Building Clinical Systems for Sustainable Medicaid Participation

PRESENTED BY THE STEADMAN GROUP

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Welcome & Introductions

Samantha Strobing
Senior Consultant, Steadman Group

Samantha (Sam) Silverman
Silver Linings Mental Health

Participant Introductions

Answer via Zoom chat

Name

Organization

Your role

Where you are at in the Medicaid participation process

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REVIEW OF TRAINING 1

Topics Covered

- Understanding Medicaid basics
- Navigating Colorado Medicaid
- Organizational readiness
- Building your support team

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Learning Objectives

By the end of this training, you will be able to:

- Explain how documentation supports quality care
- Identify workflow improvements that reduce administrative burden
- Evaluate organizational approaches to onboarding and coaching
- Understand considerations for AI documentation tools
- Improve operational workflows that support client access

Building High-Quality Clinical Documentation Systems



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WHY DOCUMENTATION MATTERS

Documentation supports:

- Clinical communication
- Medical necessity
- Continuity of care
- Reimbursement
- Quality improvement

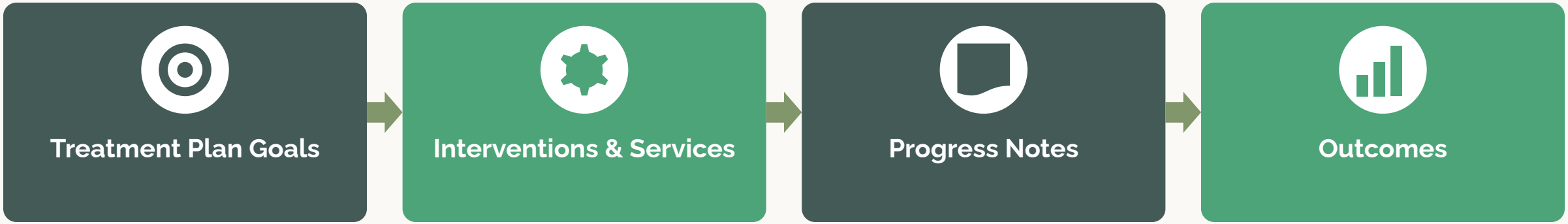
All of it starts with meeting compliance requirements—the floor everything else builds on.

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DOCUMENTATION BEYOND COMPLIANCE

Documentation Done Well	Documentation That Stops at Compliance
• Audit-ready and defensible • Coordinated across providers • Supports sustainable funding • Tells a clear clinical story	• Denials and audit findings • Fragmented, siloed care • Rework and staff burnout • Notes that don't connect to the plan

THE GOLDEN THREAD



Ask: What did I do? Why did it matter clinically? What goal does it connect to? What was the result?

A reviewer should be able to follow one clear thread from goal to service to note to outcome.

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Apply the Framework

Activity	Clinical Purpose	Connects to Goal	Outcome
Checking in about housing stability	Psychosocial assessment informing risk & care plan	Housing & safety stability goal	Client identified a temporary living option; safety plan updated
Chatting with a client before session starts	Rapport-building to support engagement	Engagement & retention goal	Client engaged fully in session; no early termination
Helping a client schedule a follow-up appointment	Care coordination supporting treatment continuity	Continuity of care goal	Follow-up scheduled; care continuity maintained

Clinical Translation

WHAT I DID	During check-in, clinician inquired about the client's current housing situation.
WHY IT MATTERED	This served as a psycho-social risk assessment, given housing instability documented impact on treatment engagement and safety.
GOAL	Connects to Goal 2: Housing & Safety Stability.
OUTCOME	Client identified a temporary living arrangement and agreed to follow up on permanent housing resources provided by the clinician.

THE ASSEMBLED NOTE

Client presented as alert and oriented for scheduled individual session. During check-in, clinician inquired about the client's current housing situation, noting recent reports of housing instability. This inquiry served as a psychosocial risk assessment given housing instability documented impact on treatment engagement and safety (Goal 2: Housing & Safety Stability). Client identified a temporary living arrangement with a family member and agreed to follow up on permanent housing resources provided by clinician. No acute safety concerns identified at this time.

RECOGNIZING CLINICAL WORK IN THE MOMENT

Everyday practice often includes clinical interventions like:

- Rapport building
- Motivational interviewing
- Psychoeducation
- Care coordination
- Validating distress or normalizing a reaction
- Checking in on safety or medication adherence

Self-check: "Was there a moment I almost dismissed as small talk or logistics—but that mattered clinically?"

