



Documentation Training Seminar

Quality Assurance Team

Agenda

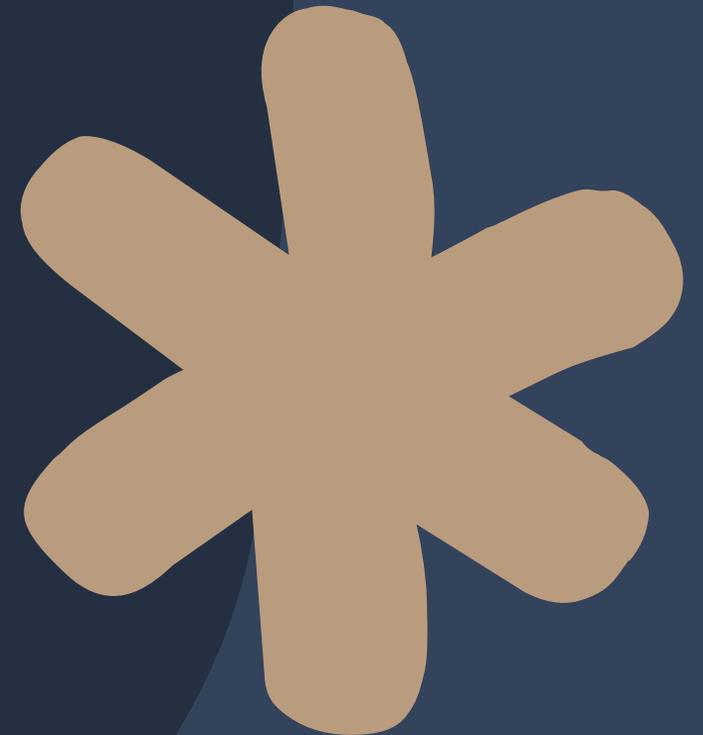
Introductions:

- Name
- Role
- Team
- What are you wanting to get out of today's training?
AND/OR
- What is the area of documentation that has been the most difficult?

- Medical Necessity
- PIRPL
- Review Procedure Codes
- Review Service Locations
- Misc. Claiming Rules
- Live Practice
 - Correcting Notes: Can you spot the issues?
 - Practice Vignettes: Let's write some notes together!

Medical Necessity: What is it and Where must it be documented?

- Medical Necessity is documented in each progress note written for a reimbursable service activity.
 - The progress note must document how the service addressed the person's behavioral health need: the **symptom** (i.e., anxiety), **condition** (i.e., family functioning), **diagnosis** (i.e., schizoaffective, bipolar type), and/or **risk factors** (i.e., danger to self).
 - This information is often included in the Purpose section of the progress note.



Examples: Medical Necessity in the Purpose Section of Progress Notes

- Individual Therapy with Becca to address anxiety.
- TCM with Sasha to connect to housing resources.
- Individual Rehab with Milo to practice safe social interactions.
- Phone call with Jamal's father. Father reporting recent increase in Jamal's depressive symptoms.



