

## QA KNOWLEDGE ASSESSMENT SURVEY #1 RESPONSES

### Question 1)

1. Which of the following activities documented in the “Intervention” section of the sample are reimbursable service components:
  - A. Asked if client’s daughter was okay
  - B. Challenged client’s negative thoughts related to finding and maintaining employment and assisted client in reality testing some of his catastrophic thinking
  - C. Faxed client’s resume to Neighborhood Trattoria per client’s request for help with responding to a job ad
  - D. None of the above

Answer: **B**

Service Components are the reimbursable activities covered under Medi-Cal Specialty Mental Health Services (SMHS). In addition to needing to meet Medical Necessity as documented in the client’s Assessment and Treatment Plan, a Treatment Service provided to a client must also be a covered service (a Service Component under a Type of Service) under Medi-Cal SMHS that was provided and documented consistent with Medical Necessity. The full list of Service Components and Types of Service are defined in the Organizational Provider’s Manual (Org Manual) which can be accessed through the DMH Website at [dmh@lacounty.gov](mailto:dmh@lacounty.gov).

Option **B** fits the definition of the Service Component, Therapy, which is one of the reimbursable activities under the Mental Health Services Type of Service. According to the Org Manual, Therapy is defined as *“A service activity that is a therapeutic intervention that focuses primarily on symptom reduction and restoration of functioning as a means to improve coping and adaptation and reduce functional impairments. Therapeutic intervention includes the application of cognitive, affective, verbal or nonverbal, strategies based on the principles of development, wellness, adjustment to impairment, recovery and resiliency to assist a client in acquiring greater personal, interpersonal and community functioning or to modify feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective. These interventions and techniques are specifically implemented in the context of a professional clinical relationship. Therapy may be delivered to a client or a group of clients and may include family therapy directed at improving the client’s functioning and at which the client is present”*.

Options **A** and **C** do not fit the description of any of the Service Components listed in the Org Manual and are not mental health interventions. **C** in particular describes an administrative task, faxing, which is not reimbursable to Medi-Cal SMHS. Please note that administrative tasks and other non-reimbursable activities must be separated out from

reimbursable activities when documented so that the time spent doing the non-reimbursable activities is not claimed to Medi-Cal.

### Question 2)

2. The reimbursable service components documented in the sample best match which of the following procedure codes?
- A. Rehabilitation (H2015)
  - B. Targeted Case Management (T1017)
  - C. Individual Psychotherapy (90832, 90834, or 90837)
  - D. Can't tell, documentation is unclear and ambiguous

Answer: **C**

Option **C**, an Individual Psychotherapy (procedure code), best matches the interventions documented in the sample. According to the Guide to Procedure Codes, services claimed using one of the Individual Psychotherapy procedure codes must match the descriptor for the code, *"Insight oriented, behavior modifying, and/or supportive psychotherapy delivered to one client"*, as documented in the progress note. Individual Psychotherapy falls under the Mental Health Service Type of Service and is the Service Component, Therapy. See response for Question 1 for the definition of Therapy from the Org Manual. Please note that the specific code chosen for Individual Therapy is based on the duration of the face-to-face contact.

Option **A** is the code used to claim for Rehabilitation. According to the Guide to Procedure Codes, H2015 includes *"Individual Rehabilitation - a service delivered to one client to provide assistance in improving, maintaining, or restoring the client's functional, daily living, social and leisure, grooming and personal hygiene, or meal preparation skills, or his/her support resources"*. Individual Rehabilitation falls under the Mental Health Services Type of Service and is the Service Component, Rehabilitation. In the Org Manual, Rehabilitation is defined as *"A recovery or resiliency focused service activity identified to address a mental health need in the client treatment plan. This service activity provides assistance in restoring, improving, and/or preserving a client's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation in multiple life domains relevant to the developmental age and needs of the client. Rehabilitation also includes support resources, and/or medication education. Rehabilitation may be provided to a client or a group of clients"*. We recognize that some of the words used in the sample to describe interventions are words that are commonly included in the documentation of Rehabilitation services. However, the consensus was that interventions described in the sample best match one of the Individual Psychotherapy procedure codes.

Option **B**, is the code used to claim for Targeted Case Management (TCM). According to the Org Manual, TCM is defined as *"services that assist a client to access needed medical, alcohol and drug treatment, educational, social, prevocational, vocational, rehabilitative, or other community service..."* and includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs to determine the need for establishment or continuation of targeted case management services to access any medical, educational, social or other services,
- Development and periodic revision of a plan to access the medical, social, educational, and other services needed by the client,

- Referral and related activities, and
- Monitoring and follow-up activities”.

Based on the definition of this process, the reimbursable service components documented in the sample do not match Option B.

### Question 3)

3. What would be required for this progress note to meet Medical Necessity?
  - A. There must be a current Assessment in the clinical record that documents the impairments, symptoms, and behaviors being addressed in the service documented in the note
  - B. There must be a Treatment Plan in place, and the service documented in the note would need to relate back to an Objective and Intervention identified in the Treatment Plan.
  - C. The service documented in the note must fit within the Clinical Loop
  - D. A and B
  - E. All of the above

Answer: **E**

In order for a progress note to meet Medical Necessity it must document Interventions that tie back to the proposed Interventions identified in the current Treatment Plan and those Interventions must address the Objectives in that Treatment Plan that are based off the symptoms, behaviors, and impairments from the current Assessment. Per the Org Manual, this sequenced way of documenting is referred to as the Clinical Loop and helps support the demonstration of ongoing Medical Necessity to ensure that all provided (treatment) services are Medi-Cal reimbursable.

Options **A**, **B** and **C** are all consistent with the Org Manual’s description of what’s required to meet Medi-Cal Medical Necessity. Option D leaves out C therefore the correct Option is E.

### Question 4)

4. The Goal (Objective) included in this progress note sample was pulled directly from the client’s treatment plan. With that in mind, which of the following interventions relate back to the Goal (Objective)?
  - A. Assisted client in identifying what strategies he utilized to help him emotionally regulate and effectively communicate
  - B. Utilized scaling questions to gage client’s current level of Depression on a scale from zero (not depressed at all) to ten (extremely depressed)
  - C. Assisted client in processing his feelings of concern, frustration and anger related to the stressful situation with his daughter
  - D. None of the above

**E.** All of the above

Answer: **E**

There was a lot of discussion within our QA team regarding this question and the Goal/Objective that was included in the documentation sample. Often times the terms Goal and Objective are used interchangeably. The documentation sample and this question really highlighted the need to make sure the requirements for short-term Objectives are clear. According to the Org Manual, Objectives must be *“specific observable and/or specific quantifiable ... related to the client’s mental health needs and functional impairments as a result of the mental health diagnosis”*. One major point of discussion within our QA team was that the Goal/Objective seemed to include both a general, more broad goal related to improving coping skills for Depression and a more specific, measurable short-term objective focused on reducing anger outbursts. We recognized the possibility for confusion there in regards to what to focus on and how to measure progress. The rationale for the answer takes into account the issues with how the Goal/Objective in the sample was structured.

Option **A** relates back to the Goal in that “emotionally regulate and effectively communicate” are related to “reducing anger outbursts” stated in the Goal.

Option **B** relates back to the Goal in that assessing level of Depression is key the Goal of coping “with feelings of being overwhelmed, irritability and anger related to Depression”

Option **C** relates back to the Goal in that processing feelings of concern, frustration and anger are related to the “ability to cope with feelings of being overwhelmed, irritability and anger”

Option **E** relates back to the correct answers **A**, **B**, and **C**