

Can you give examples of what you would consider under the CPST definition of identification, acquisition and utilization of resources?

Strategizing with a Member and/or his/her family on treatment goals, objectives, assessing strengths and needs, etc. would fall under this category. What is critical is that this information be clearly documented when describing the intervention within the progress note.

This is where you would identify resources or natural supports with the Member and his/her family/guardian and how to access and utilize them. You would also review the purpose of the resource/s. You do not have to give all the specifics of the conversation with the Member and his/her family in the progress note, but what was identified or suggested to the Member and his/her family/guardian and then the rest of the documentation requirements such as Member response.

When is the next Provider Manual update scheduled to be available?

The provider manual has been updated and is being sent to SRS for review. Once approved the provider Manual will go out to the network. At this time it looks like it should be within 60 days or less.

Is there a maximum/minimum time frame for providing attendant care and/or CPST in a therapeutic learning classroom?

The Utilization Management committee is exploring appropriate parameters for delivery of service in a classroom setting—particularly CPST and PRI. Medical necessity of this type of service delivery should be clearly documented and be what drives the amount and duration of the service.

Can a service be billed when accompanying a client who is watching a video/DVD/movie? If so, what service would be most appropriate? (for example, client is in crisis and needs to be supervised until secure transport arrives).

Medical necessity for the service, as well as a clear description of the service itself, should be clearly documented in the medical record. Billing for any type of service delivery while a Member is watching a movie would be a red flag to any auditor.

Is there going to be training on group notes or can you speak to that now?

Requirements for group psychosocial notes are available on the website. Also, a Webex was completed in February 2008 with some detail on group notes, available on the website. Any requests for future trainings should be sent to the attention of Lorna Clarke, Training Manager.

Can Attendant Care be billed with other services during a meeting such as an IEP, wrap-around etc.?

Yes, provided the delivery of Attendance Care is medically necessary and this is clearly documented.

Please elaborate on AC, would this be allowable to bill during a med check at your agency as long as this can be justified?

Yes, Attendant Care is typically the only service allowed to be billed concurrently with another service, provided the service is medically necessary and clearly documented.

Can Respite be done by Attendant care workers?

Yes, if a provider has completed all required trainings and meets other requirements to deliver such service. However, the provider cannot bill for delivering two services at the same time.

Can the case manager bill TCM for attending a medical appointment and/or therapy appt. with a client (for example, non-communicative, symptomatic, SPMI client) to share current information with the medical staff/therapist.?

No, TCM cannot be billed while attending a therapy service as that is the intervention being delivered. TCM can be billed by the case manager while the Member is in a therapy session, but it has to be outside of that session. Coordination with various collateral contacts is an appropriate TCM activity.

Are we no longer required to list collateral contacts in notes?

Documenting collateral contacts is not necessarily a requirement for most documentation; however, many services require the inclusion of collateral contacts and this information should be noted in the documentation to support the level of service billed.

Can PRI be billed while a child is attending respite, particularly on extended visits, when the child needs more individual care?

Yes, if the service itself is medically necessary.

Will you be offering documentation training for Peer Support?

Yes we have it scheduled for the fourth Wednesday in July, 2009. Please continue to forward requests for specific training to Lorna Clarke, Training Manager.

With regard to the "going to the store" example, what if they will go the store and in one visit they perform all three functions, as you described? It seems that in reality, a service provider may flow in and out of CPST, PR-I, and AC functions as described in this presentation. It seem somewhat confusing to staff and I would not want to encourage a staff member to not perform a cpst duty when it is needed because they are in a "PR-I or AC" block of time." How do you recommend we switch back and forth, minute to minute, in our documentation? Thank you.

Billing should reflect the actual service delivered, clearly supported by accompanying documentation. Providers should bill in accordance with the amount of time allocated for one unit of service (15 minutes). If different services are provided over the course of a session, these should be reflected in different progress notes. If a provider goes into the service thinking he/she is going to provide PR-I and it turns out to be CPST then the documentation needs to reflect that service and the code billed must correspond.

Is the activity of reviewing the client's progress in treatment with the client and/or family members an intervention provided as CPST or TCM? Could this be CPST even if this leads to discussions about the client's symptoms and interventions used?

Based on the question as it is written, this could be billable as either code, depending on a variety of other factors.

We have our lowest level of skilled staff trying to differentiate multiple service codes and yet it is not as clear a distinction as it would appear.

I would suggest following up with the compliance department for more clarification.

As a part of a discharge plan, a hospital has asked/recommended AC to prevent sexual aggression and that this service be provided 24/7. Is it possible for this service to be approved in advance? You can request attendant care in advance, but it has to be medically necessary so too far ahead of time would not be recommended as it is difficult to assess at that time. It is possible to have 24/7 attendant care authorized if the clinical presented justifies that level of care. You will need to fill out the attendant care request form in provider connect. You can also call care management for assistance.