Overview

1. Impact of Documentation: You Tell the Story
2. Behavioral Health Assessments (BHAs)
3. Individual Resiliency/Recovery Plans (IRPs)
4. Progress Notes
5. Transition/Discharge Plans
6. Documentation, The Intervention
Impact of Documentation

Documentation impacts all required components of an individual’s record

- Behavioral Health Assess.
- Individual Resiliency/Recovery Plan
- Progress Notes
- Transition/Discharge Plan

Documentation
You Tell the Story

Beginning
• Behavioral Health Assessment

Middle
• IRP
• Progress Notes

End
• Trans/DC Plan
Overview: Behavioral Health Assessments

The Beginning
1. Purpose and Importance of BHAs
2. Required Components of BHAs
3. Examples of FY17 BHQR BHA Documentation Issues
4. Putting Knowledge Into Practice - Training Tips
The Behavioral Health Assessment (BHA) process is a comprehensive clinical assessment involving the individual, relevant supports* and the practitioner providing services.

*Relevant Supports: Individual-identified family, significant others, collateral agencies, additional treatment providers & other relevant individuals.

“Courage starts with showing up and letting ourselves be seen.”
-Brene Brown
The purpose of the assessment process is to gather all information needed to determine the individual's problems, strengths, needs, abilities, resources, and preferences, to develop a social (extent of natural supports and community integration) and medical history, to determine functional level and degree of ability versus disability, and to engage with collateral contacts for other assessment information.
Importance of BHAs

- Foundation of the IRP
- Establishes the eligibility to receive services
- Drives the IRP process
- Provides the basis for ongoing changes in treatment delivery
- Initiates discharge planning
Required Components of BHAs

*DBHDD Provider Manual, 10/2017, pages 25 & 104*

- The presenting concerns (what lead the individual to you today, and what factors are impeding on overall life success)
- Strength, Needs, Abilities, Preferences (SNAPs)
- Supports (natural/community)
- Medical History
Required Components of BHAs

- Functional level and degree of ability versus difference
- Engaging collateral contacts
- Suicide risk assessment
- Differential diagnosis/screenings for/ruling out potential co-occurring disorders
- Medical, nursing, peer, vocational, nutritional
An initial BHA is required within the first 30 days of service with ongoing assessments completed as demanded by changes with an Individual.

*DBHDD Provider Manual, 10/2017, pages 26 & 105*
Behavioral Health Assessments

Examples of FY17 BHQR BHA Documentation Issues

- No current BHA
- Individual does not meet admission criteria
- No current medical screening

BHA
Individual does not meet admission criteria

- The Individual must complete a diagnostic evaluation that yields a verified diagnosis to meet admission criteria.

- A verified diagnosis is defined as a behavioral health diagnosis that has been provided following a face-to-face (to include telemedicine) evaluation by a professional identified in O.C.G.A Practice Acts as qualified to provide a diagnosis. These include a Licensed Psychologist, a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Counselor a Physician, or a Physician Assistant or APRN (NP and CNS-PMH) working in conjunction with a physician with an approved job description or protocol.

*DBHDD Provider Manual, 10/2017, pages 15 & 314*
Individual does not meet admission criteria

- Specific to Non-Intensive Outpatient services, for any individual newly presenting to a provider, a Diagnostic Impression is allowed for 30 days after the initial engagement with the individual. The initial engagement is defined as the first encounter with the individual for service. After 30 days, the individual must have a verified diagnosis in order to justify planned services against the diagnostic criteria and to continue services.

DBHDD Provider Manual, 10/2017, page 314
Behavioral Health Assessments

No current BHA

- The provider must complete an initial BHA, a requirement within the first 30 days of service with ongoing assessments completed as demanded by changes with an individual.
- Given all diagnoses must be verified annually following a face-to-face evaluation, BHA components should also be updated annually.

DBHDD Provider Manual, 10/2017, pages 26, 105, & 314
No current medical screening

- The Individual record must have the following: A current health status report, medical history, and medical screening.

*DBHDD Provider Manual, 10/2017, page 313*
Putting Knowledge Into Practice – Training Tips

- Gather necessary information
- Use a combination of assessment techniques
- Obtain details to form a diagnostic impression
- Be human and have a conversation

Disclaimer: These are suggested training tips
Training Tips – Gathering Information

- Providers are tasked with gathering necessary information regarding the individual and their presenting concerns to develop an effective treatment strategy.
- Using a combination of assessment techniques increases the likelihood of positive interventions and promotes successful treatment.
Training Tips – Obtaining Details

Obtain details for the purpose of concluding a diagnostic impression, while gently reminding them the assigned staff will further discuss what matters to them most

- This keeps the session respectful of time and emotional energy – both for the individual and the assessor
- The information gathered should support the determination of a differential diagnosis and assist in screening for/ruling-out potential co-occurring disorders
Training Tips – Being Human

- Start by being human and just have a conversation:
  - validate feelings (i.e., anxiety, anger)
  - work in mental status exam (MSE)
  - question naturally
  - use humor to break the ice

- Often the assessor makes the first impression of the agency/services – what do you want the assessment to say about your agency?

