



## Western Region Integrated Care Comprehensive Community Services (CCS)

### Provider Documentation Expectations

#### In This Packet:

- What happens at the county before a service is purchased?
- What documentation is needed from a contracted provider?
- Requested documentation template
- Examples



#### LA CROSSE COUNTY (Lead County) HUMAN SERVICES DEPARTMENT

300 4<sup>TH</sup> ST N  
PO BOX 4002  
LA CROSSE WI 54602-4002

## What happens in the case management programs before a service is purchased?

1. A comprehensive assessment is done by a case manager or service facilitator (SF) with each consumer at enrollment and is updated annually thereafter. Many domains/areas of the consumer's life are explored and strengths and needs within each domain are identified.

The assessment sets the stage for all purchase services in that it demonstrates:

- That due to the impact from a mental health and/or substance use disorder the consumer requires assistance to achieve independent functioning
- The specific needs that require assistance
- The consumer's priority in what order issues are addressed

2. A Service Plan is formed by the consumer and their Recovery Team. The plan explores the consumer's goals and details the services that will be purchased by the program in those areas of need that were identified in the assessment. The recovery team is made up of the SF, the consumer, a Mental Health Professional, a Substance Abuse Professional as needed, peer support specialist as needed, anyone else the consumer requests (family, friends, or other natural supports), and vendors involved. Some of the recovery planning process can or will occur in person, via the phone, or by email. The SF will ensure everyone is involved as some point even if they are in involved in the face-to-face meeting.

During the planning process, the team addresses the following:

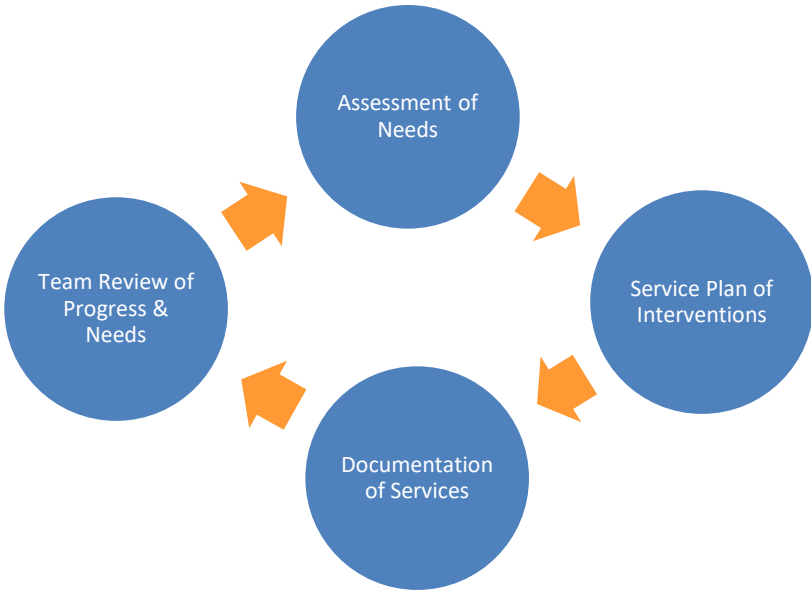
- What did the consumer accomplish in the last 6-month period?
- What are the consumer's goals or objectives for the next six months?
- How will these objectives be measured?
- Does the comprehensive assessment indicate the consumer needs assistance in order to achieve their goals?
- Specific interventions that will address who and how team members will assist the consumer in meeting the objectives.
- The circumstances, as determined by the consumer and recovery team, that would suggest the consumer would no longer need formal services and would be ready for discharge from the program

3. A referral is then made to your organization for a specific, goal oriented, and time limited service if the Recovery Team chooses you to provide the necessary intervention. You should expect that the referral and the service plan clearly outline and tell you why the consumer needs your assistance and what the desired outcome of your service is. The plan could also give you some clear guidance on what tasks need to be completed to achieve the desired outcome. This will specifically be listed in the interventions section of the recovery plan. The focus of the plans and the resulting service provision should be recovery focused and outcome based.

