ASSESSMENTS & NEW CLIENTS

BHRS

Mental Heath Documentation Updates 2020

Presented by BHRS Quality Management

Last updated 6.23.20

ASSESSMENT & TREATMENT PLAN TIMELINES

01
COMPLETE THE ASSESSMENT OR ASSESSMENT REVIEW- WITHIN THE FIRST 3 SESSIONS (WHEN POSSIBLE).

02
DEVELOP THE TREATMENT PLAN WITH THE CLIENT.

03
THEN, YOU MAY PROVIDE PLANNED SERVICES, WITHIN TIMELY ACCESS MANDATES.

All Planned Services must be authorized on a Treatment Plan.

Treatment Plans are invalid if not based on the assessment of Medical Necessity.

TIMELY ACCESS STANDARDS (DHCS)

DHCS has tightened up the requirements to make sure that clients get "timely access" to services

TIMELY ACCESS STANDARDS (DHCS)

The timeline starts the moment the client or provider requests services.

A request for services is made in the following ways:
o A call received by the Call Center or other 24/7 ACCESS line
o A client calls or walks into a clinic or provider site to request services
o A written request for services is submitted via email, fax, letter, referral form, or authorization request
o A client requests additional services from a current provider

TIMELY ACCESS STANDARDS (DHCS)

Timely access standards for requested services are:

o <u>Non-urgent, non-psychiatry outpatient</u> mental health appointments: within 10 business days from request

o <u>Non-urgent psychiatry</u> appointments: within 15 business days from request

Urgent Services:
   o 48 hours for services <u>not</u> requiring preauthorization
   o 96 hours for services that <u>do</u> require preauthorization

Poll Answers:

When a new client is admitted, it is best to complete the treatment plan before the assessment is completed to make sure that we can bill for all services.

✓**False**

The treatment plan must be based on the assessment that demonstrates Medical Necessity.

Poll Answers:

If a client is transferred from another BHRS program and there is a current assessment from the other program, I still need to complete a new assessment because my program did not complete the assessment.

✓**False**

The goal is to reduce duplication (waste) and improve the client experience.

Poll Answers:

If a client is <u>transferred</u> from another BHRS program and there is a <u>current assessment</u> from the other program:

1. **Review the current assessment** - to ensure that the information is correct and current.

2. If needed, complete the appropriate document:
   - Complete a **Reassessment (check *Update*)** to document <u>significant events</u> or to <u>update diagnosis</u> **OR**
   - Complete an **Assessment Addendum** if assessment is still current but needs minor corrections/additions.

3. Document the completion of your assessment review/reassessment/addendum in a **progress note** (coded as Assessment or Medication Support.)

