Documentation 101: Compliance with Service Guidelines/Progress Notes

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1. Progress Notes: Impact on Behavioral Health Quality Review (BHQR) Scores
2. Purpose and Importance of Progress Notes
3. Required Components of Progress Note Documentation
4. Examples of FY17 BHQR Documentation Issues
5. Putting Knowledge Into Practice - Training Tips
Progress Notes: Impact on BHQR Scores

Progress Notes impact all scored areas of the BHQR

Assessment and Planning

Billing Validation

Compliance with Service Guidelines

Focused Outcome Areas

Progress Note Documentation
Purpose of Progress Notes

**DBHDD Provider Manual (7/2017, p. 290)**

- 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.
Importance of Progress Notes

DBHDD Provider Manual (7/2017)

- Progress notes are one of three fundamental components of individual-related documentation, along with assessment/reassessment and treatment/supports planning (p. 283)

- Review of sequential progress notes should provide a snapshot of the individual over a specified time frame (p. 290)

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

DBHDD Provider Manual (7/2017, p. 290)
Required Components of Progress Notes

- Individual Response to Interventions
  - How the individual was affected by the intervention

- Monitoring
  - Evidence that interventions are occurring and monitored for outcomes

- Individual Progress
  - Identifying progress toward specific goals/objectives

- Next Steps
  - Plan to support stability

- Reassessment/Adjustment to Plan
  - Acknowledging need to modify the IRP

*DBHDD Provider Manual (7/2017, p. 291)*
Compliance with Service Guidelines

Progress Notes

- No progress toward goals
- Intervention does not relate to IRP
- No individual response
Does Not Contain Progress Toward Goals

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

*Reminder* > Progress toward specific goals/objectives is required of progress note documentation  
*(DBHDD Provider Manual, 7/2017, p. 291)*
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, 7/2017, p. 289)*
No Individual Response

• Provider documented overall group participation/engagement rather than the individual’s unique response to the intervention

Reminder > Requirements of progress note documentation include: how and in what manner the service, activity, and modality have impacted the individual; what was the effect; and how was this evidenced (DBHDD Provider Manual, 7/2017, p. 291)
Additional issues include:

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

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
KISS – Keep It Short and Sweet

• Progress notes are legal documents
• Stick to the fundamentals:
  a) 5 Ws + 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)
### Training Tips – Example

<table>
<thead>
<tr>
<th>Five Ws &amp; H</th>
<th>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).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported Fidelity of Treatment Model</td>
<td></td>
</tr>
<tr>
<td>Justified Units Billed</td>
<td></td>
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<tr>
<td>Linkage</td>
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<tr>
<td>Specific Service Provided</td>
<td></td>
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<tr>
<td>Service Purpose</td>
<td></td>
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</tbody>
</table>
**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.”
Take your mind back to the evening of the 24th December. Which person did you see breaking and entering your house?

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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, 7/2017, p. 85)

- 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 to Use “UK” Modifier

- Services that are face-to-face with the individual
- As a modifier for Psychosocial Rehabilitation-Individual (PSR-I)

When NOT to Use “UK” Modifier
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!*
Questions?
Thank you

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