BUILDING DOCUMENTATION CONSISTENCY

- Shared expectations across the team
- Standard language and terminology
- Clear organizational standards
- Room for clinical flexibility and judgment

Building Sustainable Documentation & Workflow Practices



Workflow Drives Documentation



Each step depends on the one before it—and strengthens the ones that follow.

DESIGNING WORKFLOWS THAT SUPPORT STAFF

- Documentation and workflow are interconnected
- Balancing quality and efficiency
- Reducing administrative burden
- Organizational responsibility for workflow design

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PRACTICAL WORKFLOW STRATEGIES

- **Standardized templates**
- Smart phrases
- Documentation workflows
- Supervisor review processes
- Defining minimum necessary documentation
- Reducing duplication
- Streamlining internal processes

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Standardized Templates

Standardize the note types your team writes most often.
A few starting points:

Initial Assessments

EXAMPLE

Presenting Concern → Psycho-Social History → Risk and other Assessments → Initial Diagnosis.

Medicaid Initial Assessment Template

Treatment Plans

EXAMPLE

Service Plan Problem 1: Client presents with symptoms of anxiety.
Goal 1: Reduce symptoms of anxiety.
Objective 1: Utilize 2 coping skills weekly to reduce anxiety.
Intervention 1: Therapist will meet with Cl weekly for CBT.

Medicaid Treatment Plan Template

Progress Notes

EXAMPLE

"Continued weekly outpatient therapy is medically necessary due to persistent depressive symptoms impacting daily functioning; client continues to meet criteria for Major Depressive Disorder".

Progress Summary Template

Starting points only — adapt language to your documentation system and payer requirements.

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DOCUMENTATION REVIEW & CO-SIGNING

If your organization employs pre-licensed or unlicensed staff, there is a documentation workflow piece to consider.

Per the Health First Colorado Rendering Provider Oversight (RPO) policy, their documentation must be:

- Reviewed and given feedback by a Rendering Provider
- Co-signed by a Rendering Provider
- Built into your EHR or documentation workflow system – define who reviews, how often, and how co-signing happens

The RPO Policy also affects credentialing, provider oversight & billing.

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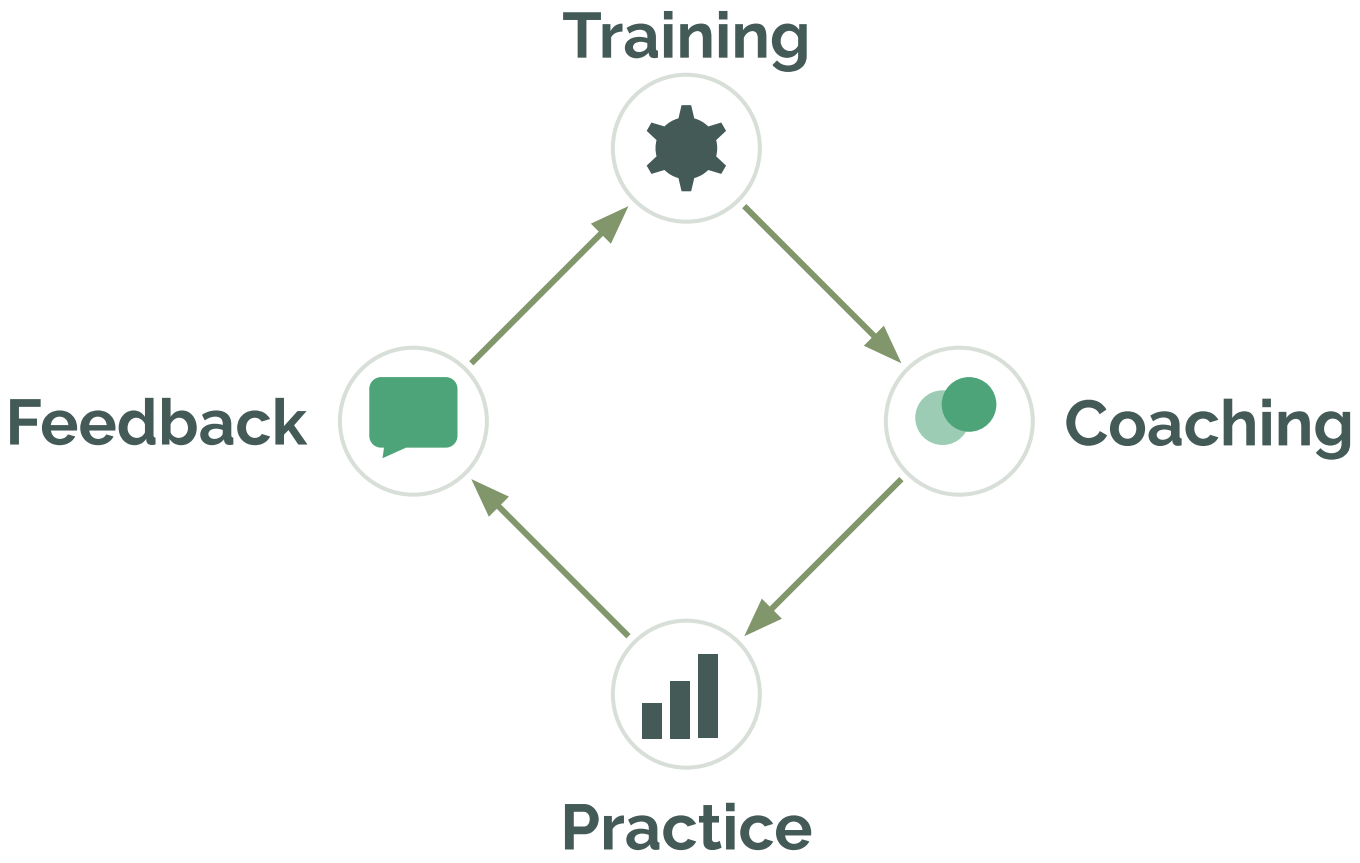
Q & A
5-MINUTE BREAK