The Golden Thread

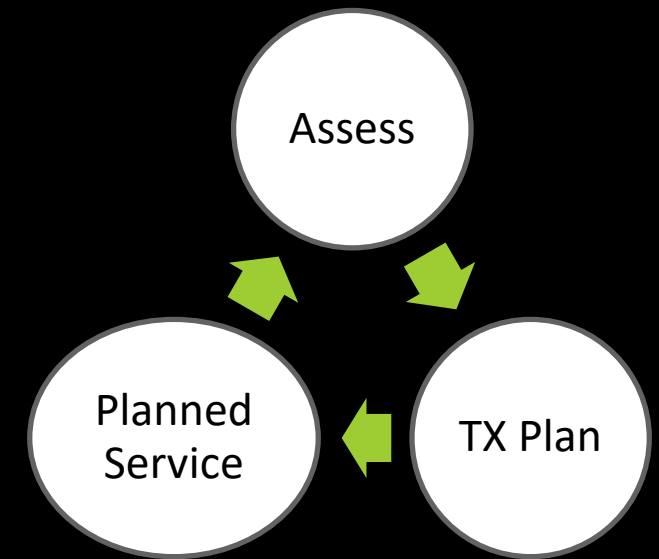Assess

Service

TX Plan
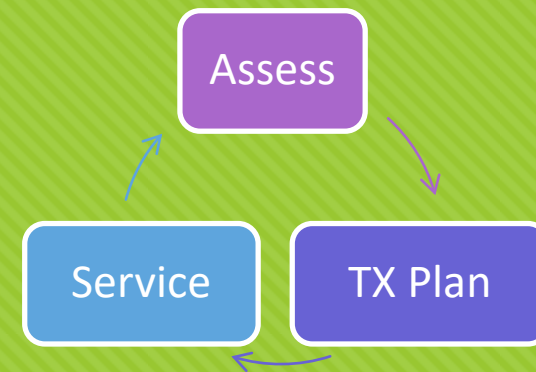
- o BOTH the Assessment and Treatment Plan must be completed before Planned Services are provided.

- o All Planned Services must be on the Treatment Plan.

- o Assessment, Treatment Plan and all billed Progress Notes must address a billable diagnosis and mental health impairment(s) in order to meet *Medical Necessity*.

Do We Still have 60 days?
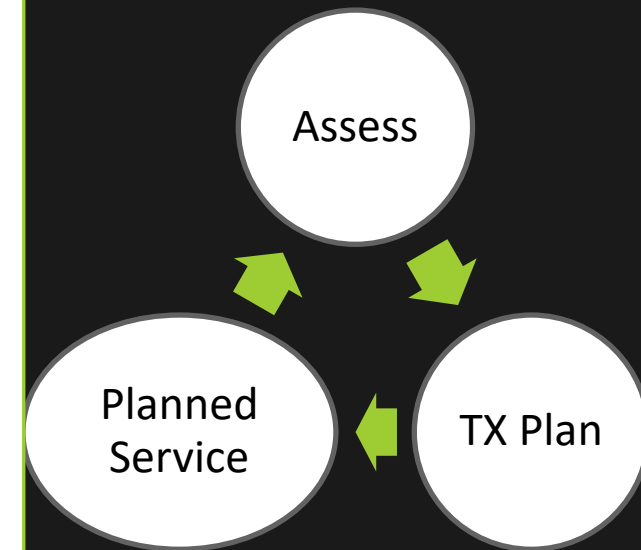
You have 60 days but...

Both the Assessment and Treatment Plan must be completed **BEFORE** you can provide Planned Services.

If the assessment is not completed within 60 days, do NOT code everything (55). **Use the appropriate billable code**. We still bill other payors, but Medi-Cal will be blocked.
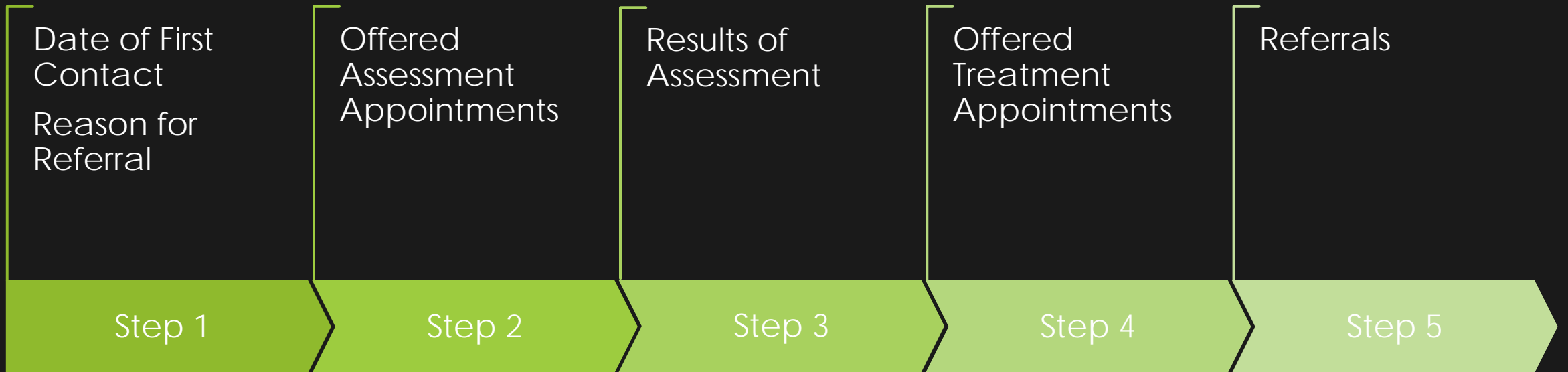
Assess

