



COMMUNITY MENTAL HEALTH

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Date: January 21, 2011
To: MCCMH Directly-Operated Network Providers
From: John L. Kinch
Executive Director
Re: **EXECUTIVE DIRECTIVE 1/ 2011**
Supervisory Expectations of Program
Supervisors / Therapist III's

John L. Kinch
Executive Director

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Effectively immediately, please note the following expectations for case supervision / consultation by Program Supervisors and Therapist III's.

Clinical direction is to be provided for each case in regard to all aspects of treatment, including but not exclusive to diagnostic accuracy, medical necessity, risk profile, level of care, recovery focus, care coordination within and outside of the Provider Network, discharge planning, crisis intervention, fee agreements, completion of paperwork according to policy, and reliability of insurance information.

Each individual case record shall be monitored via supervision by the Program Supervisor or Therapist III at a minimum of three times per year with at least one additional monitoring at the discretion of the Supervisor. This minimum standard shall include monitoring and review of signing of the PCP and service reviews and shall encompass the following activities:

- Address no shows and cancellations (clinical issues).
- Each progress note shall address outcomes for practical and meaningful (i.e., real life impact), and reasonable (i.e., can be achieved) PCP goals and provide a description of the content of the session and progress made toward goals.
- Accurate information regarding services received with service code, time, date, etc. shall be included in each progress note.
- Supervisors shall not change the content of documents once signed by the Clinician. Following supervision, if changes are to be made, it is the Clinician who is responsible for making the changes using the document amendment process.
- The date the PCP is given to the consumer shall be reflected in the record (account clerks have been given access to this electronic function).



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- Diagnoses endorsed by the physician shall be specific. NOSs should include reasonable time frames and be regularly monitored, discuss rule outs (RO's) and assign time frames. NOS designations shall not be used indefinitely.
- Actual face to face service time must be accurately recorded (per Jim Losey's Compliance Alert previously issued).
- 'Cut and paste' is not to be employed for progress notes, assessments, and PCPs.
- All documentation shall be entered into FOCUS in a timely fashion – within 24 hours following the service – pursuant to MCCMH MCO Policy 2-010.
- All staff are required to be up to date in signing documents (generally within 24 hours). Documents should not be sitting in the queue awaiting signatures for extended periods of time. Timelines for signatures must be followed pursuant to MCCMH policy (MCCMH MCO 2-010, 2-013, 2-015, 2-022, 2-051, 10-200).
- The assigned and treating physician of record shall be the same individual, except in an emergency / immediate service need situation.
- All assessments, care coordination, and service plans are to be current, including Physician Only Program (POP) cases per MCCMH policy
- All staff are to be included on the FOCUS schedules and utilize the FOCUS scheduling function for all face to face consumer contacts.
- Clerical and / or clinical staff are to verify insurance information at least monthly and shall update all information as needed, including address changes.
- X codes are to be used to document supervision time.

Code X-1006 is to be used by all Program Supervisors and TIIIs in conjunction with case supervision. Time spent in supervision will be monitored via this documentation. This code may be used for face to face supervision with the staff as well as non-face to face monitoring and review of the case records prior to the provision of face to face supervision and general clinical documentation monitoring. Staff to whom face to face supervision is provided shall use case consultation code X-1000 to document time spent in supervision.

Your attention to, and compliance with, the above activities and expectations shall be monitored on a regular basis. Reports on progress shall be made periodically at Supervisors meetings.

JLK: CK: PJJ / maf