PerformCARE

Provider Notice

To:	**PerformCare Provider Network**
From:	**Scott Daubert, VP Provider Network and Account Mgmt**
Date:	**March 1, 2015**
Subject:	**PC-13 Collaborative Documentation: Billing for Completing Progress Notes Jointly with the Member Present**

Claims Payment and Clinical Policy Clarification

Question/Issue:

The following question was originally submitted in 2014 and asked in the context of Peer Support Services, but a general response to all providers will be offered:

A Peer Support Services group believes that completion of session notes with the Member's participation is a best practice. As such, it was recommended that PerformCare issue a statement supporting the completion of session notes with the Member because of the 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…An additional benefit to the provider in adopting this practice is that they may also bill for this time since the Peer Specialist is engaged with the person in a face to face session.

Source Documentation / References:

Letter and guidance on collaborative documentation (Implementation of Collaborative Documentation in the Pennsylvania Behavioral Health System) dated 1/15/15, Ellen Di Domenico, Director, OMHSAS Bureau of Policy, Planning, and Program Development (Attachment).

PerformCare Answer/Response:

While PerformCare fully agrees that there are benefits to a Peer Specialist (or other behavioral health provider) remaining with the Member while the Peer Specialist collaboratively and jointly documents the progress notes from the encounter, such time spent in documentation of Peer Support Services is not currently an additional billable activity.

PerformCare considers this interpretation to apply to all provider types within HealthChoices. In light of the increasing use of mobile devices and electronic health records, it is important for all providers to consider their current processes. The time spent primarily for documentation is not currently to be included in the units of service billed, whether or not a Member is present for that time. This may occur during various provider encounters, such as targeted case management or physician office visits, but is not considered part of the billable activity or billable face-to-face time. This interpretation should not be considered to mean that "note-taking" or other helpful

documentation during a treatment session is prohibited. For example, it can be a common practice for some practitioners to take notes during psychotherapy sessions.

In addition, there are certain Current Procedural Terminology (CPT) codes where interpretation and preparing reports is included in the CPT descriptions, and therefore the time is billable. Examples of this are psychological and neuropsychological testing codes. CMS guidelines and the AMA CPT editions are used by PerformCare and should be consulted by providers for guidance in all CPT billing.

Most importantly, the guidance on collaborative documentation (Implementation of Collaborative Documentation in the Pennsylvania Behavioral Health System) from OMHSAS outlines several key next steps.

Next Steps:
Following approval by regulatory agencies, it is recommended that OMHSAS and System Stakeholders:
1. Create competency criteria and standards to implement Collaborative Documentation (CD). These include administrative expectations (additional policies and procedures), supervision and monitoring activities to promote (or ensure) fidelity and competency by individual providers and ways to ensure satisfaction and outcomes experienced by individuals are positive.
2. Create and implement CD training focused on the Essential Elements, best practices discussed in this document, and competency criteria and standards.
3. Decide which programs CD will be suitable for and which programs it will not.

In light of these next steps, further communication is likely forthcoming from OMHSAS, and PerformCare will continue to keep our provider network informed and up-to-date on this important issue. Until the above required next steps are completed and finalized, it is important that all providers adhere to the current regulations and do not include collaborative documentation in billable time to PerformCare.

cc: PerformCare Managers
Pam Marple, Behavioral Health Services of Somerset and Bedford Counties
Missy Reisinger, Tuscarora Managed Care Alliance, Franklin / Fulton Counties
Scott Suhring, Capital Area Behavioral Health Collaborative

pennsylvania
DEPARTMENT OF HUMAN SERVICES

January 15, 2015

Dear Colleagues:

On April 15, 2013, OMHSAS issued Policy Clarification # 02-14-01 regarding compensation and progress notes. That document focused on the rate setting mechanism that builds documentation time into the service rate and the program requirements that preclude billing directly for documentation time. OMHSAS received numerous comments that suggested the need to delineate those aspects of collaborative goal setting and progress assessment that are part of the therapeutic relationship and those that are associated with the non-billable aspects of documentation.