TX Plan

Planned Service

IN INITIAL PROGRESS NOTES, DOCUMENT THE FOLLOWING:

o Reason for referral, who referred client, date of initial request for service

o Assessment appointment dates offered (3), and which offered appointments were accepted by the client

o Efforts to reach the client

o Whether or not the client meets Medical Necessity and will proceed to treatment

o Offered treatment date(s)

o Reason for closure of case or reason clinician could not follow-up with client (e.g., "client is homeless and phone was disconnected"…etc.)

Assess

Planned Service

TX Plan

Work Flow for New Clients

Date of First Contact

Reason for Referral

Offered Assessment Appointments

Results of Assessment

Offered Treatment Appointments

Referrals

| Step 1 | Step 2 | Step 3 | Step 4 | Step 5 |

San Mateo County Health — Behavioral Health & Recovery Services

Timely Access to Assessment and Treatment for Specialty Mental Health Services Flow Chart

Client and Service Information (CSI) System - DHCS
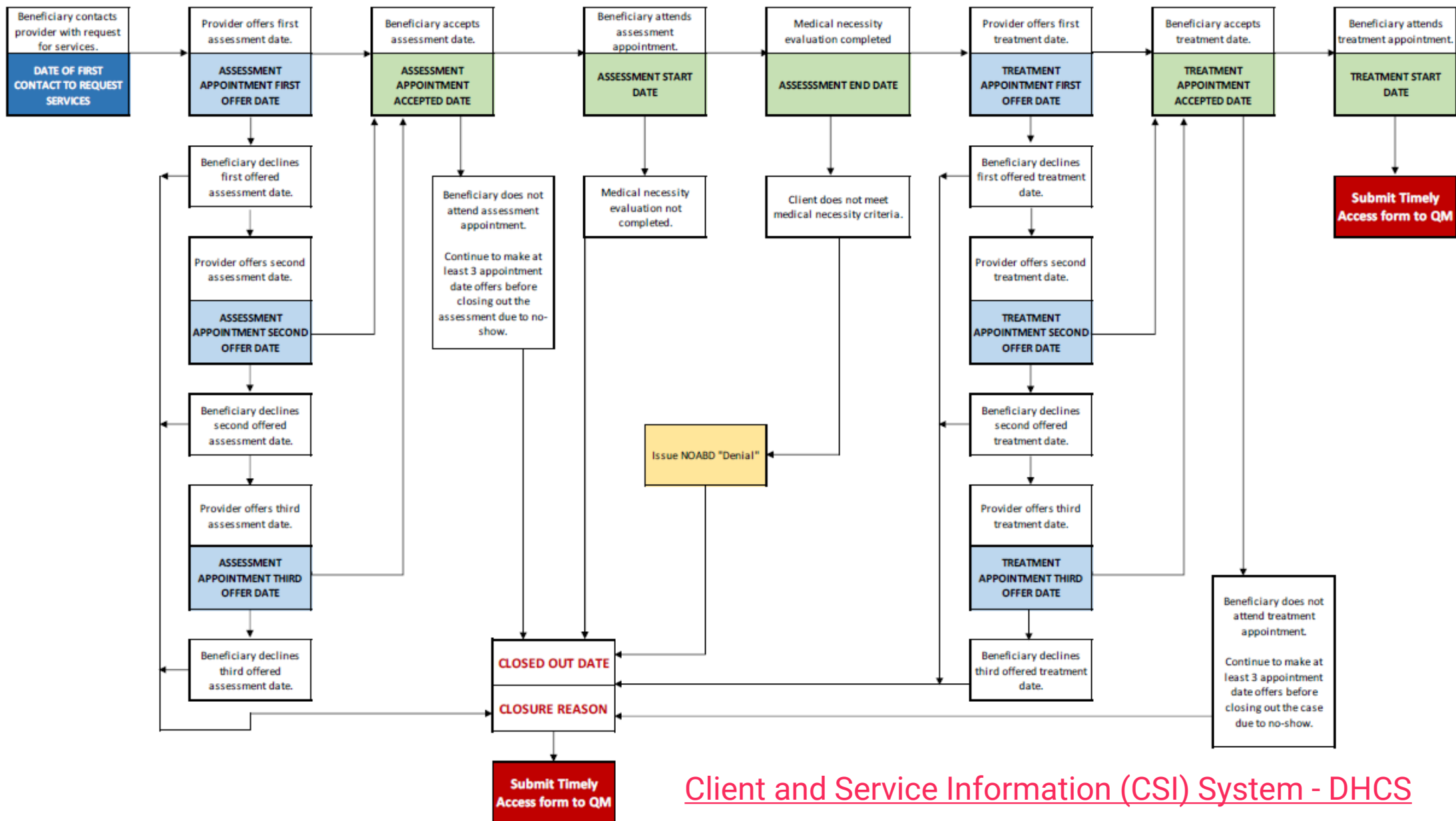
Main Highlights of *Timely Access to Assessment and Treatment for Specialty Mental Health Services Flow Chart*

