

DOCUMENTATION & CLAIMING PRESENTED AT THE 9TH ANNUAL HOUSING INSTITUTE CONFERENCE

LACDMH-PROGRAM SUPPORT BUREAU/QUALITY ASSURANCE



DISCLAIMER

This presentation is meant to highlight the basic guidelines for documentation and claiming but is in no way intended to be a comprehensive list of the rules and regulations for Los Angeles County Department of Mental Health. For all documentation and claiming rules, please refer to the Organizational Providers Manual, the Guide to Procedure Codes, Community Outreach Services Manual and LACDMH Policy 401.03 which can all be accessed through the *For Providers* page at <http://dmh.lacounty.gov>

IMPORTANCE OF QUALITY DOCUMENTATION

- Supports quality of care by:
 - Keeping services focused on client goals
 - Aiding in the coordination of client care within and between service providers
- Supports financial needs of clients by demonstrating initial and continuing eligibility for benefits
- Supports revenue generation by:
 - Documenting to Medi-Cal/Medicare requirements
 - Providing audit protection

REIMBURSEMENT CRITERIA

Reimbursable Services are services which meet the following criteria:

- **Medical Necessity** has been met as documented in the **Assessment and Client Treatment Plan**
- **A Service Component of a Type of Service** has been provided and documented consistent with **Medical Necessity**

MEDICAL NECESSITY – THE THREE I’S

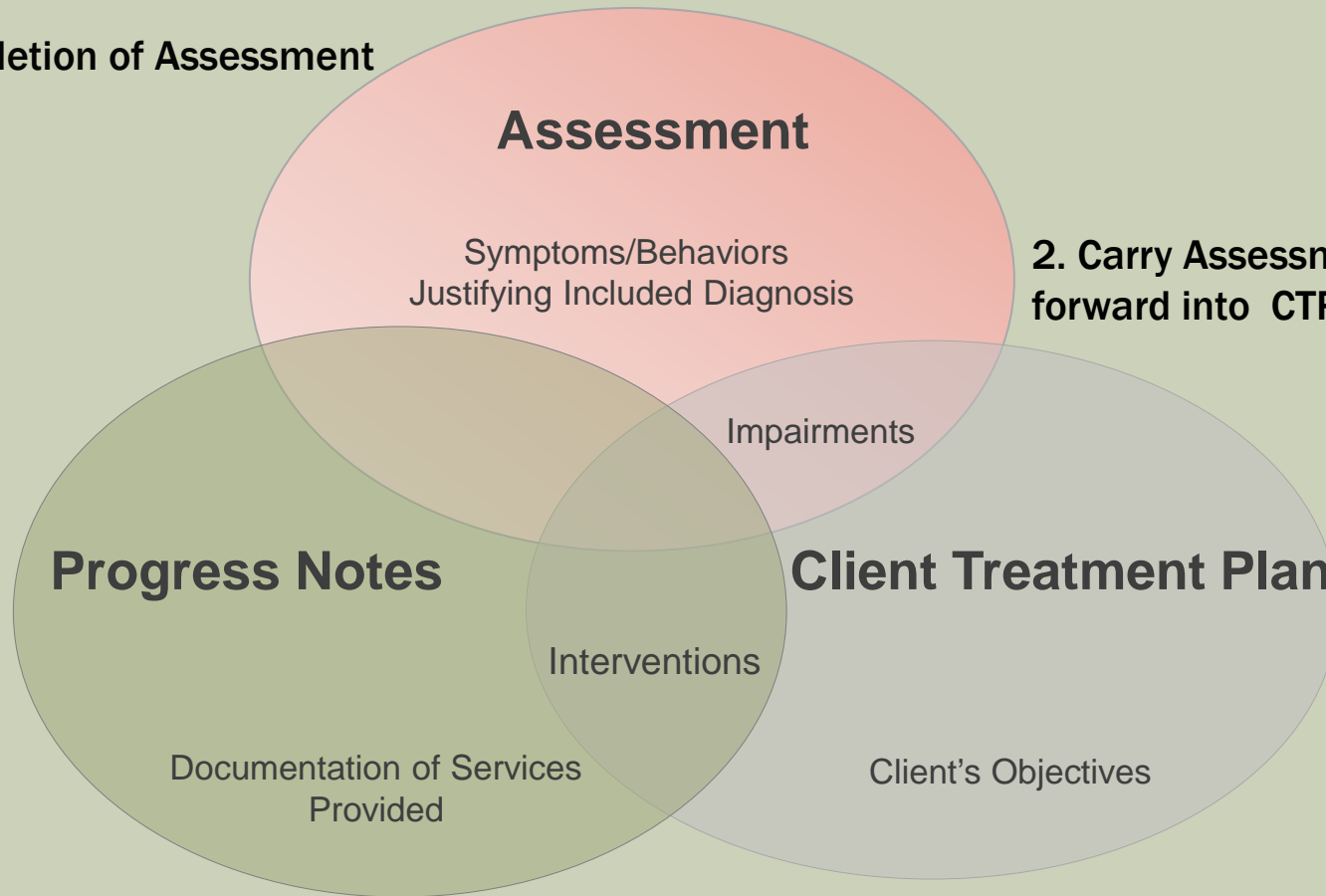
- An “Included” ICD-10-CM diagnosis (See Medi-Cal Included Diagnosis Handout)
- Impairment as a result of the “Included” ICD-10-CM diagnosis
 - A significant impairment in an important area of life functioning
 - A probability of significant deterioration in an important area of life functioning
 - A probability a person under 21 years of age will not progress developmentally as individually appropriate
- Intervention is:
 - The focus of the proposed intervention is to address the impairment
 - The proposed intervention is expected to do one of the following:
 - Significantly diminish the impairment
 - Prevent significant deterioration
 - Allow the child to progress developmentally as individually appropriate
 - The condition would not be responsive to physical health care based treatment

