

# HMS VIRGINIA

## BEHAVIORAL HEALTH EDUCATOR

December 2009

### WELCOME!

Welcome to the first edition of the HMS Virginia Behavioral Health Newsletter.

This quarterly newsletter is intended to communicate review findings and analysis, provider education and general information regarding the review process.

The Newsletters and other provider educational materials are available in portable document form (pdf) on HMS' website.

To access, go to: [www.hmspermedion.com](http://www.hmspermedion.com)

Click on the tab in the left hand column titled, "**Virginia Medicaid: Behavioral Health**" to access information and educational materials related to the Community Mental Health Rehabilitation Services post payment reviews.

Current materials available for viewing on the website include a copy of the Town Hall Meetings presentation, Frequently Asked Questions (FAQS) from the Town Hall Meetings and provider webinars and Medicaid Provider Manuals in effect during the dates of the current review period (SFY 2008) and work flows related to the review and appeal processes.

HMS continues to look for ways to improve communication with providers. If you have any questions or comments related to this project, please send an e-mail to: [VABH@hms.com](mailto:VABH@hms.com)

### STATUS OF AUDIT ACTIVITY

HMS was selected to conduct Community Mental Health and Other Behavioral Health provider auditing services for the Commonwealth of Virginia's Department of Medical Assistance Services (DMAS). HMS and DMAS are working together to ensure that Virginia Medicaid recipients receive the most appropriate behavioral and community mental health services in the appropriate setting. HMS also ensures that services received by Virginia Medicaid recipients are performed in accordance with federal and state guidelines in addition to guidelines set forth in the Medicaid Manuals.

Prior to the start of the audits, HMS held Town Hall Meetings across the Commonwealth of Virginia to review the program objectives and processes with the providers. The meetings were held in Roanoke, Fairfax, VA Beach and Richmond.

For those providers that were unable to attend one of the Town Hall Meetings, there were two (2) live webinars completed on August 26 and August 27, 2009. The presentation was also recorded at DMAS and placed on The Learning Network on the DMAS website. To access the presentation, follow these instructions:

1. Go to: [www.dmas.webex.com](http://www.dmas.webex.com)
2. Look to the left under [Attend a Session](#) and click [Recorded Sessions](#)
3. Select [HMS Town Hall Presentation](#) (It is dated 9/1/09)
4. [Register](#) (Your name and email address) and [View](#) (the session should begin to play at that point).

The review activity is now underway, and several Intensive In-Home audits have been scheduled and completed. The errors we have identified to date include:

**Documentation Errors.** Most of the errors we have identified revolve around the issue of documentation. The documentation must be present in the medical record to substantiate the services provided; the hours billed, and must be specific to the individual. We have seen several cases in which the Individual Service Plan (ISP) or Assessment was an exact duplicate of another recipient (usually the sibling). We have also identified documentation that appears to be "cut and paste"; recipient names are interchanged, he/she and female/male are interchanged throughout the document, and progress notes were exact duplicates from previous sessions.

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Government Services

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**Nonqualified Staff.** HMS has reviewed cases in which the documentation of the staff members' qualifications does not meet/corroborate with DMAS' qualifications to provide services. The staff member either had no degree in a Human Services or related field, or did not have clinical experience prior to employment.

**Billing Issues.** There have been several cases in which services were billed without documentation of progress notes. There must be a progress note for each billed service. The documentation in the progress note should also correlate with the units billed. For example, in a four (4) hour session, it is expected that the documentation in the progress note is substantiated to clearly reflect 4 hours of services provided to correlate with the hours billed.

**Case Management in IIH.** Case management is an integral part of IIH services. However, based on our review findings to date, the documentation reflects that there is very little case management being performed. HMS has reviewed several cases in which the recipient was receiving services from multiple agencies, without any coordination of services being performed. There has also been documentation in the medical record that the recipient was having issues at school, with no follow up or coordination with the school. There were several cases in which multiple siblings were receiving services, in the same household, with no coordination of services with the other family members.

**Miscellaneous Issues.** The auditors have reviewed several progress notes in which staff interventions are not age appropriate for the child. For example, there were several notes for a six year old recipient with four (4) hour sessions on mediation techniques. Some of these sessions extended until 11:00 p.m., and occurred on major holidays. There was no documentation in the medical record of the recipient being in crisis, or any other circumstance that would explain the excessive hours for this recipient.

