Understanding Medical Necessity and Conducting a Needs Evaluation

✓ Understanding Medical Necessity & the Assessment

✓ Other Assessment Activities

✓ Conducting a Needs Evaluation

✓ Claiming for the Service

✓ Using IBHIS

Standard Course of Action

1. **Assessing**
   - Complete a mental health assessment and establish medical necessity
   - Complete an initial medication evaluation (if needed)
   - Complete a Needs Evaluation (once medical necessity has been established)

2. **Planning**
   - Develop a client treatment plan (and if applicable, obtain medication consent) with the client; then

3. **Treating**
   - Provide treatment services to address the identified mental health condition and assist the client in reaching his/her objectives.
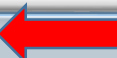
Assessment activities that can be provided by Case Managers

- Gathering information from the client or significant support persons that can help inform the mental health assessment (*so the assessing practitioner can use this information to diagnosis and determine medical necessity*)

This would be a **Mental Health Service**

- Conduct a Needs Evaluation to determine if the client has any ancillary needs to be addressed in treatment *(once medical necessity has been determined)*

This would be **Targeted Case Management**

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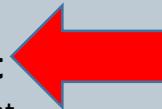
Service	Description	Components
Mental Health Services (MHS)	Individual, group, collateral or family-based interventions to restore a client's functioning and ability to remain in the community with goals of recovery and resiliency	✓ Assessment ← ✓ Plan Development ✓ Therapy ✓ Rehabilitation ✓ Collateral
Intensive Home Based Services (IHBS)	An intensive form of MHS that is predominantly delivered in the home, school or community. IHBS is specifically intended for children/youth who are already receiving Intensive Care Coordination.	✓ Rehabilitation ✓ Collateral
Targeted Case Management (TCM)	Services that assist a client in accessing needed ancillary resources (e.g. medical, alcohol/drug treatment, vocational)	✓ Assessment ← ✓ Plan Development ✓ Referral and Related Activities ✓ Monitoring & Follow-Up
Intensive Care Coordination (ICC)	An intensive form of TCM that facilitates the assessment, planning and coordination of services. ICC is specifically intended for children/youth who are involved in multiple child serving systems and require cross-agency collaboration through a Child and Family Team	✓ Planning & Assessment of Strengths & Needs ✓ Reassessment of Strengths & Needs ✓ Referral, Monitoring, and Follow-Up Activities ✓ Transition
Medication Support Services (MSS)	Prescribing/furnishing, administering and monitoring psychiatric medications to reduce a client's mental health symptoms	✓ Evaluation of the Need for Meds ✓ Evaluation of Clinical Effectiveness & Side Effects of Meds ✓ Obtaining Information Consent ✓ Medication Education ✓ Collateral ✓ Plan Development
Crisis Intervention (CI)	Unplanned and expedited services to address a condition that requires more timely response than a regular appointment in order to assist a client to regain/remain functioning in the community.	✓ Assessment ✓ Therapy ✓ Collateral ✓ Referral

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Mental Health Services (MHS)

Individual, group, collateral or family-based interventions to restore a client's functioning and ability to remain in the community with goals of recovery and resiliency

✓ **Assessment**
✓ Plan Development
✓ Therapy
✓ Rehabilitation
✓ Collateral

During the assessment phase, you might help gather information from the client and significant support persons to help determine if the client meets **medical necessity**

Outpatient SMHS covered & provided by directly-operated (reimbursable services)

Targeted Case Management (TCM)

Services that assist a client in accessing needed ancillary resources (e.g. medical, alcohol/drug treatment, vocational)

✓ **Assessment**
✓ Plan Development
✓ Referral and Related Activities
✓ Monitoring & Follow-Up

Once **medical necessity** has been established, you will meet with the client to see if he/she might need any assistance with ancillary resources by conducting a needs evaluation.