- Please continue to ask questions until you believe you firmly understand why they were referred and what they are hoping to achieve.
- Please provide feedback if you feel like your agency cannot provide the intervention or have additional ideas that your agency could provide to meet the objective.

- It is the team’s responsibility to ensure the service that you are providing is in line with the objectives and interventions outlined on the recovery plan.
  - It is **your responsibility to have an updated service plan** and not to bill for any services that are not on a valid and approved plan.
  - The team’s ultimate goal is to ‘work ourselves out of a job’ as it relates to this person’s need for services.
  - If a consumer is not currently action oriented/actively engaged in their recovery, the hope is that the service providers and the entire treatment team are assisting the consumer in finding ways to become more action oriented while respecting consumer choice.
  - Maintenance or habilitative services are not the focus of the service delivery. The services should not be a ‘do for’ kind of service but have a psycho-educational focus that leads to increased functioning.
  - As a member of the treatment team, you may request a team meeting to discuss and revise the service plan to address any progress or barriers that come up during service delivery.
  - The communication process of clarifying any questions about the plan, interventions, or the desired outcomes is first with the case manager/Service Facilitator of the case, then the Mental Health professional. If after outreaching to those 2 professionals you still are not sure what your role is then feel free to call the program supervisor for further clarification.
4. At the end of the 6 month period, or if the needs change, the plan will be reviewed and updated. The SF, the consumer, and the rest of the recovery team will start planning 6 weeks in advance of the plan being due, assessing the last 6 months achievements and progress, reviewing the current assessed needs, and determining what is working and what is not in regards to assisting the consumers in meeting their desired outcomes.

**Your documentation:** Your documentation is a critical part of overall assessment and outcome based model. It needs to show what you are doing with the consumer to help them achieve the goal listed on their Recovery Plan. We call this the ‘Golden Thread of Treatment’. We want to be able to pick up a person’s chart, look at the assessment, their recovery plan, and all the progress notes documenting the services provider and see the continuous ‘golden thread’ that is woven through all of these documents. They all need to match up and be consistent in regards to the services we are providing and the information we are documenting about that service.



## What documentation is needed from a contracted provider?

Documentation is required for all service that are billed to the CCS program. Service provider notes must be in accordance with standard professional documentation practices. Documentation must reflect how the activity relates to the reason the individual was referred to you. Use the service plan as your road map. Everything you do with a consumer needs to lead back to the objectives and interventions out lined on the recovery plan. The clinical content of your note needs to match what you really did and needs to match what was 'authorized' on the plan.

### **The following needs to be part of your documentation:**

- When (date & specific start and stop time of service)
- Where services were provided (home, agency, community, etc)
- Type of Session (individual, group, in-home)
- Service Provided (service array category- Skill Development, Wellness, Therapy, Medication, etc)
- Consumer objective (from approved service plan)
- How did consumer present? (appearance, affect)
- Interventions used (must be clearly obvious as to how this intervention relates to the objective and what you provided clinically to create change)
- Consumer Response to interventions
- Any assignments/tasks given to client
- Any follow-up needed to be done by staff
- Duration of Service (breakout: direct face-to-face, documentation, travel, non-billable)
- Provider Name with Credentials (RW, AA, BA, MA, etc)
- Provider Signature (physical signature or an electronic signature that meets state and federal statutes)

The emphasis of each progress note must include:

1. Measureable data relative to the accomplishment (or lack thereof) to the treatment objectives on the service plan
2. Significant events that provide an overall understanding of the person's ongoing level of independent functioning and quality of living

Common Non-Covered/Non-Billable Services Include:

- o Missed/Cancelled Appointments
- o Telephone Calls or other Telecommunication (text, email, etc)
- o Indirect Services: Observations, Research, Scheduling Appointments
- o Recreation-Oriented Activities & Camps
- o Transportation (*\*CCS may provide an approved service array while traveling with a consumer*)
- o Crisis Intervention (*\*\*CCS may support with coordinating with crisis services, but cannot actually provide crisis intervention services*)
- o Academic Supports (e.g. tutoring, homework assistance) or other services that would otherwise be provided by an Individual Education Plan (IEP)
- o Services Provided by Other Programs (*day treatment, respite, long-term disability services, sheltered workshops, supervised family visitation, housing assistance, crisis intervention, detoxification, etc*)

## **Requirements for Signatures on CCS Documentation**

Documentation for CCS, including all assessments, service plans, and progress notes must be signed by the provider completing the service or a designee that has authority to sign in place of the provider (e.g. supervisor).

Signatures that will be accepted are:

1. A Physical Signature placed on a printed document
2. An Electronic Signature:
  - a. That is Applied to the document either via:
    - i. Electronic Health Record system:
      - a. That requires a confidential log-in and password for each user
      - b. That displays a typed signature or unique personal identification code with date & time stamp
    - ii. Digital Signature applied by the use of a stylus on a digital writing pad
  - b. AND an also meets the requirements of:
    - i. Only the provider has control of applying their unique digital signature
    - ii. Once the digital signature is applied, the document contents or signature cannot be changed or altered in any way
    - iii. The agency/provider has a written policy of maintaining and ensuring electronic records are kept confidential through an encryption software that is compliant with HIPAA standards
    - iv. The program which applies the digital signature complies with the Health Information Technology Set of Standards (45 CFR Part 170)
    - v. An annual electronic security risk assessment audit is completed to ensure electronic records are securely protected by HIPAA standards
  - c. Common Occurrences that are Not Acceptable Electronic Signatures:
    - i. Typing a provider name on a Word document
    - ii. Utilizing the “Fill & Sign” Feature of Adobe Acrobat DC (basic version)
    - iii. Copy & Paste a text box or picture with a signature

**\*\*\* *“Reimbursement for services paid to providers who do not meet all electronic signature requirements may be subject to recoupment.” \*\*\****

### **References:**

1. Forward Health; Comprehensive Community Services Handbook: Billing & Claims; Ch. 7 Provider Enrollment and Ongoing Responsibilities, Requirements for Use of Electronic Signatures, Topic #16157
2. US Department of Health and Human Services; 45 CFR Part 142.310: Security and Electronic Signature Standards

## **Permanent Telehealth Policy Requirements**

[Permanent Telehealth Coverage Policy and Billing Guidelines \(wi.gov\)](#)

### **The following requirements apply to the use of telehealth:**

- Both the consumer and the provider must agree for a service to be performed via telehealth. If either the consumer or provider decline the use of telehealth for any reason, the service should be performed in-person.
- Consumer has the option to refuse telehealth at any time without it affecting their right to future treatment
- Providers must be able and willing to refer consumers to another provider if necessary, such as when telehealth services are not appropriate or cannot be functionally equivalent or if the consumer declines a telehealth visit.
- The service is functionally equivalent to an in-person service for the consumer (The service and quality of service via telehealth needs to be comparable as if it were provided face-to-face)

### **Documentation**

- Documentation requirements for a telehealth service are the same as for an in-person visit and must accurately reflect the service rendered.
- Documentation must identify the service delivery mode when provided via telehealth & document the following:
  - o Whether the service was provided via audio-visual telehealth, audio-only telehealth, or in-person
  - o Whether the service was provided synchronously or asynchronously (Note: Only synchronous (two-way, real-time, interactive communications) is reimbursable under telehealth)
- Additional information for which documentation is recommended, but not required, includes:
  - o Provider location (for example, clinic [city/name], home, other)
  - o Consumer location (for example, clinic [city/name], home)
  - o All participants, as well as their roles and actions during the encounter (This could apply if, for example, a consumer presents at a clinic and receives telehealth services from a provider at a different location.)

