



Alameda County Behavioral Health Care Services

Damon Bennett, LCSW

Linda Goode, RN, MA

Starring:

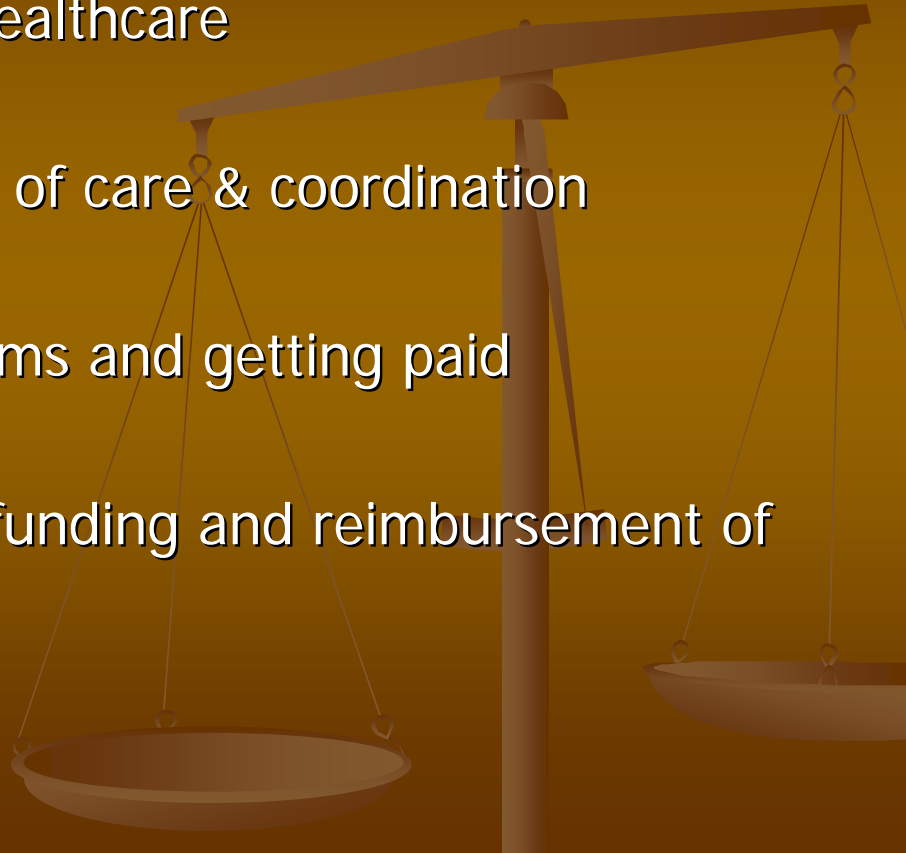


Why document services?

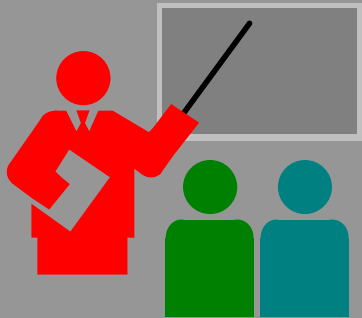


4 Reasons to Document

- Supports quality healthcare
- Support continuity of care & coordination
- Basis of billing claims and getting paid
- Assure continued funding and reimbursement of services



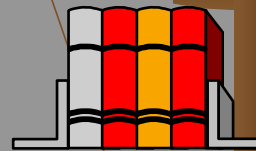
Sound charting allows us to keep going as an agency because it is what allows us to generate and protect revenue for client services.



TRAINING



FACILITIES



REFERENCE MATERIALS



STAFF



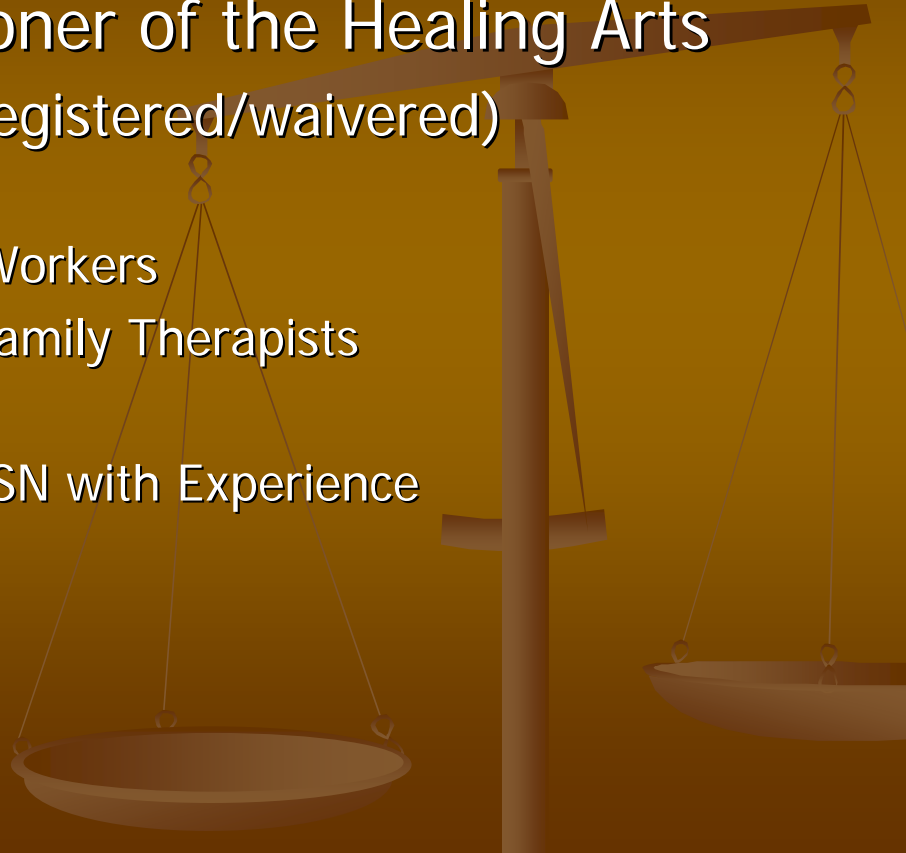
STAFF

- Licensed Mental Health Professional (LMHP)
 - LPHA
 - RN, LVN, PT
 - OT
 - MHRS

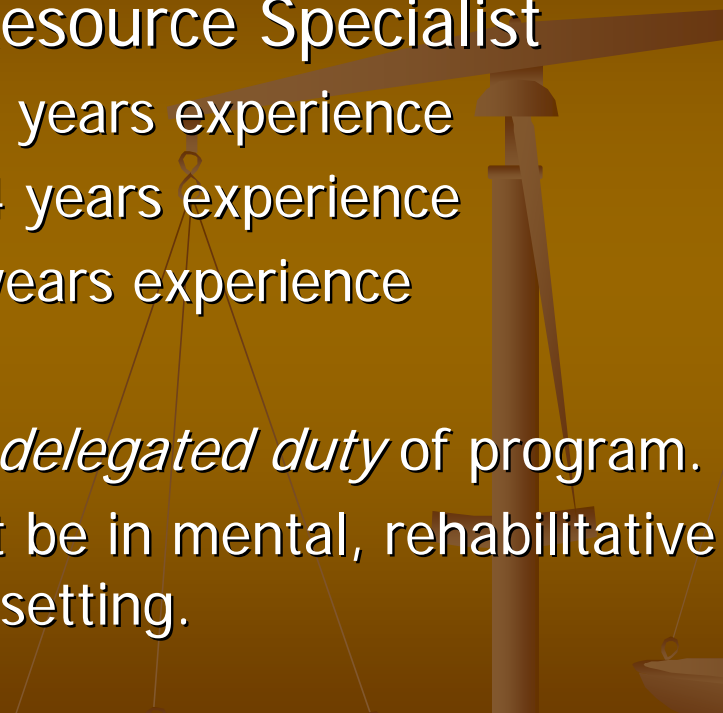


STAFF: LPHA

- License Practitioner of the Healing Arts
 - Licensed (and registered/waivered)
 - Psychologists
 - Clinical Social Workers
 - Marriage and Family Therapists
 - Psychiatrists
 - RNP and RN/MSN with Experience



STAFF: MHRS

- Mental Health Resource Specialist
 - Associate with 6 years experience
 - Bachelors with 4 years experience
 - Masters with 2 years experience
 - *Credentialing is delegated duty* of program.
 - Experience must be in mental, rehabilitative and health care setting.
 - NO EXCEPTION!
- 

Medi-Cal Specialty Mental Health Services

- Types of Services
- Medi-Cal Codes
- Documentation Standards



Types of Community Services

Planned Services

- Case Management/Brokerage
- Mental Health Services
- Day Treatment Services
- Medication Support Services

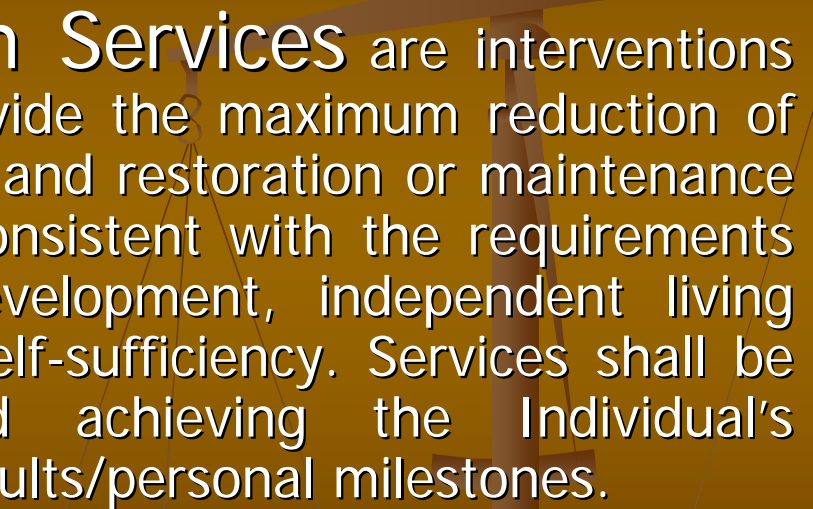
Unplanned Services

- Crisis Intervention



Mental Health Services

Mental Health Services are interventions designed to provide the maximum reduction of mental disability and restoration or maintenance of functioning consistent with the requirements for learning, development, independent living and enhanced self-sufficiency. Services shall be directed toward achieving the Individual's goals/desired results/personal milestones.



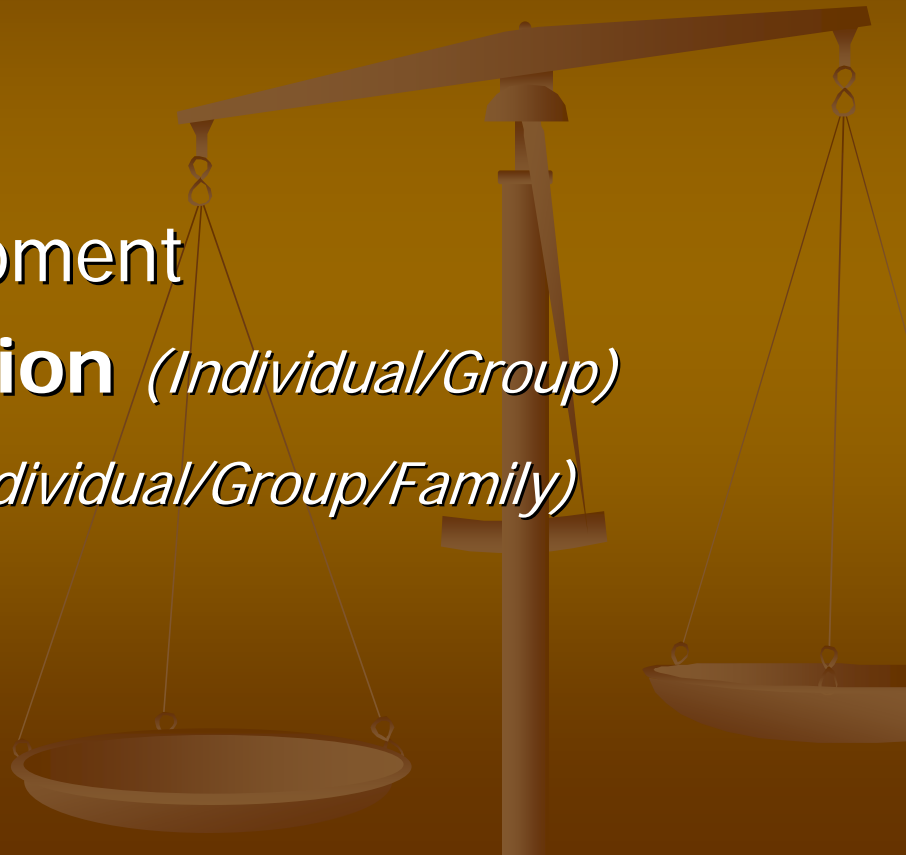
MHS STAFF

- Staff required: Licensed Mental Health Professionals (LMHP)
- Others may provide services
 - scope of competency
 - appropriate supervision
 - co-signature of LMHP
(within their scope of practice and competency)



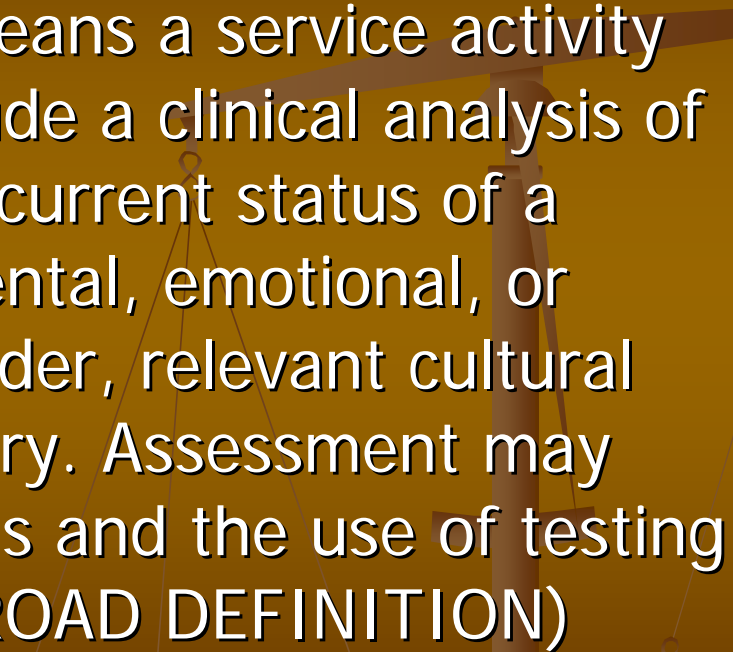
Types of Mental Health Services

1. Assessment
2. Collateral
3. Plan Development
4. **Rehabilitation** *(Individual/Group)*
5. **Therapy** *(Individual/Group/Family)*



