



CHEAT SHEET

SCENARIO 1

The social worker at 1 Dialysis Center has documentation from Mr. B's hospital admission last month indicating he was administered a PHQ-9 and screened positive. A review of hospital records indicates an active diagnosis of depression. Upon conversation with Mr. B, the social worker learns that Mr. B was diagnosed with depression on the fourth day of his hospital stay but had not been referred to a therapist. What should the social worker do, if anything?

CMS Best Practice: Per the CMS ESRD Measures Manual, Mr. B would be considered ineligible because he has an active depression diagnosis.

Applicable CMS Clinical Screening for Depression and Follow-up Condition: #2 - Screening for clinical depression documented as positive, a follow-up plan is not documented, and the facility possesses documentation that the patient is not eligible.

Network Recommendation: Given that Mr. B did not have a follow-up plan to help manage his depression, the social worker should gather a baseline for Mr. B by administering the PHQ-9, or other validated standardized screening tool accepted by the dialysis organization. The social worker should then partner with Mr. B to develop a follow-up plan that may include a referral to a clinician or program for further evaluation for depression or other interventions targeted to treat depression.

SCENARIO 2

Ms. K is a 43-year-old woman who was last screened for depression five months ago. At that time, she screened negative for depression and did not require a follow-up plan. Two months after the screening, Ms. K was diagnosed with COVID-19, did not require hospitalization, and has since recovered and returned to ICHD. What action, if any, should the social worker take?

Best Practice: Evidence suggests that COVID-19 survivors are significantly at risk for developing mental health disorders, including anxiety and depression, within three months of testing positive.¹ Depression is among one of the most common long-term effects of COVID-19.

Network Recommendation: Using a clinical depression screening tool, the social worker should review Ms. K's current symptoms of depression and anxiety.

¹ Taquet, M, Luciana, S, Geddes JR, Harrison PJ. Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62 354 COVID-19 cases in the USA. *Lancet Psychiatry*; 8:130-40.

SCENARIO 3

Ms. K has no previous mental disorder history. Today, several months after recovering from COVID-19, she screens positive for depression. The social worker asks Ms. K open-ended follow-up questions to identify unhealthy behaviors (e.g., avoidance, over-compensation, etc.) and elicits Ms. K's previously identified goal of kidney transplantation. While Ms. K acknowledges that she is experiencing symptoms of depression, she refuses to answer the social worker's follow-up questions. She does not explain why and demands the conversation end. Per CMS, how should the social worker document her exchange with Ms. K?

CMS Best Practice: CMS offers six conditions for which a “qualifying patient” could meet. The exchange with Ms. K would meet condition #3.

Applicable CMS Clinical Screening for Depression and Follow-up Condition: #3 - Screening for clinical depression as positive, the facility possesses no documentation of a follow-up plan, and no reason is given.

In this context, a follow-up plan is defined as an outline of care for a positive depression screening. Because the social worker was unable to engage Ms. K in conversation beyond a positive depression screening, she was not able to gather enough information to develop an outline of care for Ms. K.

QUESTIONS?

Please send clinical depression screening and documentation questions to Caryn Daniels at cdaniels@qualityinsights.org.