HWLA Documentation Requirements-Directly-Operated
Quality Assurance Division
Version 3: 5/15/12

Clinical Records

Directly-Operated programs must adhere to LAC-DMH Policy and Procedures 104.1 and 104.8 regarding the maintenance of Clinical Records and the general documentation guidelines for all HWLA enrollees. In addition, all Directly-Operated programs must adhere to the Clinical Records Guidelines.

HWLA enrollees will utilize the same chart order as all other clients being seen by the Directly-Operated Agency. For the majority of agencies, HWLA enrollees will have an eight part chart order in accord with the official eight part chart order for the Department.

Only DMH approved Clinical Forms can be used by Directly-Operated programs. Many Clinical Forms can be found on the DMH internet at www.dmh.lacounty.gov under Clinical Tools.

Documentation Guidelines

Even though HWLA enrollees are not reimbursed through Medi-Cal, all Directly-Operated Programs must continue to adhere to the Organizational Providers Manual as noted in DMH Policy & Procedure 104.9. In accord with the Organizational Providers Manual, the clinical record must clearly identify that the client meets Medical Necessity in order for mental health services to be reimbursed. Medical Necessity is comprised of three criteria:

1. An included Mental Health diagnosis from DSM
2. Impairments that result from the included mental health diagnosis
3. Interventions that are directed towards improving the client impairments, symptoms or behaviors.

These three criteria of Medical Necessity are supported throughout the "clinical loop" which is the sequence of documentation that supports the demonstration of ongoing medical necessity and ensures all provided services are claimable for reimbursement. The sequence of documentation on which Medical Necessity requirements converge is:

1. The Assessment
2. The Client Care Plan
3. the Progress Note

Assessment Guidelines:

In accord with the Organizational Providers Manual, an assessment must be present in the Clinical Record of each client receiving mental health services. Directly-Operated programs must use a DMH Approved Assessment form; please see QA Bulletin 12-03 regarding the appropriate use of Assessment forms (http://file.lacounty.gov/dmh/cms1_177573.pdf). Even though DMH allows up to two months for the completion of the assessment (per the Organizational Providers Manual), best practice suggests that an assessment be completed prior to treatment services being provided. For HWLA enrollees under Tier 2, it is recommended that the assessment be completed by the end of the 2nd visit with the client.

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Client Care Plans:

A client care plan must be present in the Clinical Record of each client receiving on-going specialty mental health services per the Organizational Providers Manual. Directly-Operated programs must use a DMH Approved Client Care Plan form; please see QA Bulletin 12-03 regarding the appropriate use of the Client Care Plan (http://file.lacounty.gov/dmh/cms1_177573.pdf). Similar to the Assessment, best practice suggests that a client care plan be developed prior to providing treatment services. For HWLA enrollees under Tier 2, it is recommended that the Client Care Plan be completed by the end of the 2nd visit with the client.

Progress Notes:

A progress note must be present in the Clinical Record for each service provided to the client prior to a claim being submitted in accord with the Organizational Providers Manual. The Progress Note must clearly document:

1. Date of service
2. Procedure Code (if the service is entered in the IS)
3. Length of service for all participating staff including face-to-face time and other time
    a. Face-to-face time is the amount of time in which services were directed towards the client
    b. Other time is the amount of time spent providing a service that was not directed towards the client, travel time, and documentation time
4. Description of the service provided
    a. The intervention that was attempted or accomplished by each participating staff
5. Any changes in the client's status
6. Signature of the Rendering Provider

Directly-Operated programs must use the DMH approved Progress Note (MH 515) or NCR Progress Note (MH 515NCR).

Please refer to the Organizational Providers Manual and the Procedure Codes Guide for additional information regarding documentation and procedure codes.