About this Presentation

- This video presentation is meant to highlight some of the Quality Assurance Resources available to support Los Angeles County Department of Mental Health (LACDMH) Directly Operated and Contracted providers

  And

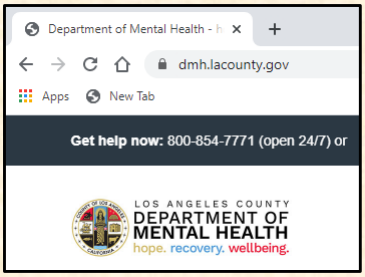
- How to locate those resources on the LACDMH website (https://dmh.lacounty.gov/)
  - Manuals and Guides
  - Bulletins & FAQs
  - Clinical Forms
  - Training & Webinars
  - Chart Review Requirements
  - LACDMH Policies

Quality Assurance Unit

- The Quality Assurance Unit is responsible for maintaining adherence to the requirements for providing quality Medi-Cal Specialty Mental Health Services (SMHS) to the residents of Los Angeles County.
- The Unit consists of the following Teams:
  - Medi-Cal Certification
  - Policy & Technical Development
  - Training & Operations
  - Health Information Management (HIM)
  - Hospital and Systems Support

Accessing QA Resources Online

1



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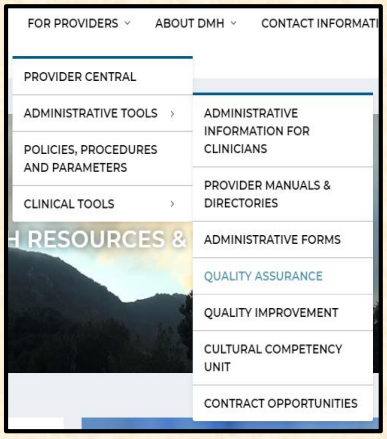

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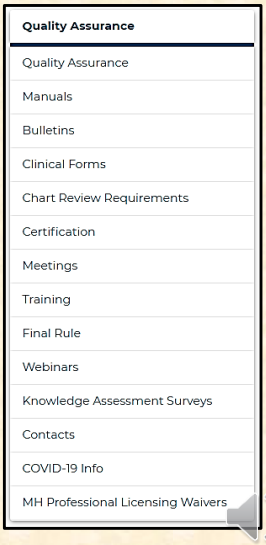


1) Go to dmh.lacounty.gov
2) Hover over **FOR PROVIDERS** & **ADMINISTRATIVE TOOLS**. Click on **QUALITY ASSURANCE**
3) At the column to the left on QA webpage, select topics

The Quality Assurance Main Page

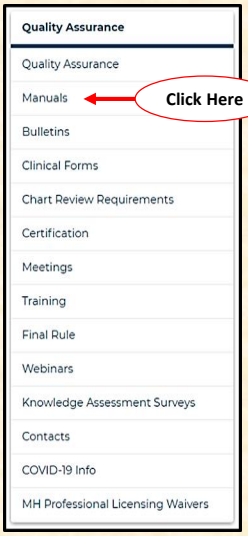
Quality Assurance
Quality Assurance
Manuals
Bulletins
Clinical Forms
Chart Review Requirements
Certification
Meetings
Training
Final Rule
Webinars
Knowledge Assessment Surveys
Contacts
COVID-19 Info
MH Professional Licensing Waivers

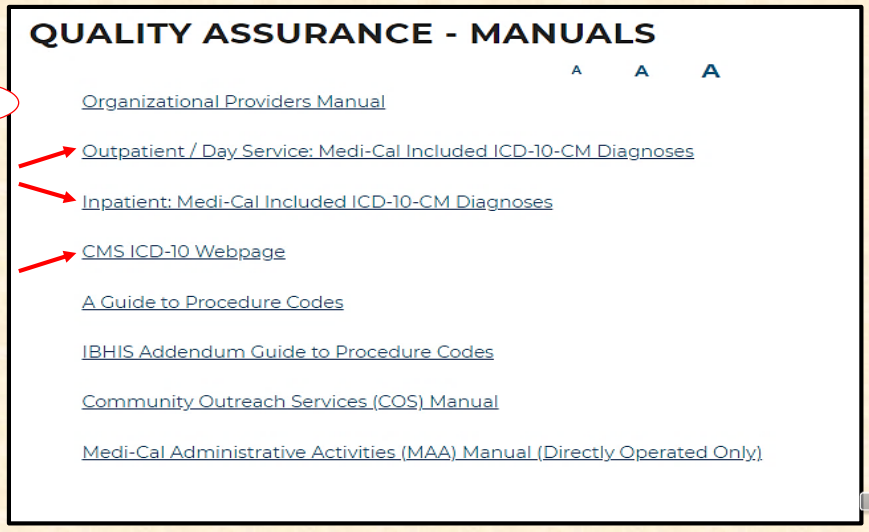
- **QA resources may be accessed at the column to the left and includes**:
  - **Manuals**: Organizational Provider's Manual; Inpatient and Outpatient Included Diagnoses lists; A Guide to Procedure Codes; COS Manual; & MAA Manual
  - **Bulletins**: QA Bulletins; Clinical Forms Bulletins; & Medi-Cal Certification Bulletins
  - **Clinical Forms**: Includes forms used for clinical practice and a Clinical Forms Inventory to keep track of all clinical forms
  - **Chart Review Requirements**: Chart Review Tools and Information for Directly Operated and Legal Entity Contract Providers
  - **Certification**: Certification information for potential and newly certified providers
  - **Meetings**: Monthly QIC Meeting Minutes and Access to Quality Improvement Webpage
  - **Trainings**: Recorded QA documentation and claiming trainings for IBHIS and non-IBHIS users
  - **Final Rule**: Access to Care and Network Adequacy information
  - **Webinars**: Recorded Webinars on QA Topics such as the QA/QI Central Meeting, Access to Care/Network Adequacy Webinars, QA / Error Correction Call-In Show Webcast, CANS and PCS Webinars, and the ICC/IHBS/TBS Webinars
  - **Knowledge Assessment Surveys**: Quarterly Knowledge Assessment Surveys to test your QA knowledge and hone in on opportunities for learning
  - **Contacts**: Contact information to the teams in QA
  - **COVID-19 Info**: Updated information on regulations and procedures to provide SMHS services via telephone and telehealth during the COVID-19 pandemic
  - **MH Professional Licensing Waivers**: Information on professional licensing waivers

Manuals and Guides

Quality Assurance Resources

Access the Manuals and Guides





Organizational Provider's Manual

Organizational Provider's Manual

The Organizational Provider's Manual:

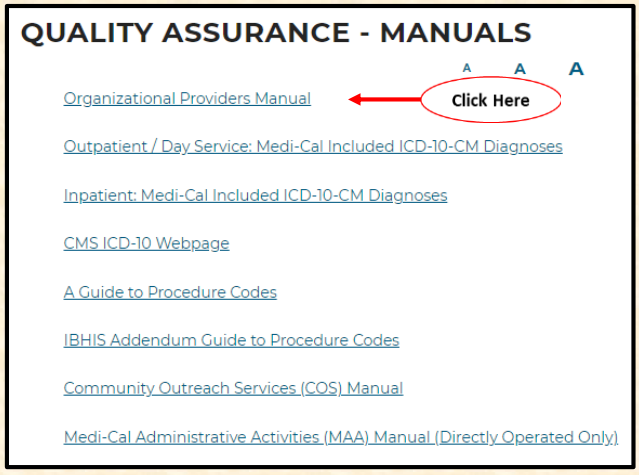
- Contains the guidelines that assist providers in meeting the standards set for the provision of Specialty Mental Health Services (SMHS) for Los Angeles County
- Reflects what LACDMH adheres to within the federal, State, and local regulations, requirements, and policies
- Serves as the basis for all documentation and claiming in LACDMH regardless of payer source
- Information must be abided by all providers, whether directly operated or contracted
- Is a valuable resource to have and refer to when you have a question about documentation and claiming rules

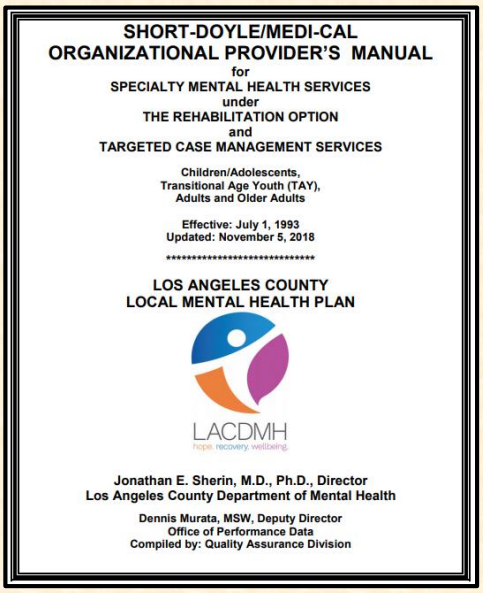
Organizational Provider's Manual

Reference the Manual when you have a service, documentation, and/or claiming question

- Common questions that can be answered are:
  - What service(s) can I provide to a client?
  - Before providing a Specialty Mental Health Service (SMHS), what needs to be completed and be in place?
  - What are the documentation rules?
  - How can I ensure my claims are reimbursable?

Organizational Provider's Manual




SHORT-DOYLE/MEDI-CAL
ORGANIZATIONAL PROVIDER'S MANUAL
for
SPECIALTY MENTAL HEALTH SERVICES
under
THE REHABILITATION OPTION
and
TARGETED CASE MANAGEMENT SERVICES

Children/Adolescents,
Transitional Age Youth (TAY),
Adults and Older Adults

Effective: July 1, 1993
Updated: November 5, 2018

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LOS ANGELES COUNTY
LOCAL MENTAL HEALTH PLAN

LACDMH
hope. recovery. wellbeing.

Jonathan E. Sherin, M.D., Ph.D., Director
Los Angeles County Department of Mental Health

Dennis Murata, MSW, Deputy Director
Office of Performance Data
Compiled by: Quality Assurance Division

Organizational Provider's Manual

What is in the Manual:

- Chapter 1: General Service and Reimbursement Rules
- Chapter 2: Services Based on Minutes of Staff Time (Mode 15)
- Chapter 3: Services Based on Blocks of Time (Mode 10)
- Chapter 4: Services Based on Calendar Days (Mode 5)
- Chapter 5: Short-Doyle/Medi-Cal Provider Certification

Organizational Provider's Manual

Structure of Manual:

- **Chapter 1: General Service and Reimbursement Rules**
  - Medi-Cal Reimbursement Rules & General Documentation Rules
  - Medical Necessity Criteria & the Clinical Loop
  - Assessment
  - Client Treatment Plan
  - Progress Notes

    - Includes Purpose and Required Elements of Each
    - Refers to Policy 401.03

Example of Section Structure in the Organizational Provider's Manual

Section Structure

- Description
- Purpose
- Required Elements

PROGRESS NOTES
(LACDMH Policy 401.03)

DESCRIPTION

Progress Notes provide a means of communication and continuity of care between all service delivery staff as well as provide evidence of the course of the client's illness and/or condition. Progress Notes must be used to describe how services provided reduced impairment, restored functioning or prevented significant deterioration in an important area of life functioning outlined in the Client Treatment Plan.

In order to be reimbursed, a Progress Note must be present to provide evidence of each claimed service based on the frequency of progress notes by type of service as noted in the following section.

PROGRESS NOTES

Progress Note Requirements:
(State Contract except as otherwise noted)

Progress notes must describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the Client Treatment Plan. Items that shall be contained in the client record related to the client's progress in treatment include:

- Date of service;
- Procedure code (LACDMH);
- Duration of service (Face-to-Face Time and all Other Time for Mode 15);
  - Face-to-face time is the time spent providing a service to a client who is physically present. Tele-psychiatry services with the client are considered face-to-face while telephone services with the client are not.
  - Other time includes time spent documenting or travelling to a reimbursable service, directing a service to a collateral, case-related interactions with other service providers/treatment team members, or providing telephone services to the client.
- For group, the total number of clients present or represented;
- Relevant aspects of client care, including documentation of medical necessity;
- Relevant clinical decisions, when decisions are made, alternative approaches for future interventions;
- Interventions applied;
- Client's response to the interventions;
- Location of the interventions;
- Referrals to community resources and other agencies, when appropriate;
- Follow-up care, or as appropriate, a discharge summary;
- Signature of the person providing the service (or electronic equivalent);, discipline/title, relevant identification number (if applicable) and date documented

Organizational Provider's Manual

Structure of Manual:

- **Chapter 1: General Service and Reimbursement Rules**
  - Medi-Cal Reimbursement Rules & General Documentation Rules
  - Medical Necessity Criteria & the Clinical Loop
  - Assessment
  - Client Treatment Plan
  - Progress Notes
    - Includes Purpose and Required Elements of Each
    - Refers to Policy 401.03
  - Service Component Definitions