### **Audio-Only Guidelines**

- When possible, telehealth services should include both an audio and visual component. In circumstances where audio-visual telehealth is not possible due to consumer preference or technology limitations, telehealth may include real-time interactive audio-only communication if the provider feels the service is functionally equivalent to the in-person service (leaving a voicemail/listening to a voicemail is not billable)
- Documentation should include that the service was provided via interactive synchronous audio-only telehealth.

### **Consumer Consent Guidelines for Telehealth**

On at least an annual basis, providers should supply and document that:

- The consumer expressed an understanding of their right to decline services provided via telehealth.
- Providers should develop & implement their own methods of informed consent to verify that a consumer agrees to receive services via telehealth. These methods must comply with all federal/state regulations and guidelines.
- Providers have flexibility in determining the most appropriate method to capture consumer consent for telehealth services. Examples of allowable methods include: educating the consumer and obtaining

verbal consent prior to the start of treatment or telehealth consent and privacy considerations as part of the notice of privacy practices.

**Privacy and Security**

Providers are required to follow federal laws to ensure consumer privacy and security. This may include ensuring that:

- The location from which the service is delivered via telehealth protects privacy and confidentiality of consumer information and communications.
- The platforms used to connect the consumer to the telehealth visit are secure.

**Other Notable Information:**

- There are no limitations on which provider types may be reimbursed for telehealth services
- ForwardHealth does not limit where members can receive telehealth services
- If the consumer is located outside of Wisconsin during a telehealth visit, the provider must follow all applicable state laws and practice standards for the state in which the consumer is located during the telehealth visit

Reference: [Permanent Telehealth Coverage Policy and Billing Guidelines \(wi.gov\)](#)

**EXAMPLE PROGRESS NOTE TEMPLATE**

**\*Insert Agency Name Here\*  
CCS Progress Note**

**Consumer Name:** Click here to enter text.

**Date of Service:** Enter a date.

**CCS Service Array:** Choose an item.

**Provider Location:** Choose an item.

**Consumer Location:** Choose an item.

**Type of Contact:** Choose an item.

**County Facilitator:** Click here to enter text.

<b>Direct Service</b> Start 1:45 PM End 2:30 PM	<table border="1"> <thead> <tr> <th colspan="2">Billing Summary</th> </tr> </thead> <tbody> <tr> <td>45</td> <td>Direct Service (min)</td> </tr> <tr> <td>15</td> <td>Documentation (min)</td> </tr> <tr> <td><b>4</b></td> <td><b>Units of Direct Service</b></td> </tr> </tbody> </table>	Billing Summary		45	Direct Service (min)	15	Documentation (min)	<b>4</b>	<b>Units of Direct Service</b>
Billing Summary									
45		Direct Service (min)							
15		Documentation (min)							
<b>4</b>	<b>Units of Direct Service</b>								
<b>Documentation</b> Start 3:30 PM End 3:45 PM									
<b>Non-Billable</b> Total Minutes 0									
<b>Travel</b> Miles Traveled 10 Minutes Traveled 17	<table border="1"> <tbody> <tr> <td>17</td> <td>Travel (Min)</td> </tr> <tr> <td><b>1</b></td> <td><b>Units of Travel</b></td> </tr> </tbody> </table>	17	Travel (Min)	<b>1</b>	<b>Units of Travel</b>				
17	Travel (Min)								
<b>1</b>	<b>Units of Travel</b>								

(double click on above table to edit)

**Specific CCS Goal/Treatment Objective Addressed with Consumer:**

Click or tap here to enter text.

**What did staff do to assist the consumer today to address this goal/objective?**

Click or tap here to enter text.

**How was the consumer able to demonstrate growth/progress towards accomplishing the goal/objective?**

**Describe consumer response to staff intervention.**

Click or tap here to enter text.

**Additional Information (consumer presentation, observations, significant events impacting functioning level, follow up needed, etc):**

Click or tap here to enter text.