THE CLINICAL LOOP

- The “Clinical Loop” is the sequence of documentation that supports the demonstration of ongoing medical necessity and ensures all provided services are Medi-Cal reimbursable
- All services claimed to Medi-Cal, except for services for the purpose of assessment or crisis intervention, **MUST** fit into the Clinical Loop and support Medical Necessity in order to be reimbursed.

THE CLINICAL LOOP

1. Completion of Assessment



2. Carry Assessment information forward into CTP

3. Carry objective-based interventions from CTP Into the Progress Notes

HOUSING SERVICES & REIMBURSEMENT

- To be reimbursable to Medi-Cal, housing services need to be individualized to the needs of the client and link back to the impairments identified in the assessment.
- Client's treatment team needs to work together to show how the client's housing needs/issues tie back to mental health
- Important Questions/Points to Remember
 - How does the client's mental health symptoms/behaviors impact their housing?
 - Not everyone who is homeless or in need of housing has a mental illness. Why does the client need to receive assistance with housing from a **mental health** professional?

TYPES OF SERVICES & SERVICE COMPONENTS

MODE 15 (OUTPATIENT SERVICES)

MENTAL HEALTH SERVICES (MHS)

Service Components	Assessment
	Plan Development
	Therapy
	Rehabilitation
	Collateral

MEDICATION SUPPORT SERVICES (MSS)

Service Components	Evaluation of the Need for Medication
	Evaluation of Clinical Effectiveness & Side Effects of Medication
	Obtaining Informed Consent
	Medication Education
	Collateral
	Plan Development

CRISIS INTERVENTION (CI)

Service Components	Assessment
	Collateral
	Therapy
	Referral

TARGETED CASE MANAGEMENT (TCM)

Service Components	Assessment
	Plan Development
	Referral and Related Activities
	Monitoring & Follow-up

- ❑ Each Type of Service has specific Service Components.
- ❑ Service Components are defined by the State Department of Health Care Services (DHCS) and identify reimbursable core Medi-Cal services.
- ❑ Service Components and Procedure Codes are not the same thing.
- ❑ While Service Components are always reimbursable, Procedure Codes may or may not be reimbursable
- ❑ For each Type of Service there are specific situations in which claiming to Medi-Cal is prohibited or “locked-out”.

