WELCOME TO DOCUMENTATION TRAINING

❖ Please sign in

❖ Put cell phones on silence/vibrate

❖ Find a seat and buckle up for the ride
DOCUMENTATION TRAINING

Quality Assurance Program
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DOCUMENTATION TRAINING

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- Click on “Handouts” at bottom left corner of webpage
- Then scroll to bottom of page for “Handouts for Recurring Trainings”
- Find “Behavioral Health Documentation Training for Specialty Mental Health Services Training” section and click on the links that follow for the handouts.
WHAT WE WILL COVER TODAY:

- Medical Necessity
- Assessment
- Treatment Plan
- Service Activities
- Progress Notes
- Non-reimbursable Services
- Lockouts
DOCUMENTATION TRAINING: WHY?

- Communicating clinical information
- Reimbursement from Medi-Cal and Medi-Care
- Legal document
A term used by third-party payors, like Medi-Cal, that encompasses three criteria which are essential for reimbursement of mental health services.
MEDICAL NECESSITY, CONT.

A. **Included diagnosis**: DSM5 and ICD-10 primary diagnosis that Medi-Cal has determined is allowable

B. **Functional impairment**: a significant deficit in an important life area or the probability for the deterioration in a life area (health, daily activities, social relationships, living arrangements); for a child, the probability that they will not progress developmentally

C. **Related intervention**:
   1. Address the impairment, or
   2. Prevent deterioration in life area, or
   3. Allow child to progress developmentally
   4. Condition would not respond to physical health treatment from a Primary Care Physician (PCP)
ASSESSMENT – THE FOUNDATION OF DETERMINING SERVICES

Presenting problem  | Psychosocial history
Mental history     | Cultural factors
Risk factors & barriers | Medical history
Medications        | Substance Exposure & Use
Beneficiary strengths | Mental Status Exam (MSE)

We do all these to arrive at:
1. Included diagnosis to establish medical necessity (# code + full clinical name)
2. Diagnosis must be completed, signed, and dated, by a Licensed Practitioner of the Healing Arts (LPHA) including license/registration #
3. Drives Treatment Plan
ASSESSMENT – THE FOUNDATION OF DETERMINING SERVICES

From YMH Boston

https://www.youtube.com/watch?v=Gm3FLGxb2ZU&t=73s
ASSESSMENT – THE FOUNDATION OF DETERMINING SERVICES

Presenting problem:

“Beneficiary is diagnosed with (F00.0) XX XX as evidenced by…”
Presenting problem:

“Beneficiary is diagnosed with (F29) Unspecified Psychosis Not Due to a Substance or Known Physiological Condition as evidenced by…”
ASSESSMENT – THE FOUNDATION OF DETERMINING SERVICES

Strengths

“Beneficiary enjoys playing basketball.”

What else can we include?

Hint: How are these strengths beneficial in treatment?
ASSESSMENT – THE FOUNDATION OF DETERMINING SERVICES

Cultural factors

“Beneficiary is a single, heterosexual, English speaking male. Beneficiary reports no religious affiliation.”

What else can we include?

Hint: How are these cultural factors impacting treatment?
ASSESSMENT TIMELINE

- Initial – 60 calendar days
- Transfers – 60 days (receiving clinician decides if transferred assessment is adequate)
- Mental Health Assessment Update required every other year from last LPHA Signature Date
TREATMENT PLAN

- The driving force behind the delivery of care

- Treatment Plan required for all planned services for every beneficiary in every chart
MENTAL HEALTH TREATMENT PLAN
(TRANSFORMATIONAL CARE PLAN)

Prior to the beneficiary plan being approved or in place, the following service activities are reimbursable:

- Assessment
- Plan Development
- Crisis Intervention
- Crisis Stabilization
MENTAL HEALTH TREATMENT PLAN (TRANSFORMATIONAL CARE PLAN)-CONT’D

Prior to the beneficiary plan being approved or in place, the following service activities are reimbursable:

- Medication Support Services for documented urgent needs (also for assessment, evaluation, or plan development purposes)
- TCM (Targeted Case Management) for referral/linkage to obtain needed medical, alcohol/drug tx, social services…
MENTAL HEALTH TREATMENT PLAN (TRANSFORMATIONAL CARE PLAN)

An approved beneficiary plan must be in place prior to service delivery as follows:

- Mental Health Services (except assessment, plan development)
- Intensive Home Based Services (IHBS) [Katie A. Svcs]
- Targeted Case Mgmt (TCM) for monitoring...
- Intensive Care Coordination (ICC)
- Therapeutic Behavioral Services (TBS)
- Day Rehabilitation (DR)
An approved beneficiary plan must be in place prior to service delivery as follows:

- Adult Residential Treatment (Youth)
- Crisis Residential Treatment can be provided without a treatment plan for up to 72 hours from the time of opening. After the initial 72 hours a treatment plan is required
- Medication Support Services (Non-emergency)
TREATMENT PLAN TIMELINE

- Initial – 60 days (except for cases open/closed less than 60 days)

- Transfers – 60 days, i.e., a transfer from one program to another, even within the same agency

- Change/Addition of services – requires new Treatment Plan or Interim Update Form to be completed prior to start of new services
TREATMENT PLAN TIMELINE, CONT’D

- Authorization period is up to 12 months for all planned mental health services.

- Treatment Plans need to fit each beneficiary’s situation. Therefore, each agency/clinic can decide on the length of its authorization period.

- Renewal – completed within the month prior to the expiration of that plan.
MENTAL HEALTH TREATMENT PLAN (TRANSFORMATIONAL CARE PLAN)

- The plan requires a number of elements:
  - Desired Results
  - Desired Transition/Discharge Criteria
  - Obstacles
  - **Short term goals**
  - Strengths of beneficiary, family, & natural support system
  - Action steps by Individual, family/supporters
  - **Action steps by staff (Interventions)**
  - **Mode, frequency, and duration of the interventions, which tie back to the goal and medical necessity**
  - **Signatures of the beneficiary and those providing services**
Mental Health Treatment Plan

The Sketch Show UK

https://www.youtube.com/watch?v=koNwUeG- ikE&list=RDkoNwUeG-iKE&t=4
MENTAL HEALTH TREATMENT PLAN (TRANSFORMATIONAL CARE PLAN)

- Obstacles
  - What is keeping the beneficiary from his/her desired results? What is the functional impairment?

- Psychiatric symptoms, behaviors, and functional impairments related to the beneficiary’s primary and qualifying diagnosis that impair the beneficiary’s ability to achieve his/her goals
- Challenges in activities of daily living
- Ties back to the primary qualifying diagnosis
MENTAL HEALTH TREATMENT PLAN
(TRANSFORMATIONAL CARE PLAN)

- Short Term Goals
  - Essential Features
    • Behavioral
    • Achievable
    • Measurable
    • Time framed
    • Understandable to the person served
  - Evaluate your short-term goals by using the SMART acronym:
    (Goals need to tie back to obstacles)
    • Specific
    • Measurable
    • Attainable
    • Realistic
    • Time-framed (duration)
# MENTAL HEALTH TREATMENT PLAN (TRANSFORMATIONAL CARE PLAN)

<table>
<thead>
<tr>
<th>Subject</th>
<th>Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verb/Action Word</td>
<td>will do</td>
</tr>
<tr>
<td><strong>What</strong></td>
<td>something specific, behavioral, observable and measurable related to the ind’s mental health needs and functional impairments due to their mental health dx</td>
</tr>
<tr>
<td><strong>How Often</strong></td>
<td>for (x days, weeks, months)</td>
</tr>
<tr>
<td><strong>When will it be done/timeframe?</strong></td>
<td>by (x weeks, months)</td>
</tr>
<tr>
<td><strong>How will it be measured?</strong></td>
<td>as measured by (e.g. therapist observation, client report, scale score)</td>
</tr>
</tbody>
</table>
MENTAL HEALTH TREATMENT PLAN (TRANSFORMATIONAL CARE PLAN)

- The Elements of Interventions
  - Which member of the team will provide it?
  - *Specifically* what service type/mode of svc will be provided (Individual Therapy, Psychiatric/Medication Management support, Rehab, Group, etc...)?
  - Description of modality for all interventions
  - How often, how frequent (weekly, monthly,...)?
  - For what duration (the next 6 months ...)?
  - Identify the purpose, intent and impact of doing the interventions. Link the intervention back to the desired outcome and short term goal. Ensure you are consistent with the goal, addressing/diminishing the, **functional impairments**, ...
### MODE OF SERVICE

