



Documentation Requirement Updates **2018** **Contractor/Manager Version**

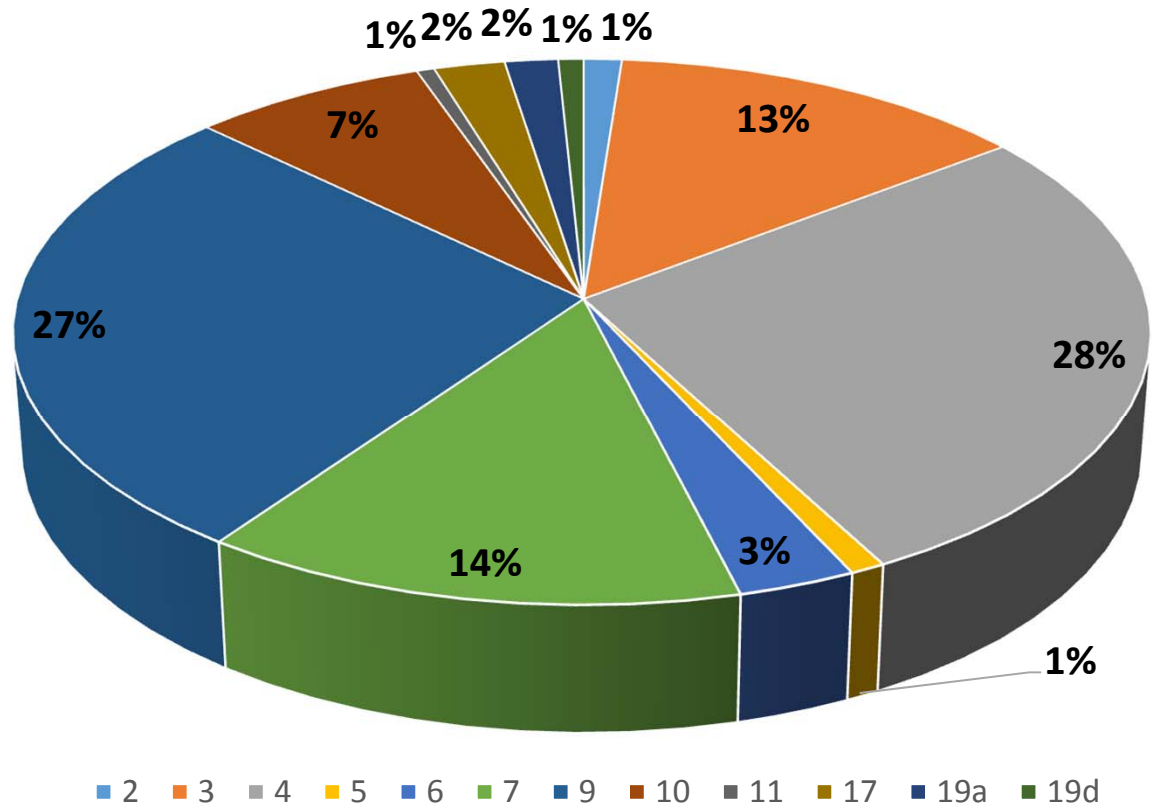
BHRS San Mateo County

DHCS Disallowance Comparison

Reasons for Recoupment

- 4: Expectation of proposed intervention (28%)
- 9: No progress note (27%)
- 7: No documentation of beneficiary participation (14%)
- 3: Focus of proposed intervention to address condition (13%)
- 10: Time claimed greater than documentation (7%)
- 6: Client plan not completed annually (3%)
- 17: Solely clerical (2%)
- 19a: No service provided (2%)
- 2: Impairment as a result of mental disorder (1%)
- 5: Initial client plan not completed timely (1%)
- 11: Beneficiary ineligible for FFP due to setting (1%)
- 19d: Not within scope of practice (1%)

