SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

M E M O R A N D U M

Date: 10/6/2017

To: Clinical Staff

From: Quality Care Management

Subject: Documentation Requirement Changes

On August 24, 2017 DHCS sent the MHSUDS Information Notice No.: 17-040. The purpose of the notice is to give clarification on documentation requirements for Medi-Cal Specialty Mental Health Services. The notice provides guidance and addresses frequently asked questions regarding chart documentation.

The following documentation requirement changes were made based on the Information Notice:

1. Chart Preparation: It is permissible to include time spent reviewing previous documentation in preparation for the following services: assessment, plan development, collateral, rehabilitation, therapy, targeted case management, medication support, and crisis intervention. Time can be billed as long as the time is clearly documented and reasonable. If the client is a no-show for the appointment, the time spent on chart preparation is still billable and can be billed in this way: Staff will document the time spent reviewing the chart and purpose of the chart preparation in a note, billing the code of the original planned service. Staff will check the "Chart Preparation" box to indicate this was the only service provided. Remember, staff should also document the no show and attempts to follow up with the client and reschedule the missed appointment.

2. Participation in Case Conferences and Team Meetings: It is now permissible for staff to bill for the entire meeting time attended, if they were providing a billable service. The documentation must reflect how participation in this meeting will support client in meeting in one of the treatment goals.

3. Changes in Billable Services Before the Treatment Plan is Finalized:

a) Medication support may be provided before a treatment plan or assessment is in place, if the documentation reflects (in every medication support note) that there is an urgent need for medication support service. This will be coded as "Medication Support Interim."
b) Case Management may be provided before the treatment plan or assessment is in place, if the documentation reflects that the service is necessary either for linking a client to outpatient services or referring out to community, or that the beneficiary is need of an urgently needed service. This will be coded as "Targeted Case Management Interim." There is also the option of "Intensive Care Coordination Interim" for children who meet criteria to receive ICC.

4. Outreach Program Changes: Programs which are considered outreach and short-term (Triage, Homeless Outreach, Safety) may finalize a treatment plan without a client signature. The client's participation and agreement to the plan must be documented in a Plan Development note. Also document why client is choosing not to sign the plan. In this situation, the billable services that can be provided are Assessment, Plan Development, Crisis, and Targeted Case Management. Targeted Case Management interventions must link back to treatment plan goals.

Please refer the Clinical Documentation Manual 2017-2018 and updated policies for more details on these changes.