

Documentation Tip – NPC Potential Overuse

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Potential Reasons for NPC Overuse

- NPC because you're afraid to claim the service
 - Insurance questions
 - Lockout locations
 - Not enough time to write a full note
- NPC because clinical staff is doing clerical work
- NPC because you're not sure if you provided specialty mental-health services

“Nervous” NPCs

- “Lockout locations”
 - Please forget they ever existed
 - Wherever your client currently is, use the procedure code that matches what you did
 - A few programs use 4-codes, but only **staff assigned to** Juvenile Hall, CSU & SonomaWORKS
- Insurance
 - Our Revenue Management Unit will worry about the client’s insurance
 - Don’t use NPC because the client doesn’t have Medi-Cal, Medi-Cal has lapsed, etc.
- Not enough time to document immediately
 - You can save your note as “draft” and come back later or the next day
 - Documentation is part of providing services & needs to be factored into your day
 - If you’re consistently unable to document what you did, you need to work with your manager about managing workload

NPCs for Clerical Work

- Discharge paperwork
 - Currently working on refining what's NPC vs TCM for system discharges. Emails to come!
 - Remember that helping find appropriate discharge placement for a client *from a hospital or other residential placement* is always TCM
- If there are other areas where you feel like you're providing clinical services that we've told you to bill as NPC, please contact me to discuss.
- Are there tasks that should move from clinical staff to clerical staff?

NPC because not sure it was SMHS

- Remember that you can provide SMHS anywhere! Use opportunities in the field (waiting rooms, grocery stores, etc.) to work with your client.
- Planned vs. Reactive services: Planned interventions and services allow us to provide more thoughtful specialty mental-health treatment & track the client's progress toward their goals.
- Especially if service wasn't planned, think through why you did what you did, in the context of the client's mental-health recovery.
- You're probably smarter than you think!
 - Whatever you did, you were trying to help the client.
 - What made you think your intervention would help? Thinking through your motivation can help you describe what you did clinically.
 - Look at MHS-105 "Procedure Codes for Client Related Services"

Planning Interventions

- Target Functional Impairments
 - Life-Domain Functioning 2s and 3s from the CANS/ANSA
 - Risk Behavior 2s and 3s from the CANS/ANSA
 - Any crisis-level risk factor
- Think about what types of treatment might help improve those impairments
- Work within the context of the Client Plan goals
 - That's why it's important to spend time developing a strong Client Plan!
 - Helping a client develop goals over time can also be part of treatment, if you're actively working together on it.
 - E.g., "Jose wants to explore his satisfaction in major areas of his life and identify one area where he wants change, within the next 12 months."

Targeting Functional Impairments

- Before providing any non-crisis services, think about what mental-health services are necessary to help the client achieve their goals in terms of their own functioning, e.g.:
 - Choosing, getting, or maintaining housing
 - Building a stronger social life
 - Choosing, getting, or keeping a job
 - Completing school
 - Reducing fights with their family
- We provide services not just because the client *has* functional impairments, but because we are actively *treating* those functional impairments.

What will help the client not need us?

- Mental health treatment is not just about solving the client's problems (e.g., rescheduling their appointments for them, filling out paperwork for them)
- Don't gate-keep resources, but do think about how to leverage your power in ways that empower the client (which will change over time)
- Part of holding onto hope for your client is helping them imagine a future where they need you less
- What **resources** can you connect the client to (TCM!), and what **skills** can you teach the client (rehab & therapy!), that will help them move toward independence?

Questions?

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