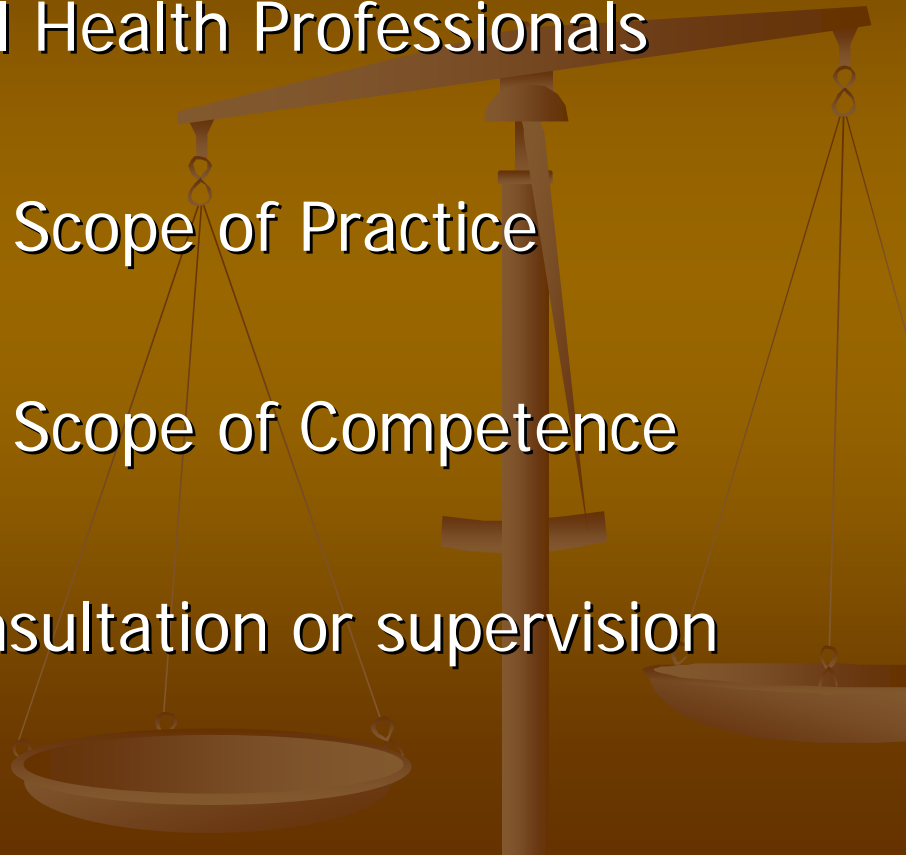
MHS: Assessment

Assessment means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder, relevant cultural issues and history. Assessment may include diagnosis and the use of testing procedures. (BROAD DEFINITION)



Assessment

- Licensed Mental Health Professionals
- Consistent with Scope of Practice
Legal
- Consistent with Scope of Competence
Ethical
- Appropriate consultation or supervision



Assessment STAFF

■ LPHA

- Mental Status Exam (MSE)
- Establishing Diagnosis

MFTI/ASW requires LPHA Co-sign

■ Non-LPHA

- Mini-MSE (MMSE)

Recommend: policy, protocol and scripted interview

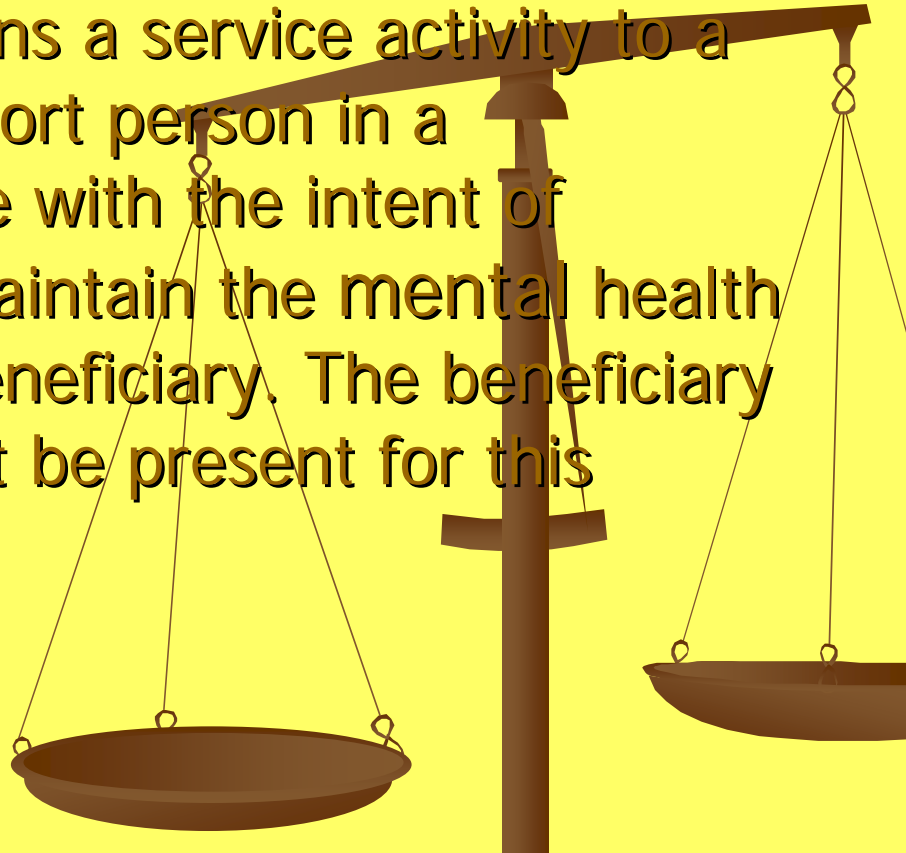
- Collect Information

Write 'diagnosis established by' LPHA name.

Put supporting documentation in chart.

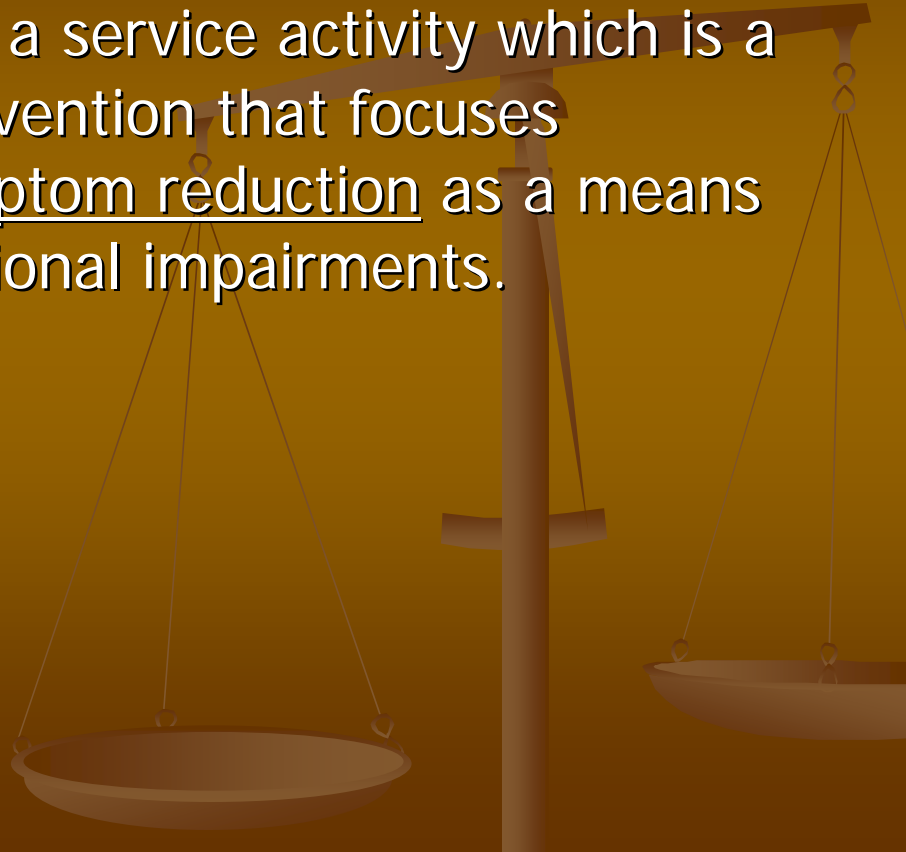
MHS: Collateral

Collateral means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintain the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.



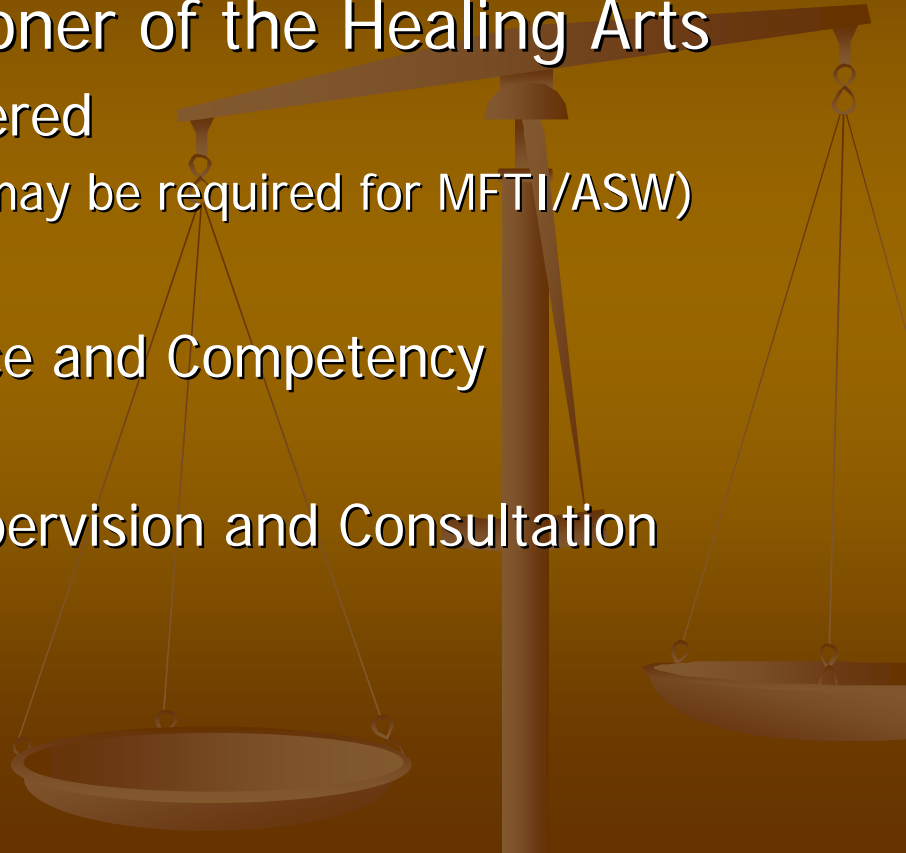
MHS: Therapy

Therapy means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments.



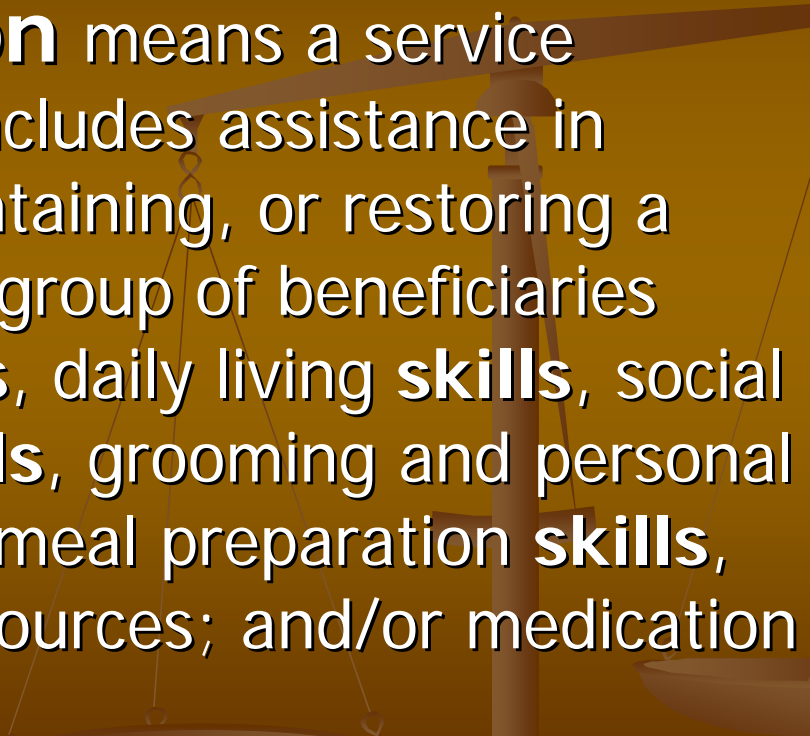
Therapy STAFF

- License Practitioner of the Healing Arts
 - Licensed/registered
 - (Co-signature may be required for MFTI/ASW)
 - Scope of Practice and Competency
 - Appropriate Supervision and Consultation



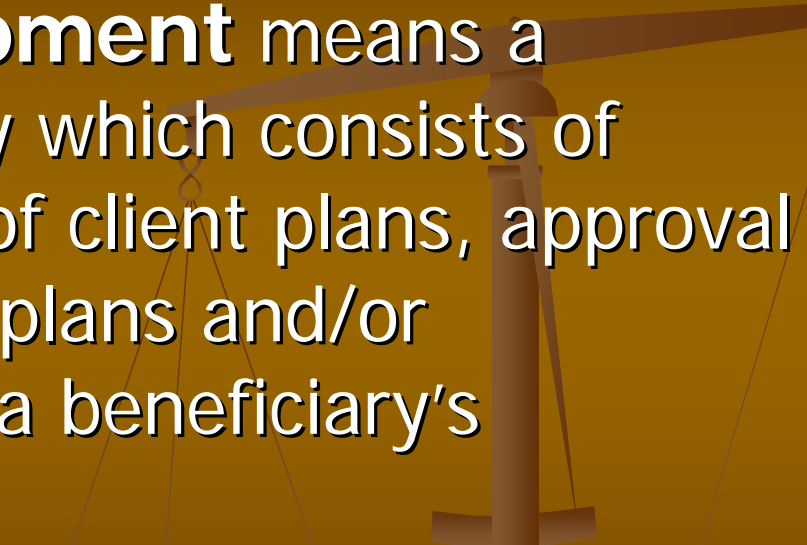
MHS: Rehabilitation

Rehabilitation means a service activity which includes assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries functional **skills**, daily living **skills**, social and leisure **skills**, grooming and personal hygiene **skills**, meal preparation **skills**, and support resources; and/or medication education.



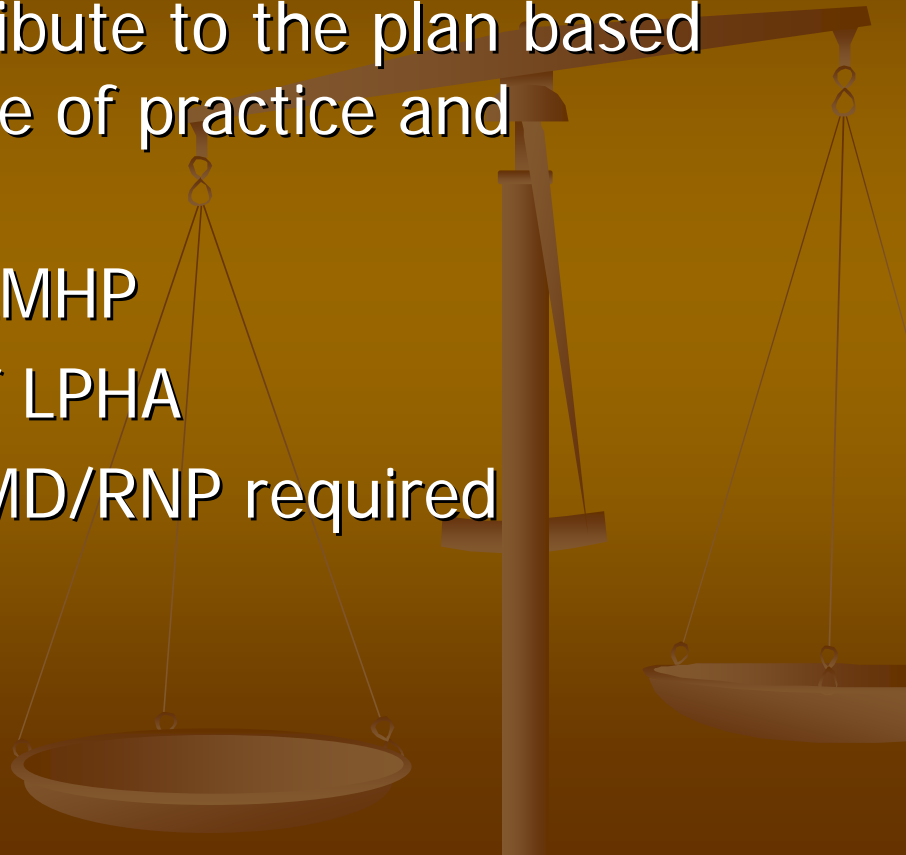
MHS: Plan Development

Plan Development means a service activity which consists of development of client plans, approval of beneficiary plans and/or monitoring of a beneficiary's progress.



