Documentation and Compliance Training Questions

February/March 2009

TREATMENT PLANS/QUARTERLY REVIEWS

1. Is it appropriate to have a treatment goal like, "I want a date on Saturday night."

   Yes, if that is a goal identified by the person served. It would be preferable to partner with the person and help them identify the skills and illness management strategies needed to overcome the barriers to achieving this goal and ways to capitalize on their strengths. This should be individualized – might include things like role play of conversation starters, how to have a conversation not focused on symptoms, listening skills when racing thoughts might intervene, etc. The Illness Management and Recovery Toolkit is replete with information about this area. Utilizing peer supports would also be helpful; either with a peer support specialist or a peer support group to talk about social issues, social skills, and developing social networks.

2. Can a CSW bill for time spent completing a quarterly review or treatment plan with a person served?

   No. For an individual enrolled in the Rehabilitation level of care in the CPR program, the activity of completing a treatment plan or a quarterly treatment plan review is included in the bundled payment rate for the Intake and/or Annual Evaluation. The time spent on this activity should be documented in the chart but not turned in on a service activity log for billing.

3. When a meeting is held with the client, teacher, family (those involved) to gather information, develop and discuss treatment plan goals or updates on progress, is that meeting time billable for CPR clients?

   If the time is directly associated with the Intake or Annual CPR Evaluation, including the development of the initial treatment plan and/or subsequent quarterly treatment plan reviews, it is included in the payment rate for the Intake and/or Annual Evaluation. The time spent on these activities should be documented in the chart but not turned in on a service activity log for billing.

After the Intake or Annual Evaluation is completed and billed, there will likely be ongoing meetings with the person served, family, and other interested parties to discuss treatment goals and assess progress, which should be a continuous process. This time is billable, as long as it is not associated with the formal quarterly treatment plan reviews required in the program standards.

4. If the actual time spent writing the ITP or QR is not billable for a CPR person served, is the time spent gathering the information with person, family, etc. billable?

No. When the CSW is working on the initial or annual treatment plan or the quarterly review, including time spent interviewing the person and/or family for the purpose of completing the plan or review, the time spent on this activity should be documented in the chart but not turned in on a service activity log for billing.

5. What should the staff do when there is a conflict between goal of the person served and the treatment goals/recommendations of the guardian? Which should be included in the treatment plan?

Staff should use clinical judgment to resolve conflicts between a person served and guardian to develop an appropriate plan that addresses the needs of the person served. Person Centered Planning guidelines by experts help clarify that in matters of safety and security of the person served (or threats toward others) that the person's stated desires might not take priority in all cases. But when the more typical concerns around independence occur, it may be helpful to negotiate small steps with the guardian to build confidence about the person's capacities. It might also be helpful to have a peer support specialist talk with the guardian to help them understand the individual's goals and how taking small steps to achieve them could result in their achievement. A guardian might possibly be more open-minded after learning how someone else was allowed to take perceived risks and is now on the road to recovery.

6. What goal should be written on the treatment plan, the dream goal in the person's own words or the rehabilitation/treatment goal?

Staff should use clinical judgment to develop appropriate treatment goals that reflect the individual's personal goals in appropriate rehabilitation/recovery language. There is no reason not to write the goal in the person's own words or language, and add clarifying comments about the medical need for the services the person will have to have to get there.

7. If a CSW is working with a child and his/her parent, should the CSW use the language of the child or the parent?

Staff should use clinical judgment to develop an appropriate plan that addresses the child's needs. The language may be that of the child, the parent or both. The plan should reflect the perspective of the person served.

ASSESSMENTS

8. What is the appropriate date of service for assessments; time of interview, time of completed document, etc.? Need clarification

The date of service for billing the CPR Intake and/or Annual Evaluation is determined by the provider. It should be the date on which all required elements of the Evaluation have been completed, including the physician consultation and the required signatures of the physician and the QMHP.

9. How do you best document person-centered treatment when some clients have multiple high risk situations (diabetes, severe substance issues, untreated medical issues, etc.), homeless, high need but are difficult to engage and are not willing or interested in addressing the issues? What are the liability issues, if any, that are involved in this type of situation?