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Supporting Staff Success Through Onboarding & Coaching

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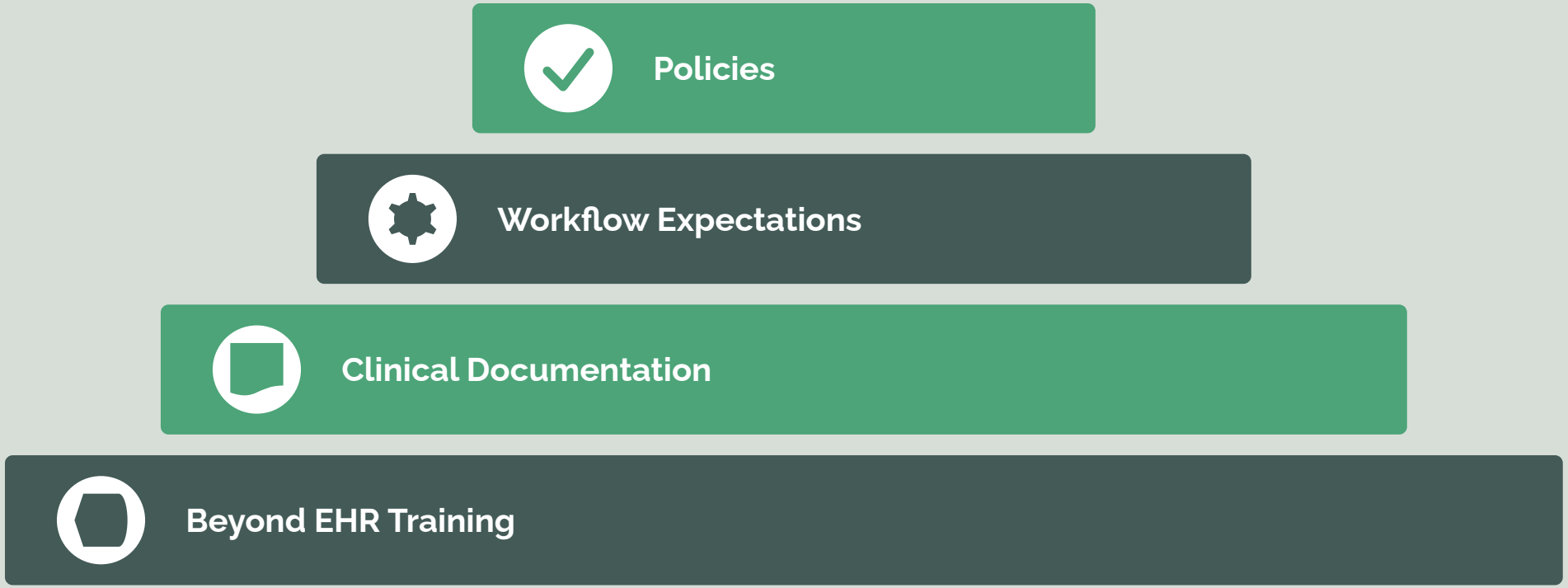
DOCUMENTATION IS A LEARNED SKILL



A cycle, not a one-time event.

