

Senate Bill 74

Clinical Documentation Requirements and Changes

Let's talk about the changes.

Behavioral Health Screening

7 AAC 135.100

7 AAC 135

- **The Alaska Screening Tool** was required for each new or returning recipient of behavioral health services before a professional behavioral health assessment was conducted for that recipient.

SB 74

- A **behavioral health screening** is required for a new or returning recipient using a screening tool recommended by the Department or identified by the provider as appropriate for use with the recipient.
- A provider shall include the results of this behavioral health screening in the recipient's clinical record, including any action taken or recommended based upon the recipient's responses.

Behavioral Health Screening

7 AAC 135.100

7 AAC 135

SB 74

- A **Client Status Review** was to be conducted with the recipient present, was completed, and used as relevant clinical information and was administered every 90 to 135 days. Its purpose was to determine recipient functioning, to measure behavioral health treatment outcomes, to make treatment decisions, and to revise the behavioral health treatment plan.
- Behavioral health screenings that are commonly used per SAMSHA are the following: for depression – **Patient Health Questionnaire 9**, for substance abuse – **Alcohol Use Disorders Identification Test (AUDIT)** or **Drug Abuse Screen Test (DAST-10)**, for Bipolar Disorder – **The Mood Disorder Questionnaire**, for suicide risk – **Columbia Suicide Severity Rating Scale (C-SRS)**, for anxiety disorders – **GAD-7**, and for trauma – **Life Events Checklist (LEC)**.

Behavioral Health Assessments

7 AAC 135.110

7 AAC 135

- **Behavioral health assessments** were either a mental health intake assessment, substance use intake assessment, an integrated mental health and substance use intake assessment, or a psychiatric assessment.

SB 74

- Providers must be enrolled under 7 AAC 135.030(a)(3), maintaining a separate clinical record for each recipient, that includes: a completed behavioral screening.
- Services recommended for recipients are medically necessary, clinically appropriate and rendered by a qualified mental health professional.

Behavioral Health Treatment Plans

7 AAC 135.120

7 AAC 135

- Treatment plans were individualized and based upon a behavioral health assessment. The plan was signed and supervised by the directing clinician, the recipient, their representative (if under the age of 18), and treatment team members. The treatment plan remains to remain current based upon the periodic client status review.

SB 74

- The directing clinician must review the *treatment* plan face to face with the recipient at least every ninety days to confirm that the identified problems and treatment services are current and relevant, and to identify any need for continuing assessment and treatment services, to identify any new problems identified by the provider or the recipient. The plan is signed and monitored by the directing clinician.

* Please refer to the March 19, 2020 COVID-19 Guidelines that permit telehealth.

Behavioral Health Treatment Plans

7 AAC 135.120

7 AAC 135

Behavioral health treatment plans required the following elements: the recipient's identifying information, the date implementation of the behavioral health treatment plan, the treatment goals that were directly related to the professional behavioral health assessment, the services and interventions that were employed to address the written goals, the name, signature and credentials of the directing clinician, as well as the signature of the recipient or recipient's representative.

SB 74

The directing clinician shall document in the recipient's clinical record, the date that the treatment plan review was conducted in addition to the plan being signed (attesting to these services being medically necessary and clinically appropriate) and monitored by the directing clinician.

Clinical Record

7 AAC 135.130

7 AAC 135

To be maintained for each recipient with a completed behavioral health screening, a client status review (unless detoxification services, short term crisis intervention services or short term crisis stabilization services were provided), a behavioral health intake assessment, a behavioral health treatment plan, and a progress note for each day the service was provided and signed by the provider.

SB 74

A provider of Medicaid behavioral health services shall retain a record of any service provided to the recipient in accordance with 7 AAC 105.230 even if the recipient is not currently receiving services.

Clinical Record

7 AAC 135.130

7 AAC 135

SB 74

- The treatment plan was to include all the changes made to a recipient's behavioral health treatment plan as well as updates to the professional behavioral health assessment.
- To document active treatment, the provider must set out a description or a listing of the active interventions that the provider provides to or on behalf of the recipient.

Clinical Record

7 AAC 135.130

7 AAC 135

SB 74

- Progress notes required the following elements: a description or listing of the active treatment provided, the date the service was provided, the duration of the service (either in service unit or clock time), the treatment goals that the service targeted, a description of the recipient's progress towards those treatment goals and the name, signature and credentials of the individual rendering the service.
- The clinical record must reflect all changes made to a recipient's behavioral health treatment plan and professional behavioral health assessment.

