**Top Findings From the Community Behavioral Health On-Site Reviews**

**BUREAU OF MEDICAID SERVICES**
June 2012

---

**Objectives**

- Share top compliance issues found during the community behavioral health on-site reviews
- Provide key policy reminders
- Increase compliance with Medicaid policy

---

**FINDING #1**

Treatment plans lack measurable objectives.

---

**Treatment Plan Required Component**

The treatment plan must contain measurable objectives.

*Community Behavioral Health Services Handbook page: 2-1-15*

---

**Measurable Objectives**

Try SMART Objectives

- Specific
- Measurable
- Attainable
- Relevant
- Time-based

---

**How Do I Ask Questions During this Teleconference?**

- Questions that arise before or during the teleconference may be emailed to Melissa Eddleman at: Melissa.Eddleman@ahca.myflorida.com
- We will answer as many questions as possible during the teleconference, in addition responses to questions will be posted at: [http://ahca.myflorida.com/Medicaid/e-library/index.shtml](http://ahca.myflorida.com/Medicaid/e-library/index.shtml)
Examples of Measurable Objectives

Objective:
“Client will identify two (2) reasons for forgetting to take medication and two (2) negative outcomes as a result of not taking medication.”

Examples of Measurable Objectives

Objective:
“Client will identify and use a minimum of two (2) methods or plans for remembering to take medication as prescribed.”

Examples of Measurable Objectives

Objective:
“Client will log any outbursts of anger she has each week on her anger log; she will decrease the number of outbursts of anger she has each week from eight (8) to four (4).”

FINDING #2

No target dates on treatment plans.

FINDING #3

Treatment plans do not specify the amount, frequency, and duration for each service.
Treatment Plan
Required Component

The amount, frequency and duration of each service for the duration of the treatment plan are required.

Community Behavioral Health Services Handbook page: 2-3-15

---

Treatment Plan
Amount, Frequency and Duration

- Do not combine services (e.g. individual/group therapy) when prescribing amount, frequency, and duration.
- It is not permissible to use terms “as needed,” “prn,” or to use ranges such as “x to y times per week.”

---

Correct Example

Two (2) units of group therapy two (2) days per week for six (6) months

---

FINDING #4

Claims not supported by a treatment plan.

---

Examples of Findings

Claims not supported by a treatment plan due to:

- Not being signed by treating practitioner
- Signature not credentialed or dated
- No brief assessment/evaluation by a licensed practitioner of the healing arts or a psychiatrist prior to completion of the treatment plan

---

FINDING #5

Services provided are not prescribed on treatment plans.
Treatment Plan: Required Components

- Services must be rendered as prescribed on the treatment plan and authorized in writing by the treating practitioner.

Treatment Plan: Required Components, cont’d

- When it is medically necessary, Behavioral Health Overlay Service (BHOS) and Therapeutic Group Care Service (TGCS) providers need to include therapeutic home visits on treatment plans.
- TGCS must identify the clinician responsible for individual and group therapy.

FINDING #6

There is no parent or guardian signature and no written explanation for the omission on treatment plans.

Required Signatures

- If the recipient’s age or clinical condition precludes participation in the plan review and signing, a written explanation and justification of why the recipient is unable to participate must be provided in the clinical record.

Exceptions to Required Signature of Parent/Guardian

- Recipient is less than 18 years of age seeking substance abuse services from a licensed provider.
- Recipient is in custody of Florida Department of Juvenile Justice (DJJ) and has been court ordered into treatment.
Exceptions to Required Signature of Parent/Guardian, cont’d

- Recipient requires emergency treatment, that if delayed would endanger the mental or physical well being of client.
  - However, the signature of parent/guardian must be obtained as soon as possible after emergency treatment is administered.

Recipient is in the custody of the Florida Department of Children and Families (DCF) or a Community Based Care (CBC); a DCF or CBC representative must sign treatment plan if it is not possible to obtain parent’s signature.
  - In cases where DCF is working towards reunification, the parent should be involved and sign the treatment plan.

Recipient is in the custody of the Florida Department of Children and Families (DCF) or a Community Based Care (CBC); a DCF or CBC representative must sign treatment plan if it is not possible to obtain parent’s signature.
  - In cases where DCF is working towards reunification, the parent should be involved and sign the treatment plan.

Exceptions to Required Signature of Parent/Guardian, cont’d

- Recipients age 13 or older experiencing an emotional crisis to the degree that client perceives the need for professional assistance.
  - A recipient can request and give consent for mental health diagnostic evaluation services and outpatient crisis intervention services by a licensed practitioner of the healing arts, or in a state licensed mental health facility.
  - Services will not exceed two (2) visits during any one (1) week period in response to crisis before parental consent is required for further services.

FINDING #7

Treatment plan reviews do not demonstrate progress related to goals and objectives.