Too many goals are overwhelming, particularly with individuals who are in pre-contemplation phase, as this question indicates. Matching intervention with stage of change is the first step in addressing the liability issues. Document the attempts to address the high risk issues and information given about health risk issues and situations. People in this situation may often have something they need or want (not perhaps in our treatment language) and responding to stated needs if possible is the start of building the relationship.

10. When a CSW is accompanying a person to an annual assessment session to report updates due to the person's high anxiety, inability to communicate, etc., is the time spent billable?

No, you cannot bill for any CSW time that was spent in the course of completing the intake or annual CPR assessment, or, for that matter, any time they spend on the

required quarterly ITP reviews. The CPR assessments are a bundled rate, and the payment is inclusive of all the time that the team members spend putting the assessment together, including the CSW, the QMHP, and the physician (for the consultation). In addition, the cost of the quarterly reviews is also built into that same rate.

11. What assessment is done by BS level staff for TCM?

The clinical evaluation components of the evaluation including the mental status, diagnosis and diagnostic impressions must be completed by a QMHP. Bachelor's level staff may arrange, coordinate, and gather information for the psychosocial history component of the assessment but their work must be reviewed and verified by the QMHP.

12. Is there an annual requirement for an assessment to remain in TCM? If so, provided by what level staff?

No, there is not currently an annual assessment requirement.

PROGRESS NOTES

13. The CSW arrives for a scheduled planned activity but the individual has a more pressing situation or crisis that has developed. Is it appropriate to provide an intervention with the individual that is not on the treatment plan if the CSW is made aware of a situation at the time of a contact?

Yes, it is. Interventions should generally be planned and guided by what was identified in the assessment and documented in the treatment plan. If a situation arises during a planned contact that needs to be addressed but is not on the treatment plan, it should be provided. If it is an ongoing need, it should be added to the treatment plan.

14. Some individual's have difficulty physically moving. For example, it may take 20 minutes for a person to walk to the front door of Wal-mart from the car. How should the intervention be documented to indicate the length of time needed to take the client shopping?

Progress notes should always reflect a reasonable relationship between the interventions/services described and the total amount of time billed. If there are special circumstances with a particular person, such as extreme physical limitation which would cause the total time billed to be in question, then that should be identified in the progress note. The ongoing issue of physical limitation should also be addressed in the assessment and the treatment plan.

15. Does the actual clock time and date of service on a progress note have to be in the body of the note?

The actual clock time does not have to be in the body of the progress note. It may be in the header information or elsewhere on the progress note page.

16. When signing a chart document, does the CS/staff have to write out their credentials or can it be typed?

This can be written or typed. If written, it must be legible.

17. In regard to progress notes, how often does a CSW have to paint the picture of the medical necessity especially if it is addressed in the assessment and treatment plan? In each note?

Medical necessity should be addressed in each progress note. This does not need to be an exhaustive restatement of the original plan – a reference to the goal and what the point of the visit is in relation to it is a good strategy.

18. Concerning dictation when documenting - Once a progress note is dictated and sent to the caseworker, is it allowable for a progress note to be revised (sent back to dictation for corrections) before it is signed and put in the chart? Or is it "part of the medical record" once it is originally dictated?

When a caseworker dictates progress notes to be transcribed for the case record, they should be reviewing the typed note for accuracy prior to signing the note and having it filed in the case record. If they have not yet signed the note, it is appropriate to make corrections and send it back to be retyped. Once the note is actually signed and filed in the case record, any corrections to the note must be documented according to standard protocol, which involves correcting, and initialing and dating the correction.

ATTENDING THERAPY APPOINTMENTS

19. Can a CSW bill for sitting in a therapy appointment?

At this time, for adults, sitting in on a therapy appointment is not a billable activity. There are a number of reservations about a CSW sitting in on adult therapy appointments including the nature and scope of the therapy, the sensitive and personal information discussion in sessions, and two services being billed during the same clock time.
However, this issue is under review.