(Org. Manual, page 25)

MHS SERVICE COMPONENTS

Rehabilitation:

- Recovery and resiliency skill building activities which address mental health needs and impairments identified in the assessment and the client treatment plan.
- Preserving the client's functioning in the community
- Aimed at enhancing self -sufficiency and self -regulation.
- May be provided to a client or group of clients
- Is working **With** the client; not doing the work **For** the client.

Example of Skills to be Addressed with Rehabilitation:

- Social skills (unable to make friends, avoids others, difficulty interacting with others or engaging in relationships, conflictual relationships)
- Independent/Daily Living skills (hygiene, money management, taking care of home)
- Communication skills
- Concentration skills (unable to complete tasks, focus on work)
- Time management skills
- Anger management skills

Rehabilitation/Non-Rehabilitation Activity Examples:

- ✓ **Rehab** → While at the supermarket, guided client in practicing steps to obtain groceries.
- ✗ **Not Rehab** → Took client to the grocery store and went shopping.
- ✓ **Rehab** → Modeled communication skills for client during outing to park
- ✗ **Not Rehab** → Took group attendees/clients to the park to play basketball.

TCM SERVICE COMPONENTS

- **Assessment (Targeted Case Management)** - Determination of need for or continuation of Targeted Case Management (TCM) services in order to access any medical, educational, social or other services.
- Note: TCM Assessment is related to the ability to access ancillary services to support the client's identified mental health needs
- TCM Assessment activities include:
 - Taking client history
 - Identifying client's needs
 - Reviewing medical, psychosocial, & other records
 - Gathering information from family members, medical providers, social workers, educators, etc.
 - Assessing support network availability, adequacy of living arrangements, financial status, employment status, & potential training needs.
- Community Functioning Evaluation Form (Optional tool for evaluating TCM and Rehabilitation needs – See Handout)

TCM SERVICE COMPONENTS

- **Referral and Related Activities (for TCM)** – Linkage, coordination and arrangement of other needed services and supports; identify, assess and mobilize resources to meet client needs (consultation and intervention on behalf of the client); placement or evaluation of appropriateness of living arrangement to address mental health condition
- **Monitoring and Follow-Up** – Activities to ensure the client treatment plan related to other needed services and supports is appropriately implemented and adequately addresses the client's needs; includes adjusting the client treatment plan and associated services
- **Plan Development** - Development of client treatment plans, approval of client treatment plans and monitoring client's progress for the purpose of linkage/referral to ancillary services.

Examples:

- Met with the housing specialist to discuss the CTP and need for ancillary services.
- Discuss the progress of a client and the plan for adding/modifying ancillary services during a team conference.

TARGETED CASE MANAGEMENT (TCM)

■ Points to Remember:

- Linkage and referral activities must be related to functional impairments identified in the Assessment and the CTP
- Transporting a client implies staff is simply providing transportation which is not a TCM claimable activity. **NOTE:** Can claim if providing a service while taking a client to destination.
- Related TCM activities provided by the same Rendering Provider within a day, such as several phone calls to locate an appropriate placement for a client, may be combined into a single note and submitted as one claim

COLLATERALS VS NON COLLATERALS

- The distinction is in who the service is directed toward, but its always for the benefit of the client:
 - **Collateral** services involve interactions with persons such as a parent, foster parent, spouse, partner, legal guardian, non-paid conservator
 - (*Not being paid to be in the client's life)
 - **Non- Collateral** involves interactions with intra-agency or inter-agency mental health treatment team members, non-mental health agency staff, school teachers, board and care operators, paid conservators
 - (***Paid to be in the client's life**)

CLIENT TREATMENT PLAN – POINTS TO REMEMBER

- Should have an overall long-term goal for treatment
- Must have a objective associated with all **Treatment Services** provided
 - **Treatment Services** - Services addressing client mental health concerns that are not primarily for the purpose of assessment, plan development, crisis intervention or, during the first 60 days for the linkage of new/returning clients to other mental health programs
 - For new clients, CTP must be completed within 60 days of admission and annually or when a new objective is added.
 - **A treatment plan needs to be written prior to a treatment service is provided.**

