



“SNOWMAN” BY JOSHUA F.

MANAGED CARE



DECEMBER 2013

Revised DBH Notice of Privacy Practices

There have been changes to the Fresno County Notice of Privacy Practices (NPP), and the newly revised NPP can be found at the bottom of the Department of Behavioral Health website by accessing the link below:

[Department of Behavioral Health NPP](#)

These changes were prompted by federal regulation (Omnibus Rule), and include the following revisions to the NPP:

- Added Right to be Notified of a Breach—This was the important change required by HIPAA Omnibus Rule to be included in any NPP.
- Revised outdated phone numbers, addresses, etc.
- Added Student Immunization Records
- Added Shared Medical Record/Health Information Exchanges
- Added Business Associates
- Revised Individuals Involved in Your Care or Payment of Your Care section, to Family Members and Friends Involved...

The revised NPP will have the date of 8/20/2013, and all DBH programs have been asked to replace the old NPP brochure or full NPP with the newest version. There has been no change to the NPP Acknowledgement of Receipt form or process.

EYE ON UPDATING YOUR OWN NOTICE OF PRIVACY PRACTICES

A Notice of Privacy Practices is an important document that should be provided to every new client as part of your intake process, and should also be readily available to the consumer upon request. The *Notice of Privacy Practices* should be specific to your agency or practice, as it contains important contact information as well as how you use, access and disclose PHI.

All contracted providers are asked to please review your NPP to ensure that it meets the new HIPAA Omnibus Rule. If you need assistance or have questions, please contact the Managed Care staff, and we will be happy to assist you!

IMPORTANT IN THIS ISSUE

- ◆ Revised DBH Notice of Privacy Practices
- ◆ Updating Your Own Notice of Privacy Practices
- ◆ Charting Your Client’s Course of Care

Happy Holidays!

Happy Holidays and Thank You for All You Do

The close of the 2013 calendar year is rapidly approaching and December is a busy time of year for everyone. We at Managed Care are grateful for our Medi-Cal Contract Providers who are doing a wonderful job providing mental health services to Fresno County Medi-Cal recipients. Thank you for making a positive difference in our community and in the world at large. To put it succinctly, “You rock!” Thanks again, and happy holidays from Managed Care.

Charting Your Client's Course of Care

If you haven't had an audit recently, we will be contacting you shortly to arrange a time for us to come to your office and review your records. Some providers welcome the audit process and recognize it as a chance to receive feedback and support so they might grow in their practice and work. Other providers experience it as "the dreaded Managed Care audit."

We here at Managed Care want to do everything we can to make the audit experience a pleasant and positive experience for our providers. That being the case, below are a list of some of the things you will want to make certain are present in your records when we arrive to make certain your audit is a pleasant and profitable experience.

Documentation "Musts"

- ◆ Signed Consent for Treatment
- ◆ Current Assessment
- ◆ Current Plan of Care
- ◆ A Progress Note for each billed service
- ◆ Direct time billed noted on each note

First and foremost, all providers should refer to the *Fresno County Mental Health Plan: Documentation & Billing Handbook*, an essential tool that can be found at the bottom of our Managed Care website by clicking on (Ctrl+right click) the link below:

[Fresno County DBH Managed Care Website](#)

Along with this handbook, we have included several updates over that past year. Some important changes affect all documentation, such as the Identification Number as part of your authorizing signature, and changes to how you prescribe interventions on a Plan of Care.

Unique Identification Number for Signatures

As mentioned in our August 2013 Newsletter, on all clinical documentation in a client's medical record we should find "the signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title; and the relevant identification number, if applicable." This identification number requirement became effective for all Medi-Cal billing this past Spring. An example of how this would look on a written document:

<i>Alexandra Moy</i>	Alexandra Moy, Staff ID#023455	MFT Intern	10/22/13
SIGNATURE	(Type/Print) NAME/Staff ID#	TITLE	DATE

Fresno County has requested that contracted providers meet this standard using unique provider ID numbers such as a license, registration, certification or waiver number as issued by the Licensing Board; or NPI; or Unique Employee ID# (Org providers). This information must be legible and easily located with the date for proper authorization.

Plan of Care— Frequency and Duration of Each Intervention

As mentioned in our November 2013 Newsletter, the new FCMHP Plan of Care (POC) now asks the mental health professional to specify the *duration and frequency of each proposed intervention* in addition to stating the overall *Estimated Duration of Treatment*. Effective January 1, 2014, all treatment plans, whether the contractor utilizes the FCMHP Plan of Care form or their own, must contain this information.

In addition, we remind you that the POC needs to be completed annually. In order for the POC to be valid, both consumer and therapist need to sign and date the POC. If the POC is not signed and dated by both Consumer and Therapist, it is not valid and services cannot be billed. The exception to this is when a Consumer refuses to sign the POC. If that happens, you may be able to provide and bill for services, but you will need to document on the POC that the consumer refused to sign and why they refused to sign. You will then need to continue to work at getting the Consumer to sign the POC and if they continue to refuse to sign,

document their refusal so there is evidence of your continued work at acquiring a signature on their POC. Often Consumers become willing to sign the POC when they are told they may not be able to receive services if they do not sign the POC.

Updating an assessment (reassessment) and POC makes good clinical sense and is a billable service.

Progress Notes

Are you using the most updated progress note forms/templates available from Managed Care? Clearly, you can create your own progress note format as long as it contains the minimum elements required by

the MHP. However, you might just want

to check out the computer ready forms we've created and see if they might meet your needs. Whether you are an in-house provider, individual contracted provider or practicing in an agency, all clinical interactions billed to Medi-Cal need to have appropriate documentation for the services.

The State Review Protocol for Mental Health Services FY 2013-2014 published by the State Department of Health Care Services (DHCS) states that all entries in the beneficiary's medical record should include: 1) The date of service; 2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title; and the relevant identification number, if applicable; AND 3) The date the documentation was entered in the medical record.

Hopefully we've made your job a little easier by developing these new forms for your use.

Holiday MC Closures

Managed Care will be closed in observance of the following Winter Holidays:

December 25, 2013

And

January 1, 2014

We wish you and your family a joyous Holiday Season and a Happy New Year as we work together to make a positive difference in the lives of the consumers we serve.