<table>
<thead>
<tr>
<th>Case Management Services</th>
<th>Therapeutic Behavioral Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Support Services</td>
<td>Intensive Care Coordination</td>
</tr>
<tr>
<td>Rehabilitation Services</td>
<td>Intensive Home Based Services</td>
</tr>
<tr>
<td>Individual Treatment</td>
<td>Day Rehabilitation*</td>
</tr>
<tr>
<td>Family Treatment w/ Client</td>
<td>Crisis Residential Treatment*</td>
</tr>
<tr>
<td>Collateral Services</td>
<td>Adult Residential Treatment*</td>
</tr>
<tr>
<td>Group Rehabilitation</td>
<td>Adult Residential Treatment*</td>
</tr>
<tr>
<td>Group Treatment</td>
<td>Therapeutic Foster Care</td>
</tr>
</tbody>
</table>

***Therapy, Rehabilitation, Collateral, Groups are already included in this Mode of Services, so they be described in more general terms. However, if you want to bill Case Management and/or Medication Support Services, those Modes of Services must be indicated in the treatment plan.***
MENTAL HEALTH TREATMENT PLAN
SIGNATURES AND AUTHORIZATIONS

- Beneficiary signature – indicates their participation and agreement with the treatment plan. If beneficiary refuses, then a clear explanation for the refusal or unavailability.
- Family or support person signature – mostly for children and adolescents
- Cost Center Staff – signature, county accepted credential, license/registration #, and date of signature are required
- LPHA – signature, county accepted credential, license/registration #, date of signature are required
- Copy of Treatment Plan must be offered to beneficiary/guardian in their preferred language
BREAK TIME
(15 MINUTES)

❖ Sign in if you haven’t already

❖ Bathrooms are out the door down the hall to the right, on the right-hand side

❖ Snack machines are located on the first floor.
BILLING SPECIALTY MENTAL HEALTH SERVICES

- Mental Health Services
- Targeted Case Management (TCM)
- Crisis Intervention
- Medication Support Services
- Therapeutic Behavioral Services (TBS)
- Pathways to Well-Being Services (Intensive Care Coordination, Intensive Home Based Services)
- Day Rehabilitation
- Adult Residential Treatment
- Crisis Residential Treatment
MENTAL HEALTH SERVICES

These are the five subtypes of services within Mental Health Services:

- Assessment
- Plan Development
- Therapy
- Collateral
- Rehabilitation
MENTAL HEALTH SERVICES, CONT’D

Assessment – clinical analysis of the history and current mental, behavioral, or emotional health status of the client

Activities include:
- Interviewing
- Observing
- Administering Assessment Tools
- Gathering other information
Plan development – any service activity related to the Beneficiary's Treatment Plan

Activities include:
- Development of Treatment Plan
- Approval of Treatment Plan
- Updating of Treatment Plan
- Monitoring client’s progress in relation to the Treatment Plan
- Review of a chart in preparation for a session with the beneficiary when beneficiary no-shows, is claimable.
MENTAL HEALTH SERVICES, CONT’D

Therapy – an intervention focusing primarily on symptom reduction to improve functional impairments. Can only be provided by an LPHA

Service activities include:
- Individual
- Group (two or more clients)
- Family (client is present)
MENTAL HEALTH SERVICES, CONT’D

Collateral – service activity provided to significant support person with intent of meeting the needs of the beneficiary in terms of achieving their treatment plan goals.

Service activities include:
- Educating a significant support person about the beneficiary's mental illness
- Training a significant support person to work with the beneficiary

***Generally, other professionals are not considered a significant support person.
MENTAL HEALTH SERVICES, CONT’D

Rehabilitation – focuses on assisting beneficiary to improve, maintain or restore functional skills. Also includes Group Rehab.

Activities include education, training and counseling the beneficiary in relationship to these skills:

- Health – psycho-education of personal hygiene
- Daily activities – work, school, volunteering
- Social relationships – family, friends, sig. other
- Living arrangement – psycho-educate, train or counsel how to maintain current housing
TARGET CASE MANAGEMENT (TCM) 
THE IDENTIFICATION AND PURSUIT OF RESOURCES

These services help clients access medical, educational, social, vocational and psychiatric services, just to name a few. Must tie back to Medical Necessity

- Linkage - referral to Board and Care, AA, meeting with psychiatrist
- Consultation – with colleague to discuss case
- Placement – securing appropriate living arrangements
CRISIS INTERVENTION

An immediate emergency response to help a beneficiary in crisis.