Medical Necessity
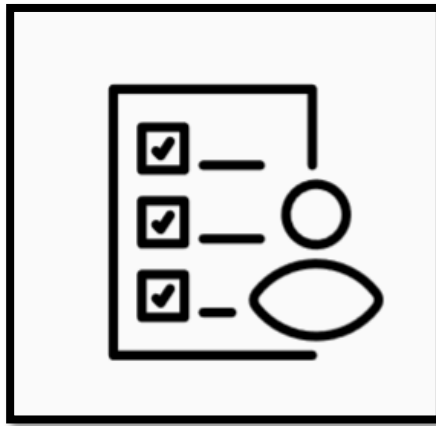
What is Medical Necessity?
Determines who is <u>eligible</u> to receive outpatient SMHS

Based on the mental health assessment, the client must meet the following criteria to be eligible for treatment:

SW, MFTs, psychologist, and psychiatrist will ultimately determine this

But Case Managers may assist in gathering mental health and medical history, substance use info, & client strengths / risks, & barriers to goals

✓ **Included primary diagnosis** (*a diagnosis that is treated in DMH*)

✓ **Impairment(s)** as a result of the diagnosis in an important areas of life functioning

✓ **Interventions** – proposed interventions can address the mental health condition and is expected to:
- Significantly diminish the impairment OR
- Prevent significant deterioration in an important area of life functioning OR
- Allow the child to progress developmentally as individually appropriate

<u>Note</u>: If the client is under the age of 21 with the Medi-Cal benefit **Early and Periodic Screening, Diagnosis, & Treatment (EPSDT)** and does not meet criteria for impairment or intervention above, medical necessity can be met if SMHS are needed to correct or ameliorate a defect, mental illness, or condition

For more information, refer to the Organizational Providers Manual *and DHCS Info Notice 17-040*

Categories of Medi-Cal Included Diagnoses for Outpatient Services

- Schizophrenia Spectrum and Other Psychotic Disorders

- Bipolar and Related Disorders

- Depressive Disorders

- Anxiety Disorders

- Obsessive Compulsive and Related Disorders

- Trauma and Stressor Related Disorders

- Dissociative Disorders

- Somatic Symptom and Related Disorders

- Feeding and Eating Disorders

- Gender Dysphoria

- Disruptive, Impulse-Control, and Conduct Disorders

- Personality Disorders, *except Antisocial Personality Disorder*

- Paraphilic Disorders

- Attention-Deficit/Hyperactivity Disorder

- Autism Spectrum Disorders

Pause the video if you want to review this list

Refer to the Organizational Providers Manual *for the complete list of included diagnoses*

Examples of when Case Managers might <u>gather info</u> to inform the mental health assessment

- Client's family members share important information about the client
  - ✓ Mother gives you information about their family living situation and shares how they try to help the client at home

  - ✓ The spouse shares examples of daily activities that client is unable to do now

- Other significant support persons contact you and provide information about the client important to the assessment
  - ✓ Teacher shares information about client's difficulties in the classroom

  - ✓ DCFS CSW provides information about the client and family's strengths

  - ✓ Manager at the client's board and care provides information about how the client is doing

Case Managers might also gather info during the course of treatment

- Clients and/or their significant support persons might provide new information to you during the course of treatment
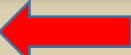
- Any new information that could impact the client's treatment should be shared with the treatment team, added to the Problem List, and documented in a progress note.

- Examples may include:

  - ✓ Previous or existing trauma

  - ✓ Substance use/abuse

  - ✓ New information about the client not previously known to the treatment team

  - ✓ Worsening symptoms

  - ✓ Hospitalizations and other crisis situations

  - ✓ Placement or significant housing changes (e.g. client becomes homeless)

Needs Evaluation

Outpatient SMHS covered & provided by directly-operated (reimbursable services)

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Needs Evaluation

An evaluation used to determine if a client has <u>any needs for ancillary resources</u> (e.g. resources outside of DMH) which may also lead to <u>identifying skill building opportunities</u>.

Does the client need assistance with gaining access to needed medical, alcohol and drug treatment, social, educational, prevocational, vocational, rehabilitative, or other community services?

Requirements – to be completed <u>yearly</u> for clients receiving TCM interventions and when new ancillary needs arise

Available needs evaluation forms:

- ✓ **Community Functioning Evaluation** (typically used for adult clients)
- ✓ **Child Adolescent Needs and Strengths** (used for child clients who meet medical necessity and are ages 6 through 20)

For more information about the CANS, refer to Clinical Forms Bulletin 19-03

Process for Completing a Needs Evaluation

Before meeting with the client…

- Review the client's assessment and clinical formulation
- Consult with the clinical team or supervisor regarding what's going on with the client and how to best help

During the session with a client…

- Practitioner and client meet/speak to each other
- Practitioner documents information on the form (if done collaboratively)
- Updates treatment plan and obtains client's signature, if applicable

