ALAMEDA COUNTY
Behavioral Health Care Services

ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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Date: December 22, 2010

To: ACBHCS Level 1 County and Organizational Providers of Outpatient Services

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

Re: 1. ACBHCS POLICY: "CLINICAL RECORD DOCUMENTATION STANDARDS" (attached)
2. QA OFFICE - FINAL 2010 UPDATES

The attached ACBHCS Policy, "Clinical Record Documentation Standards," is the first section of the Quality Assurance Manual that has been updated (Section 8) and is being distributed to all BHCS county and organizational providers of outpatient services. The Standards will also available as soon as possible as a PDF at www.acbhcs.org/providers under the QA tab. As each section of the QA Manual is updated, providers will be notified via email.

This memo also addresses documentation updates and clarifications since the "2010 Updates" memo sent in June 2010 from the QA Office. The following items are included in the Medi-Cal Documentation Training updated on 12/22/10 (PowerPoint will be at the web address above).

If providers have questions or comments, please email Jane Tzudiker at jtzudiker@acbhcs.org. It is in providers' best interest to assign one point-person to ask documentation questions so that staff receives accurate and internally consistent information.

General

- ***Reminder: Use the 'Informing Materials' packet for new clients and for the annual review with existing clients :*** In 2010, the QA Office distributed for immediate required use a packet containing all required BHCS informing materials (e.g., Freedom of Choice, Beneficiary Problem Resolution Information, editable Notice of Privacy Practices, etc.). The 'Informing Materials" packet, instruction sheet for how to use the packet with clients, and the memo from Dr. Thomas describing the revised policy are all available at www.acbhcs.org/providers under the Quality Assurance tab.

Clinical Documents

- ***Correction to the June "2010 Updates" memo***: The June memo had incorrectly noted the requirement of a clinical analysis/formulation as part of the Initial Assessment. That documentation is considered a "best practice" and is not required by BHCS. Providers that want to include such a statement would indicate the medical necessity for services by briefly describing how the client's mental health condition is a barrier to achieving their stated goals. A cultural formulation may also be included to systematically evaluate and report the impact of the client's cultural context (for a brief outline of a cultural formulation, see Appendix I of the full edition of the DSM).

- ***New rule:*** As of November 1, 2010, the Initial Client Plan is due within 60 days from the episode opening date for all county and organizational providers of outpatient services (formerly within 30 days). Please see the notification emailed to all providers at www.acbhcs.org/providers under the QA tab). Providers are welcome to retain the 30 day deadline and Initial Client Plans may always be completed prior to the deadline date. This change has no impact on the deadlines for Initial Assessments or Annual Community Functioning Evaluations (still 30 days), nor on the deadlines for Client Plan Updates/Annual (still per the episode opening month).

In the gap of time that may exist between the Initial Assessment's completion and while the Initial Client Plan is being developed, mental health services may be provided as long as the medical necessity for services is clearly identified in the Initial Assessment. If a clinical issue arises that is not identified in the Initial Assessment, each Progress Note addressing that issue must evidence medical necessity.

- ***Clarification of Discharge Note vs. Discharge Summary:***
    - A Discharge Note is a Progress Note that includes *brief documentation of the following:*
        - Reason for discharge/transfer
        - Date of discharge/transfer
        - Referrals made, if applicable
        - Follow-up care plan

This is usually considered an administrative activity, therefore non-billable, unless part of a final billable service with the client present (e.g., discussed in last session).

    - A Discharge Summary is a substantive document that meets the requirements of a Discharge Note *plus a summary of the following:*
        - Treatment provided.
        - Overall efficacy of interventions (including medications, their side effects/sensitivities and dosage schedules).
        - Progress made toward the mental health objectives.
        - Clinical decisions/interventions:
        - Treatment planning recommendations for future services relevant to the final Client Plan; and
        - Referral(s) for aftercare services/community support services.

BHCS considers a Discharge Summary to be billable as Plan Development when documented to be clinically necessary for continuity of care.
Note: No services are billable after a client dies, even if the episode is still open!

Service Documentation and Entering Services into InSyst

- ***Correction regarding group service documentation time:*** The Provider Relations Office has clarified how to add up the total staff time for group services; reverting to the method originally instructed in QA documentation trainings. The "2010 Updates" memo sent in June was not accurate regarding calculation of the documentation time. Please follow

the method described below for services provided to, or on behalf of, more than one client (e.g., groups, clinical consultation, etc.).

Progress Notes must include the following information 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.
- Total group service minutes plus the time taken to write Progress Notes for ALL clients in the group, including non-Medi-Cal clients.

- ***Correction*:** Providers may no longer roll Plan Development time into another service provided on same day for the same client, per Provider Relations. A Progress Note must now be written for each Plan Development activity. (The "2010 Updates" memo had offered another method that is no longer an option under Short Doyle II; data entry staff have already been notified of this by Provider Relations.)