CLIENT TREATMENT PLAN – POINTS TO REMEMBER

- If emergent treatment services are needed prior to the completion of the assessment, a plan regarding the need for services and interventions to be provided must be written in the progress note.
 - Objective must be directed towards the individual client
 - Objective should be linked to symptoms/behaviors/impairments in Assessment
 - Interventions should focus on reducing the functional impairments identified in the Assessment, preventing deterioration and/or enabling client to progress developmentally

CLIENT TREATMENT PLAN – POINTS TO REMEMBER

- **Client Treatment Plans must be completed for all treatment services and fall into 2 categories:**
 - **Annual (the anchor)** - Covers all services to be provided to a client.
 - Re-set the “clock” for the 365 day deadline (Re-starting the plan)
 - **Example:** Treatment Plan completed on 1/25/16 then the Annual Client Treatment Plan due by 1/25/17
 - **Update** - An addendum to the Annual, covering those objectives or interventions to be reviewed, added, modified, or deleted prior to the review deadline of the Annual Treatment Plan.
 - Does not re-set the 365 day “clock” (Adding to the plan)
 - Example: Annual treatment plan was completed on 1/25/16. An addendum to add an additional objective was completed on 4/01/16. The next Annual will be due on 1/25/17.

EXAMPLES OF HOUSING RELATED OBJECTIVES AND INTERVENTIONS

Objective: Client will obtain housing within 3 months

Interventions: Housing Specialist will identify resources for housing. CM will meet with client 1x per week to work on the process of obtaining housing/placement including assisting with applying for housing programs or facilities, referral to related agencies, monitoring and follow-up with applications/referrals to ensure client obtains housing.

Objective: Client will maintain housing for 3 months

Interventions: CM will work with client on anger management skills so she can communicate appropriately with the SRO manager and other tenants. Case manager will refer client to money management group and follow-up until client is enrolled. Case manager will contact group facilitator 1x/week to monitor client's progress.

EXAMPLES OF TCM DOCUMENTATION

- CM completed Section 8 application to assist in linking the client to housing. Called Section 8 to confirm receipt of application and check on anticipated timeframe for obtaining Section 8.
- CM identified available and affordable housing for client by calling several housing authorities (list the places called). CM will assist client in setting up a pre-placement apartment visit at (identify housing complex) because it appears to be the most affordable and able to handle client's needs (list specific needs).

PROGRESS NOTES

Points to Remember:

- Make sure you document the intervention.
- Make sure you have signatures and legible writing
- Must sure there are functional impairments related to the impairments and it is all documented in the Assessment, CTP, and the Progress Notes.
- **Progress Notes need to be Clear and Concise**
- Make sure you document and identify interventions of other staff that are participating.
- Make sure you are billing the correct billing code for the service being provided (e.g. documented TCM but claimed MHS)

CASE EXAMPLE

- Ken is a 54 year old male who is homeless due to psychotic symptoms and hoarding.
- He hears voices telling him to wait for the spaceship to come and retrieve him. Ken believes that he is God and will save the world.
- He has not been to the doctor since he was last discharged from the psychiatric hospital, where he was initially admitted due to grave disability.
- He has gout (infected right large toe) with open sores.
- Ken is malodorous with extremely poor hygiene.
- His diet is composed of unhealthy food and water.
- Ken's strengths are that he loves his dogs and has family and friends that are willing to help him.

KEN IS A 54 YEARS OLD MALE DIAGNOSED WITH UNDIFFERENTIATED SCHIZOPHRENIA.

Symptoms:

1. Hallucinations
2. Delusions
3. Poor ADLs

- Does client meet Medical Necessity?
- What are the main Mental Health Issues?
- What Type of Services will he need?

A) HOW DO WE FORMULATE THIS PLAN?

- Primary Dx- Undifferentiated Schizophrenia

B) CLIENT WILL NEED WHAT TYPE OF SERVICES?

