

MHP Network Provider
Medi-Cal Documentation Standards
Training
January, 2013

Additional handouts provided at the training-
Consumer and Family Grievance Poster; Consumer
and Family Grievance Forms and envelopes;
Consumer and Family Grievance Process; Advance
Directive Policy and handbook; and Member
handbook(maroon pamphlets)- see page 43.
For more information contact the Informing Materials
desk at 510.567.8233 or
qainformingmaterials@acbhcs.org

WELCOME!

Alameda County Behavioral Health Care Services
Quality Assurance Office

Medi-Cal Documentation Training
January 29, 2013

Quality Assurance Website:
<http://www.acbhcs.org/providers/QA/QA.htm>

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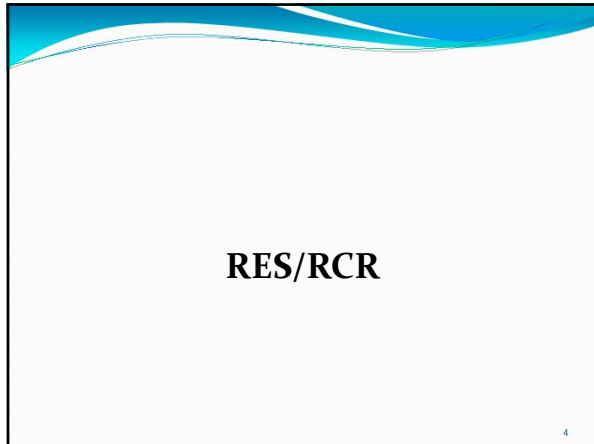
Introductions

- Name
- What is your Scope of Practice?
- What is your expertise or focus?
- What would do you want to learn today?

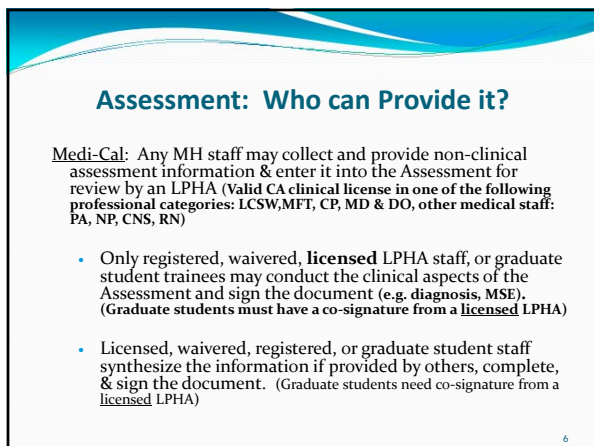
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Today's Agenda

- Medi-Cal Assessment Requirements
- Medi-Cal Client Plan Requirements
- Medi-Cal Progress Notes
- ACBHCS Informing Materials
- Scope of Practice & Billable Activities







Initial Assessment

- The Initial Assessment is a Clinical Analysis of the History and Current status of a Client's Mental, Emotional, and/or Behavioral Health.
- The Collection of this Information must support Medical Necessity and Service Necessity

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RES

- A completed and Submitted (RES) is required between the 3rd and 4th session
- If it is not possible to address all required elements due to issues of client participation or inability to obtain a full history, but MN has been established, complete the Assessment with in 3 sessions with notations of when addendums with missing data are expected
- If the case is closed prior to the 4th session you are not required to submit an RES form. However, any claims submitted must have a corresponding Progress Note in the File.

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Initial Assessment Medi-Cal Requirements

- Presenting Problem & Clinical Risks
- Other Current MH Providers
- Summary of Mental Health History
- Other Relevant History
- Developmental History (*For Clients under age 18*)
- Summary of Medical Conditions (Including Allergies)
- Current Psychiatric Medications

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Initial Assessment Medi-Cal Requirements

- Summary of Substance Use History
- Mental Status Exam
- Special Needs related to Culture, Communication, & Physical Limitations
- 5 Axis Diagnosis & Description of Medical Necessity for Services
- Tentative D/C Plan
- Client Plan with Goals, Strengths, & 6-Month Objectives
- Service Request for Authorization

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Client Plan

Medi-Cal Initial Client Plan Requirements

- Client's Goals & Objective
- Strengths, Skills, Resources, and Supports
- 6-Month Mental Health Objectives that are Observable & Measureable
- Service Request for Authorization
 - Service Descriptions, Frequency of Service, Diagnosis Code Addressed
- Evidence of Client's Participation and Offer of a Copy to Client
- Provider's Complete Signature

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Medi-Cal Client Plan Update Requirements

- 6- Month Client Plan Update
 - Progress toward Mental Health Objectives
 - Current Specific problems in daily functioning & clinical risks
 - 6-Month Mental Health Objectives
 - Changes in Treatment, Medications, Diagnosis
 - Service Request or Authorization
 - RCR

Client Plans

- Connect the primary diagnosis directly to the client plan.
- Services must address the identified mental health barriers that are interfering with the client's ability to realizing their goals and objectives.

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Client Plan: Goals, Objectives & Interventions

- Frame Client Goals in their own words that are meaningful and define what they are motivated to achieve.
- The Objectives are the "what" will change.
- The Interventions are the "how" this will occur.

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Identifying a Client's Resiliency

- Resilience is the process of adapting well in the face of adversity, trauma, tragedy, or significant sources of stress such as family and relationship problems, serious health problems, or workplace and financial stressors.
- It means "bouncing back" from difficult experiences.
- Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and developed in anyone.

American Psychological Association

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Short Term Objectives

- Must be measurable to determine the effectiveness of interventions in helping the client achieve his/her long-term goals.
- Should match where the client is at and be meaningful to the client.
 - What is he/she identifying as the problem? Why did he/she reach out for help?
- In developing objectives, it is important to look at how they might impact and build upon strengths and supports.
- Objectives should be smaller than client's goals, but big enough to allow your Progress Notes to relate to them over time.

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Example of Objectives Targeting Symptoms

- **Symptoms:**
 - Feeling down, depressed, and hopeless.
- **Long-Term Goal:**
 - "I want to be able to go out to do things with my family/friends, again."
- **Sample Objectives:**
 - In next 3 months, client will increase # of social interactions from 0x to 3x per week.
 - In the next 6 months, client's depressive symptoms will decrease as evidenced by a lower BDI score.

Progress Notes

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Process Notes vs. Progress Notes

The only treatment notes that should be in a clinical record are Progress Notes required to document services.

Process Notes (aka Psychotherapy Notes) are “HIPAA protected” notes that are purely observational, narrative in content written by staff to help analyze contents/process of client contact session.

If Process Notes are written they should be filed separately from the clinical record (or shredded) in order to maintain their protected status per HIPAA.

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Progress Notes

- Documents what is going on with the client today
- Identifies what you did (i.e. what intervention was provided toward the client’s objectives)
- Identifies client’s response toward the intervention and progress toward his/her objectives

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Progress Notes: Minimum Requirements

- Date of Service, Service Intervention (*Psychotherapy, Medication support*)
- Location if other than office based service (prior authorization is required for other locations)
- Time spent to provide a service determines the code.
- Services are related to Client Plan's Goals/Objectives
- Documentation must include the current assessment/behaviors, the intervention/s, client responses, and the follow-up plan.

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Progress Notes: Minimum Requirements

- Complete Signature
- Progress notes must be entered within (1) working day of each service provided. After, (1) working day, the note must be documented as a "Late Entry"
- For agency in which the notes need to be reviewed and approved by a supervisor, the note must be finalized by the fifth working day

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Progress Notes

- Ask yourself:
- What did I do?
- What was the purpose of what I did?
- Why was the service provided?
- What benefit was provided to the client?
- Does the service/intervention match to an objective on the Client Plan?

B.I.R.P. Progress Note

• Behavior

• Subjective data about the client: What are the client's observations, thoughts, direct quotes?

• Objective data about the client: What does the counselor observe during the session? (affect, mood, appearance)

B.I.R.P. Progress Note

• Intervention

• What goals and objectives were addressed this session?

• Was homework reviewed?

B.I.R.P. Progress Note

• Response

• What is the client's current response to the clinician's intervention/s in the session?

• Client's progress attending to goals and objectives outside of session?

B.I.R.P. Progress Note

• Plan

• What in the treatment plan needs revision?

• What is the clinician going to do next?

• When is the next session date?

Break

Progress Note/Objective Writing Exercise

Informing Materials

Notifying Clients of their Rights

ACBHCs providers are *required* to use the "Informing Materials Packet," distributed in Summer 2010.


- Contains updated BHCS documents regarding client rights (e.g., Consent to Treat, Freedom of Choice, HIPAA-HITECH, etc.), per State/Federal requirements.
- Simplifies the review with clients at admission & the required annual review.
- Single signature page requires only one signature by client & staff for all materials. Multiple spaces for client's initial/date to prove annual review offered to clients.
- www.acbhcs.org/providers/QA/General/informing.htm

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Information Posted in Lobby

Not included in the Informing Materials Packet:

- BHCS items *required* to be posted or available in lobby for client review:
 - Available at qainformingmaterials@acbhcs.org
 - "Complaint poster"
 - Grievance/appeal forms & envelopes
 - "Member Handbook" pamphlets in 8 languages
 - Available at www.acbhcs.org/providers
 - "Guide to Medi-Cal MHS"
 - Current Provider List (updated quarterly)
 - Advance Directive Policy & Handbook
- Provider's *require* a written policy about how they maintain confidentiality of records at their site



Scope of Practices and Billable Activities


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LCSWs, MFTs & Mastered Nurses

- Initial Assessment
- Collateral*
- Individual, Group, Family Therapy*
- Case Conference*
- CFS Casework Report/Customize Services

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PhDs/PsyDs

- In addition to the above services
- Psychological Testing
 - The intent and purpose of the testing is to clarify treatment goals and/or differential diagnosis
 - Client must already be in therapy and the treating therapist must seek authorization through ACCESS

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MDs & DOs

- Initial Outpatient Assessment
- Medication Support Services
- Collaterals
- Case Consultation
- Therapy
 - Individual, Group, Family Therapy

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Activities Not Covered by Medi-Cal

Lockouts:

Client incarcerated

Exceptions:

- a) *Adjudicated* youth in Juvenile Hall (awaiting placement only – get proof of placement order!).
- b) On day of admission.

Client inpatient psychiatric (hospital, IMD, psych SNF).

Exceptions:

- a) On day of admission.
- b) Brokerage/Case Management only for discharge planning.

Doing FOR client:

Personal care activities (e.g., child care, cleaning, meal prep, shopping)

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Activities Not Covered by Medi-Cal

Non-mental health activities:

Solely work, educational, recreational, & social activities

Solely clerical activity documented (fax, voicemail, email)

Solely payee, transportation or interpreter services
(FYI: Providers may not give illegal reason for payee requests! e.g., to buy illicit drugs)

Prep time for services (e.g., set up room, copy handouts, research activities, etc.)

Staff processing/debriefing time in preparation for or after a service (e.g., co-staffers decide roles/activities for the day, process group dynamics afterwards, etc.)