- Great way to build rapport (versus appearing robotic)
Overview: Individual Resiliency/Recovery Plans

1. Purpose and Importance of IRPs
2. Required Components of IRPs
3. Examples of FY17 BHQR IRP Documentation Issues
4. Training Link

The Middle
Purpose and Importance of IRPs

Purpose of IRPs (DBHDD Provider Manual, 10/2017, page 316)

- Focuses on the Individual’s needs, hopes, dreams, and vision of a life well-lived
- Evolves to best meet the Individual’s needs through frequent review

Importance of IRPs

- Provides structure for goals, objectives, and interventions from multiple service staff
- Sets anticipated timeline for prioritized needs
Required Components of IRPs

- Driven by the Individual and fully explained to individual in understandable language and agreed to by the individual
- Document by Individual signature that individual was an active participant
- Define goals/objectives that are individualized, specific and measurable with achievable timeframes
- Include a projected plan to modify or decrease the intensity of services
- Reassessed as indicated by:
  - Changing needs, circumstances, or individual response; When goals are not being met; At least annually

*DBHDD Provider Manual, 10/2017, pages 316-317*
Individual Resiliency/Recovery Plans

Examples of FY17 BHQR IRP Documentation Issues

- Co-occurring health needs are not addressed
- Not individualized
- All assessed needs are not addressed
Examples of BHQR IRP Documentation Issues

Not Individualized

- Provider has the same goals and objectives on one individual’s IRP that is the same as on another’s IRP
- The IRP is the same from year to year
- The IRP is generic and not person-centered
Examples of BHQR IRP Documentation Issues

All Assessed Needs Are Not Addressed / Co-occurring Health Needs Are Not Addressed

• Provider does not address issues such as an individual wanting to get their GED, getting a job, or that the person in probation for possession of an illegal substance (such as marijuana)

• Provider does not document the issues found from the assessment have been referred out or deferred to a later time at the individual’s request
During the 2016 BH Symposium, Georgia Collaborative Assessors provided a training on IRP development. Please refer to the following link for a recorded webinar of the training located on the Georgia Collaborative website:

Overview: Progress Notes

The Middle
1. Purpose and Importance of Progress Notes
2. Required Components of Progress Note Documentation
3. Examples of FY17 BHQR Progress Note Documentation Issues
4. Putting Knowledge Into Practice - Training Tips
Progress note documentation includes the actual implementation and outcome(s) of the designated services in an individual’s Individual Resiliency/Recovery Plan (IRP).

Progress note content must provide all the necessary supporting evidence to justify the need for the services based on medical necessity criteria and support all requirements for billing and adjudication of the service claims.
Progress notes are one of three fundamental components of individual-related documentation, along with assessment/reassessment and treatment/supports planning (page 311).

Review of sequential progress notes should provide a snapshot of the individual over a specified time frame (page 318).

Additionally:

- Provides the primary method of communication and coordination of quality care.
Required Components of Progress Notes

- **Linkage**
  - Connects the assessment, IRP, and progress note intervention

- **Individual Profile**
  - Description of Individual’s current status

- **Justification**
  - Support for need of service

- **Specific Service Provided**
  - Detail of all provided activities or modalities

- **Service Purpose**
  - Reason Individual is participating in services
### Required Components of Progress Notes

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Response to Interventions</td>
<td>• How the Individual was affected by the intervention</td>
</tr>
<tr>
<td>Monitoring</td>
<td>• Evidence that interventions are occurring and monitored for outcomes</td>
</tr>
<tr>
<td>Individual Progress</td>
<td>• Identifying progress toward specific goals/objectives</td>
</tr>
<tr>
<td>Next Steps</td>
<td>• Plan to support stability</td>
</tr>
<tr>
<td>Reassessment/Adjustment to Plan</td>
<td>• Acknowledging need to modify the IRP</td>
</tr>
</tbody>
</table>
Examples of FY17 BHQR Progress Note Documentation Issues

- No progress toward goals
- Does not meet minimum contacts
- Intervention does not relate to IRP
- No skills, coordination, and/or training
- Units not supported
- Does not match service definition
Content Does Not Support Units Billed

• Provider billed for watching a movie without documenting group discussion
• Provider referenced supporting documentation that could not be found
• Provider billed 8 units but only documented a medication check