Treatment Plan STAFF

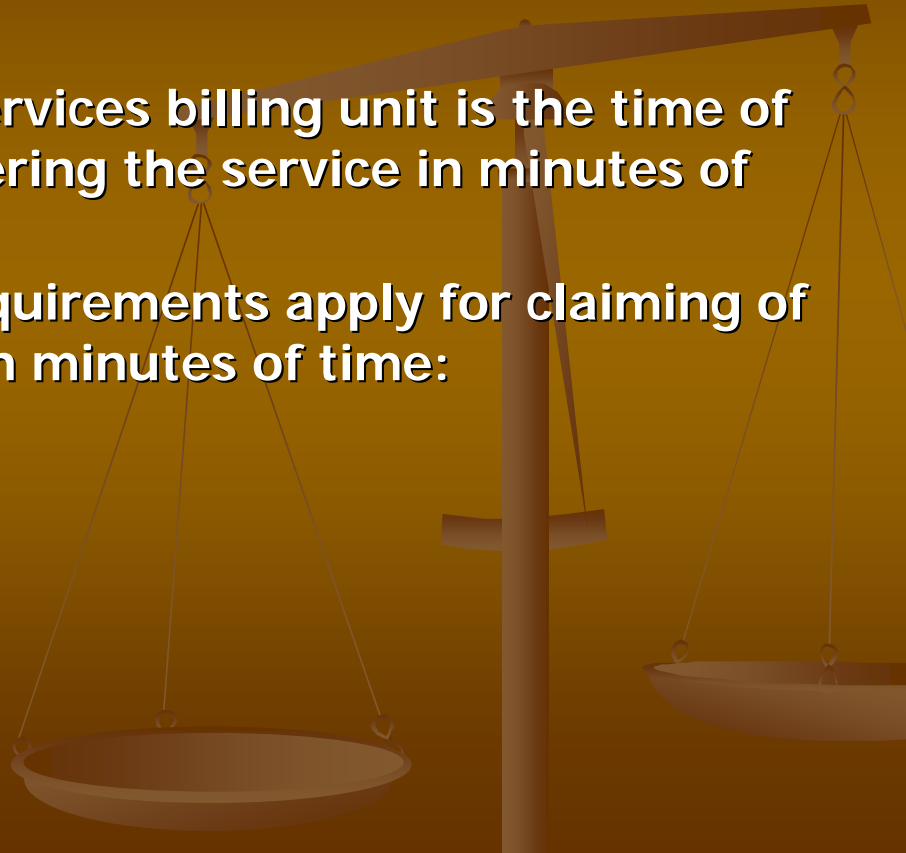
- Staff may contribute to the plan based upon their scope of practice and competency.
- Completed by LMHP
- Co-Signature of LPHA
- If medication, MD/RNP required



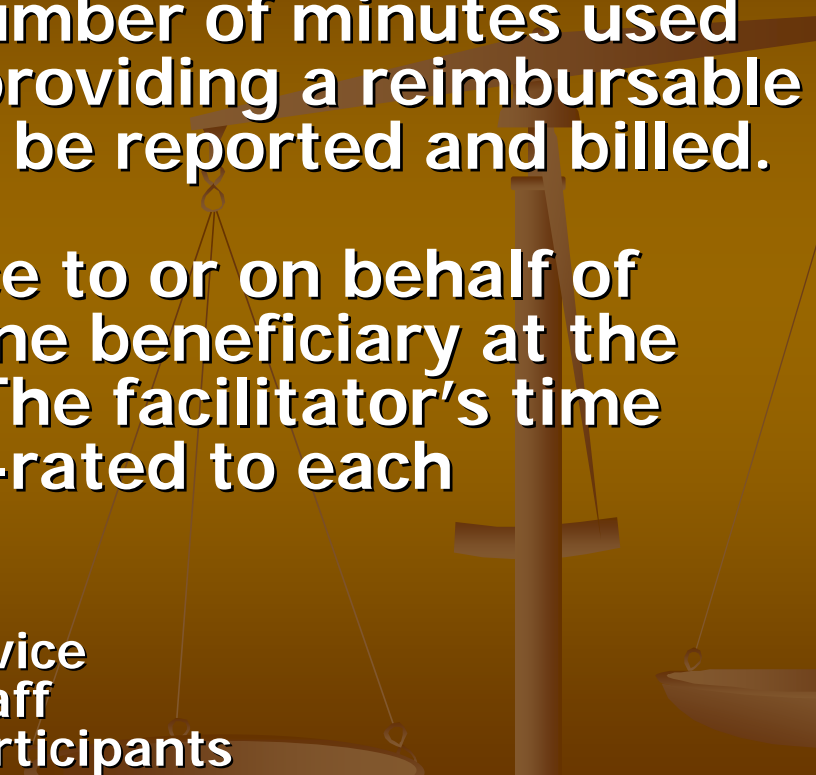
Mental Health Services

Billing Unit

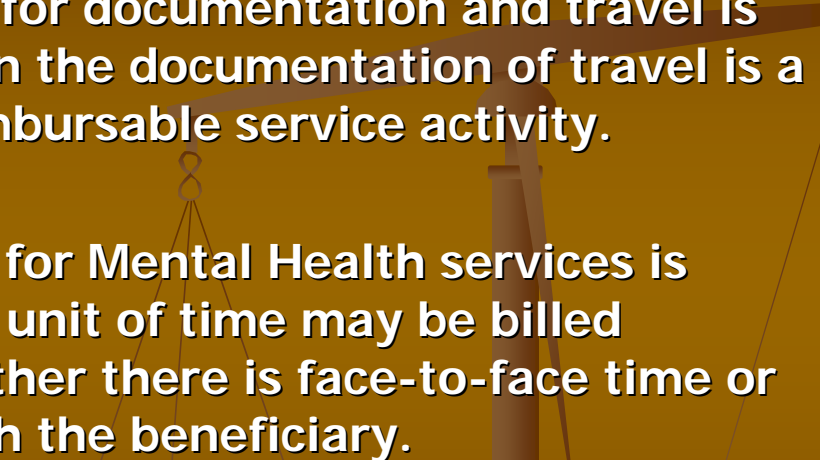
- a) Mental Health Services billing unit is the time of the person delivering the service in minutes of time.
- b) The following requirements apply for claiming of services based on minutes of time:



Mental Health Services

- 1) The exact number of minutes used by persons providing a reimbursable service shall be reported and billed.
 - 2) Group service to or on behalf of more than one beneficiary at the same time. The facilitator's time must be pro-rated to each beneficiary.
 - Length of Service
 - Number of Staff
 - Number of participants
- 

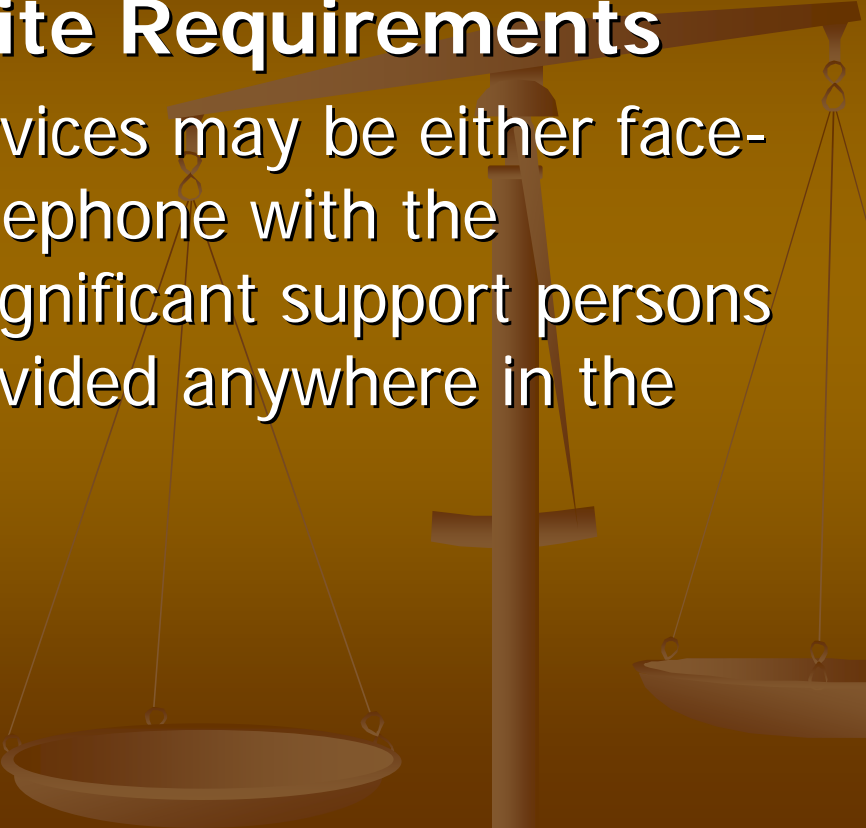
Mental Health Services

- 
- 3) The time required for documentation and travel is reimbursable when the documentation of travel is a component of reimbursable service activity.
 - 4) Plan development for Mental Health services is reimbursable. The unit of time may be billed regardless of whether there is face-to-face time or phone contact with the beneficiary.

Mental Health Services

Contact and Site Requirements

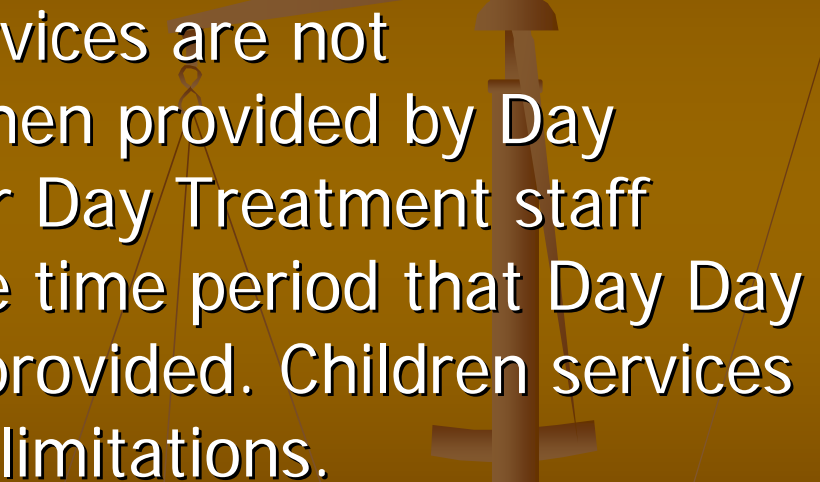
Mental Health Services may be either face-to-face or by telephone with the beneficiary or significant support persons and may be provided anywhere in the community.



Mental Health Services

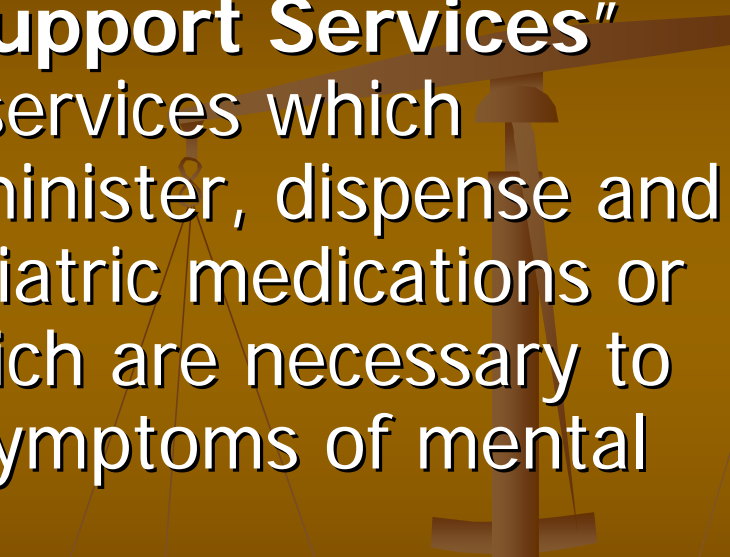
Lockouts

Mental Health Services are not reimbursable when provided by Day Rehabilitation or Day Treatment staff during the same time period that Day Day Treatment are provided. Children services have additional limitations.



Medication Support Services

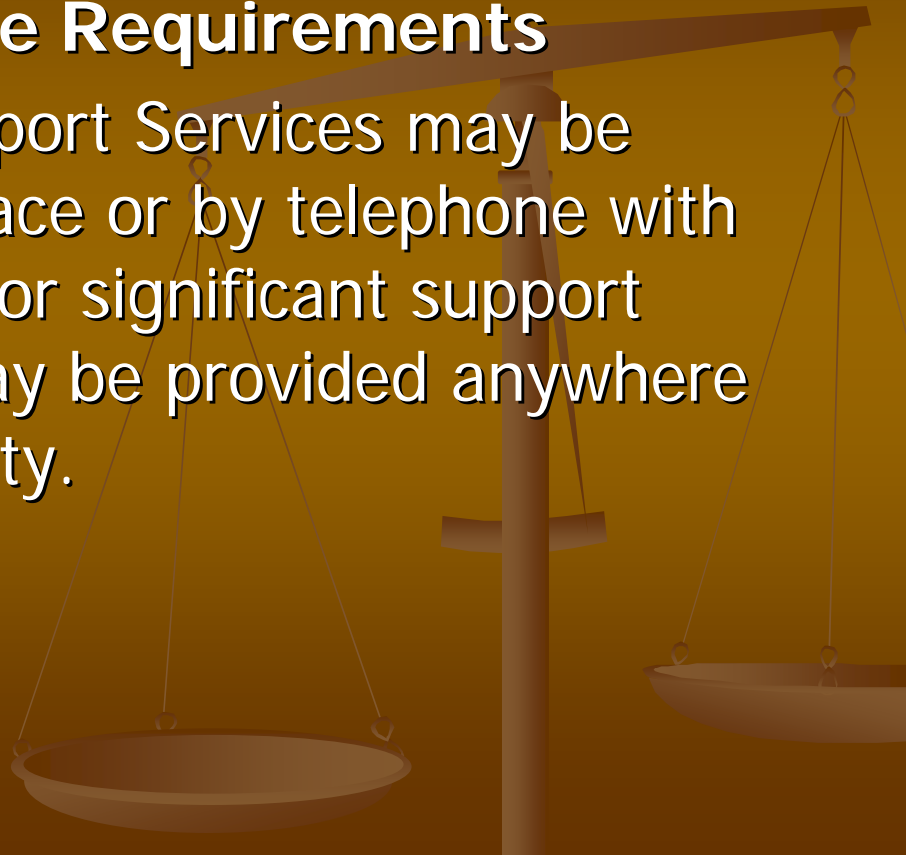
“Medication Support Services”
means those services which
prescribe, administer, dispense and
monitor psychiatric medications or
biologicals which are necessary to
alleviate the symptoms of mental
illness.



