"Documentation Strategies to Enhance Your Clinical Medicaid Record Keeping"

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Illinois CBHA
February 14th 2011

Compliance and Quality

What is Your Compliance Focus

- “Compliant Looking Paper” ?
- “Quality Service Processes” that meet the “Spirit of Standards” ?

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Re-Integrating Clinical Practice and Clinical Documentation

- Documentation has Become "The ENEMY"
- Clinicians report that documentation competes with time spent with clients
- Count on "no-shows" to complete paperwork
- Clinician's "Paper Life" is divorced from their "Clinical Life"

Compliance and Quality

When We Focus on Paper Compliance

Clinical Staff come to not just devalue documentation but also to de-value the clinical processes they represent:

- The Assessment Process
- The Service Planning Process
- The Value of the Service Plan for their Work with Clients

Compliance and Quality

As we make organizational and process changes necessary to accommodate the need for faster access and more efficient services …

…we must to remember that our "Value" to clients and to payers under healthcare reform will be measured by our ability to produce "Positive Outcomes" and reduce the use of unnecessary disruptive and high cost services!

What Do We Do?

Our Mission is not to Care About Our Clients!

That's something we need to do
to accomplish our mission…

What Do We Do?

Our Mission is not to See Lots of Clients!

That's something we need to do
to stay viable…

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What Do We Do?

Our Mission is to Help People Recover!

If our documentation processes don't help us accomplish our mission they are a waste of time and we'll chase compliance Forever..and Ever..and Ever…

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Worthwhile Documentation

Documentation Models Should Support:

- Compliance
- Outcome Oriented – Person Centered Services
- Efficiency

Compliance

The Big Three

- Medical Necessity
- Client Participation
- Client Benefit

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Medical Necessity

Medical Necessity Phase 1:

- Establish that an individual seeking behavioral health services is qualified to receive specific services at a particular level of care and/or intensity.
  - Qualifying DSM-IV diagnosis of a mental, behavioral, or emotional disorder
  - Diagnosed within the past year by a qualified practitioner
  - Results in functional impairment which substantially interferes with or limits the person's daily life activities.

Medical Necessity Phase 2:

- Establish that **<u>all services and interventions</u>** provided are necessary and potentially sufficient to:
  - Address assessed needs in the areas of symptoms, behaviors, functional deficits, and/or other deficits/ barriers directly related to or resulting from the diagnosed behavioral health disorder
  - Produce improvements or prevent worsening

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Medical Necessity

- **Decide if you'd pay for that!**
  - Every Progress Note is a bill for services.
  - Would you pay for what you read in a progress note?
  - We get paid to provide skilled interventions that address assessed BH needs and help a person reach personal life goals .
  - We don't get paid to "see clients" of for 'conversations that meander with the client'

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Medical Necessity and the Golden Thread

Person Centered Services

Person Centered Services :

- Focus on the person / family in the context of their personal/ life goals , individual strengths, unique barriers, etc.

Person Driven Services:

- Involving the individual/ family in directing the plan of care (developing, reviewing, updating service planning)

