



# Quality Assurance Bulletin

Quality Assurance Division

County of Los Angeles – Department of Mental Health

Jonathan E. Sherin, M.D., Ph.D., Director

April 16, 2018

No. 18-04

## DOCUMENTATION REMINDERS FOR GROUPS

This Bulletin is to provide documentation reminders for direct service groups and replaces QA Bulletin 11-02. Direct service groups are defined as services directed toward more than one client (this includes when a client is not a participant in the group but is represented by a collateral), which are medically necessary as evidenced by the client's assessment and treatment plan.

**NOTE:** For group services that do *not* meet the definition of a direct service group, refer to the Community Outreach Services (COS) Manual to see which service types can be delivered in a group setting.

### Assessment & Treatment Plan

Prior to providing a direct service group to a client, three elements must be confirmed: (1) an assessment was completed and established medical necessity, (2) the client has an identified mental health need that the group will address, and (3) the group service is on a current treatment plan.

### Examples of group services on a treatment plan:

Objective: Client will reduce anxious mood from a 9 to a 3 on a scale from 1 (calm) to 10 (panic attack)

Intervention: Provide weekly **group therapy** for 6 months to identify and modify anxiety-provoking thoughts/self-talk, and use exposure and response prevention exercises to reduce avoidance behaviors

Intervention: Provide weekly **group rehab** for 6 months to educate client on how alcohol use is worsening her anxious symptoms and teach skills to manage anxiety

Objective: Client will demonstrate healthy hygiene skills at least 3 days per week in order to obtain employment

Intervention: Provide weekly **group rehab** for 6 months to teach appropriate hygiene skills and assist client in developing a daily routine for good hygiene

### Progress Notes

Group services involve providing a single intervention (e.g., teaching/practicing skills, exploring/modifying underlying beliefs) to a group of clients/represented clients. Group progress note reminders:

- There must be a progress note for each client/represented client in the group;
- The total number of clients present/represented must be present on each progress note (*Organizational Provider's Manual*);
- A single progress note may be written when co-practitioners are involved in a service so long as the intervention(s) of each practitioner is clearly stated (*DHCS Information Notice 17-040*);
- When more than one practitioner participates in the same service, the name of each practitioner participating in the service must be included in the note with his/her specific intervention/contribution and time (*Organizational Provider's Manual*).

Progress notes for each group member must minimally include:

- The intervention provided, which should be the same for each member;
- How the intervention has or is likely to reduce impairment, restore functioning, or prevent significant deterioration in life functioning, which may be different for each member (addresses each member's treatment plan objective associated with the group service);
- Each client's response to the intervention, which may be different for each member

**Example of a group service on a progress note:**

- G: Client will demonstrate healthy hygiene skills at least 3 days per week in order to obtain employment  
I: Facilitators educated clients on importance of good hygiene in getting and keeping a job.  
Writer assisted clients with creating short lists of needed hygiene items in their home such as toothpaste, soap, and shampoo. Co-facilitator Hallman discussed key elements in good hygiene and led group in developing their own daily hygiene routines. Writer assisted clients in creating a weekly chart and encouraged them to check off days when they completed their hygiene routine.  
R: Client was very quiet throughout the group discussion but when prompted by staff, she gave a few suggestions to the group on ways to remember to brush her teeth in the morning and evening. Client stated that she will post her daily routine in her bathroom, and agreed to practice the skills and use her weekly chart to keep track of how frequently she completes her routine.  
P: Facilitators will follow up with client at next group session to review her weekly chart and identify and address any challenges or barriers she may have had in completing her daily hygiene routine.

**Claiming**

The following activities are not claimable:

- Socialization services which consist of generalized group activities that do not provide systematic individualized feedback to specific targeted behaviors of the clients (*Organizational Provider's Manual*)
- Gathering group materials
- Getting the room ready for the group
- Making copies of handouts
- Researching group interventions

The following activities, which are provided for the purpose of plan development (service component), are claimable:

- Reviewing a client's record to ensure that the group service is on a current treatment plan and the purpose of the group addresses the client's treatment plan objective (refer to QA Bulletin No 17-19 Claiming for Record Review)
- Meeting with the client prior to the group to develop a treatment plan – adding the group service along with an associated treatment objective related to the client's mental health needs.
- Group co-practitioners meeting for the purpose of discussing interventions to be provided in the group aimed at addressing each of the clients' mental health needs.  
**NOTE:** *If the service component is addressing the entire group on the same day as the group, then that time will be claimed as Other Time for the group. If the service component is addressing individual clients in the group, then a separate Individual Progress Note would be completed for the client and claimed appropriately.*
- Amount of time claimed for groups is based on STAFF TIME, not client time. This means each practitioner identifies his/her participation time, not the client's participation time. Each practitioner's participation time is entered as Face-to-Face Time and Other Time.

If directly-operated or contracted providers have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

c: Executive Management Team  
District Chiefs  
Program Heads  
Department QA staff  
QA Service Area Liaisons  
Legal Entity QA Contacts

Judith Weigand, Compliance Program Office  
Zena Jacobi, Central Business Office  
Michael Tredinnick, Managed Care  
Giri Patterikalam, Revenue Systems  
Mirian Avalos, Chief Information Office Bureau