

☐ Cultural Competency

☐ CGF Designation

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

**DATE & TIME:** November 28, 2018

**9:00AM - 4:00PM**

*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:** DMH Headquarters (Le Sage Complex), 2<sup>nd</sup> Floor Conf. Rm.  
550 Vermont Ave.  
Los Angeles, CA 90020

**PARKING:** Free parking at DMH at 523 Shatto Place parking structure (floors 3-8)

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 Note** 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. Lecture, discussions, handouts and activities to promote the application of these important documentation elements are included in the training.

**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](mailto:ltwilson@dmh.lacounty.gov)

**DEADLINE:** When maximum capacity is reached

**CONTINUING** NONE

**EDUCATION:**

**COST** NONE

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

Contract Providers complete  
attached training application



**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.

If this training is CGF funded, Jail MH staff may submit an application to attend this training and will be notified one week prior to the training date, if openings are available. Refer to the training bulletin for CGF designation.

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

**Training Title: UNDERSTANDING DOCUMENTATION MEDICAL NECESSITY, DOCUMENTATION AND REIMBURSABLE SERVICE COMPONENTS**

Date(s) <b>November 28, 2018</b>		Training Coordinator	
County Employee Number <i>(non-county employees supply the last four digits of the SSN)</i>			
Name <b>(Print clearly or type)</b>			
Program, Service or Agency			
Job Title			
Address			
City		Zip Code	
Telephone		Email <b>(Print clearly or type)</b>	
<b>License or Credential Number(s)</b> (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:  <b>County of Los Angeles – Dept. of Mental Health</b> <b>PSB – Workforce Education &amp; Training (WET)</b> <b>695 S. Vermont Ave., 15<sup>th</sup> Floor</b> <b>Los Angeles, CA 90005</b> <b>Fax: (213) 252-8776</b> <b>Phone (213) 251-6872</b> <b>Email: <a href="mailto:ltwilson@dmh.lacounty.gov">ltwilson@dmh.lacounty.gov</a></b>	
Print Supervisor Name			
Supervisor's Signature			