Reminder > Documentation must reflect justification for payment of services provided (*DBHDD Provider Manual, 10/2017, p. 318*)
Content Does Not Match Service Definition

• Provider billed Case Management, but documented skill building which should have been billed as Psychosocial Rehabilitation-Individual

• Provider billed Individual Counseling, but documented Family Counseling

Reminder > Documentation must reflect justification for utilization of resources as it relates to the service definition and the needs/desires of the individual *(DBHDD Provider Manual, 10/2017, page 318)*
Does Not Contain Progress Toward Goals

- IRP was expired/service not on IRP
- Overall progress toward goals on the IRP was not included

*Reminder >* Progress toward specific goals/objectives is required of progress note documentation

*(DBHDD Provider Manual, 10/2017, page 319)*
Not Meeting Minimum Contacts

- Provider did not document when a session was missed, cancelled, rescheduled, or refused

**Reminder**: Requirements are service-specific per DBHDD Provider Manual
Interventions Do Not Relate to IRP

- IRP was expired/service not on IRP
- IRP was not updated to reflect recent change/expressed need

**Reminder** > Service provision should be provided as outlined within the IRP and updates should be made when needs change

*(DBHDD Provider Manual, 10/2017, page 317)*
No Skills, Coordination, and/or Training

- Provider billed Community Support and documented skill building without evidence of service and resource coordination
- Provider billed Psychosocial Rehabilitation-Individual and documented service and resource coordination without evidence of skill building

Reminder > Requirements are service-specific per DBHDD Provider Manual
Putting Knowledge Into Practice – Training Tips

- Five Ws and H
- KISS
- Brush Off Your Shoulders!
- Group Notes & The Usual Suspects
- Collateral Contacts with UK Modifier
- Non-billable Notes

Disclaimer > These are suggested training tips
Training Tips – Five Ws and H

• **Who** was there?
• **What** service/intervention was provided?
• **When** was the service provided?
• **Where** was the service provided?
• **Why** was the service provided?
• **How** was the service provided and received?
Training Tips – KISS

...the good news is, you’re not paranoid... the bad news is the government really is spying on you.

NSA Broke Privacy Rights
Training Tips – KISS

KISS – Keep It Short and Sweet

• Progress notes are legal documents
• Stick to the fundamentals:
  a) 5 Ws and H
  b) Justify units billed
• Avoid writing a transcript of what was said – Do include clinically meaningful quotes
• Time-efficient note writing = better work/life balance = healthy/happy staff = better supported individuals/families 😊
Training Tips – Brush Off Your Shoulders!

- Documents evidenced-based treatment
- Takes the guess work out of writing interventions
- Helps to justify/support:
  a) Time/units billed
  b) Service definition
  c) Fidelity of chosen treatment model
- Bragging rights for the time, money, and effort invested into training and/or certification

Note > If you are not fully certified in a certifiable treatment modality, you MUST state you are using “techniques” (e.g., play therapy techniques)
**Intervention:** Therapist met with Samantha at her home to facilitate Dialectical Behavioral Therapy (DBT) techniques. Therapist facilitated a guided walking Mindfulness practice. Therapist processed recent exchanges between Samantha and her boyfriend, identifying opportunities for use of DEAR MAN (Interpersonal Effectiveness). Therapist validated Samantha’s emotions and explored the use of Self Soothe With Five Senses (Distress Tolerance).
Response: Samantha was initially resistant, but eventually engaged in Mindfulness practice. With assistance, she regulated her breathing and reported feeling a more regulated heartbeat. Samantha identified her role in the argument, adding that she could see the benefit of DEAR MAN. She also identified the benefit of Self Soothe With Five Senses as a healthy alternative, but admitted screaming and slamming doors “just feels really good.”
Training Tips – Example

- 3/20/17; 3:03pm-4:01pm; 1 event/unit; 90837U3U7

- **Behavior:** Samantha was oriented to person, place, time, and situation during session. She presented as angered by a recent disagreement with her boyfriend. She initially paced the room before sitting calmly on the couch.

- **Intervention:** Therapist met with Samantha at her home to facilitate Dialectical Behavioral Therapy (DBT) techniques. Therapist facilitated a guided walking Mindfulness practice. Therapist processed recent exchanges between Samantha and her boyfriend, identifying opportunities for use of DEAR MAN (Interpersonal Effectiveness). Therapist validated Samantha’s emotions and explored the use of Self Soothe With Five Senses (Distress Tolerance).