**Print Name & Credentials:** Click here to enter text.

**Provider Signature and Date:**



# CCS PROGRESS NOTE ANATOMY & REQUIRED ELEMENTS

**\*Insert Agency Name Here\***  
**CCS Progress Note**

✦ **Specific Time & Duration of Service:**  
includes start & end time, and total minutes of service

**Consumer Name:** ✦ Who is the consumer?

**Date of Service:** ✦ When did the service occur?

**CCS Service Array Category:** ✦ **Service Array:** service provided as authorized on the service plan

**Location of Service:** ✦ Where did the service occur?  
Home, Office, AFH, Community, etc

**Type of Contact:** ✦ **Type of Contact:** Individual, Group, Team Meeting, Phone Call, etc

**County Facilitator:** Click here to enter text.

Direct Service	Billing Summary
Start 1:45 PM	45 Direct Service (min)
End 2:30 PM	15 Documentation (min)
<b>Documentation</b>	
Start 3:30 PM	0 Non-Billable (min)
End 3:45 PM	<b>4 Units of Direct Service</b>
<b>Non-Billable</b>	
Total Minutes 0	
<b>Travel</b>	
Miles Traveled 10	17 Travel (Min)
Minutes Traveled 17	<b>1 Units of Travel</b>

✦ **Travel for Service:** include both time and miles traveled

✦ **Billing Claims:** total up the number of minutes and round to the nearest unit. Break out: Travel & Direct Service times (Face time + Documentation). Non-billable category is suggested/optional

**Specific CCS Goal/Treatment Objective Addressed with Consumer:**

✦ **Treatment Objective Addressed in Session:** must reference at least one treatment objective from the approved CCS service plan

**What did staff do to assist the consumer today to address this goal/objective?**

✦ **Staff Interventions** Intentional service & action provided by the staff to help consumer meet their treatment objective

**How was the consumer able to demonstrate growth/progress towards accomplishing the goal/objective? Describe consumer response to staff intervention.**

✦ **Progress Statement** is consumer showing progress? What was consumer response to staff? Any new barriers to address?

**Additional Information (consumer presentation, observations, significant events impacting functioning level, follow up needed, etc):**

✦ **Functioning Level Statement:** what else is going on in their life? What is their general functioning level or quality of life like?

**Print Name & Credentials:** ✦ **Provider Name & Credentials (Printed/Legible)**

**Provider Signature and Date:** ✦ **Provider Signature & Date** Signatures must be a physical signature or a locked & encrypted digital signature with date stamp. Text boxes, drawing tools, or pictures of signatures are not acceptable forms of signatures

## Forward Health MA Time Billing Requirements

<b>1.</b>	<b>Direct Service</b>		<b>Billing Summary</b>	
	Start 1:45 PM		45	Direct Service (min)
	End 2:30 PM		15	Documentation (min)
<b>2.</b>	<b>Documentation</b>		0	Non-Billable (min)
	Start 3:30 PM		<b>4</b>	<b>Units of Direct Service</b>
	End 3:45 PM			
	<b>Non-Billable</b>			
	Total Minutes	0		
<b>3.</b>	<b>Travel</b>		17	Travel (Min)
	Miles Traveled	10	<b>1</b>	<b>Units of Travel</b>
	Minutes Traveled	17		

### Start and End Time

Start and Stop time on a progress note is required to be in compliance for reimbursement by Medicaid. When recording the start and stop time, you need to separate out the direct service time from the documentation time.

- 1) Direct Service Time is the Face to Face time that you are meeting with a consumer (i.e. service delivery)
  - a) The start and stop time of the direct service needs to be converted into minutes.
- 2) Documentation Time is the time that you are writing up the note for the service provided.
  - a) The start and stop time of the documentation needs to be converted in to minutes
  - b) Documentation should include the specific service provided and the specific time period spent documenting the service

The minutes of the Direct Service and Documentation should be added together and rounded to the nearest unit (i.e. quarter hour increment).