Medication Support Services

Contact and Site Requirements

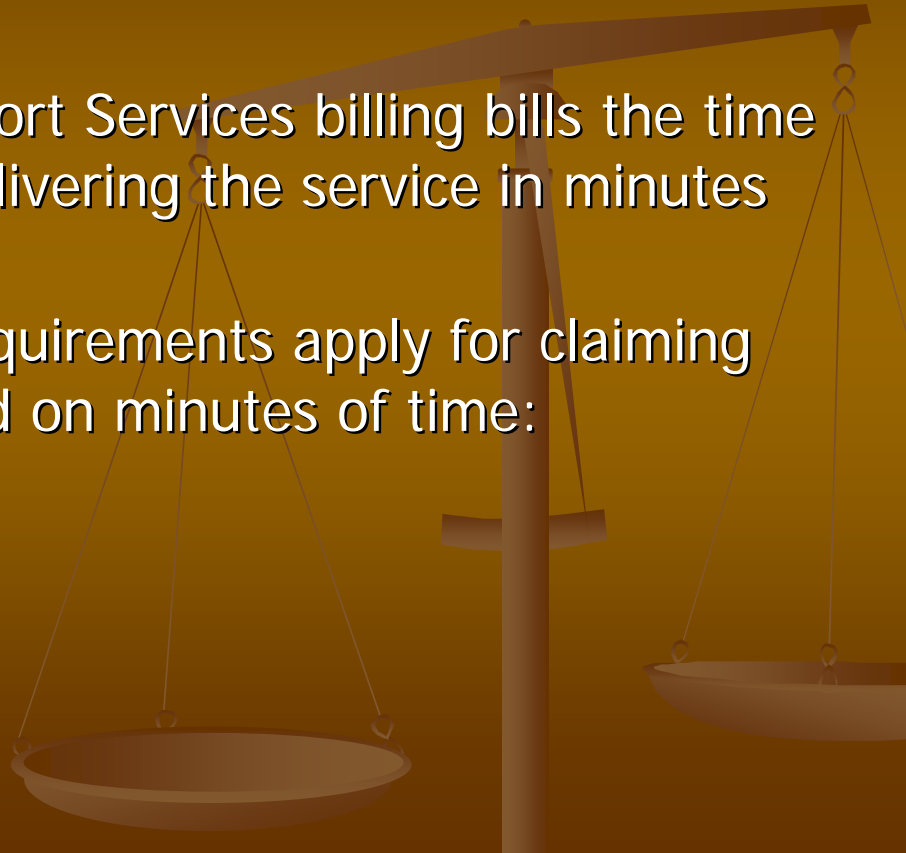
Medication Support Services may be either face-to-face or by telephone with the beneficiary or significant support persons and may be provided anywhere in the community.



Medication Support Services

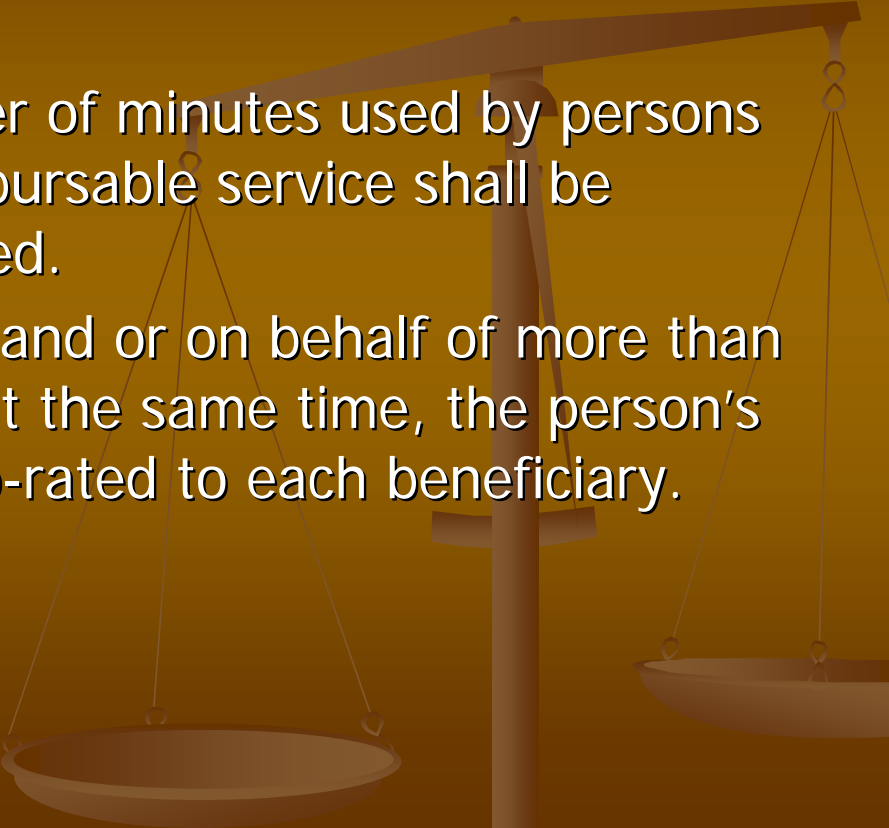
Billing Unit

1. Medication Support Services billing bills the time of the person delivering the service in minutes of time.
2. The following requirements apply for claiming of services based on minutes of time:



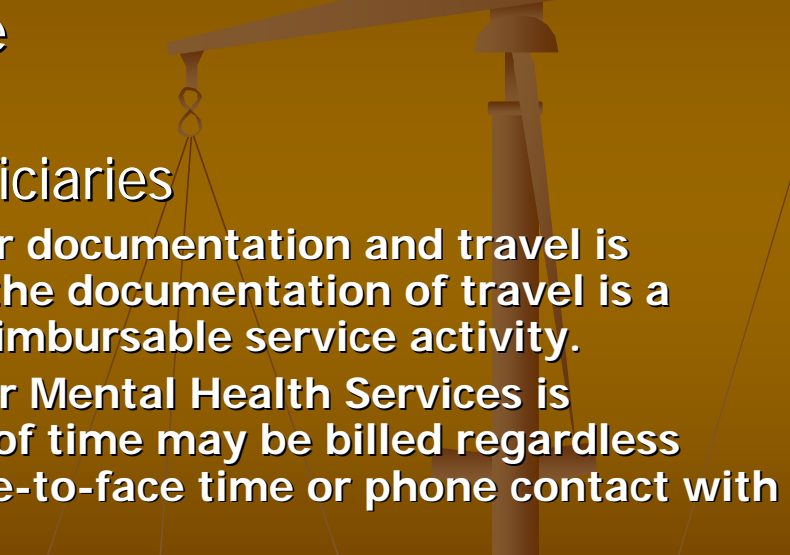
Medication Support Services

Billing Unit

- a) The exact number of minutes used by persons providing a reimbursable service shall be reported and billed.
 - b) Group service to and or on behalf of more than one beneficiary at the same time, the person's time must be pro-rated to each beneficiary.
- 

Medication Support Services

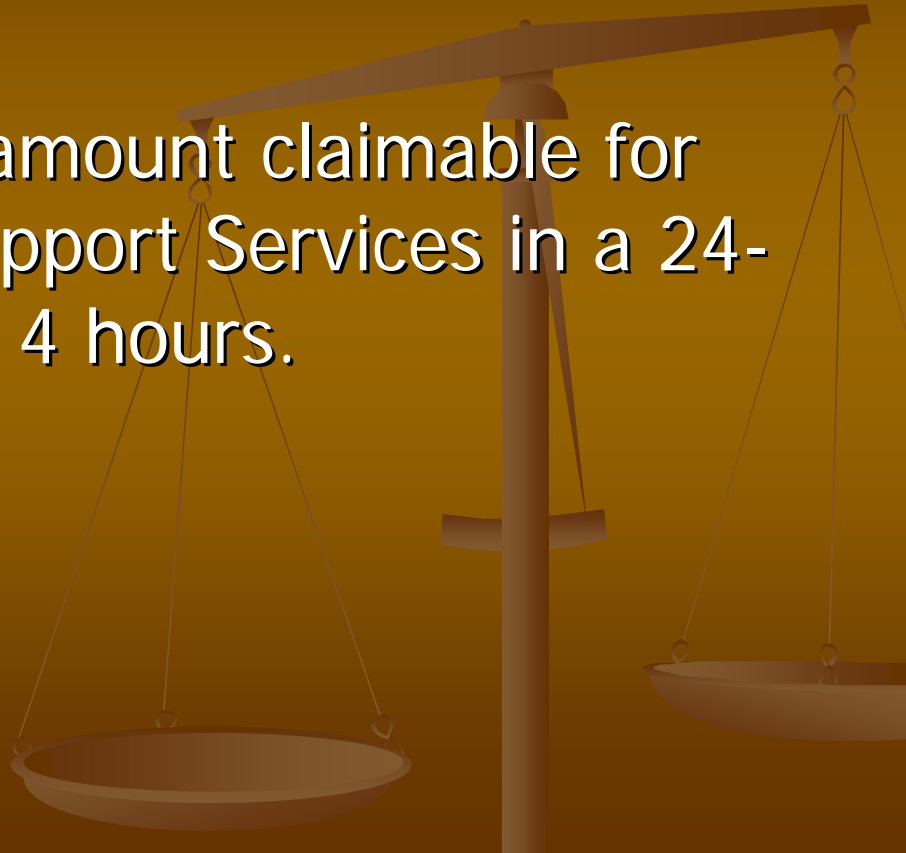
Billing Unit

- Length of Service
 - Number of Staff
 - Number of Beneficiaries
 - c) The time required for documentation and travel is reimbursable when the documentation of travel is a component of the reimbursable service activity.
 - d) Plan development for Mental Health Services is reimbursable. Units of time may be billed regardless whether there is face-to-face time or phone contact with the beneficiary.
- 

Medication Support Services

Lockouts

The maximum amount claimable for Medication Support Services in a 24-hour period is 4 hours.



Targeted Case Management/Brokerage

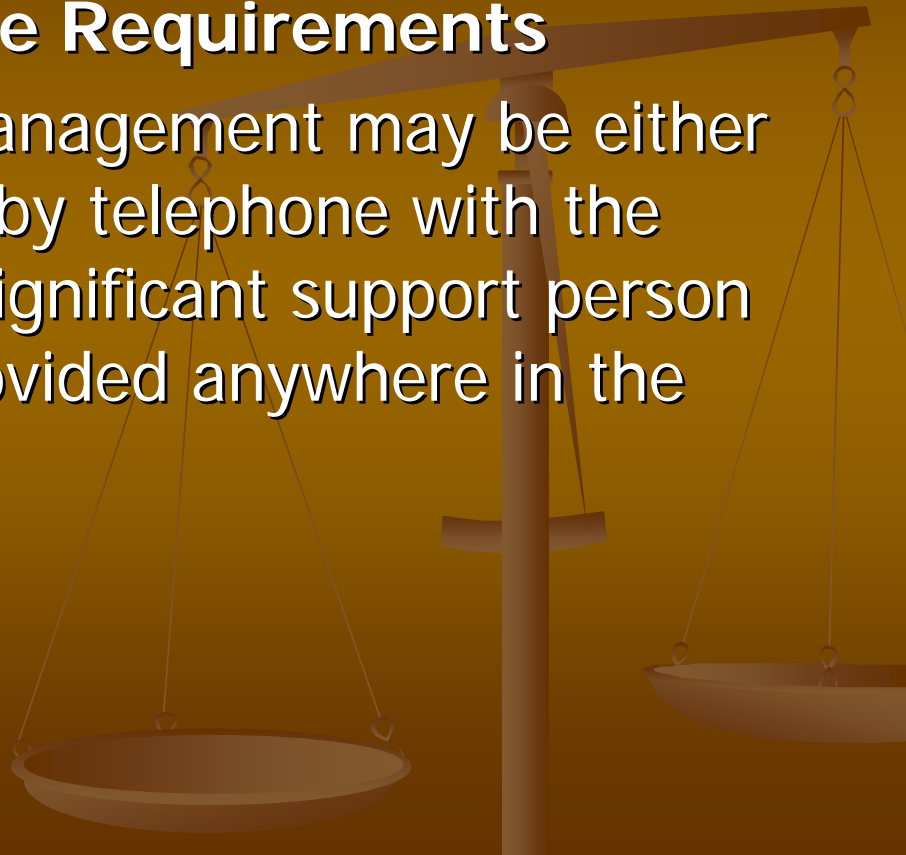
“Targeted Case Management” means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative or other community services. Service activities may include, but are not limited to:

- Communication
- Coordination
- Referral
- Monitoring service delivery to ensure beneficiary access to service and the service delivery system
- Monitoring of the beneficiary's progress and
- Plan development

Targeted Case Management

Contact and Site Requirements

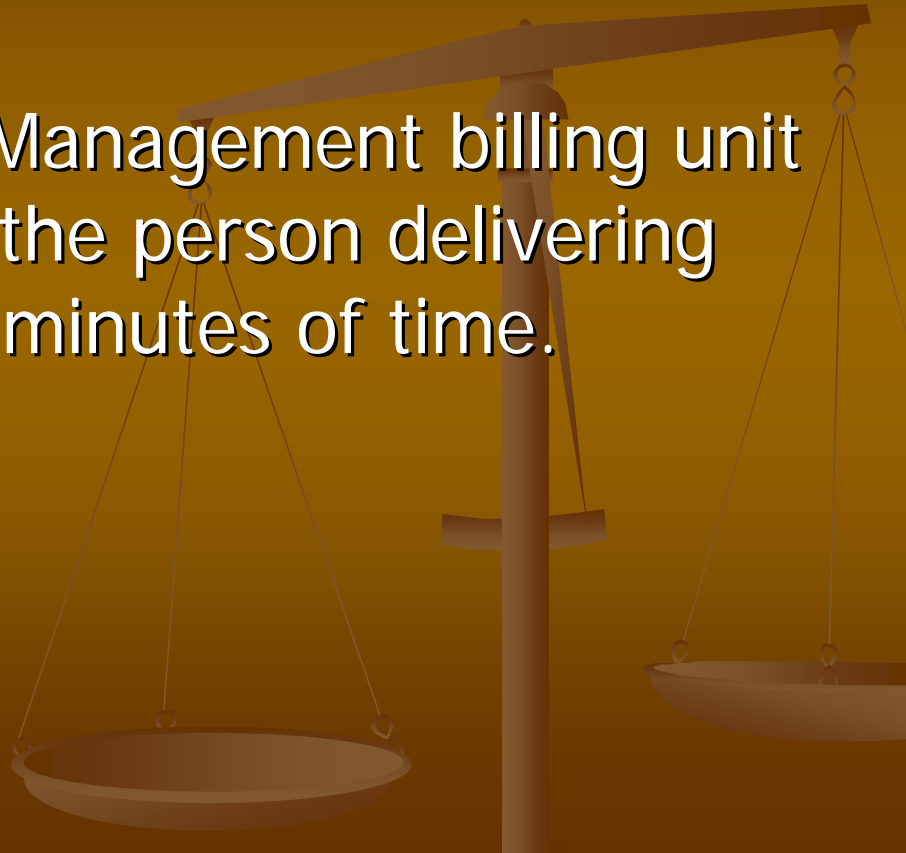
Targeted Case Management may be either face-to-face or by telephone with the beneficiary or significant support person and may be provided anywhere in the community.



Targeted Case Management

Billing Unit

Targeted Case Management billing unit is the time of the person delivering the service in minutes of time.