- **Response:** Samantha was initially resistant, but eventually engaged in Mindfulness practice. With assistance, she regulated her breathing and reported feeling a more regulated heartbeat. Samantha identified her role in the argument, adding that she could see the benefit of DEAR MAN. She also identified the benefit of Self Soothe With Five Senses as a healthy alternative, but admitted screaming and slamming doors “just feels really good.”

- **Progress/Plan:** Samantha regressed on her goal of not screaming and slamming doors. Therapist will meet with Samantha in her home next Thursday at 3pm and review her DBT Diary Card.

- **Electronic Signature:** Heather Hewett, LPC (3/20/17, 4:02pm)
Training Tips – Group Notes & The Usual Suspects

Just Outside The Box

Take your mind back to the evening of the 24th December. Which person did you see breaking and entering your house?
Training Tips - Group Notes & The Usual Suspects

- Did not back out time for breaks, lunch, etc.
- Time overlapped with other services
- Content reflected counseling when billing training (and vise versa)
- Content did not relate to a treatment goal from the IRP
- Did not document individual response and treatment goal progress
Training Tips – Collateral Contacts

When a billable collateral contact is provided, the UK reporting modifier shall be utilized. A collateral contact is classified as any contact that is not face-to-face with the individual.

(DBHDD Provider Manual, 10/2017, pages 30, 112, & 182)

When to Use “UK” Modifier

• Sessions with only guardian, paraprofessional (PP), and teacher present
• Telephone contact with the individual
• As a modifier for Case Management, Intensive Case Management, and Community Support Services

When NOT to Use “UK” Modifier

• Services that are face-to-face with the individual
• As a modifier for Psychosocial Rehabilitation-Individual (PSR-I)
Training Tips – Non-billable Notes

- Document confirmed/cancelled/rescheduled appointments
- Explain gaps in service
- Document attempts to make contact
- Document phone calls less than 8 minutes

*Remember > Not Documented = Didn’t Happen!*
1. Purpose and Importance of Trans/DC Plans
2. Required Components of Trans/DC Plans
3. Examples of FY17 BHQR Trans/DC Plan Documentation Issues
4. Putting Knowledge Into Practice - Training Tips
Transition planning should occur at the onset of service delivery and include specific objectives to be met prior to decreasing the intensity of service or discharge.
Required Components of Transition/DC Plans

*DBHDD Provider Manual, 10/2017, page 318*

- Defines discharge criteria which objectively measures progress by aligning with documented goals/objectives, desired changes in levels of functioning, and quality of life;
- Defines specific step-down service/activity/supports to meet individualized needs;
- Is measurable and includes anticipated step-down/transition date.
Examples of FY17 BHQR Trans/DC Plan Documentation Issues

- No specific step-down service
- No clinical benchmarks
- No specific step-down date

Transition/Discharge Plans
No Specific Step-Down Date

- Step-down date is not specific (i.e., in six months)
- Step-down date is expired
- Step-down date is missing from documentation
No Specific Step-Down Service

- Step-down service is not specific
  - Not specific – NIOP services, natural supports
  - Specific – medication management, PCP, Boys and Girls Club

- Transition/discharge date is expired
- Step-down service is missing
No Clinical Benchmarks

- Clinical benchmarks cannot be objectively measured
- Step-down date is expired
- Clinical benchmarks are missing
Transition/discharge plans and IRPs go hand-in-hand

Step-down service menu

Pull clinical benchmarks from objectively measured goals

Disclaimer > These are suggested training tips
Transition/DC Plans + IRPs Go Hand-in-Hand

- Work smarter, not harder = work with what you’ve got
- Include designated area for step-down date on IRP
  - Beware of auto-populating step-down dates
Step-down Service Menu

- Providers using an EMR: Include a drop-down menu of appropriate step-down service options
- Providers using paper records: Include a menu of appropriate step-down service options within your template
- Be sure to include “other” as an option, staff can enter another specific step-down service (if appropriate)
Clinical Benchmarks from Goal List

Pull clinical benchmarks from goal list (should also be objectively measurable and individualized)

Not Objectively Measurable

• “Once Heather is able to cope with life stressors in a healthy manner.”
• “Once Heather improves attention and focus.”

Objectively Measurable

• “Once Heather obtains employment at Target.”
• “Once Heather stays sober from alcohol for six months.”
1. Documentation, The Intervention
2. Progress Note, The Intervention
3. Role Play Example
Historically, two responsibilities:
- First, provide the intervention
- Then, document the intervention

Documentation, The Intervention:
- Encourages participation
- Diffuses the power differential
- Builds treatment investment
- Increases transparency
- Person-Centered
Concurrent progress note writing

Example questions:

• What were the main points of discussion today?
• How do you think this applies to you?
• How would you rate yourself on goal progress?
• What are the next steps?

Role-play:  Progress Note, The Intervention
Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

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