After the session with a client…

- Practitioner finalizes and submits the form
- If applicable, provide any new information to the treatment team
- Practitioner claims for service via the **Individual Service Progress Note**

Understanding the Assessment

- Learn the client's story and understand what brought the client into treatment.
  - ✓ How the client meets medical necessity

- Understand the client's needs.
  - ✓ Due to the client symptoms and impairments, what needs might this client have?
  - ✓ Get an idea of what services might help the client get better

Key Assessment Areas to Review

Start with the **Clinical Formulation** – this should provide a summary of the client, why he/she came in for services, and how the client meets medical necessity

Where to look in the assessment	Where do you go from there…
• Reason for Referral – precipitating event(s), current symptoms, behaviors	• How can I help the client? • What ancillary resources (ex employment, housing, etc.) might help the client?
• Psychosocial History and Current Status	• What's the client's current level of functioning? • How did the client function before coming in for help? • Does the client need any assistance with school or work? • Who are the client's significant support persons? • Who can help the client with making and keeping appointments? • Does the client have people that can help him/her outside of the treatment team? • Does the client need help with housing?
• Suicide and Self-Harm Screening • Mental Health History • Substance Use and abuse • Medical History	• Are there any risks that need to be considered (e.g. suicide, self-harm, substance use/abuse, history of trauma)? • Does the client need a PCP, dentist, nutritionist, optometrist, etc.? • Does the client need referrals for substance use treatment?
• Strengths	• How can these strengths help the client in treatment?

Reviewing the Clinical Formulation

Clinical Formulation:

Client is a 39-year-old African-American single male who is **currently unemployed and homeless**. He is seeking mental health services due to symptoms indicative of Major Depressive Disorder. **Symptoms include experiencing a lack of energy, lack of motivation, feelings of worthlessness, frequent periods of crying , constant irritability, social isolation, and loss of interest and pleasure in almost all activities. Due to these depressive symptoms, he finds it difficult to look for a job, housing, and obtain medical care**. Additionally, client's depressive symptoms have made it **difficult for him to maintain relationships** with family and friends. He **admits to currently drinking alcohol daily to help him fall asleep at night**. He denies using other substances.

Per client, his symptoms began about 1 year ago **after losing his job at a construction company**. He also experienced similar symptoms during his early 20's which resulted in him dropping out of college. He has never received mental health services before.

Client appears eager to start treatment, especially case management services to assist with finding housing. Client would also highly benefit from an initial medication evaluation to determine if medications can assist client as well as individual therapy.

What brought the client into treatment?

What are the client's symptoms, behaviors, and impairments?

What might make it difficult for the client to find ancillary resources on his/her own?

What ancillary needs might the client need?
- Employment
- Housing
- Medical care
- Social/community resources
- Substance Use Tx

Asking Questions to Address Needs

- What makes it difficult for you to …
    - ✓ Find employment?
    - ✓ Find and/or maintain stable housing?
    - ✓ Remember and keep appointments?
    - ✓ Go to school / work?
    - ✓ Complete assignments or other tasks?
    - ✓ Get along with peers / co-workers / family members?
    - ✓ Do the activities that you once enjoyed?
- Do you have anyone in your life who can help you with these needs?

Things to consider while talking to the client

How does the **client and treatment team** think the client's mental health symptoms and behaviors play a role in…
- ✓ Accessing/obtaining resources on his/her own?
- ✓ Ability to get one's needs met?
- ✓ Ability to interact / socialize / communicate with others?
- ✓ Performing at school or work?
- ✓ Attending appointments?
- ✓ Keeping organized?
- ✓ Filling out important applications and documents?

Identifying Ancillary Needs...

Basic needs / living support

- ☐ Are you satisfied with your current housing situation?

- ☐ Is your current living situation safe (both physically and emotionally)?

- ☐ Do you believe your living situation is stable?

- ☐ Do you have access to food and clothing?

- ☐ Are you experiencing any food insecurity?

- ☐ Do you have access to reliable transportation?

Financial

- ☐ Would you need or benefit from any benefits establishment (SSI, SDI)?

- ☐ Do you have an adequate income?

- ☐ Do you need any help with managing your finances?

- ☐ Do you need any assistance with paying for utilities or other bills?