Utilization Review/CQRT activities

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Resources: Staff Qualifications

For staff qualifications & scopes of practice per California regulating organizations:

- Board of Registered Nursing (Nurse Practitioner, Clinical Nurse Specialist): www.rn.ca.gov
- CA Board of Behavioral Sciences (LCSW, MFT): www.bbs.ca.gov
- CA Board of Psychology (Clinical Psychologist): www.psychboard.ca.gov
- CA Medical Board: www.medbd.ca.gov
- CA Department of Consumer Affairs, Physician Assistant Committee: www.pac.ca.gov

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General Resources

- General QA Information: www.acbhcs.org/providers
- CPT (Current Procedural Terminology) Codebook for service code descriptions, published & updated annually by the American Medical Association
- EPSDT Documentation Manual: www.CIMH.org/downloads.epsdt (Great source document for documentation standards for children service and applicable to adult services)
- BHCS Provider Relations (claims questions; add service codes): 800-878-1313

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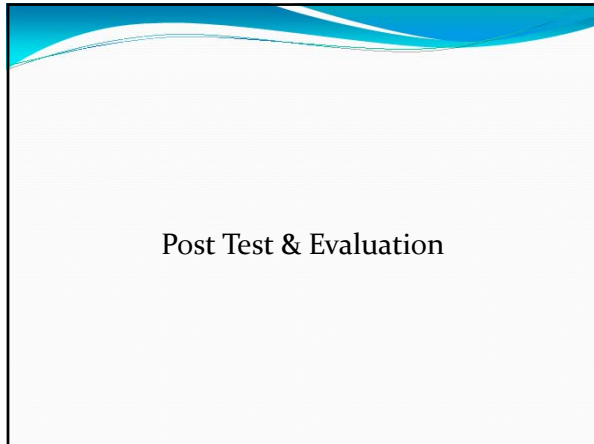
QA Contact Info

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Tiffany Lynch, QA Secretary
tlynch@acbhcs.org

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Post Test & Evaluation

REQUEST FOR EXTENDED SERVICE (RES)

SUBMIT BEFORE FOURTH VISIT TO:

Authorization Services

Alameda County Behavioral Health Care Services

2000 Embarcadero Cove, Suite 400

Oakland, CA 94606

Phone (510) 567-8141 FAX (510) 567-8148

Client Name: _____ (press "Tab" on your keyboard)

Client DOB: _____

Client CIN or SSN: _____ (press "Tab" on your keyboard)

Provider Name: _____ ((press "Tab" on your keyboard)

Agency, if applicable: _____

Provider Phone: _____

General Instructions:

- This form is available online at www.acbhcs.org - BHCS Providers - Forms - Authorization, or <http://www.acbhcs.org/providers/Forms/Forms.htm#Authorization>.
- Please press "Tab" on your keyboard each time after typing in (1) Client Name, (2) Client CIN or SSN, and (3) Provider Name, in the box above. The same information will appear on other pages.
- To save a copy of the form onto your computer, after clicking on the RES or RCR link, select "Save" when "File Download" window appears.
- If client has a Client Information Number(CIN), the CIN must be used, per State regulations. (CIN is on Medi-Cal card and AEVS)
- Indicate "N/A" or "none" if the question is not relevant to client.
- Incomplete or illegible forms will be returned to sender.
- Remember to submit all five pages of the RES – your signature and client's signature are required on page 5.
- Submit extra pages, if needed, and check the following box to alert Authorization Services staff: ☐

RELATED TO YOUR REIMBURSEMENT

- Date of first face-to-face contact with client: _____
- If you have multiple sites, at which site does this client receive services? _____

1. CLIENT ASSESSMENT INFORMATION:

Current Presenting Problem: (as viewed by client and significant support persons, when applicable)

2. **Current Clinical Risks:** Identify risks to client and/or others, including situational risks and your management of those risks. (e.g., "DTS low risk; made safety plan, gave emergency contact & suicide hotline number.")

3. **Other Current Mental Health Providers:** (e.g., agency assistance, case manager, therapist, psychiatrist)

4. **Summary of Mental Health History** (e.g., danger to self/others, hospitalizations)

5. **Other Relevant History:** (e.g., social, work, education)

Client Name: _____ Client CIN or SSN: _____ Provider Name: _____

6. **Client < age 18: Complete Developmental History** (pre/perinatal events, physical/intellectual /psychosocial/academic):

☐ N/A (client 18+) ☐ In chart ☐ In progress; estimate complete by (date) _____
☐ Unable to obtain due to: _____

7. **Summary of Medical Conditions:** (If providing Medication Support, complete Box 7a below instead)
Physical health conditions (as relevant, including those in remission):

Current medications, as reported by client:

Current psychiatric medications, dosage, and frequency (e.g., Seroquel 300 mg once daily at bedtime):

Prescribed by MD/Agency: _____ Phone: _____

Comments (e.g., herbal remedies, suspected compliance issues): _____

PHYSICIAN TO COMPLETE

7a. **Complete this box if Medication Support is provided** (instead of #7 above).

Active medical conditions:

Medication allergies/sensitivities: **Note: All allergies must be prominently noted on front of chart or noted NKA**

History of EPS? ☐ No ☐ Yes

Current Assessment of EPS? ☐ No ☐ Yes

Past psychiatric medications (maximum dose, duration, when first prescribed, effectiveness, reason if discontinued):

Current psychiatric medications (Dose, frequency, duration, target symptoms and response, side effects, and compliance):

(Note: Informed Consent must be in chart for all prescribed medication and when prescription is significantly changed.)

Non-psychiatric medications (dose, duration, target medical condition):

Comments: _____

Client Name: ____	Client CIN or SSN: ____	Provider Name: ____
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8. Summary of Substance Use History (Complete for all clients):

	Current Use?		1st Use Date	Last Use Date
Alcohol	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____	_____
Tobacco	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____	_____
Caffeine	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____	_____
Prescriptions, not used as prescribed	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____	_____
Over-the-counter, not used per label	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____	_____
Other substance/drug use:				
_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____	_____
_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____	_____
_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____	_____
_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____	_____

Comments: _____

9. Current Mental Status Exam (WNL = Within Normal Limits):

Appearance/Behavior/Abnormal movements: ☐ WNL ☐ Other: _____

Speech: ☐ WNL ☐ Slow ☐ Rapid ☐ Monotonous ☐ Loud ☐ Pressured ☐ Other: _____

Mood: ☐ WNL ☐ Depressed ☐ Hypomanic/manic ☐ Anxious ☐ Angry ☐ Irritable
☐ Other: _____

Affect/Range: ☐ WNL ☐ Labile ☐ Restricted ☐ Blunted ☐ Inappropriate ☐ Other: _____

Thought Process: ☐ WNL ☐ Circumstantial ☐ Tangential ☐ Thought blocking ☐ Flight of ideas
☐ Racing thoughts ☐ Incoherent ☐ Other: _____

Thought Content: ☐ WNL (If not WNL, a description below is required.)

Hallucinations (command?): _____

Delusions: _____

Suicidal ideas: _____

Homicidal ideas: _____

Other: _____

Orientation: ☐ WNL ☐ Other: _____

Concentration: ☐ WNL ☐ Other: _____

Memory: Immediate, Recent, & Remote ☐ WNL ☐ Other: _____

Intelligence: ☐ WNL ☐ Other: _____

Insight: ☐ WNL ☐ Other: _____ Judgment: ☐ WNL ☐ Other: _____

Impulse Control: ☐ WNL ☐ Other: _____

Attitude with interviewer & motivation for treatment: _____

If MSE is all WNL, please explain: _____

10. Does the client have any special needs that must be addressed? (cultural, communication, physical limitations)

Client Name: _____ Client CIN or SSN: _____ Provider Name: _____

11. **Five-axis Diagnosis:** (per current DSM edition)

Axis I:		
Primary	_____	DSM code: _____
Secondary	_____	DSM code: _____
Tertiary	_____	DSM code: _____
Axis II:	_____	DSM code: _____
	_____	DSM code: _____
Axis III:	_____	Per _____ (e.g., client, MD, case mgr)
	_____	Per _____
	_____	Per _____

Axis IV Psychosocial & Environmental Concerns:

(Check all that apply. If Severe is checked, clinical risks must be addressed in Question #2.)

Key: Mild = functions normally with mild effort/support. Moderate = functions normally with moderate effort/support.

Severe = functions normally only with substantial effort/support.

Problems with primary support group:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Problems related to the social environment:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Educational problems:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Occupational problems:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Housing problems:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Economic problems:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Problems with access to health care services:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Problems with activities of daily living (ADL's):	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Problems related to interaction with legal system/crime:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Other psychosocial/environmental problems:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

Axis V: ☐ Current _____ ☐ Highest functioning in last 12 months _____

12. **Medical Necessity for Services** (see ACBHCS Quality Assurance tab for more information)

Per clinician's current assessment, describe the medical necessity for mental health services. Indicate how client's current symptoms cause specific problems in daily functioning that the requested services will address.

13. **Tentative Discharge Plan** (termination/transition plan):

14. **Additional information, optional:**

15. **If closing case,**

Reason for closing: _____

Date of last session: _____

Referrals made: _____

Client Name: _____ Client CIN or SSN: _____ Provider Name: _____

CLIENT PLAN

Complete in collaboration with client whenever possible.

1. Goals & Objectives

a. Client's goals (stated in client's own words, when possible):

b. Client's current strengths/skills/resources/supports that can be utilized to reach listed client's goals (e.g., client is motivated to reach goals, has family support, excellent knitting skills):

c. Six-month mental health objectives (observable or measurable) supporting improved mental health functioning (e.g., Client will attend knitting group two times a month for 3 months; client will report a score of 20 or below on the Beck Depression Inventory for 4 consecutive sessions; client will report improved concentration and decreased irritability by 50% by practicing stress reduction techniques at least 3 times a week):

2. Service Request for Authorization (Please use one line for each service. This is not required for HPAC.)

CPT Service Code (per your rate sheet)	Service Description (per your rate sheet)	Frequency of Service	DSM Diagnostic Code(s) Addressed
Example: X9502	Individual Therapy	1x/week	296.22

***CLIENT'S SIGNATURE:** _____ **Date** _____
Legal Representative's signature, if required: _____ **Date** _____
Specify Legal Rep.'s Relationship (e.g., parent, guardian, conservator): _____
If client/legal rep. verbally agreed with Client Plan but declined to sign, provide the Date: _____
If client/legal rep. disagrees with Plan, provide Reason/Date: _____

****Client's signature required above AND client must be offered copy of Client Plan page*** unless clinician believes client's condition would suffer. If so, provide Reason/Date: _____

Provider/Clinician information is required on the line below.

Clinician's printed name Signature with discipline (e.g., MFT, LCSW, MD) Date

If Clinician is not licensed, Licensed Supervisor's information is required on the line below:

Lic. Supervisor's printed name Signature with discipline (e.g., MFT, LCSW, MD) Date

REQUEST FOR CONCURRENT REVIEW (RCR)

SUBMIT TO MENTAL HEALTH PLAN TO:

Authorization Services

Alameda County Behavioral Health Care Services

2000 Embarcadero Cove, Suite 400

Oakland, CA 94606

Phone (510) 567-8141 FAX (510) 567-8148

Client Name: _____ (press "Tab" on keyboard)

Client DOB: _____

Client CIN or SSN: _____ (press "Tab" on keyboard)

Provider Name: _____ (press "Tab" on keyboard)

Agency, if applicable: _____

Provider Phone: _____

CLIENT PLAN UPDATE**Complete in collaboration with client whenever possible.****General Instructions:**

- This form is available online at www.acbhcs.org - BHCS Providers - Forms - Authorization, or <http://www.acbhcs.org/providers/Forms/Forms.htm#Authorization>.
- Please press "tab" on your keyboard each time after typing in (1) Client Name, (2) Client CIN or SSN, and (3) Provider Name, in the box above. The same information will appear on the next page.
- To save a copy of the form onto your computer, after clicking on the RES or RCR link, select "Save" when "File Download" window appears.
- If client has a Client Information Number(CIN), the CIN must be used, per State regulations. (CIN is on Medi-Cal card and AEVS)

1. Progress toward mental health objectives since last authorization (If little or no progress, indicate why):

2. Medical Necessity for Services (Per clinician's current assessment, describe the medical necessity for mental health services. Indicate how the client's current symptoms cause specific problems in daily functioning that your services will address.)