Organizational Provider's Manual

Structure of Manual

- **Chapter 2: Services Based on Minutes of Staff Time (Mode 15)**
  - Service Overview & Reimbursement Rules (General and Documentation Rules)
  - Types of Services (MHS, MSS, CI, & TCM)
    - Definition
    - Service Components
    - Claiming
    - Lockouts
    - Additional Information when applicable
  - Services to Special Populations (ICC, IHBS, TBS, & TFCS)
    - Reference to additional Manuals and discussion of criteria
    - Definition
    - Service Components
    - Claiming
    - Lockouts
    - Additional Information when applicable

A Guide to Procedure Codes

Guide to Procedure Codes

The Guide to Procedure Codes:

- Lists and defines the procedures codes required to claim for the provision of SMHS
- A useful resource to have and refer to when you have:
  - a question about what procedure code to use for the service that was provided,
  - to ensure accurate reimbursement, and
  - to reduce risks of non-reimbursement and/or recoupment

Guide to Procedure Codes

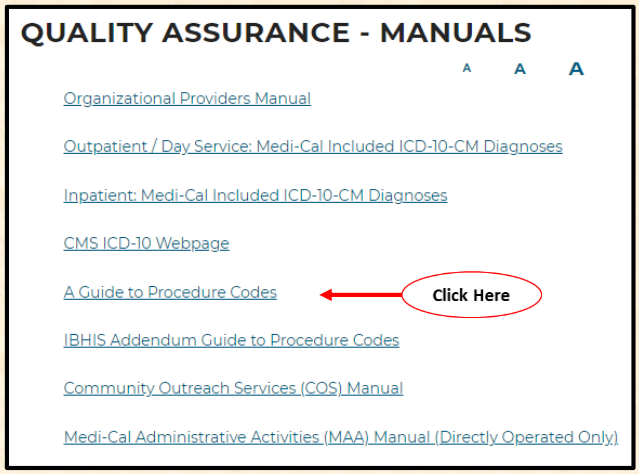
Reference the Guide when you have a question on procedure codes and services

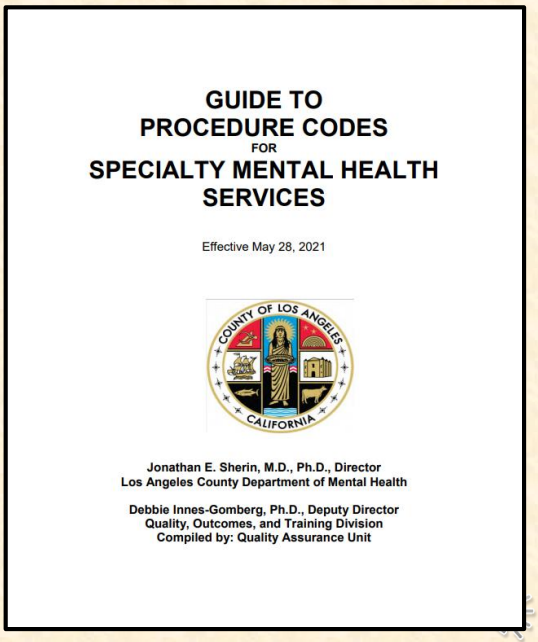
- Common questions that can be answered are:
  - What procedure code matches the service or activity that was provided?
  - What is the procedure code modifier for a service delivered via telephone?
  - I am not a clinician or psychiatrist. What services am I allowed to provide and claim for?

Tips for Claiming:

- Refer to the *Organizational Provider's Manual* section on Service Types and Service Components to understand the service that was provided and
- Find the matching code in the *Guide to Procedure Codes*

Guide to Procedure Codes for Specialty MH Services





Guide to Procedure Codes

What is in the Guide:

- Structure of Guide
- Disciplines/Categories/Taxonomies
- Services and Codes
- Appendix

Example Structure of Services in the A Guide to Procedure Codes

REHABILITATION					
Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Individual Rehabilitation Service	• In person • Telephone • Telehealth	• Client	H2015	42	
Group Rehabilitation *Delivered to more than one client*	• In person • Telephone • Telehealth	• Client	H2015 HE:HQ	52	• All disciplines

Activity or Service:

- **Title of the procedure code which defines the activity the practitioner provided**

Example Structure of Services in the A Guide to Procedure Codes

TARGETED CASE MANAGEMENT					
Service	**Method of Delivery**	**Service Contact**	**Code**	**SFC**	**Allowable Discipline(s)**
Targeted Case Management (TCM)	• In person • Telephone • Telehealth	• Client • Significant Support Person	T1017	04	• All disciplines

Method of Delivery:

- **Identifies the allowable ways in which the practitioner may conduct the activity**
  - **In person**
  - **Telephone**
  - **Telehealth**
  - **N/A**

Service Contact:

- **Identifies the allowable person or persons for whom the practitioner may claim their time of contact. The Service Contact may or may not be the client, but all claimed services must ultimately be directed toward serving the client**
  - **Client**
  - **Significant Support Person**
  - **N/A**

Example Structure of Services in the A Guide to Procedure Codes

MODE 15: MENTAL HEALTH SERVICES (MHS)

✓ These services are recorded in the clinical record and reported in IBHIS in minutes.
✓ *For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2*

MENTAL HEALTH ASSESSMENT					
Activity	**Method of Delivery**	**Service Contact**	**Code**	**SFC**	**Allowable Discipline(s)**
Psychiatric Diagnostic Interview *Comprehensive mental health assessment*	• In person • Telephone • Telehealth	• Client • Significant Support Person	90791	42	• MD/DO • PA • PhD/PsyD (Licensed or Waivered) • SW (Licensed, Registered or Waivered) • MFT (Licensed, Registered or Waivered) • NP or CNS (Certified) • PCC (Licensed or Registered) • Student professionals in these disciplines with co-signature*
Psychiatric Diagnostic Interview with Medical Services *Comprehensive mental health assessment with in depth evaluation of medical issues*	• In person • Telephone • Telehealth	• Client • Significant Support Person	90792	42	• MD/DO • PA • NP or CNS (Certified)
Nursing Assessment/Evaluation *Medical evaluation to inform the comprehensive mental health assessment*	• In person • Telephone • Telehealth	• Client • Significant Support Person	T1001	42	• NP or CNS (Certified) • RN • LVN
Comprehensive Multidisciplinary Evaluation *Non diagnosis, mental status exam, or medical history information gathering to inform the comprehensive mental health assessment*	• In person • Telephone • Telehealth	• Client • Significant Support Person	H2000	42	• All disciplines

Code:

- **The procedure code that matches the activity described**

SFC:

- **Utilized for Cost Report information systems, SFC identifies the specific type of service provided under a Mode of Service**
- **Service Function Codes are necessary for classifying services provided and service cost data at a specific level**

Allowable Discipline(s):

- **Identifies the disciplines permitted to use the procedure code**
- **Procedure Codes vary depending on scope of practice within the allowable disciplines**

Example Structure of Services in the A Guide to Procedure Codes

SERVICES TO EPSDT CLIENTS					
Activity	**Method of Delivery**	**Service Contact**	**Code**	**SFC**	**Allowable Discipline(s)**
Intensive Home Based Services (IHBS)	• In person • Telephone • Telehealth	• Client • Significant Support Person	H2015 HK	57	• All disciplines
Therapeutic Behavioral Services	• In person • Telephone • Telehealth	• Client • Significant Support Person	H2019	58	• All disciplines
Comments: *Roll-Up Procedure Code is H2015HK for H2015HK and H2019 for H2019. These procedure codes will be denied without prior authorization.*					

Comments:

- Provide additional information about the use of the code including, but not limited to:
  - **Authorization Requirements**: Some services require prior authorization or concurrent review. If indicated, the procedure code will be denied without prior authorization/concurrent review

Example Structure of Services in the A Guide to Procedure Codes

OTHER MENTAL HEALTH SERVICES					
Activity	**Method of Delivery**	**Service Contact**	**Code**	**SFC**	**Allowable Discipline(s)**
Record Review *Review and evaluation of clinical records, reports, tests and other accumulated data for:* • *Assessment and/or diagnostic purposes* • *Plan development* • *Preparation for a treatment session or other clinical service*	• N/A	• N/A	90885	42	• All disciplines
Report Writing *Preparation of reports of client's psychiatric status, history, treatment, or progress*	• N/A	• N/A	90889	42	• All disciplines
Comments: *Roll-Up Procedure Code is H0032 for 90885 and H2017 for 90889*					

Comments:

- Provides additional information about the use of the code including, but not limited to:
  - **Roll-Up Procedure Codes**: Medi-Cal only accepts a limited set of Procedure Codes. LACDMH "rolls-up" the Procedure Codes submitted by Providers to the more generic Procedure Codes allowable by Medi-Cal

Discipline, Category, Taxonomy & More

Discipline (Code)	Category	Taxonomy	Requirements/ Additional Information
Other Mental Health Worker (MHW)	Community Worker	•172V00000X - Community Health Worker •171M00000X - Case Manager/Care Coordinator •175T00000X - Peer Specialist	✓ Under the DHCS State Plan Amendments, these are considered "Other qualified providers"; Must minimally have a high school diploma or equivalent
	Other Mental Health Worker	•175T00000X - Peer Specialist •172V00000X - Community Health Worker •171M00000X - Case Manager/Care Coordinator •101YS0200X - Counselor, School •225600000X - Dance Therapist •222Q00000X - Developmental Therapist •225A00000X - Music Therapist •102X00000X - Poetry Therapist •225800000X - Recreation Therapist •225400000X - Rehabilitation Practitioner •101YM0800X - Counselor Mental Health •101YA0400X - Counselor, Addiction (Substance Use D... •374700000X - Technician •3747A0650X - Technician, Attendant Care Provider •101Y00000X - Counselor •221700000X - Art Therapist	
	Occupational Therapist	•225X00000X - Occupational Therapist •225XM0800X- Occupational Therapist, Mental Health	
	Other Student	•390200000X - Student in an Organized Health Care Education/Training Program	

- Lists the approved Disciplines, Categories, and Taxonomies within the Mental Health Plan system
- Rendering Providers/Practitioners may only provide services consistent with their education/licensure (scope of practice), length of experience and/or job description
  - All disciplines must minimally have a high school diploma or equivalent

Discipline, Category, Taxonomy & More

Discipline (Code)	Category	Taxonomy	Requirements/ Additional Information
Other Mental Health Worker (MHW)	Community Worker	•172V00000X - Community Health Worker •171M00000X - Case Manager/Care Coordinator •175T00000X - Peer Specialist	✓ Under the DHCS State Plan Amendments, these are considered "Other qualified providers"; Must minimally have a high school diploma or equivalent
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	Occupational Therapist	•225X00000X - Occupational Therapist •225XM0800X- Occupational Therapist, Mental Health	
	Other Student	•390200000X - Student in an Organized Health Care Education/Training Program	

- The **discipline** controls what procedure codes the practitioner can utilize in claiming services within their scope of practice
- The **category** (specific subsets of the discipline) is what is entered into the Network Adequacy: Provider & Practitioner Administration (NAPPA) application
- **Taxonomies** are used to determine if a claim should go to Medicare prior to being sent to Medi-Cal
- **Additional information** and applicable **requirements** about some discipline categories provided

Guide to Procedure Codes

Codes and Services

- Lists the Codes and Services for:
  - Mental Health Services (MHS)
  - Targeted Case Management (TCM)
  - Medication Support Services (MSS)
  - Crisis Intervention (CI)
  - Intensive Care Coordination (ICC)
  - Intensive Home Based Services (IHBS)
  - Therapeutic Behavioral Services (TBS)
  - Never Billable/Non Billable
  - Community Outreach Services (COS)
  - Medi-Cal Administrative Activities (MAA)
  - Crisis Stabilization (CS)
  - Day Treatment Intensive (DTI)
  - Day Rehabilitation (DR)
  - Socialization & Vocational Services
  - Therapeutic Foster Care (TFC)
  - Residential & Supported Living Services, Inpatient Services
  - Case Management Services (CMS)
  - Other Special Contract

TIP: Be sure to review any QA Bulletins that may have additional information to assist with understanding

Guide to Procedure Codes

Appendix

- Evaluation and Management Criteria
  - Provides description of Evaluation and Management (E&M) criteria and instructions for medication evaluation and prescription
- Procedure Code Modifiers
  - Provides description of modifiers and instructions
- Place of Service Codes
  - Used on claims to specify the entity where service(s) were rendered

Community Outreach Services (COS) Manual

Community Outreach Services (COS) Manual

The Community Outreach Services (COS) Manual:

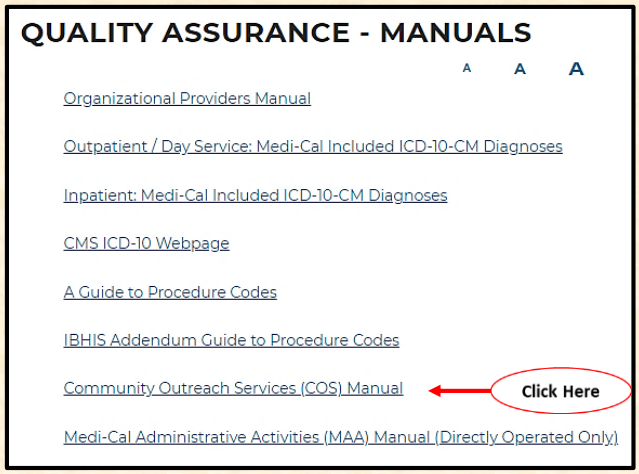
- Is a guide for LACDMH Directly-Operated and Contracted Providers for understanding and claiming for services under COS
- Is intended to provide:
  - Definitions for COS and it's components, service types, and recipients and
  - Instructions for documenting COS services and the required data elements of the COS form
- Is a valuable resource to have and refer to when you have a question about Community Outreach Services (COS) documentation and claiming rules

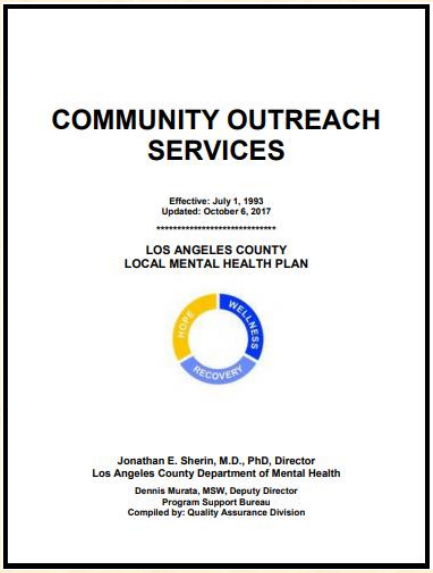
Community Outreach Services (COS) Manual

Reference the COS Manual when you have a COS service, documentation, and/or claiming question

- Common questions that can be answered are:
  - Does my agency need an approved contract to deliver and claim for COS?
  - What activities can I claim to COS?
  - What is the difference between Mental Health Promotion and Community Client Services?
  - Can I include transportation time?
  - What needs to be included in a COS Progress Note?

Community Outreach Services (COS) Manual





Community Outreach Services (COS) Manual

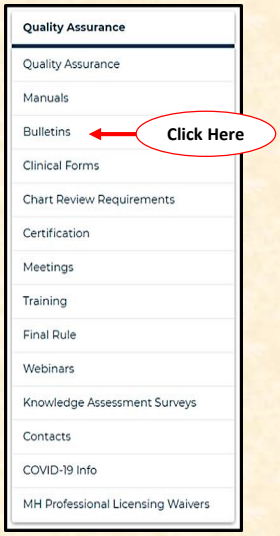
What is in the Manual:

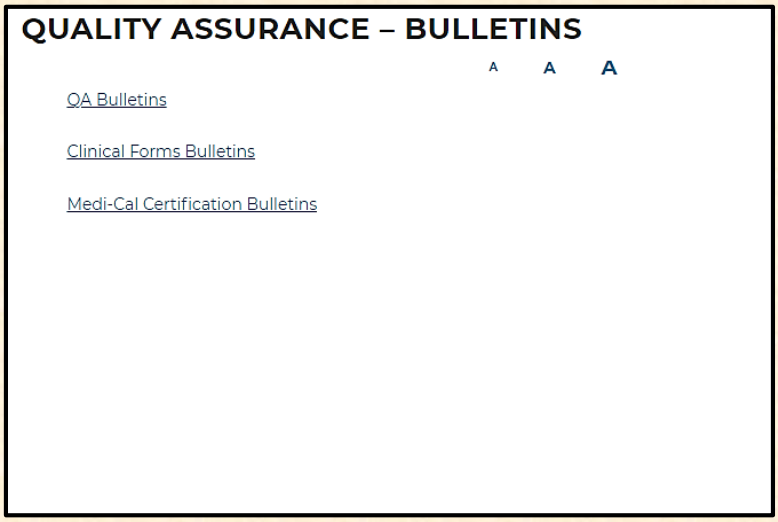
- Reimbursement Rules
- Documentation Rules
- COS Notes: Description & Note Requirements
- Service Types
- Categories of COS: Mental Health Promotion & Community Client Services
- Program Area
- Service Recipient Definitions
- Appendix: Program Area & Other Demographics

Bulletins and FAQs

Quality Assurance Resources

Access the Bulletins





Quality Assurance (QA) Bulletins

QA Bulletins:

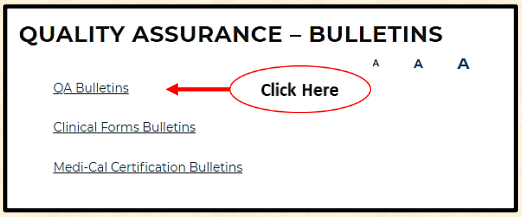
- Provides updates or clarifications to information found in the *Organizational Provider's Manual*
- Are considered to be official LACDMH requirements and information within the bulletins are incorporated into the *Organizational Provider's Manual* when appropriate

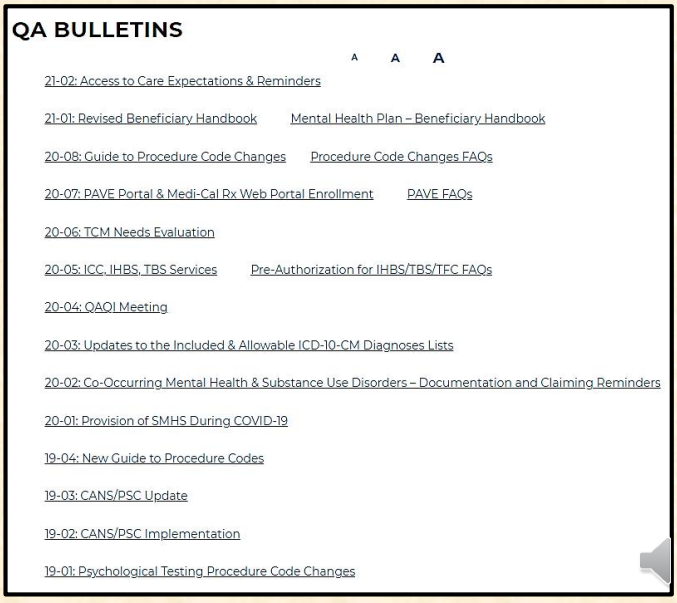
Quality Assurance (QA) Bulletins

Reference the QA Bulletins when you have a question on recent updates or seek clarification on information in the *Organizational Provider's Manual*

- Common questions that can be answered are:
  - What were the recent updates to the *Organizational Provider's Manual* or *Guide to Procedure Codes*?
  - What are the new regulations for the TCM Needs Evaluation?
  - How do I get pre-authorized TBS or IHBS services for my client?
  - What are the most up to date included diagnoses?
  - How do I document and claim for co-occurring Mental Health and Substance Use Disorders?