FY 15/16 Disallowances by Reason for Recoupment



Total Claims Reviewed = 7,615
Percent of Claims Disallowed = 18%

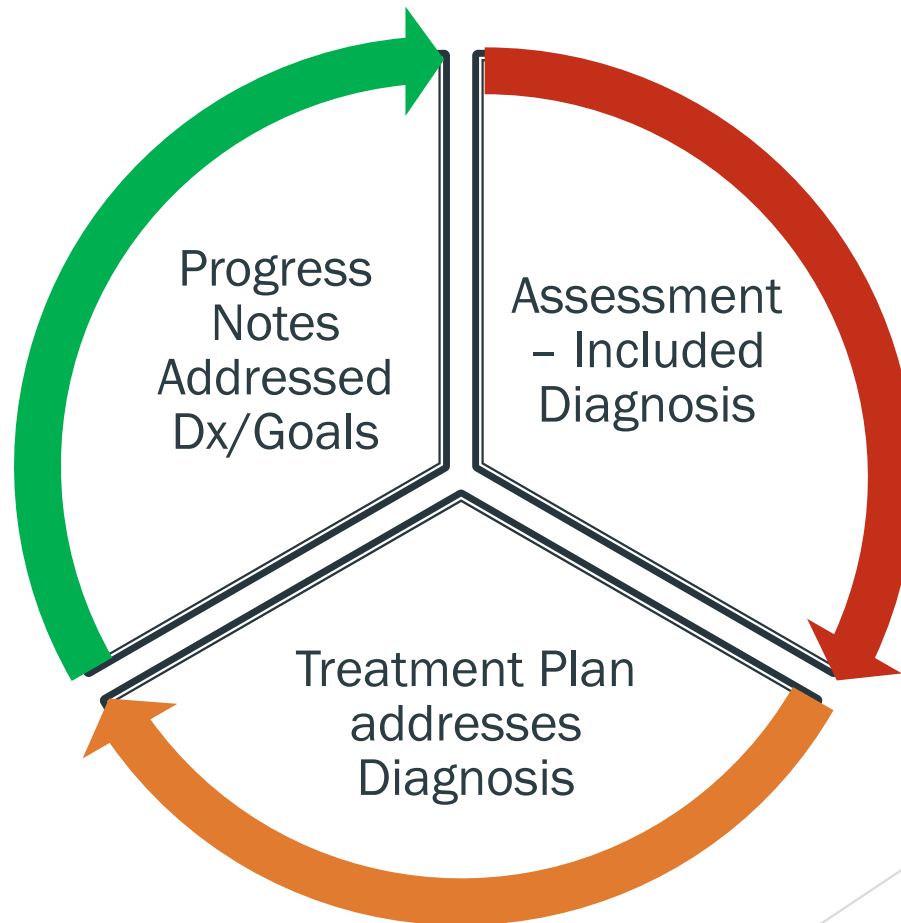


MHP Distribution Current

Tier	Criteria	System Review	Outpatient Chart Review	Inpatient Chart Review
Tier 1	100-95% Compliance Rate	San Mateo 23 MHPs	3 MHPs	0 MHPs
	No Long-Standing/Significant Findings			
Tier 2	94-90% Compliance Rate	11 MHPs	4 MHPs	0 MHPs
	Long-Standing/Significant Findings			
Tier 3	89-80% Compliance Rate	16 MHPs	San Mateo 9 MHPs	0 MHPs
	Long-Standing/Significant Findings			
Tier 4	79-70% Compliance Rate	4 MHPs	8 MHPs	0 MHPs
	Long-Standing/Significant Findings			
Tier 5	69-60% Compliance Rate	2 MHPs	5 MHPs	3 MHPs
	Long-Standing/Significant Findings			
Tier 6	59-50% Compliance Rate	0 MHPs	7 MHPs	3 MHPs
	Long-Standing/Significant Findings			
Tier 7	49-0% Compliance Rate	0 MHPs	20 MHPs	San Mateo 12 MHPs
	Long-Standing/Significant Findings			



The Clinical Loop





Three Main Points to Take Away

- ▶ Are assessments and treatment plans completed before planned services are provided?
- ▶ Are group progress notes justifying co-providers?
- ▶ Are the services that your team provides on the treatment plan?

