

CPR Community Support Billing Instructions:

REVISED 12/23/09

(Effective January 1, 2010)

For services provided on or after January 1, 2010, the CPS division is revising what constitutes a billable unit of service for Community Support delivered in the Community Psychiatric Rehabilitation (CPR) program to include:

- Direct contact in person or by phone with consumers
- Direct contact in person or by phone with families, staff within your agency, and other agencies on behalf of the consumer
- Travel time required for making face-to-face contact with consumers, families, and other agencies

This revision applies to:

- Community Support (Medicaid code H0036; POS code H0036K);
- Community Support Assistant (Peer Specialist) billings for adults enrolled in CPR (Medicaid code H0038; POS code W1354K);
- Family Support billings for children and youth enrolled in CPR (Medicaid code H0038HA; POS code H0038I). However, please note that Family Support may not be billed during time that the client is in a car with a worker. Further, collateral contact time may only be billed if the client or family is present.

Please note the following:

- This change applies to all clients enrolled in the CPR program—adults, children and youth—and all levels of care.
- All Medicaid requirements concerning medical necessity for services and appropriate documentation of same must be in evidence. Documentation and service activities must meet definitions and instructions in all regulations and manuals.
- When billing time spent with families, staff within your agency, and other agencies, you must clearly describe how the service intervention is related to the identified client under whose name and identification number the billing will be submitted to DMH or MHD, and how the activity is related to the treatment plan.
- CSW's may bill for phone calls and formal face to face meetings for the purpose of care coordination with staff within their own organization who are also providing services to the client. This may include making referrals to other programs and services within their agency. CSW's may not bill care coordination activities if the contact is with CSW supervisors or the CPR program director. Time spent in routine CPR treatment team staffing is also not billable.
- Travel time required for delivery of allowable, face-to-face service interventions (exact clock time) must be clearly documented in each progress note and easily distinguished from direct time with clients, families, and other agencies.
- Travel time may only be billed when it is associated with a specific completed service intervention in the consumer's home or community. For example, if a CSW travels to

make a scheduled home visit but the client does not show for the appointment, travel time may not be billed.

- Documentation time (progress notes, correspondence), general record review, and time spent by the CSW with a supervisor are not billable as Community Support.

Currently there are several exceptions where we have allowed limited Targeted Case Management (TCM) billing in addition to Community Support for persons enrolled in CPR. The current exceptions include:

- Family and collateral contacts for children and youth only
- Phone calls to clients, families, collateral contacts for children and youth only
- Adults and children and youth in the Maintenance level of care
- Coordination activities with primary health care for CPR clients in the Health Care Optimization (HCO) program (formerly MRM)
- Coordination activities to manage and monitor housing placements for CPR clients who are also in the Supported Community Living (SCL) program, including: arranging placements and transfers between placements; completion of SCL specific documentation such as placement packets, client movement and notices of placement, unusual incident reports; travel to and from placement facilities to monitor the clients adjustment to the placement; phone calls and direct contact with the client and facility staff relating to monitoring the clients adjustment to the placement.

With this revision of billing instructions for Community Support, there is no longer reason to bill TCM for clients enrolled in CPR. The activities above that previously were billed to TCM may now be billed as units of Community Support service.

We will not yet be changing any edits in the Medicaid payment system with respect to Community Support. Those edits will remain in place, limiting Community Support billings to 8 hours/day (32 units) per client and 24 hours/month (96 units) per client. We will monitor billing data after January 1, 2010 and modify these system edits in the future if appropriate and necessary.

We will be removing the requirement that Community Support billings in excess of four hours a day meet certain exception criteria (crisis situations, moving to independent living situations, etc.) and be approved in writing by a supervisor. Community Support billings may now exceed four hours per day for any allowable, medically necessary intervention. Supervisory approval is no longer required.

We expect that you will closely monitor the increase in Community Support billings to insure you have sufficient funding to cover the increased Medicaid match needs. Providers must live within allocations, and there is no additional appropriation for increases in match. Providers may redirect current dollars currently being spent on non-Medicaid clients and on non-Medicaid services to Medicaid clients in order to cover increased match needs for Medicaid Community Support billings.