20. In CPRC Youth- if a CSW is attending a therapist appointment in which a particular skill is being taught, is it appropriate for the CSW to attend the appointment and bill for it?

It would depend on the individualized need of the youth. The CSW must provide a justification for why they need to attend the therapy appointment and document the Community Support intervention that was provided.

21. If a CSW has a consultation/conversation with the person's therapist before or after a therapy session, can the consult be billed to Community Support? Is there a difference for children vs. adults regarding whether Community Support can be billed?

No, for adults. That is considered collateral/indirect time, which is built into the unit rate for Community Support.
Yes, for child/youth in CPRC or TCM only services. In both cases it would be billed to TCM.

ATTENDING DOCTOR APPOINTMENTS

22. If a CSW is routinely sitting in on a doctor's appointment with a person that has significant functional deficits, is it appropriate to bill Community Support?

Yes, if there a specific justification for the need to be present at the appointment. The justification and intervention should be documented in the progress note and if

there is an ongoing significant functional deficit, it should also be addressed in the assessment and the treatment plan.

23. If a CSW is with an individual at a doctor's appointment that is scheduled for 10:00am but the client and CSW had to wait in the office until 1:00pm before the client can be seen, what is the best way to document the wait time? Is the wait time billable?

Yes, if the CSW's presence is needed during the wait time, the CSW should document the interventions provided during the wait time and the justification for the need to be present.

24. What are some examples of notes that demonstrate appropriate justification for attending a doctor's appointment?

Some examples of when it is appropriate to attend the doctor's appointment are:

- **Providing support for a person that has extreme anxiety in social settings.**
- **Working with a person that has functional deficits or limitations that make it difficult to communicate, understand, and relay information.**
- **When the person has a need for assistance with coordinating medication.**

There are a variety of circumstances in which it would be appropriate to attend a doctor's appointment. Justification of why it is necessary to have a CSW present and the specific intervention provided by the CSW should be present in the documentation.

<u>PHONE CALLS/COLLATERAL</u>

25. If a CSW calls a client multiple times *over the course of several days* and bills TCM for all the contacts at one time ("lumping"), is that an acceptable billing practice?

No

26. If a case worker make several phone call attempts in the same day, and then finally connects with a parent, can the case worker "lump" the time for the attempts and the conversation in one note and add the times together. So, for a concrete example…

January 20:
Attempted phone call, 1 min. at 9 am
Attempted phone call, 1 minute, 10 am
Attempted phone call, 1 minute, 11:30 am
Successful phone contact, talked with Mother for 10 minutes, at 12 pm.
We would bill this in the following manner. TCM, date of service - January 20, 2009, duration of activity = 13 minutes, we would bill this as one unit of TCM = 15 minutes. In this example, how do we bill the "exact" times on this type of billing, or can we no longer "lump" as we have been allowed in the past.

While the billing system tracks the date of service and in some cases total hours of contact per day, it does not track the exact clock time. It is the child's record where you will have to document the exact clock time as well as the date and other Medicaid requirements. As a result, your example above is an appropriate way of documenting the various attempts as well as the actual one on one communication with the mother.

27. In regard to "lumping", if during the course of a school day, one of my school-based folks talks with a Teacher, Principal, and Parent, regarding a consumer regarding a specific issue, when billing this service, is it still allowable to "lump" the 3 conversations together, or must these all be billed and documented separately? Again, the need to use actual clock time is our concern.

    Same principle as above applies

28. Is it appropriate for the TCM worker to assist the client in making a phone call? Is that considered direct service?

    Yes it is appropriate. This type of assistance is not considered a direct service.

29. If a treatment center/multidisciplinary staffing is held to discuss a client, is the staffing time billable for TCM?

    Yes, for a person enrolled in TCM only services.
    No, for an adult in CPR services.
    Yes, for youth in CPR services, billed as TCM.

30. When 2 different CSW's are assigned 2 siblings, if the CSW's consult and communicate, can the CSW's bill TCM for the discussion?