3. Next six-month specific mental health objectives (observable or measurable) to support improved functioning:

4. Current psychiatric medications, dosage, and frequency. Changes in diagnosis and/or treatment since last authorization:

5. If applicable, please respond to questions from last Authorization Reviewer here:

6. Change in Special Needs?

7. Updated Strengths and Resources

Client Name:
Client CIN or SSN:
Provider Name:

8. Service Request for Authorization *Please use one line for each service. (NOT REQUIRED FOR HPAC)*

CPT Service Code (per your rate sheet)	Service Description (per your rate sheet)	Frequency of Service	Diagnosis Code(s) Addressed
Example: X9502	Individual Therapy	1x/week	296.22

9. If closing case,

Reason for closing: _____

Date of last session: _____

Referrals made: _____

***CLIENT'S SIGNATURE:** _____ **Date** _____
Legal Representative's signature, if required: _____ **Date** _____
Specify Legal Rep.'s Relationship (e.g., parent, guardian, conservator): _____
If client/legal rep. verbally agreed with Client Plan but declined to sign, provide the Date: _____
If client/legal rep. disagrees with Plan, provide Reason/Date: _____
***Client's signature required above AND client must be offered copy of Client Plan page** unless clinician believes client's condition would suffer. If so, provide Reason/Date: _____

Provider/Clinician information is required on the line below.

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Alameda County Behavioral Health Care

MHP Provider Network Documentation Manual

This Section of the Quality Assurance Manual contains information about basic required chart management, and the minimum requirements for clinical documentation. This section applies to the Mental Health Plan Provider Network of Individual and Group Providers.

Kyree Klimist, MFT
QA Associate Administrator
July, 2012

POLICY STATEMENT: MENTAL HEALTH

All service providers within the Alameda County Mental Health Services system shall follow the Clinical Record Documentation Standards Policy. This includes providers employed by BHCS and all contracted providers.

Types of Providers: The type of provider contract determines the documentation standards and method of claiming for reimbursement of services. Each provider's contract specifies which specialty mental health services they may claim; *not all provider contracts authorize claiming for all possible services.*

Level 1 Providers:

- County-operated service providers of outpatient services (includes BHCS-identified Brief Service Programs, e.g., Crisis, Assessment Only)
- Organizational providers of outpatient services
- Full Service Partnerships (FSP's)

Level 3 Providers:

- MHP Provider Network (office-based individual clinicians)
- Community Based Organizations with fee-for-service contracts (CBO)

A Word About Terminology: ACBHCS providers and administrative offices have the intention to be inclusive in the language used to refer to beneficiaries of the Mental Health Plan (MHP) (e.g., consumers, clients, families, children, youth, transition-age youth, etc.). Depending on the language used, it is possible that some beneficiaries could feel excluded or secondary in importance. While it is the goal of ACBHCS to honor each individual's desire to be identified as they wish, this Section of the Quality Assurance Manual is bound by regulatory language that uses "beneficiary" and "client" in reference to documentation standards. Therefore, in the interest of clarity, inclusion, and consistency with regulatory language, all beneficiaries will be referred to as "clients" in this Section.

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General Management of Clinical Records

(CFR2) (CC1) (CC2) (HS1) (CalOHI1) (DMHcontract2) (CCR23)

For the purposes of these documentation standards, charts containing documentation of mental health services are referred to as Clinical Records or Records.

General Record Maintenance:

Per BHCS, the “best practices” outlined below should be followed:

- Records should be organized and divided into sections according to a consistent standard allowing for ease of location and referencing. (BHCSQA09)
- Records should be sequential and date ordered. (BHCSQA09)
- Records should be fastened together to avoid loss or being misplaced. No loose papers or sticky-sheets in the chart (may staple). (BHCSQA09)
- Progress Notes must be filed in clinical records. Psychotherapy notes (process notes) should be kept separately. (CalOHI1)
- All entries must be legible (including signatures). (See “Clinical Documentation Standards” section, “Signature Requirements.”) (CCR30) (DMHcontract3)
- Use only ink (black or blue recommended). (BHCSQA09)
- Every page must have some form of client identification (name or identification number, etc.). (BHCSQA09)
- Do not use names of other clients in the record (may use initials or similar method of preserving other clients’ identities). (BHCSQA09)
- Do not “rubber stamp” your record entries; tailor wording to the changing needs of each individual. (BHCSQA09)
- Correcting errors: Do not use correction tape/fluid, scribble over, etc. Instead, draw a single line through the error & initial, then enter correct material. (BHCSQA09)
- Acronyms & Abbreviations: Use only universal and County-designated acronyms and abbreviations. A list is available at www.acbhcs.org/providers under the QA tab. (BHCSQA09)

Record Storage:

Clinical records contain Protected Health Information (PHI) covered by both state and federal confidentiality laws. Providers are required to safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons. (CFR1) (CFR2) (CC1)

Alameda County BHCS requires that clinical records be stored in a “double locked” manner (e.g., in a locked filing cabinet located within a locked office). If records must be transported, maintain the “double locked” and safeguarding requirement (e.g., transported in a locked box in a locked vehicle trunk and not left in an unattended vehicle). Electronic Health Records (EHR) must be stored in a password-protected computer located within a locked room. (BHCSQA09)

The following record storage procedures are consistent with good clinical practice: (HS2) (CC2) (CCR31) (CFR1) (CFR2)

- A controlled record check-out or retrieval system for access, accountability and tracking. (CBO’s)
- Safe and confidential retrieval system for records that may be stored off-site or archived.
- Secure filing system (both physical plant and electronic safeguards used, when applicable). (See above regarding “double locked” storage.)

Record Retention:

Clinical records must be preserved for a minimum of seven (7) years following discharge/termination of the client from services, with the following exceptions: ^{(HS3) (CCR31)}

- The records of un-emancipated minors must be kept for at least one (1) year after such minor has reached age 18, and in any case, not less than seven (7) years. ^(DMH02)
- For psychologists: Clinical records must be kept for seven (7) years from the client's discharge/termination date; in the case of a minor, seven (7) years after the minor reaches age 18 ^(DMH02)
- Audit situations: Records shall be retained beyond the seven (7) year period if an audit involving those records is pending, until the audit findings are resolved. The obligation to insure the maintenance of records beyond the initial seven (7) year period exists only if the MHP notifies Contractor of the commencement of an audit prior to the expiration of the seven (7) year period. ^(BHCSQA09)
- Provider out of business: In the event a provider goes out of business or no longer provides mental health services, the provider is still obligated to make arrangements that will assure the accessibility, confidentiality, maintenance, and preservation of clinical records for the minimum retention time as described above. ^{(CCR29) (HS3)}

Record Destruction:

Clinical records are to be destroyed in a manner to preserve and assure client confidentiality. ^(CC1)

Medical Necessity: Providing the Rationale for Services

^{(CCR16) (CCR20)}

The Mental Health Plan requires substantiation of the need for mental health services in order for those services to qualify for reimbursement. This is known as establishing Medical Necessity (MN). ^(CCR16)

All providers use the following documents to document medical necessity for services: Initial Assessment, Initial/Annual Client Plan (or Consumer Plan, Life Plan, Treatment Plan, etc.), and 6-Month Review/Update to the Client Plan.

Relevance of Medical Necessity for Documentation

- Initial assessment documentation (RES) establishes Medical Necessity (MN) A Client Plan is now included in the new RES and RCR. Initial client plans are based on the Initial Assessment. A licensed signature on the Plan is attestation that MN is met.
- Client plans serve as progress reports and support ongoing MN.
- Progress Notes must contain evidence that the services claimed for reimbursement meet Medical Necessity. Claim submission is attestation that this requirement is met.

Medical Necessity is determined by the following factors:

1. The client has an "included" DSM diagnosis that is substantiated by chart documentation.) ^(CCR17)
 - a. A client's excluded diagnosis may be noted, but there must be an "included" diagnosis noted that is the primary focus of treatment. (An "excluded" diagnosis may not be noted as primary.)

- b. Identify and note the DSM diagnostic criteria for each diagnosis that is a focus of treatment.
2. As a result of the included diagnosis, it must be documented that the client meets at least one of the following criteria: ^(CCR18)
 - a. A significant impairment in an important area(s) of life functioning.
 - b. A probability of significant deterioration in an important area of life functioning.
 - c. A probability that the child will not progress developmentally as individually appropriate.
 - d. For full-scope M-C beneficiaries under age 21, a condition as a result of the included diagnosis that can be corrected or ameliorated with mental health services.
3. Identify how the proposed service intervention(s) meets both of the following criteria: ^(CCR19)
 - a. The focus of the proposed intervention(s) is to address the condition identified in No. 2. (a-c) above; or for full-scope M-C beneficiaries under age 21, a condition identified in No. 2 (d) above.
 - b. The expectation that the proposed intervention(s) will do at least one of the following:
 - Significantly diminish the impairment
 - Prevent significant deterioration in an important area of life functioning
 - Allow the child to progress developmentally as appropriate
 - For full scope M-C beneficiaries under age 21, to correct or ameliorate the condition.
4. Documentation must support both of the following: ^(CCR19)
 - a. That the mental health condition could not be treated by a lower level of care.
 - b. That the mental health condition would not be responsive to physical health care treatment.

Clinical Documentation Standards for Specialty Mental Health Services
[Citations noted under each subject.]

This section describes signature requirements for all providers, as noted. It also describes the required contents of the following clinical documents, per type of provider or service, as noted below:

1. ***Initial Assessments (RES)***
2. ***Client Plans (aka RCR: Consumer/Life/Treatment/Recovery/Care Plans, etc.)***
3. ***Progress Notes***
4. ***Discharge/Termination/Transition Documentation***

Signature Requirements: All providers ^(DMHcontract2)

- ***Complete Signature:*** Every clinical document must be followed by a “complete signature,” which includes the writer's signature, appropriate credential and date. ^(BHCSQA09)
- ***Legibility:*** Signatures should be legible: If signatures are illegible, the associated document may be subject to disallowance. Therefore, the MHP recommends that the name and appropriate credential (see below) be typed under signature lines. CBO

providers may also have an administrative “signature page” containing staff signatures with their typed names and credentials. (CCR30) (DMHcontract3)

- **Credentials:** Professional licensure (e.g., ASW, LCSW, MFT-Intern, MFT, PhD, MD, etc.) or student status (currently in a degree program) is required to accompany the signature. (CBO’s that supervise interns/students) It is best practice to select the credential which best qualifies the person for the majority of mental health services they provide. (DMHcontract3)
- **Dates:** All signatures require a date (00/00/00). Exception: If a Progress Notes’ date of service and date the note was written are the same, the date of service is sufficient. (BHCSQA09)
- **Late entries:** Provide complete signature using the date the late entry was written, not the date of service. (See above and “Progress Notes” below for more information.) (BHCSQA09)
- **Completion Line:** Nothing may be added within a document after it is signed. To indicate the end of an entry, draw a line up to the signature (n/a for electronic signatures). If additional information must be added, write an addendum. (BHCSQA09)
- **Addendums:** Include complete signature (see above). (BHCSQA09)
- **E-signatures:** There are extensive rules and regulations governing the use and security involved in e-signatures. DMH and the MHP accept only those e-signatures that meet the guidelines set out in DMH Letter 08-10. (DMH06)

1. Initial Assessments (DMHcontract2)

Definition: Assessments are a collection of information and clinical analysis of the history and the current status of a client’s mental, emotional and/or behavioral health. Documentation must support the Medical Necessity criteria defined above if the Initial Assessment determines that ongoing mental health services will be provided. (CCR04)

Assessment information must be in either a specific document (RES) or section of the clinical record, per MHP requirements. (BHCSQA09)

❖ **Timeliness & Frequency of Initial Assessments** (BHCSQA09)

All Providers: Per the MHP requirements, a completed and filed Initial Assessment (RES) is required between the 3rd and 4th session.

- If it is not possible to address all required elements due to issues of client participation or inability to obtain a full history, but medical necessity has been established, the Assessment should be completed within the 3 sessions, with notations of when addendums with missing information are expected.
- If the case is closed before the 4th session, best practice is to complete the Initial Assessment (RES) as much as possible.

