



“Home” ARTIST: LINDA L.

## Documentation of Progress

One of the areas we monitor when conducting an audit is the area of Progress. Often clinicians will write things like, “The client is doing better;” or “The client is not doing as well this week as last week.” Both of these statements are valuable, but also insufficient when it comes to documenting the client’s progress in treatment. You might be thinking to yourself, at this point, “What do these people want from me?!” That, my friend, is a great question and I am so glad you asked.

Let’s go back for a moment to the Plan of Care that you and the client developed together sometime in the last 12 months. On that Plan of Care (POC) you hopefully wrote in the “Behavioral Goals” section, information regarding reduction of symptoms. The POC form even instructs to write such information using “***behavioral terms*** showing ***observable quantifiable*** goals, ***cite frequency of symptom(s)*** and ***behavioral goal(s)***.”

These words that are underlined, italicized and in bold identify criteria by which you need to document progress in treatment — because that is the way you stated in the POC that progress would be measured.

Here is an example of how to write progress in treatment of depressive symptoms when the POC identifies sleep

disturbance (insomnia) and depressed mood as the target symptoms/behavioral goals: “The client is doing better based on self report that his depressive symptoms of sleep disturbance (insomnia) have diminished from 7 nights a week to one night a week and his depressed mood has diminished from daily to twice a week.” Perhaps there are other target symptoms of depression that continue. If that is the case, you would write about that in the same manner, such as “Client reported that he continues to experience thoughts of death 2-3 times a day.” Documenting progress in treatment in this manner gives a more accurate and understandable clinical picture of the client’s progress in treatment and it also shows that you are working at fulfilling the contractual agreement for treatment (POC) that you and the client both signed before treatment began.

## “Write” The “Right”

One of the important things we learned in school was “You can’t have the right treatment without the right diagnosis.” Then we were told, “Do not write certain diagnoses” (e.g. substance abuse on Axis I or personality disorders on Axis II) because of the stigma that will follow the client and negatively impact their life — plus, you

# MANAGED CARE



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might not get paid for treatment if you use those diagnoses.

It gets really confusing. “Do I give the right diagnoses or don’t I give the right diagnoses?”

Fifty to seventy percent of people struggling with severe mental illness have co-occurring conditions that warrant multiple diagnoses.

There are many important aspects in giving the right diagnosis: 1. Make sure the symptoms and criteria match the diagnosis so you don’t mis-diagnose. 2. Have the right diagnosis to guide you to the right treatment. 3. Data collected from your diagnosis (that you submit to the County in your billing) identifies what symptoms/diagnoses you are treating, and clients’ treatment needs. 4. This data justifies and backs-up budgets for treatment/programs that will have the best possible clinical outcomes while addressing clients’ needs. So, when writing/reporting a full 5-Axis diagnosis, it truly ***is*** important to ***write*** the ***right*** —that is, the “full “—diagnosis.

**April 1, 2013**

## **County Offices Will Be Closed**

This is not an April Fool's Day joke! Seriously. All County offices will be closed in observance of **Cesar Chavez Day**. Cesar Chavez was born March 31, 1927 and the designated holiday (April 1<sup>st</sup> this year) is commemorated to promote service to the community in honor of César Chávez's life and work.

## **Programs To Know About**

The County's Expansion Day Treatment Program (EDT) and Intensive Outpatient Program (IOP) offer higher levels of care services to children when they are in need of more intensive services than just outpatient treatment.

### **Expansion Day Treatment Program**

EDT is a day treatment program intended to assist in stabilizing an adolescent who has been recently discharged from a psychiatric inpatient facility or to prevent the need for referring to an inpatient psychiatric facility. EDT offers daily structured therapeutic mental health activities to adolescents who are in the 7<sup>th</sup> –12<sup>th</sup> grades and who are experiencing complex social/emotional difficulties. One of the primary goals of this program is to "stabilize" the adolescent's symptoms to prevent psychiatric hospitalization.

### **Intensive Outpatient Program**

IOP provides a therapeutically driven school setting which provides both mental health and educational services on site. Mental health services are provided by a Licensed Clinician and two Community Mental Health Specialists. Educational services are provided by a FUSD teacher and one aide.

For more information about either of these awesome programs, or to make a referral, please contact the clinical supervisor:

**Luisa Parra-Sanchez, LMFT, PPS,  
(559) 600-6795**



## **"Don'ts of Documentation"**

Last month we took a look at many of the "do's" when it comes to documentation. This month we will list several of the "don'ts" for good documentation.

**DON'T** bill for academic or educational services (such as tutoring or helping with homework.) The important point with this DON'T stems from the idea that Medi-Cal money needs to be used to pay for services which require the expertise of a MH Professional. Helping with homework requires some subject knowledge, but it doesn't require mental health expertise. On the other hand, working with a child with ADHD **learning** to deal with his symptoms as he does his homework does require mental health expertise, and therefore is Medi-Cal billable. This illustrates the point that it is very important to be precise in the documentation and chart exactly what type of Mental Health interventions are being performed.

**DON'T** bill for vocational services (such as helping someone find a job or teaching them how to work.) This is another example of services needing to require mental health expertise if they are to be billable. Helping someone find a job doesn't require mental health expertise, helping someone deal with mental health symptoms so he can look for a job does, however, require mental health expertise.

**DON'T** bill for interpreting. Interpreting requires linguistic skills not mental health expertise. Taking a monolingual,

non-English speaking consumer to his medication appointment and sharing your unique knowledge of his mental health symptoms, progress, areas of difficulty, etc. is doing more than interpreting, it is providing linkage and consultation. Getting pulled into a session with a consumer who you do not know well and your contribution is strictly linguistic, the service is interpretation, and is not billable.

**DON'T** bill for no-shows. This Medi-Cal rule is set in stone. Even if a practitioner has driven out to the consumer's home only to find out that he is not there, the travel time is not billable for a no show appointment.

**DON'T** bill for appointment setting or leaving messages. These types of services are considered clerical in nature. Even though many Mental Health Professionals may need to perform these functions, they are still clerical services and Medi-Cal regards them as non-billable. What sometimes occurs is that a clinician or case manager calls a consumer after a no-show or cancellation. They monitor symptoms and also set up a new appointment. The monitoring of symptoms is billable as case management, but the appointment setting is not. So, if the progress note only includes the appointment setting, the service will be disallowed.

**DON'T** bill for paperwork that is not directly related to a service provided to a consumer (i.e. writing letters or completing outcome measures). Medi-Cal doesn't pay for stand alone paperwork. Documentation time is billable because it is connected to a billable service. It is added into the total time billed for the service it documents. Progress notes should indicate face-to-face time, documentation and travel time, and total time.