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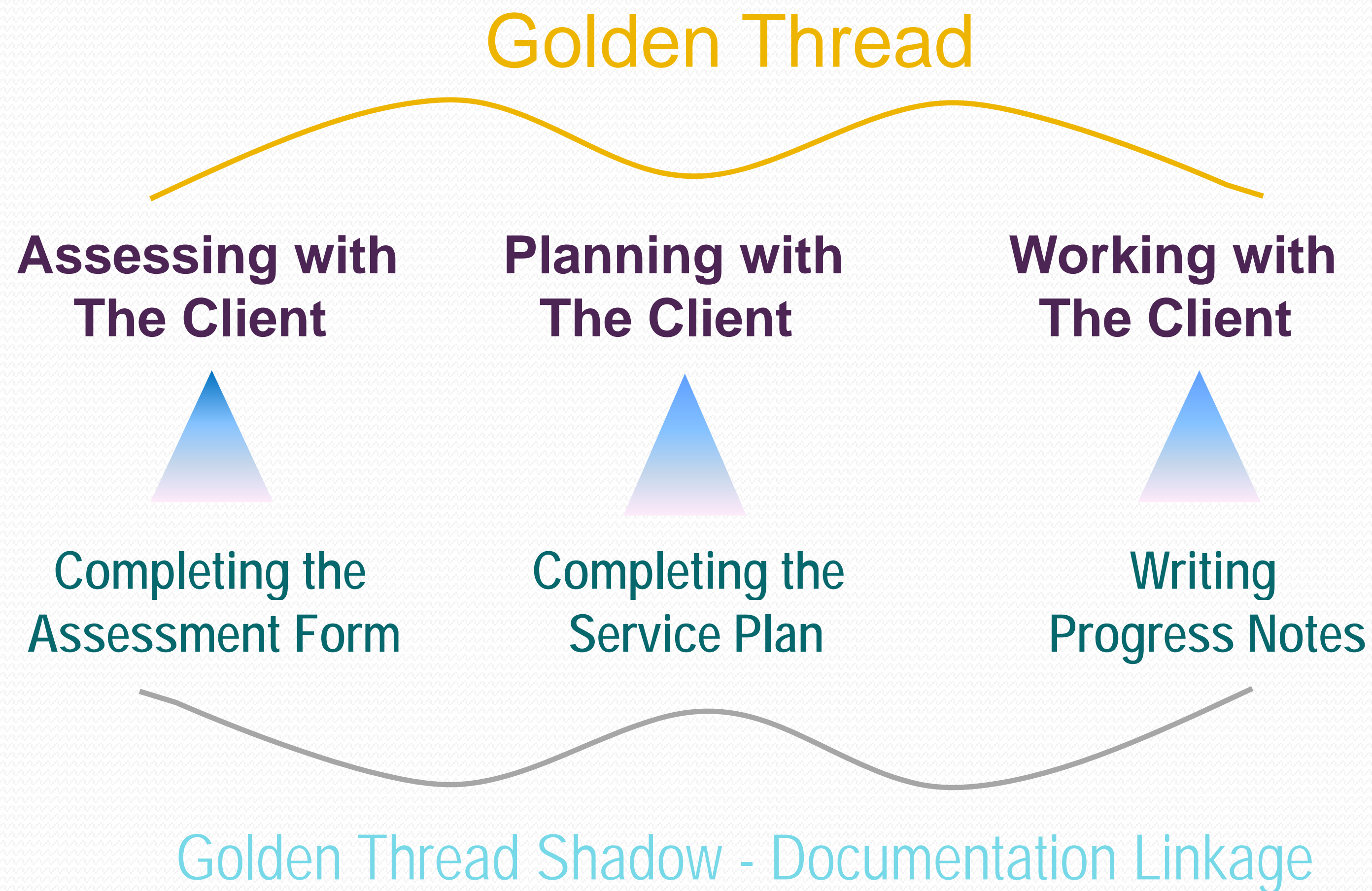
Person Centered Services

Why Adopt a Person Centered Approach?

- Improve Engagement !
- Reinforce Ongoing Motivation and Hope !
- **Improve Outcomes !**

Where is the Golden Thread ?



Person Centered Services

Person Centeredness is Often Inserted at the Wrong Point in the Clinical Process.

- Starting at the Service Planning Process - With Questions like “What would you like to work on?” “What Goals do you have for treatment?” (This ignores the assessed needs identified in the assessment process”)
- In therapeutic sessions where discussions routinely focus around whatever the client wants to discuss rather than working on the mutually developed service plan. (If the plan isn’t relevant – change it!)

Documentation Strategies That Support Worthwhile Documentation

Assessment

The customer of the Assessment is whoever is developing the Treatment Plan

They Need:

-

Assessment

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They Need:

- Clearly identified and prioritized Behavioral Health Needs (Challenge Areas) that can be used to establish Goals.

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Assessment

Diagnoses Don’t Drive Treatment Plans!

Assessed Needs Do!