❖ **Minimum Requirements for Initial Assessment Content**

The following areas must be included in the Initial Assessment, as appropriate, as part of a comprehensive clinical record. (DMHcontract1)

- a. **Identifying information:** Unless included in another document in the record (e.g., a face sheet or admission note), the Assessment must include: ^(BHCSQA09)
 - The date of initial contact and admission date
 - The client's name and contact information (including address/phone and emergency contact information)
 - The client's age, self-identified gender & ethnicity, and marital status
 - Information about significant others in the client's life including guardian/conservator or other legal representatives
 - The client's school and/or employment information
 - Other identifying information, as applicable
- b. **Communication needs** are assessed for whether materials and/or service provision are required in a different format (e.g. other languages, interpreter services, etc.). If required, indicate whether it was/will be provided, and document any linkage of the client to culture-specific and/or linguistic services in the community. Providers are required to offer linguistic services and document the offer was made; if the client prefers a family member as interpreter, document that preference. Service-related correspondence with the client must be in their preferred language/format. It is the preference of BHCS that family members not be used as interpreters due to the potential for conflicting needs. Because of this, it is to be strongly discouraged. ^(BHCSQA09)
- c. **Relevant physical health conditions** reported by the client or by other report must be prominently identified and updated, as appropriate. ^(DMHcontract1)
- d. **Presenting problem/referral reason & relevant conditions** affecting the client's physical health, mental health status and psychosocial conditions (e.g. living situation, daily activities, social support, etc.). Includes problem definitions by the client, significant others and referral sources, as relevant. ^(DMHcontract1)
- e. **Special status situations** that present a risk to the client or to others must be prominently documented and updated, as appropriate. If a risk situation is identified, the Client Plan must include how it is being managed. ^(DMHcontract1)
- f. **Client's strengths** in achieving anticipated treatment goals (e.g., client's skills and interests, family involvement and resources, community and social supports, etc.). ^(DMHcontract1)
- g. **Medications:**
 - List medications prescribed by an MD employed by the provider, including dose/frequency of each, dates of initial prescriptions & refills. Documentation of informed consent for each medication prescribed is required and may be located in a different section of the record. A general medication consent is not sufficient. ^(DMHcontract1)
 - Medications prescribed by an outside MD must be listed as above, per client or MD's report; provide the MD's name and telephone number. ^(BHCSQA09)
- h. **Allergies & adverse reactions/sensitivities**, per client or by report, to any substances or items, or the lack thereof, must be noted in the Initial Assessment ^(DMHcontract1) and prominently noted on the front of the chart. ^(BHCSQA09)
- i. **Substance use**, past & last use/current: Alcohol, caffeine, nicotine, illicit substances, and prescribed & over-the-counter drugs. ^(DMHcontract1)
- j. **Mental health history**, including previous treatment dates and providers; therapeutic interventions and responses; sources of clinical data; relevant family information; and results of relevant lab tests and consultation reports (as applicable to scope of practice). ^(DMHcontract1)

- k. **Other history:** As relevant, include developmental history; social history; histories of employment/work, living situation, etc. ^(BHCSQA09)
- l. **For clients under age 18:** Include (or document efforts to obtain) pre-natal/ perinatal events, and complete developmental history (physical, intellectual, psychological, social & academic). ^(DMHcontract1)
- m. **Relevant Mental Status Examination:** Includes signs and symptoms relevant to determine diagnosis and plan of treatment. ^(DMHcontract1)
- n. **Five-axis diagnosis** from the most current DSM (or ICD), consistent with presenting problem, history, mental status examination, and/or other assessment data. ^(DMHcontract1)
 - At least one diagnosis must be the focus of treatment and must be on the “included” Medical Necessity criteria list. ^(CCR16)
 - Per the MHP requirements, only a licensed clinician may assign a psychiatric diagnosis. The name and license credential of the person who made the diagnosis must be noted within this item, even if from a referral source; the signature is not required within this item. ^(BHCSQA09)
- o. **Complete signature** of the person completing the Initial Assessment and the signature of a licensed or registered/waivered LPHA. ^{(CCR21) (CCR11) (BP1) (CCR01)}

Clinical Analysis: “Best practice” is to also provide a clinical analysis (aka clinical impression or formulation) of how the client’s mental health issues impact life functioning, based on the Assessment information.. ^(BHCSQA09)

2. **Client Plans** ^{(DMHcontract2) (CCR12)}

The Client Plan is now included in the RES and the RCR. If filled out completely, it will meet these requirements.

Definition: Client Plans (aka Consumer/Life/Treatment/Recovery/Care Plans, etc.) are plans for the provision of mental health services to clients who meet the Medical Necessity criteria. Strength-based and recovery/resiliency oriented treatment planning is strongly encouraged. ^(BHCSQA09) Services must address identified mental health barriers to goals/objectives. Client Plans are developed from the Initial Assessment must substantiate ongoing Medical Necessity and be consistent with the diagnosis(es) that is the focus of mental health treatment. ^{(CCR05) (BHCSQA09)}

The minimum required content areas of any Client Plan may not be left blank; instead, indicate the plan to complete those elements or indicate when they are not applicable. ^(BHCSQA09)

❖ **Timeliness & Frequency of Client Plans, applies to all providers**

- The RES and RCR will meet the documentation requirements for treatment plans if completed appropriately.

❖ **Minimum Requirements for Client Plan and Updates**

The following elements must be fully addressed in the Client Plans, as appropriate, as part of the clinical record.

Client Plan Updates must provide updated information, as applicable, for each element.

- a. **Client's goals** (stated in own words, when possible) ^{(DMHcontract1) (BHCSQA09)}
- b. **Mental health goals/objectives** that are specific and observable or measureable, and that are linked to the Assessment's clinical analysis and diagnosis (i.e. must be related to mental health barriers to reaching client's goals). Provide estimated timeframes for attainment of goals/objective. ^{(DMHcontract1) (BHCSQA09)}
- c. **Interventions and their focus** must be consistent with the mental health goals/objectives and must meet the medical necessity requirement that the proposed intervention(s) will have a positive impact on the identified impairments (Item 3.b. in the Medical Necessity section of this Policy). ^{(DMHcontract1) (BHCSQA09)}

Indicate:

- Service Interventions, which are the planned mental health services (e.g., Family Psychotherapy).
 - "Best practice" to also indicate Clinician Interventions, which are the provider's actions during services to support the client's progress toward goals/objectives (e.g., "Offer stress reduction techniques to reduce anxiety" or "Support client to express unresolved grief to reduce depression").
- d. **Duration and Frequency** of service interventions. (e.g. CBT 1x/week for 6 months) ^{(DMHcontract1) (BHCSQA09)}
 - e. **Key Assessment Items:** The following four key assessment items (included in the RES/RCR) shall be reviewed and updated every time the Client Plan is reviewed or renewed: 1) Diagnosis, 2) Risk situations, 3) Client strengths & resources, and 4) Special needs. ^(BHCSQA09)
 - f. **Coordination of care:** If applicable, it is "best practice" to include an objective in the Client Plan regarding coordination of a client's care with other identified providers. ^(BHCSQA09)
 - g. **Tentative Discharge Plan** (termination/transition plan). ^(BHCSQA09)
 - h. **"Complete Signature"** (see also "Clinical Documentation Standards" section, "Signature Requirements") or the electronic equivalent by at least one of the following: ^(CCR13)
 - Person providing the service(s).
 - If psychiatric medication is prescribed by the L3 CBO's Psychiatrist, that Psychiatrist must also sign the Client Plan. ^(BHCSQA09)

If the above person providing the service(s) (at the CBO) is not licensed or registered/waivered, a complete co-signature is required by at least one of the following:

- Physician
 - Licensed/registered/waivered psychologist
 - Licensed/registered social worker
 - Licensed/registered marriage and family therapist, or
 - Registered nurse
- i. **Evidence of the client's degree of participation and agreement** with the Client Plan must be addressed in the following ways: ^{(CCR14) (BHCSQA09)}
 - The client's (or legal representative's) dated signature on the Client Plan is required.
 - If the client (or legal representative) is unavailable or refuses to sign the Client Plan, the Plan must include the provider's dated/initialed explanation of why the signature could not be obtained, or refer to a specific Progress Note that explains why. In either case, include evidence on the Plan or in Progress Notes of follow-up efforts to obtain the signature.

- If the provider believes that including the client in treatment planning would be clinically contraindicated, the Plan must include the provider's dated/initialed explanation or refer to a specific Progress Note that explains why, and the reason must be supported by the clinical record's documentation.
- j. **A copy of the Client Plan** must be offered to the client and provided to the client (or legal representative) upon request and a statement to that effect must be also on the Plan. (DMHcontract1) (BHCSQA09)

3. Progress Notes

Definition: Progress Notes are the evidence of a provider's services to or on behalf of a client and relate to the client's progress in treatment. Notes are filed in the clinical record and must contain the clinical details to support the medical necessity of each claimed service and its relevance to the Client Plan. (BHCSQA09)

In order to submit a service for reimbursement, there must be a complete and filed Progress Note for that service. Reimbursement submission is attestation that these criteria are met:

- Progress Notes must clearly relate to the mental health objectives & goals of the client as established in the Client Plan (versus, for example, a Progress Note that focuses on the mental health needs of a depressed mother in a family session, without addressing how her depression impacts the client/child's mental health needs). (CCR23)
- Each Progress Note must "stand on its own" regarding Medical Necessity; identifying a clear link to the Client Plan helps meet this rule. (BHCSQA09)

❖ **Progress Notes vs. Psychotherapy/Process Notes** (CFR3)

Alameda County BHCS expects that all providers will understand the content difference between Progress Notes and Psychotherapy Notes (also known as Process Notes) and the differences in privacy protection as described below. If a provider chooses to write Psychotherapy Notes, they should maintain them in a separate file to protect the privacy of those notes.

Progress Notes, as noted generally above, relate to the client's progress in treatment and include only the information required by the MHP (described later in this Progress Note section). Progress Notes become part of the clinical record, which may be requested by the client at any time.

Psychotherapy Notes are defined by CFR 45, Part 164.501 as: "...notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date." (CFR4)

Examples of Psychotherapy Notes are a description of dream content, specific memories of child abuse, a clinician's thought process about the client's issues, a clinician's personal feelings or counter-transference, etc.

Psychotherapy Notes differ from regular clinical records and receive special protection under HIPAA (CFR 45, Part 164.524) from other clinical records which may be exchanged between providers and the MHP without specific permission from the client. Physically integrating the excluded information and protected information into one document does not make the excluded information protected. ^(CFR5)

Psychotherapy Notes that are not filed separately from the clinical record, or that contain excluded information, no longer receive special protection under HIPAA. Those notes are subject to review by the MHP and would be seen by the client if he/she so requested. Psychotherapy Notes that are maintained separately and do not contain excluded information would only be disclosed via legal action or with the client's release.

❖ **Timeliness & Frequency of Progress Notes**

Progress Notes must be entered into the clinical record within one (1) working day of each service provided. ^{(DMHcontract1) (BHCSQA09)}

Late Entries: In the infrequent situation when an emergency prevents timely recording of services, the service must be entered in the clinical record as soon as possible. The beginning of the note must clearly identify itself as a late entry for the date of service (e.g. "Late entry for date of service"). Signatures for late entries must include the date the note is written. The note must be filed chronologically in the clinical record per the date it was written, not per the date of service. ^(BHCSQA09)

❖ **Minimum Requirements for Progress Note Contents**

Progress notes are documentation of services provided to or on behalf of clients. Services may or may not include direct contact with clients. *Not all providers are contracted to provide all of the services described in this section.* ^(BHCSQA09)

➤ **Minimum requirements for Progress Notes:**

- a. **Date of service** (00/00/00). If the date of service and the date on which the note is written are the same, the date of service is sufficient. (See "Timeliness" section above, "Late Entries" paragraph.) ^(DMHcontract1)
- b. **Service intervention** (e.g. psychotherapy, collateral, medication support, etc.). ^(DMHcontract1)
- c. **Location** of the service provided. ^(BHCSQA09)
MHP Network providers: Location is required only if location is other than office. (Service is expected to be office-based; approval from Authorization Services is required for other locations.)
- d. **Time** spent providing a *billable* service. Varies per provider type, as below: ^(CCR26)
 - MHP Network providers: The time spent to provide a service determines which code is selected for claiming (e.g., Individual Psychotherapy for 30 minutes requires a different service code than for 60 minutes). This type of contract allows for the inclusion of the "community standard" of 10 minutes for documentation with a 50 minute session. This type of contract does not provide for reimbursement of travel time.