A. Caregiver Relationship

Foster Mother

CANS

41a. Supervision
○ 0   ○ 1   ○ 2   ○ 3

42a. Involvement with Care
○ 0   ○ 1   ○ 2   ○ 3

43a. Knowledge
○ 0   ○ 1   ○ 2   ○ 3

44a. Social Resources
○ 0   ○ 1   ○ 2   ○ 3

45a. Residential Stability
○ 0   ○ 1   ○ 2   ○ 3

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5. Financial Assistance

General Relief (GR)
○ Yes

SSI/SSA/SDI
○ Yes

Medi-Cal
○ Yes

Medicare
○ Yes

Unemployment Benefits
○ Yes

Other
○ Yes

CFE

Describe Other

Identifying Ancillary Needs...

Social and community supports

☐ Do you have an adequate support system (friends, peers, and family that you can talk to and feel connected to)?

☐ Do you ever feel lonely or isolated?

☐ Would you benefit from any support / social groups in the community?

☐ Do you need help with child care?

☐ Do you need any help with day-to-day activities?

Legal

☐ Do you need any legal assistance?

☐ Do you need assistance obtaining any legal documents (driver's license, birth certificate)?

☐ Are there any immigration issues to consider?

CANS

12. Social Functioning — ○ 0 ● 1 ○ 2 ○ 3
13. Developmental/Intellectual — ● 0 ○ 1 ○ 2 ○ 3
14. Decision Making — ● 0 ○ 1 ○ 2 ○ 3

35. Talents and Interests — ○ 0 ● 1 ○ 2 ○ 3
36. Spiritual/Religious — ○ 0 ○ 1 ○ 2 ● 3
37. Cultural Identity — ○ 0 ○ 1 ○ 2 ● 3
38. Community Life — ○ 0 ○ 1 ○ 2 ● 3
39. Natural Supports — ○ 0 ○ 1 ○ 2 ● 3
40. Resiliency — ○ 0 ○ 1 ○ 2 ● 3

CFE

Immigration — ○ Yes
Identification — ○ Yes
Legal Assistance — ○ Yes
Other — ○ Yes
Describe Other

Identifying Ancillary Needs…

Substance Use/Abuse

☐ Would you benefit from substance use treatment?

☐ Would you benefit from participating in a NA or AA group?

Medical / Health

☐ Are you taking care of your health?

☐ Do you have access to adequate health care?

☐ Do you have a primary care provider?

☐ Are you satisfied with your health care?

☐ Do you have access to other adequate health services (e.g. dental, optometry, nutritional services, etc.)?

☐ Do you need glasses, hearing supports, ambulatory supports, etc.?

☐ Would you benefit from any other services (e.g. speech, occupational, or physical therapy)?

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2. Medical Services

Medical Services
○ Yes

Dental Services
○ Yes

Nutrition Counseling
○ Yes

Medication Counseling
○ Yes

Substance Treatment
○ Yes

Home Health Services
○ Yes

Other
○ Yes

Describe Other

CFE

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6. Physical Challenges

Ambulatory Support (wheelchair, cane)
○ Yes

Visual Support (glasses, cane, magnification aid)
○ Yes

Hearing Support (special phone, hearing aid)
○ Yes

Speech Evaluation / Therapy
○ Yes

Other
○ Yes

Describe Other

CFE

Identifying Ancillary Needs…

Job / Career

- ❑ What's your current source of income?

- ❑ Are you satisfied with your current job?

- ❑ Do you want to pursue more in your job/career?

- ❑ Would you benefit from any vocational or other job training?

Education

- ❑ Are you doing well in school?

- ❑ Do you have an IEP or need any assistance in the classroom?

- ❑ Would you benefit from a tutor?

- ❑ Would you benefit from any afterschool activities?

- ❑ Are you interested in furthering your education?

- ❑ Do you need assistance with obtaining a GED?

CFE

3. Rehab/Vocational/Educational/Linguistic

Education
- ◯ Yes

Recreational Therapy
- ◯ Yes

Occupational Therapy
- ◯ Yes

Employment
- ◯ Yes

Interpreter/English Classes
- ◯ Yes

Other
- ◯ Yes

Describe Other

CANS

15. School Behavior
- ◯ 0   ⦿ 1   ◯ 2   ◯ 3

16. School Achievement
- ⦿ 0   ◯ 1   ◯ 2   ◯ 3

17. School Attendance
- ⦿ 0   ◯ 1   ◯ 2   ◯ 3

Identifying the Need for Skill Building

Once ancillary needs have been identified, could the client benefit from learning and/or practicing more effective skills?

