Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health
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DOCUMENTATION AND CLAIMING REMINDERS BASED ON CHART REVIEWS

Medical Necessity and Claiming to Medi-Cal

In order to receive reimbursement from Medi-Cal services must meet all Medical Necessity criteria. Medical Necessity has three key criteria: included diagnosis, impairment and interventions. Each element is further defined below.

1. **Included DSM IV Diagnosis**: Medi-Cal has identified a list of DSM mental health diagnoses for which it will reimburse. Please note that this list does not contain every diagnosis in DSM so staff must ensure that the client's diagnosis falls into this list (see Attachment 1 for a list of Medi-Cal included diagnoses from Appendix A-1 of the Organizational Providers Manual).

2. **Impairment as a result of this Included Diagnosis**: The included diagnosis must contain an impairment for the client in an important area of life functioning, a probability of deterioration in life functioning, or (for clients under the age of 21) the probability of not appropriately progressing developmentally. The impairments must be due to the client's symptoms and behaviors related to his/her included diagnosis. Please note that documentation must show **how** the impairment is due to the client's mental health symptoms/behaviors.

3. **Intervention:** Services (interventions) provided to the client must be to address the identified impairments and have the expectation that the service will diminish the impairment or prevent deterioration in functioning or (for clients under the age of 21) allow the client to progress developmentally as appropriate. Please note that interventions must clearly show how they will impact the impairments or the client's symptoms/behaviors.

Documentation of Medical Necessity is found by looking at three different documents: the Assessment, the Client Care Plan, and the Progress Note. LAC-DMH calls this sequence of documentation the "Clinical Loop" and it ensures services provided are Medi-Cal reimbursable. The "Clinical Loop" has three steps and is done on a continual basis. It is not a one-time process. The three steps are:

1. Completion of a **Mental Health Assessment** including documentation of:
   - Symptoms/Behaviors leading to an Included Diagnosis
   - Impairments in Life Functioning, Needs, and Strengths

2. Using this information to complete the **Client Care Coordination Plan (CCCP)** which documents:
   - Goals/Objectives linked to the identified Symptoms/Behaviors or Impairments
   - Interventions that will assist the client in achieving the goal/objective noted

3. Using the goals/objectives and interventions identified on the CCCP to complete a **Progress Note** which documents:
   - Goal-based interventions provided to client

These criteria MUST be met for each service provided to the client and claimed to Medi-Cal, except for assessment services (as long as it has not been ascertained that the client does not meet Medical Necessity). By the end of the intake period, steps one (1) and two (2) must be completed. The intake period is two months for clients who are new to the DMH System of Care and one month for clients who have an open episode at another Provider within the DMH System of Care.

Important Reminder: If a service, other than Assessment services, does not meet the criteria for Medi-Cal Medical Necessity identified above, staff MUST NOT check the Medi-Cal box on the Progress Note/Daily Service Log. If this box is not marked, data entry staff MUST UNCHECK the Medi-Cal box on the claim screen when entering the claim.

Key Elements of an Assessment

The Adult Initial Assessment form is a Required Clinical Record Form for all Providers within the DMH System of Care for client's receiving ongoing treatment services. The Adult Initial Assessment contains key requirements of an assessment and must be completed in its entirety. Below is a list, non-inclusive, of key elements of the assessment and important information about these areas:

- Special status situations and risks to client or others
- Client strengths in achieving client plan goals
- Medication, dosages, dates of initial prescription and refills and informed consents
- Mental health history, previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information, lab tests and consultation
- Physical health conditions reported by the client are prominently identified and updated

Staff must ensure that the Assessment forms are filled out in its entirety and have clearly documented this information or reasons for not being able to capture this information.

Recently, Assessment trainings were held in each of the eight (8) Service Areas and identified the key elements that must be present in any assessment of a client. The trainings also focused on key documentation issues related to identifying impairments in life functioning and clearly linking impairments to the client's mental health included diagnosis. The Powerpoint from the training has been placed on-line at dmh.lacounty.gov under "For Providers" and should be reviewed by all staff.

Key Elements of a Client Care Plan

The Client Care Plan is a Required Clinical Record Form and must be completed for all clients receiving ongoing treatment by the end of the intake period (definition above). All Client Care Plans must have the following elements:

- The client's long-term goal
- SMART (specific, measurable/quantifiable, achievable, realistic, time-bound) objectives
- Type(s) of services provided and associated interventions
- Client and family involvement/participation
- Linguistic and interpretive needs
- Additional client contacts
- Signature of the client or description of client's refusal/inability to sign
- Signature of an AMHD

The CCCP Training Module has been placed on-line at dmh.lacounty.gov under "For Providers" and should be reviewed by all staff to ensure proper completion of the CCCP.

Key Elements and Requirements of Progress Notes:

Progress Notes are used to identify the intervention provided by staff to assist the client in ameliorating impairments or preventing deterioration in life functioning. Progress Notes must clearly identify an intervention provided to the client that links back to the Client Care Plan and the Assessment, as noted above in the Clinical Loop. Interventions must clearly be linked back to the client's mental health needs (i.e. how will doing this help the client improve functioning or prevent further deterioration in functioning which is due to his/her mental health symptoms/behaviors?).

The following elements must be present on a Progress Note:

- Date of Service
- Signature of person providing the service including discipline or title
- Procedure Code
- Duration of service
- Staff interventions or contributions
- Description of the service provided

Non-Reimbursable Activities:

Per the Organizational Provider's Manual, the following activities are not reimbursable by Medi-Cal. If these activities are completed during a reimbursable service, LAC-DMH suggests separating it out from the rest of your Progress Note and making a notation that it is "not claimable". In addition, do not include the time for this activity in the claim time on the Progress Note.

- Transportation time
- Missed appointments
- Clerical activities (faxing, mailing, scheduling appointments)
- Supervision
- Personal care services performed for the client
- Conservatorship investigations

In addition, if the Progress Note does not clearly identify an intervention, or some action that was taken to assist the client, the note will be disallowed.

For additional information regarding documentation and claiming, please refer to the "Organizational Providers Manual" and the "A Guide to Procedure Codes for Claiming Mental Health Services" located at dmh.lacounty.gov under "For Providers".

If you have questions regarding the information in this QA Bulletin, please contact your Service Area QA liaison.

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