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**Excerpts from Ethics Courses 3D and 4D** 

When Insurance and State Contracts Are Paying For Treatment – The Ethics of Treatment Documentation in Today's World

## It's NOT Your Same Old Ethics Course!



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Behavioral health provider contracts are now purchasing <u>very specific</u> services from providers. And the criteria for <u>treatment eligibility</u> are becoming tighter and more difficult for clients to meet.

So how do you document the treatment, when you may disagree with the CRITERIA that are used for approval of continued care? When you may disagree with the expectation to document so many *details* of the client's diagnosis, his status, and his response to treatment? How to handle these things, ETHICALLY?

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This is a new behavioral health treatment environment, which has changed a lot of things! The new health care plans typically require that providers obtain APPROVAL for treatment, from a 'CARE MANAGEMENT' system – administered by an insurance company or by a State agency or appointed contract administrator.

This course focuses upon the effects of this new system of care – particularly regarding the 'ETHICS OF DOCUMENTATION' in your clients' treatment records, when insurance and other such contracts are paying the bill. Is it the same old documentation approach? NO. Does it challenge our ETHICS? YES. Frequently.

## THE FOCUS OF THIS COURSE



And the concept of MEDICAL NECESSITY is key!



OVERVIEW: So where's the ETHICAL issue here? Providers can no longer deliver treatment 'at will'. We must play a form of 'Mother May I?' with the insurance company who is paying for the treatment. This process is called 'CARE MANAGEMENT'. It's an AUTHORIZATION process, and it restricts WHO can get WHAT treatment, and for HOW LONG.

These new restrictions on treatment oftentimes conflict sharply with health care professionals' ETHICAL BELIEFS about what their clients actually need.

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Furthermore, the type of DOCUMENTATION which we place in a client's treatment record MUST support the AUTHORIZATION which we have received, if we agree to accept the authorization.



Meaning? We must be very specific about the client's diagnosis, details of his functioning, his need for treatment, and the treatment which we have provided to him, as well as his response to the treatment – whether it 'looks good' or not.

This much detail may be very different from what we are accustomed to . . . perhaps different than we have been trained to do. And it may seem UNETHICAL to provide this level of information in a client's record.

Bottom line: Doing this type of documentation typically presents some ETHICAL challenges for most providers.

 For example: Many providers question the ETHICS of emphasizing the individual's 'illness' or 'symptoms' or 'problems' or 'weaknesses' – particularly in writing, in a client's treatment record. But if you DON'T document these things, it's a PROBLEM, if the insurance company is paying for the treatment. Why?

Because healthcare insurers are PURCHASING 'problem and disease management' – not 'strengths identification' (although we UTILIZE strengths of our clients in everything that we do). Authorization (i.e., approval to deliver treatment) depends upon whether or not the treatment we are requesting is MEDICALLY NECESSARY, or not. Is the client 'sick enough' and will he benefit from the treatment?



'Medical Necessity' and YOUR Documentation of Treatment – Yes, They ARE Connected! And There Can Be Ethical Decisions To Make.





In fact, the new approach to documentation may be irksome to some - and may be impossible for others. If philosophical or ethical bias prohibits a provider from adapting to the new requirements of 'managed health care', he or she may choose to simply not participate, leaving the field altogether or shifting whom they serve. This applies to those working in both the public sector and the private sector - in both mental health and in AOD services.



Looking for quality!

And a sample of the <u>additional</u> material found in Ethics Course 4D, next page . . .

Scrutiny of 'effectiveness of treatment' . . . is it just a move to harass providers or to dump providers who prove to be too "expensive"? Is it invasive of client privacy?



Looking for quality!

Oftentimes, providers come to feel that the managed care company or other such contractor is being unethical and over-zealous when they place the provider's 'EFFECTIVENESS' under scrutiny. But is this truly the case? Are they being hyper-critical? Invasive? Are they being UNETHICAL in their scrutiny of the provider's activity and the outcome of a client's treatment? Overstepping the bounds of a client's privacy? Of YOUR privacy? These questions oftentimes plague providers who deal with insurance payors.

That being said, what's the best way for a provider to ETHICALLY cope with Care Management and the concept of 'Medical Necessity' - in what they do and in what they write in treatment records?

That's what the course is about! To purchase or to read more about Ethics
Course 3D, click here! For Ethics Course 4D, click here!

Please see the note about the primary difference between Ethics 3D and 4D, on the next slide.

NOTE: Ethics Course 4D
(awarding 4 credit hours)
contains the same material as
Ethics Course 3D (which awards 3
credit hours) . . .

addresses ADDITIONAL ETHICAL DILEMMAS encountered by you – the professional – when insurance, MCOs, and other such contractors are paying the bill. Additional issues such as . . . ?



Such as the new trend emphasizing external assessment of YOUR EFFECTIVENESS in the delivery of treatment to YOUR clients. Is this ETHICAL? Necessary? Legitimate? Avoidable?



To read more about or to purchase Ethics Courses 3D or 4D, go to the Ethics Catalog on this website, HERE.