

California Department of Health Care Services

How to Make the Most of the Minutes You Spend Documenting

**Some Tips From the Clinicians Who Audit
Your Charts**

What's In Store

- First—Don't Hesitate to Ask Questions
- Documenting Basics: Medical Necessity Criteria
- Where People Go Wrong: Common Reasons for Disallowances
- Tips for Strengthening Your Documentation

Medical Necessity for Outpatient Specialty Mental Health Services

- Medical necessity criteria for outpatient Specialty Mental Health Services are set forth in the *California Code of Regulations, Title 9, Section 1830.205 and 1830.210* (for Medi-Cal beneficiaries under 21 who are eligible for EPSDT supplemental mental health services and do not meet the criteria in Section 1830.205(b)(2)-(3)).
- In order for an outpatient Specialty Mental Health service to be reimbursable through the Medi-Cal Program, all four of the required medical necessity elements must be applicable and be documented in the beneficiary's record.

Medical Necessity Criteria

- There are four major elements involved in establishing medical necessity:
- An included diagnosis
- A qualifying impairment (meets one of the following)
- A significant impairment in an important area of life functioning
- A reasonable probability of significant deterioration in an important area of life functioning (without treatment)
- A reasonable probability that a child will not progress developmentally as individually appropriate

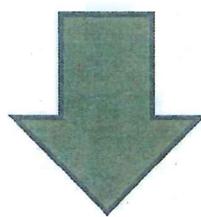
Medical Necessity Criteria (Continued)

- **A qualifying intervention** (meets **all** of the following)
 - The focus of the intervention is to address the impairment resulting from the included diagnosis
 - The expectation is that the proposed intervention will:
 - Significantly diminish the impairment, or
 - Prevent significant deterioration, or
 - Allow the child to progress developmentally as individually appropriate, or
 - For a child who meets EPSDT criteria meet the criteria of Section 1830.210
- **The requirement that the impairment/condition would not be responsive to physical health care based treatment**

Medical Necessity Criteria (Continued)

- It is very important to remember that the medical necessity criteria are **INTERLOCKING**.

Covered Diagnosis



Qualifying Impairment(s)

The interventions/services which are billed to Medi-Cal must address the qualifying impairment(s) which result from the covered diagnosis.

Interventions or services which address impairments resulting from non-covered diagnoses are not reimbursable.

Medical Necessity Criteria (Continued)

- It is important to remember that
- **ALL SERVICES WHICH ARE PROVIDED TO MEDI-CAL BENEFICIARIES MUST MEET MEDICAL NECESSITY CRITERIA*:**

- **Mental Health Services**
 - Intensive Case Coordination
 - Intensive Home-Based Services
- **Medication Support Services**
- **Day Treatment Intensive**
- **Day Rehabilitation**
- **Crisis Intervention**
- **Crisis Stabilization**
- **Targeted Case Management**

- *Only outpatient service are listed here. In addition to these services, Specialty Mental Health Services include inpatient and residential services.

Medical Necessity Criteria (Continued)

- This means that ALL SERVICES AND INTERVENTIONS FOR WHICH MEDICAL REIMBURSEMENT IS REQUESTED MUST DO ONE OF THE FOLLOWING:
 - Diminish impairment
 - Prevent significant deterioration
 - Allow a child to progress developmentally as individually appropriate

Why are we emphasizing medical necessity?

- Do people sometimes fail to provide documentation which meets medical necessity?
- The answer is “Yes.”
- **FACT: During Fiscal Year 2012-2013 reviews of outpatient Medi-Cal Specialty Mental Health Service claims resulted in**
- **AN AVERAGE DISALLOWANCE RATE OF
48%**

What are the most frequent reasons for disallowed claims?

- Missing notes (no documentation)
- Note indicates no service was provided
 - Example: Note describes a conversation between client and therapist during which the client described the events of her week. There was no intervention by the therapist.
- The service/intervention did not address one of the qualifying impairments
 - Example: The note describes an in-home session during which the therapist and the client baked cupcakes. The therapist required that the client decorate cupcakes according to specific themes.
 - Example: Therapist and client participated in an activity that required the client to identify the words that can be made out of the word “friendship.”

