Behavioral Health Documentation Training
Targeted Case Management

*Turning the Key to Recovery* every day ... with our attitude and our actions ...

May 2017
Learning objectives

- Understand the myths and truths about documenting case management services in the present environment
- The principles behind what we do and how we need to document our actions
- What’s billable and what’s not billable under current CMS regulations and determinations
- Important service defining definitions
- What are the absolutely necessary pieces of information that must be captured in our records
WELCOME

Illustration by David Harbaugh

“Administering the anesthesia this evening . . .”
Disclaimer

This training is not a legal description of all aspects of Medicaid clinical record documentation regulations. It is a practical guide for providers who participate in the Medicaid Program. Guidelines and procedures in this training are based on the presenter’s experience and requirements of State and Federal law. Thus the guidelines and procedures are subject to change if the requirements of the law or accrediting organizations change. Where there is conflict between this training and a subsequent notification of a modification to a policy or procedure, the information in the subsequent notification shall prevail.

Whilst every effort has been made to ensure that the guidelines in this training are correct and in keeping with accepted standards of practice at the time of publication, the author cannot be held liable or responsible for any errors or omissions, or for any harm or damage resulting from the use of the information contained in this publication.
Although this document was created to create clarity about Medicaid documentation, it also contains references to the New Jersey DMHAS, the ID/D population, Community Support Services, and Medicare, etc. because a client’s payer source can change quickly and the system is every evolving. This guide will help recognize any needed changes in documentation requirements when this happens.
Debunking the myths…

- ICMS is billing TCM to Medicaid for a social service.
- That all Division employees know what is required of a provider to bill Medicaid.
- Adherence to the most stringent standard means we will be in compliance.
- Because we received payment means we have a right to keep the money.
- This is a training on how to provide care to your clients.
- Documentation is a “necessary evil.”
What we know to be true...

- “Assurances of program compliance from state licensing agencies does not absolve providers from meeting state and federal Medicaid requirements.”
  
  J.A. Buck, PhD SAMHSA
  Psychiatric Services Nov 2009

- “No one system controls everything…
  ….. every system controls something.”
  
  Perry Iasiello, MSW, LCSW
Affordable Care Act (ACA) Basics

- ACA is underfunded by an estimated half trillion dollars.
- Recover audits increasing to assist with making up part of this deficit.
- Compliance programs are now **mandatory** as a condition of provider enrollment in Medicare, Medicaid or CHIP.
- HHS is establishing core elements for compliance programs.
- Future referrals and payments will be based on data from the consumers’ healthcare experience, outcomes, and the ability to reduce costs.
If the ACA is repealed and the replacement does not include Medicaid Expansion as we know it an estimated 528,000 people would lose it.
General Medicaid Rehab Option (MRO) Principles

- We cannot rely on what we hear or even see in writing from the State, we must adhere to the Federal rules governing the MRO.
- Services require clear documentation of goals, **active progress** toward those goals, the use of licensed professionals (where applicable) to attain and/or supervise the acquisition of the certain goals, and **active participation** by the consumer.
- All services must be deemed medically necessary under the MRO definition i.e. designed to keep people out of the hospital.
- Providers can bill for authorized **services** delivered to a consumer.
- The amount a provider can bill is based on the contracted per diem rate (SPA) which is backed up by the consumer’s assessed need as outlined in their treatment plan and the actual documented **services** delivered.
- MRO focuses on **recovery** from a diagnosed mental illness.
- MRO encourages consumer-centered services be designed and delivered.
Define Targeted Case Management (TCM)

“Case Management services are defined as services furnished to assist individuals who reside in a community setting or are transitioning to a community setting to gain access to needed medical, social, educational and other services, such as housing and transportation.”

CMS 42 CFR Parts 431, 440 and 441

NJAC 10:73-2.1 defines case management as the provision of services targeted to adults with serious mental illness who are at high risk of hospitalization or deterioration in their functioning who require an assertive community outreach service to meet their needs. Case management is for either long-term support or linkage to other mental health services.
Summary: What we are paid to do…

- Keep individuals from going to the hospital unnecessarily related to symptoms of their mental illness…
- By continually assessing their needs…
- Writing a plan to address those needs…
- And keeping them linked and engaged to services designed to reduce symptoms related to their mental illness and maximize their functioning in the community.
What we are paid to do…

- Assessment of needs with regard to services the individual needs to be referred to or linked to
- Service planning for those assessed needs particularly in regard to maintaining community placement
- Service linkage
- Ongoing monitoring of the individual so they remain linked
- Ongoing reassessment if the services they are linked to are still keeping them out of the hospital and or maintaining and or improving their level of functioning
- Advocacy
Assessment: the ongoing process of identifying, reviewing and updating a beneficiary’s referral and linkage needs based upon symptoms, risk level, their input, significant others input, community and treatment providers.

