**Central Wisconsin Health Partnership**

**Comprehensive Community Services (CCS)**

**Procedural Guidance: Providing Services in Groups**

**Criteria**

* The service must be included in the CCS service array, and must mention ability to provide in groups (even if there is a modifier available for it). Services that can be provided in groups:
  + Individual Skill Development and Enhancement
  + Individual and/or Family Psychoeducation
  + Psychotherapy
  + Substance Abuse Treatment
* The service must be provided to two or more individuals simultaneously. A group service may include CCS members and non-CCS members. CCS programs should only bill for services provided to CCS members who participated in group services. Non-CCS members should not be included on CCS claims. If one CCS member participates in a group service with other non-CCS members, the service should still be considered a group service for the one CCS member.
* The service must be documented in each individual member’s service record.
* There can be a maximum of 8 group participants for a single service provider/facilitator
* Only one service provider can bill per group, unless each are providing different services

**Documentation**

* + the provider professional level
  + total travel time
  + total session time
  + number of participants for each group session
  + The number of CCS and non-CCS members in the group
  + Service note for each member in the group that includes travel time and service time
* Provider travel time to a group service should be submitted on the claim for each member in the group (to be reimbursed at the group rate)

**Group Rates:**

* The interim rate for a group service is 25 percent of the individual service interim rate.  Interim group rates can be found in Attachment 4 of the ForwardHealth Update, June 2014: <https://www.forwardhealth.wi.gov/kw/pdf/2014-42.pdf>.
* Suggestion for provider rate setting: ask the provider to estimate the number of participants they expect to serve through their group. Divide their full rate by the estimated number of group participants to determine their per consumer rate. The provider may make money or lose money on a particular group on a particular day.

**Example:** *Skill development provided during a 2-hour cooking class to 4 CCS consumers*

* the provider’s time sheet would show 2 hours for a CCS group session.
* The county would document that the session had 4 members and then would bill MA for 2 hours of group service for each CCS Medicaid member.
* For CCS cost reporting, the county will be responsible for reporting two items – clinician hours and participant units.
  + **Total Clinician Group Service Hours:** indicate how many of the total hours of CCS services provided by clinicians at each professional level were provided in a group setting. Using the example, if the clinician providing the group service was Bachelor’s Degree Level, a total of two hours of CCS Group service provided by a Bachelor’s Degree level clinician would be reported.
  + **Participant Units:** the total number of participant units in each CCS group session is needed to calculate the actual cost per 15 minutes. The total number of participant units provided to each group would include CCS and non-CCS members as well as Medicaid and non-Medicaid members. In the example the number of participants (4 individuals) would be multiplied by the number of CCS units (8 fifteen-minute increments) to get a total of 32 participant units.

**Resources:**

* ForwardHealth Topic #17137 – Covered Services