Progress Note Format: PIRPL

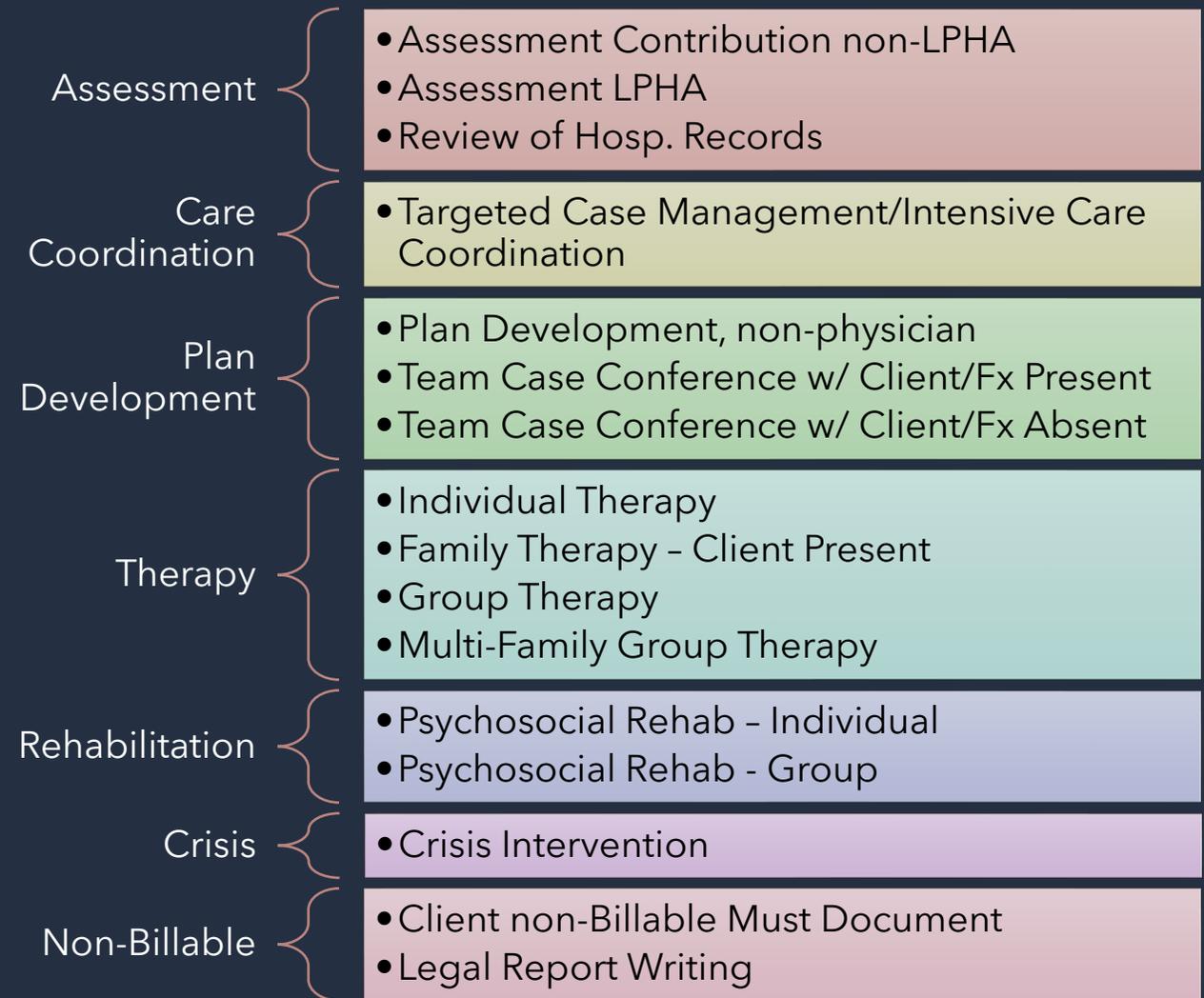
P – Purpose: Clinical reason I did what I did

