

HBAI Family representative examples:

* Family representative is identified as one of the following:

- Immediate family members (husband, wife, domestic partner, siblings, children, grandchildren, grandparents, mother, father),
- Primary caregiver who provides care on a voluntary, uncompensated, regular, sustained basis, or
- Guardian or health care proxy

Limitations

1. Health and Behavioral Assessment or Intervention are not considered reasonable and necessary to:

- a. Update or educate the family about the patient's condition
- b. Educate non-immediate family members, non-primary care-givers, non-guardians, the non-health care proxy, and other members of the treatment team, e.g., health aides, nurses, physical or occupational therapists, home health aides, personal care attendants and co-workers about the patient's care plan.
- c. Treatment-planning with staff
- d. Mediate between family members or provide family psychotherapy
- e. Educate diabetic patients and diabetic patients' family members
- f. Deliver Medical Nutrition Therapy
- g. Maintain the patient's or family's existing health and overall well-being
- h. Provision of support services, not requiring the skills of a Clinical Psychologist (CP).
- i. Provide personal, social, recreational, and general support services. These services may be valuable adjuncts to care; however, they are not psychological interventions. Examples of these services are:
 - Stress management for support staff
 - Replacement for expected nursing home staff functions
 - Recreational services, including dance, play, or art
 - Music appreciation and relaxation
 - Craft skill training
 - Cooking classes
 - Comfort care services
 - Individual social activities
 - Teaching social interaction skills
 - Socialization in a group setting
 - Retraining cognition due to dementia
 - General conversation
 - Services directed toward making a more dynamic personality

- Consciousness raising
- Vocational or religious advice
- General educational activities
- Tobacco withdrawal support
- Caffeine withdrawal support
- Visits for loneliness relief
- Sensory stimulation
- Games, including bingo games
- Projects, including shopping outings, even when used to reduce a dysphoric state
- Teaching grooming skills
- Grooming services
- Monitoring activities of daily living
- Teaching the patient simple self-care
- Teaching the patient to follow simple directives
- Wheeling the patient around the facility
- Orienting the patient to name, date, and place
- Exercise programs, even when designed to reduce a dysphoric state
- Memory enhancement training
- Weight loss management
- Case management services including but not limited to planning activities of daily living, arranging care or excursions, or resolving insurance problems
- Activities principally for diversion
- Planning for milieu modifications
- Contributions to patient care plans
- Maintenance of behavioral logs