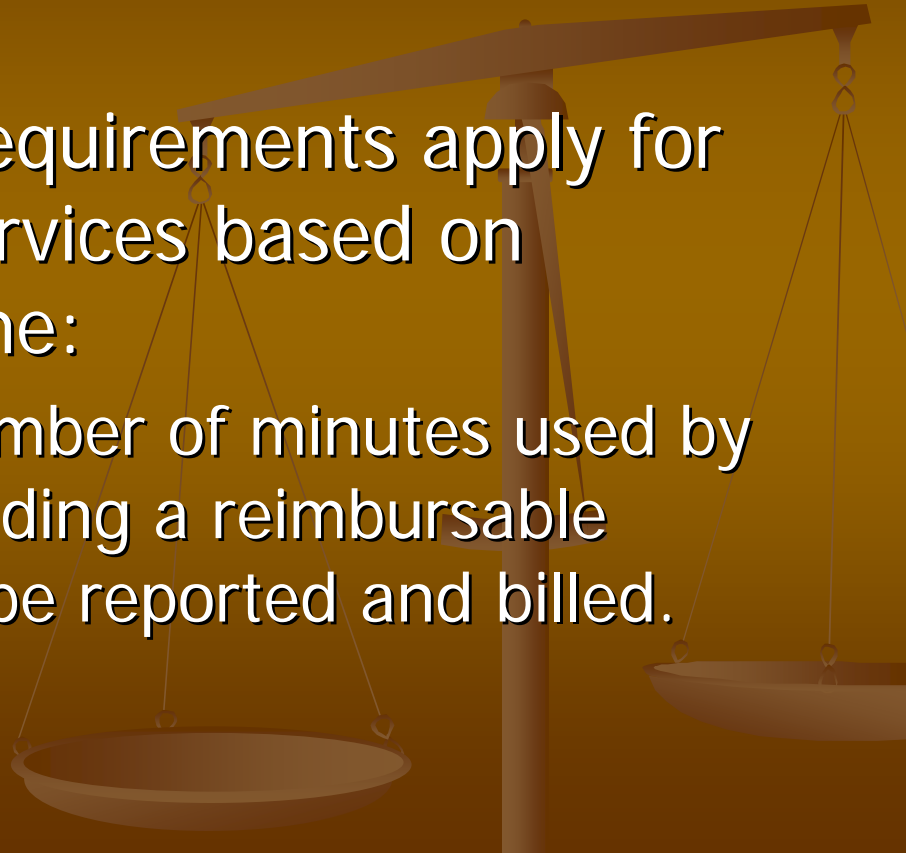


Targeted Case Management

Billing Unit

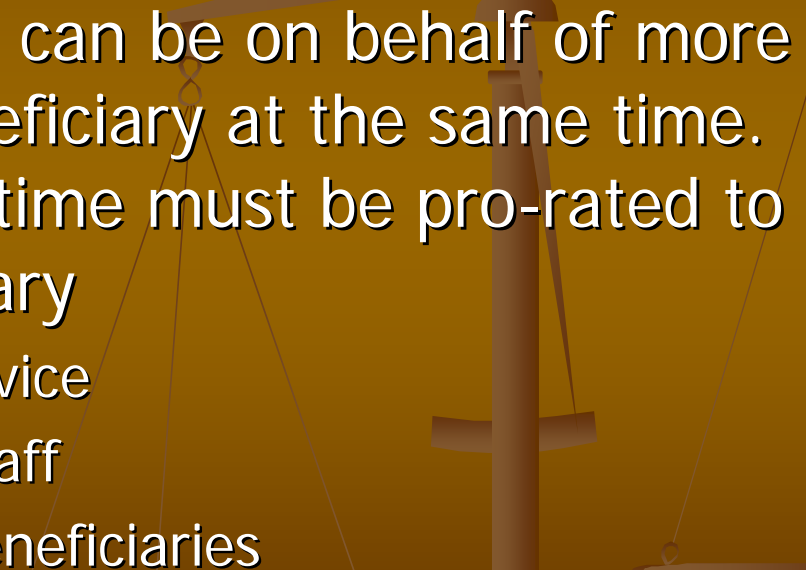
The following requirements apply for claiming of services based on minutes of time:

- The exact number of minutes used by persons providing a reimbursable service shall be reported and billed.



Targeted Case Management

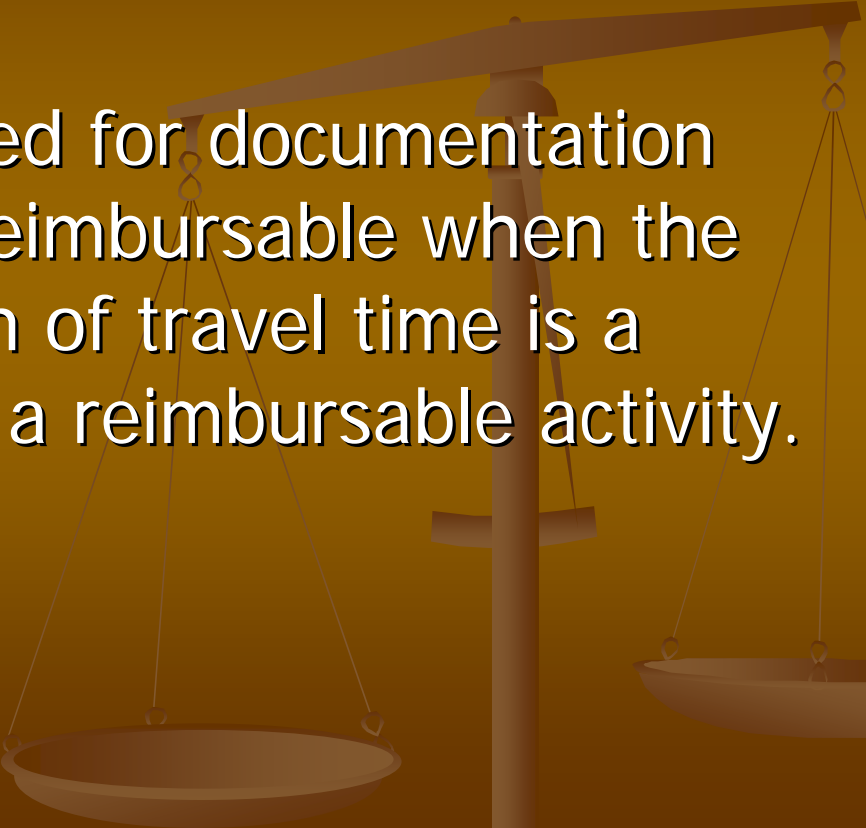
Billing Unit

- Group service can be on behalf of more than one beneficiary at the same time. The person's time must be pro-rated to each beneficiary
 - Length of service
 - Number of Staff
 - Number of beneficiaries
- 

Targeted Case Management

Billing Unit

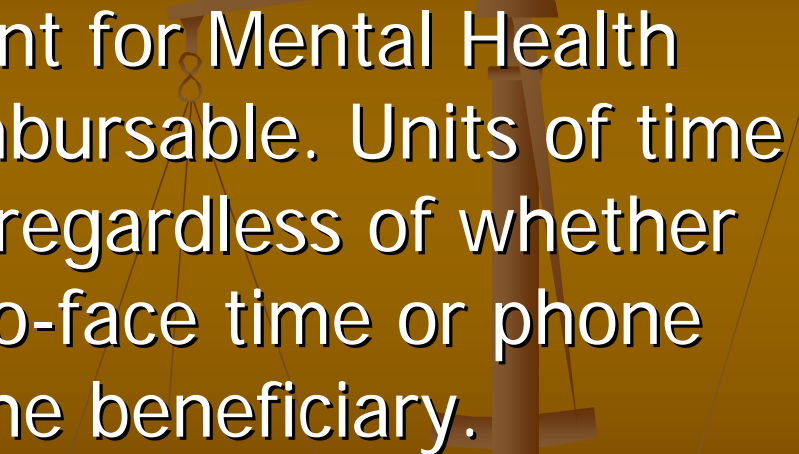
The time required for documentation and travel is reimbursable when the documentation of travel time is a component of a reimbursable activity.



Targeted Case Management

Billing Unit

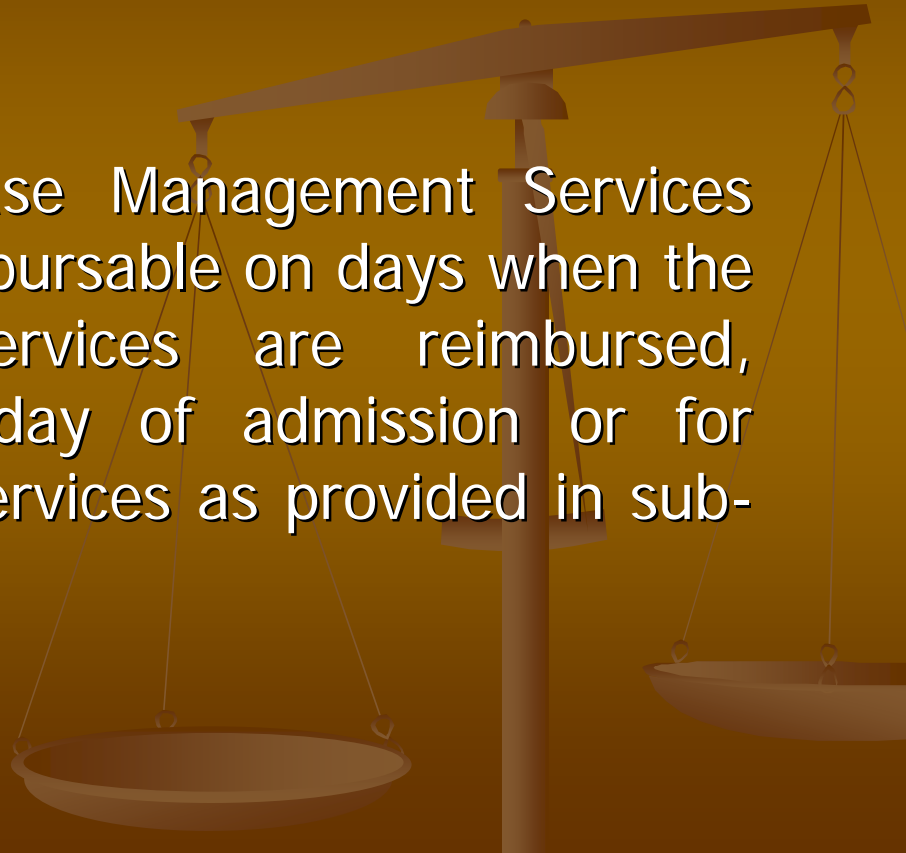
Plan development for Mental Health Service is reimbursable. Units of time may be billed regardless of whether there is face-to-face time or phone contact with the beneficiary.



Targeted Case Management

Lockouts

- a) Targeted Case Management Services are not reimbursable on days when the following services are reimbursed, except for day of admission or for placement services as provided in subsection (b):



Targeted Case Management

Lockouts

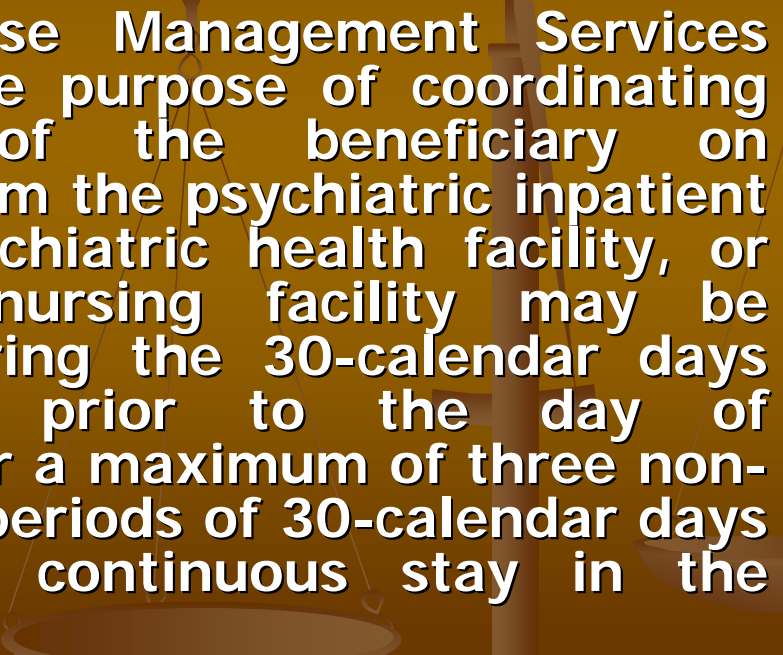
Psychiatric inpatient Hospital Services

- 1) Psychiatric Health Facility Services
- 2) Psychiatric Nursing Facility Services



Targeted Case Management

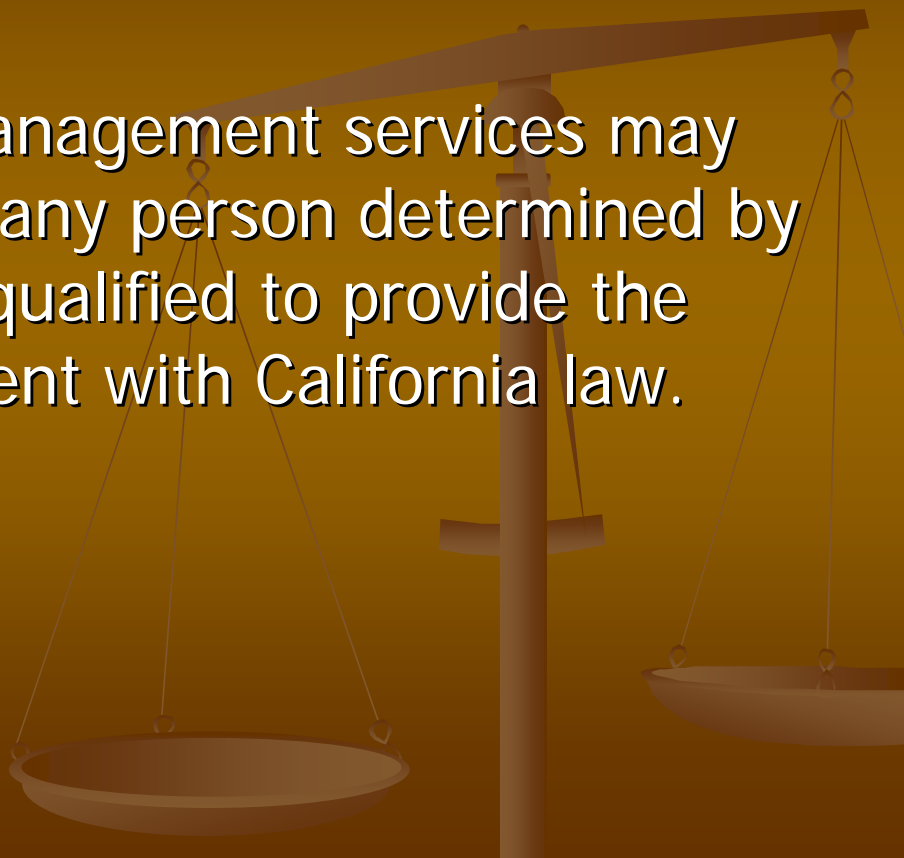
Lockouts

- b) Targeted Case Management Services solely for the purpose of coordinating placement of the beneficiary on discharge from the psychiatric inpatient hospital, psychiatric health facility, or psychiatric nursing facility may be provided during the 30-calendar days immediately prior to the day of discharge, for a maximum of three non-consecutive periods of 30-calendar days or less per continuous stay in the facility.
- 

Targeted Case Management

Staffing

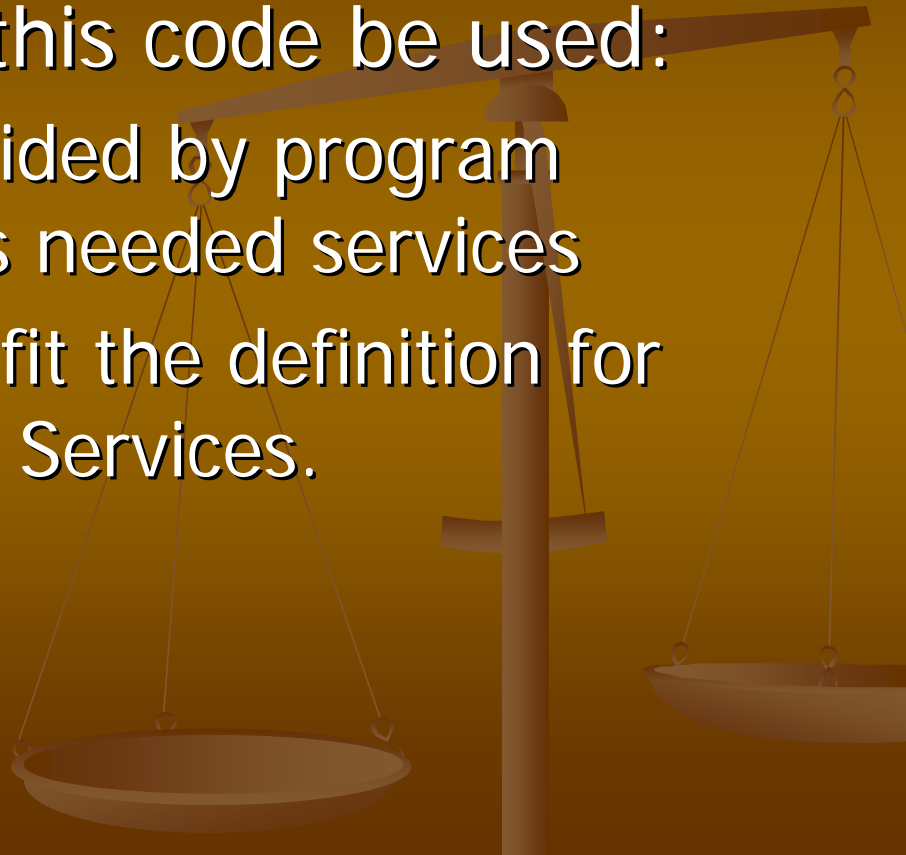
Targeted Case Management services may be provided by any person determined by the MHP to be qualified to provide the service, consistent with California law.