*Check in with the **treatment team** about identifying what skills the client may need*

Opportunities to help the client

☐ Would learning and/or practicing more effective **communication skills** help the client?

☐ Would learning how to be more **organized** help the client?

☐ Does the client need help with **basic living skills (e.g. maintaining hygiene, how to budget, how to purchase groceries, how to take public transportation, how to complete applications/forms)**?

☐ Would learning better ways of **expressing and managing frustration and anger** help the client?

☐ Does the client need help with **learning and practicing how to interact and socialize** with others?

▼ **Rehab Service Needs**

Social skills
○ Yes

Independent/Daily Living skills
○ Yes

Communication skills
○ Yes

Concentration skills
○ Yes

Time management skills
○ Yes

Anger management skills
○ Yes

CFE

8. Anger Control
◉ 0   ○ 1   ○ 2   ○ 3

9. Adjustment to Trauma
○ 0   ◉ 1   ○ 2   ○ 3

CANS

12. Social Functioning
○ 0   ◉ 1   ○ 2   ○ 3

13. Developmental/Intellectual
◉ 0   ○ 1   ○ 2   ○ 3

14. Decision Making
◉ 0   ○ 1   ○ 2   ○ 3

How to Help as a Mental Health Specialist

The treatment services that you're going to provide will be:

Targeted Case Management (TCM)

✓ Assessment
✓ Plan Development
✓ **Referral and Related Activities**
✓ **Monitoring & Follow-Up**

Examples:

✓ Referring and linking the client to housing resources
✓ Linking the client to a PCP, dentist, etc.
✓ Monitoring and following up with a substance use treatment provider to ensure linkage was successful and client's needs are being met

Mental Health Services (MHS)

✓ Assessment
✓ Plan Development
✓ Therapy
✓ **Rehabilitation**
✓ **Collateral**

Examples:

✓ Teaching the client how to fill out an application
✓ Modeling how client can use public transportation to get to appointments
✓ Practicing / role-playing how to communicate during an interview
✓ Teaching the client's parent how to manage client's behaviors in public

These treatment services must also be added to the client's treatment plan…

Claiming for the Service

Progress Note

- Services provided to clients are documented using a progress note **(Individual Service Progress Note)**

- Within the progress note:
  - ✓ Select the procedure code based on the service provided
  - ✓ Enter the duration of the service
    - ✓ **Face to Face Time** = time spent seeing the client
    - ✓ **Other Time** =
      - time spent providing a service to a significant support person
      - time spent writing the progress note and completing other applicable forms (e.g. completing the assessment form)
      - travel time, if this applies
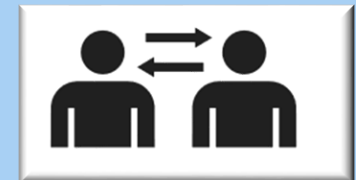
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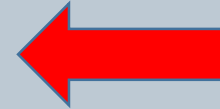| Mental Health Services (MHS)	Individual, group, collateral or family-based interventions to restore a client's functioning and ability to remain in the community with goals of recovery and resiliency	✓ **Assessment** ⬅ ✓ Plan Development ✓ Therapy ✓ Rehabilitation ✓ Collateral
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Mental Health Services (MHS)	Individual, group, collateral or family-based interventions to restore a client's functioning and ability to remain in the community with goals of recovery and resiliency	✓ **Assessment** – *a service activity designed to evaluate the current status of a client's mental, emotional, or behavioral health* **H2000**

*If assessment info was gathered while providing a treatment service (e.g. TCM or rehab), then use the procedure code for that service
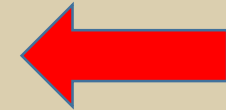
Targeted Case Management (TCM)	Services that assist a client in accessing needed ancillary resources (e.g. medical, alcohol/drug treatment, vocational)	✓ **Assessment** – *a service activity to determine the need for establishing or continuing targeted case management in order to access ancillary resources.* **T1017**

Procedure Code Modifiers
- ✓ **SC** – for services provided over the telephone
- ✓ **GT** – for services provided via telehealth