In response to stakeholder input, the OMHSAS Policy Bureau convened a work group to better define and support the implementation of the growing practice frequently referred to as "collaborative documentation". The workgroup focused on the continued recognition of collaboration in the therapeutic relationship between a staff member and the individual receiving behavioral health services as a critical aspect of effective service delivery.

The enclosed document summarizes the work of the group, which included defining collaborative documentation and delineating essential elements for implementation. The workgroup further provides recommendations to update documentation training course curriculum, and delineate implementation standards. This work will begin early in 2015. Providers who wish to begin implementation of this practice should develop policies and procedures that include staff training and supervision requirements.

Sincerely,

Ellen DiDomenico

Ellen DiDomenico
Director

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Implementation of Collaborative Documentation in the Pennsylvania Behavioral Health System

Background

The Office of Mental Health and Substance Abuse Services (OMHSAS) issued a policy clarification on 4/15/2014 and a letter on 5/23/2014 addressing the use of Collaborative Documentation (CD). The letter of 5/23/2014 indicates that there is a "need to delineate those aspects of collaborative goal setting and progress assessment that are part of the therapeutic relationship and those that are associated with the non-billable aspect of documentation.[1]" Further, "collaboration (on goals documented in the individual service plan) can be part of the billable time spent with an individual receiving Peer Support and other services. [1]"

A workgroup comprised of Peers, MCOs, Providers, Provider Organizations, Advocacy Organizations, County Administrators, Trainers and OMHSAS Policy and Field Office was convened by OMHSAS to address the implementation of CD as a billable activity within the direction of the policy clarification and letter. Following is a summary of the activities of the workgroup along with recommendations.

Workgroup Activities

Following an analysis of the policy clarification and letter, the workgroup committed to create guidance to implement CD within OMHSAS policies.

The OMHSAS Workgroup analyzed literature concerning the definition of CD and expectations of using CD as best practice in service delivery. The workgroup agreed upon the following definition of CD:

- CD is a person-driven therapeutic approach and an interactive process that supports recovery-oriented services in which documentation of the assessment, goal setting, and progress notes is integrated into the delivery of service. The individual is face to face with the provider and engaged in the documentation process by providing input and perspective on their services and progress.

The Benefits of CD Include the Following:

1. CD promotes the engagement, trust and involvement of the individual.
2. CD allows for feedback regarding progress made, as well as an indication of the perceived benefit of the service. It enhances the value of the session by providing real-time feedback between the individual and the provider.
3. CD supports individuals to be more empowered to determine their course of assessment, intervention and recovery.
4. CD supports individuals and providers to clarify their mutual understanding of therapeutic goals and to focus on outcomes.

5. CD results in increased accuracy and quality of documentation.

Essential Elements for CD Are:

1. CD is utilized in person-driven assessment, treatment/recovery planning and progress notes.
2. CD is created by incorporating the ideas of the individual and the provider in real time during the face to face session.
3. CD is to be used intentionally as a technique or approach to engage the individual to develop their objectives and support their goals.
4. CD is a highly engaged conversation through shared narrative between the individual and the provider to assure that both are of the same understanding with regard to what was accomplished during the session and what the next steps are that support the individual's treatment/recovery plan.
5. CD is clearly defined by the provider so that the individual is fully informed of the process and may choose to participate in CD.
6. CD is used to benefit the individual as a part of their recovery.
7. CD must clearly indicate that the documentation was collaboratively written with the individual.
8. CD shall occur within the scheduled time limit for the appointment or session.
9. Providers utilizing CD must have specific policies and procedures for using CD which include training for staff prior to the use of CD and ongoing supervision focused on fidelity.