Yes, but it is important to note that the discussion or consult is only billable if it meets the billable service activities for TCM (coordination of service plan, facilitating communication, etc.)

TRANSPORTATION

The current monitoring manual states:

Many appropriate and necessary community support activities will involve a client traveling from their residence to a variety of locations in and around their home community to access a wide range of services and increase the level and quality of their integration into their community. It is generally appropriate for a community support worker to provide transportation to a client in the course of specified community support interventions, and to include the travel time during which there was direct contact with the client in the total time and units billed. Most clients should not be receiving transportation to access normal daily living activities (shopping, appointments, etc.) from their community support worker on a routine basis for significant periods of time without a concerted effort on the part of the worker to help the client access more normalized types of transportation. When a CS worker is involved extensively in providing transportation to help clients access medical and social services and fulfill independent living needs (grocery and clothes shopping, banking, etc.), there should be some indication in the client record and/or treatment plan as to why it is necessary for the CS worker to be doing the transporting instead of someone else. Transportation per se should not be recouped from a provider, unless it is part of an intervention that was not appropriately documented in relation to the total time billed or was part of a billed intervention that does not meet the criteria for community support.

31. When all other resources and avenues have been explored and the client does not have transportation and cannot access transportation to a medical appointment, can the CSW transport the client and bill Community Support?

    Yes, there should be clear documentation of the intervention and the steps taken to explore other transportation resources to support the need to transport the client. There should be some indication in the client record and/or treatment plan as to why it is necessary for the CS worker to transport.

32. If a CSW picks a child up from school and provides transportation home in order to provide CS services that would accommodate the family's/CSW's schedule , is the transportation time billable?

Yes, it is allowable to bill CPR Community Support to assist clients in accessing needed psychiatric and medical services, including escorting clients to those activities. There must be a community support activity associated with the trip in order for the drive time to be billable to community support. Simple transportation, which is not billable to any Medicaid program, is defined as taking a client from Point A to Point B when the purpose of the travel is not related to or in the context of the delivery of any allowable Community Support activity.

33. Are there ever circumstances (i.e. the consumer is on spenddown) that would allow a CSW or CSA to bill Medicaid for simple transportation to get the consumer to physician appointments?

Assisting a client to access psychiatric and medical appointments is not simple transportation, and is billable. Spenddown status is not relevant.

HOSPITAL/DISCHARGE PLANNING

34. What are the billing practices in regard to discharge planning for TCM, CPRC, and Outreach services?

CPR Services and Medicaid Inpatient Billing

For both Adults and Child/Youth enrolled in CPR:

- **If a person is hospitalized in an inpatient bed for treatment of physical health care problem, Community Support services may be billed, as clinically appropriate.**
- **If a person is hospitalized in an inpatient bed for treatment of a psychiatric disorder, Community Support services may not be billed to Medicaid during the hospitalization. However, it is expected that the CSW maintain contact with the person during the hospital stay and address discharge planning concerns.**

Community Support services, as clinically necessary, may be provided and billed to Medicaid on the day of admission and the day of discharge from the hospitalization in an inpatient bed for the treatment of a psychiatric disorder.

TCM Services and Medicaid Inpatient Billing

For Adults receiving TCM services:

- **If a person is hospitalized in an inpatient bed for treatment of physical health care problem, Targeted Case Management services may be billed, as clinically appropriate.**
- **If a person is hospitalized in an inpatient bed for treatment of a psychiatric disorder, Targeted Case Management services may not be billed to Medicaid during the hospitalization. It is expected that the Targeted Case Manager maintain**

contact with the person during the hospital stay and address discharge planning concerns.

Targeted Case Management services, as clinically necessary, may be provided and billed to Medicaid on the day of admission and the day of discharge from the hospitalization in an inpatient bed for the treatment of a psychiatric disorder.

