

# WRAPAROUND PROVIDERS: DOCUMENTATION & CLAIMING LEARNING LAB

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**Quality Assurance Division**

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# Medical Necessity

- An **“Included” DSM Diagnosis**
- **Impairment** as a result of the “included” DSM Diagnosis
  - A significant impairment in an important area of life functioning
  - A probability of significant deterioration in an important area of life functioning
  - A probability a person under 21 years of age will not progress developmentally as individually appropriate
- **Intervention is:**
  - The focus of the proposed intervention is to address the impairment
  - The proposed intervention is expected to do one of the following:
    - Significantly diminish the impairment
    - Prevent significant deterioration
    - Allow the child to progress developmentally
  - The condition would not be responsive to physical health care based treatment



# The Clinical Loop

- That sequence of documentation on which Medical Necessity requirements converge is:
  - The Assessment
  - The Client Care Plan
  - The Progress Note



# The Clinical Loop

- Step One - Completion of a Mental Health Assessment including:
  - Symptoms/Behaviors leading to an Included Diagnosis
  - Impairments in Life Functioning, Needs, and Strengths
- Step Two - Carry this information forward into the Client Care Coordination Plan (CCCP) and document:
  - Goals/Objectives linked to the identified Symptoms/Behaviors or Impairments
  - Interventions to affect the identified objective
- Step Three - Carry these goals/objectives forward into the Progress Note which documents:
  - Goal-based interventions provided to client



# Direction of Services

- By the California Code of Regulations, all services must be “under the direction of” an AMHD
  - The person providing direction is not required to be physically present to exercise direction
    - May be done in consultation with other treating staff
  - Peers or other non-clinical staff may be providing services but the AMHD **MUST** ensure services fit into the Clinical Loop
    - Must ensure a bridge between clinical and non-clinical staff to ensure links to mental health are present in the Assessment and CCCP



# Definitions

- **Authorized Mental Health Discipline (AMHD):** Eligible disciplines who must sign off on Client Care Plans in the DMH System of Care.
  - Licensed MD/DO
  - Certified NP (Nurse Practitioner)
  - Registered CNS (Clinical Nurse Specialist)
  - Registered Nurse
  - Licensed or waived PhD or PsyD
  - LCSW or Registered MSW (Associate Clinical Social Worker – ASW) or out-of-state Licensed-Ready Waivered MSW
  - Licensed MFT or Registered MFT (MFT Intern) or Out-of-State Licensed-Ready Waivered MFT
  - Licensed Professional Clinical Counselors (LPCC)
  - And students of these disciplines with co-signature



# To Claim to Medi-Cal:

- Every claimed services must meet the test of medical necessity by being related to the Clinical Loop
  - Translation: Be a needed service for the client to improve symptoms, behaviors, impairments; maintain functioning

DMH Policy #104.08



# To Claim to Medi-Cal:

- Why was the service provided?
  - Look at the Assessment and CCCP...
- Does it make sense that a mental health practitioner needed to provide the service?
- What intervention or benefit towards the mental health need was provided?
- Does the service provided match to a current Mental Health goal?



# High/Low Risk Document



# Is it claimable?

1. Spoke with CSW about reason for referral to Wraparound
2. Reviewed records from Probation
3. Attended CFT meeting
4. Met with Psychiatrist after CFT meeting to update on CFT meeting
5. Met with client's Mother regarding housing needs
6. Provided referrals to Mother for after-school activities for client
7. Attended client's soccer game
8. Counseled Mother regarding her stress
9. Celebrated success with family



# Is it claimable?

## 1. Spoke with CSW about reason for referral to Wraparound

- **Not Claimable:**
  - If an episode will NOT be opened within the calendar month AND this was all that was documented
- **Claimable (Low Risk):**
  - If an episode will be opened within the calendar month AND the information gathered from the discussion was documented
    - **Example:** Spoke with the case manager at DCFS and gathered information about client's current behaviors in the home and what has led client to multiple placements. Also gathered information regarding family history. See Assessment dated xx/xx/xxxx family history section and current sx/bx section.



# Is it claimable?

## 2. Reviewed records from Probation

- **Not Claimable:**
  - If an episode will NOT be opened within the calendar month AND this was all that was documented
- **Claimable (High Risk):**
  - If an episode will be opened within the calendar month AND the information gathered from the records reviewed was documented
    - **Example:** *Reviewed records received from Probation to inform Assessment process. Noted client has multiple arrests since the age of 12 for assaultive behavior. Also noted that client has previously stated he doesn't care about living since his father left. See Assessment dated xx/xx/xxxx Juvenile Court (Delinquency) History section and History of Presenting Problem section.*



# Is it claimable?

## 3. Attended CFT meeting

- **Not Claimable:**
  - If this is all that was documented
    - Documenting “attending” an activity does not show a staff intervention. An intervention requires some action taken by staff.
- **Claimable (Low Risk):**
  - If staff participated in the CFT meeting AND the discussion can be related back to the client’s mental health needs
    - Participation may include active listening, sharing information, coordinating services, monitoring client’s status, etc.
    - **Example:** ...based on information discussed at the CFT, the CFS will work with the family to identify prosocial activities the client can participate in and work towards linking the client to these activities.



