

## Medicaid Documentation Standards

Based on the 410 Oregon Administrative Rules (OARs)

For contracted providers that do not hold a Certificate of Approval with the State

Applying this checklist to your client charts can help make sure your documents are aligned with the OARs.

<p><b>General Information for the Overall Chart</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Client charts need to fully support the services that are billed.</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> The service notes and claims need to match (example: date, length of service, place of service, units of service, provider, etc.).</li> <li><input type="checkbox"/> The services and documentation meet the criteria for Medically Appropriate services.</li> <li><input type="checkbox"/> The services are provided <u>and</u> documented in a way that is consistent with the needs of the client documented in the assessment and consistent with the service plan.</li> </ul> </li>   <li><input type="checkbox"/> <b>The information in the client record meets the following standards:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Professional standards (examples: professional ethics, licensing standards, DSM, ASAM, Peer best practices, etc.).</li> <li><input type="checkbox"/> Relevant Oregon Administrative Rules.</li> <li><input type="checkbox"/> Relevant Contracts (examples: Oregon State Medicaid Plan, Coordinated Care Organization (CCO) contract, agency specific contracts).</li> </ul> </li>   <li><input type="checkbox"/> <b>Services that are Medically Appropriate are:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Services and supports that are needed to diagnose, stabilize, care for, and treat the client’s behavioral health condition.</li> <li><input type="checkbox"/> Rendered by a provider who has the training, credentials or license that is appropriate to treat the condition and deliver the service.</li> <li><input type="checkbox"/> Based on the standards of evidenced-based practice and good health practice. Services provided are safe, effective, appropriate, and consistent with the diagnosis found in the behavioral health assessment.</li> <li><input type="checkbox"/> Connected to the service plan, which is individualized to the client. The services are also appropriate to achieve the specific and measurable goals that are written in the client’s service plan.</li> <li><input type="checkbox"/> Not supplied only for the convenience or preference of the client, the client’s family, or the provider of the service (this includes the frequency of the service).</li> <li><input type="checkbox"/> Not provided only for recreational purposes.</li> <li><input type="checkbox"/> Not provided only for research and data collection.</li> <li><input type="checkbox"/> Not provided only for meeting a legal requirement placed on the client.</li> <li><input type="checkbox"/> The most cost effective of the covered services that can be safely and effectively provided to the client (e.g., the client is placed at an appropriate level of care).</li> </ul> </li> </ul>
<p><b>Assessment</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Completed before any other mental health services.</b> <ul style="list-style-type: none"> <li>Exception: Crisis and stabilization services can be provided at any time.</li> <li><input type="checkbox"/> “Completed” means signed and dated by qualified provider.</li> </ul> </li> <li><input type="checkbox"/> <b>The assessment has the client’s diagnosis and documents the medical need for services:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> The diagnosis is documented according to DSM-5-TR standards.</li> </ul> </li> </ul>

<b>Assessment, Continued.</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The client’s diagnosis is documented using all DSM-5-TR criteria (clinically justified) and is individualized to the client.</li> <li><input type="checkbox"/> The assessment identifies the client’s need for services, including functional impairments (how symptoms impact the client’s daily functioning).</li> <li><input type="checkbox"/> Updated assessments have all the above information, which supports the continued need for services. Additionally, they document progress, barriers, and updates to symptoms, risk, and personal information.</li>   <li><input type="checkbox"/> <b>The assessment is culturally and age relevant:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consider reviewing the DSM-5-TR <a href="#">Cultural Formulation Interview</a> and the National <a href="#">Culturally and Linguistically Appropriate Services</a> Standards.</li> <li><input type="checkbox"/> Consider reviewing the DSM-5-TR <a href="#">supplementary modules</a> for specific populations, such as children, adolescents, and adults.</li> </ul> </li> </ul>
<b>Service Plan</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>The service plan is created in collaboration with the client, their family, or their chosen representative. The document shows clear evidence of the collaboration.</b></li>   <li><input type="checkbox"/> <b>The service plan is individualized the client and their presenting needs.</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> It is reflective of the client’s assessment, their diagnosis, and needs.</li> <li><input type="checkbox"/> It documents the client’s diagnosis.</li> <li><input type="checkbox"/> It identifies the services and supports that will be utilized to meet goals and objectives (e.g., individual therapy, case management, peer support, etc.).</li> <li><input type="checkbox"/> It supports the use of evidence-based practices and interventions appropriate to the diagnosis.</li> <li><input type="checkbox"/> It documents specific and measurable goals to help the client address needs.</li> <li><input type="checkbox"/> It has a specific statement outlining the intended outcome for treatment.</li> </ul> </li>   <li><input type="checkbox"/> <b>The service plan is signed and dated by the qualified provider (QMHP)</b></li> </ul>
<b>Service Note</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>The service note connects to the service plan:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> The note must document the specific objective(s) that the service is addressing.</li> <li><input type="checkbox"/> The note must have information regarding how the objective was addressed.</li> </ul> </li>   <li><input type="checkbox"/> <b>The service note has an evidence-based intervention appropriate for the diagnosis:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> The note documents the specific evidence-based practice being used (examples: Cognitive-Behavioral Therapy, Internal Family Systems, etc.)</li> <li><input type="checkbox"/> The note documents the intervention/how the evidence-based practice was applied to meet the specific and measurable goals in the service plan.</li> </ul> </li>   <li><input type="checkbox"/> <b>The service note has the extent of the services provided</b> (example: Therapist met face to face with the client in the office for therapy). Tip: Think type of contact and setting.</li>   <li><input type="checkbox"/> <b>The service note has:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> The number of services being provided (units of service).</li> <li><input type="checkbox"/> The client’s diagnosis.</li> <li><input type="checkbox"/> Name, signature, and credentials of individual who provided the service.</li> <li><input type="checkbox"/> The date on which the service was provided, as well as date of signature.</li> </ul> </li> </ul>

	<input type="checkbox"/> Specific service provided (name or CPT Code). <input type="checkbox"/> Start and stop times and duration (be exact, such as 11:01 to 11:58 AM – 57 min). <input type="checkbox"/> <b>Service Note documentation is completed and signed and dated before it is billed</b>
--	--

The above information is based on [OAR 410-172](#) rules. If you have questions or would like more information, please contact your Metro Regional Leadership or your Provider Relation Specialist (PRS).

Updated 12/8/2023