

Clinical Documentation	<u>Subject:</u> Day Treatment Authorization and Documentation Requirements <u>Scope:</u> SLO Behavioral Health Department – Mental Health Services
-------------------------------	---

Purpose: To provide direction for authorizing, documenting, claiming and monitoring Day Treatment to youth

Procedure:

Reference Sources:

- California Code of Regulations, Title 9, Chapter 11, Subchapter 1, Article 1, §1810 -- 1840
- SLO Behavioral Health (SLO BH) contract with the Department of Health Care Services (DHCS), Exhibit A, Attachment I
- DHCS Program Oversight and Compliance Annual Review Protocol for Consolidated Specialty Mental Health Services, FY 2014-2015
- Department of Mental Health (DHCS) Informational Notice 02-06 and Attachment A
- Department of Mental Health (DHCS) Letter 08-10
- SLO Mental Health Services *Treatment Plans and Documentation Guidelines*

Medical Necessity Requirements

In order to be eligible to receive Day Treatment Intensive (DTI) or Day Rehabilitative (DR) services, each client must meet medical necessity criteria for Specialty Mental Health Services described in item 1 below, plus either 2 or 3 below. DTI and DR documentation must clearly establish medical necessity for the specific service claimed to be eligible for reimbursement.

1. SMHS Medical Necessity Criteria

- Included Diagnosis
- Impairment Criteria
 - Significant impairment in an important area of life functioning
 - A probability of significant deterioration in an important area of life functioning
 - A probability that the client will not progress developmentally as individually appropriate
- Intervention Criteria
 - The focus of treatment is to address the condition identified in the impairment criteria
 - The proposed intervention will significantly diminish the impairment or prevent significant deterioration in an important are of life functioning or allow the client to progress developmentally as individually appropriate.
 - The condition would not be responsive to physical health care based treatment.
 - For EPSDT beneficiaries, a condition as a result of a mental disorder that specialty mental health services can correct or ameliorate

2. DTI: Additional Medical Necessity Criteria

- Youth requires a structured, multi-disciplinary program of therapy (one or more):
 - As an alternative to hospitalization
 - To avoid placement in a more restrictive environment
 - To maintain in a community setting

3. DR: Additional Medical Necessity Criteria

- Youth requires a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning

Treatment Plan Requirements

A Client or Treatment Plan is required for DTI and DR services. The plan may be either separate or part of an integrated plan that includes other Specialty Mental Health Services. Each plan must be completed at least annually or when there are significant changes in the client's condition. Services claimed against a client plan missing required elements or required signatures will be denied.

Required Treatment Plan elements:

1. Goals/Objectives which are:
 - Specific, observable and/or quantifiable
 - Related to the client's mental health needs and functional impairments which result from the client's mental health diagnosis
2. Interventions, which must:
 - Be identified by type/modality (i.e., Day Treatment Intensive, Family Therapy, Medication Support, etc.)
 - Specify frequency/duration (i.e., number of days per week and minutes per day)
 - Describe how the intervention will help the client by reducing functional impairment, improving coping and/or treating the mental health disorder
 - Describe how the services are consistent with/linked to the goals/objectives
3. Signatures:
 - Documentation of the client's participation in and agreement with the plan, usually in the form of client signature.
 - Signature of the Legally Responsible Person. For dependents of the court (WIC 300), this is the signature of the placing agency Social Worker.

Service Component Requirements

DMH Informational Notice 02-06 and 02-06 Attachment A describe the specific service component types and duration necessary for claiming DTI or DR services. Progress Notes and Daily Schedule must clearly document the provision of these required elements for the required duration to be eligible for reimbursement.

1. Therapeutic Milieu (Must average at least 4 hours/day for full day and 3 hours/day for half day programs)
 - Community Meeting (at least daily)
 - Skill Building Groups (as scheduled)
 - Process Groups (as scheduled)
 - Adjunctive Therapies (as scheduled)
 - Psychotherapy (DTI) provided by licensed, registered, or waived staff practicing within their scope of practice (as scheduled)
2. Collateral Contacts (at least monthly, outside regular program hours)

Documentation Requirements

1. Progress Notes:
 - Progress Note frequency

DTI requires Daily Notes and a Weekly Summary, which may be separate notes or an integrated note (See the SB 785 Day Treatment Intensive Progress Note template for an example of an integrated note). DR requires a Weekly Summary.