Date of First Contact to Request Services
Is this request ☐ Urgent ☐ Non-Urgent ☐ Psychiatry(MD/NP) ☐ Non-psychiatry

Assessment Appointment Date(s) Offered - Up to 3
Accepted? Client did not accept any assessment appointments
Attended? Client attended initial assessment appointment

Client meets Medical Necessity? Yes or No

Was the client referred to another treatment team?

Treatment Appointment Date(s) Offered - Up to 3

Did the client attend a treatment appointment?

Lost to Follow-Up: If client was lost to follow-up for initial treatment appointment, state the reason.

Submit Timely
Access form to QM

Assessment Requirements

- The **_Assessment i_**s an essential step in the clinical process

- Assessment is not just paperwork; it is the foundation of the treatment process

- The **_Assessment_** should be **<u>current</u>** and continually <u>updated</u> to provide a clear picture of the beneficiary's mental health status and functional impairments

- The Assessment cannot be completed by history or chart review only - *there must be contact in person/by video/by phone*

Assessment Requirements

The person completing the assessment must have direct contact with the client.

Assessments <u>may be completed over the phone, by Telehealth (video), and/or in person.</u>

Assessment Requirements

- The **Assessment** must include the following:
  - **Provider's Signature with Degree/License/Job Title;**
  - **Date of Provider Signature (*i.e., date document completed*)**
- All treating staff may participate in the assessment process and may bill for assessment
- A licensed or registered staff must sign/finalize the assessment. (For RNs, only an RN with a Masters is Psych may sign.)
- The diagnosis and clinical formulation must be completed by a provider with the following credentials: licensed/registered staff or an intern under supervision by MD/NP/LMFT/LCSW/LPCC, or RN with a Master's in Psych.

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Medical Necessity Test of Criteria Met

Medical Necessity is established by adherence to **three primary tests or criteria:**

1. **An Eligible Mental Health Diagnosis;**

2. **A Significant Impairment present (or expected if untreated);**

3. **Intervention proposed (on a *Client Plan*) and actual (on a *Progress Note*) that addresses the Impairment.**

Assessment Requirements

The current Mental Health Plan Contract with the Dept. of Health Care Services identifies **ten elements** that must be part of the *Assessment*. These include:

- ○ **Presenting Problem**

- ○ **Relevant Conditions and Psychosocial Factors Affecting the Beneficiary's Physical and Mental Health**

- ○ **Mental Health History**

- ○ **Medical History***

- ○ **Medications**

- ○ **Substance Exposure and Use**

- ○ **Mental Status Exam**

- ○ **Strengths**

- ○ **Risks and Barriers relevant to achieving Client Plan Goals**

- ○ **Complete Diagnosis**

*For youth, the assessment should include a complete Developmental History

Understanding the PRIMARY diagnosis...

