

## Missouri Division of Behavioral Health

<b>Bulletin Number:</b> FY15–Clinical - 031	<b>CLINICAL SERVICES BULLETIN</b>	<b>Effective Date:</b> October 15, 2014
<b>New</b>	<b>Subject: Group Services and Documentation</b>	<b>Number of Pages:</b> 4

### 1. Programs Affected

- 1.1 All Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs; the following Substance Abuse Treatment Offender Programs (SATOP): Serious and Repeat Offender Program (SROP), Clinical Intervention Program (CIP) and Youth Intervention Program (YCIP); Primary Recovery Plus; the following DOC treatment programs: Partnership for Community Restoration and Free and Clean; and certified, non-contracted outpatient substance treatment programs.

### 2. Purpose

- 2.1 To clarify requirements associated with the delivery and documentation of group counseling and group education.

### 3. Definition of Groups

- 3.1 **Group Education** - This is a group that provides education through instruction, videos, audio recordings and written materials. This should resemble a regular classroom setting with class participant interactions. The facilitator's job is to present the information in a manner conducive to learning.
- 3.2 **Group Counseling** - This service may also be referred to as process group. This group can expand upon things learned in group education or expand on what the group members are dealing with on a daily basis in relation to their recovery. The facilitator's job is to promote discussion through thought-provoking, open-ended questions; allow the group to provide feedback to each other; and to let group members discuss how the situation relates to their life.
- 3.3 Specialized Groups may include, but not be limited to, Trauma Group Education and Collateral Dependent Group Counseling.

### 4. Group Size

- 4.1 Collateral Dependent (Codependency) Group Counseling
  - 4.1.1 Group size is not to exceed an average of twelve (12) family members per calendar month for groups that include only family members.
  - 4.1.2 The program may structure some sessions to include both family members and primary clients up to a maximum of twenty (20) per group.
  - 4.1.3 Group averages are calculated per site.
- 4.2 Group Counseling
  - 4.2.1 Group size is not to exceed an average of twelve (12) consumers per calendar month.
  - 4.2.2 Group averages are calculated per site.

- 4.3 Group Education
  - 4.3.1 Group size is not to exceed an average of thirty (30) consumers per calendar month.
  - 4.3.2 Group averages are calculated per site.
- 4.4 Trauma Education Groups
  - 4.4.1 Group size is not to exceed twenty (20) consumers per group.
- 4.5 Agencies must ensure that there is adequate space to conduct the group. The agency should ensure that there is enough staff, according to the standard guidelines, to accommodate the number of group consumers.
  - 4.5.1 All groups must abide by the standard guidelines for group size regardless of the number of facilitators per group (i.e. two facilitators in one group does not allow a group counseling session to be extended beyond twelve (12) consumers).
  - 4.5.2 Group counseling cannot be billed to group education when the group exceeds the maximum group size.

## 5. Staff Qualifications

- 5.1 Collateral Dependent (Codependency) Group Counseling
  - 5.1.1 Codependency counseling shall be provided by a person who meets the following requirements:
    - 5.1.1.1 Family therapist; or
    - 5.1.1.2 Qualified substance abuse professional with training in family recovery.
  - 5.1.2 Group counseling services provided to **children under age twelve (12)** shall be provided by:
    - 5.1.2.1 A social worker, counselor, marriage and family therapist, psychologist or physician licensed in Missouri who has at least one (1) year of full-time experience in the assessment and treatment of children; or
    - 5.1.2.2 A graduate of an accredited college or university with a master's degree in social work, psychology, counseling, psychiatric nursing or closely related field, that has at least two (2) years of full-time equivalent experience.
- 5.2 Group Counseling
  - 5.2.1 Group counseling services shall be provided by a qualified substance abuse professional, an associate counselor, or an intern/practicum student as described in 9 CSR 10-7.110 (5).
  - 5.2.2 Differential rates apply for CSTAR program only based upon the credentials of staff conducting the groups. See Clinical Bulletin #FY11-Clinical-18 <http://dmh.mo.gov/docs/ada/UnbundlingDayTreatmentclinicalbulletin.pdf>
    - 5.2.2.1 **Associate Substance Abuse Counselor (H0005 HM)** – Group counseling services provided by a trainee that meets requirements for

registration, supervision, and professional development as set forth by either the Missouri Credentialing Board or the appropriate board of professional registration within the Missouri Division of Professional Registration for licensure as a psychologist, professional counselor, social worker, or marital and family therapist.

5.2.2.2 **Qualified Substance Abuse Professional (H0005 HN)** – Group counseling services provided by a person that demonstrates substantial knowledge and skill regarding substance abuse by being one of the following:

- a physician or mental health professional, licensed in Missouri and practicing within their scope of work, with at least one year of full-time substance abuse treatment experience;
- a person certified or registered through the Missouri Credentialing Board as a substance abuse professional; or
- a provisionally licensed mental health professional in Missouri with at least one year of full-time substance abuse treatment experience.

### 5.3 Group Education

5.3.1 Group education services shall be provided by an individual who:

5.3.1.1 Is suited by education, background or experience to teach the information being presented;

5.3.1.2 Demonstrates competency and skill in educational techniques;

5.3.1.3 Has knowledge of the topic(s) being taught; and

5.3.1.4 Is present with clients throughout the group education session.

### 5.4 Trauma Group Education

5.4.1 Trauma Group Education must be provided by staff with a specialized training in trauma and addiction.

## 6. Documentation

6.1 Documentation must meet the following requirements:

6.1.1 Documentation must be legible;

6.1.2 Include the date of service;

6.1.3 Include session start and stop times (actual clock time);

6.1.4 Include name and title of group facilitator.

6.1.5 All services must be related to recovery and identified in the individual's treatment plan.

6.1.6 Break times should be identified in the documentation. These periods cannot be billed.

- 6.1.7 An individual's time in the group should be documented accurately. If an individual leaves the group for any reason this should be documented and the time absent from the group is not billed.
- 6.1.8 Documentation must include the specific therapeutic intervention(s) provided by the facilitator. All interventions must be targeted toward specific goals/objectives in the individual treatment plans for all persons served in the group.
- 6.1.9 Documentation should include the group's general response to the interventions, level of participation, etc.
- 6.1.10 Documentation should be descriptive and specific to each group session. The documentation of one group session should be distinguishable from other group sessions.