- **MENTAL HEALTH SERVICES (MHS)**
(INDIVIDUAL/GROUP THERAPY)
- **MEDICATION SUPPORT SERVICES (MSS)**
- **TCM (TCM)**

C) OBJECTIVES

- **GOAL # 1 (MHS & MSS)** Client will decrease auditory hallucinations from 60% of the day to 10% within 6 months.
- **GOAL # 2 (TCM)** Client will obtain and maintain stable housing for at least 3 continuous months

NOTE: work on possible conservatorship with family/friends

KEN'S INTERVENTIONS

Goals/Objectives

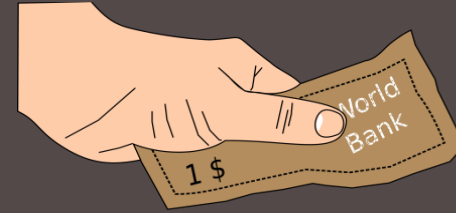
- **GOAL # 1 (MHS & MSS)** Client will decrease auditory hallucinations from 60% of the day to 10% within 6 months.
- **GOAL # 2 (TCM)** Client will obtain and maintain stable housing for at least 3 continuous months
- **NOTE: Work on possible conservatorship with family/friends**

Interventions

- **MHS-Provide individual and group rehabilitation 1x a week** to educate on the importance of hygiene and skills to manage hallucinations in order to complete tasks (such as grooming)
- **MSS – Prescribe medications, provide medication education, and monitor side effects 1x per month**
- **TCM- CM will link client to a board and care placement/housing, monitor behaviors at the board and care and coordinate with board and care and treatment team to ensure client remains in placement,**

CLAIMING, REIMBURSABLE & NON-REIMBURSABLE SERVICES

A FEW GENERAL CLAIMING RULES



- Mode 15 (Outpatient) Services must be reported and claimed by the exact number of minutes it took to provide the reimbursable service (**i.e. no rounding off or blocks of time**)
- The duration of the claim includes:
 - Face to Face time (time spent directing a service to the client) and/or
 - Other time (time spent documenting a reimbursable service, directing a service to a collateral/other staff, traveling to/from a reimbursable service)
- Each Procedure Code has a descriptor

Example:

Procedure Code	Descriptor
Individual Rehabilitation –H2015	Service delivered to one client to provide assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills to enhance self-sufficiency or self regulation in multiple life domains relevant to the developmental age and needs of the beneficiary.

- The descriptor must match the Activity (**e.g. Community Worker led client in practicing responses to potential questions for upcoming residential program interview...**)

Note: For directly operated programs there are also non-billable codes (e.g. 00000, 00001)

REIMBURSABLE SERVICES – EXAMPLES

- Following up with client or the provider about the outcome of a referral
- Making a referral or calling providers of needed services to determine availability
- Assisting clients to understand the requirements of participation in a program in order to make appropriate linkages
- Coordinating with a service provider to help client to maintain a service
- Developing strategies with client to access activities **(eg: activities within the housing complex or in the community)**

REIMBURSABLE SERVICES – EXAMPLES

- Assist in the housing search process **(T1017)**
- Contact residential housing program and refer client **(T1017)**
- Complete referrals for rental subsidies such as Section 8 and Shelter Plus Care, housing programs or private rental agreements **(TCM - T1017)**
- Assist clients with accessing and maintaining housing **(TCM- T1017 and possibly Rehab-H2015)**

Note: Make sure the impairments hindering client from completing the steps involved in securing housing are documented in the Assessment and addressed/reflected in the Client Treatment Plan, and Progress Notes.

REIMBURSABLE SERVICES – EXAMPLES

- Assists with preparing for interviews with Housing Authority, managers and property owners (e.g. mock interviews) **(H2015 use as a skill building)**
- Educate clients/collaterals about tenant rights and responsibilities **(H2015)** Use as a skill building due to client's behavior/ impairments that cause them to have difficulty understanding rules and regulations
 - ***If a collateral is involved then use 90887*** advising them on how to assist the client, obtaining information from collaterals regarding the client mental illness
- Discuss with team of any observed or landlord/manager reported difficulties client is experiencing in the housing facility including the need for additional supports to prevent eviction **(T1017)**

REIMBURSABLE SERVICES – EXAMPLES

- Ensure client is connected to on-going ancillary supports
(T1017--linkage)
- Liaison between client and manager to avert possible eviction
(T1017)
- Inter-agency and intra-agency referrals re: placement
(T1017) - how and where to find housing that is appropriate.

