

## **Behavioral Health Medical Record Documentation Standards**

Molina Healthcare of New Mexico, Inc. (Molina Healthcare) establishes standards for the organization and documentation of medical records by Behavioral Health (BH) practitioners. Inpatient and outpatient psychology, psychiatry, counseling, social work and other services/specialties are included in annual medical record reviews. Standards for medical records have been developed in accordance with Regulatory and Accreditation requirements. These standards are assessed during annual medical record reviews where Molina Healthcare ensures that Member medical records are maintained in a current, legible, detailed and organized manner to allow for effective and confidential patient care by all practitioners. Well-documented and accurate medical records facilitate communication, coordination, and continuity of care while promoting the efficiency and effectiveness of treatment.

All BH practitioners and providers will maintain a medical record-keeping system that conforms with professional medical practice, permits effective internal and external quality review, permits encounter/claim review, and facilitates an adequate system for follow-up treatment. BH practitioners and providers will cooperate with Molina Healthcare and its representatives for the purposes of audits and the inspection and examination of medical records and other activities under Molina Healthcare's Utilization Management, Quality Improvement and Compliance Programs.

Molina Healthcare's Behavioral Health annual medical record reviews are scored in the following categories:

- Intake;
- Psychosocial Needs;
- Medications and Allergies;
- Psychiatric and Medical Health History;
- Treatment Planning;
- Progress Notes;
- Discharge Planning; and
- Continuity and Coordination of Care.

During previous BH annual medical record reviews, the following overall areas of strength were noted across BH provider documentation:

- Accurate intake information including consents for treatment, HIPPA/ confidentiality notices, Member's rights & responsibilities, and complaint/grievance information.
- Detailed psychosocial history including assessment of Member needs, legal information, religious/cultural preferences, vocational/educational assessment, and Member's preferred language.
- Complete list of allergies and medications, including current medications and directions for use.
- Psychiatric and medical health history to include alcohol/tobacco/substance abuse history, history of abuse and neglect, and family member's BH/medical history.

Opportunities for improvement identified in previous medical record reviews include:

- Treatment planning, including documentation of Member's participation in the development of specific, measurable, and realistic treatment goals.
- Estimated length of stay and treatment duration documentation.
- Progress note documentation with progress/lack of progress towards identified treatment goals.
- Documentation of medication history, including the effectiveness of previous medications.
- Documentation of aftercare or discharge planning, including appointment dates and referrals when applicable.
- Evidence of collaboration with medical care practitioner(s) or any other services Member was referred to, including signed releases of information.

For a copy of the BH medical record review on-site audit tools or to learn more about the BH annual medical record reviews, please contact Molina Healthcare's Quality Improvement department at the following numbers: In Albuquerque (505) 341-7493 or toll free (888) 825-9266.

Thank you for the quality care that you provide to our valued Members.

Quality Improvement Department  
Molina Healthcare of New Mexico, Inc.