I – Intervention: Here's what I did

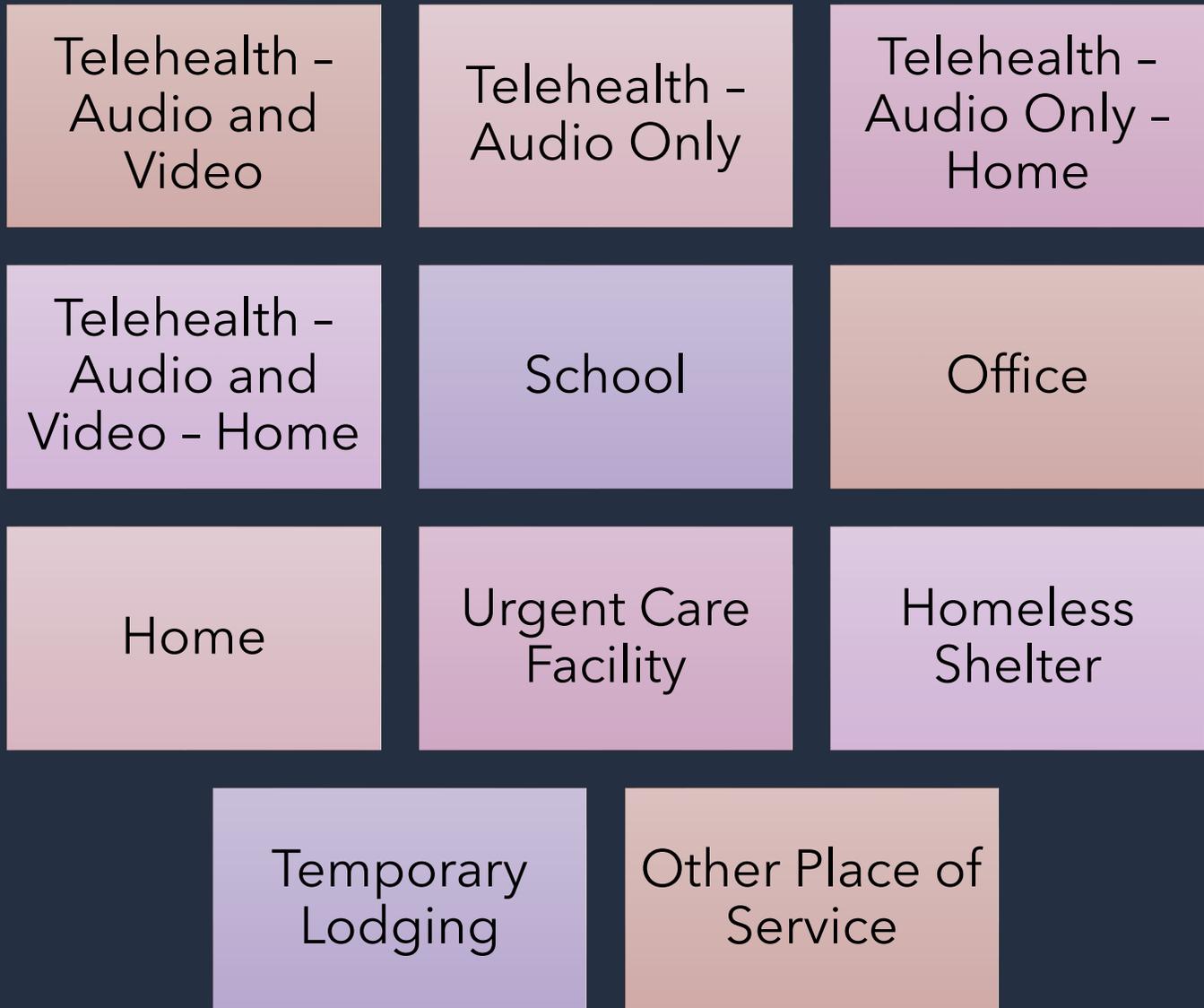
R – Response: Here's how the client responded to what I did

P – Plan: Here's what we'll do next

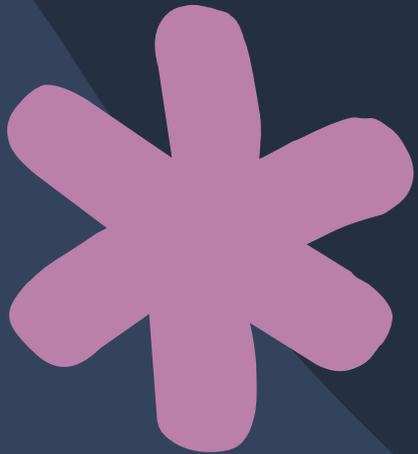
Procedure Codes: Let's Review!



Location –
Where was the
service
provided?



