

County of San Diego  
 Health and Human Services Agency (HHS)A  
 Children's Mental Health Services  
 Policies and Procedures  
 CMHS General Administration

Subject:	<b>Family/Youth Parent Support Partners as Direct Service Providers</b>	No:	<b>06-01-218</b> Formerly 06-01-117		
Reference:	<b>Title 9, CCR, Ch 11, 1840.314(d) 1840.344; California Rehabilitation Option Manual; DMH Letter 01-02; Report of the Committee on the Training of Paraprofessionals, 6-13-02, CMHS Policy 06-01-116 - Family Support Partners: Selection, Training and Supervision, CMHS Policy 06-01-115 - Youth Support Partners: Selection, Training and Supervision</b>	Page:	<b>1</b>	of	<b>5</b>

**PURPOSE:**

To describe the appropriate distribution, duties, Medi-Cal and Medi-Cal Administrative Activities (MAA)/Billable Service options, and other funding options for family/youth/professional partnerships where the partner will be offering direct service to children, youth and families with a mental health case or the likelihood that a case will be opened.

1. It is frequently helpful to youth and parents involved in a mental health case to have the assistance of an experienced youth or family member who can provide rehabilitation-type services. In most cases these "support partners" (see definition below) will be unlicensed but have recent experience in navigating the mental health system as well as specific training in the supportive role.
2. Title 9, Chapter 11 of the California Code of Regulations governs the provision of services to Medi-Cal eligible clients and its provisions determine San Diego County Mental Health policy regarding service provisions to all clients, however funded.
3. Title 9 allows the provision of direct service, with appropriate billing, by staff who are unlicensed and appropriately supervised when they are providing Rehabilitation and Case Management/Brokerage services to an identified client and his or her collateral persons such as family members, when these services are connected to the child's service plan. Scope of service is defined by the County and is limited by each staff member's combination of training, education and experience.
4. Medi-Cal Administrative Activity (MAA) claiming may be permitted for outreach to Medi-Cal and non Medi-Cal eligible populations and for direct services to clients without an open case

Approved Date:	Approved:
4-9-07	Alfredo Aguirre's Signature on File
	Director, Mental Health Services/Designee

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in the work unit of the claiming staff member. In order for MAA activity to be claimed by a contractor, it must be included in the budget and statement of work of the contract and in the MAA claiming plan submitted to the state. MAA activity is never included in EPSDT-only contracts.

**BACKGROUND:**

Consumer involvement at all levels of patient care and mental health program administration has become increasingly important in recent years. Consumers can and do play a variety of roles in the broad arena of family/youth professional partnerships. These roles have been discussed in a series of community meetings and forums and certain agencies already employ support partners to provide direct service to clients and families. In most cases, the services provided by these support partners will not replace nor duplicate more traditional services as required in Individual Educational Plans (IEP), court orders for psychotherapy, or other interventions requiring the use of licensed or waived staff.

**DEFINITIONS:**

***Family/Youth Support Partner:*** An individual with experience as a consumer or care giver of a consumer of Children's Mental Health Services (CMHS), the Juvenile Justice System, or Special Education who is employed full or part time to provide direct (potentially billable) services to a child, youth, or family with a mental health case.

***Agency:*** The County of San Diego, CMHS, or its contracted programs. These employers are also referred to as organizational providers.

***Direct Services:*** Services provided to an identified child or adolescent who has mental health needs and a current or potential case in the CMHS organizational provider system. Services may also be provided to care givers or other family members of the identified child if the services will further the treatment goals of the identified child. These services must satisfy Medi-Cal billing or MAA claiming requirements, if such a claim is to occur and depending upon whether the child is Medi-Cal eligible. If Medi-Cal billing is to occur for the services, they must be documented in the child's chart in the agency.

