

Office of Mental Health and Substance Abuse Services
Bureau of Policy, Planning and Program Development

Policy Clarification

Issue Clarification # 02-14-01
Date of Receipt: 02/25/2014

Applicability: All
Source Documentation: Chapters 1153 & 5320; MA Provider Handbook

Submitted by: Scott Daubert, PerformCare
County Authority: NA
Topic Area: Compensation and Progress Notes

Question/Issue:

Can the time spent working collaboratively and actively with the Member in the completion of a progress note be considered part of the Medicaid (MA) compensable, billable time for Peer Support and other services?

Background/Context Provided within the Request :

The CABHC Peer Support Services Committee initially provided a Documentation Position Statement to PerformCare for consideration. In working with Members, it is vital that each person has a say in what form their recovery takes, even in the documentation completed by the Peer Specialist. The committee feels the completion of progress/session notes in the presence of the member is an effective and supportive practice, in line with recovery principles. CABHC, TMCA, BHSSBC, and PerformCare jointly agree that the collaborative completion of session notes with the Member's participation is a best practice that has inherent benefits for both the Member and the Peer Specialist in fostering a mutually responsible trusting relationship and facilitating active engagement in the Member's chosen goals.

OMHSAS

Answer/Response:

No, the time spent working collaboratively and actively with the recipient in the completion of a progress note is not considered part of the Medicaid (MA) compensable, billable time for Peer Support. Eligible services listed on the fee schedule that are provided in accordance with the regulations are billable. Time spent formulating and entering the record is not compensable as a unit of service, but considered built into the rate.

When OMHSAS developed the MA rate for Peer Support Services (PSS), indirect activities

such as a Certified Peer Specialist's (CPS) documentation time were factored into the rate. The rate methodology estimated a division of CPS time with 65% of CPS time spent on MA billable activities (*direct* service) and the remaining 35% of CPS time conducting *non-direct* services that are not billable. Activities like *time for travel, staff meetings, and record keeping* are examples of *non-direct* services that are not compensable as units of service; estimated costs for these non-direct activities are already built into the unit rate. **It may also be noted that other MA services like case management, also consider these activities as non-direct and hence not compensable as units of service.**

The service guidelines, prior approval procedures, and the information and billing instructions regarding MA payment for PSS are described in the **Provider Handbook for Outpatient Psychiatric and Partial hospitalization Services** (see page VII-6 "Compensable Services" and Attachment 4 "Peer Support Services Activities Guidelines" in the reference link below). Within these parameters, it is expected that the CPS and the recipient of service will work collaboratively toward the development of the goals documented in the Individual Service Plan (ISP) (See Documentation Requirements on Page VII-9 of the Provider Handbook). It is also expected that the CPS and the individual receiving PSS, regularly discuss goals and progress as it pertains to the ISP and the daily record, however the time and responsibility for daily documentation is that of the CPS and this was factored into the MA fee.

References:

- [Provider Handbook for Outpatient Psychiatric and Partial Hospitalization Services available at www.parecovery.org/documents/PSS Handbook Pages Revised.pdf](http://www.parecovery.org/documents/PSS_Handbook_Pages_Revised.pdf)
- § 1153.54. Non-compensable services and items, available at <http://www.pacode.com/secure/data/055/chapter1153/s1153.54.html>
Payment will not be made for items and services not listed as compensable in the MA Program Fee Schedule.

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Development

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