The answer to all 3 should be yes.



Planned Services Vs Unplanned

NO

Prior to the assessment/client plan – Do not provide Planned Services: Listed here:

- ▶ Collateral (12)/ Group Collateral (120)
- ▶ Rehab (7)/ Group Rehab (70)/Intensive Home Based Services (IHBS)
- ▶ Therapy (9)/Family (41)/Group (10)
- ▶ Case Management (see Exception) (51) VRS-51/ICC-51
- ▶ Therapeutic Behavioral Services (TBS)
- ▶ Day treatment intensive
- ▶ Adult residential treatment services
- ▶ Crisis residential treatment services
- ▶ Medication Support (non-emergency)

YES

Prior to the assessment/client plan You may provide these Unplanned Services:

- ▶ Assessment (5)
- ▶ Plan Development (6)
- ▶ Crisis Intervention (2)
- ▶ Medication Support Services for Assessment/Evaluation/Plan Development (14) or urgent need (14) or NEW CODE Medication Support Urgent RN (15U)
- ▶ NEW CODE: Case Management (52) For assessment plan development, limited referral/linkage.



Addressing the Clinical Loop

Do this:

- ▶ Step 1 – Complete the Assessment within the first 3 sessions.
 - ▶ Step 2 – Develop the treatment plan with the client
 - ▶ Goals/Objectives must address the diagnosis and impairments listed in the assessment
 - ▶ Step 3 – Now you may provide planned services.
 - ▶ Progress Note documents how you addressed the diagnosis and its goal
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Do We Still have 60 days?

- ▶ Technically yes
- ▶ But in most cases the answer is no

- ▶ But we do multiple assessments that take many meetings
 - ▶ The required assessment is the BHRS Assessment. Do this first.
 - ▶ The required treatment plan is the BHRS Client & Recovery Plan
- Complete these first then you can start planned services
- Additional program specific assessment can then be completed



But we don't have clinicians?

▶ The requirement still applies to your program

- ▶ Do not admit a client that does not have a current outpatient assessment
 - ▶ Hired a clinician
 - ▶ Change your admission requirements
 - ▶ Work with your contract monitor or manager
-



Does this apply to School Based?

- ▶ The requirement still applies to your program
-
- ▶ Yes, you should complete the assessment and treatment plan within the first three days/sessions



Does this apply Residential?

- ▶ The requirement still applies to your program
 - ▶ You can not use the inpatient assessment as your own
-
- ▶ Yes, you should complete the assessment and treatment plan within the first three days/sessions
 - ▶ Bill for the day and write in the daily and weekly progress note that you conducted the assessment and treatment plan
 - ▶ After 3 days, if these needed documents are NOT completed do not bill
-

Change of Workflow at Admission



NO

What do you do now?

- ▶ Sign clients up for groups
- ▶ Talk to clients about services
- ▶ Start Services
- ▶ Just complete the treatment plan without the assessment

YES

What will be the change?

- ▶ With the client present in person
- ▶ Complete or confirm assessment and diagnosis
- ▶ Complete Reassessment if needed
- ▶ Complete treatment plan to determine what services will be provided
- ▶ Then start services



Planned Services Vs Unplanned

NO

What not to do.

- Don't just bill everything assessment or plan development for the first 60 days
- We will audit and disallow
- Excessive assessment and treatment plan billing is fraud

YES

What to do.

