


Contra Costa County Health Services Department Behavioral Health Services Division Mental Health Plan	POLICY NO. 711-MH
POLICY:	Effective as of: July 1, 2022 Next Review Date: July 31, 2025 Policy Expires On: July 31, 2026
<u>CLIENT DISCHARGE PROCEDURES AND DOCUMENTATION REQUIREMENTS</u>	By:  Suzanne Tavano, PhD Behavioral Health Director

POLICY: CLIENT DISCHARGE PROCEDURES AND DOCUMENTATION REQUIREMENTS

I. PURPOSE:

The purpose of this policy is to ensure that Contra Costa Behavioral Health Services – Mental Health Plan (CCBHS-MHP) service providers discharge beneficiaries in a timely manner. In addition, the policy outlines documentation requirements for discharging beneficiaries and indicates how service providers shall bill the closing activity.

II. REFERENCES:

- 9 CCR, Chapter 11
- California Department of Health Care Services, MHSUDS Information Notice No: 16-051
- Contra Costa Mental Health Plan for Consolidated Specialty Medi-Cal Mental Health Services
- Policy 806, Unusual Occurrence Notification
- Policy 815, Notice of Adverse Benefit Determination

III. POLICY:

It is the policy of CCBHS-MHP that service providers shall discharge clients, complete required closing documents for the medical record and correctly bill this activity when any of the following occurs:

- The decision has been made to discontinue services.
- The beneficiary has dropped out or has not received services within the last six (6) months.
- The beneficiary is deceased.

IV. AUTHORITY/RESPONSIBILITY:

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Program Supervisors/Managers
 Behavioral Health Services Quality Improvement Coordinator
 CCBHS-MHP Service Providers
 Clerical Supervisors
 Clerical Staff
 Medical Records Staff
 Medical Record Technicians (MRT)

V. PROCEDURE:

A. Required Forms for Closing Documentation.

1. One of the following:
 - a. Mental Health Discharge Summary/Billing form (MHC-022) or BHS Discharge Summary on ccLink.
 - b. Progress Note/Service Entry form (MHC-017) or BHS Progress Note/Service Entry form on ccLink.
 - c. Psychiatric Progress Note/Service Entry form (MHC-055) BHS Psychiatric Progress Note/Service Entry form on ccLink.
2. CSI Periodic Data form (MHC-028).
3. Discharge form (MHC-099B) or BHS Discharge form on ccLink.
4. Unusual Occurrence Notification form (if applicable) (MHA-021).
5. Child and Adolescent Needs and Strengths (CANS) form (MHC-118), or electronic equivalent, for beneficiaries under the age of 21.

B. Closing Procedure for Planned Discharges.

1. For all planned discharges, service providers must do the following:
 - a. Document the plan to discontinue services in a Progress Note/Service Entry form.
 - b. Complete the required closing documentation:
 - i) Either a Mental Health Discharge Summary/Billing form or a Progress Note/Service Entry Form.
 - ii) CSI Periodic Data form.

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- iii) Discharge form.
 - a) Clinician must document the reason for discharge.
- c. If a decision regarding termination was made during a session, the service provider must document the closing by completing either a closing summary on the Progress Note/Service Entry form or the Mental Health Discharge Summary/Billing form.
 - i) If the clinician uses the Progress Note/Service Entry Form for the discharge summary, the progress note shall contain:
 - a) DSM-5 diagnosis and corresponding ICD-10 code at discharge.
 - b) Course and dates of treatment.
 - c) Discharge medications and outcomes.
 - d) Discharge plans and referrals.
 - e) The clinician must document the reason for discharge in the narrative of the note.
 - d. Closing documentation must be completed and submitted for billing within five (5) days of the last contact or notification of planned discontinuation of services.
- 2. Claiming documentation time.
 - a. Use the most appropriate procedure code from the following list:
 - i) 315, Plan Development
 - ii) 571, Case Management: Plan Development
 - iii) 364, Medication Support: Plan Development
 - b. Closing documentation must be completed and submitted for billing within five (5) days of the last contact or notification of planned discontinuation of services.
 - c. Service providers may only claim time spent documenting decision making regarding medical necessity.
 - d. Documentation shall be written in a manner so that the benefit to the beneficiary is apparent, such as to ensure continuity of care or to facilitate the communication of pertinent information to another provider.

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- e. If the requirements described above are not met, non-billing codes shall be used, such as:
 - i) 540, Non-Medi-Cal billable MHS.
 - ii) 580, Non-Medi-Cal billable Lockout (Jail/Juvenile Hall, IMD).
- C. Closing Procedure for Beneficiary Who Has Dropped Out or Has Not Received Services for Six (6) Months.**
1. If a beneficiary has dropped out or has not received services for six (6) months, the service provider must document and discharge the beneficiary.
 2. Service providers must do the following:
 - a. If appropriate, the service provider shall document attempts and any responses made to contact the beneficiary.
 - b. Completion of required discharge documentation.
 - i) A Mental Health Discharge Summary/Billing form or a Progress Note/Service Entry form.
 - ii) CSI Periodic Data form.
 - iii) Discharge form.
 - a) The service provider must document the reason for discharge.
 - c. The MRT or medical records staff shall ensure that all progress notes and discharge documentation have been completed in the client's ccLink record. If it is not completed, the UR Lead/Rapid Access Clinician shall be notified to process the paperwork.
 - d. The provider or Care Team member shall send a letter to inform the client that they are being discharged from care and that they may contact the Access Line if they wish to restart services in the future.
 - i) When required, they shall also send the applicable NOABD as per Policy 815, Notice of Adverse Benefit Determination.

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- e. A client whose case has been closed due to inactivity shall be allowed to re-engage in services at any time provided they meet criteria for receiving services.
- 3. Claiming documentation time.
 - a. CCBHS-MHP will not submit claims for administrative closures. Non-billable codes shall be used for administrative discharge of non-active beneficiaries:
 - i) 540: Non-Medi-Cal billable MHS
 - ii) 580: Non-Medi-Cal billable Lockout (Jail/Juvenile Hall, IMD)
- D. **Discharge Documentation Procedure for Deceased Beneficiaries.**
 - 1. Upon notification of beneficiary's death, service providers must do the following:
 - a. Document notification of beneficiary's death on Progress Note/Service Entry Form for medical record.
 - i) Procedure Code 540, non-Medi-Cal billable Mental Health Service, shall be used for all discharge activity and for any service provided to the beneficiary's family. (The beneficiary's benefits cease upon their death.)
 - b. Complete the required discharge documentation:
 - i) A Mental Health Discharge Summary/Billing form or a Progress Note/Service Entry form.
 - ii) CSI Periodic Data form.
 - iii) Discharge form.
 - iv) Unusual Occurrence Notification form.
 - v) The service provider must indicate the reason for discharge as "6 – Beneficiary Died" in the discharge episode data.
 - c. Complete an Unusual Occurrence Notification form, in accordance with Policy 806, and forward it to the Behavioral Health Services Quality Improvement Coordinator. It shall not be filed nor referred to in the medical record.
 - 2. The MRT or medical records staff shall ensure that all progress notes and discharge documentation have been completed in the client's ccLink

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record. If it is not completed, the UR Lead/Rapid Access Clinician shall be notified to process the paperwork. The client's chart shall be ordered and delivered to the Behavioral Health Services Quality Improvement Coordinator.