Examples of Identified Need Areas

- Symptoms
  - Mental Health
  - Substance Abuse
- Behaviors
- Functional/ Skill Deficits (ADL/Self Care and Life Skills)
- Supports Deficits
- Service Coordination Needs
- Other Identified Needs

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Assessment

Sample Assessment Section

Identified Needs and Service Recommendations

#	Identified Need	Recommended Services	A __ D__ R__

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Prioritized Assessed Needs: A-Active, ID-Individual Declined, D-Deferred, R-Referred Out	A	ID*	D*	R*
1.	☐	☐	☐	☐
2.	☐	☐	☐	☐
3.	☐	☐	☐	☐
4.	☐	☐	☐	☐
5.	☐	☐	☐	☐
6.	☐	☐	☐	☐
7.	☐	☐	☐	☐

***Individual Declined/Deferred/Referred Out-Provide Rationale(s)** (Explain why Individual Declined to work on Need Area; List rationale(s) for why Need Area(s) is Deferred/Referred Out below) ☐ None

1.

2.

3.

Level of Care/Indicated Service Recommendations:

Assessment

The customer of the Assessment is whoever is developing the Treatment Plan

They Need:

- Clearly identified and prioritized Behavioral Health Need/ Challenge areas that can be used to establish Goals
- Symptoms, Behaviors, Skill and Functional Deficits stated as 'baselines' whenever possible in order to develop objectives.
-

Assessment

The customer of the Assessment is whoever is developing the Treatment Plan

They Need:

- Clearly identified and prioritized Behavioral Health Need/ Challenge areas that can be used to establish Goals
- Symptoms, Behaviors, Skill and Functional Deficits stated as 'baselines' whenever possible in order to develop objectives.
- Client Strengths , Preferences , and Personal/ Life Goals that will be useful in developing service plan Gs and Os and in supporting change

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Person Centered Services

Personal Life Goals and Aspirations

Do We Ask The Question?

Personal Life Goals

When You Ask the Question!

- "Be able to socialize and make friends"
- "Be able to live on my own"
- "Get my GED and work in medical transcription."
- "Have less stress related to parenting"
- "Take care of my kids & get back into church."
- "Spend time with my grandchildren unsupervised."
- "Going back to school and working."
- "To maintain positive relationship with parents and siblings. "
- "Be able to talk to sister without getting upset or mad"

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Assessment

Have an efficient process for updating the assessment!

Organization Name:		**Program Name:**
Individual's Name (First MI Last):	**Record #:**	**DOB:**

Reason for Update: ☐ Update of New Information ☐ Re-Admission ☐ Annual Update – Date of Admission:
Date of Most Recent Comprehensive Assessment:

Adult Comprehensive Assessment Sections for Update

Check the box(es) next to the section(s) of the assessment (including addendums), which you are updating. Be sure to label all additional/updated information in your narrative with the number of the section of the Assessment or Addendum being updated.

☐	1. Presenting Concerns	☐	11. Mental Health and Addiction Service Treatment History
☐	2. Living Situation	☐	12. Psychiatric Illness History
☐	3. Family Information	☐	13. Medication Information
☐	4. Development History	☐	14. Trauma History
☐	5. Social Supports	☐	15. Mental Status Evaluation
☐	6. Legal Status	☐	16. Past Risk and Alerts
☐	7. Legal Involvement History	☐	17. Assessed Needs – Functional Domains
☐	8. Education and Employment	☐	18. Life Goals, Strengths, Abilities, and Barriers
☐	9. Military Service	☐	19. Prioritized Assessed Needs
☐	10. Substance Use/Addictive Behavior History	☐	20. Other:

Update Narrative: List each assessment section being updated with narrative explanation below it.

Service Planning

<u>Goals</u>

<u>Definition:</u>
A Goal is a general statement of outcome **<u>related to an identified need in the clinical assessment</u>**.

A goal statement takes a particular identified need and answers the question, **"What do we (clinician and client) want the outcome of our work together to be, as we address this identified need?"**

Service Planning

Examples of goals:

- "Elana states she wants to stop relapsing with alcohol and drugs
- "John states he just wants to feel normal and quiet the voices"
- "Ben wants to stop getting into trouble in school and at home"
- "Gwen states she wants to learn how to take care of herself"
- Jordan wants to get her energy and confidence back

For an involuntary/ non-engaged client.