- Managers and supervisors- work flows need to change
- Help your teams make the change
- Work with your partners to help them understand the changes
- Clinical staff change your workflows to complete assessment & treatment plan within 3 sessions



YES You are Responsible

- ▶ All staff- if you are billing for planned services you must ensure the assessment and treatment plan are completed
 - ▶ Clinicians/supervisors are responsible for informing the team when they can bill and/or provide services
 - ▶ Any program/facility accepting a client is responsible for assessing and/or confirmed the assessment
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Client Plan

- ▶ Client's signature on the treatment plan.
 - ▶ In all cases, a progress note should be written to describe the client's participation in the development of, and agreement with the client plan.
 - ▶ *Example progress note, The Client participated in treatment planning meetings on (date) and (date). The client participated in developing their treatment plan goals and interventions; in particular, the goals for (state goal or goals that the client gave specific input for). The client was satisfied with the client plan and stated agreement at the meeting held on (date).*
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Client Plan- over the phone



- ▶ Clients should be seen in person, whenever possible to develop the treatment plan.
- ▶ The goal is to meet with the client in person. That should be the regular course of care, however the exceptions still exists.
- ▶ If there is an exception, there must be very good documentation in a progress note explaining why the client can not be seen in person.
- ▶ Examples that are justified to complete the plan over the phone- the client is a shut in, sick, or unable to leave the home for some reason.



Treatment Plans

NO

Do not write,

“Will get client to sign plan”

“Client refused to sign”

“Client was unable”

“Verbal approval”

YES

Yes, what to do. Write a progress note:

- ▶ *The Client participated in treatment planning meetings on (date) and (date). The client participated in developing their treatment plan goals and interventions; in particular, the goals for (state goal or goals that the client gave specific input for). The client was satisfied with the client plan and stated agreement at the meeting held on (date).*



Group Progress Notes

NO

Don't continue to write group notes as normal

No program is currently meeting this requirement

Don't assume that all groups need multiple providers

Many groups may only need 1 provider

If an intern is there to learn how to run a group- do not bill for the intern

YES

Yes, what to do.

Justify why two providers were needed

Must be based on the client's needs, not the clinicians' needs

Due to the unsafe behavior of several clients (i.e....)two providers were required to maintain safety.

Example of Group Notes Billing



Example.

Group time 50 minutes lead by Vanessa.

Jeannine (Intern) wrote progress notes and observed the group. Time to write progress notes for the group 40 minutes.

- ▶ Billed time:
- ▶ Vanessa face to face =50 min, other billable time =0, non-billable time =0.
- ▶ Jeannine face to face =0 min, other billable time (progress notes) =40, non-billable time =50

Justified co-provided group- both practitioners are needed, due to potential dysregulation of clients in the group and need at times of removal from the group space or ability to re-direct specific clients within group.

In this case:

- ▶ Vanessa face to face =50 min, other billable time = 0, non-billable time = 0.
- ▶ Jeannine face to face =50, other billable time (progress notes) = 40, non-billable time= 0



Treatment Plans Requirements

- ▶ DIAGNOSIS ADDRESSED: Must have at least on billable goal
- ▶ MEDICAL NECESSITY GOAL? Yes__ No__

INTERVENTION	DURATION (# months)	FREQUENCY (# per wk/per mo.)	AGENCY/PROVIDER
<i>Medication Support</i>	Usually 12 months		Use name for MD if possible
<i>Rehab/Rehab Group</i>			
<i>Individual Therapy</i>			Use name for therapist if possible
<i>Group Therapy</i>			
<i>Family Tx/Collateral</i>			Use name for therapist if possible
<i>Case Management</i>			
<i>Collateral (family partner)</i>			Use name for family partner if possible
TBS			

Frequencies (of intervention):
 Daily
 Weekly
 2 tx week
 3 tx week
 3 to 5 tx week
 Monthly
 2 to 3 tx month
 Every 3 months
 Every 2 months

Resources



- ▶ Updated Documentation Manual:
<http://www.smchealth.org/sites/main/files/file-attachments/bhrsdocmanual.pdf>
- ▶ Updated treatment plans can be found at:
<http://www.smchealth.org/post/bhrs-client-treatment-recovery-plan>
- ▶ For San Mateo County Contractors
<http://www.smchealth.org/bhrs/providers/soc> and for Out-Of-County Youth Contractors
<http://www.smchealth.org/bhrs/providers/oocy>
- ▶ Policy Memo
<http://www.smchealth.org/bhrs-policies/policy-memo-policy-memo-11-17-chart-documentation-requirement-updates>

Questions