Claiming for Services



- Notes due within 3 days for non-crisis services & within 1 day for crisis services
- Only direct client care (time spent meeting directly with the client, the client's family/significant support persons and/or other professionals, unless the procedure codes states client is required to be present for that service) should be counted towards selection of service time when documenting a service. Direct client care does not include travel time, administrative activities, chart review, and documentation.
- Transportation and Documentation Time should still be documented separately.
- Bill the exact number of minutes a service took.
- Divide documentation for services on separate days into separate notes
- Select "problem" from "Problem(s) Addressed during this session"

Problem Lists & TCM Plans:

- Problem Lists

PROBLEM LIST EXAMPLE

A problem list which codifies a person's needs showing the entire care team the focus of services

Code	Description	Begin Date	End Date	Identified by	Job Title
F33.3	Major Depressive Disorder recurrent, severe with psychotic symptoms	01/19/2022	Current	Name	Psychiatrist
F10.99	Alcohol Use Disorder, unspecified	01/19/2022	Current	Name	Licensed Clinical Social Worker
I10	Hypertension	02/25/2022	Current	Name	Primary Care Physician
Z62.819	Personal history of unspecified abuse in childhood	04/16/2022	Current	Name	Licensed Clinical Social Worker
Z59.02	Unsheltered homelessness	05/01/2022	Current	Name	Peer Support Specialist
Z59.41	Food insecurity	05/01/2022	Current	Name	Peer Support Specialist



- TCM Plans

- P - (Purpose): Identify condition, symptom and/or need you're addressing with this plan.
- I - (Intervention): Explain how you worked with the client (and client's support people) to develop the goal(s).
- R - (Response): State the client's goal(s).
- PL - (Plan): Describe the plan for what TCM services you think are needed to work with the client on their goal(s).

Practice Time: Let's correct some notes

What is wrong
with the progress
note?

What is missing
from the progress
note?

Correct It:

Procedure Code: TCM; Location: Office

- P - (Purpose): Phone call to help John's mother support his housing needs
- I - (Intervention)/R-(Response): Received phone call from John's mother. She reported that she is concerned he will become homeless while she and his father are out of town for the next seven weeks. I provided active listening about her concerns about John's behavior and worries that he will lose housing at the Mary Isaak Center (MIC). I provided basic information regarding MIC rules, and encouraged her to contact his MIC/COTS case manager with her concerns or for more information. Reminded her that John has lived at shelters in the past and likely understands how far he can bend the shelter rules, and also that MIC is likely used to clients who attempt to bend the rules. She seemed to calm down and agreed to encourage John to follow MIC rules, and stated that she would try not to panic and "blow up at him" if he does not.
- PL - (Plan): Clinician will ask John's PSC to work with John on maintaining his current housing at MIC and on finding longer-term housing.

Corrected Note:

Procedure Code: TCM; Location: **Telehealth – Audio**

- P - (Purpose): Phone call to help John's mother support his housing needs
- **I - (Intervention):** I spoke with John's mother on the phone. I provided active listening. I provided basic information regarding Mary Isaak Center (MIC) rules, and encouraged her to contact his MIC/COTS case manager with her concerns or for more information. Reminded her that John has lived at shelters in the past and likely understands how far he can bend the shelter rules, and also that MIC is likely used to clients who attempt to bend the rules.
- **R-(Response):** John's mother reported that she is concerned he will become homeless while she and his father are out of town for the next seven weeks. She is concerned about John's behavior and worries that he will lose housing at MIC. She seemed to calm down and agreed to encourage John to follow MIC rules, and stated that she would try not to panic and "blow up at him" if he does not.
- PL - (Plan): Clinician will ask John's PSC to work with John on maintaining his current housing at MIC and on finding longer-term housing.

Correct It:

Procedure Code: Psychosocial Rehab - Individual; Location: Other Place of Service

- P - (Purpose): Psychiatric rehabilitation services to help Keisha.
- I - (Intervention): Met at Keisha's home in Rohnert Park. Used worksheets to engage Keisha and practice skills.
- R - (Response): Keisha was able to engage in the worksheet activity and said she found it helpful.
- PL - (Plan): Next meeting 2/17 at noon at client's home.

