

Group Services and Entering Notes

Curriculum: Submit a proposed curriculum to CCS Service Director, [Jessica Gilbert](#) prior to beginning group services. The QA team will review the curriculum and attempt to clear up any concerns ahead of time prior to claims being entered into the module.

Group Services in CCS: Maximum group size in CCS is 10 participants. It is important to clarify that “**support groups**” are **NOT** a billable service as they are not considered treatment. Other things to keep in mind:

- Be sure your group meets identified needs (as described in your group bio) and that the treatment provided relates directly to the assessed need of the clients you will be engaging with (both individually and in a broader sense).
- Before starting services be sure that goals/objectives/lessons/interventions are well documented in the client’s recovery plan and action steps (work with client’s SF).
- Review the hours of service that will need to be approved and act within the authorized time allotted.
- Discuss, determine and document how progress will be measured as well as in your progress notes.
- Remember that only time **providing direct staff intervention** is billable to CCS
- Clients within a treatment group can be working on different individual goals, as long as the group format/topic/objective is an appropriate intervention to assist the consumer with meeting their goals(s).

Billing/Documenting in the Module:

When you document a Group Service in a Progress Note, you are required to enter the number of CCS Clients and number of Non-CCS Clients in attendance. The easiest way to think about Group Billing, is that you will be paid a Fraction of your Unit Rate based on the **TOTAL NUMBER of Clients in attendance**.

- Example: If the Unit Rate is \$22.50 per 15 minute increment, and there were 10 clients in attendance for a session, your documented progress note would pay out at \$2.25 per 15 minute increment. The group facilitator would need to write a separate progress note for each CCS Client in the group.

If you have **multiple facilitators** for your group, the providers would need to separate the clients they bill for. So in the example of a 10 client group, Facilitator A would bill for 5 of the clients, and Facilitator B would bill for the other 5 clients.

The last thing to mention about Group Service is how to break down your times. In a progress note, you breakdown time by Service Time and Documentation Time. In order to ensure you are reimbursed fully for your group work, you must **sum up your documentation time for all the clients in your group**, and enter that number as the Documentation Time. Your Service Time would be the duration of the group.

- Example for a 10 Client Group:
 - Service Time = 1 Hour (length of group session)
 - Documentation Time = 100 Minutes (Avg. Doc Time X # of Clients in Group – if the average documentation time for each client is 10 minutes, you multiply that by the number of clients in the group – 10 for this example).
 - Travel Time = Full time it took you to travel to the group session for each client.

When you have less than 4 clients (CCS and Non-CCS), it’s a bit trickier in terms of reimbursement. Groups of 4 or less clients will put your ‘requested Group Rate’ above the CCS Interim Group Rate (which assumes a group

of 4). This means your initial reimbursement will be the Interim Rate, and you will need to wait until Reconciliation to recoup the remainder of your rate. So groups of less than 4 would not pay in full for quite a while. If your group is 4 or more, though, you should be reimbursed fully.

Group Services Direct Service Provision Via Telehealth:

- Applies to group services that are currently covered under the CCS benefit.
- Providers must exercise professional judgment in determining whether services can be delivered appropriately and effectively via telehealth.
- Providers must obtain Informed Consent and discuss issues of privacy and confidentiality prior to providing telehealth services. If consent is verbal, verbal consent should be documented in the progress note (reminder – verbal consent is only valid for 10 days and there should be an Informed Consent for Telehealth in the central client file with Dane County).
- Providers should consider that there are additional privacy considerations that apply to CCS participants engaging in group treatment via telehealth. Telehealth services delivered via audio-only formats may afford more privacy for group members.

Progress Note Documentation for Telehealth Group Services:

- Type of Contact
 - = In-Person (using both audio and video telehealth)
 - = Phone (using telephone or audio only)
- Is this a telehealth Visit? **Yes**
- Type of Telehealth Visit – Select Audio-Visual or Audio-Only
- Place of Service – Select Telehealth Provided in Patient’s Home or Telehealth Provided Other Than in Patient’s Home
- Service Type = Group Service (designate the number of CCS and Non-CCS Clients)

All progress note narratives should include a statement that the service was provided via telehealth/telephone.

HIPAA-Compliant telehealth platforms are to be utilized.