

**UNDERSTANDING DOCUMENTATION
MEDICAL NECESSITY, DOCUMENTATION AND REIMBURSABLE SERVICE COMPONENTS**

DATE: November 16, 2016

TIME: 9:00 AM - 4:00 PM

All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.

PLACE: San Antonio Mental Health Clinic
2629 Clarendon Ave., 1st Fl. Conf. Room
Huntington Park, CA 90255

PARKING: Free public parking lots on Rita Ave, one is diagonally across the street from the San Antonio MHC building (northeast corner) and the other is about 1 block south of the San Antonio MHC building on Rita, just past Clarendon on the right. There is free street parking available on Rita and there is metered street parking on Clarendon. Once parked, walk through the entrance gate on Rita. Enter at the 2nd door on your left.

The Understanding Documentation - Medical Necessity, Documentation and Reimbursable Services Components training will identify the essential elements of documentation based on Short Doyle/Medi-Cal (SD/MC) Standards and will address the importance of Medical Necessity. The training will demonstrate how to accurately complete an assessment, client treatment plan and progress notes as well as assist staff in selecting appropriate procedure codes to match the services provided. In addition, the training will clarify Reimbursable Services Components and requirements based on the DMH Organizational Provider's Manual. This training will combine lecture, discussions, handouts and activities that promote the application of these important documentation elements.

TARGET AUDIENCE: DMH and Contract Providers

OBJECTIVES: As a result of attending this training, participants should be able to:

1. Identify the minimum documentation standards for the County of Los Angeles, Department of Mental Health.
2. Discuss Reimbursable Service Components and types of mental health services.
3. Identify core elements of Medical Necessity and the Clinical Loop.
4. Demonstrate the ability to assess and document consumer symptoms, strengths, impairments in an Assessment Form.
5. Demonstrate the ability to develop goals/objectives and document these in the client treatment plan.
6. Demonstrate ways to link interventions to the identified mental health needs of the consumer in the progress note.
7. Identify correct procedure codes to the service provided.

CONDUCTED BY: Quality Assurance Division - County of Los Angeles
Department of Mental Health, Program Support Bureau

COORDINATED BY: Lucious Wilson, MA, MPA, Training Coordinator
Phone : (213) 251-6872
Email: ltwilson@dmh.lacounty.gov

DEADLINE: When maximum capacity is reached

COST: None

**CONTINUING
EDUCATION:** None

DMH Employees register at:
<http://learningnet.lacounty.gov>

Contract Providers complete
attached training application

Cultural Competency Pre-licensure Law and Ethics Clinical Supervision General



**County of Los Angeles Department of Mental Health
NON-DMH STAFF TRAINING APPLICATION FORM**



Please Print or Type

Instructions

Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information. Notification of registration confirmation for a training will be provided by the training coordinator. Unless otherwise specified, walk-in registrations will not be admitted.

For trainings, sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be permitted.

This form is not to be used for LPS Designation Training. The LPS Application is available at lacdmh.lacounty.gov/training&workforce.html.

Training Title (as in DMH bulletin): Understanding Documentation Medical Necessity, Documentation and Reimbursable Services Components			
Date(s): November 16, 2016		Training Coordinator: Lucious Wilson	
County Employee Number <i>(non-county employees supply the last four digits of the SSN)</i>			
Name			
Program, Service			
Job Title			
Address			
City			Zip Code
Telephone		Email	
License or Credential Number(s) (complete as many as applicable)			
CAADAC	LCSW	LPT	LVN
MD	MFT	Psychologist	RN
Supervisor's Approval (Applications will not be processed if not signed by supervisor)		For processing, please return Application to: County of Los Angeles – Dept. of Mental Health PSB – Workforce Education & Training (WET) 695 S. Vermont Ave., 15th Floor Los Angeles, CA 90005 Fax: (213) 252-8775 Phone (213) 251-6872 Email: ltwilson@dmh.lacounty.gov (When faxing, there is no need to use a cover sheet)	
Supervisor's Signature			