Quality Assurance (QA) Bulletins





Clinical Forms Bulletins

Clinical Forms Bulletins:

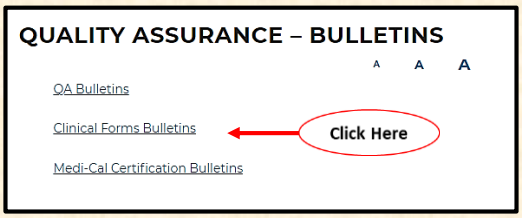
- Are utilized to announce changes to clinical forms and data elements that are needed to capture clinical documentation within the Los Angeles County Department of Mental Health (LACDMH).
- Identifies any new, updated or obsolete clinical forms.

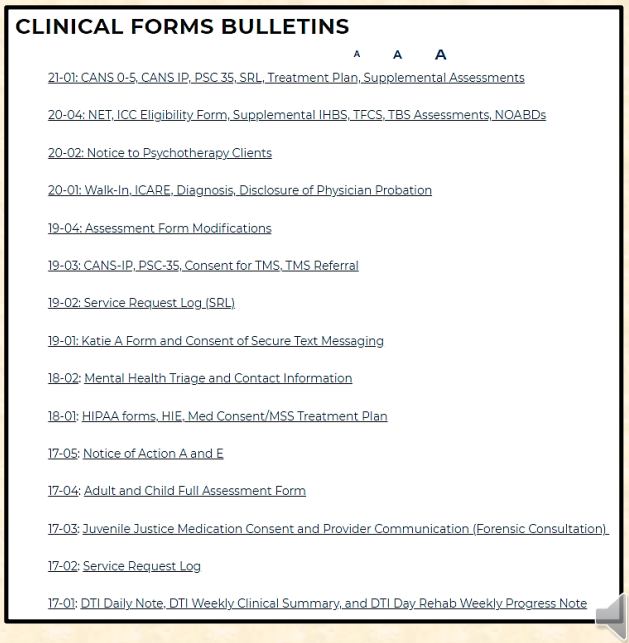
Clinical Forms Bulletins

Reference the Clinical Forms Bulletins when you have a question on recent updates or need clarification on Clinical Forms

- Common questions that can be answered are:
  - What were the recent updates to the CANS 0-5 and CANS-IP forms?
  - What is the Notice to Psychotherapy Clients and what new form will be used?
  - I was looking for the Community Functioning Evaluation Form and no longer see it. Was it replaced by the Needs Evaluation Tool?
  - The Client Treatment Plan Form looks different. Were there updates made? Are the requirements the same?
  - Do the NOABD forms replace the NOA forms?

Clinical Forms Bulletins





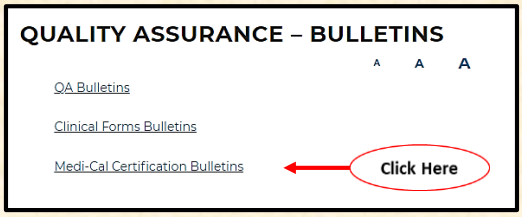
Clinical Forms Bulletins

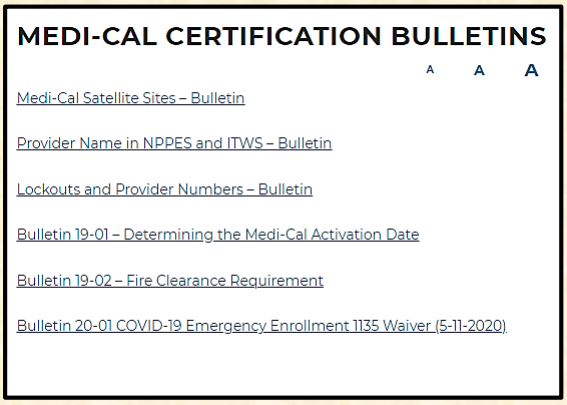
Structure of a Clinical Forms Bulletin

- New Forms
  - Names the form, the purpose, references and instructions, type of form (required data elements, required concept, & ownership form), and implementation dates for Directly Operated and Legal Entity providers
- Updated Forms
  - Names the form, revisions, references and instructions, type of form (required data elements, required concept, & ownership form), and implementation dates for Directly Operated and Legal Entity providers
- Obsolete Forms
  - Names the form, the type of form, and the implementation date of when the form was discontinued

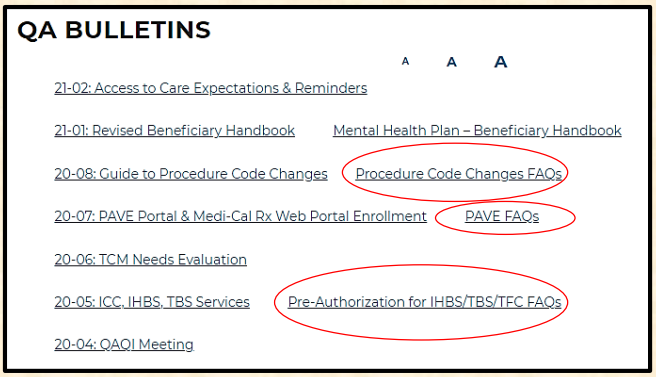
Medi-Cal Certification Bulletins

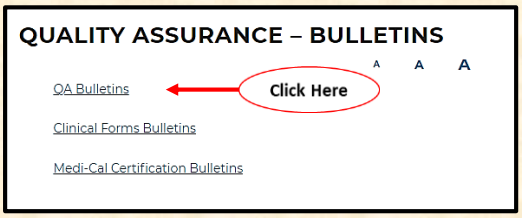
- **Medi-Cal Certification Bulletins:**
  - Provide up-to-date information on requirements in becoming and maintaining status as a Medi-Cal Certified Site in LACDMH.





