To: All Level 1 Providers
Alameda County BHCS

May 10, 2010 (updated 6/17/10)

From: Kyree Klimist, MFT, Associate Administrator
Quality Assurance Office, ACBHCS

Re: MEDI-CAL CHART DOCUMENTATION -- 2010 UPDATES

The following Medi-Cal documentation updates are essential for providers of Medi-Cal Specialty Mental Health Services in order to maximize billable services to Medi-Cal and reduce disallowance risks in audits. Per new State DMH regulations, clarifications from the State about existing regulations, and clarification of ACBHCS interpretations of State regulations, these updates **require immediate compliance**. The Quality Assurance Manual's section on Clinical Record Documentation Standards is being updated with the same material; providers will be notified when it is available online.

The items listed below are included in the 2010 Medi-Cal Documentation Training (download the PowerPoint presentation at www.acbhcs.org/providers, under the Quality Assurance tab). The PowerPoint slides were updated since the April 2010 training with a Co-Occurring Conditions perspective that was discussed, but not always noted in the slides.

Updates listed below that supersede 2009 documentation training information are noted as "***New"*** or ***"Correction***" items. Items noted as "***Reminder***" are highlighted in the 2010 trainings due to frequent non-compliance by staff. If providers have questions or comments, please appoint *one person* to email Jane Tzudiker at jtzudiker@acbhcs.org.

General

- ***Introduction to new 'Informing Materials Packet' requirements:*** In 2010, the QA Office will distribute a single document that contains all required BHCS informing materials such as Freedom of Choice and an editable Notice of Privacy Practices. These materials have been updated to comply with State and Federal regulations. A memo will accompany the 'Informing Materials Packet' to explain how providers will be required to use the materials. At that time, the packet and memo will replace the required BHCS informing materials currently online at www.acbhcs.org/providers under the Quality Assurance tab. The 2010 PowerPoint presentation noted above contains more information.
- ***Now online***: Acronyms: The County-designated list is now online at www.acbhcs/providers.org under the Quality Assurance tab.

- ***Correction***: Graduate students (enrolled in accredited degree program) may provide psychotherapy with clinical supervision & if it's in the scope of their education. [Incorrect information given in previous trainings.]

Initial Assessments

- ***New option***: May open an episode without a face-to-face billable service, HOWEVER the episode opening date starts the clock toward completion of the Initial Assessment & Initial Client Plan.
- ***New option:*** May open an episode with a Deferred Diagnosis when it is unclear whether someone being assessed for services will meet medical/service necessity. [If medical necessity is established, an "included" diagnosis must be provided in the chart and InSyst.]
- ***New option:*** May close an episode with No Diagnosis when medical necessity for services is not substantiated in the assessment phase.
- ***Reminders from Provider Relations:*** Axis I and Axis II: "Excluded" diagnoses per Medi-Cal may not be identified as Primary. Also, be sure to update diagnoses in Insyst whenever they change!
- ***New rule***: Assessments include a clinical analysis/formulation that clearly indicates medical necessity for services and describes the client's mental health barriers to achieving their stated goals.
- ***Reminder***: Substance Use: Youth are included in this assessment. Also address tobacco & caffeine, and prescription/OTC medications not being used as directed.
- ***Reminder***: Allergies: Any type of allergy or the lack of allergies must be prominently noted on the outside of client charts.

Client Plans

- ***New/Return to prior rule***: Client signature must be on the Client Plan. [Providers may no longer refer to a specific Progress Note documenting a client/staff Plan discussion in place of client signature on a Plan.]
- ***Reminder***: Related to client signatures on the Client Plan, children/youth with the concept of ownership are expected to sign, e.g., if they understand that by marking "x" on a toy, they believe it is their toy. [This example came via the State DMH.]
- ***New option***: Licensed clinician signature on a completed Client Plan may be done any time during the month preceding the new cycle (no longer has to be within the last 15 days of the month). [InSyst still cannot accept authorization entry until the new cycle has begun.]
- ***Reminder***: Chart documentation must prove that the client is given a copy of their Client Plan upon request, or that the client is offered a copy of their Client Plan. [County client plan templates at www.acbhcs.org/providers include a statement to that effect; some providers instead include a statement on their admission paperwork signed by the client.]

Service Documentation and Entering Services into InSyst

- ***New rule***: Handwritten Progress Notes: Must signify an entry's end by drawing a line up to the signature.

- ***New non-billable***: Preparation time for services is NOT billable to Medi-Cal, e.g., setting up tables, gathering art supplies, creating handouts, etc.).
- ***Reminder:*** Consulting with team members is billable as Plan Development only if the consultation is "client-driven" and is related to the development of Plans, approval of Plans, and/or monitoring and recording a client's progress toward Plan goals/objectives. (This item is now correct - it was amended on 6/17/10, deleting an erroneous additional requirement.)
- ***Correction in 2nd bullet:*** For services provided to, or on behalf of, more than one client (e.g., Group), Progress Notes must include the following so that InSyst can calculate claims per client:
    - Total number of clients in the group, or represented in the group, including non-Medi-Cal clients.
    - ***Correction:*** Total group service minutes plus the documentation time for only that client. [Recent QA trainings had instructed the addition of *all* documentation time.]
    - For any co-staffed service: Provide co-staff's name, BHCS staff number and group service time; also indicate their unique role during the service in the Progress Note, if not already addressed in the Client Plan.
- ***New option noted:*** Same staff/same service/same client/same day. When staff provide that scenario of services (e.g., multiple collaterals, multiple individual rehab services, etc.), they may:
    - ***New option***: Roll all services into one Progress Note and add all time for service entry **OR**
    - Create separate Progress Notes for each service. In this case, Data Entry staff must respond to the system's resulting "duplicate override message."

  QA Suggestion: It may be in a provider's best interest to choose one method for staff follow for documentation & service entry consistency.
- ***New option*:** Providers are no longer required to roll Plan Development time into another service provided on same day for the same client.
    - If providers choose the new option, separate Plan Development Progress Notes must be written.
    - Providers may still choose to roll Plan Development into another mental health service.

  QA Suggestion: It may be in a provider's best interest to choose one method for staff follow for documentation & service entry consistency.
- ***Reminder***: E-mail, texting, other e-communication. The State DMH has still not given any regulatory guidance on how to provide a billable e-communication, therefore, it is possible that such services would be subject to disallowance in an audit.

  If a client requests e-communication, or if providers decide to offer the option, the QA Office suggests that staff:
    - *Discuss the limits of this non-secure communication with the client.*
    - *Document the client's request, AND*
    - *Document the 'non-secure communication discussion' with the client in the chart.*
    - *Print & file (or scan) in the chart all e-communication strings with date/time stamps to help demonstrate that it was a "discussion" rather than the non-billable activity of "leaving messages" back & forth. This also applies to e-communication among staff/providers/collaterals that is being entered for Medi-Cal reimbursement.*