You are a clinician at the Mental Health Clinic #1.

Your client is diagnosed with Alcohol Use Disorder, and this is clearly the client's biggest impairment.

He is also diagnosed with Bipolar Disorder.

You are treating the Bipolar Disorder. What is the primary diagnosis?

Bipolar Disorder

In general, look at the diagnosis in the DSM5 column to diagnose. For Autism Spectrum diagnoses, however, use DSMIV column to diagnose.

Autism Spectrum:
- We *were* able to update Avatar to correct the Autism Spectrum.
- If the diagnosis is one the following included diagnoses…

  - Rett's Disorder (F84.2)
  - Childhood Disintegrative Disorder (F84.3)
  - Asperger's Disorder (F84.5)
  - Other Pervasive Developmental Disorder (F84.8)
  - Pervasive Developmental Disorder Unspecified (F84.9)

Please use the codes below to correctly diagnose. You <u>MUST also write in the name of the specifier in the diagnosis comment box</u>—e.g. Rett's Disorder. Use the DSM IV to diagnose Autism Spectrum.

Rett's Disorder (F84.2) ⟶ Rett's Disorder (F84.2)

Childhood Disintegrative Disorder (F84.3) ⟶ Childhood Disintegrative Disorder (F84.3)

Asperger's Disorder (F84.5) ⟶ Asperger's Disorder (F84.5)

Other Pervasive Developmental Disorder (F84.8) ⟶ Pervasive developmental disorder NOS (F84.8)

Pervasive Developmental Disorder Unspecified (F84.9) ⟶ Pervasive developmental disorder NOS (F84.9)

Ignore this column

Look at this column for Autism Spectrum specifier

Look at this column for Diagnosing- We diagnose with DSM 5

Diagnosis	ICD-9	ICD-10	DSMIV	DSM5
Autistic disorder	299.00	F84.0	Autistic disorder	Autism spectrum disorder
Rett's syndrome	330.8	F84.2	Rett's disorder	Other specified neurodevelopmental disorder
Other childhood disintegrative disorder	299.10	F84.3	Childhood disintegrative disorder	Other specified neurodevelopmental disorder
Asperger's syndrome	299.80	F84.5	Asperger's disorder	Autism spectrum disorder
Other pervasive developmental disorders	299.80	F84.8	Asperger's disorder	Other specified neurodevelopmental disorder
Pervasive developmental disorder	299.90	F84.9	Pervasive developmental disorder NOS	Other specified neurodevelopmental disorder
Pervasive developmental disorder, unspecified	299.90	F84.9	Pervasive developmental disorder NOS	Other specified neurodevelopmental disorder
Active autistic disorder	299.00	F84.0	Autistic disorder	Autism spectrum disorder
Active autistic disorder with active but odd behavior	299.00	F84.0	Autistic disorder	Autism spectrum disorder

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What is a Billable Diagnosis?

Check the ICD-10 codes if you are not sure if it is billable.

https://www.smchealth.org/sites/main/files/file-attachments/selectingcorrectdiagnosisavatar.pdf

UPDATED 6/4/2019 - PLEASE READ
Selecting the Correct Diagnosis in Avatar- for Mental Health Programs

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Other Pervasive Developmental Disorder (F84.8) →	Pervasive developmental disorder NOS (F84.8)
Pervasive Developmental Disorder Unspecified (F84.9) →	Pervasive developmental disorder NOS (F84.9)

Ignore this column

Look at this column for Autism Spectrum specifier

Look at this column for Diagnosing- We diagnose with DSM 5

What if there is NO Billable Diagnosis?

myAvatar 2018 - Client Alert ✕

Warning: Alert QM of billable diagnosis.

