Quality Assurance Bulletin

April 11, 2011 No. 11-02

Program Support Bureau

Los Angeles County, Department of Mental Health

Claiming for Groups

When services are directed towards more than one client or more than one client's collaterals, the service must be claimed in the Integrated System (IS) using the Group Module. Use of the Group Module is required to ensure the accurate allocation of total staff time to each client present or represented at the group session. **Once the IS group module has calculated the time per client, the time associated with individual claims should never be altered. Remember: claims are generated based on STAFF TIME, not client time which means that you claim based on each individual staff's participation time, not the client's participation time**. The computer will correctly allocate time to each client present or represented. Since claiming is not based on client participation time, clients coming late or leaving early will be allocated the same amount of group time as clients who are present for the entire length of the group.

Client Care Coordination Plans

Each group member must have a completed objective block on the Client Care Page of the CCCP which links the group service to the client's symptoms/behaviors/impairments and the group interventions. If there is already a goal/objective on the Client Care Page related to the interventions that will be provided in the group, simply adding an intervention in the objective block for the group modality is sufficient (new signatures are not required). If there is no goal/objective on the Client Care Page related to the interventions that will be provided in the group, a goal/objective and the associated interventions are required including new signatures.

Example:

For a client with documented bipolar symptoms including depressive episodes (isolates in home due to a lack of energy) and manic episodes (irritability: yelling and aggressive outbursts leading to arrests) who will begin attending an anger management skills group:.

1a. If the Client Care Page currently says:

Short-term Goals / Objectives: Must be SMART: Specific, Measurable/Quantifiable, Attainable within this year, Realistic, and Time-bound. Must be linked to the client's functional impairment and diagnosis / symptomatology as documented in the Assessment.

Objective # 1 Effective Date: 1/1/10

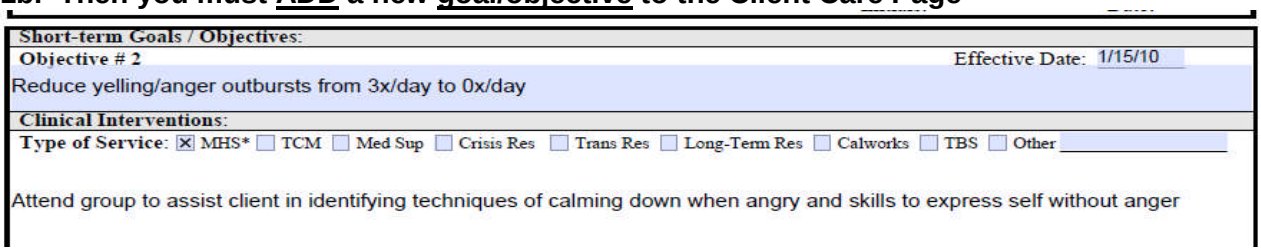
Increase social interactions from 0x/week to 2x/week

Clinical Interventions: Must be related to the objective and achievable within the time frame of this Plan. Describe proposed intervention and duration (specify if time frame is less than 1 yr).

Type of Service: ☒ MHS* ☐ TCM ☐ Med Sup ☐ Crisis Res ☐ Trans Res ☐ Long-Term Res ☐ Calworks ☐ TBS ☐ Other

Individual therapy to process feelings surrounding not engaging in social interactions, identify reasons for not engaging in social interactions; assist client in social skills and ways to interact/engage in social settings

1b. Then you must <u>ADD</u> a new <u>goal/objective</u> to the Client Care Page


Short-term Goals / Objectives:
Objective # 2 Effective Date: 1/15/10
Reduce yelling/anger outbursts from 3x/day to 0x/day
Clinical Interventions:
Type of Service: ☒ MHS* ☐ TCM ☐ Med Sup ☐ Crisis Res ☐ Trans Res ☐ Long-Term Res ☐ Calworks ☐ TBS ☐ Other
Attend group to assist client in identifying techniques of calming down when angry and skills to express self without anger

2a. If the Client Care Page <u>currently</u> says:

Goal/Objective: Reduce yelling/anger outbursts from 3x/day to 0x/day
Interventions: Attend individual therapy to assist client in processing feelings of anger and sources of anger

