

Category:	Subject: Residential Treatment Center Documentation requirements
Clinical Documentation	Scope: SLO Behavioral Health Department – Mental Health Services
	Effective Date: 5/26/2015

Purpose: To clarify documentation requirements when youth with SLO Medi-Cal are placed in out of county residential treatment centers

Sources:

- California Code of Regulations, Title 9, Chapter 11, Subchapter 1, Article 1
- 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
- SLO Mental Health Services *Treatment Plans and Documentation Guidelines*
- SLO Mental Health Services Day Treatment Authorization and Documentation Requirements procedure

Procedure:

A. Medical Necessity

In order to be eligible to receive Specialty Mental Health Services, each client must meet medical necessity criteria for Specialty Mental Health Services described in item 1 below

1. SMHS Medical Necessity Criteria
 - Included Diagnosis
 - Impairment Criteria (at least one must be true)
 - 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 (all must be true)
 - 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 area 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.

B. Documentation Requirements

1. Treatment Plan:

A Client or Treatment Plan is required for Specialty Mental Health Services. The plan must be completed at least annually or when there are significant changes in the client’s condition.

Required Treatment Plan elements:

- 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
- Interventions, which must:
 - Be identified by type/modality (i.e., Individual Therapy, Family Therapy)
 - 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

2. Progress Notes:

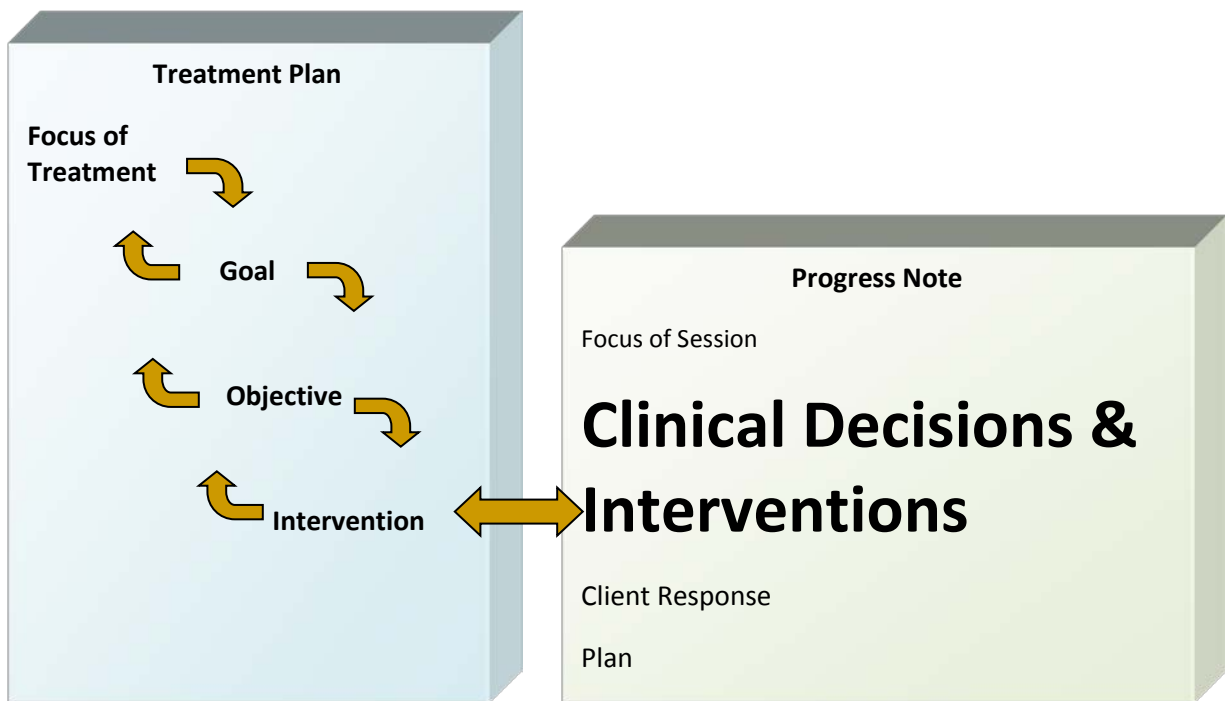
Progress Notes are the heart of the clinical record. A service provided for a client, regardless how powerful or effective, is incomplete until documented. Effective documentation of clinical interventions is a professional, legal and ethical responsibility of all clinical staff.

Progress Notes must document relevant aspects of client care, including clinical decisions made, interventions used, and referrals given to the client.

Progress Notes must describe how the intervention reduced a client's impairment, restored functioning, or prevented significant deterioration in an important area of life functioning described in the Treatment Plan. In other words, a Progress Note explains what was medically necessary about the service.

Merely reviewing a record, transporting a client or performing clerical tasks are not billable services, because no intervention occurred that would benefit the client.

Progress Notes document the link between the client's diagnoses/impairments (from an assessment or Focus of Treatment on the TP), Objectives (from the TP), and the Interventions provided during the service.



Frequency

Every outpatient service contact must be documented in a Progress Note. Day Treatment Intensive (daily note, weekly summary) and Adult Residential (weekly) have separate frequency requirements.

Timeliness

- **Timely** = by the end of the business day that follows the date of service (Monday at 5 pm for a Friday service).

- **Late (billable)** = more than 1 business day, but less than 14 calendar days after date of service. Any Progress note written more than 1 business day after the service must begin with the phrase "Late Entry" in the top line of the note.
- **Late (not billable)** = Progress Notes written 14 or more calendar days after the date of service should still be entered for the sake of continuity of care; record the duration of service, but select "Late Entry" for Billing Type on the Billing Ribbon. The service will not be billed.

Accuracy of Billing Information

Billing Time: The amount of time billed must accurately reflect the time spent providing the service. Both over-billing and under-billing can be considered fraudulent activities.

Appropriate Language in Documentation

Confidentiality: Document the title or relationship of another client or a family member in the client's record, rather than the full name (e.g., "Client's father reports that ...").

Abbreviations: If you need to abbreviate a word that is not on this list, define it at the beginning of *each* note before using it.

Recovery Language: Documentation must be written using strength-based language that reflects the culture of the client and respect for the collaborative process. Eliminate language such as "non-compliant" and "resistant". Relate your interventions to a recovery oriented paradigm. Remember that a client has broad (and rapidly increasing) access to his/her medical record!

C. Authorization and Billing Requirements for RTC Programs

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. Progress notes must have the following:
 - a) SLO Service Code for services provided.
 - b) SLO server ID # for each staff member providing the intervention.
 - c) The total time of each service including documentation time clearly stated.
 - d) For Group, the number of participants as well as the total length of the group clearly stated.
5. Use the SB 785 State approved forms for documentation to initiate services for all new clients and to request reauthorization for continuing clients.
 - a) Service Authorization Request (SAR)
 - b) Client Plan
 - c) Initial Assessment
 - d) Assessment Update
6. The Contract Provider is responsible for obtaining required signatures on Client Plan/Treatment Plan. Required signatures include:
 - a) Social Worker or parent/ legal guardian's signature

- b) Client's signature if client is 12 years of age or over
- c) If service provider is an intern their clinical supervisor must co-sign as LPHA

7. 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

8. 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

9. 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:
5/26/2014	Original procedure	
Prior Approval dates:		