**PROCEDURE(S):**

1. Distribution of Family/Youth Support Partners (hereafter referred to as Partners).

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- a. Partners shall not be employed by the agency where they or their families are receiving services, but may be employed by any other child-serving agency. A partner may be made available at the request of the family, the wrap around team or the clinician directing services in the case. Parents may select and change partners whenever they desire, if an alternative is available. The availability of a partner will depend on financial and human resources and on medical necessity factors.
  - b. Partners may also be employed by a family partnership agency that supplies support partners to other contractors. The partnership agency must employ a triage procedure for assigning partners in times of high demand. Among other factors, assignments might be made on the basis of clinical need, geographic need, or partner expertise with languages and culture, special education, or legal issues.
  - c. Productivity: For each full time equivalent (FTE) partner, the initial expectation will be that approximately 900 hours per FTE per year will be spent in billable services. This figure may be adjusted up or down depending on utilization findings.
  - d. Clients Choice: Within limitations posed by the availability of appropriate partners, clients/families will have a choice in Family Support Partners (FSP). If client/family opts to transfer/change to a different partner, this will be recorded on the agency's Complaint/Grievance/Transfer Log and reported in the agency's Monthly Status Report. As they occur, the Children's Quality Improvement Department will prepare a report summarizing complaints, grievances, and transfer requests that involved a Partner.
  - e. Caseload: Partners will be expected to provide services to 5 to 25 active families, per FTE, depending on the degree of clinical need for services. In general, the level of support services would be determined by the family's need.
  - f. Job Description: Agencies are recommended but not required to adopt the job description or title specified in this policy, and partners may be assigned other duties consistent with their capabilities and agency needs. However, agencies must be prepared to identify these staff positions as Family/Youth Support Partners for the purposes of statistical summaries and to release time for these employees to participate in a support partner organization. In addition, FSP's will use the title of FSP when documenting in medical records.
2. Duties and Responsibilities of the Family/Youth Support Partner.
- a. Attend and participate in IEP meetings, court proceedings, and transition planning teams, providing documentation can be tied directly to the treatment goals of the identified child client.
  - b. Attend treatment team meetings.
  - c. Attend and/or facilitate Wrap Team meetings.
  - d. Assist families with referrals and locating resources.
  - e. Complete initial intake and needs assessment within scope of practice, and collect outcome measures as required.

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- f. Empower youth and family with skills connected with activities of daily living, e.g. teaching and reinforcing budgeting, use of public transportation, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, effective parenting, communication, etc. Not billable are academic education services, phone messages, interpreting and translation, transportation, vocational services which have as a purpose actual work or work training, recreation, and socialization if it consists of generalized group activities which do not provide systematic individualized feedback to the specific targeted behaviors of the child or youth who is the recipient of the rehabilitation services. All billed services must be documented so that the activity can be tied directly to the treatment goals of the identified child client.
  - g. Supportive counseling within scope of practice, to assist families with crisis and other situations.
  - h. Appropriate documentation in child's Uniform Medical Record, either in agency where the child receives treatment (if employed by that agency) or in a chart created for the purpose by the employing parent partner agency if Medi-Cal or other funding requires the maintenance of such a record.
  - i. Conduct home visits during which a billable activity occurs.
  - j. Participate in clinical supervision of family organization and alert supervisor and clinician on the case (if any) to areas of concern.
  - k. Attend family activities.
  - l. Maintain strict confidentiality except in mandated reporting situations and where valid, legal releases have been obtained or the release is otherwise permitted by law.
  - m. Submit an accurate and timely accounting of hours spent in billable time, in order to facilitate claiming for services.
  - n. Participate in regular meetings of an interagency partner support group association.
3. Medi-Cal Claiming.
- a. In general, claiming for Family/Youth Support Partners shall be classified as Rehabilitation services or Case Management/Brokerage and limited by the individual employee's experience and education. Parent support partners with additional qualifications may be eligible to provide additional services within their scope of practice.
  - b. All services provided, regardless of the family member involved, must be tied to the treatment goals of the child and clearly documented as such.
  - c. Of the services listed above in part 2, in general the following activities will not be claimable to Medi-Cal: b, j, k, l, m and n. Activities described in the remaining sections of part 2 above may also not be claimable, depending on the nature of the activity and how it is documented. These additional activities are not claimable to Medi-Cal at any time: Simple transportation of clients, respite child care, tutoring, teaching a client the duties of a job, leaving telephone messages, and interpreting and translation.

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4. Claiming to other funding sources.

- a. Claiming to other funding sources, such as MAA (if included in the contract budget), may be possible for a different set of activities and documentation requirements may also differ.
- b. Programs are responsible for knowing the requirements of the specific funding stream if the program receives funding from sources other than Children's Mental Health.
- c. Medi-Cal payments for an eligible client receiving claimable services may not be supplemented by other funding sources except as permitted in Title 9.

**ATTACHMENT(S):**

None.

**SUNSET DATE:**

This policy shall be reviewed on or before March 31, 2010.

**AUTHOR/CONTACT ON 3/19/07:**

Henry Tarke