

Medicaid Documentation Standards for providers without a Certificate of Approval

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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.

General information for the overall chart

- Client charts need to fully support the services that are billed.**
 - The service notes and claims need to match (example: date, length of service, place of service, units of service, provider, etc.).
 - The services and documentation meet the criteria for medically appropriate services.
 - The services are provided and documented in a way that is consistent with the needs of the client documented in the assessment and consistent with the service plan.
- The information in the client record meets the following standards:**
 - Professional standards (examples: professional ethics, licensing standards, DSM, ASAM, peer best practices, etc.).
 - Relevant Oregon Administrative Rules (OARs).
 - Relevant contracts (examples: Oregon State Medicaid Plan, Coordinated Care Organization (CCO) contract, agency specific contracts).
- Services that are medically appropriate are:**
 - Services and supports that are needed to diagnose, stabilize, care for, and treat the client's behavioral health condition.
 - Rendered by a provider who has the training, credentials or license that is appropriate to treat the condition and deliver the service.
 - 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.
 - 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.
 - 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).
 - Not provided only for recreational purposes.
 - Not provided only for research and data collection.
 - Not provided only for meeting a legal requirement placed on the client.
 - 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).

Assessment

- Completed before any other mental health services.**
Exception: Crisis and stabilization services can be provided at any time.
 - “Completed” means signed and dated by qualified provider.
- The assessment has the client’s diagnosis and documents the medical need for services:**
 - The diagnosis is documented according to DSM-5-TR standards.
 - The client’s diagnosis is documented using all DSM-5-TR criteria (clinically justified) and is individualized to the client.
 - The assessment identifies the client’s need for services, including functional impairments (how symptoms impact the client’s daily functioning).
 - It is reflective of the client’s strengths and preferences.
 - 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.
- The assessment is culturally and age relevant:**
 - Consider reviewing the DSM-5-TR [Cultural Formulation Interview](#) and the National [Culturally and Linguistically Appropriate Services](#) Standards.
 - Consider reviewing the DSM-5-TR [supplementary modules](#) for specific populations, such as children, adolescents, and adults.

Service plan

- The service plan is created in collaboration with the client, their family, or their chosen representative. The document shows clear evidence of the collaboration.**
- The service plan is individualized the client and their presenting needs.**
 - It is reflective of the client’s assessment, their diagnosis, and needs.
 - It is reflective of the client’s strengths and preferences.
 - It documents the client’s diagnosis.
 - It identifies the services and supports that will be utilized to meet goals and objectives (examples: individual therapy, case management, peer support, etc.).
 - It supports the use of evidence-based practices and interventions appropriate to the diagnosis.
 - It documents specific and measurable goals to help the client address needs.
 - It has a specific statement outlining the intended outcome for treatment.
- The service plan is signed and dated by the qualified provider (QMHP)**

Service note

- The service note connects to the service plan:**
 - The note must document the specific objective(s) that the service is addressing.
 - The note must have information regarding how the objective was addressed.
- The service note has an evidence-based intervention appropriate for the diagnosis:**
 - The note documents the specific evidence-based practice being used (examples: Cognitive-Behavioral Therapy, Internal Family Systems, etc.)
 - The note documents the intervention/how the evidence-based practice was applied to meet the specific and measurable goals in the service plan.
- The service note has the extent of the services provided** (example: Therapist met face to face with the client in the office for therapy). Tip: Think type of contact and setting.
- The service note has:**
 - The number of services being provided (units of service).
 - The client's diagnosis.
 - Name, signature, and credentials of individual who provided the service.
 - The date on which the service was provided, as well as date of signature.
 - Specific service provided (name or CPT Code).
 - Start and stop times and duration (be exact, such as 11:01 to 11:58 AM – 57 min).
- Service note documentation is completed and signed and dated before it is billed**

The above information is based on [OAR 410-172](#) rules as well as the OAR [410-120-0000](#) definition of Medical Necessity. If you have questions or would like more information, please contact your Regional Leadership or your Provider Relation Specialist (PRS).