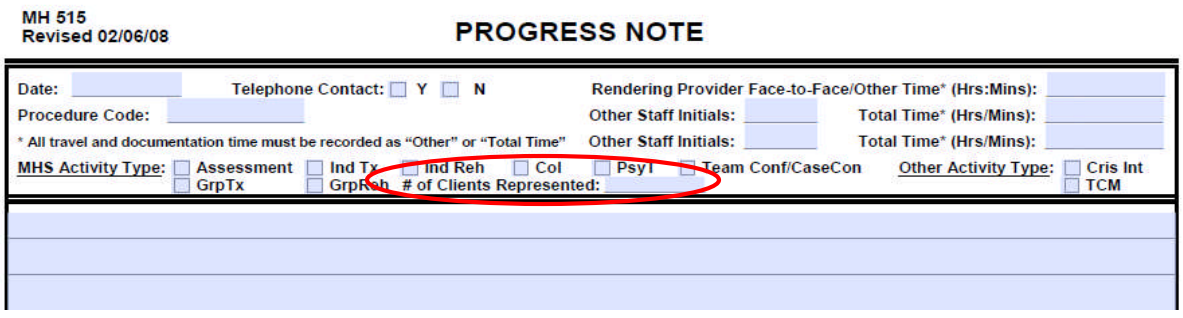
2b. Then you must <u>ADD</u> a new group <u>modality to the Interventions</u> already listed for the current goal/objective:

Interventions Added: Attend group to assist client in identifying techniques of calming down when angry and skills to express self without anger

Progress Notes

A separate Progress Note must be written for each client participating in or represented in the group. For reimbursement, a note must be specific to the goals of the individual and identify the interventions specific to the individual. **Documentation for each group service claim must include how many clients were present/represented, who the facilitators were, and how long the group lasted.** *The group note may also include group process information – interaction dynamics, general participation, other group process information – that is copied for each client present on his/her progress note. Then specific interventions, response, and plan for the individual client should be documented on each client's progress note.* Having the exact same note in every group member's chart is not acceptable and will result in audit exceptions, that is, the Medi-Cal reimbursement for the service will have to be paid back to the State. Having the same group note from week to week is also not acceptable and will result in audit exceptions.

For Directly-Operated: The person writing the note needs to make sure to document how many client's were present/represented under "# of Clients Represented" on the Progress Note and "# Group Participants" on the Progress Note NCR.

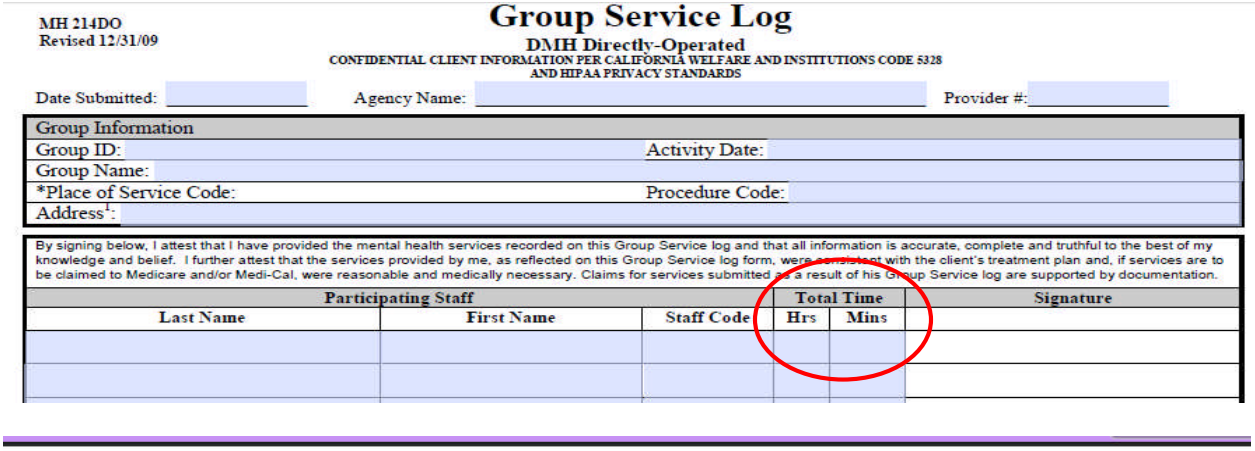

MH 515
Revised 02/06/08
PROGRESS NOTE
Date: Telephone Contact: ☐ Y ☐ N Rendering Provider Face-to-Face/Other Time* (Hrs:Mins):
Procedure Code: Other Staff Initials: Total Time* (Hrs/Mins):
* All travel and documentation time must be recorded as "Other" or "Total Time" Other Staff Initials: Total Time* (Hrs/Mins):
MHS Activity Type: ☐ Assessment ☐ Ind Tx ☐ Ind Reh ☐ Col ☐ Psyt ☐ Team Conf/CaseCon Other Activity Type: ☐ Cris Int
☐ GrpTx ☐ GrpReh # of Clients Represented: ☐ TCM