- Potential danger to self or others or gravely disabled
- Potential life-altering event
- Severe reaction that is above the beneficiary’s baseline
- Maximum amount claimable in a 24 hours period is 8 hrs. (480 min.) per beneficiary from the time the crisis began
Documentation must include:
- Acuity of beneficiary or situation that jeopardizes beneficiary’s ability to maintain functioning
- Clinical interventions
- Beneficiary’s response

Service activities include:
- Assessment including Mental Status Exam
- Therapeutic services – for beneficiary
- Counseling – beneficiary, family or significant support person
MEDICATION SUPPORT SERVICES (MS) (MD’S, RN’S, LVN’S, PHARMACIST, PT’S)

Service activities include:

 Evaluation
 Education
 Monitoring
 Prescribing
 Dispensing
 Administering

***Maximum amount claimable per day is 4 hrs. (240 min.) per beneficiary in a 24 hour period
Service activities include:

- Intensive one-to-one therapeutic work provided to children and youth up to age 21
- Severely emotionally disturbed children
- Full-scope Medi-Cal
- Focuses on behavioral changes
INTENSIVE CARE COORDINATION (ICC) – FOR F&C ONLY

Intensive form of targeted case management intended for children and youth with more intensive needs and/or whose treatment requires cross agency collaboration.

Service activities include:
- Assessment
- Care planning
- Coordination of services
INTENSIVE HOME BASED SERVICES (IHBS) KATIE A – FOR F&C ONLY

These services are individualized, strength-based interventions designed to address the mental health needs of the child or youth and are predominantly delivered outside an office setting, and in the home, school, or community.

Some service activities include:
- Skill based interventions
- Development of functional skills
- Development of skills or replacement behaviors
INTENSIVE HOME BASED SERVICES (IHBS) KATIE A – CONT’D

Some service activities include:

- Improvement of symptom/self-management
- Education of mental illness
- Development of social supports
- Address behaviors that interfere with a stable and permanent family life
- Address behaviors that interfere with seeking and maintaining a job
- Address behaviors that interfere with child or youth’s educational achievement
- Address behaviors that interfere with independent living
DAY REHABILITATION (DR)

- A structured program of rehabilitation and therapy to improve overall functioning of the beneficiary.

- Requires **weekly** summaries reviewed and signed by a Qualified Mental Health Professional (QMHP – e.g. MHRS or higher credential).

- Beneficiary must be present for the entire scheduled hours of operation (4+ program hours for Full Day DR Programs) in order to bill with the exception of an “unavoidable absence” (e.g. beneficiary is sick).
DAY REHABILITATION (DR) – CONT’D

- In order to ensure the “string of attendance “ is firmly established, providers must:
  - Program: Daily sign-in/out log
  - Groups: All beneficiaries sign-in to each group and the groups must accurately reflect the required weekly calendar

- Providers are to maintain a daily tracking note of the groups clients attended as well as the total number of minutes each beneficiary attended each day.

- Weekly Summary must include: Attendance, any skills learned, beneficiary progress or setbacks, interventions and beneficiary’s response, and progress made on their treatment goal, or other notable issues.
DR AND CONCURRENT AUTHORIZATIONS

- All therapeutic planned services (therapy, rehab, or collateral) that are being provided on the same day.

- DR and Concurrent services require payment authorization:
  - DR authorization - monthly
  - Concurrent services - up to the end date for the DR service, only for planned and ongoing services on the same day as DR

- Please fax your requests to our QI office at 408.288.6113
ADULT RESIDENTIAL TREATMENT

- Rehabilitative services in a non-institutional residential setting.
- Requires weekly summaries reviewed and signed by a QMHP.
- Requires face-to-face contact on the day of service.
CRISIS RESIDENTIAL TREATMENT

- Structured therapeutic or rehabilitative services provided in a non-institutional residential setting. An alternative to hospitalization during an acute psychiatric crisis.

- Requires daily progress notes.

- A treatment plan is required within 72 hours of admission.
PROGRESS NOTES REQUIREMENTS

- One progress note per service activity
- Date of service (month, day, year)
- Duration of service in minutes
- Place of Service (home, office)
- Type of service, e.g., Rehab, CM
- Signature, County-recognized credential, license/registration #, and date of signature
- Legibility
- All progress notes must document that the services were provided in the client’s preferred language.

***Progress note and corresponding billing must match to avoid a disallowance.***
PROGRESS NOTES REQUIREMENTS CONT’D

Three components for writing mental health progress notes:

P = Presenting problem (why is client there)
I = Interventions (what did you provide; therapeutic techniques).

