



# Quality Assurance Bulletin

## Quality Assurance Unit

County of Los Angeles – Department of Mental Health  
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## CO-OCCURRING MENTAL HEALTH & SUBSTANCE USE DISORDERS – Documentation and Claiming Reminders

Medi-Cal beneficiaries with co-existing mental health problems and substance use problems may access services through Medi-Cal Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS). The services provided through the Los Angeles County Department of Mental Health (LACDMH) are Medi-Cal SMHS and, therefore, all interventions provided and claimed to LACDMH clients must be focused on the client's identified mental health needs. The following sections identify key reminders to illustrate how this occurs during each phase of the client's treatment.

### 1. Establishing Medical Necessity (Assessment)

The client's assessment must establish SMHS medical necessity, one element of which is an "included" mental health diagnosis in order for the client to receive treatment billable under SMHS (refer to the Organizational Provider's Manual for a complete list of included diagnoses). Clients treated under Medi-Cal SMHS may also have a co-occurring "excluded" substance use diagnosis. However, if the client only has a substance use disorder, medical necessity criteria for Medi-Cal SMHS is not met and the client should be referred to the appropriate substance use treatment program.

*NOTE: The included diagnosis must be listed as the primary diagnosis within IBHIS and on claims for SMHS (refer to the Organizational Provider's Manual page 13).*

While conducting the assessment and determining if medical necessity is met, it is important to determine how substance use impacts the client's mental health condition because this information is important in developing an appropriate treatment plan. Consider if and to what extent:

- substance use impacts the client's mental health symptoms;  
✓ *e.g., client's alcohol use is worsening her depressive symptoms*
- the client's mental health symptoms impact the client's use of the substance; and  
✓ *e.g., when client's trauma gets triggered, he becomes anxious and uses alcohol to numb the pain*
- the client's mental health symptoms interfere with his/her ability to participate, access, engage, and attend treatment for substance use  
✓ *e.g., client's depressive symptoms are interfering with his ability to attend Narcotics Anonymous meetings*

### 2. Developing a Treatment Plan

For direct treatment services such as Mental Health Services (MHS) psychotherapy and rehabilitation or Medication Support Services (MSS), the treatment goals/objectives on the Client Treatment Plan must address the client's identified mental health needs (i.e. be related to the client's symptoms, behaviors or impairments caused by the included mental health diagnosis).

- ✓ *e.g., **Problem** – Major Depression, **Goal** – Reduce depression, **Objective** – Client will reduce depressive symptoms from a PHQ-9 of 18 (moderately severe) to 4 (minimal) OR Client will increase the use of healthier coping skills from 0x to 5x per week **Intervention** – MHS: Provide group rehab using the Seeking Safety model to teach safe coping skills*

Substance use goals/objectives (e.g. *Client will reduce drinking from 10 beers to 2 beers or less per day*) are not appropriate SMHS treatment goals/objectives for these services.

For Targeted Case Management (TCM) services to assist the client to participate, access, engage, and attend treatment for substance use, the objective may be about linking the client to appropriate outside substance use treatment.

- ✓ *e.g., **Problem** – Major Depression, **Goal** – Reduce depression, **Objective** - Client will attend Narcotics Anonymous meetings on a weekly basis for 3 months **Intervention** - Link client to local Narcotics Anonymous meetings, monitor and follow up on attendance and progress*

### 3. Providing Treatment Services (Interventions)

For MHS and MSS, every progress note must focus on the client's mental health condition and tie back to medical necessity. The interventions documented in the progress note must clearly show how each intervention will:

- diminish the client's impairment(s) *(NOTE: The impairment must be the result of the mental health condition, not the substance use)*
- prevent significant deterioration in an important area of life functioning, or
- allow the client to progress developmentally as individually appropriate.
  - ✓ *e.g., **Intervention:** Writer facilitated Seeking Safety group - today's session focused on teaching clients the coping skill of 'asking for help.' Writer conducted check-in process and facilitated discussion on how material relates to each client's current mental health problems and unsafe behaviors. Writer identified themes around clients' difficulties in asking for help that relate to their trauma. Writer role-played with clients the real-life situations raised regarding 'asking for help.' **Response:** Client reported using the safe coping skill, 'self-nurture', by taking walks rather than smoking marijuana when she was feeling anxious last week. In today's session, client reported challenges in asking for help because "I feel weak and ashamed asking for help." Client participated in role-play and committed to 'asking for help' if needed.*

MHS and MSS interventions aimed solely at the client's substance use are not billable as SMHS.

TCM interventions documented in the progress note must clearly address accessing needed medical, alcohol and drug treatment, educational, social, prevocational, vocational, rehabilitative, or other community services. If mental health symptoms interfere with the client's ability to participate, access, engage, and attend treatment for substance use, the interventions documented in the progress note must be about the steps taken to get the client connected to outside substance use treatment in order to be billable. This may include communication, coordination, referral, and monitoring service delivery to ensure access to needed services and monitoring the client's progress.

- ✓ *e.g., **Intervention:** Writer researched and identified three local Narcotics Anonymous groups and contacted NA group administrators to obtain relevant information about their meetings. Informed client of options and confirmed that he has a support person to take him and attend the group with him. Writer to follow-up with client on his ongoing attendance and progress in the group. **Response:** Client selected the group and committed to attending this week.*

If Directly Operated or Legal Entity providers have any questions related to this Bulletin, please contact the QA Unit at [QualityAssurance@dmh.lacounty.gov](mailto:QualityAssurance@dmh.lacounty.gov).

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