Calculating Time

For group services, only staff total time is used to allocate time to each client represented at the session. For each staff person who provides and documents interventions, face-to-face time (time spent providing interventions to group members) is combined with the total documentation time for all client notes, and any total travel time. In other words, when the service is a group service, the Rendering Provider only enters one total time on the Progress Note as opposed to entering two times: face-to-face and other time.

Note: Staff may not include group administrative preparation time in the claim (such as gathering materials, getting the room ready, researching group interventions, etc). Staff may include group clinical preparation time in the claim (such as discussing with the other facilitator what interventions will be used, ensuring goals of group match with the treatment goals for an individual client, etc).

The total time for each participating staff person must be listed on each progress note, the Group Service Log, and in the "Add Group Session" of the group module. The time for each staff on the Progress Note of each member of the group for whom a claim is submitted should be the same.



MH 214DO
Revised 12/31/09

Group Service Log

DMH Directly-Operated

CONFIDENTIAL CLIENT INFORMATION PER CALIFORNIA WELFARE AND INSTITUTIONS CODE 5328 AND HIPAA PRIVACY STANDARDS

Date Submitted: Agency Name: Provider #:

Group Information

Group ID: Activity Date:

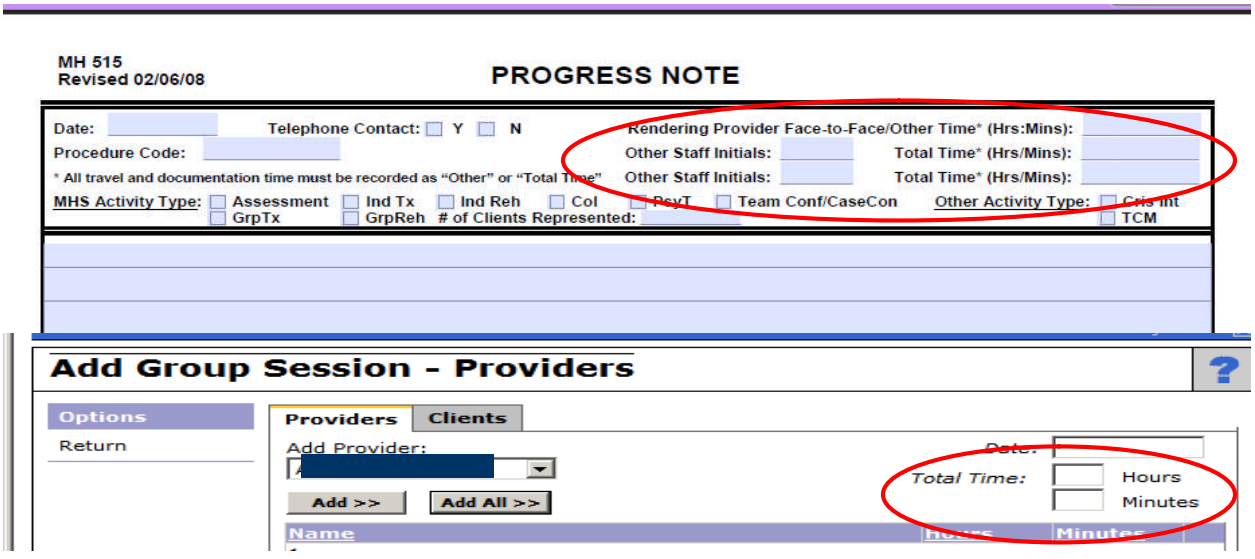
Group Name:

*Place of Service Code: Procedure Code:

Address[1]:

By signing below, I attest that I have provided the mental health services recorded on this Group Service log and that all information is accurate, complete and truthful to the best of my knowledge and belief. I further attest that the services provided by me, as reflected on this Group Service log form, were consistent with the client's treatment plan and, if services are to be claimed to Medicare and/or Medi-Cal, were reasonable and medically necessary. Claims for services submitted as a result of his Group Service log are supported by documentation.