Most Frequent Reasons for Disallowed Claims

- There was no expectation that the intervention would:
 - Diminish impairment
 - Prevent significant deterioration
 - Allow a child to progress developmentally as appropriate
 - Example: Therapist told the client two jokes to “lighten her mood”

What Are The Primary Documents?

- Assessment
- Diagnosis Sheet (if separate)
- Client Plan
- Progress Notes

What You Can Do to Strengthen Your Documentation in General

- Use language which is behaviorally specific. Avoid jargon which does not convey a precise meaning.

NOT SO GOOD	BETTER
Lacking in Insight	Has extreme difficulty in assigning names to feelings and in tying feelings to antecedent events
Hyperactive	Client is unable to remain seated, runs around the playroom, shifts attention frequently from one toy to another
Aggressive	Client smashed the doll's head into the wall
Hostile	Client shouted at therapist, "I hate you and I don't want to be here."
Inappropriate	Client began to rub his genital region during the session
Labile	Client was tearful, then abruptly began singing and running around the room
Depressed	Client stated she feels empty, believes she has done something terrible, and feels guilty
Disorganized	Jumps from topic to topic without any apparent pattern
Psychotic	Client appears to be listening to voices; occasionally shouts, "I did not"

What You Can Do to Strengthen Your Documentation in General (Continued)

NOT SO GOOD	BETTER
Defiant	Shouts "You do it" in response to every request
Has Issues With Peers	Client states that he would like to have friends, but appears to misinterpret and overreact to behaviors of new acquaintances
Has Poor Judgment	Client has extreme difficulty in anticipating the possible outcomes of what he says to others
Low Self Esteem	Client reports feeling undeserving and believes he is a burden to others
Discussed Client's Issues	Explored with client her earliest memories of being confused about what she actually feels
Supports	These are examples of "therapeutic non-specifics." While they are elements of the provider's skill set, they are not, in and of themselves, interventions. Without elaboration, these verbs do not describe interventions which meet medical necessity.
Listens Empathically	
Encourages	

T I
Title
Interventions
Responses

Group Document

Remember: Some Services Are Not Medi-Cal Reimbursable

- The following services/activities are not eligible for reimbursement through the Medi-Cal Specialty Mental Health Services Program:
 - Academic educational services
 - Vocational services that have as a purpose actual work or work training
 - Recreation
 - Socialization if it consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors of the beneficiaries involved
 - Services which consist solely of transportation (and remember—psychotherapy may not be provided while the person providing the service is driving a vehicle)
 - Services which are solely clerical in nature
 - Services which are solely payee related
 - Services the primary purpose of which is to establish conservatorship

What You Can Do To Strengthen Your Assessments

- Describe the client's strengths and weaknesses in behaviorally specific language
- Perform a thorough assessment, including these elements:
 - 1. Reason for Assessment
 - 2. History of the Present Illness or Predicament
 - 3. Mental Health History
 - 4. Substance Use History
 - 5. Medical History
 - 6. Developmental and Psychosocial History
 - 7. Work History
 - 8. Family History
 - 9. Review of Physical Systems
 - 10. Mental Status Examination

What You Can Do To Strengthen Your Assessments (Continued)

- Before making a diagnosis, be certain that the diagnostic criteria in the *Diagnostic and Statistical Manual* (DSM) are supported by the behaviors, symptoms and functional impairments which you have documented in your assessment.
If the assessment data do not support the diagnosis, your entire treatment episode may be subject to disallowance.
- If your assessment consists of several interviews with the client, think twice before assigning an “NOS” (Not Otherwise Specified) diagnosis. Although there are cases in which the behaviors and symptoms presented by the client do not fit one of the specific DSM diagnoses, assigning an “NOS” diagnosis should be done sparingly and not just because the person performing the assessment neglected to obtain information which would have made further diagnostic specificity possible.