Service planning: is a process of organizing the outcomes of the assessment in collaboration with the beneficiary, potential service providers, others as designated, to formulate a written plan that addresses the beneficiary’s referral and linkage needs, planned services to address these needs, and plans to motivate (strategies) for the beneficiary to utilize said services with the goal of remaining in the community.
Covered TCM Services continued

• **Service Linkage**: is the ongoing referral to, and enrollment in, a mental health or non-mental health program. Mental health program linkage means that the beneficiary has completed the mental health program’s intake process, that the beneficiary has been accepted for service, and the beneficiary has begun to participate in the service.

• **Ongoing monitoring**: consists of both beneficiary monitoring and service provider monitoring by the assigned case manager. Beneficiary monitoring consists of **ongoing review** of the client’s risk status and needs, the **frequency** of which is contingent upon risk factors and reported changes from the beneficiary or others in their lives. Service provider monitoring is **routine follow-up** with the client’s direct service provider(s) to see if services are delivered as planned and if they are **still meeting the assessed need**.
Ongoing Support: is face-to-face time for those that need consistent contact to ensure engagement with case management, maintain stability, and remain linked to defined direct service providers and natural support systems. The frequency must determined via the level of risk.

Advocacy: is assisting the client in receiving all benefits to which they are entitled. This can be achieved by work toward removing barriers to services.
TCM (Medicaid) SERVICES THAT ARE NOT COVERED

• When there is no Medical Necessity documented toward symptom reduction or improved level of functioning

• The service is not expected to prevent relapse or hospitalization or to improve or maintain level of functioning

• Providing Grooming skills, Activities of daily living, Recreational therapy
• Providing Social interactions, Environmental interventions, Geriatric day care
• Counseling that is primarily Supportive that would otherwise be provided elsewhere
• Marriage counseling
• Pastoral counseling
• Report preparation
• Interpretation or explanation of results or data
• Transportation and meals
• Telephone services unless involving the individual
• Vocational
• Educational / Homework
TCM SERVICES THAT ARE NOT COVERED

Psychiatric diagnostic interviews;
Individual psychotherapy (insight oriented, behavioral);
Interactive psychotherapy (play therapy);
Family psychotherapy (with the patient present and the primary purpose of which is treatment of the individual’s condition);
Family psychotherapy (without the patient present that is medically reasonable and necessary and the primary purpose of which is treatment of the individual’s condition);
Supportive Counseling;
Group psychotherapy;
Pharmacologic management;

Individualized activity therapy (as part of a Partial Hospitalization Program [PHP] and that is not primarily recreational or diversionary).

...any direct service provision.
Summarizing things not TCM

- Direct Services
- Duplicated services
- Encounter Reporting
- General Outreach
- Report Writing
Note Writing must include…

- Legal name of the beneficiary
- Name of provider agency
- Name, degree, credential and title of the person providing the TCM service
- The dates of service
- The units of service
- The length of face-to-face time (excluding travel to or from beneficiary contact)
- The full names and titles of the individual(s) with whom face-to-face contact was maintained on behalf of the beneficiary
- A summary of the TCM services provided (referral/linkage assessment, service planning, service linkage, ongoing client or provider/natural support monitoring, ongoing support related to referral or linkage, advocacy activities) as they relate to the service plan
- Signature, credentials, title of the person providing the service
- Date the entry was signed
Terminology used to document TCM

- **Advocate** – to actively arrange or secure services or benefits; to assist with overcoming barriers to effective service delivery.
- **Arrange** – to plan or prepare activities and services to related to the individual’s plan.
- **Convene** – to call together a group of individuals to discuss the individual’s needs and progress.
- **Coordinate** – to harmonize the actions, efforts, and services of various service providers, family members, and others to meet the goals on the individual’s plan.
- **Correspond** – to communicate, primarily in writing, about specific issues related to the individual.
- **Explore** – to investigate or examine options to achieve the goals on the individual’s plan.
- **Facilitate** – to assure the seamless delivery of services on the plan or to a new service or placement.
Terminology used to document TCM

- **Inform** – to give specific information to another person for the purpose of improving, modifying or impacting and individual's circumstances or progress toward the goals on the plan.

- **Monitor** – to keep watch over the individual’s condition and/or circumstances, the impact of direct service delivery by other providers and the individual’s progress toward goals.

- **Negotiate** – to arrange for services otherwise inaccessible or unavailable to the individual; to arrange for financing or services for the individual; contracting for service.

- **Participate** – to take part in (form of monitoring), but not lead, and activity intended to benefit the individual’s progress.

- **Prepare** – to assist an individual ready themselves to receive a service.