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Building Strong Onboarding



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Coaching Strategies



Co-authoring



Note Review



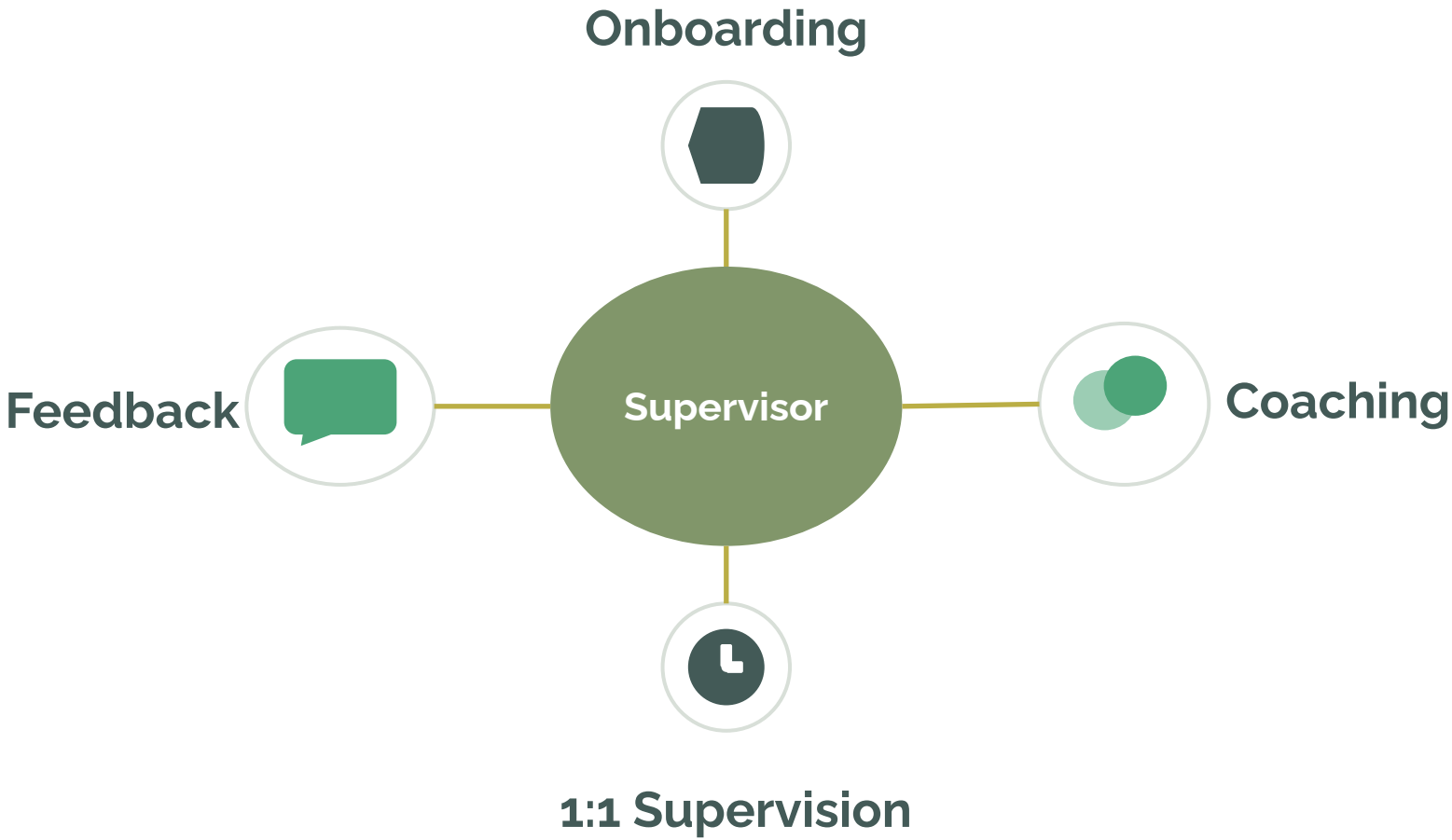
Shadowing



Real-Time Coaching

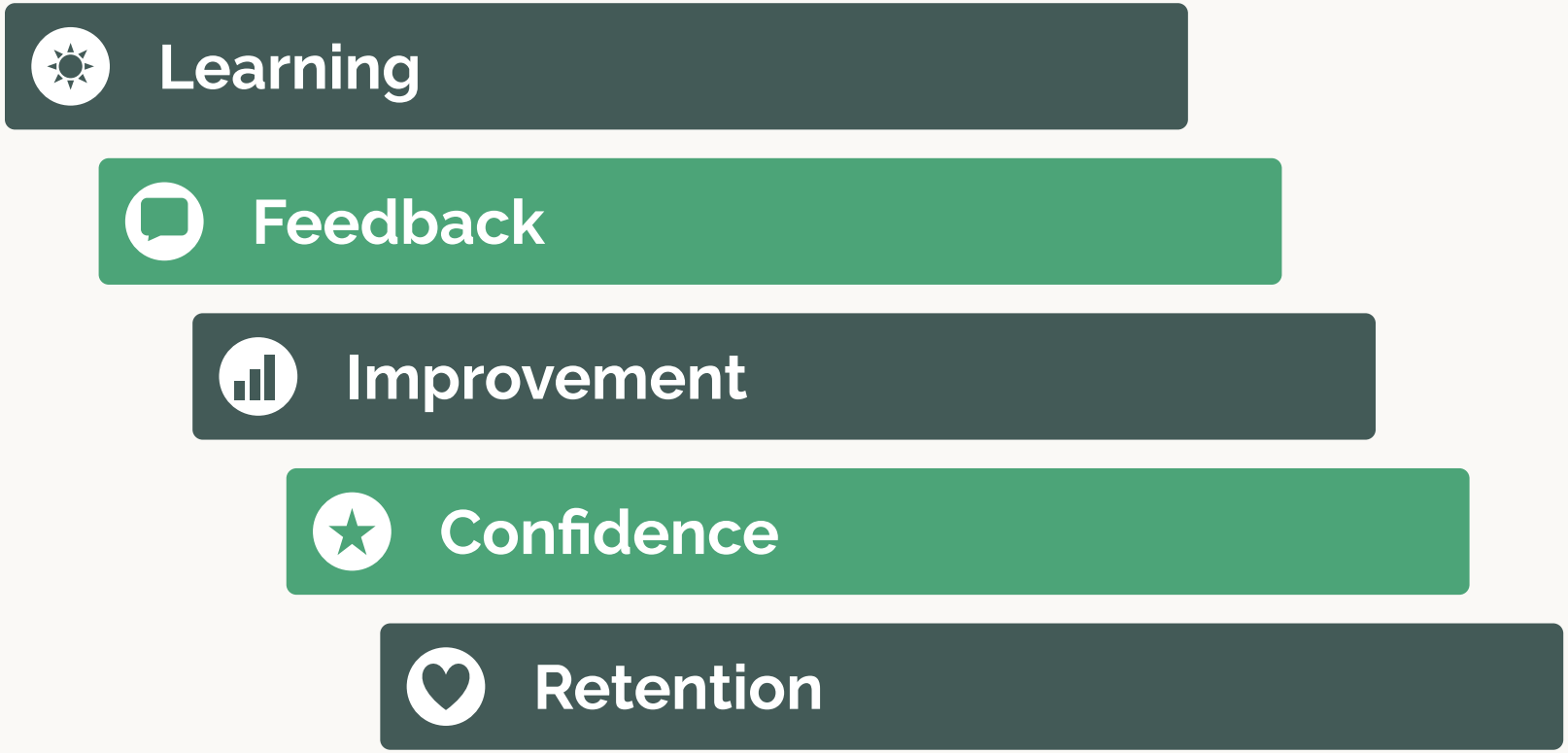
THE SUPERVISOR'S ROLE

One role, four connected responsibilities.



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CREATING A LEARNING CULTURE



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Leveraging Technology to Support Documentation



Technology & AI in Documentation

What any documentation technology should do — AI included

Support Clinicians | **Improve Efficiency** | **Reduce Burden** | **Maintain Quality**

Ambient Transcription

Records and transcribes sessions to draft raw notes

AI-Assisted Note Drafting

Suggests structured note language from session content

Smart-Phrase Generation

Auto-fills routine language and boilerplate fields

Potential Benefits & Risks of AI

Benefits	Risks
• Time savings • Reduced documentation burden • Consistency • Improved workflow	• Privacy & consent • Accuracy • Bias • Accountability ambiguity • Overreliance • Quality concerns • Financial