For Child/Youth enrolled in TCM services:

- **If a person is hospitalized in an inpatient bed for treatment of physical health care problem, Targeted Case Management services may be billed, as clinically appropriate.**
- **If a person is hospitalized in an inpatient bed for treatment of a psychiatric disorder, Targeted Case Management services may be billed to Medicaid only during the last 30 days prior to discharge from the hospitalization. It is expected that the Targeted Case Manager maintain contact with the person during the hospital stay and address discharge planning concerns.**

Targeted Case Management services, as clinically necessary, may be provided and billed to Medicaid on the day of admission and the day of discharge from the hospitalization in an inpatient bed for the treatment of a psychiatric disorder.

Medicaid Administrative Case Management- Outreach

This POS service has three target populations; persons hospitalized at psychiatric inpatient facilities, persons not currently involved in community services, and person currently enrolled in CPR who become non-compliant and are at risk of dropping out and discontinuing services.

Persons hospitalized at psychiatric inpatient facilities

All the time spent reviewing inpatient admissions with staff and working with staff and consumers on discharge planning may be billed. This includes travel time to and from the facility, direct contact with facility staff and consumers, and phone contact.

Services may be documented by a log which identifies the staff person, the total time spent, a brief description of the activity, and the consumer involved. Services may be billed client specific if the individual is already an active client with the administrative agent, or may be billed under a non-client ID number if they are not in service.

35. When a child is in the Intensive CPR program and is admitted to an inpatient psychiatric hospital, can we bill intensive CPR on the date of admission and the date of discharge from the hospital? If not, how should the direct care services provided on those dates of service be billed?

It is appropriate to bill on the date of admission and date of discharge to the intensive level when a child is admitted to an inpatient psychiatric hospital.

ELIGIBILITY/AGE/DIAGNOSIS

36. Since some adult have functional deficits but do not have the appropriate CPRC diagnosis for services, is there going to be a functional assessment similar to the CAFAS for children? (Is there a plan to expand eligibility for adults?)

    This issue is under review.

37. Some applicants whose primary diagnosis is MR are not qualified for our program, but how do you suggest determining eligibility for CPRC services when applicants are low functioning, have an MR diagnosis but also have a MI diagnosis?

For Adults:

All persons admitted into CPRC services have to meet the admission criteria that includes clear evidence of serious and/or substantial impairment in the ability to function due to a serious psychiatric disorder. The person has to have a qualifying CPRC diagnosis. Staff should use clinical judgment during the intake and evaluation process.

For child/youth CPRC services:

A child/youth can be enrolled with a provisional diagnosis and the CAFAS can also be used.

38. Is a rule out diagnosis appropriate for being admitted in to CPRC?

No, for adults there has to be an eligible CPRC diagnosis and meet eligibility criteria. For child/youth, the CAFAS can be used and there can also be the use of a provisional diagnosis.

39. How do providers strike a balance between level of function and the need to continue vs. discharge from services when some individuals appear to be or are higher functioning because they are receiving services? (If they are discharged, some may show decreases in functioning.)

Staff should use clinical judgment to determine the appropriateness of discharge for persons serviced. If the person still has a need for direct services, the client continues to benefit from services, and if the absence of service would cause significant deterioration in stability, it is generally appropriate to remain in rehabilitation services.

40. If a CPRC youth has been in services for years, can he/she remain in youth services until the age of 21?

Yes, a youth can remain in youth CPR services until age 21 if deemed clinically appropriate.

41. Can the CAFAS be used as eligibility criteria for CPRC youth if the 18 - 20 year old does not have a qualifying diagnosis?

If the CAFAS was used to admit a youth and the youth continues to receive CPR services, he/she may remain in youth services until the age of 21.
The CAFAS can be used in the admission/eligibility process up to the age of 18. It is not appropriate to use the CAFAS beyond the age of 18.

42. At what age is a youth eligible to be enrolled in adult CPRC services?

According to 9 CSR 30-4.031 (6), A certified community psychiatric rehabilitation (CPR) provider may serve transitional age youth (age 16 and older) meeting the diagnostic eligibility requirements if it is documented in the client record that it is clinically and developmentally appropriate to serve the individual.

