Agenda

1. Documentation
3. Client Rights
4. Notice of Action
5. Timely Access
6. Fraud, Waste and Abuse
7. LEIE reporting requirements
8. ProviderConnect
9. Updates
   - Recovery Plus
   - OQ/YOQ
   - Mental Health Event Record
CLINICAL DOCUMENTATION
Clinical Documentation- General

Clinical documentation in the consumer record is:

• vital and
• required

for the provision of quality care and reimbursement for services rendered.
Purposes of Clinical Documentation

• Recording what was done, by whom, to whom, when, where, why and with what results;

• To serve as the basis for care planning and continuity of care by an individual practitioners

• To serve as the basis for continuity of care by the care team

• To facilitate coordination of clinical care

• To comply with legal, regulatory, and institutional guidance and standards

• To facilitate quality assurance and utilization review

• To provide risk management and malpractice protection
Elements of Good Clinical Documentation

• Be factual, internally consistent, concise, and accurate and not include editorial comments, speculation or meaningless phrases;

• Be written concurrently, or as close as possible, to the time care was given;

• Be written from first-hand knowledge;

• Be signed with the care-givers name and professional credentials;

• When required, signature of supervising professional including name and professional credentials
Consequences of Deficient Documentation

- It has been argued that the quality of care a client receives is reflected in the quality of the documentation of the care, and that a direct relationship between the two exists.

Poorest documentation could lead to:

- The omission or duplication of treatment;
- Inappropriate care decisions;
- Inability to evaluate the effectiveness of care/treatment; and
- Responding ineffectively to deterioration in a client’s health status.
- Non-payment
Treatment Planning: A Person Centered Approach

Person-Centered Planning turns the focus away from the system and places it on the individual.

Strengths, preferences and an individualized system of support are identified to assist the individual achieve functional, meaningful goals and objectives.
Person Centered Planning

All person centered planning approaches share three basic features:

• the focus of planning should be on everyday events and activities in which the individual participates;

• family and connections within the community are more important than the services currently available; and

• planning must be done w/ the individual and a group of people who know the individual well and are committed to helping the individual achieve their goals.
Treatment Plans

Therapy is a process in which you treat a client who is dealing with mental health and/or substance abuse issues.

A treatment plan is:

– necessary to pinpoint the exact issues the **client** wants to address and the ways in which they will be tackled;
– a dynamic document that incorporates the voice of client;

It sets specific goals that allow both the client and you and to assess progress.

It acts as an important road map, providing guidance on the road to the goals and instructions on how to reach them.
S.M.A.R.T. Goals

• Specific
  • I want to improve my self esteem

• Measureable
  • I want to graduate from high school by the end of 2013 with a 3.0 GPA.

• Attainable
  • I want to be less depressed?

• Realistic
  • I want to get my PO off my back by the end of this month by attending my therapy appointments, not using illegal substances, taking my medication as prescribed and meeting on Wednesdays at 11:00 with him.

• Timely
Effective Treatment Planning

- Set S.M.A.R.T. Goals

- Develop specific steps with your client for each of the goals.

- Discuss the steps with the client, making appropriate changes as needed.

- Create a timeframe for the treatment plan. Along with the client, decide how long each goal should take.

- Record the plan

- Have your client sign the completed treatment plan form. This signifies his buy-in to the plan.

- Review the plan regularly and make adjustments.
Coordination of Care

- Medicaid consumers with mental health and substance abuse disorders often need care from numerous doctors, nurses, clinicians, certified peer specialists and other professionals in multiple settings of care.

- These consumers often transition between hospitals, residential treatment facilities, day treatment, intensive outpatient programs, in-home health agencies, and doctors’ offices in order to obtain the services they need.

- Studies have shown that such transitions can jeopardize client safety and quality of care as a result of incomplete and/or inaccurate transfer of information, leading to possible adverse medication events, exacerbation of symptoms and the inability of consumers and families to recognize and react to signs of their illness.

- Coordination of care is key in reducing risk and fostering optimal outcomes.
Coordination of Care

Common components of care coordination include:

- Planning treatment strategies
- Monitoring outcomes and resource use
- Coordinating visits with treatment partners
- Organizing care to avoid duplication of diagnostic tests and services
- Sharing information among health care professionals, family, and other personnel
- Facilitating access to services
- Planning hospital discharges
- Training of caregivers and family
- Ongoing reassessment and refinement of a care plan
Coordination of Care

In an effort to provide the best care to the consumer, every attempt should be made to obtain previous and current records from other care givers.

