dates of Missed Sessions
  - Reason for Missed Sessions

PATHWAYS TO WELL-BEING  
INDIVIDUAL PROGRESS NOTE/ ICC NOTE



2014

**BILLING:**

After rendering an ICC service, a progress note is to be completed and final approved. Multiple members of the CFT Meeting may bill for their role in the meeting.

**NOTES:**

Safety, permanency, and well-being are the motivation behind ICC services. Documentation should reflect these goals. ICC (Service Code 82) is **excluded** from the UM process.

Client:	Case #:	Program:	
Date of Service:	Unit:	SubUnit:	
Server ID:	Service Time:	Travel Time:	Documentation Time:
Person Contacted:	Place:	Outside Facility:	Contact Type: Appointment Type:
Focus of session Diagnosis:		Service:	
Collateral Server ID:	Service Time:	Travel Time:	Documentation Time:
<b>Type of ICC:</b> (specify if <u>CFT Meeting</u> or <u>Care Coordination Activity</u> specifying if a TDM, IEP, Wrap meeting, type of case management or collateral activity)			
<b>Participants:</b> (for CFT Meetings list all participants and role)			
<b>Intervention:</b> (what was done as related to Engagement, Assessment/Evaluation, Plan Development/Revision, Referral/Follow up Activities, Transition)			
<b>Response/Observed Behavior(s):</b> (what are the high risk behaviors that meet medical necessity; response to intervention; how did behaviors/mood change)			
<b>Progress toward Plan Goals/Objectives:</b> (includes permanency & safety goals, transition plan)			
<b>Plan:</b>			
<b>Additional Information:</b> (when applicable)			
<b>Traveled To:</b> (when applicable)			
<b>COMPLETE THESE ADDITIONAL FIELDS WHEN USED AS CFT MEETING NOTE</b> Child Family Team meeting must occur at a <u>minimum</u> every 90 days and be captured in Anasazi for all program types			
<b>Care Coordinator:</b> (name of the primary staff that serves as the official CC, include the affiliation/program)			
<b>CFT Meeting Note offered to Youth, Caregiver and PSW on:</b>			
<b>Date of Initial Treatment Session</b> for current treatment episode:			
<b>Total number of attended tx session(s):</b>		<b>Total number of missed tx session(s):</b>	
<b>Dates of missed session(s):</b>			
<b>Reason for missed session(s):</b>			
<b>Session:</b> a treatment service that is identified as an included service for UM purposes (excludes ICC and IHBS services)			

\_\_\_\_\_  
Signature/Credential

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name/Credential/Server ID#

\_\_\_\_\_  
Co-Signature/Credential

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name/Credential/Server ID#

County of San Diego  
Health and Human Services Agency  
Mental Health Services

INDIVIDUAL PROGRESS NOTE/ICC NOTE  
HHSA:MHS-925

**Client:**

**Case #:**

**Program:**