Frequently Asked Questions (FAQs)

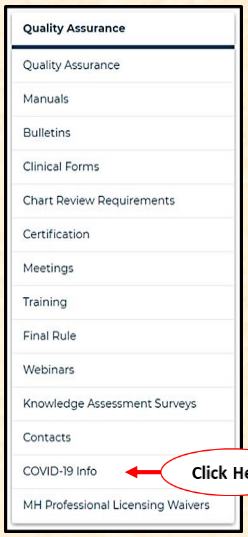


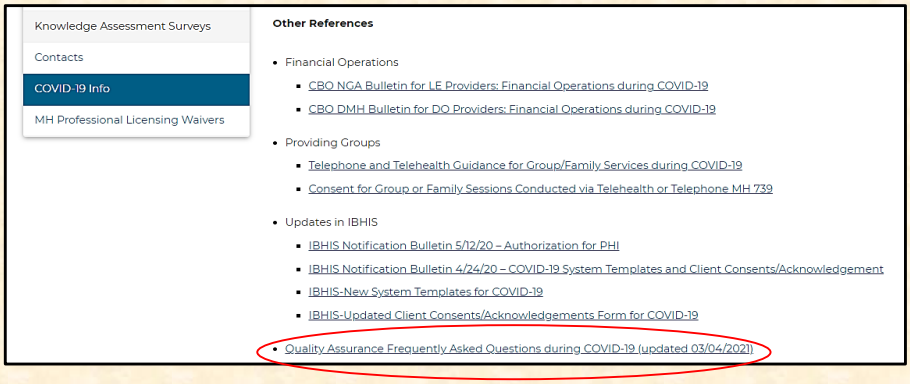


- Frequently Asked Questions can be located beside some QA Bulletins.

- FAQs help with providing answers to the most frequently asked questions from providers and may help answer some of your questions.

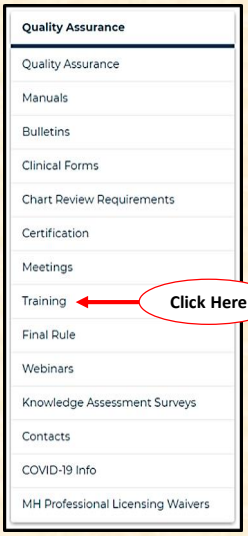
Frequently Asked Questions (FAQs)

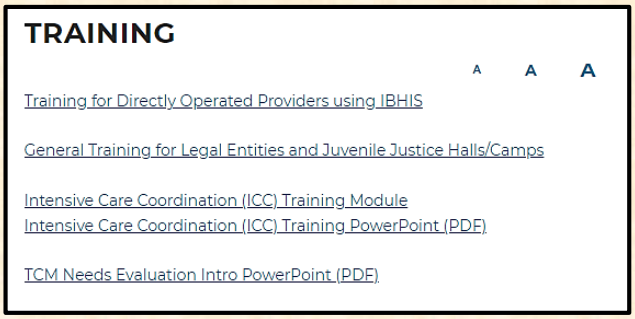




- FAQs may be found in different locations in the LACDMH webpage.
- Frequently Asked Questions can also be located in the COVID-19 Info link.

Access the Trainings



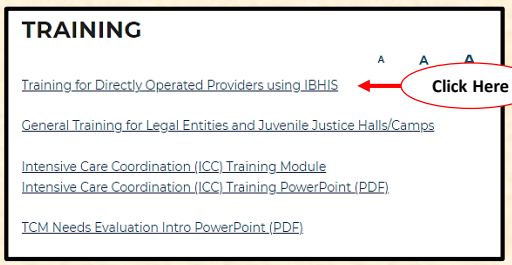


What training resources are available?

Online trainings on:

- Intensive Care Coordination (ICC) Documentation and Claiming Training
- Targeted Case Management (TCM) Needs Evaluation Introduction Training

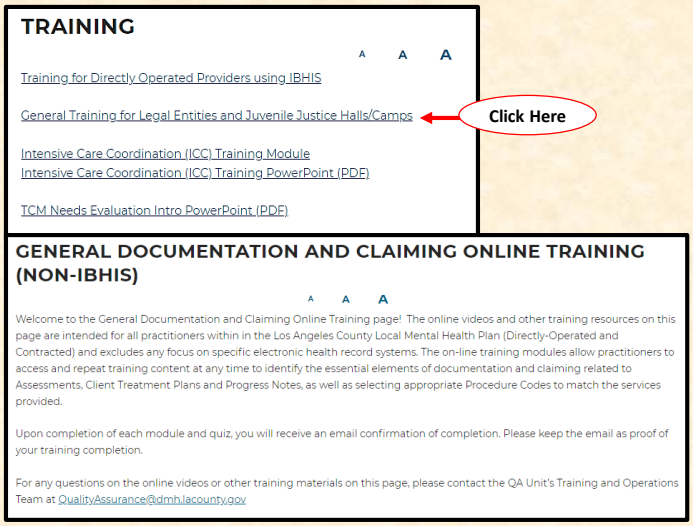
Training – Directly Operated Programs



What training resources are available?

- ***Modules based on disciplines*** *(e.g. Psychotherapists, Case Managers, Prescribers/Furnishers, & Non-prescribing/non-furnishing Medical Practitioners)*
  - Introduction IBHIS & Documentation
  - Scheduling Calendar in IBHIS
  - Episodes in IBHIS
  - Indirect Services: Community Outreach Services (COS)/Medi-Cal Administrative Activities (MAA)
  - Understanding Medical Necessity
  - Assessing & Diagnosing
  - Assessing, Planning, Prescribing & Treating
  - Treatment Planning
  - Treatment and Progress Notes

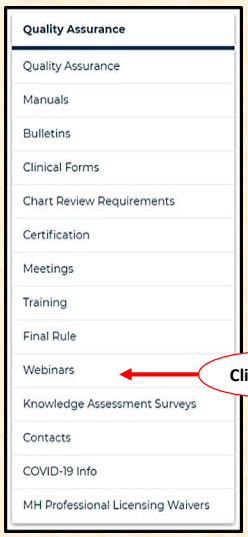
Training – Legal Entities & DMH Programs not Documenting in IBHIS

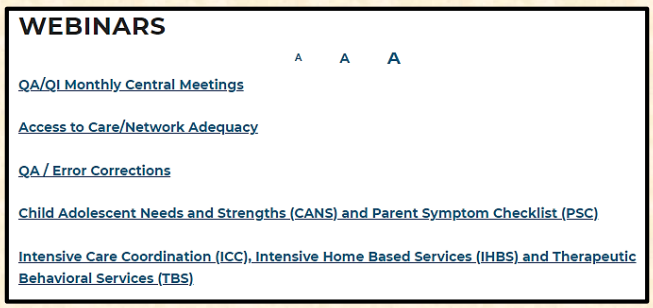


What training resources are available?