What You Can Do To Strengthen Your Assessments

- **Remember:**

- **THERE IS A RELATIONSHIP BETWEEN DIAGNOSIS AND TREATMENT**

- Although the relationship between diagnosis and treatment may seem to some more obvious in the case of psychopharmacological treatment, the relationship between diagnosis and (1) type of treatment, (2) manner of approach, (3) choice of specific therapeutic techniques, (4) treatment frequency, and (5) length of treatment is equally important in the case of psychological treatments.

What You Can Do To Strengthen Your Client Plans

- Be clear about what you are treating
 - Describe the behaviors, symptoms, and functional impairments which are the direct result of the included diagnosis or diagnoses in behaviorally specific terms.
 - Describe the behaviors, symptoms and functional impairments which are the goals of your interventions in specific language and quantify them whenever possible (e.g., by using self-reports of severity using simple 1 to 10 scales with defined anchor points).
- Be clear about HOW you are treating what you are treating
 - Identify the proposed type(s) of interventions and modalities you will be using, including detailed descriptions of the interventions. Avoid general terms such as “therapy” and instead describe what the interventions will actually involve. An examples would be: Identify self-defeating strategies and their basis by exploring and analyzing the client’s typical self-statements, and use cognitive restructuring to modify these beliefs.

What You Can Do To Strengthen Your Client Plans (Continued)

- All of your interventions should include frequencies and durations. How frequently and for how long do you plan to continue intervening in this particular way before re-evaluating and modifying your interventions?
- **Remember** that in order to establish medical necessity your documented interventions must have as their focus the condition/impairments resulting directly from the included diagnosis(-es).
- **Remember also** that in order to establish medical necessity your documented interventions must have a reasonable expectation of significantly diminishing impairment, preventing significant deterioration, or allowing a child to progress developmentally as appropriate.

What You Can Do To Strengthen Your Progress Notes

- Remember that in order to be reimbursable, the progress note for each service must include documentation of an intervention which meets the intervention criteria we have just been reviewing. **Progress notes which describe sessions which involve nothing more than a report of what the client said are not reimbursable.** Being a passive listener without intervening in some way does not move the client closer to his/her goals. This is one of the most frequently encountered problems in progress notes, especially those written by novice therapists or by case managers.
- If, when you look back upon a session, you find that you did not intervene in some way which was consistent with the Client Plan, you should consider not billing for the time.

Documentation of Service Components and Activities during a Child and Family Team

- A Child and Family Team (CFT) is a required component in the provision of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS).
- The CFT is comprised of the child/youth and family and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals.
- Multiple providers may claim for their time and participation at the CFT meeting as specified below. Each qualified provider may claim for the time he or she contributed to the meeting, up to the length of the meeting, plus documentation and travel time. Any participation time claimed, which may include active listening time, must be supported by documentation showing what information was shared and how it can/will be used in providing, planning or coordinating services to the client (i.e. how the information discussed will impact the client plan).

What You Can Do To Strengthen Your Progress Notes (Continued)

- Remember that the so-called “therapeutic non-specifcs” (e.g., empathic listening, “being open to whatever the client says”) are not really interventions—at least in the sense which would make them Medi-Cal reimbursable.
- When you write your progress notes, ask yourself whether the session moved the client closer to achieving the goals which are on his/her Client Plan. If your answer is “No,” you need to determine why this was the case, and formulate a plan for avoiding this during future sessions. This plan should be made a part of the progress note for this session.

What You Can Do To Strengthen Your Overall Treatment Strategy

- In addition to evaluating the effectiveness of your interventions on a regular basis (and documenting these evaluations in the progress notes and in revisions of the Client Plan), you should periodically review the **appropriateness of your treatment strategy as a whole**. This would include an evaluation of:
 - The appropriateness of the array of services being provided
 - The frequencies with which the services are provided
 - The intensity with which the services are provided (i.e., session length)
- It is especially important that service providers be able to determine when a client is receiving too few services, too many services, too little service, too much service, or duplicate services by multiple providers.