REIMBURSABLE SERVICES – TIPS

- Make sure that the Housing Specialist is aware of the impairments identified in the client's assessment and that the treatment plan and progress notes link back to the assessment.
- Make sure that there is a Client Treatment Plan in place for any TCM and/or MHS services being provided.

NON-BILLABLE V. NON-BILLABLE TO MEDI-CAL

Non-billable

Activities that are not reimbursable to ANY payer source as there was no actual service component provided to or on behalf of a client.

Example:

Called housing program to check status of client's referral, had to leave a message for the coordinator.

Non-billable to Medi-Cal

Services that are not reimbursable to Medi-Cal (generally due to lock-out rules) but may be covered by other payer sources (e.g. CalWorks, MHSA).

Example:

Client admitted to inpatient psychiatric unit 1 week ago. Mobile Team Case Manager called and spoke with Outpatient intake coordinator to link client back to mental health services upon discharge.

NON-REIMBURSABLE SERVICES

- Assist in resolving legal history barriers (e.g. warrants, expungement)
- Gather required documents such as identification, social security card, bank statements
- Determine and certify eligibility for federal, state and locally funded housing programs by verifying income, assets and other financial data
- Assist with compiling and assessing eligibility information in compliance with housing regulations
- Advocate and negotiate for clients with poor credit and poor housing histories (i.e. evictions or lack of housing tenancy)
- Assist with moving in to new apartment

NON-REIMBURSABLE SERVICES

- Provide information and assistance to team members regarding the housing resources in the community including temporary, transitional and permanent housing
- Research housing resources and develops community specific housing resource directory
- Liaison to Countywide Housing, Employment and Education Resource Development (CHEERD)
- Represent agency/program at Service Area and County-wide housing related meetings
- Avert possible evictions by maintaining professional relationships with property owners and managers and promptly addressing their concerns
- **DO NOT CLAIM FOR SUBSTITUTE PAYEE FUNCTION UNDER MONEY MANAGEMENT.**

NOTE: Some of these activities may fall under the definition of COS

ACCESSING QA RESOURCES



The screenshot shows the LAC DMH website. At the top, there is a navigation bar with links like 'County Directory of Information & Services', 'Public Alerts', and 'Public Information'. Below this is a banner with the LAC DMH logo, a group photo of staff, and a helpline number: 1-800-854-7771. A yellow navigation bar contains links: 'About DMH', 'Our Services', 'For Providers', 'Contract Opportunities', 'Press Center', and 'Employment Opportunities'. The 'For Providers' section is highlighted, showing a list of 'Administrative Tools' and 'Clinical Tools'. The 'Administrative Tools' list includes: 'Administrative Information for Clinicians', 'Provider Manuals & Directories', 'Reports, Standards, Practices & Conduct', 'Administrative Forms', 'Integrated System', 'Program Support', and 'Healthy Way LA Administrative Guidelines and Resources'. The 'Clinical Tools' list includes: 'Clinical Forms', 'Clinical Practice', 'Pharmacy', 'Training & Workforce Development', 'Student Professional Development Program', 'Web Based Training & Meeting Solution', and 'Healthy Way LA Clinical Guidelines and Resources'. On the right, there is a 'Mental Health Programs/Services' section with a search bar and a 'Service Planning Areas Map'.


How to access the Org. Manual, DMH Documentation Policies, and the Guide to Procedures Codes:

- Directly Operated Programs go to the DMH Intranet
 - DMH Websites Tab → Program Support Bureau → QA Division
- Contract Providers go to the DMH Internet site
 - <http://dmh.lacounty.gov> → For Providers → Administrative Tools → Provider Manuals and Directories.


QA WEBSITE

[←](#)
[→](#)
http://psbqi.dmh.lacounty.gov/QA_Div.html
[index.jpg](#)

DMH Internet Site | County Directory of Information & Services | Public Alerts | Public Information | County Contact Information


Los Angeles County
Department of Mental Health

24/7 HOTLINE: 1-800-854-7771
Our Mission: Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resilience.