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Organizational Guardrails

- Human Review
- Staff Training
- Oversight
- Quality Assurance

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LEGAL CONSIDERATIONS

Before implementing AI documentation tools:

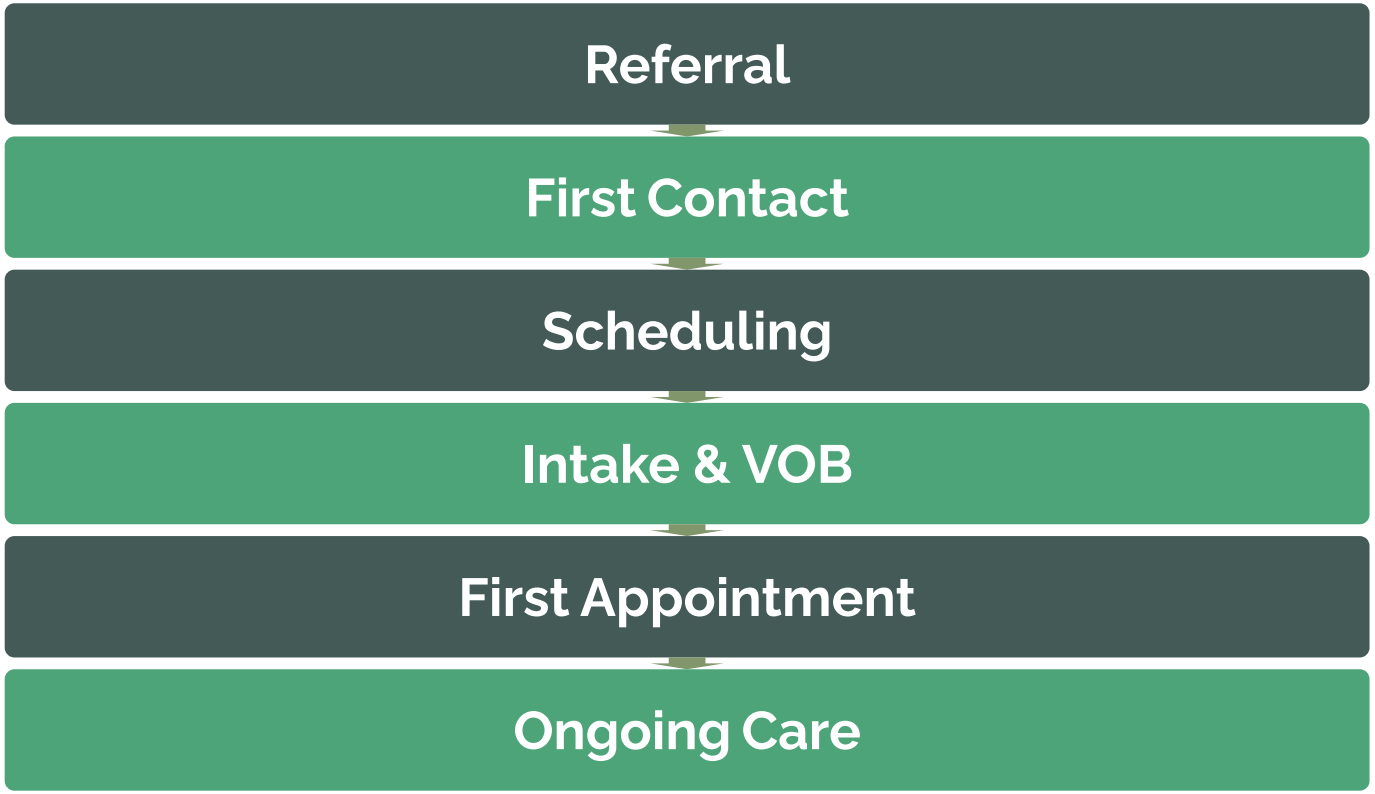
- Review Colorado laws on AI use in psychotherapy
- Consult legal counsel
- Review HIPAA requirements
- Engage compliance leadership
- Review payer guidance
- Establish organizational policies
- Consider options if you lack in-house legal or compliance staff

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Designing Client-Centered Access & Intake Systems