- e. **Documentation of specific services/interventions:** Succinct description of clinically relevant information. ^{(BHCSQA09) (DMHcontract1)}
In general, the BIRP format (Behavior, Intervention, Response, Plan) meets this standard:
- When a service includes client contact, minimum requirements are description of the following, as applicable:
 - Reason for the contact.
 - Assessment of client's current clinical presentation.
 - Relevant history.
 - Specific mental health/clinical interventions by provider, per type of service and scope of practice.
 - Client's response to interventions.
 - Unresolved issues from previous contacts.
 - Plans, next steps, and/or clinical decisions. If little or no progress toward goals/objectives is being made, describe why. Include date of next planned contact and/or next clinician action. Indicate referrals made. Address any issues of risk.
 - When a service does not include client contact, minimum requirements are description of:
 - Specific interventions by provider, per type of service and scope of practice.
 - Unresolved issues from previous contacts, if applicable.
 - Address any issues of risk.
 - Plans, next steps, and/or clinical decisions. Include date of next planned contact, clinician actions and referrals made, if applicable.
- f. **Signature:** The person who provided the service must write and sign all notes; and co-signature, if required. ^(DMHcontract1)

❖ **Special Situations: Progress Note Documentation Requirements** ^{(BHCSQA09) [Other citations noted at specific lines]}

Group Services: A note must be written for each client participating or represented in a therapy or rehabilitation group. These notes must include the minimum requirements above, as well as: ^(CCR25)

- Summary of the group's behavioral health goals/purpose.
- Primary focus on the client's group interaction & involvement, as relevant to their Client Plan.
- The total number of clients served (regardless of insurance plan/status).

Crisis Services: Crisis services may be necessary when a client is in a mental health crisis requiring more intensive services to prevent the necessity of a higher level of care. Providers must document the need for such services in the clinical record.

- MHP Network providers may provide services in excess of the current authorization when warranted. These providers must contact Authorization Services for authorization of the amended treatment plan for an estimated period of crisis. Each service provided during the period of crisis must be documented as crisis services.
 - Progress Notes for crisis services must include the minimum requirements already described, as well as:
 - Relevant clinical details leading to the crisis

- The identified crisis must be the client's crisis, not a significant support person's crisis. (CCR24)
- The urgency & immediacy of the situation must be clearly documented and describe each of the following medical necessity requirements: (CCR06) (CCR10) (CCR15)
 - How the crisis is related to a mental health condition
 - How the client is imminently or currently a danger to self or to others or is gravely disabled
 - Why the client either requires psychiatric inpatient hospitalization or psychiatric health facility services or that without timely intervention, why the client is highly likely to develop an immediate emergency psychiatric condition.
- Interventions done to decrease or eliminate or alleviate danger, reduce trauma and/or ameliorate the crisis.
- The aftercare safety plan.
- Collateral and community contacts that will participate in follow-up. (CCR06) (CCR10) (CCR15)

Documenting Missed Appointments: It is not permissible to submit a claim or charge clients for missed appointments; however, the missed appointment should be noted in the clinical record. The MHP suggests that providers follow up in a timely manner with clients when appointments are missed and document the findings. (DMH05) (BHCSQA09)

4. Discharge / Termination / Transition Documentation *Applies to All Providers* (DMHcontract2)

Definitions: Discharge documentation describes the termination and/or transition of services. It provides closure for a service episode and referrals, as appropriate. There are two (2) types of clinical discharge documentation – one (1) of the following must be completed, per type of provider: (BHCSQA09)

MHP Network Providers:

- Discharge Note: A Progress Note for the last face-to-face service with the client, per the Minimum Requirements below. This is billable to Medi-Cal if included in a progress note for the final session with a client. (DMHcontract1)

❖ Minimum Requirements

Discharge Note: A Progress Note that includes brief documentation of the following: (DMHcontract1) (BHCSQA09)

- a. Reason for discharge/transfer.
- b. Date of discharge/transfer.
- c. Referrals made, if applicable.
- d. Follow-up care plan.

Approval Date: 5/11/12

Application: MHP Network, Fee for Service Providers

Citations

Citations for documentation standards and requirements are included with each subject heading, and for specific items, if warranted:

BHCS	Behavioral Health Care Services
BHCS1	BHCS Requirement
BHCS2	BHCS Office of the Medical Director, Guidelines for Psychotropic Medication Practices can be found at, http://www.acbhcs.org , under tab "Office of the Medical Director"
BHCSQA	Behavioral Health Care Services, Quality Assurance can be found at http://www.acbhcs.org , in tab "Quality Assurance"
BHCSQA09	BHCS/QA Requirement, 2009 or earlier
BHCSQA10	BHCS/QA Requirement, 2010
BP	Business and Professions Code can be found at http://www.leginfo.ca.gov
BP1	BP, Section 4996.9, Section 4996.15, Section 4996.18(e)
CalOHI	California Office of HIPAA Implementation can be found at http://www.ohi.ca.gov under California Implementation
CalOHI1	CalOHI Chapter 4
CC	California Civil Code can be found at http://www.leginfo.ca.gov
CC1	CC 56.10
CC2	CC 1798.48
CCR	California Code of Regulations , Title 9 and Title 22 can be found at the DMH (Department of Mental Health) website http://www.dmh.ca.gov
CCR01	CCR, Title 9, Chapter 3, Section 550
CCR02	CCR, Title 9, Chapter 3.5, Section 786.15
CCR03	CCR, Title 9, Chapter 4.0, Sections 851 & 852
CCR04	CCR, Title 9, Chapter 11, Section 1810.204
CCR05	CCR, Title 9, Chapter 11, Section 1810.205.2
CCR06	CCR, Title 9, Chapter 11, Section 1810.216
CCR07	CCR, Title 9, Chapter 11, Section 1810.225
CCR08	CCR, Title 9, Chapter 11, Section 1810.227
CCR09	CCR, Title 9, Chapter 11, Section 1810.247
CCR10	CCR, Title 9, Chapter 11, Section 1810.253
CCR11	CCR, Title 9, Chapter 11, Section 1810.254
CCR12	CCR, Title 9, Chapter 11, Section 1810.440
CCR13	CCR, Title 9, Chapter 11, Section 1810.440(c)(1)
CCR14	CCR, Title 9, Chapter 11, Section 1810.440(c)(2)
CCR15	CCR, Title 9, Chapter 11, Section 1820.205
CCR16	CCR, Title 9, Chapter 11, Section 1830.205
CCR17	CCR, Title 9, Chapter 11, Section 1830.205(b)(1)
CCR18	CCR, Title 9, Chapter 11, Section 1830.205(b)(2)
CCR19	CCR, Title 9, Chapter 11, Section 1830.205(b)(3)
CCR20	CCR, Title 9, Chapter 11, Section 1830.210
CCR21	CCR, Title 9, Chapter 11, Section 1830.215

Citations

CCR22	CCR, Title 9, Chapter 11, Section 1840.312
CCR23	CCR, Title 9, Chapter 11, Section 1840.314
CCR24	CCR, Title 9, Chapter 11, Section 1840.314(b)
CCR25	CCR, Title 9, Chapter 11, Section 1840.314(c)
CCR26	CCR, Title 9, Chapter 11, Section 1840.316
CCR27	CCR, Title 9, Chapter 11, Section 1840.346
CCR28	CCR, Title 9, Chapter 11, Section 1840.360 - 374
CCR29	CCR, Title 22, Chapter 2, Section 71551(c)
CCR30	CCR, Title 22, Chapter 7.2, Section 75343
CCR31	CCR, Title 22, Chapter 9, Section 77143

CFR	Code of Federal Regulations can be found at http://www.gpoaccess.gov/cfr
CFR1	CFR, Title 45, Parts 160 and 164 (HIPAA)
CFR2	CFR, Title 45, Parts 160, 162 and 164 (HIPAA)
CFR3	CFR, Title 45, Part 164
CFR4	CFR, Title 45, Part 164.501
CFR5	CFR, Title 45, Part 164.524

DMH	Department of Mental Health Information Notices & Letters can be found at http://www.dmh.ca.gov
DMH01	DMH Information Notice No. 02-06, page 3
DMH02	DMH Information Notice No. 06-07
DMH03	DMH Information Notice No. 02-08
DMH04	DMH Letter No. 02-01
DMH05	DMH Letter No. 02-07
DMH06	DMH Letter No. 08-10

DMHcontract	Department of Mental Health Contract with the Mental Health Plan; the boilerplate contract with DMH can be found at http://www.dmh.ca.gov
DMHcontract1	DMH Contract with MHP
DMHcontract2	DMH Contract with MHP, Exhibit A, Attachment 1, Appendix C
DMHcontract3	DMH Contract with MHP, Exhibit A, Attachment 1, Appendix C, page 39

EPSDT	Early and Periodic Screening Diagnosis and Treatment (EPSDT) Chart Documentation Manual, 2007 can be found at http://www.cimh.org
EPSDT1	EPSDT Chart Documentation Manual, 2007

HS	Health and Safety Code can be found at http://www.leginfo.ca.gov
HS1	H&S, 123105, 123145 and 123149
HS2	H&S, 123105(b) and 123149
HS3	H&S, 123145

RMS	Risk Management Services
RMS1	Risk Management Services 2010

STATE DEPARTMENT OF MENTAL HEALTH MEDICAL MANAGED CARE

**Medical Necessity for Specialty Mental Health Services
that are the Responsibility of the Mental Health Plan**

Must have all, A, B, and C:

A. Diagnoses

Must have one of the following DSM IV diagnoses, which will be the focus of the intervention being provided:

Included Diagnoses:

- ☐ Pervasive Developmental Disorders, except Autistic Disorder which is excluded.
- ☐ Attention Deficit and Disruptive Behavior Disorders
- ☐ Feeding & Eating Disorders of Infancy or Early Childhood
- ☐ Elimination Disorders
- ☐ Other Disorders of Infancy, Childhood, or Adolescence
- ☐ Schizophrenia & Other Psychotic Disorders
- ☐ Mood Disorders
- ☐ Anxiety Disorders
- ☐ Somatoform Disorders
- ☐ Factitious Disorders
- ☐ Dissociative Disorders
- ☐ Paraphilias
- ☐ Gender Identity Disorders
- ☐ Eating Disorders
- ☐ Impulse-Control Disorders Not Elsewhere Classified
- ☐ Adjustment Disorders
- ☐ Personality Disorders, excluding Antisocial Personality Disorder
- ☐ Medication-Induced Movement Disorders

Excluded Diagnoses:

- ☐ Mental Retardation
- ☐ Learning Disorders
- ☐ Motor Skills Disorder
- ☐ Communication Disorders
- ☐ Autistic Disorder (Other Pervasive Developmental Disorders are included.)
- ☐ Tic Disorders
- ☐ Delirium, Dementia and Amnestic and other Cognitive Disorders
- ☐ Mental Disorders due to a General Medical Condition
- ☐ Substance-Related Disorders
- ☐ Sexual Dysfunctions
- ☐ Sleep Disorders
- ☐ Antisocial Personality Disorder
- ☐ Other conditions, including V-codes, that may be a focus of Clinical Attention. (Except medication induced movement disorders which are included.)