**Potential time management alternative:**

- **Refer to Attachment C—Memorandum on Collaborative Documentation**
- **Reference Clinical Bulletin #FY8-Clinical 05**

**For examples of documentation and pertinent memo's please see the following attachments:**

- **Attachment A—Group Counseling documentation**
- **Attachment B—Group Education documentation**
- **Attachment C—Memorandum on Collaborative Documentation**

## Attachment A—Group Counseling Documentation

### Group Counseling

**Date of Service:** 12/1/2013

**Session start and stop times (actual clock time)** 10:27am - 11:31am

**Name of Facilitator:** Colin Farrell, Counselor

**Title of group/type:** Motivation for Treatment / Group Counseling

Group members discussed motivation to stay committed to treatment and a drug free life. The group was asked to identify the things that helped to keep them engaged in treatment. Several group members identified family, work and the legal system. John stated that he will probably continue to smoke marijuana once he gets off probation. Sarah indicated that she used to feel that way until she realized that things in her life had become more stable due to her living drug free. The group was asked to identify the positive effects of staying drug free. The group was also asked to identify negative consequences of continued use of drugs. Once again John said that there will be no negative consequences once he is off probation. The other members of the group tried to help John see how using drugs has a negative affect over every aspect of life. Some of the group members stated that staying drug free is hard. The group discussed ways that they have been able to overcome the feeling of “giving up” such as: talking with counselors, positive interactions with family, and evaluating the consequences of continued use. They also talked about continuing to come to treatment until you actually “feel it.” This was a good process group. All group members participated in the discussion.

Colin Farrell, CADC      12/1/2013

Facilitator Signature    date

**Attachment B—Group Education Documentation**

Group Education

**Group Facilitator:** Dr. Catinhat Seuss                      **Date:** 1/07/2014  
**Actual Group Time:** 9:33a-10:29a  
**Group title/Group type:** Scheduling /Group Education

Group Education

The group reviewed materials on establishing a daily schedule and how it can help their recovery. The group was given reasons how establishing a schedule can be beneficial to their recovery such as being able to identify free time, plan daily activities, develop structure and remember appointments. Samantha stated that free time is a big trigger for her. The group was encouraged to make a list of possible activities that they could do during free time. The group was given a daily planner. The group was told to begin to fill in their daily schedule and appointments. Three group members volunteered to share their schedule with the class. The group was asked to review their schedule with their counselor. Everyone participated in the group and indicated that they plan to use the planner. Jimmy left the class at 9:45 and returned at 10:05.

Dr. Catinhat Seuss PhD.  
Facilitator's Signature

1/ 7/2014  
Date

**Attachment C—Memorandum on Collaborative Documentation**

**MISSOURI DEPARTMENT OF MENTAL HEALTH**  
*Division of Alcohol and Drug Abuse*  
**OFFICIAL MEMORANDUM**

**April 5, 2012**

**TO:** All CSTAR and PR+ Providers

**FROM:** Nora Bock, Director of ADA Clinical Programs  
Divisions of Alcohol and Drug Abuse (ADA) and Comprehensive Psychiatric Services (CPS)

**SUBJECT:** Collaborative Documentation

Consistent with CPS, the Division of ADA is notifying contracted substance abuse treatment providers of the requirements for acceptable billing practices with respect to documenting services in ADA programs.

As has always been policy for CPS and ADA, time spent documenting service interventions that occurs outside of the actual intervention time when you are in direct contact with the client is not considered billable time.

However, time spent documenting service interventions, when it is done **collaboratively with the consumer during the course of the service activity/intervention**, is considered billable time.

Please note the following descriptors for collaborative documentation:

- Collaborative documentation **occurs when the consumer is present, face-to-face with the service provider/practitioner**, and this process is integrated into the service session.
- It involves incorporating an active discussion with the consumer/family at the end of the service encounter and documenting the information.
- It is done collaboratively with the consumer, and **is a process of sharing** the assessment, treatment plan, or progress note you are writing as a service provider with the person you are working with to assure you are both of the same understanding with regard to what was accomplished during the service session.
- Collaborative documentation is not typing or writing notes during the entire treatment session, nor is it taking time at the end of a session to write a note in front of a client while they are waiting to leave and uninvolved. **The client must be actively involved and engaged in writing the note, including seeing and having input into the note.**

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- Providers utilizing collaborative documentation **must have policies and procedures addressing its use.**

For further information, reference Clinical Services Bulletin Number: FY08–Clinical-05, February 10, 2008, *Documentation of Clinical Services-Individual Counseling/Case Management/Community Support* [http://dmh.mo.gov/docs/ada/BulletinDocumentationBillableTime\\_000.pdf](http://dmh.mo.gov/docs/ada/BulletinDocumentationBillableTime_000.pdf)

If you have any questions regarding this memorandum, please feel free to contact Rhonda Turner at [rhonda.turner@dmh.mo.gov](mailto:rhonda.turner@dmh.mo.gov) or 573-751-4942.

Thank you.