7 AAC 105.230

Let's have a discussion
about Provider records requirements

Provider Records Requirements

- A provider shall maintain accurate financial, clinical and other records necessary to support the services for which the provider requests payment.
- A provider shall ensure that their staff, billing agent, or other entity responsible for the maintenance of the provider's financial, clinical and other records meets the requirements of this section.
- A provider may not submit a claim to the Department for payment for services unless the provider's records are kept and maintained in accordance with this section.

Provider Records Requirements

A provider's records must identify recipient information for each recipient including the following:

- a) the name of the recipient receiving treatment.
- b) specific services provided.
- c) extent of each service provided.
- d) date on which each service was provided.
- e) individual who provided each service.

Provider Records Requirements

A provider's record must identify financial information for each recipient including:

- a) the charge for each service provided.
- b) each payment source pursued.
- c) the date and amount of all debit and credit billing actions for each date of service provided.
- d) the amounts billed and paid.

Provider Records Requirements

- A provider shall maintain a clinical record, including a record of therapeutic services in accordance with professional standards applicable to the provider, for each recipient. The clinical record must include:
 - a) information that identifies the recipient's diagnosis.
 - b) information that identifies the medical need for each service.
 - c) identification of each service, prescription, supply, or plan of care as prescribed by the provider.
 - d) identification of prescription drugs dispensed in accordance with 7 AAC 120.100 and 7 AAC 120.140.
 - e) the stop and start times for time-based billing codes.

What Is A Mental Health Physician Clinic?

- 7 AAC 135.030, which references provider enrollment and organization, states a provider must be enrolled in Medicaid under 7 AAC 105.210 and must be either a
 - (1) a community behavioral health services provider.
 - (2) a mental health physician clinic.
 - (3) a psychologist.
 - (4) a licensed behavioral analyst.
 - (5) a licensed behavioral analyst group practice.

What Is A Mental Health Physician Clinic?

The Department will pay for behavioral health clinic services provided by a mental health physician clinic only if the services are provided by one of the physicians operating the clinic or by one of the following individuals who work under the direct supervision of those physicians:

- a) a licensed psychologist.
- b) a licensed psychological associate.
- c) a licensed clinical social worker.
- d) a licensed physician assistant.
- e) a licensed and certified advance nurse practitioner.
- f) a licensed psychiatric nursing clinical specialist.
- g) a licensed marital and family therapist.
- h) a licensed professional counselor.

Mental Health Physician Clinic Requirements

7 AAC 135.110

- If during an assessment, evaluation or treatment of a recipient over the age of 21, a licensed mental health professional providing behavioral health services (7 AAC 135.910) determines that the person is an adult experiencing a **serious mental illness**, the licensed mental health professional shall refer the recipient to a community behavioral health service provider.
- If during an assessment, evaluation or treatment of a recipient, a licensed mental health professional determines that the person meets the criteria for an individual experiencing a **substance use disorder**, the licensed mental health professional shall refer the person to a community behavioral health services provider that provides substance use disorder treatment services.
- If a licensed mental health professional covered under this section, refers a recipient to a community behavioral health services provider for rehabilitation services, the licensed mental health professional may still continue to provide other services to the recipient that the provider is eligible to provide.

Mental Health Physician Clinic Requirements

7 AAC 135.110

- 7 AAC 135.900 states “If a physician provides behavioral health clinic services in a community behavioral health services provider organization, the physician may request payment for those services by submitting a claim for payment”.
- using the community behavioral health services provider's medical assistance provider identification number; payment for services under this paragraph is subject to the same requirements and restrictions placed on a community behavioral health services provider under this chapter.
- using the physician's medical assistance provider identification number; payment for services under this paragraph is subject to the same requirements and restrictions placed upon a physician under this chapter.
- the Department will pay a physician for medically necessary and clinically appropriate mental health services only if the physician renders those services DIRECTLY.

Mental Health Physician Clinic Requirements

7 AAC 135.110

- 7 AAC 135.900 states “If a physician provides behavioral health clinic services in a mental health physician clinic, the physician may request payment for those services by submitting a claim for payment”.
- using the mental health physician clinic medical assistance provider identification number; payment for services under this paragraph is subject to the same requirements and restrictions placed on a mental health physician clinic under this chapter.
- using the physician's medical assistance provider identification number; payment for services under this paragraph is subject to the same requirements and restrictions placed upon a physician under this chapter.
- the Department will pay a physician for medically necessary and clinically appropriate mental health services only if the physician renders those services DIRECTLY.

THANK YOU