- "Robert will recognize the negative effects Substance Use is having on his life and voluntary participate in recovery services"

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Service Planning

Goals

- Incorporate personal goals when possible with behavioral health goals

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Service Planning

Examples of goals:

- "Maria wants her son Jason to be able to focus and follow directions so he can do better in school and make friends and to reduce her stress."
- "Ben states he wants to stop getting into trouble in school and at home" so he can stop getting grounded and spend time with his friends
- "John states he wants to feel normal so he can get a job and have friends"

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Service Planning

Objectives

Definition:

- Objectives are observable, measurable, changes in symptoms, behaviors, functioning, skills, knowledge, support level.etc that relate to achievement of the goal, and are expected to result from planned interventions.

- The Assessment should identify the baseline levels of symptoms, functional/ skill deficits and behaviors that constitute the basis for the identified needs. Objectives are stated changes in these baselines.

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Service Planning

Think of Objectives as "milestones" not as things a client will do!

Three Kinds of Changes from Baseline:

1. Changes in Level of Understanding of an Identified Need
2. Changes in Competencies, Skills, Information
3. **Changes in Behaviors, Functioning, Symptoms, Conditions (e.g. level of Supports)**

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Service Planning

Examples of Objectives:

- "Steven and the clinician will understand the chief causes of Steven's Panic Attacks"
- "Jordan will be able to articulate and demonstrate 3 strategies for reducing symptoms of depression."
- **"Jordan will engage in productive and/or leisure activities outside the home at least twice a week."**
- "David will be able to identify situations that make him frustrated/ angry in school and will be able to articulate and demonstrate 2 strategies for appropriately dealing with them.
- **"David will reduce verbally aggressive outbursts in class from 3 or more times daily to once or less weekly."**
- "Client's mother will learn and implement 3 key strategies for dealing with Jason's oppositional behaviors."
- **"John's will follow his mother's directions with only one follow-up prompt 70 percent of the time.**

Service Planning

Objectives

- Attempt to develop a measurable change that:
  - Will be apparent to the client
  - Meaningful to the client
  - Achievable in a reasonable amount of time
  - Can be assessed in a nonjudgmental way

- Discuss the relationship of the desired change to achieving the behavioral health goal and personal life goal(s)

Measuring Objectives

- Some Objectives are easy to measure and for the client or family to report on.
  - Articulation and demonstration of skills/strategies
  - Demonstration of knowledge
- Some Objectives are better assessed with the use of self tracking tools or scales:
  - Symptoms
  - Behavioral changes
- You don't want to just be measuring the client's latest experience today or yesterday.

Service Plan Goals and Objectives

Electronic Health Records

- Carefully evaluate the use of “Dropdowns” for Goals and Objectives
- These are intended to be individualized
- Difficult to have a meaningful discussion about Goal and Objective development using dropdowns .
- **I recommend never using dropdowns for developing Goals and Objectives!**

Service Planning

Interventions (Methods)

Definition:

An intervention is a clinical strategy or type of action that will be employed within a Service type (modality) and is expected to help achieve an Objective.

Interventions briefly describe what approach, strategy and/or actions the Treatment Plan is prescribing.

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Service Planning

Examples of Interventions:

- "Explore with client the reasons for his/her panic attacks"
- "Help the client identify triggers for his anger and strategies to for avoiding these triggers or responding differently"
- "Teach client meal planning, shopping, and meal preparation skills"
- "Use CBT to help client change destructive irrational believes that lead to feelings of guilt"
- Teach the client about benefits of medication, coping with side effects"
- "Pharmacological treatment for X symptoms"
- "DBT" (When an intervention strategy is very well articulated, has defined steps and outcomes, it may not be necessary to do more then indicate the type of intervention strategy with some key elements that are understandable to the client.)

Service Planning

Services

Definition:

Services are the modalities or formats in which interventions are provided.

Service Planning

Examples of services:

- Individual/ Family Therapy
- Group Therapy/Counseling
- Case Management
- Community Support
- Psychosocial Rehabilitation
- Medication Monitoring

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Sample

Goal, Objective, Interventions, Services, Frequency and Provider Type

Goal 2: (Based on Assessed Need #__) Client States he wants to feel less depressed so he can go back to work and have a social life again.

