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Documentation timeliness of notes for Specialty Mental Health Services

- Documentation of services should be completed as soon as possible after the service is performed and within the following time frames.
- All documentation of services not requiring a co-signature must be entered and finalized in the client EHR within 72-business hours or 3 business days from when the service was provided.
- Documentation that requires a co-signature should be completed by the author within 72-business hours or 3 business days, co-signed by supervisor and finalized within 10 business days.
- Documentation completed later than 72-business hours or 3 business days from when the service was provided is considered late and should be labelled "Late Entry" at the beginning of the note. Late entry services should not include documentation time when claiming.
- Timeliness of documentation ensures that the note is accurate for both content and billing time and helps inform the rest of the clinical care team of client's current status for the best clinical care.

Are you wondering what's the difference between PAVE and Credentialing? And why do you need to do both?

While there is a lot of overlap between the requirements for PAVE enrollment and Credentialing for each direct service provider (clinician), the PAVE screening and enrollment requirements are separate and distinct from the Credentialing and Re-Credentialing process requirements. PAVE requirements are designed to reduce the number of providers who do not meet CMS provider enrollment requirements from participating in the MHPs' provider networks. The Credentialing/Re-Credentialing process is one component of the

comprehensive quality improvement system required of all Mental Health Plans. Credentialing ensures that providers are licensed, registered, waived, and/or certified as required by state and federal law. If you would like to know more information about PAVE and Credentialing/Re-Credentialing, you can read [BHIN #20-071](#) and [MHSUDS IN #18-019](#) or send an email to BHRSCredentialingPublic@marincounty.org with your questions.

SUS Update: Join Us - Jeff and LaRee's Office Hours

Jeff DeVido and LaRee Marquardt-Byrd will be available Mondays, from 1:30-2:30pm via the Bright Heart Health Virtual Clinic interface for "Jeff and LaRee's Office Hours." This is a drop-in opportunity for providers and staff and no appointment or pre-registration is necessary. The goal of this "Office Hours" is to provide a space for discussing issues related to the substance use system of care and also provide an opportunity for clinical consultation. If you have a particular case that you would like to discuss, you can also feel free to contact Jeff and/or LaRee ahead of time to provide information--this will allow Jeff and LaRee to prepare so they can jump right in. Please don't hesitate to contact Jeff and/or LaRee with any questions/comments: jdevido@marincounty.org / lmarquardt-byrd@marincounty.org

DMC-ODS Utilization Review Reminders

DMC-ODS Updates
Discussion - Documentation



Overview of Tips, Reminders and Themes from URs

- **Signatures on treatment plans (and telehealth flexibilities – BHIN-21-046).**
 - When a signature is required on a client plan and a beneficiary is unavailable to sign the plan, such as when the service is done by telehealth or telephone, the reason for the missing signature shall be documented in the client plan. It is not necessary to obtain the signature when the client returns to in-person care. The following approaches are appropriate:
 - Documenting in the chart that oral consent was obtained in the course of telehealth services,
 - Use of electronic signatures, such as via DocuSign or similar services, if the e-signature service has a business associate agreement with the applicable covered entity,
 - Obtaining wet signatures when an in-person visit is made, and
 - Documenting the reasons for any signatures that are late or missing.
 - Treatment Plans: Counselor, LPHA and Client signature timeframes

Overview of Tips, Reminders and Themes from URs (cont'd)

- Please provide information regarding client absences (missed sessions, disengaged from program, NOABD sent, etc).
- Ensure that provider credentials are listed on forms
- Client charts should include Medi-Cal eligibility information
- Need a new treatment plan when client enrolls in a new level of care
- Residential Providers: For residential treatment to be reimbursed on a daily basis, the service provided must include a required service activity on the date of billing. Evidence of this must be in the client file.
- Follow-up from DHCS on Recovery Services: *Assessment and diagnosis for medical necessity is required. Documentation and timeframe requirements are the same (i.e., assessment, diagnosis for medical necessity, treatment plan, sign-in sheets, and progress notes). (Contract Sections III(T) and V(L)).*
- **All: Feedback for Practice Guidelines Updates? Please send by 9/15/21**

Good News...CalAIM: Documentation Reform Proposal Target: July 2022

- Align standards across physical and behavioral health programs
- Move away from point-in-time treatment plan signed by the client with progress note tying to the treatment plan → Problem lists and progress notes to reflect the care given and align with billing codes
 - Problem lists: Captures clinician identified diagnoses and beneficiary identified concerns
 - Progress notes: Action steps and service information
- Revise auditing: Disallow for fraud, waste and abuse and use quality improvement for minor clinical documentation concerns

Access Updates

- Reminder to send therapy referrals to BHRSAccessPublic@marincounty.org
- Waitlists continue to be lengthy, we appreciate everyone's patience
- Access online screening is expected to go live next month (date currently unknown)
- The newest members to our team are Hillary Swanson and Kenny Rodriguez Trujillo

Upcoming Mental Health Clinical Documentation Training:

➤ The next clinical documentation training is scheduled for Tuesday, Sept. 14, 3-5pm via zoom. Please email swilbur@marincounty.org or BHRSQM@marincounty.org to register.

➤ Follow the link to view the most up to date version of the clinical documentation guide for reference : <https://www.marinhhs.org/clinical-documentation-guide>

How to Reach Us

BHRS ACCESS Team: BHRSAccessPublic@marincounty.org

BHRS ACCESS Supervisor: BHRSAccessSupervisor@marincounty.org

BHRS QM General: BHRSQM@marincounty.org

BHRS SUS Residential Care Authorization: BHRSAuthSUS@marincounty.org

MHP Inpatient Care Authorization: BHRSQMPublic@marincounty.org

BHRS Electronic Health Record (EHR) Team: BHRSEHR@marincounty.org

BHRS Admin. Team: BHRAdmin@marincounty.org