A beneficiary may receive services for an included diagnosis when an excluded diagnosis is also present.

B. Impairment Criteria

Must have one of the following as a result of the mental disorder(s) identified in the diagnostic ("A") criteria:

Must have one, 1, 2, or 3:

1. A significant impairment in an important area of life functioning, or
2. A probability of significant deterioration in an important area of life functioning, or
3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder which can be corrected or ameliorated (current DHS EPSDT regulations also apply).

C. Intervention Related Criteria

Must have all, 1, 2, and 3 below:

1. The focus of proposed intervention is to address the condition identified in impairment criteria "B" above, and
2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning, and/or for children it is probable the child will progress developmentally as individually appropriate (or if covered by EPSDT can be corrected or ameliorated), and
3. The condition would not be responsive to physical healthcare based treatment.

EPSDT beneficiaries with an included diagnosis and a substance related disorder may receive specialty mental health services directed at the substance use component. The intervention must be consistent with, and necessary to the attainment of, the specialty MH treatment goals.

MEDI-CAL INCLUDED DIAGNOSIS

295.10	Schizophrenia, Disorganized Type	302.3	Transvestic Fetishism
295.20	Schizophrenia, Catatonic Type	302.4	Exhibitionism
295.30	Schizophrenia, Paranoid Type	302.6	Gender Identity Disorder NOS
295.40	Schizophreniform Disorder	302.81	Fetishism
295.60	Schizophrenia, Residual Type	302.82	Voyeurism
295.70	Schizoaffective Disorder	302.83	Sexual Masochism
295.90	Schizophrenia Undifferentiated Type	302.84	Sexual Sadism
296.00	Bipolar I Disorder Single Manic Episode	302.85	Gender Identity Disorder in Adolescents or Adults
296.01 - .06	Bipolar I Disorder	302.89	Frotteurism
296.20 - .26	Major Depressive Disorder Single Episode	302.9	Paraphilia/Sexual Disorder NOS
296.30 - .36	Major Depressive Disorders, Recurrent	307.1	Anorexia Nervosa
296.40	Bipolar I Disorder Most Recent Episode Hypomanic	307.3	Stereotypic Movement Disorder
296.40 - .46	Bipolar I Disorder Most Recent Episode Manic	307.50	Eating Disorder NOS
296.50 - .56	Bipolar I Disorder Most Recent Episode Depressed	307.51	Bulimia Nervosa
296.60 - .66	Bipolar I Disorder Most Recent Episode Mixed	307.52	Pica
296.7	Bipolar I Disorder, Most recent episode Unspecified	307.53	Rumination Disorder
296.80	Bipolar Disorder NOS	307.59	Feeding Disorder of Infancy or Early Childhood
296.89	Bipolar II Disorder	307.6	Enuresis (Not Due to a General Medical Condition)
296.90	Mood Disorder NOS	307.7	Encopresis Without Constipation Incontinence
297.1	Delusional Disorder	307.80	Pain Disorder Associated With Psychological Factors
297.3	Shared Psychotic Disorder	307.89	Pain Disorder Associated with Psych & Medical Condition
298.8	Brief Psychotic Disorder	308.3	Acute Stress Disorder
298.9	Psychotic Disorder NOS	309.0	Adjustment Disorder With Depressed Mood
299.10	Childhood Disintegrative Disorder	309.21	Separation Anxiety Disorder
299.80	Asperger's Disorder/Rett's Disorder	309.24	Adjustment Disorder With Anxiety
299.80	Pervasive Developmental Disorder NOS	309.28	Adjustment Disorder With Mixed Mood
300.00	Anxiety Disorder NOS	309.3	Adjustment Disorder With Disturbance of Conduct
300.01	Panic Disorder Without Agoraphobia	309.4	Adjustment Disorder With Mixed Emotions & Conduct
300.02	Generalized Anxiety Disorder	309.81	Posttraumatic Stress Disorder
300.11	Conversion Disorder	309.9	Adjustment Disorder Unspecified
300.12 - .15	Dissociative Amnesia	311	Depressive Disorder NOS
300.16	Factitious Disorder w/Predominantly Psychological	312.30	Impulse-Control Disorder NOS
300.19	Factitious Disorder NOS	312.31	Pathological Gambling
300.21	Panic Disorder With Agoraphobia	312.32	Kleptomania
300.22	Agoraphobia Without History of Panic Disorder	312.33	Pyromania
300.23	Social Phobia	312.34	Intermittent Explosive Disorder
300.29	Specific Phobia	312.39	Trichotillomania
300.3	Obsessive-Compulsive Disorder	312.8	Conduct Disorder
300.4	Dysthymic Disorder	312.9	Disruptive Behavior Disorder NOS
300.6	Depersonalization Disorder	313.23	Selective Mutism
300.7	Body Dysmorphic Disorder/Hypochondriasis	313.81	Oppositional Defiant Disorder
300.81	Somatization Disorder/Somatoform Disorder	313.82	Identity Problem
301.0	Paranoid Personality Disorder	313.89	Reactive Attachment Disorder
301.13	Cyclothymic Disorder	313.9	Disorder of Infancy, Childhood, or Adolescence NOS
301.20	Schizoid Personality Disorder	314.00	Attention-Deficit/Hyperactivity Disorder, Inattentive
301.22	Schizotypal Personality Disorder	314.01	Attention-Deficit/Hyperactivity Disorder Combined
301.4	Obsessive-Compulsive Personality Disorder	314.9	Attention-Deficit/Hyperactivity Disorder NOS
301.50	Histrionic Personality Disorder	332.1	Neuroleptic-Induced Parkinsonism
301.6	Dependent Personality Disorder	333.1	Medication-Induced Postural Tremor
301.81	Narcissistic Personality Disorder	333.7	Neuroleptic-Induced Acute Dystonia
301.82	Avoidant Personality Disorder	333.82	Neuroleptic-Induced Tardive Dyskinesia
301.83	Borderline Personality Disorder	333.90	Medication-Induced Movement Disorder NOS
301.9	Personality Disorder NOS	333.92	Neuroleptic Malignant Syndrome
302.2	Pedophilia	333.99	Neuroleptic-Induced Acute Akathisia
		787.6	Encopresis, With Constipation/Incontinence

B.I.R.P. Progress Note Checklist

<u>B</u> Behavior Counselor observation, client statements	Check if addressed
1. Subjective data about the client—what are the clients observations, thoughts, direct quotes?	
2. Objective data about the client—what does the counselor observe during the session (affect, mood, appearance)?	
<u>I</u> Intervention Counselor's methods used to address goals and objectives, observations, client statements	
1. What goals and objectives were addressed this session?	
2. Was homework reviewed?	
<u>R</u> Response Client's response to the intervention, progress made toward Tx Plan goals and objectives	
1. What is the client's current response to the clinician's intervention in the session?	
2. Client's progress attending to goals and objectives outside of the session?	
<u>P</u> Plan Document what is going to happen next	
1. What in the Tx Plan needs revision?	
2. What is the clinician going to do next?	
3. What is the next session date?	

General Checklist	Check if addressed
1. Does the note connect to the client's individualized treatment plan?	
2. Are client strengths/limitations in achieving goals noted and considered?	
3. Is the note dated, signed and legible?	
4. Is the client name and/or identifier included on each page?	
5. Has referral and collateral information been documented?	
6. Does the note reflect changes in client status (eg. GAF, measures of functioning)?	
7. Are all abbreviations standardized and consistent?	
8. Did counselor/supervisor sign note?	
9. Would someone not familiar with this case be able to read this note and understand exactly what has occurred in treatment?	
10. Are any non-routine calls, missed sessions, or professional consultations regarding this case documented?	

Informing Materials List

This is a list for Alameda County BHCS providers to ensure that the appropriate informing materials are available to Medi-Cal beneficiaries, as required by the California Department of Mental Health.

A. Initial Forms that Must be in the Chart & Signed by Beneficiaries at Intake

1. Signature page from the packet: [“Informing Materials – Your Rights and Responsibilities”](#) (available in English, Spanish, Chinese, Farsi & Vietnamese). This packet must be offered to Medi-Cal beneficiaries at intake, annually thereafter, and upon request. The packet contains:
 - Consent for Services
 - Freedom of Choice
 - Explanation of the three (3) items noted in B. & C. (below): Provider Referral List, Guide to Medi-Cal Mental Health Services & BHP Member Handbook
 - Confidentiality & Privacy statement (Duty to Report)
 - Advance Directive Information
 - Beneficiary Problem Resolution Information
 - Maintaining a Welcoming & Safe Place (not a required informing material)
 - Notice of Privacy Practices (HIPAA/HITECH)
2. Written Policy regarding Confidentiality of Records (provider policy)
3. Releases of Information, as necessary (provider form)

B. Things You Must Offer Beneficiaries to Review

These documents must be offered to new beneficiaries and be available in a lobby or area where they have access to them, without having to make a request. If desired, you may make a binder for these documents and label it, “Copies available upon request.” As a courtesy, that phrase is translated into the five threshold languages for printing as a label; it is available at the website below, as are the following materials:

1. [Provider Referral List](#) (updated quarterly).
2. [Guide to Medi-Cal Mental Health Services](#) - [English](#), [Chinese](#), [Farsi](#), [Spanish](#) & [Vietnamese](#)

C. Things that Must be Available in Your Lobby/Office

1. [Complaint Poster \(must be posted\)](#)
2. Behavioral Health Plan Member Handbook – maroon pamphlet (available in 8 languages: [English](#), [Spanish](#), [Chinese](#), [Farsi](#), [Vietnamese](#), [Lao](#), [Cambodian](#) & [Korean](#)). Providers must have this pamphlet available in all 8 languages, even though a provider may not currently serve beneficiaries who speak those languages.
3. Consumer & Family Grievance/Appeal Form - [English](#), [Spanish](#), [Chinese](#), [Farsi](#) & [Vietnamese](#) with envelopes addressed to BHCS.

To replenish your supply of the above materials, check the Provider website www.acbhcs.org/providers. For materials not available on the website, email the BHCS Quality Assurance informing materials desk at gainformingmaterials@acbhcs.org, or call (510) 567-8233.

How to Use the Packet: “Informing Materials – Your Rights & Responsibilities”

Packet Must be Modified with the Provider’s Name Before Use:

- Prior to use with Medi-Cal beneficiary clients, the “Informing Materials” packet (in each threshold language version used by that provider) must be amended with the provider’s name, per the following:
 - In the spaces labeled “PROVIDER NAME:” on Page 1 (first page of packet) AND on Page 5 (first page of “Notice of Privacy Practices”), providers must indicate the name of the organization or individual provider contracting with ACBHCS. County-operated clinics must indicate their site name on same pages.
 - Protect the “master” document(s) from further changes prior to copying for distribution (electronic versions should be locked or password-protected).
- Each language version of the packet is designed to be printed/copied as a double-sided document, with text that prints outside the standard margins. The signature page is the last page (Page 11), so it can be easily separated from the packet and filed in the chart. Please do not change the packet’s larger font size, margins or formatted page breaks.