Documentation in the clinical record should include appropriate release of information forms, calls and/or letters to providers requesting the information and clinical notes indicating the information has been received and reviewed by appropriate staff.  

In situations where the consumer refuses to sign a release of information, documentation should reflect this decision.
MEDICAID
MEDICAID

Bring it on
Medicaid Provider Manual

• Primary Care Manual
  http://health.utah.gov/medicaid/provhtml/provider.html

• Pre-paid Mental Health Plans

• Substance Abuse
MEDICAID MANUAL REVIEW
CLIENT RIGHTS
Client Rights

You have the right to:

• Get mental health care regardless of your race, color, national origin, disability (mental or physical), sex, religion or age.

• Get information on the Prepaid Mental Health Plan.

• Be treated with respect and dignity.

• Have your privacy protected.

• Get information on all treatment choices in a way that is clear and you can understand.

• Receive information on the Prepaid Mental Health Plan in a language and format that is easily understood.

• Take part in treatment decisions about your mental health care, including the right to refuse treatment.

• Be free from restraint or seclusion if it is used these ways:
  – To coerce (force) or discipline
  – As a reaction (to retaliate) or for convenience
  – As specified in federal regulations on the use of restraint and seclusion
Client Rights

• Get a copy of your mental health record. You may also ask that it be amended or corrected.

If you have been treated unfairly or discriminated against for any reason, please call any of the numbers listed below:

• Medicaid’s Constituent Services: 1-877-291-5583

• The Federal Office for Civil Rights: 1-800-368-1019, ocrmail@hhs.gov (e-mail), www.hhs.gov/ocr (website), or 1-800-537-7697 (TDD)

Optum SLCO Complaints Hotline
1-877-370-8953
Client Rights

The Client Rights need to be posted in your office & the client must sign the acknowledgement form indicating they have reviewed the member handbook and understand their rights. The signed acknowledgment form must be in the client record.
NOTICE OF ACTION
Notice of Action

If either of the below circumstances exist, and IF the consumer does not find the alternative arrangements acceptable, a Notice of Action must be issued to the consumer, by the provider responsible for the Action.

- A provider denies, refuses, or reduces services to a consumer.

- A provider does not offer a consumer’s first appointment within the required amount of time for emergency, urgent, or non-urgent care.
TIMELY ACCESS
Initial Contacts/Timely Access

Purpose

• Requirement by the State of Utah to ensure timely access to services.
• In order to ensure the requirement is being met, OptumHealth must gather this data.

What is considered an initial contact?

• When the client contacts you by voice message or live call.

What is considered an initial contact

Timely Access Guidelines

• Emergent-contact within 1 hour if face to face, 30 minutes if by phone
• Urgent-first appt scheduled within 5 days of initial contact.
• Non-urgent-first appt scheduled within 14 days of initial contact.

What happens if only appointment available outside of timely access window?

• Client accepts: make notation on spreadsheet
• Client declines: suggest contact with OptumHealth SLCo
• Client expresses dissatisfaction with appointment offered and wants to continue services at your agency: NOA must be completed.
FRAUD, WASTE & ABUSE
FRAUD, WASTE AND ABUSE

Frank had no idea

That he was caught in a pyramid scam
LIST OF EXCLUDED INDIVIDUALS/ENTITIES REPORTING
List of Excluded Individuals/Entities
http://exclusions.oig.hhs.gov/

What is LEIE?
Database that provides information about parties excluded from participation in Medicare, Medicaid, and other federal health care programs.
**EPLS**

- **What is EPLS?** A single, comprehensive list of individual and firms excluded by federal government agencies from receiving federal contracts or federally approved subcontracts.
Search Results

No results were found for Mendez, Carrie.

Search conducted 4/13/2012 11:44:34 AM EST on OIG LEE Exclusions database.
Source data updated on 4/12/2012 9:03:39 AM EST.
https://www.epls.gov/
How does all of this work?

- Both databases must be searched monthly

- All employees involved in Medicaid-clerical staff, clinicians, billing, etc. must be part of the search.

- Keep records of these searches at your facility

- Send in an attestation to the OptumHealth SLCo Compliance Manager by the end of the month confirming completion of the search and if any names were on the list.

- During on-sites audits, we will verify that the searches have been completed.
ProviderConnect

• New Field in Add New Client/Client Search: Facility Chart Number
• New Search requirements for Add New Client/Client Search – no more SSN to search
ProviderConnect

- New Fields when entering Treatment info: Number in Group & DX