Participating Staff			Total Time		Signature
Last Name	First Name	Staff Code	Hrs	Mins	



MH 515
Revised 02/06/08

PROGRESS NOTE

Date: Telephone Contact: Y N

Procedure Code:

* All travel and documentation time must be recorded as "Other" or "Total Time"

Rendering Provider Face-to-Face/Other Time* (Hrs:Mins):

Other Staff Initials: Total Time* (Hrs/Mins):

Other Staff Initials: Total Time* (Hrs/Mins):

MHS Activity Type: Assessment Ind Tx Ind Reh Col PsyT Team Conf/CaseCon GrpTx GrpReh # of Clients Represented:

Other Activity Type: Crisis Int TCM

Add Group Session - Providers

Options

Return

Providers Clients

Add Provider:

Add >> Add All >>

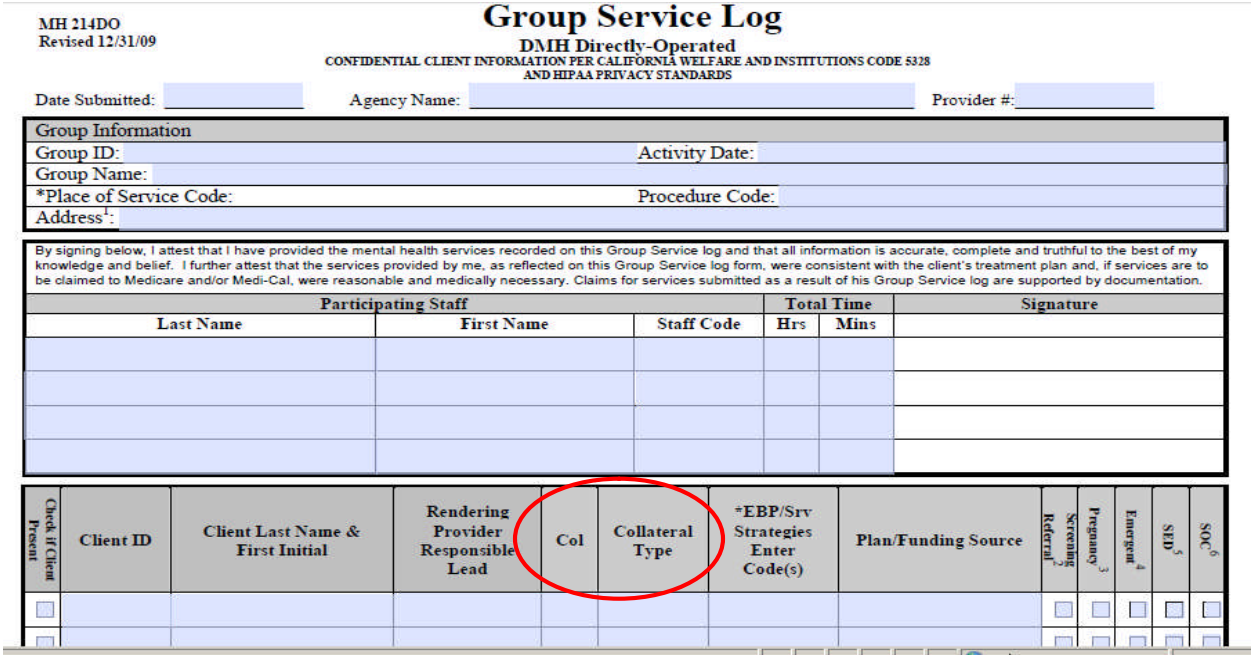
Date:

Total Time: Hours Minutes

Name Hours Minutes

Calculating Clients Present/Represented

Total clients present/represented includes all individuals in a group, whether they are a Medi-Cal client, a Medi-Cal client at another provider or agency, or a client whose services are paid for by some other funding source. If collaterals are present during the group, one would only be included in the total clients present/represented if the client was not present for the group. If the client is present, the presence of the collateral should be documented in the progress note and included on the group service log under "Col" (the number of collaterals present for the client). Under Collateral Type, list the relationship of the collateral to the client (such as mother, brother, father, significant other, etc). For situations in which siblings are both clients in a group and one collateral is present representing both of the siblings, the collateral should be documented for both clients (i.e. the collateral will be listed twice on the group log). In the progress note, it should be documented that one collateral was present representing two clients.