### Travel

- 3) Travel miles and minutes need to be recorded on the progress note.
  - a) Travel time is the time that a vendor is in the car driving to/from the service they will provide the consumer. If a consumer is in the car, it is not travel time
  - b) The travel minutes need to be converted to units of travel (i.e. 1 unit = quarter hour increments)
  - c) Travel time must be submitted on the same claim as the face to face service delivery to be reimbursable.

### Multiple Services on the Same Date:

- a) Accounting for billable time for multiple services on the same date to the same consumer has additional rules for invoicing. Please reference the Invoicing section of the document

## Examples of Progress Note Content

### Community-Based Note

Staff met with client at the office for weekly individual session. Client was dressed and groomed appropriately and had slight smile when greeting staff. Session held to provide client with 1:1 skill development services to support use of 2 positive coping skills each week when feeling anxious. Staff explored client use of coping skills during the week. Client reported using deep breathing one time and found it was not helpful. Staff discussed utilizing silent counting to center self when anxious. Client did not think it would work but agreed to try. Staff assisted client by practicing. Staff accompanied client to common area to engage with peers, and practice using silent counting. Client had some challenges as they avoided engaging with peers and stood at outside edge of room. Client shared they were not ready to engage with peers. Staff and client discussed trying to engage with peers again next week.

Billing Time: 5 units Individual Skill Development & Enhancement  
60 min direct service (1:00-2:00 PM); 15 min documentation (2:00-2:15 PM)

*Susan Smith, BA*

### Residential Note

**First Shift: 7am-3pm**

9:00-9:15am	Medication Management: Staff had to wake resident up to remind them to take medications. Staff discussed with resident importance of taking medications at same time each day. Staff and resident problem solved methods to wake-up around same time every day. Resident to try setting alarm on cell phone for tomorrow. JD, RW
10:00am-10:20am	Individual Skills: Staff attempted to work with resident on laundry. Resident became upset when washing machine was in use by another resident. Resident was cussing and went to room of other resident. Staff intervened and assisted with moderating discussion between residents to work together to develop a laundry plan. JD, RW
2:30pm – 2:48pm	Wellness: Resident approached staff to seek feedback and process new relationship with boyfriend. Resident felt boyfriend was making demands of resident that made her feel uncomfortable. Staff and resident discussed healthy boundaries in relationships and role-played ways resident could stand up for herself when talking with boyfriend next. JD, RW
<b>Billing Summary</b>	1 unit Medication Management (15 min service, 4 min documentation) 2 unit Individual Skill Development (20 min service, 4 min documentation) 1 unit Wellness Management (18 min service, 4 min documentation) <i>Johanna Dearing, RW</i>

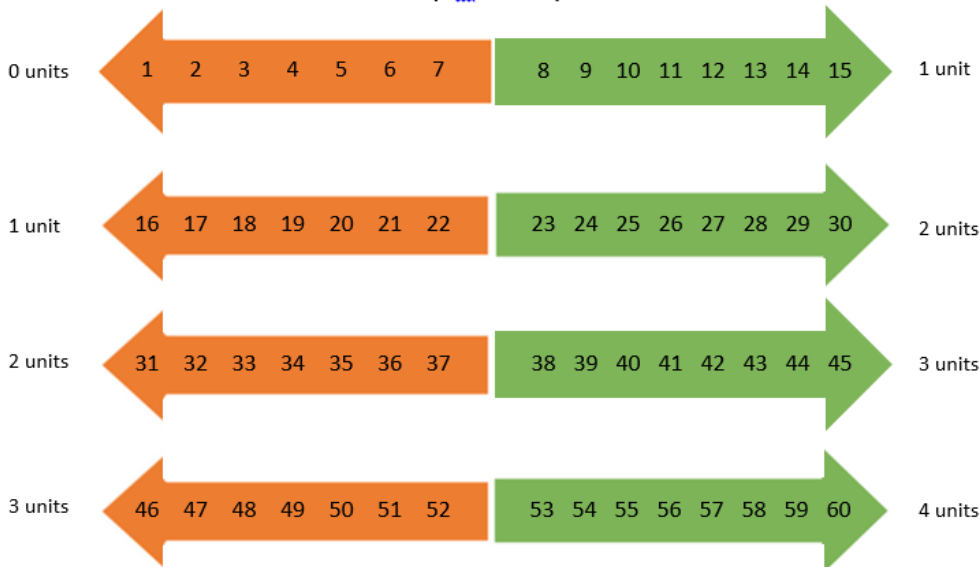
**Billing Invoice Documentation Checklist**

