

Cooking-Up Some Tasty Documentation



MANAGED CARE



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Imagine that you are hosting a dinner party and you are going to make a soufflé for your guests. The only problem is, you don't know how to make a soufflé. You think to yourself, "I know! I'll look it up on YouTube." So you search "How to make a soufflé" and up pops "Cooking with Jacques: How to Make a Soufflé." You are excited and ready to learn. You have pen and paper, poised to take notes, and shortly after the video starts, it ends almost as soon as it started.

Here is the actual transcript from this imaginary cooking show: "Bonjour! I am Jacques and this is my cooking show. Today we are going to make a soufflé. The first thing you do is take a bunch of ingredients and make a soufflé. It's that simple. Thank you for tuning-in. Tomorrow I'll show you how to make ratatouille." Bonsoir."

When attempting to make your soufflé, if all you had to work from was Jacques' cooking show video, you would have no idea what Jacques did to make his soufflé. You would only have his word that he made a soufflé and the insinuation that



he knows how to make a soufflé.

Now imagine that this article is no longer about watching a cooking show, but instead about Managed Care reviewing your documentation in a Medi-Cal audit of the clinical work you have provided for your client(s). We need to clearly see -- from your documentation -- what was going on for the client and what specific things you, the clinician, did to effect treatment -- and the outcomes of treatment (as in "the pudding"). It's not enough to say you did CBT and the client said "okay, cool." That's pretty much Jacques' way of doing things and it tells us nothing, just as Jacques told you nothing about how to make a soufflé.

The majority of this month's newsletter will focus on giving you recipes for cooking-up some tasty documentation for many of the mental health services Medi-Cal pays our contractors to provide. Bon appetite.

Primary Ingredients for Good Documentation

- "Medical Necessity" is the principal criterion Medi-Cal uses to determine payment or authorization for covered services.
- Medical Necessity must exist before and during ongoing treatment.
- Medical Necessity Consists of 3 inclusion criterion and 1 exclusion criterion:
 - included diagnosis
 - impairment criteria
 - intervention related criteria
 - condition will not respond to physical health based treatment.

Medical Necessity

"Medical Necessity" is a term defined in Title 9 of the California Code of Regulations that addresses threshold eligibility for Medi-Cal recipients. This is the principal criterion that Medi-Cal uses to determine payment or authorization for covered services and must be present during the Assessment and must continue to be present through the course of treatment.

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In order to meet “Medical Necessity,” the consumer must have an included diagnosis, meet certain criteria related to level of impairment caused by the diagnosis, and treatment must have an expected positive effect on functioning or development. Also, the condition is not one that would be responsive to treatment provided in a physical health care environment.

Using our “Recipe for Good Documentation” approach regarding Medical Necessity, you would want to make certain that your documentation — whether it be an Assessment, a Plan of Care or Progress Notes — demonstrates medical necessity in order to meet Medi-Cal documentation and billing requirements.

SWEET PERFECTION PLAN OF CARE RECIPE

This is one of our favorite recipes, at Managed Care. It begins with a freshly picked and appropriate (to symptoms identified in the assessment) Medi-Cal allowable diagnoses, followed by specifically identified treatment interventions.

You can include your favorites, like individual therapy, collateral, case management — whatever suits your practice. Add-in some unambiguous treatment techniques that will help to decrease the symptoms and increase the client’s functioning. Identify the amount of time it will take (within a 12 month period) for the process to be completed.

Make certain to check the little box that says: “Plan Development” and finish it off with both yours and the client’s signature and date, identifying that the client was involved in the Plan Development Process. Serve with warm and fuzzy feelings of success.

RECIPE FOR ABSOLUTELY AWESOME ASSESSMENTS

This recipe might look a bit daunting at first, but it actually is an amazingly simple recipe to complete — all you need is a good accounting of the client’s history that includes all of the major elements that identify how the client came to be who they are today. The FCMHP even provides a template to help you remember what areas to assess and where to put the information you gather in the most logical places.

Add-in the Mental Status Exam where you can quickly identify the major symptoms, including duration and intensity, and top it all of with a Clinical Summary that ties everything together and makes a solid case for the diagnoses you have made. Oh sure, it may take a little time, but when this recipe is followed to the “Tee,” you’ll have a document that will guide and direct the client’s treatment for months to come. And the best part of all . . . if the client should ever need/seek treatment elsewhere, you’ll have an “*Absolutely Awesome Assessment*” that you can share with the next clinician (provided a valid release is in place) that will help to streamline the treatment process for the client by giving the next clinician an accurate and helpful introduction to the client and their history.

RECIPE FOR SUCCESSFUL TBS REFERRAL

Therapeutic Behavioral Services (TBS) — currently provided in Fresno County through Jana Todd and Associates — is an incredible adjunctive treatment option that is supplemental to youth who have full-

scope Medi-Cal and who are currently in therapy with a County credentialed clinician. TBS is a “side dish” to therapy and is guided by the treating clinician.

All TBS referrals must be submitted to Managed Care for approval and the referral process is actually quite easy. In order to make certain that your TBS referral is processed in a timely fashion, you will need to include the following ingredients in your TBS referral:

1. Referral Form completely filled-out.
2. Current and active Plan of Care that has TBS listed as a treatment intervention.
3. Current full assessment.
4. FAX to (559) 455-4633

Just like when making a cake, if you leave out one or two of the ingredients, the cake won’t turn-out very well and you’ll have to start all over again. Don’t go off “have-baked” when it comes to your TBS referral. If you have questions, ask us before you send your TBS referral and we’ll coach you through the process. Making a TBS referral really is like following a recipe for a cake. Make certain you have all the right ingredients and you too can churn-out successful TBS referrals.