MH 214DO
Revised 12/31/09

Group Service Log

DMH Directly-Operated

CONFIDENTIAL CLIENT INFORMATION PER CALIFORNIA WELFARE AND INSTITUTIONS CODE 5328 AND HIPAA PRIVACY STANDARDS

Date Submitted: Agency Name: Provider #:

Group Information	
Group ID:	Activity Date:
Group Name:	
*Place of Service Code:	Procedure Code:
Address[1]:	

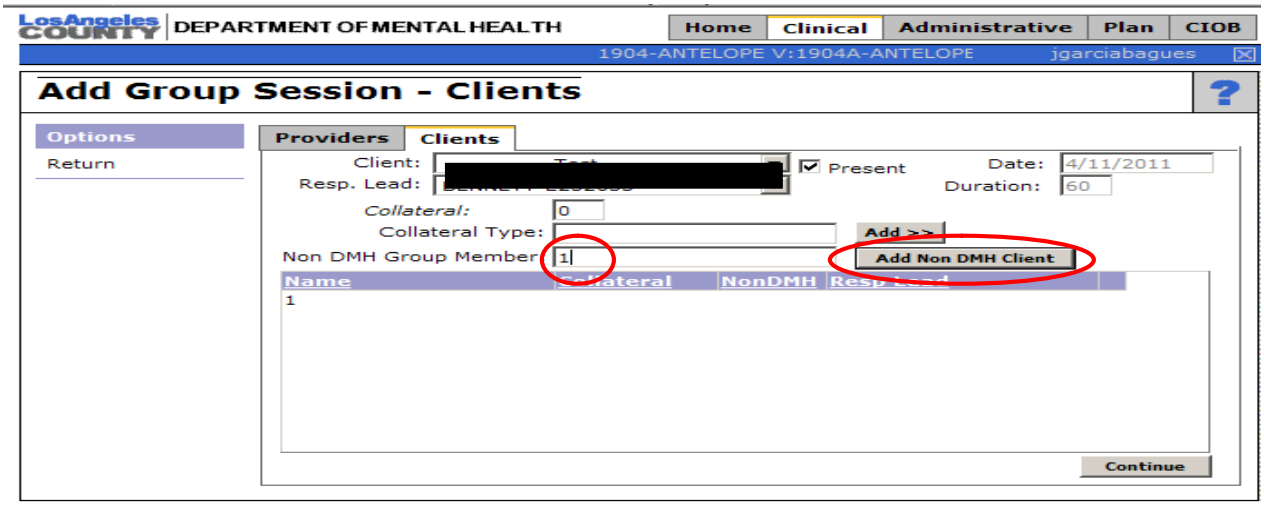
By signing below, I attest that I have provided the mental health services recorded on this Group Service log and that all information is accurate, complete and truthful to the best of my knowledge and belief. I further attest that the services provided by me, as reflected on this Group Service log form, were consistent with the client's treatment plan and, if services are to be claimed to Medicare and/or Medi-Cal, were reasonable and medically necessary. Claims for services submitted as a result of his Group Service log are supported by documentation.

Participating Staff			Total Time		Signature
Last Name	First Name	Staff Code	Hrs	Mins	

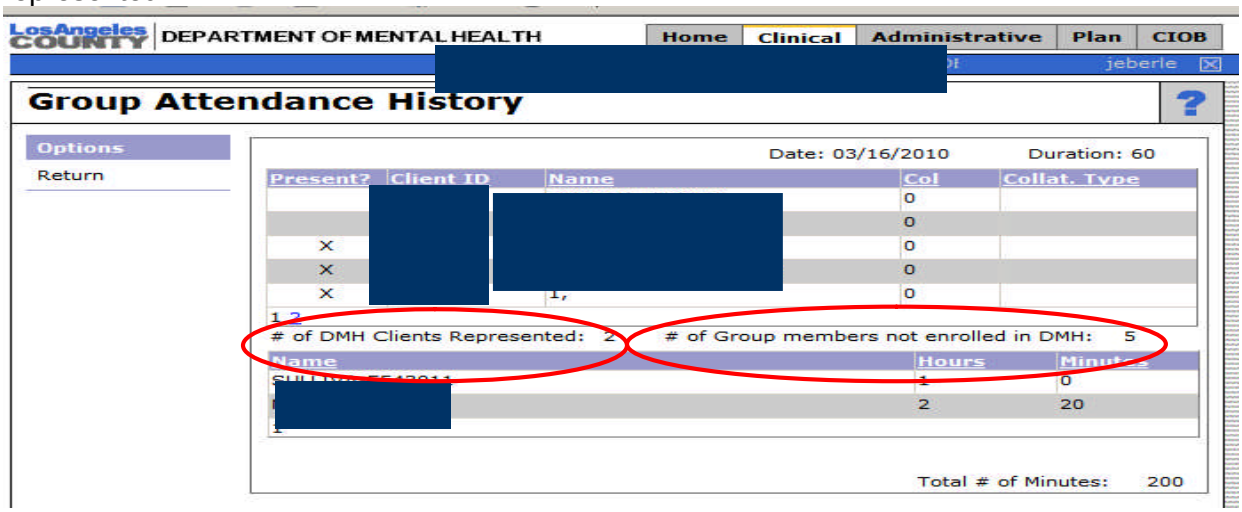
Check if Client Present	Client ID	Client Last Name & First Initial	Rendering Provider Responsible Lead	Col	Collateral Type	*EBP/Srv Strategies Enter Code(s)	Plan/Funding Source	Screening Referral[2]	Pregnancy[3]	Emergent[4]	SED[5]	SOC[6]

