



QRTips

January 2015

June 2011

Compliance Q & A: Part 2- More documentation issues frequently resulting in recoupments.

- Is it really necessary for medication support services to be listed on the Client Service Plan (CSP) in order to bill for those medication services?

Answer: YES, medication support services must **always** be listed on the client's current CP in order to bill Medi-Cal for those med services.

- When providing Family Therapy services under Medi-Cal, is it ever OK to treat the parents for their own particular issues?

Answer: NO, you may **never** bill Medi-Cal for treating parents/guardians for their own individual problems. You may, however, address specific deficits with the parents and/or systemic problems with the family system that are negatively impacting the client. Remember, you must clarify the link between these issues and the child's behavior and/or symptoms, and the effect on the client must be explicit. Otherwise, it will appear that you are treating the parents/guardians and not the client.

- Is it really necessary for every client, 16 years of age or older, to have a "transitional goal" as part of their Client Service Plan (CSP)?

Answer: YES, every client **must** have a transitional goal in place or added to their CSP at the nearest scheduled review date after their 16th birth date. Example: A client turning 16 years of age in June and who has a "6-Month Assessment Review" due in September should then have a transitional goal added to their current CSP during that September review. Like all clinical CSP milestones, be sure that your transitional goals have milestones at least at 6-month intervals and cover the entire treatment period.

- Can a provider ever bill Medi-Cal for "waiting time," such as waiting for a child to arrive from their classroom or just waiting for an ambulance to arrive?

Answer: NO, a Medi-Cal provider may **never** bill for simply waiting around for a client or others.