Targeted Case Management

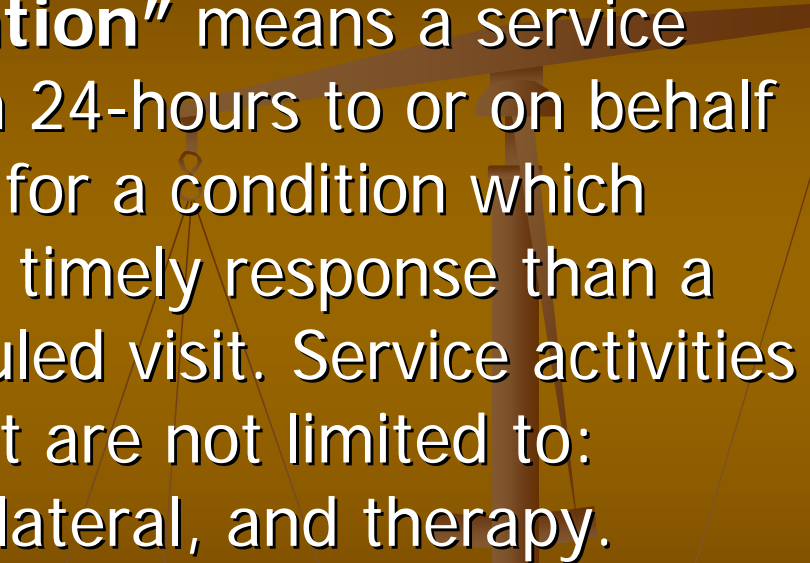
When should this code be used:

- Activities provided by program staff to access needed services
- Which do not fit the definition for Mental Health Services.



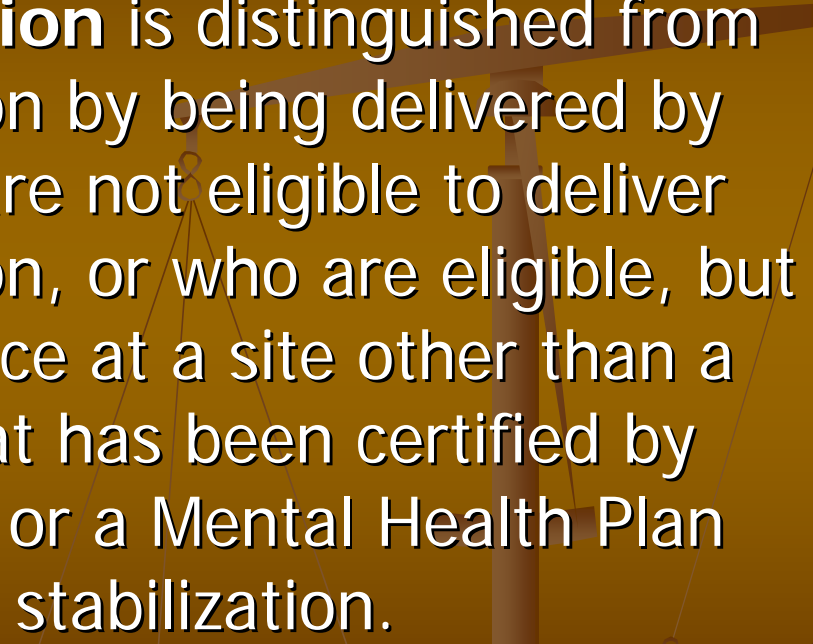
Crisis Intervention

“Crisis Intervention” means a service lasting less than 24-hours to or on behalf of a beneficiary for a condition which requires a more timely response than a regularly scheduled visit. Service activities may include, but are not limited to: assessment, collateral, and therapy.



Crisis Intervention

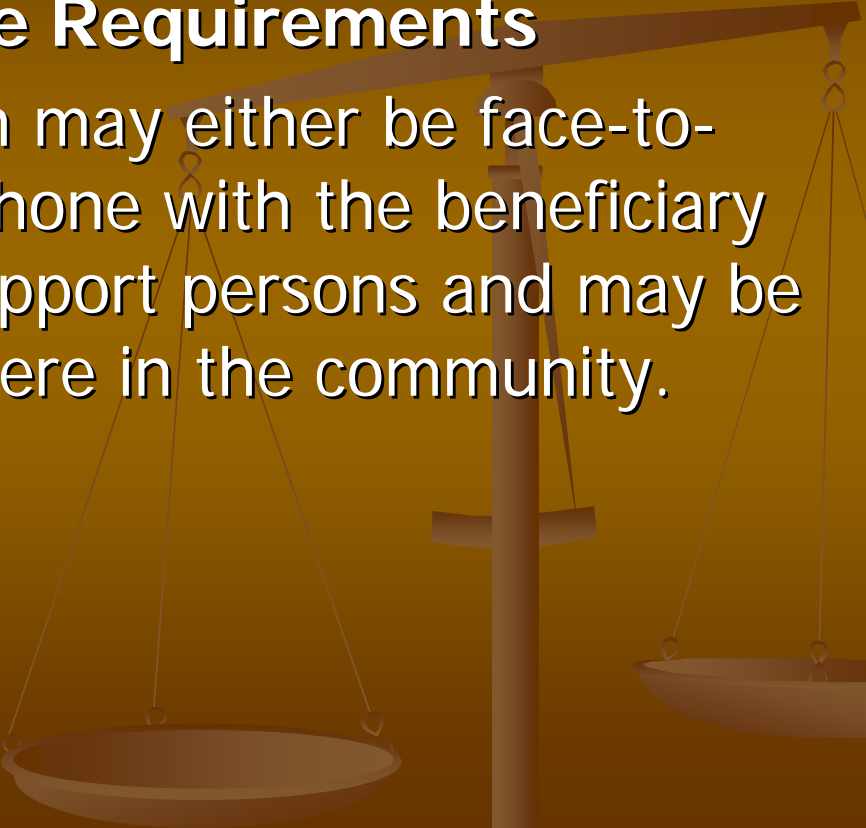
Crisis Intervention is distinguished from crisis stabilization by being delivered by providers who are not eligible to deliver crisis stabilization, or who are eligible, but deliver the service at a site other than a provider site that has been certified by the department or a Mental Health Plan to provide crisis stabilization.



Crisis Intervention

Contact and Site Requirements

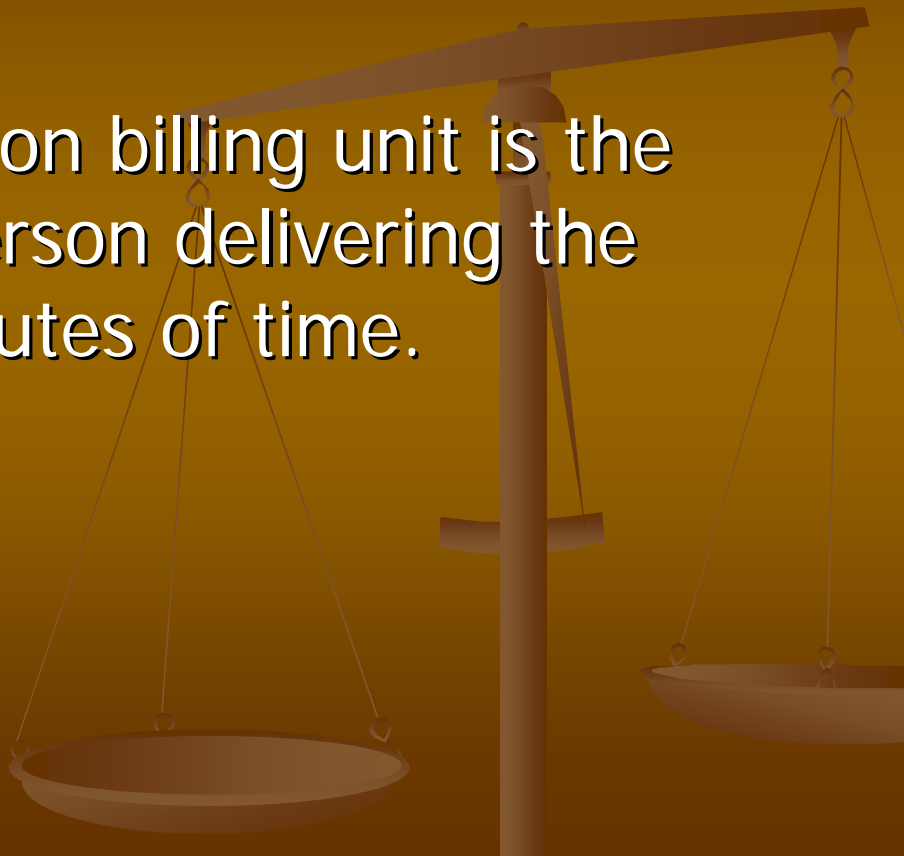
Crisis Intervention may either be face-to-face or by telephone with the beneficiary or significant support persons and may be provided anywhere in the community.



Crisis Intervention

Billing Unit

Crisis Intervention billing unit is the time of the person delivering the service in minutes of time.

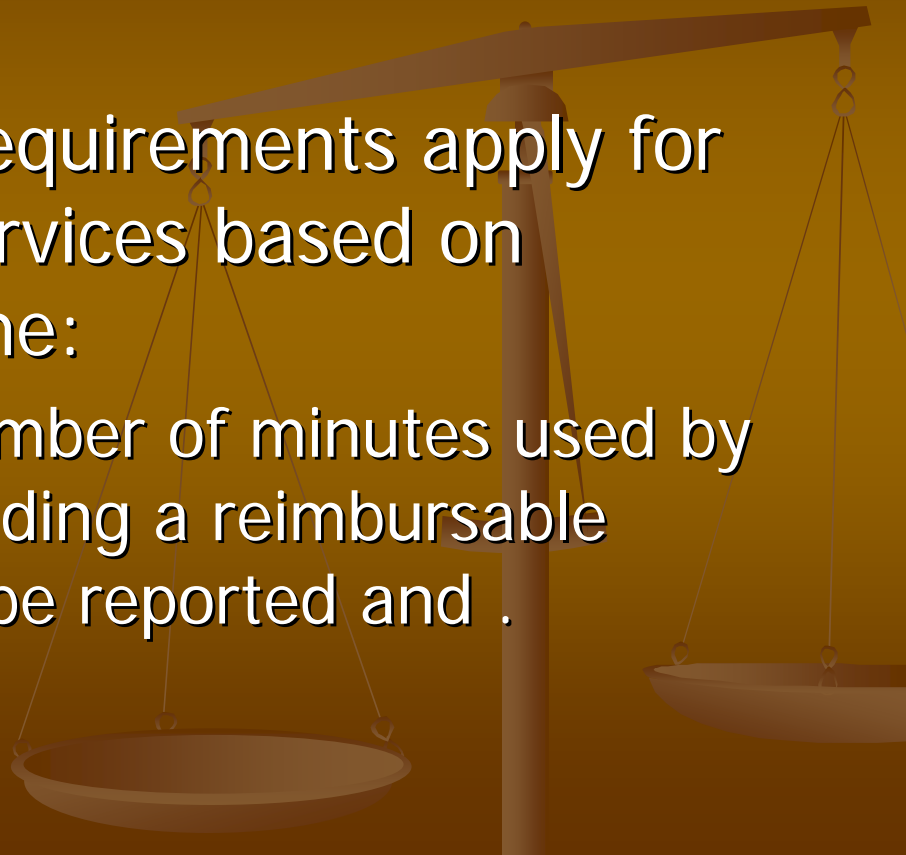


Crisis Intervention

Billing Unit

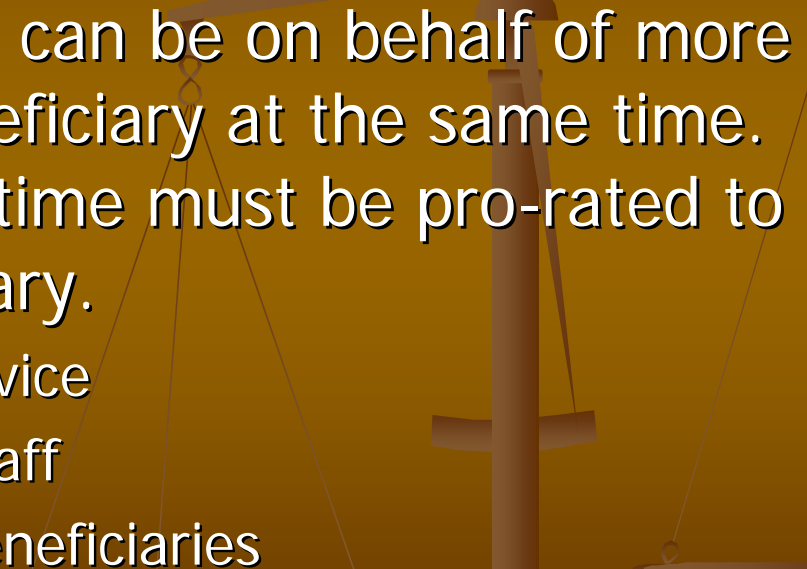
The following requirements apply for claiming of services based on minutes of time:

- The exact number of minutes used by persons providing a reimbursable service shall be reported and .