- **Refer** – directing an individual, family member, or service provider to a service for information or services which further a goal on the individual’s plan.

- **Schedule** – to plan an appointment for services, activities or events related to the individual’s plan.
Examples

- Found: Writer accompanied client to cash his check at PNC Bank. Client was very polite and respectful during our walk. Client informed writer about how well he was doing and how he enjoys time spent with his family since being out of the hospital. After the bank writer accompanied the client to Subway for lunch.

- Corrected: Case Manager provided **ongoing support** to ensure **continued engagement** with the services of his financial institution in order to maintain stability in the community.

If, in fact, his needs assessment and plan of care indicate assistance with financial planning is required to maintain his placement in the community.
Examples

Found: Client is stable and compliant with his medication as prescribed by his doctor. He is monitored by staff as he refills his medications on a weekly basis. Client continues to meet with his doctor as scheduled. The writer offers him ongoing support and encouragement when he becomes upset.

Corrected: Case Manager met with client and monitored his condition and the impact of ongoing psychiatric care as he continues to report medication compliance resulting in symptom stability. Due to his history of rapid decompensation when stopping medications that has resulted in hospitalization ongoing monitoring of medication compliance is required weekly to assure he maintains his community placement.

Name, degree, credential, title.
Examples

- Found: The writer assisted client in purchasing some summer clothes. He mentioned liking to purchase summer clothing when it gets warmer and he was due for a new pair of shoes. Writer accompanied client to a store of his choosing. Writer encouraged client to ask store associate for their assistance finding his size. Writer helped client learn how to use the price checker. Client enjoyed the experience.

- Corrected: Case Manager monitored client’s condition and coordinated a trip to a local clothing store where client was able to purchase seasonally appropriate clothing. Client has a history of wearing clothing that is ill-fitting and inappropriate for the season as a result of his poor judgment and break from reality. Monitoring of these symptoms is critical to maintaining his placement in the community as it is often an observable sign of decompensation which has resulted in hospitalization.
Examples

- Found: Writer was informed the client's living quarters has bed bugs. Writer spoke with building officials and called an extermination company to have the location treated. Client reported having bed bug bites on his back and was taken to the doctor for examination and treatment.

- Corrected: Case Manager was informed that there are bed bugs at the client’s residence. Given client’s active symptom of paranoia he reported staying up all night as he is fearful that someone came in to his home bringing the bugs with them. Case manager advocated to building officials to have the location treated. Case manager will follow up and advocate daily until the situation is resolved. Writer referred the client to his primary care doctor for examination. Writer will assure linkage by scheduling an appointment with the primary care physician to occur within the next 48 hours....

Name, degree, credential, title.
Examples

- Found: Writer met with client at McDonald’s for lunch and discussed his upcoming service plan. Client agreed to continuing goals of ….. Client reported enjoying the outing.

- Corrected: Writer met with the client at a local eatery to monitor his progress toward service goals in preparation for upcoming plan review with the team and to assure continued linkage to the case management service as client did not answer the phone the last two times this writer phoned prior to scheduling this appointment. Client agreed to allow the writer to participate in new plan development and have the case manager coordinate the service plan meeting. Client verbalized his satisfaction with meeting at a restaurant because he enjoys it and feels safe in the chosen environment. Writer will convene the planning meeting within the next two weeks…

Name, degree, credential, title.
Examples

- Found: Writer met with client at her program for an outreach. Ct was neatly dressed and polite. Ct reported no suicidal ideations. Ct decided not to go for a walk in the park as planned because of the bad weather. Ct reported that her Wellbutrin had been increased at it was making her more lethargic. Case manager explained that the increase would most likely have the opposite effect. Ct seemed to be more at easy after the explanation. Ct reported still not talking to her roommate. Writer dropped client off at her apartment and will continue to follow up with her.

- Corrected: Writer met with client for our scheduled outreach appointment to assure continued engagement. Given client’s recent history of suicidal behavior her condition was monitored. She reported no active suicidal thoughts or actions since we last met. Ct did report continued medication compliance which is essential for her to maintain community placement. She expressed a concern about feeling more lethargic as a result of a recent prescribed increase in Wellbutrin. Writer will arrange for medication education from her prescriber or agency APN and encourage client to report what she believes to be a side effect. Writer shared the intervention with Ct who acknowledged that it was “a good idea.” Writer will monitor Ct daily until a doctor’s appointment is secured or linkage to someone qualified to assess the potential side effect can be made. Client agreed to report any increase or change in how she feels to her program staff where she gets her medications.

Name, degree, credential, title.
Closing notes…

“Effort and courage are not enough without purpose and direction”

John F. Kennedy

“It takes less time to do a thing right, then it does to explain why you did it wrong.”

Henry Wadsworth Longfellow
Thank You

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