



## 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.<sup>1</sup> 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.

<sup>1</sup> 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 Andrea Moore at [amoore@qualityinsights.org](mailto:amoore@qualityinsights.org).