OK   Cancel

Primary Diagnosis
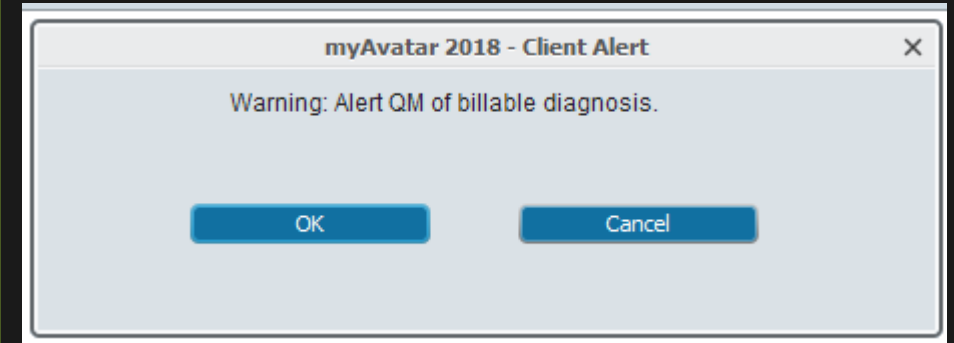
Talk with your supervisor about the Dx and decide if treatment will continue.

Notify ASK QM if there is NO billable diagnosis.

If there is a billable Dx at another time, notify QM.

QM will block Medi-Cal billing but we will continue to bill other payors.

Use the correct service code (DON'T code everything 55.)

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Updating or Changing the Diagnosis

Assessment Type
- Reassessment
- Update

To **UPDATE** a diagnosis, complete the **Reassessment v2 and** check **Update.**

Describe signs and symptoms that meet criteria for that diagnosis in the Clinical Formulation.

REMEMBER: *An UPDATE does NOT count as a Reassessment and therefore does NOT change the timeline of the next due date for the 3-year Reassessment.*

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All Assessments must be finalized/signed
You are responsible for ensuring that Assessments are NOT left in draft/unsigned

o If you were **NOT** able to complete the Assessment due to loss of contact with the client, **fill in the areas of the Assessment that you were able to gather information in and still finalize/sign**

o In sections where insufficient information was gathered, you may write in "additional info needed" or "unable to assess this area fully"

o In the **Clinical Formulation**, include any diagnostic details that were gathered and any information regarding the inability to complete the Assessment (e.g., "client disengaged from services.")

o Make sure **Progress Notes** document reasons why you were unable to complete the Assessment (e.g., "made multiple attempts to reach client, client not engaged in services, client moved out of county"…etc.)

Minimum Assessment Components to Finalize Assessment

- ✓ Diagnosis

- ✓ Establish Medical Necessity, documenting mental health symptoms and functional impairments

- ✓ The assessment and assessment progress note will briefly document areas not yet able to be assessed and reason for missing information

- ✓ Complete missing areas later using an *Assessment Addendum*

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Assessment still in Draft at Discharge?

All Assessments **must** be <u>finalized/signed</u>

You are responsible for ensuring that Assessments are **<u>NOT left in draft/unsigned (after about 3 sessions with client)</u>**

Fill in the areas of the Assessment that you were able to gather information in and still finalize.

- If you were **NOT** able to complete the Assessment due to loss of contact with the client, indicate:
  - "unable to assess"

- **Clinical Formulation**
  - Include any diagnostic details that were gathered and any information regarding the inability to complete the Assessment (e.g., "Client disengaged from services.")

- **Progress Notes-** document reasons
  - Discharge progress note - why you were unable to complete the Assessment (e.g., "…made multiple attempts to reach client", "client not engaged in services", "client moved out of county"…etc.)

Significant Developmental Issues / Childhood Events / Family History / Immigration Hx

Unable to assess.

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Who is Responsible For Making Sure there is an Assessment & Treatment Plan?

- **Primary Clinician**

- **All staff** billing for Planned Services must check that the Assessment <u>and</u> Treatment Plan are completed before providing Planned Services

- **Clinicians/Supervisors** are responsible for **oversight of Assessment and Treatment Plan completion**—i.e., that all Planned Services are on the Treatment Plan

Common Avatar Assessment Issues

Assessments/Treatment Plans in wrong episode.

Assessment in wrong client's chart.

Assessment finalized but needing a correction.

THANK YOU!

EMAIL YOUR QUESTION TO HS_BHRS_ASK_QM@SMCGOV.ORG