CD is Not:

1. Taking time during or at the end of a session to complete documentation while the individual is not involved or is waiting to leave.
2. To be billed beyond the scheduled appointment time.
3. To be mandated by the provider.
4. To be used primarily for the convenience or benefit of the provider or to simply complete their documentation "concurrently" without engaging the individual.
5. To be used during telephonic sessions.
6. Meant to replace any of the required documentation elements delineated in the PA Medical Assistance Handbook or various PA regulations. All required elements must be included in each encounter.

Documentation that does not follow the essential elements is not a billable activity and is considered to be part of the administrative cost included in the rate.

[1]OMHSAS Bureau of Policy, Planning and Program Development letter, issued May 23, 2014

Recommendations:

The CD workgroup met on four occasions beginning 7/15/2014 to review the policy clarification and letter noted above, and best practices related to CD. Several documents were consulted (see reference list) which discussed CD from the perspective of various services and models. The workgroup concurred that CD has many benefits to people in recovery when practiced with fidelity and intent. It is therefore recommended that in Pennsylvania's behavioral health system, CD be recognized as a billable therapeutic activity that supports a recovery-oriented approach when practiced according to the guidelines.

Next Steps:

Following approval by regulatory agencies, it is recommended that OMHSAS and System Stakeholders:

1. Create competency criteria and standards to implement CD. These include administrative expectations (additional policies and procedures), supervision and monitoring activities to promote (or ensure) fidelity and competency by individual providers and ways to ensure satisfaction and outcomes experienced by individuals are positive.
2. Create and implement CD training focused on the Essential Elements, best practices discussed in this document, and competency criteria and standards.
3. Decide which programs CD will be suitable for and which programs it will not.

Reference List

NEW YORK STATE OFFICE OF MENTAL HEALTH; 14 NYCRR Part 599
"Clinic Treatment Programs" Interpretive/Implementation Guidance 01-04-2012
http://www.omh.ny.gov/omhweb/clinic_restructuring/part599/guidance.pdf

Missouri Department of Mental Health, Division of Comprehensive Psychiatric Services, Official Memorandum; Collaborative Documentation
http://webcache.googleusercontent.com/search?q=cache:M_9PUcn2H-gJ:dmh.mo.gov/docs/mentalillness/collaborativedocumentation102811.doc+&cd=2&hl=en&ct=clnk&gl=us

Market Intelligence Report | by Laura Morgan | May 21, 2014; Which States Reimburse For Collaborative Documentation By Peer Support Specialists?
http://www.openminds.com/intelligence-report/states-reimburse-collaborative-documentation-peer-support-specialists/

Implementing Collaborative Documentation, Bill Schmelter PhD
http://www.integration.samhsa.gov/pbhci-learning-community/jun_2012_-_collaborative_documentation.pdf

Impact of Person-Centered Planning and Collaborative Documentation on Treatment Adherence; Victoria Stanhope, Ph.D., M.S.W.; Chuck Ingoglia, M.S.W.; Bill Schmelter, Ph.D.; Steven C. Marcus, Ph.D.; Psychiatric Services, VOL. 64, No. 1
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Inviting Patients to Read Their Doctors' Notes: A Quasi-experimental Study and a Look Ahead; Tom Delbanco, MD*; Jan Walker, RN, MBA*; Sigall K. Bell, MD; Jonathan D. Darer, MD, MPH; Joann G. Elmore, MD, MPH; Nadine Farag, MS; Henry J. Feldman, MD; Roanne Mejilla, MPH; Long Ngo, PhD; James D. Ralston, MD, MPH; Stephen E. Ross, MD; Neha Trivedi, BS; Elisabeth Vodicka, BA; and Suzanne G. Leveille, PhD, RN
http://annals.org/article.aspx?articleid=1363511

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By: John Kern, MD, Medical Director
http://www.abhmass.org/images/msdp/manuals/concurrentdocumentation/concurrent_doc_casestudy_john_kern_4.6.06.pdf