Corrected Note:

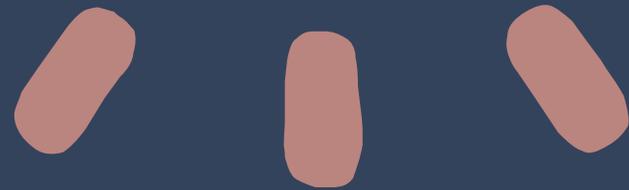
Procedure Code: Psychosocial Rehab - Ind; Location: **Home**

- P - (Purpose): Psychiatric rehabilitation services to help Keisha **with her job goals.**
- I - (Intervention): Met at Keisha's home in Rohnert Park. **Used Center for Psych Rehab worksheets to engage Keisha and practice goal-choosing skills, by identifying, defining and ranking personal criteria.**
- R - (Response): Keisha was able to engage in the worksheet activity and said she found it helpful. **She was able to identify personal criteria for choosing an occupational goal: flexible scheduling, friendly co-workers, mixed work tasks and high pay. She was able to assign weight to each criteria and identify which areas were more flexible.**
- PL - (Plan): **Keisha to identify 3 potential jobs by next meeting** on 2/17 at noon at client's home.



Let's write some notes!

Breakout Rooms



Vignette 1: Mo (PIRPL; Procedure Code; Location; Duration)

At the office, I gathered housing applications to review with Mo. I drove to meet with Mo at the library. Mo was waiting outside when I arrived. She stated that she had to be out of the shelter by 7:30am, so she took the bus to the library early. She said she knew we had a meeting but could not remember what we were planning to discuss. I reminded her that we had planned on going over housing applications. She stated, "Thank god." We were able to find a table, and I pulled out the housing applications. Mo struggled to stay focused on our conversation at times. She kept scanning the room when a new person would walk by or if there was new noise. This is a common behavior for Mo. I asked Mo if she wanted to try the deep breathing exercises, we practiced last week. She agreed and was able to take 5 deep breaths. She said she can't close her eyes when she does the exercise, as it makes her feel unsafe. Mo was able to provide the needed information for the first housing application but asked me to complete the form (the actual writing piece). Completing the first application took almost 40 minutes, as I needed to prompt Mo to return her focus to our meeting several times. Mo asked if I would be able to complete the other applications with the information she already provided. I agreed. We created a list of documents that would need to be sent in with the applications (Social Security letter, bank statement, copy of ID). Mo stated that she would be able to get these by next week. We agreed to meet at the Wellness Center next Monday to complete the applications and to drop them off at the different apartment locations. Mo also has a meeting with Dr. Grob on Monday morning. I returned to the office and completed the other housing applications with the information Mo provided earlier.

Durations: 12 minutes driving from office to library. 53 minutes with Mo. 9 minutes driving from library to office. 16 minutes filling out forms on Mo's behalf. 7 minutes to write progress note

Vignette 2: Xavier (PIRPL; Procedure Code; Location; Durations)

I received a phone call from Xavier's Father, Marcus. Marcus told me that Xavier got in trouble at school yesterday for getting in an altercation with another student and then running to the field and refusing to come back to the office for almost 20 minutes. Per Marcus, Xavier stated that the other student was teasing him, yelling, "Xavier sucks," repeatedly, and then grabbed Xavier, pinning his arms to his side. Xavier stated that he told the other student to let him go but the other student wouldn't, so Xavier bit the other student's hand and pushed him away. When the school staff arrived, they raised their voice, and Xavier stated he became scared, so he ran to the trees at the edge of the field and refused to come to the office until the principal was called and he agreed to walk with her. Marcus stated that the principal wants to have a meeting. Marcus asked me if I could come to the meeting. Marcus stated that in the past, he struggled to speak up for Xavier, and he is hoping that I can be of support to both him and Xavier. I validated how difficult it can be when speaking to persons in authority positions. I encouraged Marcus to practice what he would like to say in the meeting, and to bring notes if needed. I agreed to come to the meeting on Thursday.

Durations: 18 minute phone call. 7 minutes to write progress note.

Documentation Resources:



Email for Documentation Questions-
BHQA@sonoma-county.org



Documentation Resource Page-
<https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/behavioral-health/documentation-resources>



CalAim- <https://sonomacounty.ca.gov/new-calaim-program>



CalMHSA Documentation Guides-
<https://www.calmhsa.org/calaim-2/>