MH Assessment vs. Needs Evaluation

Informing the mental health assessment

What info is being gathered: info that helps determine if the client meets medical necessity and helps with diagnosing and treatment planning (*e.g. substance use/abuse, changes in symptoms, behaviors, or impairments*)

When to complete this: before the client starts treatment, and when medical necessity is being established/re-established

Where to document: Progress Note

Procedure Code:

- **H2000 (standalone assessment gathering)**
- **T1017 (if done during a TCM service)**
- **H2015 (if done during a rehab service)**
- **90887 (if done during a collateral service)**

Completing a needs evaluation

What info is being gathered: ancillary needs that the client is unable to access or obtain due to his/her symptoms, behaviors, and impairments (*e.g. housing, employment, etc.*)

When to complete this: yearly and when new needs arise during the course of treatment

Where to document: Community Functioning Evaluation & Progress Note (*for claiming*)

Procedure Code:

- **T1017**

Pause the video if you want to review this

Progress Note Example – Informing the MH Assessment

Writer called client's teacher for the purpose of gathering additional information for the assessment regarding client's behaviors at school. Client is currently being assessed in order to determine if mental health services can help.

Reimbursement

Per teacher, client displays behavioral challenges such as difficulty paying attention and staying on task, talking out of turn, poor boundaries with peers, and appearing to be disorganized. Client "needs a lot of attention and reminders from me to pay attention and stay in his seat. He does better during 1:1 time with either me or my teacher's aide as he can be engaged and will ask good questions. During circle time, he struggles. He does try very hard, but it seems like he just cannot control himself." According to the teacher, there are 23 children in the class. Regarding client's relationships with peers, "he does not have any close relationships and easily pesters the other kids."

Clinical

Writer plans to provide this information to the assessing clinician.

Legal

Face to Face: 0 *(session is over the phone)*

Other Time: 31 minutes *(time spent gathering information and documentation on a progress note)*

Procedure Code: H2000SC (*Info informs the MH assessment; service provided over the phone)*

Pause the video if you want to review this note

Progress Note Example – Informing the MH Assessment

Writer called the board and care manager for the purpose of gathering information about the client's behaviors at the board and care. Client came in yesterday to meet with Dr. Cozolino for an assessment. **Reimbursement**

Per board and care manager, client has lived here for about 10 days. Client keeps to himself and is able to follow the house schedule, however client needs frequent reminders to take care of his hygiene (e.g. bathing, washing his hair, changing his clothes, brushing his teeth). When told to shower or brush his teeth, client will do so, but it appears as if he isn't self aware. On a daily basis, client also talks and whispers to himself. Although client shares a room with another resident, client does not interact with his roommate or any of the other residents or staff. He isolates and prefers being alone. When staff try to engage, client will nod and walk away. Client is not aggressive or disruptive. **Clinical**

Writer plans to provide this information to the assessing clinician. **Legal**

Face to Face: 0 *(session is over the phone)*

Other Time: 21 minutes *(time spent gathering information and documentation on a progress note)*

Procedure Code: H2000SC (*Info informs the MH assessment; service provided over the phone*)

Pause the video if you want to review this note

Progress Note Example – Conducting a Needs Evaluation

Practitioner met with the client for the purpose of conducting needs evaluation. Refer to the Community Functioning Evaluation dated 5/3/20. **Reimbursement**

Client was cooperative during evaluation and open to assistance with obtaining housing and medical (PCP and dentist). **Clinical**

Practitioner and client added TCM and rehab to the client's current treatment plan. **Legal**

At next session, practitioner and client will start completing the housing application.

Face to Face: 38 minutes

Other Time: 14 minutes (*includes writing the progress note and documenting on the CFE form*)

Procedure Code: T1017 (*service was provided in person*)

Pause the video if you want to review this note

Progress Note Example – Gathering new information during treatment

Goal: Client will obtain stable employment

Intervention: Writer called client to inquire about the outcome of her interview. | **Reimbursement** |

Writer scheduled an interview with a grocery store close to client's home. Client did not attend and reported drinking alcohol the night before the interview. This is new information, and writer further inquired about client's alcohol use.

