

Documentation Standards for Group Services

Group services provide a tool that can be used with other treatment modalities to provide care to CBH members in many settings. The guidelines that follow, the next in a series of communications related to utilization of group services, provides guidance on expectations related to the documentation of these services in the clinical chart of CBH members.

The guidelines are below and will be included in Section 7.1 Clinical Documentation Guidelines of the CBH Provider Manual. These guidelines will be updated as needed. As such, please ensure that you bookmark the CBH Provider Manual and not specific versions of the Guidelines or Provider Manual to ensure that you have the most current version.

Please direct any questions about this Bulletin to CBH.ComplianceContact@phila.gov.

Documentation Standards for Group Services

Expectations presented in this document apply to services provided in a group setting. The definition of group services varies slightly depending on the setting. For example, consider the distinction between Mental Health Outpatient and Outpatient Drug and Alcohol Clinic Services:

Mental Health

Governed by MA Regulations Title 55, CHAPTER 1153. OUTPATIENT PSYCHIATRIC SERVICES; GENERAL PROVISIONS: • 1153.2.

Definitions Group psychotherapy—Psychotherapy provided to no less than two and no more than twelve persons with diagnosed mental disorders for a period of at least one hour. These sessions shall be conducted by a clinical staff person.

Substance Use Disorder Treatment (SUD)

Governed by MA Regulations Title 55, CHAPTER 1223. OUTPATIENT DRUG AND ALCOHOL CLINIC SERVICES, GENERAL PROVISIONS: • 1223.2.

Definitions Group psychotherapy—Psychotherapy provided to no less than two and no more than ten persons with diagnosed drug/alcohol abuse or dependence problems for a minimum of one hour. These sessions shall be conducted by drug/alcohol clinic psychotherapy personnel under the supervision of a physician.

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In addition, while mental health settings are not permitted to bill for groups that are psychoeducational in nature, they have historically been accepted in a limited manner in SUD care.

In all cases, all Providers utilizing group therapy services must follow relevant Commonwealth regulations.

General Record Maintenance

- ➔ Final and complete clinical notes must be entered into the clinical record within seven days of the date of service or prior to the submission of claims for payment for the service, whichever occurs first.
- ➔ Record should be in its original form, including signature.
- ➔ Records should be organized in a way that allows for ease of location and referencing.
- ➔ Records should be sequential, and date ordered.
- ➔ All entries within the record must be legible (including signature).
- ➔ Records should be typed, written, or printed only in ink.
- ➔ Every page in the record must have some form of identification of the person receiving services.
- ➔ Records should not include names of other individuals.
- ➔ Records should be individualized to meet the needs of each person receiving services.
- ➔ Correcting errors: correction tape/fluid, scribble over, etc. should not be used. If there is an error, draw a single line through the error and initial, then enter correct material. (Note: only original authors may make corrections).

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- ➔ Records should only contain universal and county-designated acronyms and abbreviations.
- ➔ Signatures must include the date signed and those dates may not be pre-printed for paper-based records. The signature must reflect the date the note was signed.
- ➔ Each CBH Member must sign either an encounter form or sign-in log that includes a signature date completed by the member, demonstrating that the Member was present for the service and provide evidence of the duration of their attendance.

Storage, Retention, and Destruction of Records

Storage

Clinical records contain Protected Health Information (PHI) covered by both state and federal laws. Providers are required to protect the record against loss, defacement, tampering, or use of unauthorized persons.

Clinical records should be “double locked” for storage (e.g., records placed in a locked filing cabinet within a locked office). Practitioners should have a safe and confidential filing system and retrieval system for access, accountability, and tracking.

Electronic records should be created and maintained in a way that is designed to protect their security, integrity, confidentiality, and appropriate access. Electronic records should be stored in a password-protected computer located within a locked room. Electronic records should also comply with applicable legal and ethical requirements.

Retention/Destruction

Full records should be retained for seven years after the last date of service delivery for adults and until one year after a minor reaches the age of majority, even if this requires the record to be retained longer than seven years. (49 Pa. Code § 16.95). Records should be retained beyond seven years if an audit involving those records is pending, until the audit findings are resolved and completed.

