



Quality Assurance Bulletin

April 14, 2017 No. 17-09

Program Support Bureau

County of Los Angeles - Department of Mental Health

Jonathan E. Sherin, M.D., Ph.D., Director

SERVICES PRIOR TO THE COMPLETION OF AN ASSESSMENT & CLIENT TREATMENT PLAN

Per State Department of Health Care Services (DHCS) regulations as reflected in the Organizational Provider's Manual, the standard course of action to ensure Specialty Mental Health Services (SMHS) are Medi-Cal reimbursable when serving a client is to:

1. Complete an the assessment and establish medical necessity;
2. Develop a client treatment plan with the client; then
3. Provide treatment services for the purpose of addressing the identified mental health condition and assisting the client in reaching his/her identified objectives.

This Bulletin is to clarify when the standard course of action noted above may be modified based on the individual needs of a specific client. LACDMH Policy 401.03, Clinical Documentation for All Payer Sources, allows for "emergent" services to be provided and claimed prior to the completion of an assessment and treatment plan. Emergent services are services needed to address an urgent condition which is "a situation experienced by a client that, without timely intervention, is highly likely to result in an immediate emergency psychiatric condition" (California Code of Regulations 1810.253). *NOTE: Policy 401.03 will be updated to reflect this definition of emergent services.* Mental Health Services (MHS), Medication Support Services (MSS), and Targeted Case Management (TCM) services may be considered emergent services depending on the condition of the client. **However, unlike services for the purpose of assessment and Crisis Intervention, emergent services require the establishment of medical necessity.**

The following criteria must be met and documented within a progress note if non-assessment/non-crisis intervention services are claimed prior to the completion of the assessment and client treatment plan:

1. The client's situation meets the definition of an urgent condition (e.g. a psychiatrically unstable client will be evicted from their home the next day and emergency housing needs to be found; a client has been discharged from the hospital and is in need of an immediate antipsychotic medication refill);
2. Medical necessity is established including a provisional Medi-Cal Included diagnosis;
3. Interventions are available and identified to address the urgent condition (i.e., a plan is developed).

Programs should never routinely provide non-assessment/non-crisis intervention services prior to the completion of an assessment and treatment plan. The standard course of action should be modified only in exceptional situations. Absent the above noted individualization and documentation, non-assessment/non-crisis intervention services prior to the completion of an assessment and treatment plan are subject to heightened risk of audit disallowance.

If directly-operated or contracted providers have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

c: Executive Management Team
District Chiefs
Program Heads
Department QA staff
QA Service Area Liaisons

Judith Weigand, Compliance Program Office
Zena Jacobi, Central Billing Office
Pansy Washington, Managed Care
TJ Hill, ACHSA
Regional Medical Directors