😊 Good progress notes shall describe how services:
• Reduced Impairment
• Restored Functioning, or
• Prevented significant deterioration in an important area of life functioning as outlined in the client plan

R = Response (of client)

***Assessment, Plan Development and Case Management do not have to follow PIR format.
The date of service is the actual date you provided the service.

In the body of the progress note, write “Late entry written on (date of entry)…”.

Don’t forget to sign your note along with your credential, license/registration #, and date of signature!
GROUP PROGRESS NOTES

In the body of the note, you must include:

- Name or theme/type of group
- Total group time, including documentation time and travel time
- Number of beneficiaries
- Number and names of staff, if more than one, with credentials
- Provider’s specific involvement and time of involvement
- Beneficiary’s response and participation to group
GROUP PROGRESS NOTES CONT’D

Billing calculation steps:

1. Total group time in minutes
2. Add documentation and/or travel time
3. Divide by # of beneficiaries

***Beneficiaries who arrive late or leave early will be included in the group formula; but a billing will not be submitted for their time. Their participation can be captured under an Activity note.
GROUP PROGRESS NOTES CONT’D

Billing calculation exercises (1)

Group A:

Consisted of 6 beneficiaries which met for 60 minutes and had one staff.
Time spent in group = 60 minutes

The documentation time = 60 minutes
(10 minutes per beneficiary)

The total group time = 120 minutes divided by 6 beneficiaries which equals 20 minutes.

Billing is 20 minutes per beneficiary.
Billing calculation exercises (2)

Group B:

Consisted of 10 beneficiaries which met for 100 minutes and had two staff.
RESPONSE TO GROUP B

In this example each provider does separate progress notes on all 10 beneficiaries documenting their specific involvement and the amount of service, including their documentation time.
RESPONSE TO GROUP B

The time spent in group = 100 minutes

Providers = 2 clinicians

Participants = 10 beneficiaries
Provider (clinician) #1 renders 100 minutes of covered service

Provider (clinician) #2 renders 60 minutes of covered service
RESPONSE TO GROUP B

Documentation Time:

Provider #1 spends 80 minutes to complete progress notes on all ten (10) beneficiaries

Provider #2 spends 70 minutes to complete progress notes on all ten (10) beneficiaries
RESPONSE TO GROUP B

Provider #1 – 100 minutes of service time + 80 minutes of documentation time = 180 minutes divided by 10 beneficiaries = **18 minutes billed per beneficiary**.

Provider #2 – 60 minutes of service time + 70 minutes of documentation time = 130 minutes divided by 10 beneficiaries = **13 minutes billed per beneficiary**.

***Always round down for Medi-Cal.***
NON-REIMBURSABLE SERVICES

- Academic
- Personal care
- Vocation services / job training
- Recreation
- Socialization
- Supervision (individual or group supervision)
- Staff development (trainings, conferences, workshops, etc…)
- Missed appointments/scheduling appts.
- Transportation
- Translation/Interpretation
- Documents billed for, but not included in chart
- Cloned documents
- Discharge Summary without face to face
NON-REIMBURSABLE SERVICES CONT’D

- Leaving/and or listening to messages
- Travel with no face-to-face contact
- Travel time between provider sites
- Sending/receiving e-mails
- Completing SSI report with no face-to-face contact
- Mandatory reports, i.e., CPS, APS, Tarasoff
- Clerical tasks (making copies)
- Preparation for group activities
- Internal auditing
- Services after the death of a client
LOCKOUTS

- Jail/Prison, Juvenile Hall/Ranch, Institute for Mental Disease (IMD)

***Exception: day of admit & discharge***
LOCKOUTS CONT’D

- Psych Inpatient
- Psych Nursing Facility
- Skilled Nursing Facility (SNF) with a patch (call 24 Hour Care)

***Exceptions:
1. Day of admit & discharge
2. Case Management for placement services 30 days prior to discharge
LOCKOUTS CONT’D

- Adult Residential Treatment
- Crisis Residential

***Exceptions: day of admit & discharge.

***MS and CM services can be billed any time.
LOCKOUTS CONT’D

- Crisis Stabilization

  ***Exception: services provided prior to admit and after discharge. CM is also billable anytime.

- Day Rehabilitation (DR)

  ***Mental Health Services are not reimbursable if provided by DR staff during the same time period that the DR program is open.
THANK YOU FOR ATTENDING

Now go work your documentation magic!