43. 296.7 Bipolar Disorder is not listed in the CSR (9 CSR 30-4.042) as being a qualifying diagnoses for CPR. In looking at the diagnostic categories qualifying for CPR, 296.7 is not listed. Can an individual receive CPR with this diagnosis alone? Or, can an individual receive CPR if other CPR qualifying diagnoses are listed but 296.7 is designated as primary?

If diagnostic code 296.7 is the only diagnosis listed, then it is not appropriate for this person to receive CPR services. An individual can receive CPR services if other CPR qualifying diagnoses are listed but 296.7 is designated as primary. A primary diagnosis means the diagnosis of an illness that is not due to another co-existing illness. Within this definition, it is possible that a person may have several primary

diagnosis, and a primary diagnosis is not necessarily the diagnosis causing the most sever impairment or prominent symptoms.

RCF/SCL Placement

44. What are some examples of billable TCM services for individuals enrolled in both adult CPRC services and also receiving Supported Community Living services?

For Adults
Only those functions associated with carrying out specific duties that involve case monitoring responsibilities that were transferred from SCL billable. This includes but not necessarily limited to:

- **Arranging placements at residential facilities, including transfers between facilities.**
- **Completion of documentation related to SCL progress notes (placement packets, treatment plan, unusual incident reports, and special SCL progress notes (Client Movement, Notice of Placement, etc.)**
- **Travel to and from placement facilities for the purpose of monitoring the client's adjustment to the placement.**
- **Direct and phone contact with the client and/or facility staff relating to the monitoring of the client's adjustment to the placement**

It is not allowable to bill TCM for any indirect or collateral services (or documentation of these services) related to the delivery of specific rehabilitation goals on the treatment plan.

45. In regard to place of service, if a TCM individual is taken to the park to drink a soda to monitor progress (instead of staying at the RCF), is it appropriate to bill TCM?

Yes, the service intervention must be related to an appropriate billable service activity (such as monitoring the person's adjustment to community living).

46. Is there a mandate to have monthly contact with our youth consumers that are in residential treatment and to bill TCM for that contact? It seems like a lot of travel time to be billed for – for what amounts to a very short face to face visit. Is this an actual mandate, or can we do it on a case by case basis, if it is necessary for our staff to attend a meeting at the Residential facility, etc. Typically these are kids that have Medicaid, but we cannot bill CPRC, as they are not actively receiving services, but may be in SCL.

It is expected that the CMHC's will maintain contact with a child while they are in a residential treatment center. It is not specified in the TCM provider manual or in the TCM State Plan that the contact has to be a face to face visit, nor is the frequency of the contact specified. The specific residential treatment center as well as the child's clinical profile and support system should be considered by the CMHC when determining the kind of contact (face to face or by phone) and frequency that is maintained.

47. Is the time spent attempting to locate an RCF placement for a child billable?

Yes, if the child/youth is enrolled in CPRC rehabilitation services but it should be billed to TCM.
Yes, if the child/youth is enrolled in Targeted Case Management.

RECREATIONAL/SOCIAL

48. If a recreational activity is part of a community integration effort for a child/youth, is it appropriate to bill (POS) Case Management?

If the treatment plan and the progress note clearly describes coaching and modeling of specific behaviors, the individual's response and specifies what skill was being taught, POS Case Management could be billed.

MAINTENANCE LEVEL

49. There are times when a CPRC team is full and cannot take additional rehabilitation level clients. If an individual is placed in CPRC - M and it becomes evident that the client has significant rehabilitation/direct service needs, how would a CSW bill and provide the needed direct services to that individual?

Adults in the Maintenance level of care may receive TCM services for their case management needs, but are not eligible to receive Community Support services. The direct services by case management staff are not eligible to bill to the TCM option. It is expected that individuals in Maintenance level of will not typically require direct/clinical services. In the exception when direct services are required, POS Case Management can be billed.

Supervisors should evaluate caseloads to make sure that individuals are enrolled in the appropriate program/service. Also, the staff/client ratio has been increased to 1:30 for adults so there can be both higher and lower level persons served on a caseload.

50. When a child enrolled in CPRC Rehabilitation level transfers to CPRC Maintenance level, can he/she have a family assistance worker?