# Is it claimable?

## 4. Met with Psychiatrist after CFT meeting to update on CFT meeting

- **Not Claimable:**
  - If this is all that was documented
    - Sharing information that was discussed in a meeting does not illustrate how this is an intervention as defined under “Medical Necessity”.
- **Claimable (Low Risk):**
  - If staff will do something with the information and can show how the sharing of information will impact the client’s treatment
    - **Example:** *Met with client’s psychiatrist alerting him of client’s inability to sleep and potential side effects of medications as discussed in the CFT meeting. Psychiatrist agreed client appears to be having side effects from medications and will meet with client to monitor medications.*
    - **Note:** Consultations must be done within the context of Plan Development



# Is it claimable?

## 5. Met with client's Mother regarding housing needs

- **Not Claimable:**
  - If this is all that was documented
- **Claimable (Low Risk):**
  - If staff discussed with mother how housing impacts client's mental health and provided mother with resources for looking for housing
    - **Example:** *Mother informed CFS that she is at risk of being evicted from her home. CFS explored with mother how this may be impacting the client and if she has discussed it with him. Mother reports client has expressed fear about losing his home and has not been sleeping well. CFS provided mother with some resources for housing. CFS and mother discussed how to talk to client about his fears and gave mother some specific techniques to practice with client to reduce his anxiety.*



# Is it claimable?

## 6. Provided referrals to Mother for after-school activities for client

- **Not Claimable:**
  - If this is all that was documented AND a need for after school activities has NOT been identified
- **Claimable (Low Risk):**
  - If the Assessment shows the client has reduced social interactions due to his depression and the Client Care Plan identifies an objective related to increasing client's social activities.
    - **Example on the Client Care Plan:** *Objective - Client will increase positive social interactions from 0x per week to 3x per week. Intervention – Discuss activities the client might be interested in and assess appropriateness of activity, link client to identified after school activities*
    - **Note:** *Even the best services/interventions are at audit risk if the Assessment and Client Care Plan do not clearly show a need for the service.*



# Is it claimable?

## 7. Attended client's soccer game

- **Not Claimable:**
  - If this is all that was documented
- **Claimable (Low Risk):**
  - If staff had identified a need to assist client with his anger while interacting with others and staff monitored client's behavior while at the game and prompted him to use his relaxation techniques.
    - **Example:** *Staff reminded client of his relaxation techniques (count to 10 and take 5 deep breaths) and prompted client to utilize techniques when he became angered at a soccer game.*
    - **Note:** *To reduce the risk of audit disallowance, staff should document a clear purpose identified for attending the activity prior to the activity occurring.*



# Is it claimable?

## 8. Counseled mom regarding her stress

- **Not Claimable:**
  - If this is all that was documented
- **Claimable (High Risk):**
  - *Mother informed CFS that she is at risk of being evicted from her home and stated she was under a lot of stress and less able to care for her child. Provided supportive counseling to mother.*
- **Claimable (Lower Risk):**
  - *Mother informed CFS that she is at risk of being evicted from her home and stated she was under a lot of stress and less able to care for her child. CFS provided brief problem solving strategies to mom to better support the needs of the client and stressed the importance of helping herself in order to help the client.*
- **Claimable (Low Risk):**
  - *Mother informed CFS that she is at risk of being evicted from her home and stated she was under a lot of stress and less able to care for her child. CFS provided referrals to mother for low cost counseling and stressed the importance of helping herself in order to help the client.*
- **Note:** As services move further away from direct services to the client and towards direct services to the parent, the risk of audit disallowance increases.



# Is it claimable?

## 9. Celebrated success with the family

- **Not Claimable:**
  - If this is all that was documented
- **Claimable (Low Risk):**
  - If while celebrating success you reviewed and discussed what worked in treatment and what to do in the future.
    - **Example:** *Met with client and client's family to celebrate success and transition out of the Wraparound program. CFS and Parent Partner reviewed client's initial goals on the client care plan. Client and client's mother identified what client's current status is in relation to those goals. Parent Partner reviewed work mother has done and skills she has learned to help client. CFS reviewed progress client has made and new skills he has learned to manage his anger. CFS praised client and family for their hard work.*



# Resources

- Clinical Record Bulletins
- QA Documentation Trainings:
  - CCCP Training Module
  - Assessment Powerpoint
  - Wraparound CFT Training Module (for claiming for team meetings)
- Clinical Forms
- DMH Policies and Procedures
  - 104.05 Closing Service Episodes
  - 104.08 Clinical Record Guidelines
  - 104.09 Clinical Documentation for All Payer Sources
  - 202.31 Roles and Responsibilities in the Care of Clients (former SFPR Policy)



# Resources

- QA Resources can be found on-line at: <http://dmh.lacounty.gov>
  - Under: “For Providers”
- For QA Manuals and training documents:
  - Click on: “Provider Manuals and Directories”
  - [http://dmh.lacounty.gov/wps/portal/dmh/admin\\_tools/prov\\_manuals](http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals)
- For Clinical Forms:
  - Click on: “Clinical Forms”
  - [http://dmh.lacounty.gov/wps/portal/dmh/clinical\\_tools/clinical\\_forms](http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_forms)
- For Administrative Forms:
  - Click on: “Administrative Forms”
  - [http://dmh.lacounty.gov/wps/portal/dmh/admin\\_tools/admin\\_forms](http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/admin_forms)
- IS Forms and Manuals (IS Codes Manual) can be found on-line at: <http://lacdmh.lacounty.gov/hipaa/index.html>
  - Under: Contract Providers



# QUESTIONS?

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# Contacts

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