Entering Claims in the Group Module

A group must first be set up in the group module in the IS. Only clients with an open episode at a Provider may be set up in the group module for that Provider. However, when entering a claim for the group, you will need to add in any participants in the group who are not associated with the Provider Number where the service is provided and documented or not a client of DMH. This is done by entering the individual under "Non DMH Group Member" on the Add Group Session-Clients screen (see below). For individuals who are not associated with DMH, each individual should be given a number for the group (i.e. 1, 2 and so on). For individuals who are not a client at the Provider Number but are open at another Provider, enter the individual's initials and the provider number where they are open (i.e. JE7191).



It is important to ensure that after entering in the names of all clients and non-clients that the Group Attendance History Screen (see screen shot below) lists the correct total client's present/represented. The number of total group members present on the Progress Note (under # of clients represented) should be the same as when adding the "# of DMH Clients Represented" and the "# of Group members not enrolled in DMH" from the Group Attendance History Screen. In the following example, the total group members present/represented is 7. Seven is then the number that must also be on each of the Progress Notes for # of clients represented.



Claiming for Groups Using Two Different Provider Numbers

As programs transition to MHSA, it is becoming more common for clients to attend a group at another provider number within a legal entity. It is possible to claim for clients who attend the same group but are open at different provider numbers as long as the facilitators are set up as rendering providers in each Provider Number. Total time and total clients present/represented are calculated the same way as for any other group; the difference is that it will be entered under two Provider Numbers. **It is important to ensure that under both Provider Numbers, the total group members are the same to ensure proper claim calculation.**

Please Note: A QA Bulletin will be issued regarding episodes for client's being seen at multiple sites within a legal entity.

Example

Group: Life Skills
Total Clients Present/Represented: 12 (3 from Wellness and 9 from Outpatient)
Two facilitators: Create as Rendering Providers at both Providers
Place of Service: Outpatient Program
Total Time: 2:45 (Facilitator A) 2:00 (Facilitator B)
Face-to-Face Time: 1:30 (both Rendering Providers present)
Other Time: :30 (Travel Time for both Facilitators) :45 (Documentation Time for Facilitator A)

Set up a group under each provider number
Under Wellness, you will set up 3 clients and also 9 non-DMH clients.
Under Outpatient, you will set up 9 clients and 3 non-DMH clients.

Under both provider numbers, list Facilitator A with Total Time 2:45 and Facilitator B Total Time 2:00. This is the only way to ensure the correct time is claimed for each client present. This may feel like double billing, but it is not because each client will only have one claim generated from their home Provider. A total of 12 clients will be indicated in each provider so the computer will calculate that each person present received 24 minutes of services from the facilitators present: for 3 clients, the 24 minutes will be claimed in the Wellness provider and for 9 of the clients, the 24 minutes will be claimed in the Outpatient provider.

The service location code should be office for the Outpatient clients. The service location code for the Wellness clients would be a non-office code (since its provided at a location other than the address of the provider agency).

The same process will be followed if there is only 1 client from a provider number. The key is to make sure that you enter in each of the non-DMH clients (which can be thought to represent clients not at this provider number and non-DMH clients).

If you have questions regarding this QA Bulletin, please contact your SA QA Liaison.

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