No, the level of care should be consistent with the need of the child. An individual in maintenance level of care would generally have achieved recovery and no longer have a need for multiple services. The need for the services of a family assistance worker would not be appropriate for the maintenance level of care.

PSYCHOSOCIAL REHABILITATION (PSR)

51. Does there have to be a formal PSR program or formal approval to be allowed to use the billing code for kids?

Yes, there does have to be a formal PSR program that is approved by the Department prior to billing.

52. Can there be a PSR program "without walls", using the PSR code when activity involves multiple clients?

Yes, but the agency has to adhere to the service requirements of PSR and again this would have to be approved by DMH.

53. Are documentation requirements identical as for adult PSR services?

Yes. Documentation should be consistent with CPR Rules.

54. If a client is discharged from CPR services into outpatient only, but would like to continue to receive PSR services, does PSR have to be billed to POS or can it still be billed to Medicaid?

Medicaid can only be billed when a client meets the eligibility criteria for CPR and is enrolled in the CPR program. If the person is not enrolled in CPRC, the PSR services must be billed to the appropriate service code on the providers POS contract.

55. With the new PSR services that are available for kids and their parents, is it possible to have a PSR group for the children going on at the same time/date that a PSR group for the parents is occurring? Example: at 4 p.m. – 6 p.m. the children's PSR

was going on in one room so we would bill 2 hours of PSR. At the same time, the parents are in a PSR group for 2 hours with a different staff member. Can we bill 4 hours of PSR on this day on the child that is the patient?

Yes, you can bill in the manner you describe. BUT you will have to bill the PSR service for the child and parent on the same date and both services combined cannot exceed six hours.

OTHER QUESTIONS FROM TRAINING

56. Is it true that in TCM, a CS can provide face-to-face contact with clients as long as he/she is not providing direct services?

Yes, the case management services assessing, linking, arranging, coordinating, etc. can be provided face to face.

57. There was an emphasis in the training on resiliency and recovery, what happened to the importance of Procovery?

Procovery is one of a variety of tools used to encourage and promote wellness.

58. Does the Department of Justice generally contact DMH or providers regarding compliance and/or fraud related issues?

No, though it is a possibility, it rarely occurs.

59. In regard to quotas and bonuses, what is defined as realistic performance expectations?

The department has viewed 17-21 hours per week as a realistic expectation. The current monitoring manual sets a limit of 22 hours per week averaged over a quarter.

60. When a Youth CPRC worker accompanies an ACI worker to see a youth client, is that time billable?

Yes

61. Can a Family Support Worker provide family education classes for the parents of children enrolled in services?

No. It is part of the Family Support Worker's job duties to provide <u>one-on-one</u> education to a parent of a child that is in CPR as per the treatment plan. It is a different matter to provide generic group style education to parents that may not even be on this person's case load.

62. Can a Community Support Worker bill CPRC for providing education/skill building information to a parent when the child is not present?

Yes

63. Is it appropriate to bill TCM for the parent/guardian even if the child is not present in a consult meeting?

Yes

64. For youth community support/rehab level services, what are the boundaries when told to confine TCM billings to the TCM case manager and not having adjunct staff also billing TCM? The school staff and other IEP participants often want the direct service staff person (therapist) to attend IEP meetings and other group case reviews. If there is a therapist as well as a TCM case manager, can the therapist go to IEP meetings instead of the TCM case manager and bill TCM? Is this somehow a non-allowed direct service activity or still within the confines of coordinating services?

The therapist cannot bill TCM for their time during a staffing, or IEP meeting. The "identified" CSW or TCM worker is the only individual allowed to bill to this funding source.

65. Can a case manager bill POS for running errands with or for the consumer such as picking up medications or clothes shopping?

It is not appropriate, as per the definition, to bill POS for running errands <u>for</u> a consumer, or picking up medications or clothes shopping. If the goal is escorting the consumer to services to achieve desired outcomes (they are accompanying the CM for the purpose of teaching them a skill) or helping them to access services, then CM could be billed.