Crisis Intervention

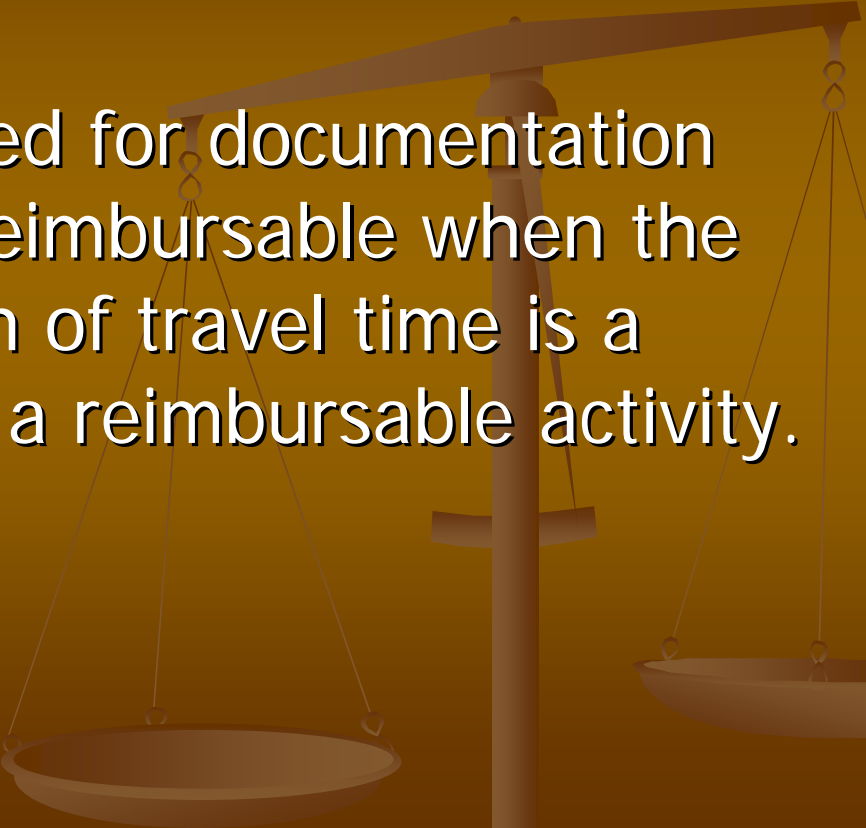
Billing Unit

- Group service can be on behalf of more than one beneficiary at the same time. The person's time must be pro-rated to each beneficiary.
 - Length of service
 - Number of Staff
 - Number of beneficiaries
- 

Crisis Intervention

Billing Unit

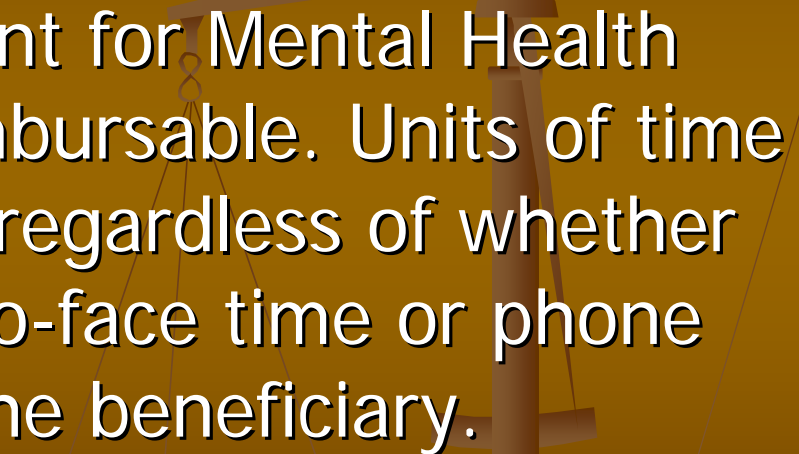
The time required for documentation and travel is reimbursable when the documentation of travel time is a component of a reimbursable activity.



Crisis Intervention

Billing Unit

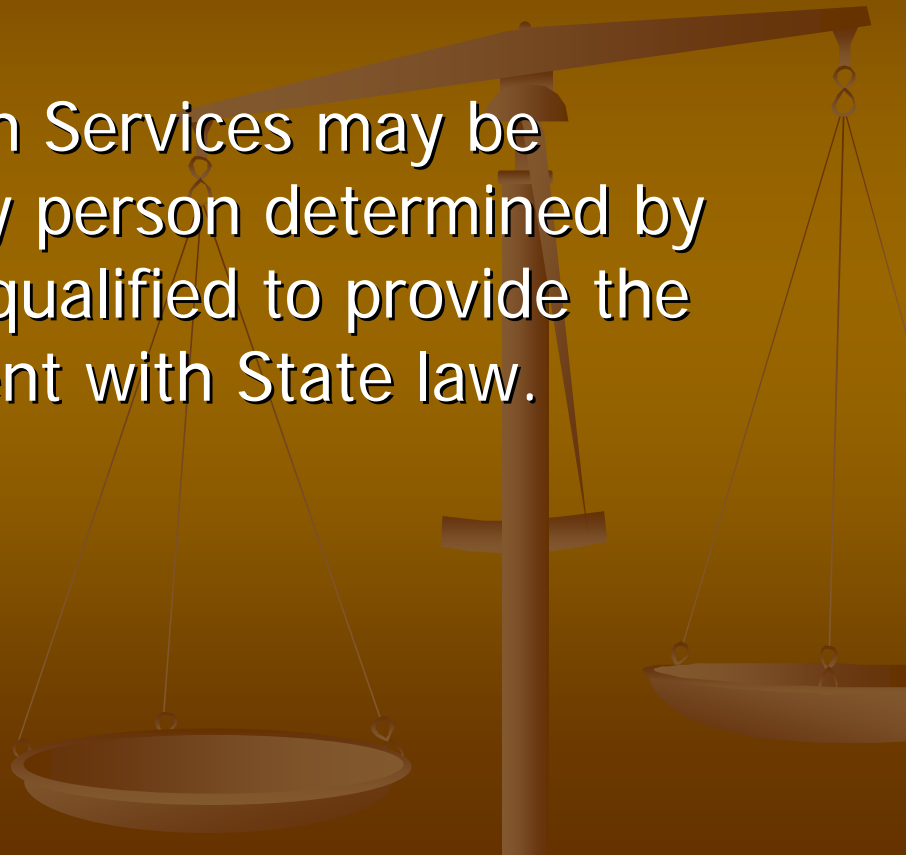
Plan development for Mental Health Service is reimbursable. Units of time may be billed regardless of whether there is face-to-face time or phone contact with the beneficiary.



Crisis Intervention

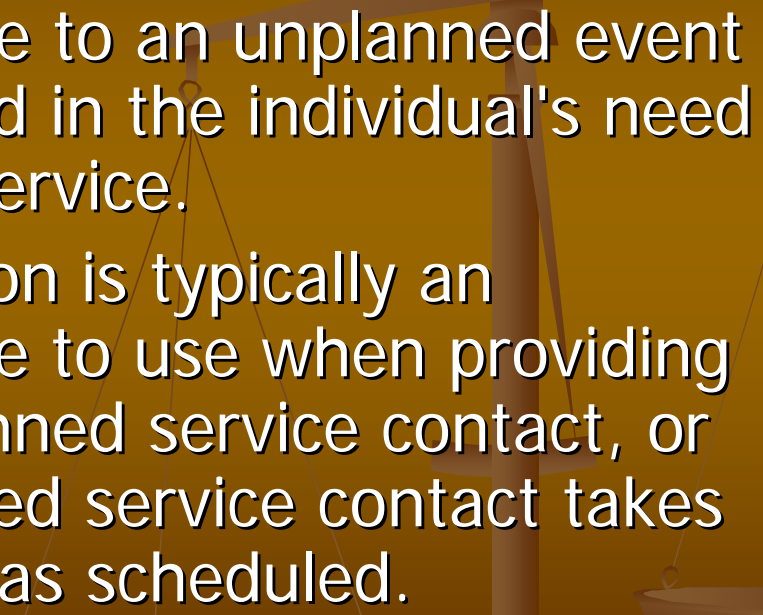
Staffing

Crisis Intervention Services may be provided by any person determined by the MHP to be qualified to provide the service consistent with State law.



Crisis Intervention

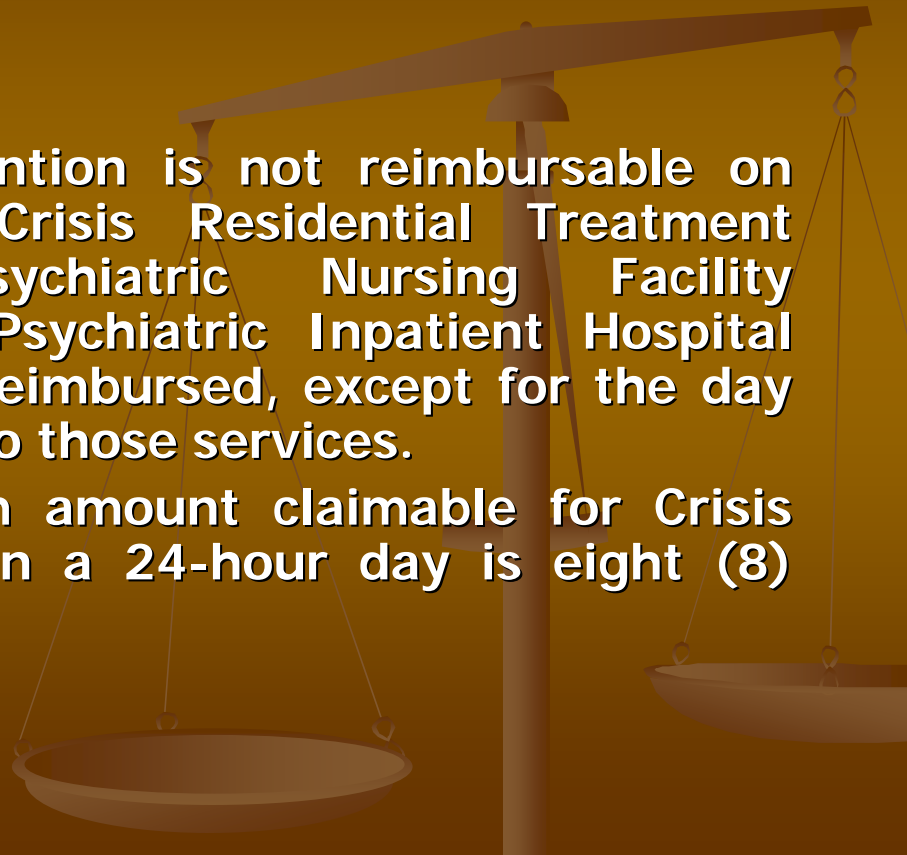
When the code should be used:

- A quick response to an unplanned event that has resulted in the individual's need for immediate service.
 - Crisis intervention is typically an appropriate code to use when providing either an unplanned service contact, or when a scheduled service contact takes longer than it was scheduled.
- 

Crisis Intervention

Lockouts

- a) Crisis Intervention is not reimbursable on days when Crisis Residential Treatment Services, Psychiatric Nursing Facility Services, or Psychiatric Inpatient Hospital Services are reimbursed, except for the day of admission to those services.
- b) The maximum amount claimable for Crisis Intervention in a 24-hour day is eight (8) hours.

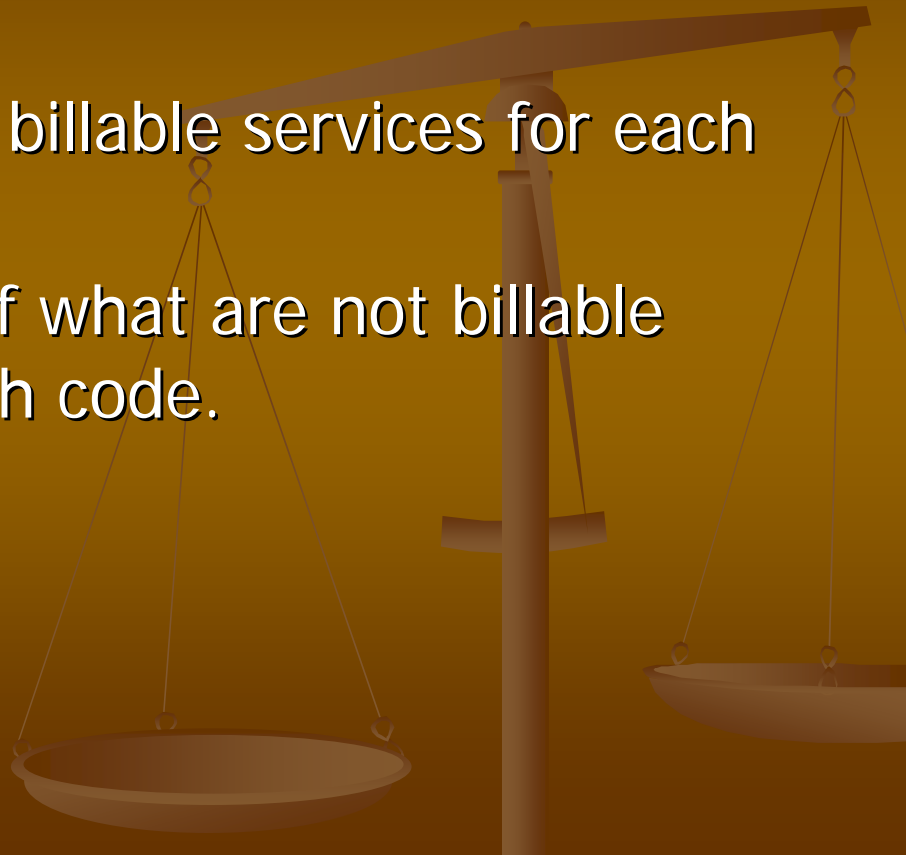


CODES (See List of Codes)

- Billing Codes utilization dependent upon provider contractual agreement with BHCS.
- Provider responsible to bill for only those services permitted in their contract.
- A provider may provide a service and not bill for the service.
- A clinicians ability to *bill for a service* to medi-cal is not a credential to *provide a service*.

Service Code exercise

- Group Exercise
- List example of billable services for each code.
- List examples of what are not billable services for each code.



Documentation Standards

ASSESSMENT

The following areas will be included as appropriate as part of a comprehensive client record:

- A. Relevant physical health conditions reported by the client will be prominently identified and updated as appropriate.
- B. Presenting problems and relevant conditions affecting the client's physical health and mental health status will be documented, for example: living situation, daily activities, and social support.
- C. Documentation will describe client strengths in achieving client plan goals.

Documentation Standards

ASSESSMENT

The following areas will be included as appropriate as part of a comprehensive client record (continued):

- D. Special status situations that present a risk to client or others will be prominently documented and updated as appropriate.
- E. Documentation will include medications that have been prescribed by mental health plan physicians, dosages of each medication, dates of initial prescriptions and refills, and documentation of informed consent for medications.
- F. Client self-report of allergies and adverse reactions to medications, or lack of known allergies/sensitivities will be clearly documented.

Documentation Standards

ASSESSMENT

The following areas will be included as appropriate as part of a comprehensive client record (continued):

- G. A mental health history will be documented, including: previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information and relevant results of relevant lab tests and consultation reports.
- H. For children and adolescents, pre-natal and perinatal events and complete developmental history will be documented.

Documentation Standards

ASSESSMENT

The following areas will be included as appropriate as part of a comprehensive client record (continued):

- I. Documentation will include past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed and over the counter drugs.
- J. A relevant mental status examination will be documented.
- K. A five axes diagnosis from the most current DSM, or a diagnosis from the most current ICD, will be documented, consistent with the presenting problems, history, mental status evaluation and/or other assessment data.

