

Kenosha County Department of Human Services

Medicaid Newsletter

September 2006

Volume 4, Issue 3

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Documentation Feedback from State Comprehensive Community Services (CCS) File Review

Here is verbatim feedback from a CCS file review (including CCS residential files) done by the State recently. While this information pertains to a CCS review, there are lessons for CSP, Crisis, Targeted Case Management and other Medicaid programs dealing partially or solely with mental health/substance abuse:



- “Diagnosis: If there is more than one record for a consumer, both records should state the same diagnosis, unless there is documentation of a change in diagnosis.
- Goals: Need to reflect the consumer’s strengths, their own wishes, their own words, and the documentation of agreed upon steps toward reaching the goal. There also needs to be evidence of a discussion that deals with the supports that may be needed and documentation of who will be responsible to provide the support. Example – A consumer wants to attend the local drop in center but will need to have transportation arranged.
- Behavior Issues: If there is an incident or behavior concern that is documented, it is important to describe the incident /behavior concern accurately and respectfully. Example: The use of the word “violent behavior” with no description of what behavior was actually observed ...or information about prevention plans that included the consumer, to avoid a future incident.
- Referral: When the record states that a referral is needed, the record also needs to reflect current information regarding the reason for the referral and the steps taken to obtain it. Example: AODA referral stated as needed but record also stated that there had been no AODA concerns in the last ten years.
- Payee: When a consumer is assigned a payee and they have desire to learn more about how to appropriately handle money for themselves, the recovery plan should reflect a goal and steps to help them progress toward the goal.
- Supervision: When it is documented that a consumer must have “24 hour” supervision, specific reasons for this should also be documented. Example: A consumer may need this at one

- point in their journey but even when things improve for them, the supervision order continues.
- **Emergency Response:** The record needs to reflect the consumer's ability to evacuate or move to safety during an emergency. If a form is used to record this information, it needs to be completed and updated as appropriate. Example: When a consumer's ambulation ability changes- the documentation about evacuation needs to reflect the change.
 - **Recovery based:** All documentation should be written with RECOVERY in mind. Example: When the documentation of service providers is not supportive of recovery for the consumer, many steps toward recovery are overlooked. When the documentation includes a consumer's own words, it is a powerful way to communicate to all staff who read the record.
- A slide we use in our training:

The Obstacles to Recovery are Enormous, but the Greatest Obstacle is simply thinking that one CANNOT Recover."

Medicaid Updates for Crisis and



CSP

New Medicaid Updates for both *Community Support Program Services* (No.2006-54) and *Crisis Intervention Services* (No.2006-55) are now available online at the Wisconsin Medicaid web site:

<http://dhfs.wisconsin.gov/search.htm>

Both Updates are unique in that they replace numerous earlier Medicaid Updates. The Crisis Intervention Update even replaces a 1998 Mental Health Crisis Intervention Services Handbook. If you are affected by these regulations, just go to the above web site, and insert either 2006-54 or 2006-55 in the DCFS Search box to access.

Medicaid Update for Home and Community Benefit

In addition to the above, a new Medicaid Update has been issued for *Outpatient Mental Health and Substance Abuse Services in the Home and Community for Adults (2006-56)*. This Update consolidates all the information on this benefit and can be viewed at the above website.

Mental Health and Substance Abuse Services Documentation Requirements

Each of the three Updates discussed above has an Appendix listing MH and SA documentation requirements. While the appendix is a page long, there are at least two of the requirements that bear repeating. "Providers are required to include... treatment plans, including treatment goals, which are expressed in behavioral terms that provide measurable indices of performance, planned intervention, mechanics of intervention (frequency, duration, responsible party(ies))...."

Secondly, "progress notes... must provide data relative to accomplishment of the treatment goals in measurable terms."

When the State reviewed CCS charts, they emphasized wanting to see measurable goals in the recovery plans.

Questions?

Please feel free to contact me at x4648 or the e-mail address listed on the front page.