Outline

Get Past Your Negative Feelings About Documentation

- Documentation as a contributor to good clinical work
- Documentation through the lens of the "Golden Thread"
- · Documentation as a protector of income and integrity
- Anxiety-reducing answers to common questions

Embrace the Requirement of Medical Necessity

- The elements of medical necessity
- The "Golden Thread" as a key part of medical necessity.
- · Establish the connection between diagnosis and treatment

How to Write:

- The Diagnostic Summary
- What's needed in the diagnostic summary, and why
- How the diagnostic summary initiates the path of the Golden Thread

The Treatment Plan

- What's needed in a treatment plan, and why
- Operationalize the presenting problem Questions to ask Describe the diagnostic criteria in behavioral terms
- Make a clear connection between goals, objectives, and interventions.
- Protect the client and the therapist with a Live Webinar Schedule thoughtful risk assessment (Times listed in Pacific)
- Evaluate client progress.
- How the treatment plan it continues the path of the Golden Thread

And more ...

Activity: Write a treatment plan

The Session Note

- The session note's relationship to the treatment plan
- What's needed in a session note and why Descriptive or narrative approach to
- interventions used
- Changes to treatment plan Justify multiple sessions
- Activity: Write a session note

The Case and Collateral Contact Note

- What's needed in a case and collateral contact note and why • Differences between case and collateral
- contact notes
- Provide a clinical justification for the case/ collateral consult

The Discharge Summary

8:00 Program begins

4:00 Program ends

11:50-1:00 Lunch Break

A more detailed schedule is available upon request

There will be two 15-min breaks (mid-morning & mid-afternoon). Actual lunch and break start times are at the discretion of the speaker

- What's needed in a discharge summary, and whv
- How the discharge summary completes the Golden Thread

20 DOCUMENTATION RED FLAGS THAT LEAD TO TROUBLE



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Mental Health Documentation & Medical Necessity

Simple, Clear Guidelines that Maintain **Quality of Care and Protect Your Practice**

Objectives

- 1. Determine the importance of proper documentation in informing clinical decision-making.
- 2. Evaluate the role of the clinical diagnosis in justifying medical necessity and providing more effective services to clients.
- 3. Determine how to use the behavioral language required by insurance companies to facilitate delivery of services to clients.
- 4. Assess how to document what really happens in a clinical session without violating privacy or confidentiality.
- 5. Assess medical necessity by employing the "golden thread" for improved treatment outcomes.
- 6. Analyze potential red flags in documentation and the proper corrective measures for them.

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Mental Health Documentation & Medical Necessity

Simple, Clear Guidelines that Maintain **Quality of Care and Protect Your Practice**

 \checkmark Spend less time on paperwork.

 \checkmark Lessen the chance of audits, and be better prepared to pass the ones that do come your way.

 \checkmark Reduce costly errors and billing denials.

 \checkmark Demonstrate integrity with documentation that meets professional standards.

 \checkmark Start seeing documentation as a contributor to good clinical work, not a detour away from it.

Current Medicare Standards

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Mental Health Documentation & Medical Necessity



Simple, Clear Guidelines that Maintain Quality of Care and Protect Your Practice

"I love paperwork!"

--Said NO clinician, EVER.

Yet, the success of your practice depends on your ability to write good intake summaries, treatment plans, session notes, case/collateral notes, and discharge summaries. Taken together, these pieces to the documentation puzzle support your goal of providing quality services to your clients. They also impact the stability and success of your practice. When done well, they result in piece of mind and timely payment from insurance companies. When done poorly, they lead to the misery of denials, audits, and lost income.

The great news is that you CAN become proficient at mental health documentation and medical necessity. This seminar provides clear and simple guidelines for recordkeeping that adheres to professional standards and ethical codes, supports delivery of quality care, and reduces errors and delays in payments.

You will receive expert instruction from Beth Rontal, MSW, LICSW, affectionally known as the Documentation Wizard. For over 15 years, Beth has been instrumental at changing how individuals and organizations approach documentation. The results speak for themselves. Rates at which paperwork was returned to clinicians for correction have dropped significantly, in one case from 65% to under 8%. This gave clinicians back 3 to 5 clinical hours per week, saving thousands of dollars and improving job satisfaction.

Target Audience:

Mental Health Administrators • Marriage and Family Therapists • Physicians Psychiatrists • Psychologists • Counselors • Social Workers • Office Managers Mental Health Nurses • Addiction Counselors • Nurses • Other Mental Health Professionals



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Meet Your Speaker

Beth Rontal, MSW, LICSW, is a psychotherapist in private practice Brookline, Massachusetts, as well as a documentation consultant and private supervisor. Ms. Rontal earned her MFA from Boston University, and her Master's in Social Work from Simmons College in Boston. She was clinical supervisor at a mental health clinic for 16 years, where she was instrumental in developing and implementing the clinic's first electronic documentation system. This implementation significantly reduced documentation time and errors and decreased the paperwork returned by clinicians from 65% to 8%, which in turn allowed for the addition of 3 to 5 clinical hours per week, generated thousands of dollars in savings for the company.

Ms. Rontal continues to be a developer and consultant in the field of clinical documentation. She is a sought-after national lecturer who has taught seminars over the course of many years, in addition to having published numerous articles on the topic.

Speaker Disclosure:

Financial: Beth Rontal is in private practice. She has intellectual property rights to Documentation Wizard. Ms. Rontal receives a speaking honorarium from PESI, Inc.

Non-financial: Beth Rontal has no relevant non-financial relationship to disclose

CE CREDITS AVAILABLE FOR LIVE WEBINAR

This continuing education activity is designed to meet state board requirements for the following professionals: Marriage and Family Therapists, Psychologists, Counselors, Social Workers, Addiction Counselors, Nurses, and Physicians.

For specific credit approvals and details, visit pesi.com/webcast/86250

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Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. PESI, Inc. maintains responsibility for this course. ACE provider approval period: January 27, 2020 - January 27, 2023. Social Workers completing this course receive 6.25 Clinical continuing education credits. Course Level: Intermediate. Full attendance is required; no partial credits will be offered for partial attendance. A certificate of attendance will be awarded at the end of the program to social workers who complete the program evaluation

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Recommended Reading:

Feeling Great

The Revolutionary New Treatment for Depression and Anxiety

David D. Burns, M.D





Telemental Health The Essential Guide to Providing Successful Online Therapy Joni Gilbertson, MA, NCC, LCPC, LMHC, BC-TMH, CTMH

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