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ACCESS BEGINS BEFORE THE FIRST APPOINTMENT



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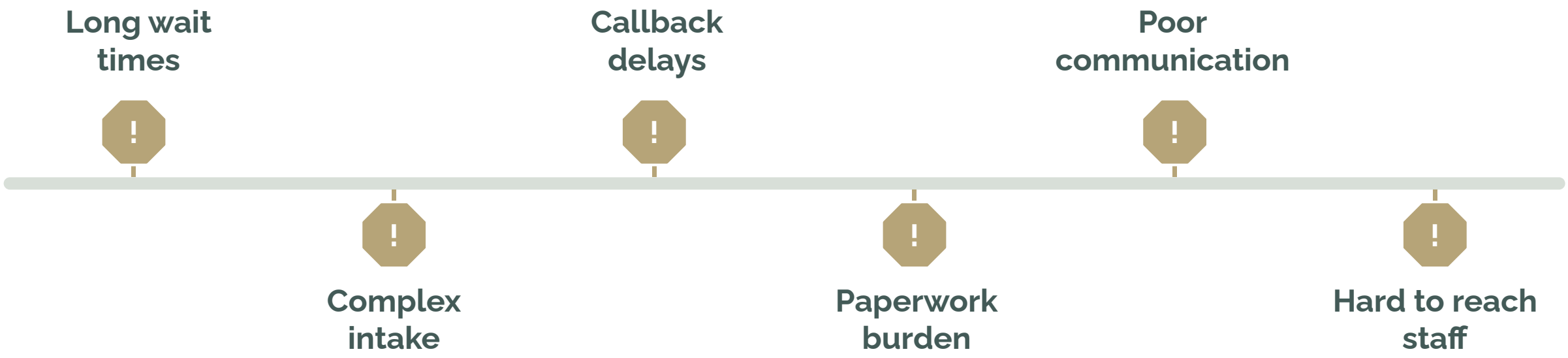
Where Access Starts

Referral Sources	Colorado Access Standards
• Primary care providers • Schools • Regional Accountable Entities (RAEs) • Crisis services • Community organizations	• RAE network adequacy requirements • HCPF access & wait-time standards • Timely access expectations under Health First Colorado

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Reducing Barriers to Care

Common barriers organizations can influence:



Equity in Access

Language, Culture & Disability

Interpretation Services

Culturally Responsive Intake

Physical Accessibility (ADA)

Accessible Materials & Communication

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Building Effective Intake Workflows

Six interconnected pieces of one intake system — not a checklist to complete in order.

1. **Referral to First Contact**
2. **Verify Eligibility**
3. **Streamline Scheduling**
4. **Reduce Admin Steps**
5. **Clear Client Communication**
6. **Consistent Expectations**

STRATEGIES TO IMPROVE ACCESS & ENGAGEMENT

Examples include:

- Telehealth or virtual appointment options
- Reserving intake capacity for new referrals
- Flexible or expanded staffing during high-demand periods
- Reminder calls or text messages
- Warm handoffs between staff

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Measuring Success

How do you know if your access strategies are working?

Consider tracking:

TIME
Referral → First Contact

TIME
Referral → First Appointment

RATE
Intake Completion

RATE
No-Show

RATE
Post-Intake Engagement

TIME
Waitlist

SCORE
Client Satisfaction

EQUITY
Access Equity Across Populations

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Bringing It All Together

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ORGANIZATIONAL SYSTEMS WORK TOGETHER

- Client Access & Engagement
- Clinical Documentation
- Operational Workflows
- Technology & EHR Systems
- Billing & Claims Submission
- Quality Improvement
- Sustainable Medicaid Participation

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WHERE SHOULD YOUR ORGANIZATION START?

Improving organizational systems doesn't have to happen all at once.

Potential starting points:

- Review documentation standards and expectations
- Evaluate intake and access workflows
- Assess EHR functionality and workflow alignment
- Standardize templates and documentation tools
- Strengthen onboarding and coaching practices
- Develop AI policies and organizational guardrails
- Identify workflow bottlenecks and opportunities for improvement