- ❖ Progress notes and invoices should be submitted to [HSInvoices@lacrossecounty.org](mailto:HSInvoices@lacrossecounty.org) by the 5<sup>th</sup> of the month for the previous month or no later than 60 days from the last date of service or payment may be permanently denied.
- ❖ For WRIC-CCS you must use an approved fiscal invoice to submit your claims.
- ❖ **Progress notes and invoice MUST MATCH or will be sent back for corrections and will not be paid until corrected. All corrections must be within the 60 days or will not be paid.**

**Required Elements of an Invoice:**

- Organization Name
- Organization Address
- Billing Contact Name
- Billing Contact Telephone Number
- Invoice Number (The invoice number needs to be unique for each invoice)
- Invoice Date (Date that the invoice is created)
- Program (Funding Source) – CCS
- Consumer Name (First and Last Name)
- Service information:
  - Date
  - Correct service description
  - Direct service units (direct service and documentation units with service array item listed)
  - Travel units (time in units spent by provider traveling to and from CCS service with CCS client)
  - Name of individual who provided the service
  - Degree Type for individual who provided the service (ex. High School Diploma, Associates, Bachelors, Masters, PhD, MD)
- Invoice total will automatically populate

**MA Rounding Guide for Billing**  
(# of Minutes)



Units	Time (Minutes)
1	15 minutes
2	30 minutes
3	45 minutes
4	60 minutes (1 hour)
5	75 minutes (1 hour and 15 minutes)
6	90 minutes (1.5 hours)
7	105 minutes (1.75 hours)
8	120 minutes (2 hours)

**Invoicing Scenarios:**

- Face to Face Service & Documentation is on different dates:
  - If service delivery and documentation are completed on the same date of service, it should be combined into one detail on the invoice
  - If service delivery and documentation are completed on different date of services, there should be separate claims on the invoice (documentation would still be whatever service array category as the service provided)
- Multiple Services on the same date of service:
  - providing the same service on the same date by the same provider to the same consumer must be combined together before rounding to the nearest unit

Program (Funding Source)	Participant Name (Client)	Date of Service	Service Description (CCS-include travel separately)	Service Code	Service Units (CCS = Qthr)	Contracted Rate	Amount Billed	Performing Provider / Clinician Name	Credentials (Degree) of Provider
CCS	John Doe	09/29/16	Individual Skill Development and Enhancement		5	\$ 10.23	\$ 51.15	Natalie Grimsled	Bachelor's
CCS	John Doe	09/29/16	Individual Skill Development and Enhancement - travel		1	\$ 10.23	\$ 10.23	Natalie Grimsled	Bachelor's
CCS	John Doe	09/30/16	Individual Skill Development and Enhancement		4	\$ 10.23	\$ 40.92	Natalie Grimsled	Bachelor's



## PROVIDER PACKET DOCUMENTATION EXPECTATIONS

I, \_\_\_\_\_ of \_\_\_\_\_ acknowledge that I have received  
(Print name of Individual) (Print name of organization)

a copy of the;

- WRIC Provider Packet
- WRIC Provider Documentation Expectations Packet

I have reviewed and understand the information enclosed.

\_\_\_\_\_  
(signature)

Date \_\_\_\_\_