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 Improvement Program
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- Business Partners
  - Training
    - This Month’s Trainings OR...

- Handouts Page
  - Recurring Classes
  - Documentation Training
Documentation Training

When it's time to go

But you still have to document
Documentation Training: Why?

- Communicating clinical information
- Reimbursement from Medi-Cal and Medi-Care
- Legal document
What we will cover today:

- Medical Necessity
- Assessment
- Treatment Plan
- Service Activities
- Progress Notes
- Non-reimbursable Services
- Lockouts
Medical Necessity

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/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 for determining services

<table>
<thead>
<tr>
<th>Presenting problem</th>
<th>Psychosocial history</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk factors</td>
<td>Medical history</td>
</tr>
<tr>
<td>Beneficiary strengths</td>
<td>Mental Status Exam (MSE)</td>
</tr>
<tr>
<td>Mental health history</td>
<td>Cultural factors</td>
</tr>
</tbody>
</table>

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 Timeline

- **Initial** – 60 calendar days
- **Transfers** – 60 days (receiving clinician decides if transferred assessment is adequate)
- **Mental Health Assessment Update** required every other year
Assessment – The foundation for determining services

Presenting problem: Ex. “Anxiety”

Beneficiary is diagnosed with (F41.9) Unspecified Anxiety Disorder as evidenced by...
Assessment – The foundation for 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 – The foundation for determining services

Beneficiary strengths

“Beneficiary is friendly, loves to draw and playing his guitar.”

What is missing?
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
- Medication Support Services for urgent needs
- TCM (Targeted Case Management) for urgent needs
- ICC (Intensive Care Coordination) for urgent needs
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)
- Targeted Case Mgmt (TCM)
- Intensive Care Coordination (ICC)
- Therapeutic Behavioral Services (TBS)
- Day Rehabilitation (DR)
- 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
Authorization period is up to 12 months for all 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)
- Timeframe for the accomplishment of interventions
- Signatures of the beneficiary and those providing services
Mental Health Treatment Plan
(Transformational Care Plan)

**Definition of a Desired Result**

- Desired Results express the hopes and dreams of the beneficiary and family by way of a direct quote
  
  • Identify the beneficiary and family’s vision of change for the future through utilizing the services provided
Mental Health Treatment Plan (Transformational Care Plan)

**Desired Transition**
- Description of changes in the individual’s (and family’s) current needs and circumstances that will occur to achieve the desired transition or discharge.
  - “When will you know that you are done with treatment?”
  - “What will be different?”
Mental Health Treatment Plan
(Transformational Care Plan)

**Strengths**

- Using information from the beneficiary, Assessment, and/or other sources, identify beneficiary’s (and family’s) positive attributes and skills

- Identify strengths/resources that will be significant to achieving the desired results and/or specific short-term goals
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 that impair 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)

### How to Write a Short Term Goal…

<table>
<thead>
<tr>
<th>Subject</th>
<th>Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verb/Action</strong></td>
<td><strong>Beneficiary</strong></td>
</tr>
<tr>
<td><strong>Word</strong></td>
<td><strong>will do</strong></td>
</tr>
<tr>
<td><strong>What</strong></td>
<td>something specific, observable and measurable (change in bx/sx/functional impairment)</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)

♫ Action Steps by beneficiary
What the beneficiary, family, and supporters will do to assist beneficiary in achieving their treatment goals and desired results
Mental Health Treatment Plan
(Transformational Care Plan)

★ Interventions (Action steps by Staff)

- *Actions* (Interventions) by staff provided to the beneficiary that are specific and address their short term goals
- Actions must address/diminish symptoms, behaviors, and functional impairments
- Interventions will respect the beneficiary, family and natural support system, including cultural factors
- Specific to the stage of development and stage of change/recovery
- **MUST** be consistent with the goal(s), include duration, frequency, all modes of service, and include the clinical reason(s) for every intervention.
Mental Health Treatment Plan (Transformational Care Plan)

The Elements of Interventions

- Which member of the team will provide it?
- *Specifically* what service type/ modality will be provided (Individual Therapy, Med management, Rehab, etc...)?
- 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 symptoms, functional impairments, or behaviors.
- Interventions must tie back to Medical Necessity
Treatment Plan
signatures and authorizations

- **Beneficiary signature** – indicates their participation and agreement with the treatment plan
- **Family or support person signature** – mostly for children and adolescents
- **Cost Center Staff** – signature, credential, license/registration #, and date of signature are required
- **LPHA** – signature, credential, license/registration #, and 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
- Case Management
- Crisis Intervention
- Medication Support Services
- Day Rehabilitation
- Adult Residential Treatment
- Crisis Residential Treatment
- Therapeutic Behavioral Services (TBS)
Mental Health Services

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

- Assessment
- Plan Development
- Therapy
- Collateral
- Rehabilitation
Mental Health Services, cont.

Assessment – clinical analysis of the history and current mental health status of the client

Activities include:
- Interviewing
- Observing
- Administering Assessment Tools
- Gathering other information
Plan development – any 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.

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

Activities include:
- Individual
- Group (two or more clients)
- Family
Mental Health Services, cont.

**Collateral** – activity provided to significant support person with intent of improving or maintaining client’s mental health status

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.*
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
Case management (CM) –
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
Crisis Intervention, cont.

Documentation must include:
1. Acuity of beneficiary or situation that jeopardizes beneficiary’s ability to maintain functioning
2. Clinical interventions
3. Beneficiary’s response

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)

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
Therapeutic Behavioral Services - TBS

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
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+ hours) in order to bill with the exception of an “unavoidable absence” (e.g. beneficiary is sick).
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.*
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.
Progress Notes, cont.
How to record late entries

- 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!
In the body of the note, you must include:

- Name or theme/type of group
- Group time
- Number of beneficiaries
- Number and names of staff, if more than one, with credentials.
- Beneficiary’s response and participation to group.
Billing calculation steps:

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

Note: 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.

Billing calculation exercises (1)

Group A:
Consisted of 6 beneficiaries which met for 60 minutes and had one staff.
Response to Group A

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 beneficiaries.
Group Progress Note, cont.

Billing Calculation Exercises (2)

Group B:
Consisted of 10 beneficiaries which met for 100 minutes and had two staff.
In this example each provider does separate progress notes on all 10 beneficiaries documenting their specific involvement and the amount of service and 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

Method:

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
Non-reimbursable Services, cont.

- 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.

- Psych Inpatient
- Psych Nursing Facility

Exceptions:
1. Day of admit & discharge
2. Case Management for placement services 30 days prior to discharge
Lockouts, cont.

- Adult Residential Treatment
- Crisis Residential

Exceptions: day of admit & discharge. MS and CM services can be billed any time
Lockouts, cont.

- 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!