Objective a: Client will experience at least 3 days per week where he feels well enough to leave his residence and engage in a chosen productive or leisure activity.

Interventions	Services	Frequency /duration	Provider type
Pharmacological treatment for depressive symptoms	Med Management	2X month for 60 days then 1X month	Psychiatrist
CBT to help client identify destructive irrational beliefs that result in severe feelings of guilt	Individual Therapy	1X week 1 hr	LCSW
Education and support for coping with depression	Group Therapy	1X week 1 hr	LCSW

Interaction/ Progress Notes

Importance of Service Plan Awareness !

- Be Aware of the Service Plan BEFORE the session and know what Goal(s) Objectives you plan to work on with client.
- Your plan may need to change but you should have a plan.
- Focusing on the Service Plan reinforces the value of the plan.
- If the plan becomes irrelevant – change it.

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Interventions/ Interactions

Interventions/ Interactions

How are You Doing?

- When you ask “How are you doing?” people will generally answer the question “How is the world treating you”
- This can often move the focus of a session to a discussion of recent events, mini crises, etc. (meandering with the client)
- By preparing for interventions you can keep the focus on “How are you Doing?” (e.g. “How are you applying what you’ve learned to this new situation)
- This will focus the session and result in progress notes that link to the treatment plan

Interaction/Progress Notes

1. New, salient information provided by client.
2. Changes in mental status
3. Goal(s) and Objective(s) that were focused on
4. Interventions , work done.
5. Client's response to intervention (today)
6. Client's progress re the Goal/ objective being addressed
7. Plan for continuing work

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Interaction/Progress Notes

Goal(s) Addressed as Per Individualized Action Plan:	
☐ Goal ___ ☐ Objective 1 ___ ☐ Objective 2 ___ ☐ Objective 3 ___ ☐ Objective ___	☐ Goal ___ ☐ Objective 1 ___ ☐ Objective 2 ___ ☐ Objective 3 ___ ☐ Objective ___
Therapeutic Interventions Delivered in Session:	
Person's Response to Intervention/Progress Toward Goals and Objectives:	
Plan / Additional Information (*Indicate action plan between sessions*):	

Supervision and Measurement

1. **Technical/ Quantitative**
   1. Missing data elements
   2. Missing signatures
   3. Failure to meet documentation timeframes

2. **Qualitative**
   1. Failure to demonstrate medical necessity, client participation, and client benefit
   2. Documentation of Uncovered Services

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Supervision and Measurement

Tip 1

Change the Conversation!

- Establish and reinforce the relationship between compliance, documentation, and clinical quality!

Supervision and Measurement

- **What aspects of documentation do you measure?**
  - What you measure is what becomes important.
  - Does it relate to service quality?

- **What documentation areas do you cover in supervision?**
  - Don't just focus on the latest crises.
  - Compliant, quality services and their documentation should ALWAYS be in focus!

Supervision and Measurement

- Documentation Compliance Standards (i.e. regulations and accrediting body standards) are intended and should be viewed as minimal best practices.

- Never say to staff "You have to include this in your documentation because Medicaid says so or TJC says so!"

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Supervision and Measurement

Tip 2

- Establish a clear definition of Medical Necessity.

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Supervision and Measurement

Tip 3

- Decide if you'd pay for that!

Supervision and Measurement

"We do good work..
We just don't document well"

Supervision and Measurement

Tip 4:

- Stop Saying that!

  - Documentation should demonstrate that good work is being done and help focus clinician/ client interactions.

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Supervision and Measurement

Tip 5:

- Expect Assessments to be clinically relevant!
  - When reviewing assessments don't just look for the boxes to be filled in and signatures to be present.
  - The assessment is the foundation of the clinical/ rehab process.

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Supervision and Measurement

Tip 6:

- Rescue the Service Planning process !

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Supervision and Measurement

Tip 7:

- Expect clinician/ clinician interactions to follow the service plan (except in the case of true crises sessions)

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Qualitative Audits

Tip 8:

- Add a qualitative component to your audits

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Questions?