JEREMIAH W. (JAY) NIXON
GOVERNOR

KEITH SCHAFER, Ed.D.
DIRECTOR

MARK STRINGER
DIRECTOR
DIVISION OF
BEHAVIORAL HEALTH
(573) 751-9499
(573) 751-7814 FAX

STATE OF MISSOURI

DEPARTMENT OF MENTAL HEALTH

1706 EAST ELM STREET
P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102
(573) 751-4122
(573) 751-8224 FAX
www.dmh.mo.gov

OFFICIAL MEMORANDUM

DATE: April 25, 2016

TO: All DBH-Contracted Providers of CPRP, Adult Community Services, CSTAR, SATOP and/or PR+ Services

FROM: Nora K. Bock, MS, LPC, DBH Director of Adult Community Treatment

RE: Documentation Clarification

The purpose of this memo is to provide clarification that will ensure provider consistency in the documentation and billing of unit-based services delivered in those programs that are both certified by and contracted with the Division of Behavioral Health. These include, but are not limited to, Community Psychiatric Rehabilitation Programs (CPRP), Adult Community Services, Comprehensive Substance Abuse Treatment (CSTAR) programs, Substance Abuse Traffic Offender Programs (SATOP), and Primary Recovery Plus (PR+) programs.

As described in *9 CSR 10-7.030(11)(D)2*, the documentation of services shall include the "date and actual time (beginning and ending times) the service was rendered..." This means documenting the *actual* clock time that the intervention was started and the *actual* clock time that the intervention ended. The times documented would be the scheduled appointment time (e.g., 4:00 pm – 4:30 pm), only if those are indeed the actual start and stop times of the intervention.

Please note that if multiple interventions of the same service are delivered throughout the course of a single day, that time must be totaled for the day and the units calculated based on that total. This will be the number of units billed.

The attached document provides examples that might help further clarify documentation expectations.

If you have any questions related to this memo, please contact Tim Rudder at (573) 751-7090 or at timothy.rudder@dmh.mo.gov

NB:ldn

Attachment

cc: Laurie Epple
Kathy Huber
Connie Cahalan
Rosie Anderson-Harper
Rhonda Turner
Tim Rudder
Mark Shields
Mark Rembecki
Regional Executive Officers
Brent McGinty
Rachelle Glavin

Billing Examples

(4/21/16)

Example 1:

A client is schedule to attend two group counseling sessions on Tuesday. The first group counseling session is scheduled from 10-11. The client arrives on time, but the counselor in running behind schedule and the group begins at 10:05 and ends at 10:58. The time of the group is recorded as 10:05 to 10:58. The client takes a bathroom break before heading to the next group counseling session scheduled from 11-12. The client signs in for the second group at 11:05 and the group ends at 12:02. Total time of group counseling for this client on this day is 110 minutes; seven (7) units of group counseling are billed.

Example 2:

An adolescent is receiving residential day treatment. Therapeutic structured activity is scheduled from 9-11 every morning. The adolescent arrives on time and the activity begins at 9:01. The facilitator leads the group through the activity and the activity is complete by 10:54. The youth are dismissed for a break before their next group begins. The activity is recorded from 9:01-10:54 for a total time of 113 minutes of day treatment for this client on this day; two (2) units of day treatment are billed.

Example 3:

A CSS is contacted by a therapist because their mutual client no-showed his individual therapy appointment that afternoon. The therapist and CSS discuss the client from 3:34-3:39. The CSS then calls the client, who does not answer the phone. The collateral activity is recorded from 3:34-3:39 and a notation is made of attempted phone contact with the client. No other community support was provided. The total time is 5 minutes of community support and the activity is not billed.

Example 4:

A CSS is trying to locate emergency housing for a client and makes five phone calls to various community organizations, spending a total of 25 minutes, but not more than six (6) minutes per phone call. The services may be documented in a single progress note summarizing the activities or separate individual progress notes. Either method of documentation must include the exact clock time of each intervention. Total time is 25 minutes of community support and two (2) units are billed.

Example 5:

A CSS provides face-to-face interventions with a client out in the community from 5:10 to 6:11. The CSS returns the client to their residential treatment program and then meets with the residential staff manager for 20 minutes to discuss the client, without the client present. The face-to-face client note and the collateral contact note may be documented in a single progress note or in two separate notes. If it is documented in a single note, the exact time spent with the client and in the collateral contact with the residential staff manager must be clearly noted and distinguished. The total time is 81 minutes; five (5) units of community support are billed.

Example 6:

An adolescent is attending group education, but is scheduled to see the physician during the group time. The group begins as scheduled at 10:00. At 10:33 the adolescent's mother arrives to attend the physician appoint with her. She signs out (or the facilitator notes she left) at 10:33. She returns to group at 11:10 and the group ends at 11:57. The gap in services times must be clearly documented in the client record as 10:00-10:33 and 11:10-11:57. The total time is 80 minutes; 5 units of group education are billed.