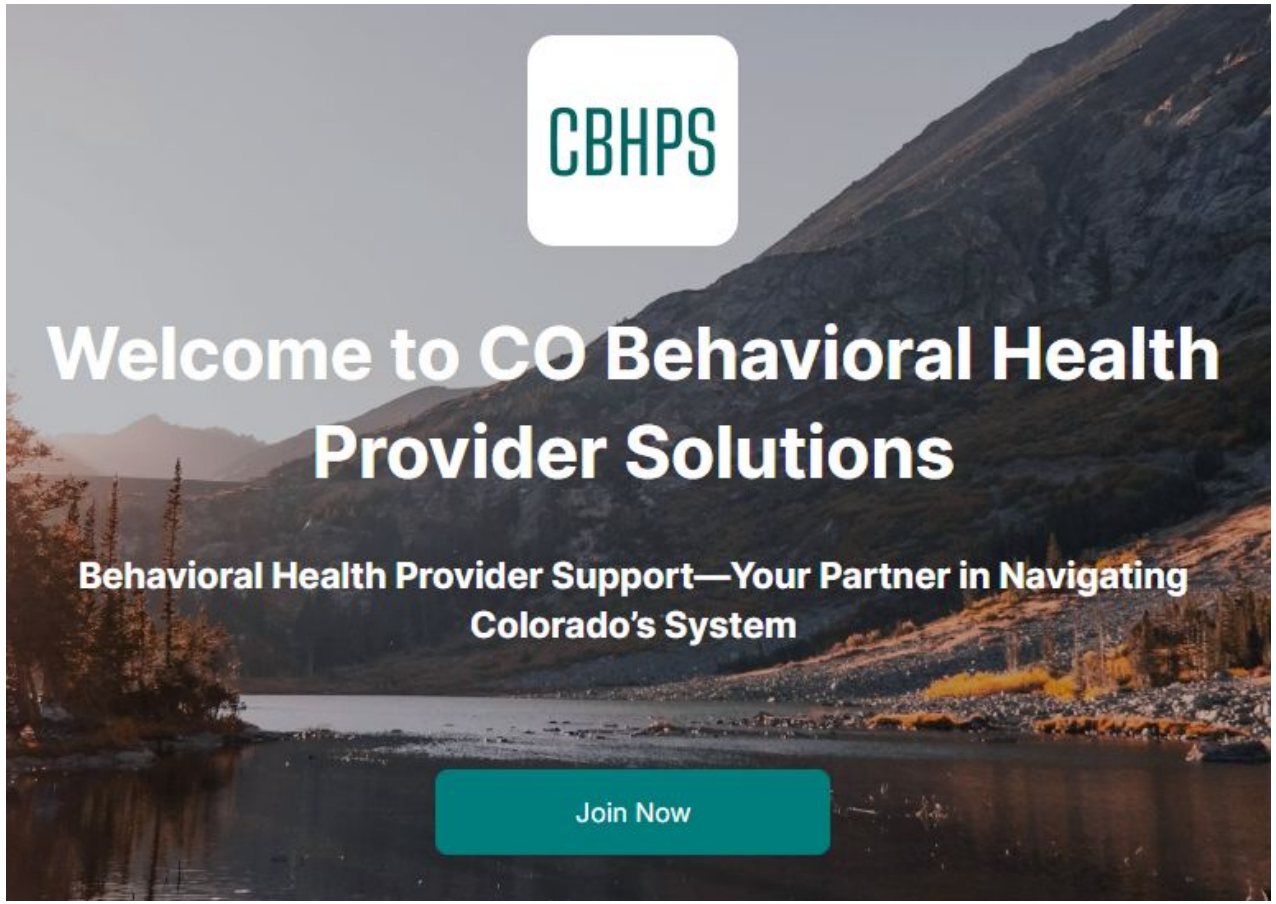
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Colorado Behavioral Health Provider Solutions (CBHPS)

Your Medicaid Technical Assistance Partner

No-Cost Support Includes:

- One-on-one, 30-minute consultation meetings
- Announcements, updates, events from the BHA, HCPF, Health First Colorado, RAEs, etc.
- Resources & Courses
  - Medicaid 101
  - Enrollment, credentialing & contracting
  - Billing & Coding 101
  - Value Based Payment Program
  - Quick Links
  - And more!
- Community connections



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KEY TAKEAWAYS

- Documentation communicates the value of the care your organization provides.
- Strong workflows improve quality, efficiency, and staff satisfaction.
- Effective onboarding and coaching build confidence and consistency.
- Technology should support—not replace—clinical practice and organizational oversight.
- Improving access begins with thoughtful organizational design.
- Sustainable Medicaid participation requires continuous evaluation and improvement of organizational systems.

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Where We Are in the Journey

Training #3
Wednesday, October 21st
9-11am
In-Person

Trainings 1–2 Covered	Training 3 Preview
✔ Training 1 – Prepare Your Organization (Becoming a Medicaid Provider)	• Behavioral health billing basics
✔ Training 2 – Building a Sustainable Medicaid-Ready Organization	• CPT, HCPCS & H Codes
✔ Documentation, Workflows, Technology, Access	• Documentation requirements
	• Claim submission
	• Denials and troubleshooting
	• Compliance & audits

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QUESTIONS?

Thank you!

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