Using the Packet:

- **At Intake/Admission:** The contents of the “Informing Materials” packet must be reviewed with and/or offered to Medi-Cal beneficiary clients during intake with BHCS providers.*
Please follow these instructions during a client’s admission:
 1. Discuss each item with the client (and/or legal representative, if applicable) in their preferred language or communication method, and in enough detail for the general content to be understood. It is your responsibility, as a BHCS provider, to help beneficiary clients understand their rights and responsibilities to the best of their ability.
 2. Complete the signature page:
 - Complete the identifying information box at top right;
 - Mark the boxes to indicate the items reviewed with or offered to the client;
 - Ask the client (and/or legal representative) to sign & date in the appropriate box;
 - Provider/staff initial & date in the appropriate box.
 3. Separate the completed signature page and file it in the chart. (Copy for client, if requested.)
 4. Give the remaining “Informing Materials” pages to the client (or legal rep.) for their records.
- **At Annual Notification:** The “Informing Materials” packet must also be offered to Medi-Cal beneficiary clients for their review on an annual basis.* Notification may occur at any time of year, however, providers may choose a single anniversary date for all beneficiary clients to simplify compliance with the following procedure:
 1. Use the original signature page to remind each client of the materials available for review by going over the list of contents on that page; discuss the materials with them, if requested.
 - Existing clients: Use the entire packet or just the signature page, as needed.
 - Items reviewed for the first time: Check the item’s box.
 2. To prove that the annual notification requirement was met, ask the client to initial/date one of the boxes in the Annual Notification section of the original signature page.
 3. File the updated signature page in the chart. (Copy for client, if requested.)
- **You may also use the “Informing Materials” packet at any time to:**
 - Indicate review or distribution of items that are requested by the client at any time.
 - Indicate that Advance Directive information is given when a client turns age 18.

*Per ACBHCS Policy: Beneficiary Rights and Title 42, Code of Federal Regulations, beneficiary clients must be offered informing materials at intake, annually thereafter, and upon request.

If Medi-Cal beneficiaries have more than basic questions about their Mental Health Plan rights, please provide them with the toll-free number for the Patients’ Rights Advocates Office at 1-800-734-2504 (part of the Mental Health Association).

Beneficiaries with questions about the grievance or problem resolution process should be directed to the toll-free Consumer & Family Assistance Line at 1-800-779-0787.

Informing Materials -- Your Rights & Responsibilities

Welcome to the Alameda County Mental Health Plan

Welcome! As a member (beneficiary) of the Alameda County Mental Health Plan (MHP) who is requesting mental health services with this provider, we ask that you review this packet of informing materials which explains your rights and responsibilities.

PROVIDER NAME:

The person who welcomes you to services will go over these materials with you. You will be given this packet to take home to review whenever you want, and **you will be asked to sign the last page of this packet to indicate what was discussed and that you received the materials.** The provider will keep the original signature page. Providers of services are also required to notify you about the availability of certain materials in this packet every year and the last page of this packet has a place for you to indicate when those notifications happen.

The next pages contain a lot of information, so take your time and feel free to ask any questions! Knowing and understanding your rights and responsibilities helps you get the care you deserve.



Consent for Services

As a member of this Mental Health Plan (MHP), your signature on the last page of this packet gives your consent for voluntary mental health treatment services with this provider. If you are the legal representative of a beneficiary of this MHP, your signature provides that consent.

Your consent for services also means that this provider has a duty to inform you about their recommendations of care, so that your decision to participate is made with knowledge and is meaningful. In addition to having the right to stop services at any time, you also have the right to refuse to use any recommendations, psychological interventions or treatment procedures.

This provider may have an additional consent form for you to sign that describes in more detail the kinds of services you might receive. These may include, but are not limited to: assessments; evaluations; crisis intervention; psychotherapy; case management; rehabilitation services; medication services; referrals to other behavioral health professionals; and consultations with other professionals on your behalf.

Freedom of Choice



It is our responsibility, as your mental health care program, to tell you that anyone receiving our services (including minors and the legal representative of minors) should know the following:

- A. Acceptance and participation in the mental health system is voluntary; it is not a requirement for access to other community services.
- B. You have the right to access other behavioral health services funded by Medi-Cal or Short-Doyle/Medi-Cal and have the right to request* a change of provider and/or staff.
- C. The mental health program has contracts with a wide range of providers in our community, including faith-based providers. There are laws governing faith-based providers receiving Federal funding, including that they must serve all eligible members (regardless of religious beliefs) and that Federal funds must not be used to support religious activities (such as worship, religious teaching or attempts to convert a member to a religion). If you are referred to a faith-based provider and object to receiving services from that provider because of its religious character, you have the right to see a different provider, upon request*.

*The MHP works with members and their families to grant every reasonable request, but we cannot guarantee that all requests to change providers will happen. Requests will be granted, however, to change a provider because of an objection to its religious character.

Guide to Medi-Cal Mental Health Services, Member Handbook, & Provider List

Providers: The Member Handbook is available from the Quality Assurance Office in all threshold languages; the Guide and Provider List (updated quarterly) are available under the QA tab at www.acbhcs.org/providers.



The three (3) documents described below are available from this provider for your review or to have a copy of at any time, at your request.

The Behavioral Health Plan's Guide to Medi-Cal Mental Health Services will be offered to you when you begin services. It contains information on how a beneficiary is eligible for mental health services, what services are available and how to access them, who our service providers are, more information about your rights and our Grievance and State Fair Hearing process. It also includes important phone numbers regarding the Mental Health Plan.

The Mental Health Plan's Member Handbook for Alameda County Medi-Cal Recipients Needing Behavioral Health Services is a small brochure that summarizes the information in the Guide described above. It also describes what your rights & responsibilities are, as a member of this health plan.

The Provider List is a list of contracted providers of mental health services in our community. The County ACCESS program makes referrals for all outpatient non-emergency services. You may contact ACCESS at 1-800-491-9099 for further information regarding the Provider List, including whether a provider has current openings.

Confidentiality & Privacy



The confidentiality and privacy of what you discuss at this service site is an important personal right of yours. This packet contains your copy of the “Notice of Privacy Practices” document which explains how your records and personal information are kept confidential.

In certain situations involving your safety or the safety of others, providers are required by law to discuss your case with people outside the Mental Health Care Services system.

Those situations include:

1. If you threaten to harm another person(s), that person(s) and/or the police must be informed.
2. When necessary, if you pose a serious threat to your own health and safety.
3. All instances of suspected child abuse must be reported.
4. All instances of suspected abuse of an elder/dependant adult must be reported.
5. If a court orders us to release your records, we must do so.

If you have any questions about these limits of confidentiality, please speak with the person explaining these materials to you. More information about the above and other limits of confidentiality are in the “Notice of Privacy Practices” section of this packet.

Advance Directive Information: **“Your Right to Make Decisions about Medical Treatment”** **(Only applies if you are age 18 or older)**

Providers: “Your Right to Make Decisions About Medical Treatment,” is available in English at www.acbhcs.org/providers, in the QA tab. The same information, in the five threshold languages, is also online in booklet format.



If you are age 18 or older, the Mental Health Plan is required by federal & state law to inform you of your right to make health care decisions and how you can plan now for your medical care, in case you are unable to speak for yourself in the future. Making that plan now can help make sure that your personal wishes and preferences are communicated to the people who need to know. That process is called creating an Advance Directive.

At your request, you will be given an information sheet or booklet about Advance Directives called, “Your Right to Make Decisions About Medical Treatment.” It describes the importance of creating an Advance Directive, what kinds of things you might consider if you decide to create one, and it describes the relevant state laws. You are not required to create an Advance Directive but we do encourage you to explore and address issues related to creating one. Alameda County BHCS providers and staff are able to support you in this process, but are not able to create an Advance Directive for you. We hope the information will help you understand how to increase your control over your medical treatment.

The care provided to you by any Alameda County BHCS provider will not be based on whether you have created an Advance Directive. If you have any complaints about Advance Directive requirements, please contact the California Department of Health Services Licensing and Certification by calling 1-800-236-9747 or by mail at P.O. Box 997413, Sacramento, CA 95899-7413.

Beneficiary Problem Resolution Information

Deciding Where to Take Your Grievance

PATIENTS' RIGHTS

- If you feel that one (or more) of your rights as a mental health patient is being denied:

Examples:

- If you were put in restraints and you do not think the facility had good cause to do this.
- If you were hospitalized against your will and you do not understand why or what your options were.

Where to Register Your Patient's Rights Grievance

- Call the Patients' Rights Advocate at **(800) 734-2504**. This is a 24-hour number with an answering machine after hours. Collect calls are accepted.

UNSATISFACTORY SERVICE

Examples:

- If you are not getting the kind of service you want.
- If you are getting poor quality service.
- If you are being treated unfairly.
- If you feel you need a service team assignment, but you are assigned a medication support service.
- If appointments are never scheduled at the time which is good for you.

Where to Register Your Unsatisfactory Service Grievance

- Speak directly with your service provider and/or call the Consumer Assistance Office at **(800) 779-0787**. Your complaint can be informal or you can make a formal, written grievance.

DENIAL OF SERVICE

If you receive a "Notice of Action" (NOA) letter, informing you of denial of a service:

Examples:

- If a service you are currently receiving is terminated or reduced.
- If you go to a hospital and ask to be admitted for inpatient services, but you are denied admission.
- If your doctor requests that you continue to be hospitalized, but the county Medi-Cal authorization denies the request.
- If you go to ACBHCS's ACCESS Service and ask to be admitted, but you are denied admission.

Where to Appeal Your Denial of Services: NOA

- First, call the Authorization Department and tell them you want to appeal the NOA Letter you received. **(510) 567-8141**
- You can request a State Fair Hearing. This must be done within 10 days if you are to continue receiving a service pending the hearing.
- To request a hearing, complete the Request for a State Hearing form or call the Public Inquiry and Response Unit at **(800) 743-8525**.

For more information about these options, you have the right to request and obtain the "Guide to Medi-Cal Mental Health Services" that is described on Page 2 of this packet.

Maintaining a Welcoming & Safe Place

It is very important to us that every member feels welcomed for care exactly as they are. Our most important job is to help you feel that you are in the right place, and that we want to get to know you & help you to have a happy and productive life. Please let us know if there is anything that we are doing that you find is not welcoming, or that makes you feel unsafe or disrespected.

It is also very important that our service settings are safe and welcoming places. We want you to let us know if anything happens at our service settings that make you feel unsafe so we can try to address it.

One way we help create safety is by having rules that ask everyone (providers & members) to have safe and respectful behaviors. These rules are:

**Behave in safe ways towards yourself & others.*

**Be free of weapons of any kind.*

**Speak with courtesy towards others.*

**Respect people's privacy.*

**Respect the property of others & of this service site.*

In order to have a welcoming place for all, anyone who is intentionally unsafe may be asked to leave, services may be stopped temporarily or completely, and legal action could be taken, if necessary. So if you think you might have trouble following these rules, please let your provider know. We will work hard to help you to feel welcome in a way that feels safe to you and those around you.

We appreciate everyone working with us to follow these rules.

NOTICE OF PRIVACY PRACTICES
per the
Health Insurance Portability & Accountability Act (HIPAA) and
Health Information Technology for Economic & Clinical Health (HITECH) Act

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW
YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact your health care provider or Alameda County Behavioral Health Care Services' Consumer Assistance Office at (800)779-0787.

You have been admitted to receive mental health and related services from

PROVIDER NAME:

a provider in the Alameda County Behavioral Health Care Services (ACBHCS) Program. The Alameda County BHCS Program consists of a comprehensive range of services provided at various sites throughout Alameda County. This provider and/or service site is a component of ACBHCS and is identified on the signature page (last page of this document).

Purpose of this Notice

This notice describes the privacy practices of ACBHCS, its departments and programs and the individuals who are involved in providing you with health care services. These individuals are health care professionals and other individuals authorized by the County of Alameda to have access to your health information as a part of providing you services or compliance with state and federal laws.

Health care professionals and other individuals include:

- Physical health care professionals (such as medical doctors, nurses, technicians, medical students);
- Behavioral health care professionals (such as psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, psychiatric technicians, and registered nurses, interns);
- Other individuals who are involved in taking care of you at this agency or who work with this agency to provide care for its beneficiaries, including ACBHCS employees, staff, and other personnel who perform services or functions that make your health care possible.

These people may share health information about you with each other and with other health care providers for purposes of treatment, payment, or health care operations, and with other persons for other reasons as described in this notice.