Documentation Standards

DIAGNOSTIC FORMULATION MULTI-AXIAL ASSESSMENT

A multi-axial system involves an assessment on FIVE axes, each of which refers to a different domain of information that may help the clinician plan treatment and predict outcome. There are five axes included in the DSM-IV multi-axial classification:

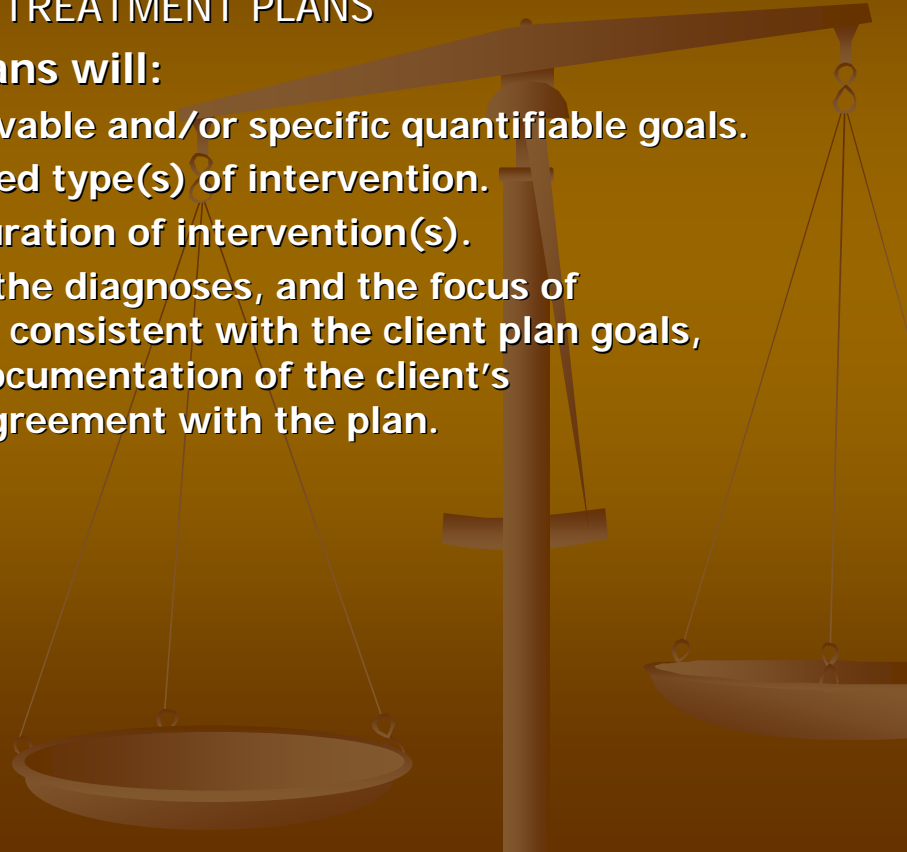
AXIS I	Clinical Disorders Other Conditions that may be a focus of Clinical Attention (include V-Codes)
AXIS II	Personality Disorders Mental Retardation (Persistent Personality Traits and/or Defenses)
AXIS III	General Medical Conditions (conditions associated with Axis I d/o)
AXIS IV	Psychosocial and Environmental Problems
AXIS V	Global Assessment of Functioning

Documentation Standards

CLIENT TREATMENT PLANS

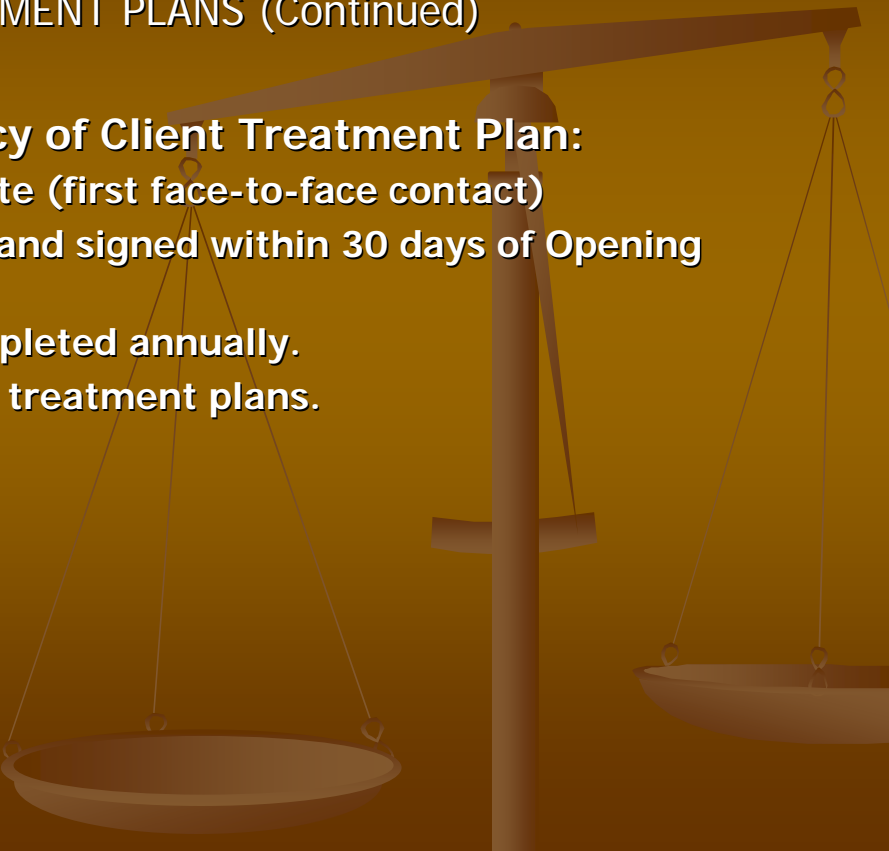
1. Client Treatment Plans will:

- A. Have specific observable and/or specific quantifiable goals.
- B. Identify the proposed type(s) of intervention.
- C. Have a proposed duration of intervention(s).
- D. Be consistent with the diagnoses, and the focus of intervention will be consistent with the client plan goals, and there will be documentation of the client's participation and agreement with the plan.



Documentation Standards

CLIENT TREATMENT PLANS (Continued)

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2. **Timeliness/Frequency of Client Treatment Plan:**
 2. Opening Episode Date (first face-to-face contact)
 3. Initial is completed and signed within 30 days of Opening Episode Date.
 - A. Treatment plan completed annually.
 - B. 6 month updates on treatment plans.

Documentation Standards

SIGNATURE REQUIREMENTS

Client Plans will be signed (or electronic equivalent) by:

1. The person providing the service(s)
2. The person supervising a team or program providing services (LPHA)
3. A person representing the MHP authorizing services (CQRT Chair or CM Team program supervisor: see program contract)

Documentation Standards

Mental Health Progress Notes PN Structure/Format

- organization specific

All entries in the client record must include:

- Date of service delivery (00/00/00);
- Identify the type of MH service delivered;
- Location of Service;
- Duration/Length of Service in minutes (with sufficient documentation to justify the time expended);
- Signature of the person providing the service (or electronic equivalent) and co-signature, if applicable;
- Service provider's professional degree, licensure, job title and;
- Relevant identification number, if applicable.

Documentation Standards

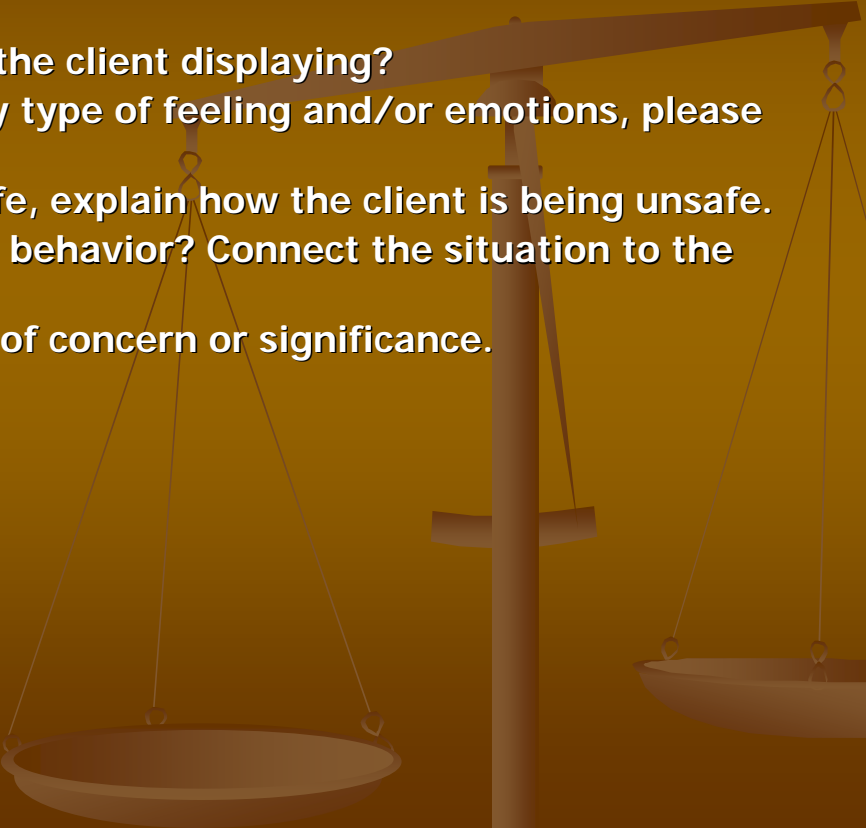
Progress Notes *Content*

Client encounters, including relevant clinical decisions and interventions. Descriptions of:

- Mental Health Symptoms (continue to address symptoms or problems)
- Medical and Service Necessity. What is the client requesting today? (ie. "I don't feel so well. My rent is due.")
- Treatment interventions. For example, progress or attempts at progress by both the client and service staff (forward the established personal milestones or other relevant treatment objectives).
- Responses reflective of the Treatment Plan problem, goals and objectives.
- Services related to the diagnosis, signs and symptoms established goals, and expressed in terms of changes in the individual's functioning. If there is little progress, a clear explanation of the limited progress must be included. Follow-up care.

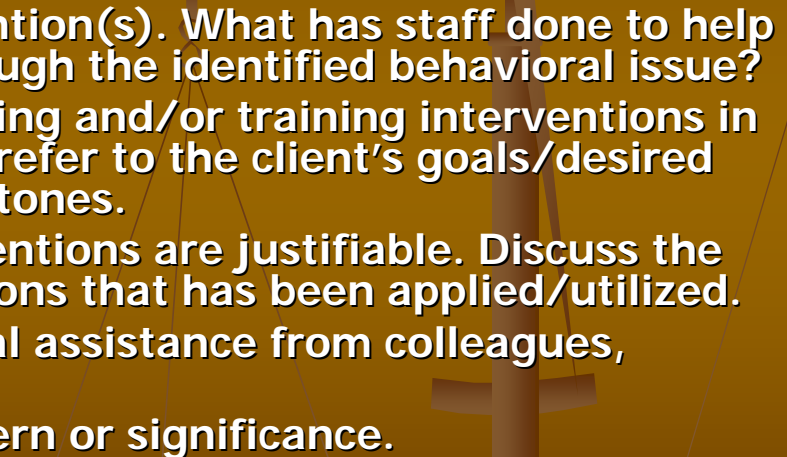
Example Format (BIR)

Behavior:

- What specific behavior is the client displaying?
 - If the client expresses any type of feeling and/or emotions, please explain.
 - If the client is being unsafe, explain how the client is being unsafe.
 - What is the client's target behavior? Connect the situation to the client's behavioral goals.
 - Discuss behavioral issues of concern or significance.
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Example Format (BIR)

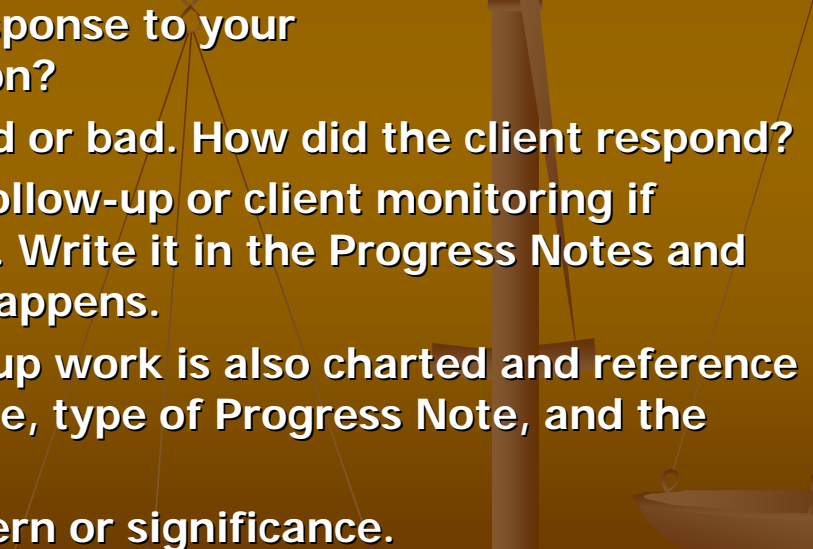
Intervention

- ✓ Discuss staff's intervention(s). What has staff done to help the client process through the identified behavioral issue?
 - ✓ Discuss staff's counseling and/or training interventions in detail. Be specific and refer to the client's goals/desired results/personal milestones.
 - ✓ Make sure your interventions are justifiable. Discuss the sequence of interventions that has been applied/utilized.
 - ✓ Did you need additional assistance from colleagues, supervisors, etc.?
 - ✓ Discuss issues of concern or significance.
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Example Format (BIR)

Progress Notes Content

Response

- What is the client's response to your counseling/intervention?
 - The result may be good or bad. How did the client respond?
 - Discuss any need for follow-up or client monitoring if follow-up is necessary. Write it in the Progress Notes and make sure follow-up happens.
 - Make sure ALL follow-up work is also charted and reference the Progress Note (date, type of Progress Note, and the referring staff person).
 - Discuss issues of concern or significance.
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Documentation Standards

Progress Notes Content

For GROUP therapy/rehabilitation, a Progress Note must be written for each beneficiary.

- a) Summary of behavioral health goals/purpose of the group session.**
- b) Focus and report on the beneficiary's group interaction and involvement.**
- c) Do not use the names of other beneficiaries in the Progress Note.**

Documentation Standards

Basic Charting Guidelines

- **MUST BE LEGIBLE**
- Use black ink ONLY
- All signatures require a date (00/00/00).
- All documentation requires the authorized signature and discipline/title.
- **Errors:** Never use correction tape, white-out, yellow-out, (correction fluid), etc. If you make an error, draw one (1) line through the error and initial.

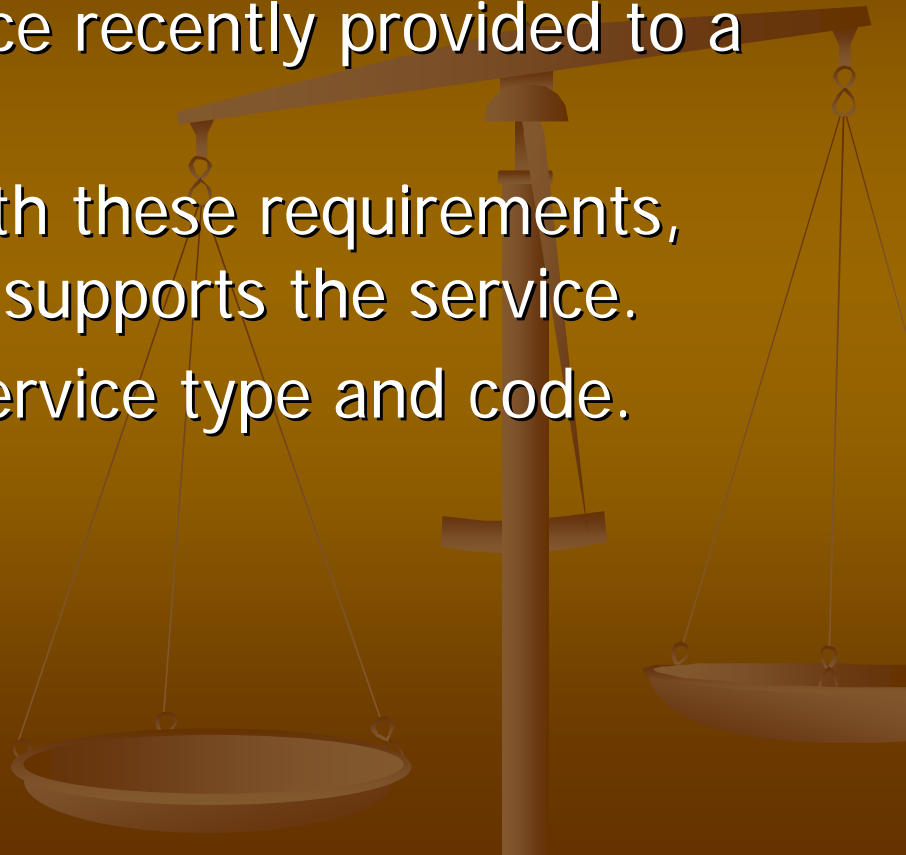
Documentation Standards

Basic Charting Guidelines

- Only universal and county designated acronyms are accepted.
- Do not use the name of other client(s) in the charting.
- Do not “rubber stamp” your verbiage.
- Always attempt to obtain the client’s signature where indicated. If the client is unable or unwilling to sign, note it on the signature line, date it, and document why the client refused to sign or note inability to sign.

PN Exercise

- 1. Recall a service recently provided to a beneficiary.
 - 2. Consistent with these requirements, write a PN that supports the service.
 - 3. Choose the service type and code.
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- PN Templates



PN Exercise

1. Exchange the PN with the person sitting behind you.
(Back row to front row.)
2. Review the persons note, compare to the documentation standards.
3. Provide written feedback to the person *regarding the note*
(Stay focused on the task!)