Health Care Agency, Behavioral Health Service, AQIS CYBH Support

QRTips

October 2018

Documentation Guidelines for the Outcome Questionnaires

- The administration of the Outcome Questionnaires is always coded as an assessment activity (CPT 90899-6).
- If the administration of the Outcome Questionnaires is documented as a clerical or administrative function, then it is non-billable to Medi-Cal. For example, documenting a clinical intervention like "the therapist administered the Youth Outcome Questionnaire. The consumer completed the questionnaire without any issues" is not sufficient to bill the service to Medi-Cal.
- Documentation should include sufficient information to make the progress note billable. It is recommended that progress notes report the total score and whether it is above or below the cutoff. Also, it is helpful to indicate if any critical items were checked, and if the endorsed items required a need for immediate action.
- Indicate whether or not the assessment is valid, and document the response style of the consumer. Furthermore, indicate how the results will be used. For example, will the results support a recommendation to add a different modality to the Care Plan? Or will they use the results to monitor the consumer's progress in treatment?
- The following is an example of a well-documented intervention for a billable progress note:

"The therapist explained to the client the purpose of the Y-OQ 2.0, and provided the necessary instructions on how to answer the questionnaire. The client's score was 61, which has decreased from the baseline score of 104. The current score is above the clinical cutoff point of 47. The clinical subscale scores are as follows. Intrapersonal Distress is 28, Somatic is 11, Interpersonal Relations is 3, Social Problems is 1 and Behavioral Dysfunction is 13, and the score for critical items is 5. Regarding the critical items, the client seemed to endorse obsessive thoughts and sometimes paranoia. The client denied any suicidal or homicidal ideation. The client continues to indicate experiencing symptoms of depression and anxiety. For example, he says that he wants to be alone more than others of his same age, and that he rarely sees himself as happy. The client also indicates that he has a hard time concentrating or completing tasks. He feels irritated often and fears what others may think of him. The therapist reviewed the contents of the OQ Questionnaire with the client. It was determined that the current Care Plan appropriately addresses the issues identified in the OQ Questionnaire. It should be noted that the client responded to the questions without any difficulty. He was pleasant and cooperative. He was in agreement with the results of the Y-OQ."

- For more information on the OQ Questionnaires please go to:

  http://www.ochealthinfo.com/bhs/about/cys/support/oqs

NOABDs – Delivery System, Modification and Termination

- Reminders:
  - Do not replace the County Logo for any contract logo.
  - Do not add any names of staff on the second page at the end of the notice. The notice already has an AQIS Manager name, Kelly Sabet.
  - Do not fax or e-mail to AQIS the 3 attachments, ONLY the NOABD.
  - Do INITIAL the NOABD on the second page by each of the 3 attachments. This confirms that the 3 attachments were also sent with the NOABD.
  - Do include a 10 day date from the day of when the NOABD was written (date on the left top) into the first paragraph of the NOABD – Termination notice. These two dates CANNOT be the same date. There must be a 10 calendar days difference. For example, if the NOABD has a date of 9/18/2018 on the left top, then the date in the first paragraph must be 9/28/2018.
  - Programs will be contacted by an AQIS or QRT staff if corrections need to be done on any of these NOABDs.