- Progress Note Timeliness
Generally, Progress Notes must be completed and signed within one (1) business day of the date of service. Progress Notes are considered late, but are billable, if completed and signed more than one but less than fourteen (14) days of the date of service. Progress Notes which are completed and/or signed more than 14 days after the date of service are not billable. For additional information, refer to SLO BH's *Treatment Plans and Documentation Guidelines*.
- Progress Note Signature requirements
 - Signature (or electronic equivalent) of staff providing the service and date signed
 - If Psychotherapy is documented, the staff who provided the service must sign the note and psychotherapy must be within the provider's scope of practice
 - DTI weekly summary: The weekly clinical summary must be reviewed and signed by a physician, a Psychologist, LCSW, LMFT, LPCC or a waived/registered Intern of these disciplines or a Registered Nurse. The reviewer must be staff in the day treatment intensive program or the person directing the services. The signature must be obtained within 14 days of the last day of the week for which services are claimed.
 - Electronic signatures must conform to the security requirements set forth in Department of Mental Health (DHCS) Informational Notice 08-10.
- Daily Note content (DTI only):
 - Date of service
 - Arrival time/departure time or total minutes client actually attended the program. If the client is unavoidably absent for all or part of the day, the reason for the absence must be clearly documented.
 - A brief summary of each component that occurred on the day of service, including, for each component:
 - The name of the component (Community Meeting, Skill Building Group, Process Group, Adjunctive Therapy or Psychotherapy) and topic discussed
 - The name and professional degree, licensure or job title of the staff who facilitated
 - At least one intervention by staff
 - The client's response to the intervention(s)
- Weekly Note content (DTI and DR)
 - Dates of the service
 - State the client's attendance for the week (days and total minutes attended each day) if not already documented in a Daily Note
 - For DR only (DTI programs document this detail in Daily Notes):
 - List the program components and dates/duration of each
 - See the SB 785 Day Rehabilitation Progress Note for an example of a table that documents the components effectively.
 - For DTI and DR:
 - Summarize:

- ✓ Client behaviors
- ✓ Staff interventions/clinical decisions
- ✓ Client responses to the program or to specific interventions
- ✓ Progress toward treatment plan goals this week

2. Written Daily Schedule

When documentation and billing are submitted, the DTI or DR program must provide the Written Daily Schedule completed in enough detail that SLO Behavioral Health staff can verify that staffing, required components and hours of operation were consistent with regulations. Refer to Department of Mental Health (DHCS) Informational Notice 02-06 and 02-06 Attachment A for detail.

Out of County DTI/DR Authorization and Billing Requirements

1. An Anasazi Staff ID Application form (current Version) must be completed for each staff member who provides services. This allows SLO BH to bill Medi-Cal for contracted services.
2. Contract Provider is responsible to verify the NPI # and Taxonomy codes on the staff ID application.
3. Contract Provider is responsible for completing monthly checks of the Office of Inspector General's List of Excluded Individuals/Entities, the Excluded parties List System and the Medi-Cal Suspended and Ineligible Provider List to ensure that program staff are not listed. SLO BH's *Verification of Excluded List Status* policy is available for review.
4. Claims must include the following:
 - a) SLO Service Code or a clear description of the service and the date(s) of service
 - b) SLO server ID # for each staff member providing the service
 - c) The total time of each service (in minutes for DTI and DR)
5. Use the SB 785 State approved forms (or electronic equivalent) for documentation and for authorization/ reauthorization. SB 785 forms include:
 - a) Service Authorization Request (SAR)
 - b) Client Plan
 - c) Initial Assessment
 - d) Assessment Update
6. The DTI or DR program is responsible for obtaining required signatures on Client Plan/ Treatment Plan. Services claimed against Client Plans which are missing required signatures will be denied. Required signatures include:
 - a) Social Worker or parent/ legal guardian's signature, depending on legal status
 - b) Client's signature if client is 12 years of age or over
 - c) Signature of an "approved category" of staff representing the day service program. This includes any: Physician, licensed/waivered Psychologist, LMFT/LCSW/LPCC (or registered intern of these disciplines), or Registered Nurse.
7. Authorization and Documentation Timelines:
 - a) For DTI or DR programs that are more than 5 days per week:

- SAR is required prior to the start of services
 - Client Plan is due within 20 days after initial placement date
 - Initial Assessment is due within 30 days after placement date
- b) For DTI or DR programs that are 5 days per week:
- SAR is required within 20 days after initial placement date
 - Client Plan is due within 20 days after initial placement date
 - Initial Assessment is due within 30 days after placement date
- c) Reauthorization:
- The SAR is due 10 days prior to the expiration of the previous SAR
 - DTI services must be reauthorized at least every three months
 - DR services must be reauthorized at least every six months
 - Authorization for other specialty mental health services provided concurrently with DTI or DR, excluding crisis services, must be authorized at the same frequency as the respective day service
- d) Comments:
- It is the responsibility of the placement to submit completed paperwork with all required signatures
 - Always address progress towards previous goals
 - If there has been no progress during a review period, provide a clinical rationale for requesting additional services
- e) Submit Progress Notes and monthly contractor's invoice for services (billing statement) to:
- Amy Olson, Administrative Services Officer,
2180 Johnson Ave., Room 227
San Luis Obispo, CA 93401
- f) Fax SARs and Client Plans to:
- SLO BH Managed Care
(805) 781-1177
Attention: Amanda Getten, LMFT
Managed Care Program Supervisor

Revision History

Date:	Section Revised:	Details of Revision:
4/20/15		Reformatted and combined separate procedures; updated contact information