Records should be destroyed in a manner to preserve and assure confidentiality.

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Content of records

Progress Notes

Progress notes are the evidence of services provided and relate to the individual's progress in treatment. Progress notes are to be completed within seven days of the date of service or prior to the submission of claims, whichever occurs first. Missed appointments should also be documented within the clinical chart but may not be billed. Progress notes should be written in a standardized format (e.g., DAP, SOAP, BIRP) and should include the following:

- ➔ The date with start and end clock times of the service including AM/PM designation or using military time
 - » Absences from the group should be noted. Examples may include late arrivals, early departures, leaving group for other appointments, etc.
- ➔ Notation that group was provided
- ➔ Group topic
- ➔ Summary of the group response/dynamic
- ➔ Individualized response that should include:
 - » Assessment of individual's current clinical presentation
 - » Interventions utilized by practitioner and individual's response to said intervention
 - » Treatment goals and individual's progress towards each stated goal
 - » Plans, next steps, and/or clinical decisions
- ➔ Signature of rendering practitioner (must be legible)

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- ➔ The number of participants should be clear to the reader #

PHI for each Member must appear only in their individual record. As a result, special care should be given to not use full names, birthdates, etc., of other group participants to indicate group size.

Treatment Planning

Specific requirements for treatment plans, including required participants/signatures, timeframes for initial and plan updates, and regulatory basis can be found in the Treatment Planning Guide and in the CBH Provider Manual.

Other Reminders

Group psychotherapy services may not exceed 10-12 participants in most cases, depending on the license type of the program. When individualized psychoeducational groups are permitted, the maximum group size is 15.

Individualized psychoeducational groups may be permissible as a limited adjunct to more traditional therapy modalities (Individual, Group, and Family) in some treatment settings. If you are unsure about your program's ability to utilize and bill for these services, please contact the [CBH Compliance Team](#) for assistance. Examples of setting where they are permitted on a limited basis include, but may not be limited to:

- ➔ Partial Hospital Programs
- ➔ SUD Outpatient Programs
- ➔ Residential Treatment Facilities
- ➔ Inpatient and Non-Hospital Detoxification and Rehabilitation Units
- ➔ Halfway Houses

When permitted, common psychoeducational group topics include, but are not limited to:

- ➔ Vocational and Occupational

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- ➔ Life Skills
- ➔ Parenting/Family Reunification
- ➔ Structured Social Activities
- ➔ Dynamics and Medical Aspects of Addiction
- ➔ Abstinence and Its Role in Recovery
- ➔ Use of Self Help and Support Group
- ➔ Nutrition
- ➔ Sex and Sexuality
- ➔ Family Dynamics of Addiction
- ➔ Confrontation Skills
- ➔ Refusal Skills
- ➔ Avoiding and Defusing Triggers for Relapse
- ➔ HIV and STDs

When Medicaid restricts the number of participants, as previously noted, billing for services provided in excess of these parameters is subject to repayment for all CBH participants, not just those exceeding the limits.

Group size maximums represent the maximum number of TOTAL participants, not just CBH Members. This number also excludes any treatment staff and may not be increased by using co-facilitators.

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To be eligible for CBH reimbursement, individualized psychoeducational groups must be conducted by staff appropriately credentialed to provide this service in the relevant level of care. Appropriately credentialed interns may conduct psychoeducational groups as long as the fully credentialed supervisor co-signs all notes for services completed by the intern.

In some instances, Certified Peer Specialists may also lead psychoeducational groups, so long as the provisions set forth in the Medical Assistance Handbook are followed:

Provider agrees that it will typically provide peer support services on an individual (1:1) basis but may offer group services for several individuals together when such services are beneficial, provided that group services may not include social, recreational, or leisure activities. To receive peer support services in a group, individuals must share a common goal, and each individual must agree to participate in the group. Services such as psychoeducation or WRAP (Wellness Recovery Action Planning) are the types of services that may be provided in groups.