Response: Client stated that he did not attend the interview due to "feeling too anxious" about it and worried that he would not get the job. Per client, he "drank alcohol the night before the interview in order to relax but had too much". Client felt sick the day of the interview.   Client stated he drinks when he gets worried. This has been going on for the past 5 years. Client denies using any other substances. Client did not initially think his drinking would impact his treatment, especially since he was making progress. Client was notified that this information would be shared with the client's therapist and psychiatrist. | **Clinical** |

Plan: Writer to inform treatment team. At next session, writer and client to discuss updating the client's treatment plan to include linkage to AA groups and other resources. | **Legal** |

Face to Face: 0 *(session is over the phone)*

Other Time: 41 minutes *(time spent providing the service and documentation on a progress note)*

Procedure Code: T1017SC (*service provided over the phone*)

Pause the video if you want to review this note

Forms in IBHIS

Assessment Forms to review in IBHIS

Adult

- Adult Full Assessment
- Adult Assessment Addendum Form
  - Returning Client Assessment
  - Continuous Client (3 Year) Assessment
  - Assessment Addendum
  - DPSS Co-Located Evaluation

- Immediate/Same Day Assessment
- (Crisis Evaluation Progress Note)

Child & Adolescent

- Child/Adolescent Full Assessment
- Child/Adolescent Assessment Addendum Form
  - Returning Client Assessment
  - Continuous Client (3 Year) Assessment
  - Assessment Addendum
- Age 0 to 5 ICARE Full Assessment
- Immediate/Same Day Assessment
- (Crisis Evaluation Progress Note)

Let's go into IBHIS...

- Reviewing a Full Assessment

- Community Functioning Evaluation (CFE)

- Child Adolescent Needs and Strengths (CANS)

- Problem List

- Scheduling Calendar

- Individual Service Progress Note

Resources

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

OUR SERV... | (1) | FOR PROVIDERS ∨ | ABOUT DMH ∨ | CONTACT INFORMATION | EVENT CALENDAR | **GET HELP NOW!**

PROVIDER CENTRAL

(2) ADMINISTRATIVE TOOLS >

CLINICAL TOOLS >

ADMINISTRATIVE INFORMATION FOR CLINICIANS

PROVIDER MANUALS & DIRECTORIES

POLICIES, PARAMETERS & GUIDELINES

ADMINISTRATIVE FORMS

(3) QUALITY ASSURANCE

QUALITY IMPROVEMENT

COPING WITH STRESS DURING COVID-19

Resources

QUICK LINKS

DMH Provider Directory

Geospatial Initiative

FROM THE DIRECTOR

Quality Assurance

Quality Assurance

Manuals

Bulletins

Clinical Forms

Chart Review Requirements

Certification

QUALITY ASSURANCE - MANUALS

A   A   **A**

Organizational Providers Manual

A Guide to Procedure Codes

IBHIS Addendum Guide to Procedure Codes

Community Outreach Services (COS) Manual

Quality Assurance

Quality Assurance

Manuals

Bulletins

Clinical Forms

QUALITY ASSURANCE – BULLETINS

A   A   **A**

QA Bulletins

Clinical Forms Bulletins

Medi-Cal Certification Bulletins

Resources

- Organizational Providers Manual
  - ✓ What it is: Provides information about the Short-Doyle/Medi-Cal claiming and documentation system
  - ✓ Where to go: DMH Website > For Providers > Administrative Tools > Quality Assurance > Manuals

- LACDMH Policy 401.03 - Clinical Documentation for All Payer Sources
  - ✓ What it is: Provides policy and procedures for clinical record documentation related to the delivery of SMHS within DMH
  - ✓ Where to go: DMH Website > For Providers > Administrative Tools > Policies

- Clinical Forms Bulletin 19-03
  - ✓ What it is: Provides information about the CANS and PSC as well as requirement and timeframes for completion
  - ✓ Where to go: DMH Website > For Providers > Administrative Tools > Quality Assurance > Bulletins

Confirmation of Completion Instructions

Complete the online Quiz to receive your
Confirmation of Completion

To access the quiz either
scan the QR code or use the URL address

Scan the QR Code

- <u>iPad/iPhone</u>:
    - open the camera app
    - hold it over the QR Code
    - click Open "forms.office.com" in Safari
- <u>Android</u>:
    - Utilize a QR code reader app

Use the URL address

- Open a web browser and type the below URL into the address bar:

https://tinyurl.com/MedNecNeedsEval

Complete the quiz

Once submitted, a confirmation of completion will be emailed to you

Make sure to click <u>View Results</u> to see how you did