Home Welcome to Program Support Bureau	Quality Improvement (QI) Direct & manage transformational initiatives & strategies	Data - Geographic Information Systems (GIS) Improve service delivery through statistical & quantitative data analysis	Training Clinical & mandated trainings	Quality Assurance Medi-Cal regulations & licensing	Maps Los Angeles County Maps
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Quality Assurance

The Quality Assurance (QA) Division was established to develop and implement processes and procedures to assess, maintain and improve the overall quality of the Department's service delivery system and to ensure that policies and procedures for the quality of care of our consumers are in place. The QA Division focuses on a commitment to ensure that minimum standards in several key operations within the Department are achieved.

Some of the responsibilities of the QA Division are:

- Coordination of Medi-Cal System Reviews and other State audits
- Custodian of Clinical Records
- Medi-Cal Certification of Provider Sites
- MH Professional Licensing Waiver Process for Contract Providers
- Technical Assistance and Training (Documentation and Associated Claiming)

Internet Links


- Bulletins and Forms**
 - Clinical Records Bulletins
 - Quality Assurance Bulletins
 - Clinical Forms
- Frequently Asked Questions**
- Contacts**
 - Quality Assurance Contacts by Services Area
 - Keeper's of Records by Provider
- Medi-Cal Provider Certification**
- Provider Manuals**
 - Organizational Provider's Manual
 - A Guide to Procedure Codes for Claiming Mental Health Services
 - PEI Claiming Guidelines
- QA Monthly Meeting Minutes**
- QA Policies and Procedures**
 - Closing of Service Episodes
 - Clinical Records Maintenance, Organization, and Contents
 - Clinical Documentation: Medi-Cal And Other Non-Medical/Medicare Payor Sources
 - Clinical, Rehabilitative and Case Management Service Delivery Supervision
- QA Protocol and Guidelines**

(Contract agencies may use these forms, however they must take full ownership and responsibility)

 - Chart Review Tool
 - Chart Review Tool (IBHS)
 - QA Activities Guide (Directly-operated only)
 - QA Guidelines
 - Quarterly Monitoring Report
 - QA Report for LE Contract Providers
 - Corrective Action Plan for QA Report for LE Contract Providers
- Training**
 - QA Training Request Form
 - Instructor Led Training
 - Web-based Training
 - Learning Net Site for Registration

QA staff may be contacted by email to: QA@dmh.lacounty.gov
Fax correspondence to (213)351-7688

Los Angeles County Service Areas



Select Service Area for more information

SA 1	SA 5
SA 2	SA 6
SA 3	SA 7
SA 4	SA 8
Countywide	

QUESTIONS

- **Final questions...**



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WHERE TO DIRECT DOCUMENTATION/CLAIMING QUESTIONS

- If unable to find the answer to your Documentation/Claiming related questions in the Organizational Providers Manual, Guide to Procedure Codes or other available QA resources, questions must first go to your direct supervisor, who will consult with their Program Manager if needed. If they are unable to answer the question or need further clarification they can contact the QA liaison for their Service Area.
- List of QA Contacts by Service Area available at: http://psbqi.dmh.lacounty.gov/QA_Div.html

RESOURCES

- QA Resources can be found on-line at:
<http://dmh.lacounty.gov>
 - Under: “For Providers”
- For QA Manuals and training documents:
 - Click on: “Provider Manuals and Directories”
 - http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals
- For Clinical Forms:
 - Click on: “Clinical Forms”
 - http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_forms
- For Administrative Forms:
 - Click on: “Administrative Forms”
 - http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/admin_forms

CONTACTS

Quality Assurance Division, Program Support Bureau

- Acting Chief Deputy Director: Dennis Murata, MSW
- Program Manager III: Bradley Bryant, PhD
- QA Mailbox: QA@dmh.lacounty.gov
- Training & Operations
 - Nikki Collier, LCSW – MHCPM I
 - Allen Pouravanes, RN/MSN/MBA - MHCRN
 - Robin Washington, LCSW – PSW II
 - Lori Arnold, Psy.D – Training Coordinator
 - Marc Borkheim, P.h.D. – Clin. Psych. II
- Policy & Technical Development
 - Jennifer Hallman, LCSW/MPA – HPA III
 - Susan Cozolino, Psy.D – Clin. Psych. II
 - Kim Kieu, BA – HPA I
 - Michelle Young, LCSW – Training Coordinator