The auditors have also reviewed several progress notes that document excessive community outings, with vague explanations as to why the services were provided outside of the home. One of the required activities of the program is that services must be delivered primarily in the child's home with the child present. The interventions documented in the progress notes did not correlate with the ISP. Some of these outings were to transport other family members to appointments, football games and other activities.

If your facility is selected for an audit, HMS will contact you to schedule the entrance conference. Once the review is complete, HMS will provide an overview of the findings of the review during the exit conference and communicate any trends noticed.

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Status of Activity continued

The provider will then receive the Preliminary Findings letter with claim specific details, and will have thirty (30) days to provide additional information to HMS. After a review of the additional information, HMS will then issue the Final Findings letter.

If you have any questions regarding the review process, please review the documentation on our website at [www.hmspermedion.com](http://www.hmspermedion.com), or e-mail your questions to: [VABH@hms.com](mailto:VABH@hms.com)

## **PROVIDER SURVEY RESULTS**

On behalf of the Virginia Department of Medical Assistance Services (DMAS), HMS conducted a survey of behavioral health providers in order to elicit feedback. HMS distributed the surveys to the providers during the Town Hall Meetings, and mailed the surveys to 3,241 providers in August, 2009.

Several of the questions on the survey were open-ended, to allow providers an opportunity to state concerns and possible educational requirements in depth. Following a review of the surveys, it is evident that the providers have concerns over the audit process, and are concerned with it being fair. However, the providers do appear to agree with our current focus on the areas that we are auditing which includes accuracy of documentation and determining if appropriate and adequate treatment is being provided to recipients. The providers also addressed the need for further information and education regarding required documentation as it pertains to behavioral health services.

In response to the question regarding educational information required by the providers, the responses generally focused on the need for education regarding the outcomes of the audits, providing education on the prevention of errors, and documentation requirements.

HMS would like to thank all of the providers that participated in the survey. The responses are informative and HMS will use this information to provide feedback to the providers and to DMAS.

## DOCUMENTATION CORNER – PROGRESS NOTES

Based on the results of the surveys, and the audits completed to date, it is apparent that documentation issues are a major concern for the providers, and many of the errors identified to date involve documentation issues. As a result of this finding, each Newsletter will contain an educational article on documentation, with references to DMAS regulations for further information.

Progress notes are part of the minimum documentation and are to convey the recipients status, staff interventions, and as appropriate, progress toward goals and objectives in the plan of care. Progress notes must be entered for each service that is billed (refer to the CMHRS Manual, Chapter VI for specifics).

### DOCUMENTATION MUST INCLUDE, AT A MINIMUM:

1.
  - Name of service rendered
  - Date of the service rendered
2.
  - The consumer must be referenced on each page of the record by full name or Medicaid number
  - The setting in which the service was rendered -- home, office, etc.
3.
  - Signature and credentials of the person who rendered the service and
  - The amount of time or units required to deliver the service (CMHRS VI-6)

The progress notes need to contain more than just clinical jargon. For example, progress notes should have specific documentation to support the hours billed.

When documenting, the counselor must keep in mind that there are various entities that may read the progress notes, including but not limited to the following:

- The therapist, who will need to refer to the notes throughout the course of treatment;
- The recipient, or recipient's guardian, who may want to review the file;
- Another therapist who may later become involved in the case, and will require details on treatment and progress made to date;
- Another professional outside of your agency involved in the recipient's care; and
- Attorneys and/or individuals involved with Utilization Review.

As providers, you cannot predict which entity will review your documentation. However, keep in mind that at any point in time others may review your notes. A progress note is to document and record the staff interventions that occurred during each session to assist the client in reaching the goals on the ISP. The note can be brief; but the session must relate to the treatment plan. The interventions documented, should refer back to the treatment plan documented in the ISP. All documentation should correlate with the hours billed. The notes should document changes in medications, life events, and clearly identify individuals by name. The notes should also include a brief assessment of the client's status and progress, and identify issues that require follow up.

In summary, documenting effective and comprehensive progress notes require continuous education on the required elements. For additional information, please review the DMAS CMHRS manual and the Virginia Code of Regulations for specific requirements.