- ***General Documentation and Claiming Modules***
  - Introduction
  - Reimbursement & Claiming
  - Assessment
  - Client Treatment Plan
  - Progress Notes
  - Targeted Case Management and Rehabilitation
- ***Documentation and Claiming Related Handouts***
  - Examples of Service Components and Activities
  - What is reimbursable and what is not
  - Interventions lists

Access the Webinars





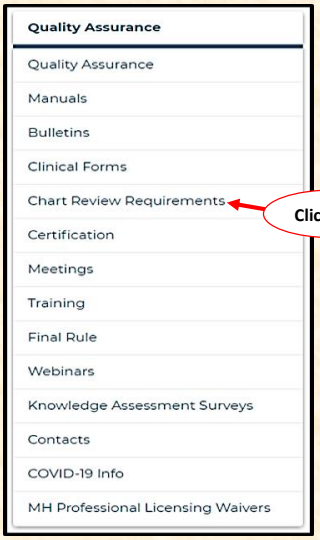
What resources are available in webinars?

- Webinars are recorded broadcasts on Quality Assurance information disseminated to help providers learn about new information or obtain clarification to some topics such as:
  - Access to Care/Network Adequacy
  - CANS and PSC
  - Services in ICC, IHBS, and TBS

Chart Review Requirements

Access this page to learn more about:

- The activities involved in the chart review process
- How to prepare for a chart review
- How to use the chart review results to strengthen QA documentation and practices
- Chart Review Checklist Tools
- Annual QA Report Forms



Click Here

LACDMH Policies

Quality Assurance Resources

Key QA Related Policies

- **Documentation Related Policies:**
  - 401.02 – Clinical Records Contents and Documentation Entry
    - Requirements for chart contents, record retention and timeliness of documentation
  - 401.03 – Clinical Documentation For All Payer Sources
    - Requirements for Clinical Documentation to minimally adhere to Medi-Cal standards
  - 401.05 – Use of Secure Text Messaging and Video Chat in Practitioner/Client Communications

- **Clinical Operations/Clinical Care Related Policies**
  - 302.03 – Coordination of Care
    - Includes requirements on how to coordinate client care among service providers
  - 302.07 – Access to Care
    - Includes requirements on screening and/or triage for requests for mental health services to ensure timely access to care

Example Structure of Policy

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH

Policy 401.03 Clinical Documentation for All Payer Sources

Policy Category: Clinical
Distribution Level: Directly Operated and Contractors
Responsible Party: Quality Assurance

Approved by Curley L. Bonds, MD, Chief Medical Officer, on May 25, 2021

I. PURPOSE

To provide policy for directly operated and contracted providers regarding clinical record documentation related to the delivery of Specialty Mental Health Services within the Los Angeles County Department of Mental Health (DMH).

Contracted agencies shall develop an internal policy and associated procedures that are consistent with their organizational practices and meet the requirements set forth in this policy.

II. DEFINITIONS

Practitioners: Individuals registered in the DMH electronic system to claim for services they provide to a client. If two (2) or more staff provide a service to a client and choose to write a single Progress Note, one practitioner must take responsibility for documenting the service. Also referred to as "rendering provider".

III. POLICY

All clinical documentation completed within DMH must minimally adhere to Medi-Cal standards regardless of the payer source.

All directly operated or legal entity providers and practitioners must know, reference, and abide by the requirements and provisions within the following:

- Short-Doyle/Medi-Cal Organizational Provider's Manual for Specialty Mental Health Services under the Rehabilitation Option and Targeted Case Management Services (Organizational Provider's Manual);
- Guide to Procedure Codes for Specialty Mental Health Services (Guide to Procedure Codes);
- All applicable QA Bulletins; and
- All applicable policies, including DMH Policy 401.02.

All Fee-for-Service (FFS) providers and practitioners must know, reference, and abide by the requirements and provisions within the following:

- Medi-Cal Specialty Mental Health Services Fee-for-Service Network Provider Manual (FFS Network Provider Manual);
- Provider Bulletins; and
- All applicable policies, including DMH Policy 401.02.

Each provider must have a quality assurance process in place in order to ensure that all documentation requirements of the Organizational Provider's Manual or FFS Network Provider Manual, as applicable, are met and occur within the established timeframes set forth within this policy.

- Directly operated providers: the quality assurance process must be in accord with the standards set forth within the Guide to Quality Assurance Chart Review Requirements for Directly Operated Programs (Guide to Quality Assurance). Any exceptions made to the requirements of the Guide to Quality Assurance, including the chart review tool, must be authorized by the Quality Assurance Unit.
- Legal entity providers: the quality assurance process must be written and on file with the Quality Assurance Unit. The quality assurance process must include annual chart reviews on at least 5% of open clinical records per quarter and incorporate a process for using review findings to inform and improve ongoing documentation practices.
- FFS providers: the quality assurance process must be in accord with the standards set forth within the FFS Network Provider Manual.

IV. PROCEDURES

No procedures are associated with this policy.

V. AUTHORITIES

California Code of Regulations Title 9, Division 1, Chapter 11, Section 1810.355
Guide to Procedure Codes for Specialty Mental Health Services (Guide to Procedure Codes)
Guide to Quality Assurance Chart Review Requirements for Directly Operated Programs (Guide to Quality Assurance)
Medi-Cal Specialty Mental Health Services Fee-for-Service (FFS) Network Provider Manual (FFS Network Provider Manual)
Short-Doyle/Medi-Cal Organizational Provider's Manual for Specialty Mental Health Services under the Rehabilitation Option and Targeted Case Management Services (Organizational Provider's Manual)

VI. ATTACHMENTS

No attachments are associated with this policy.

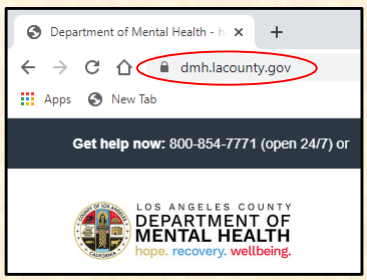
Accessing LACDMH Policies Online

1) Go to dmh.lacounty.gov

2) Hover over **FOR PROVIDERS**. Click on **POLICIES, PROCEDURES AND PARAMETERS**

3) Search for the Policy of interest

1



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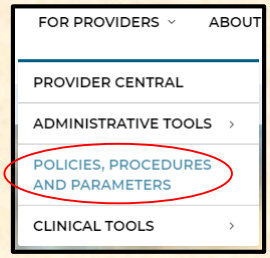

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Thank You For Watching

QA questions can be sent to the QA Mailbox:
QualityAssurance@dmh.lacounty.gov