Our Responsibility

Your health information is confidential and is protected by certain laws. It is our responsibility to protect this information as required by these laws and to provide you with this notice of our legal duties and privacy practices. It is also our responsibility to abide by the terms of this notice as currently in effect.

This notice will:

- Identify the types of uses and disclosures of your information that can occur without your advance written approval.
- Identify the situations where you will be given an opportunity to agree or disagree with the use or disclosure of your information.
- Advise you that other disclosures of your information will occur only if you have provided us with a written authorization.
- Advise you of your rights regarding your personal health information.

How We May Use and Disclose Health Information about You

The types of uses and disclosures of health information can be divided into categories. Described below are these categories with explanations and some examples. Not every type of use and disclosure can be listed, but all uses and disclosures will fall within one of the categories.

- **Treatment.** We may use or share your health information to provide you with medical treatment or other health services. The term “medical treatment” includes physical health care treatment and also “behavioral health care services” (mental health services and alcohol or other drug treatment services) that you might receive. For example, a licensed clinician may arrange for a psychiatrist to see you about possible medication and might discuss with the psychiatrist his or her insight about your treatment. Or, a member of our staff may prepare an order for laboratory work to be done or to obtain a referral to an outside physician for a physical exam. If you obtain health care from another provider, we may also disclose your health information to your new provider for treatment purposes.
- **Payment.** We may use or share your health information to enable us to bill you or an insurance company or third party for payment for the treatment and services that we had provided to you. For example, we may need to give your health plan information about treatment or counseling you received here so that they will pay us or reimburse you for the services. We may also tell them about treatment or services we plan to provide in order to obtain prior approval or to determine whether your plan will cover the treatment. If you obtain health care from another provider, we may also disclose your health information to your new provider for payment purposes.
- **Health Care Operations.** We may use and disclose health information about you for our own operations. Alameda County includes several departments that provide operations support to the Alameda County Behavioral Health Care Services, such as the Auditor-Controller, County Administrator, County Counsel, and others. We may share limited portions of your health information with Alameda County departments but only to the extent necessary for the performance of important functions in support of our health care operations. These uses and disclosures are necessary to the successful operation of the Alameda County Behavioral Health Care Services and to make sure that all of our beneficiaries receive quality care. For example, we may use your health information:
 - To review our treatment and services and to evaluate the performance of the staff in caring for you.
 - To help decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.
 - For the review or learning activities of doctors, nurses, clinicians, technicians, other health care staff, students, interns and other agency staff.
 - To help us with our fiscal management and compliance with laws.

If you obtain health care from another provider, we may also disclose your health information to your new provider for certain of its health care operations. In addition, we may remove information that identifies you from this set of health information so that others may use it to study health care and health care delivery without learning the identity of specific patients.

Disclosures For Which We are Not Required to Give You an Opportunity to Agree or Object.

In addition to the above situations, the law permits us to share your health information without first obtaining your permission. These situations are described next.

- **As Required by Law.** We will disclose health information about you when required to do so by federal, state, or local law. For example, information may need to be disclosed to the Department of Health and Human Services to make sure that your rights have not been violated.
- **Suspicion of Abuse or Neglect.** We will disclose your health information to appropriate agencies if relevant to a suspicion of child abuse or neglect, or elder or dependent adult abuse and neglect, or if you are not a minor, if you are a victim of abuse, neglect or domestic violence and either you agree to the disclosure or we are authorized by law to disclose this and it is believed that disclosure is necessary to prevent serious harm to you or others.
- **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only as authorized by law and only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested. If your health information is mental health information then the information will not be disclosed in the dispute except that it may be disclosed to the court for the administration of justice, under California law.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
- In response to a court order or similar directive.
 - To identify or locate a suspect, witness, missing person, etc.
 - To provide information to law enforcement about a crime victim.
 - To report criminal activity or threats concerning our facilities or staff.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients at our facilities in order to assist funeral directors as necessary to carry out their duties.
- **Organ or Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ donations or transplants.
- **Research.** We may use or disclose your information for research purposes under certain limited circumstances.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure however, would only be to someone who we believe would be able to prevent the threat or harm from happening.
- **For Special Government Functions.** We may use or disclose your health information to assist the government in its performance of functions that relate to you. Your health information may be disclosed (i) to military command authorities if you are a member of the armed forces, to assist in carrying out military mission; (ii) to authorized federal officials for the conduct of national security activities; (iii) to authorized federal officials for the provision of protective services to the President or other persons or for investigations as permitted by law; (iv) to a correctional institution, if you are in prison, for health care, health and safety purposes; (v) to workers' compensation programs as permitted by law; (vi) to government law enforcement agencies for the protection of federal and state elective constitutional officers and their families; (vii) to the California Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon; (viii) to the Senate or Assembly Rules Committee for purpose of legislative investigation; (ix) to the statewide protection and advocacy organization and County Patients' Rights Office for purposes of certain investigations as required by law.
- **Other Special Categories of Information.** Special legal requirements may apply to the use or disclosure of certain categories of information -- e.g., tests for the human immunodeficiency virus (HIV) or treatment and services for alcohol and drug abuse. In addition, somewhat different rules may apply to the use and disclosure of medical information related to any general medical (non-mental health) care you receive.
- **Psychotherapy Notes.** Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation

during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

We may use or disclose your psychotherapy notes, as required by law, or:

- For use by the originator of the notes
- In supervised mental health training programs for students, trainees, or practitioners
- By this provider to defend a legal action or other proceeding brought by the individual
- To prevent or lessen a serious & imminent threat to the health or safety of a person or the public
- For the health oversight of the originator of the psychotherapy notes
- For use or disclosure to coroner or medical examiner to report a patient's death
- For use or disclosure necessary to prevent or lessen a serious & imminent threat to the health or safety of a person or the public
- For use or disclosure to the Secretary of DHHS in the course of an investigation

Disclosure Only After You Have Been Given Opportunity To Agree or To Object.

There are situations where we will not share your health information unless we have discussed it with you (if possible) and you have not objected to this sharing. These situations are:

- **Patient Directory.** Where we keep a directory of our patients' names, health status, location of treatment, etc. for purposes of disclosure to members of the clergy or to persons who ask about you by name, we will consult you about whether your information can be shared with these persons.
- **Persons Involved in Your Care or Payment for Your Care.** We may disclose to a family member, a close personal friend, or another person that you have named as being involved with your health care (or the payment for your health care) your health information that is related to the person's involvement. For example, if you ask a family member or friend to pick up a medication for you at the pharmacy, we may tell that person what the medication is and when it will be ready for pick-up. Also, we may notify a family member (or other person responsible for your care) about your location and medical condition provided that you do not object.
- **Disclosures in Communications with You.** We may have contacts with you during which we will share your health information. For example, we may use and disclose health information to contact you as a reminder that you have an appointment for treatment here, or to tell you about or recommend possible treatment options or alternatives that might be of interest to you. We may use and disclose health information about you to tell you about health-related benefits or services that might be of interest to you. We might contact you about our fundraising activities.
- **Other Uses of Health Information.** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy this health information. Usually this includes medical and billing records, but may not include some mental health information. Certain restrictions apply:
 - You must submit your request in writing. We can provide you a form for this and instructions about how to submit it.

- If you request a photocopy, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.
 - We may deny your request in certain circumstances. If you are denied access to health information, you may request that the denial be reviewed as provided by law.
- **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. We are not required to make the amendment if we determine that the existing information is accurate and complete. We are not required to remove information from your records. If there is an error, it will be corrected by adding clarifying or supplementing information. You have the right to request an amendment for as long as the information is kept by or for the facility. Certain restrictions apply:
- You must submit your request for the amendment in writing. We can provide you a form for this and instructions about how to submit it.
 - You must provide a reason that supports your request.
 - We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - was not created by us, unless the creator of the information is no longer available to make the amendment;
 - is not part of the health information kept by or for our facility;
 - is not part of the information which you would be permitted to inspect or copy.
- Even if we deny your request for an amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your health record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we do not use or disclose any information to a friend or family member about your diagnosis or treatment.
- If we agree to your request to limit how we use your information for treatment, payment, or health care operations we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to your provider. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to your provider. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of the Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice from your provider or from the Alameda County Behavioral Health Care Services' office. That office is generally open from Monday to Friday from 9:00 a.m. to 4:00 p.m. (except holidays).
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you in the six (6) years prior to the date you request the accounting. The accounting will not include:
- Disclosures needed for treatment, payment or health care operations.
 - Disclosures that we made to you.
 - Disclosures that were merely incidental to an otherwise permitted or required disclosure.
 - Disclosures that were made with your written authorization.
 - Certain other disclosures that we made as allowed or required by law.

To request this list or accounting of disclosures, you must submit your request in writing. We can provide you a form for this and instructions about how to submit it. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

If we use an Electronic Health Record (EHR) to maintain your health information, we are required to provide you with an accounting of disclosures including those needed for treatment, payment or health care operations for a three (3)-year period. You have a right to access your health information in electronic format, where it is available. We will notify you in writing as required by law when we adopt an EHR.

In addition, we are required to notify you as required by law if your health information is unlawfully accessed or disclosed.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at a new service site, they will provide you with a copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the facility, contact the Alameda County Consumer & Family Assistance Line (CFA Line) at 1-800-779-0787, which is the group responsible for handling complaints. That group can provide you with more information about this notice and our confidentiality practices. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Acknowledgement of Receipt of Notice of Privacy Practices

Your dated signature on the last page of this packet acknowledges that you were provided with this Notice of Privacy Practices.

Informing Materials -- Your Rights & Responsibilities
Acknowledgement of Receipt

Consent for Services

As described on page one of this packet, your signature below gives your consent to voluntary mental health care services from this provider. If you are a beneficiary's legal representative, your signature gives that consent.

Informing Materials

Your signature also means that the materials marked below were discussed with you in a language or way that you could understand, and that you were given the packet for your records. You may request an explanation and/or copies of the materials again, at any time.

Initial Notification: Please mark the boxes below to show which materials were discussed with you at admission or any other time.

- ☐ Consent for Services
- ☐ Freedom of Choice
- ☐ "Guide to Medi-Cal Mental Health Services" (copy available upon request)
- ☐ Member Handbook for Alameda County Medi-Cal Recipients Needing Behavioral Health Services (maroon pamphlet - copy available upon request)
- ☐ Provider List for Alameda County Behavioral Health Plan (copy available upon request)
- ☐ Confidentiality & Privacy
- ☐ Advance Directive Information (for age 18+ & when client turns 18)
Have you ever created an Advance Directive? ☐Yes ☐No
If yes, may we have a copy for our records? ☐Yes ☐No If no, may we support you to create one? ☐Yes ☐No
- ☐ Beneficiary Problem Resolution Information
- ☐ Maintaining a Welcoming & Safe Place (not a State-required informing material)
- ☐ Notice of Privacy Practices (HIPAA document)

Beneficiary Signature:

(or legal representative, if applicable)

Date:

Clinician/Staff Witness Initials:

Date:

Annual Notification: Your provider must remind you each year that the materials listed above are available for your review. Please put your initials and the date in a box below to show when that happens.

Initials & date:	Initials & date:	Initials & date:	Initials & date:

Use one box every year (see above) for the **beneficiary's** initials & date (or their legal representative).

Provider Directions:

- ❖ *Initial Notification: Discuss each relevant item in the packet with the beneficiary (or legal representative) in their preferred language or method of communication. Complete the identifying information box at the top right of this page. Mark the relevant checkboxes to indicate the items discussed/provided. Ask the beneficiary to sign & date in the appropriate box. Provide staff initials & date in the appropriate box. Give the remaining informing materials packet to the beneficiary for their records. File this signature page in the chart.*
- ❖ *Annual Notifications: Remind beneficiaries of the availability of all materials for their review, and review any materials, if requested. Obtain the appropriate dated initials in the boxes provided.*

(The packet in all threshold languages & a detailed instruction sheet are available at www.acbhcs.org/providers, in the QA tab.)