Example of Findings

- Progress documented as “none,” “minimal progress,” and “moderate progress” but documentation did not describe a recipient’s progress specifically related to his/her individualized treatment plan goals and objectives.
- Documentation indicated no progress or regression and changes were not made to treatment plan.
- There was no explanation as to why the plan should continue with no changes.

Documentation of Progress Related to Goals and Objectives

- Service documentation must contain updates regarding the recipient’s progress toward meeting goals and objectives identified in the treatment plan.
  - Does the treatment plan review document progress related to the treatment plan goals and objectives?
**FINDING #8**

**Psychosocial Rehabilitation Services:**
Daily notes are lacking specific interventions.

**Psychosocial Rehabilitation Services, cont’ d**

Specific Documentation Requirements

- daily medication use
- housing
- social support and networking
- food planning
- money and life management

**Psychosocial Rehabilitation Services, cont’ d**

Specific Documentation Requirements, cont’ d

The monthly progress note must reflect:
- how the services are linked to the goals and objectives of the recipient’s treatment plan; and
- the recipient’s progress relative to the treatment plan.

Community Behavioral Health Services Handbook page 2-1-31

**Documentation Requirements**

Service documentation must contain all of the following:

- Recipient’s name;
- Date the service was rendered;
- Start and end times for procedures with specified minimum time frames and procedures billed on a per unit basis;
Documentation Requirements, cont’d

- Identification of the setting in which the service was rendered;
- Identification of the specific treatment plan related problem, behavior, or skill deficit for which the service is being provided;
- Identification of the service rendered, including the specific intervention;

Documentation must be legible;

- Documentation must clearly distinguish and reference each separate service billed;
- Documentation must support a service was rendered on the date it was billed;

Updates regarding the recipient’s progress toward meeting goals and objectives identified in the treatment plan; and

- Original, legible signature and credential (e.g., licensed clinical social worker) or functional title (e.g., treating practitioner) of the person rendering the service.

Limited Service Authorization

- A temporary deviation from the prescribed services or frequency of services must be reported using the Limited Service Authorization form.

- This form may also be used for documenting the need for services already provided when a recipient leaves treatment prior to completion of the treatment plan.
  - When used for this purpose, the form must be completed within 45 days of intake.
  - A completed Limited Service Authorization form must be placed in the recipient’s clinical record.

Limited Service Authorization

- A temporary deviation from the prescribed services or frequency of services must be reported using the Limited Service Authorization form.

- This form may also be used for documenting the need for services already provided when a recipient leaves treatment prior to completion of the treatment plan.
  - When used for this purpose, the form must be completed within 45 days of intake.
  - A completed Limited Service Authorization form must be placed in the recipient’s clinical record.
Claims Findings

Treating practitioner not linked or enrolled in Medicaid

Claims Policy

- A group must have at least one (1) provider type 25 or 26 linked to your group in order to be a Community Behavioral Health Provider.

- Only provider types 25, 26, & 07 are allowed to be linked to a provider type 05 group.

Claims Findings

Enrollment of the Treating Practitioner

<table>
<thead>
<tr>
<th>Description</th>
<th>Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treating physicians</td>
<td>25 or 26</td>
</tr>
<tr>
<td>Treating licensed practitioners of the healing arts (LPHA)</td>
<td>07</td>
</tr>
<tr>
<td>Licensed Practitioners of the Healing Arts (LPHA) must also be affiliated with a group provider (provider type 05) to be reimbursed as an individual provider type 07.</td>
<td></td>
</tr>
</tbody>
</table>

Claims Findings

Remember:

- To submit a Group Membership Authorization form for every treating provider who will be rendering services and for whom you will be seeking reimbursement for under your group number.
  - Non-treating providers, such as: behavioral health tech, certified addictions professional or behavior analyst, etc., are not enrolled.

Summary

- The treatment plan must contain measurable objectives.
- The treatment plan must contain target dates.
- The amount, frequency and duration of each service for the duration of the treatment plan are required.
- Services must be rendered as prescribed on the treatment plan and must be authorized in writing by the treating practitioner.
Summary, cont’d

- Signature of the recipient’s parent, guardian, or legal custodian (if the recipient is under the age of 18) is a required component of the treatment plan.

- Service documentation must contain updates regarding the recipient’s progress toward meeting goals and objectives identified in the treatment plan.

- Verify that the treating practitioner is enrolled into the group.
- Follow Medicaid policy as stated in the Medicaid Handbooks.
- Contact your Medicaid Area Office or Magellan Medicaid Administration if you need help.

Online Information

All Medicaid handbooks, fee schedules, forms, provider notices, and other important Medicaid information are available on the Medicaid fiscal agent’s Web Portal at:

http://mymedicaid-florida.com

Click on Public Information for Providers, then on Provider Support, and then click on Provider Handbooks, Forms, or Provider Notices.

Thank You

Please email any questions to Melissa Eddleman:
Melissa.Eddleman@ahca.myflorida.com

Responses to questions will be posted at:
http://ahca.myflorida.com/Medicaid/e-library/index.shtml