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# Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health

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## FILLING OUT FORMS AND WRITING REPORTS

Filling out forms and writing reports are often seen as beneficial services for a client. However, depending on the circumstances, these services may not be reimbursable under the requirements of Medi-Cal.

To be reimbursable as a Medi-Cal Specialty Mental Health Service (SMHS), a service must meet Medical Necessity criteria as documented in the Assessment and Client Treatment Plan AND represent one or more specific Service Component(s) (reimbursable elements of Specialty Mental Health Services defined by the State Department of Health Care Services) that is/are claimable under the Type of Service (See the Organizational Provider's Manual for a detailed description of these terms and concepts). Even though a particular activity is seen as beneficial to the client (e.g., it helps the client access/obtain services or keeps those involved with the client apprised of the client's mental health status), it does not necessarily make the service claimable. When deciding if a beneficial service such as filling out a form or writing a report may be claimable to Medi-Cal, the following requirements must be met:

- 1. The service must specifically meet Medical Necessity by tying back to the assessed needs of the client and the associated objectives documented on the Client Treatment Plan.** The client's assessment and treatment plan must clearly show how any services provided are geared towards ameliorating impairments in life functioning that are the result of the client's mental illness. Frequently, the objectives on the treatment plan will be associated with TCM interventions related to accessing community resources that are needed based on the client's impairments.
  - ✓ Claimable: Complete a housing application for a client because the client's auditory hallucinations require him/her to have assisted housing.
  - ✗ Not Claimable: Complete a housing application for a client because the client is homeless (no link to mental illness has been documented in the Assessment).
  - ✓ Claimable: Complete an application for disability services for a client to be provided at school based on clearly documented mental health needs in the assessment and treatment plan.
  - ✗ Not Claimable: Complete an application for disability services for a client to be provided at school when no need for disability services has been established by the assessment and/or treatment plan.
- 2. The service must clearly represent one or more Service Component(s) associated with the particular Type of Service provided.** For example, if TCM is the Type of Service provided, any service claimed as TCM must represent one or more of the following Service Components: Assessment (evaluation of the need for TCM services), Plan Development, Referral, Monitoring and Follow-Up.

- ✓ Claimable: Write a letter referring a client to a primary care physician for a medical evaluation based on clinical concerns of a possible drug interaction as observed during therapy.
- ⊗ Not Claimable: Write a letter to primary care physician notifying the physician that the client is receiving psychotropic medications.
- ✓ Claimable: Complete a discharge summary progress note after a termination session with the client discussing progress with treatment goals and steps to maintain recovery.
- ⊗ Not Claimable: Write a letter to notify the client that his/her case will be closed.

**3. The service must be an activity that would have been done by the treating provider(s) as part of the mental health treatment of the client regardless of who requested it.**

Routine requests for form completion and report writing by non-treating agencies, such as the courts or DCFS, do not typically meet this requirement as they are considered primarily for the benefit of the requesting agency and not the client per se. Note: *An exception to this rule is when the form or report is completed with the participation of the client, and such interactive process represents a billable therapeutic service in-and-of itself (and is explicitly documented as such).*

- ✓ Claimable: Write a report to a client's DCFS social worker recommending that the client be provided access to certain social activities to address his/her depression-related isolation based on the findings of the assessment and objectives contained in the treatment plan.
- ⊗ Not Claimable: Complete a monthly client status-update report to the DCFS social worker based on the social worker's request/DCFS policy. *Particular caution should always be exercised when deciding whether to claim for reports/forms that are to be completed on a routine basis independent of the individualized needs of the client.*

**4. The service must NOT be solely administrative in nature.** The completion of forms or writing of reports for the purpose of communicating information to providers or agencies that will not be providing ongoing SMHS to the client (either through direct treatment or by assisting the client with accessing community services) are generally considered administrative as the information will not be used to modify the client's treatment plan going forward.

- ✓ Claimable: Write a report communicating relevant assessment/treatment information to an agency specializing in trauma focused cognitive behavior therapy that will begin providing that service to the client.
- ⊗ Not Claimable: Complete a referral/response form for the referring primary care physician informing the physician that the client will be accepted for treatment.

The claiming requirements contained in this bulletin apply to reimbursement by Medi-Cal. The requirements may be different for other funding sources (e.g. Calworks) that may reimburse for these services whether or not the above requirements are met. In other cases, such as in the completion of the Social Security Disability Assessment Form (SSA Form-1002), reimbursement is specifically made available by the requesting agency/department (DPSS) through invoice and the service should not be claimed as a direct service.

Note: This Bulletin supersedes previous Bulletins addressing this topic (e.g. QA Bulletin 09-04).

If Contract or Directly-Operated agencies have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

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