



MEDICAID/INSURANCE-RELATED REQUIREMENTS AND COLLABORATIVE DOCUMENTATION

VERMONT STATE-SPECIFIC CURRICULUM

OVERVIEW OF VERMONT-SPECIFIC CURRICULUM

Code of Ethics,
including privacy

Links to Resources,
services and
supports, including
Vermont mental
health system of
care

Medicaid/Insurance-
Related
Requirements,
including
Collaborative
Documentation

Change Facilitation

APPLICABLE CORE COMPETENCY

Number	Core Competency
14	Medicaid and Insurance- related Requirements: Peer support providers in programs receiving insurance reimbursement, including Medicare and Medicaid, understand requirements of those programs and are transparent and open with those they serve about such requirements. Where documentation is required, peer support providers are able to document collaboratively.

LEARNING OBJECTIVES

To familiarize prospective peer support providers with private insurance and Medicaid

To provide prospective peer support providers with essential knowledge and skills for effective collaborative documentation

To enhance prospective peer support providers' ability to introduce peer support recipients to the collaborative documentation process

To ensure participants understand the legal and ethical considerations involved in collaborative documentation

To equip trainees with the knowledge and skills to distinguish peer support collaborative documentation from clinical collaborative documentation

LEARNING OUTCOMES

Participants will memorialize in writing a progress note using collaborative documentation

Participants will introduce collaborative documentation to peer support recipients, and establish and maintain trust and rapport while engaging in the process of collaborative documentation

Participants will navigate legal and ethical considerations in collaborative documentation

Participants will be able to recognize and distinguish peer support collaborative documentation and clinical collaborative documentation

SCOPE AND SEQUENCE

Intentional Peer Support, Wellness Recovery Action Planning When Conversations Turn to Suicide, Hearing Voices



Code of Ethics



Medicaid/Insurance Related Requirements and Collaborative Documentation



Links to Resources, Services and Supports, including Vermont Mental Health System



Change Facilitation

INSTRUCTIONAL STRATEGIES

Lecture and presentation to introduce and explain private insurance and Medicaid

Lecture and presentation to introduce and explain concepts related to collaborative documentation

Role plays and interactive exercise to practice and develop skills in collaborative documentation

Group discussions and reflection activities to explore ethical considerations and dilemmas related to collaborative documentation

DIFFERENTIATION AND ADAPTATION

Allow participants to work in groups to critique a progress note and/or write a progress note

To help participants understand what information should be included in a note, ask participants to discuss what information they would want on a bill before they would want to pay it; draw connection to template for writing a progress note

To help participants understand the benefit of collaborative documentation, ask participants to share their experience reading their medical records

Ask if anyone has experience working with a provider who used collaborative documentation; ask participant to share experience

ASSESSMENTS

Role-play where trainees engage in collaborative documentation

- Trainees explain collaborative documentation to peer support recipient
- Trainees write progress note using collaborative documentation

Group discussion of ethical dilemmas

- Trainees identify ethical issues and demonstrate ethical decision-making process

TIMEFRAME AND SCHEDULE



Insurance Overview
15 minutes



Collaborative Documentation
1.5 hours



Ethical Issues
30 minutes
Participants will have already been introduced to ethical issues during the Code of Ethics module





MODULE CONTENTS

MEDICAID/INSURANCE-RELATED REQUIREMENTS AND COLLABORATIVE DOCUMENTATION



MEDICAID AND PRIVATE INSURANCE

MEDICAID/INSURANCE-RELATED REQUIREMENTS AND COLLABORATIVE DOCUMENTATION

WHAT IS HEALTH INSURANCE?

A contract that requires your health insurance company to pay some or all your health care costs in exchange for money, also called a premium

- Many people get health insurance through their employer
- In Vermont, people can buy health insurance through Vermont Health Connect
- Vermont Health Connect also offers financial help for people who qualify

WHAT IS MEDICAID AND MEDICARE?

Medicaid and Medicare are public health insurance programs

	Medicare	Medicaid
Who Pays	Federal government	Federal and State governments
Who's Eligible	<ul style="list-style-type: none">• People aged 65 or older• Certain people under 65 with disabilities• People of any age with end-stage kidney disease	<ul style="list-style-type: none">• Low-income adults• Pregnant women• Children

WHAT IS MEDICAID AND MEDICARE? (CONT'D)

	Medicare	Medicaid
What's Covered	<ul style="list-style-type: none">• Beneficiaries may choose among certain programs	<p>States must cover certain services through their Medicaid program, including</p> <ul style="list-style-type: none">• Doctor visits• Inpatient and outpatient hospital services• Mental health services• Needed medications• Prenatal care and maternity care• Preventative care, such as immunizations, mammograms, and colonoscopies

OTHER TYPES OF HEALTH INSURANCE

TRICARE

COBRA

Worker's Compensation

Liability insurance coverage



MEDICAID BILLING GENERAL REQUIREMENTS

MEDICAID/INSURANCE-RELATED REQUIREMENTS AND COLLABORATIVE DOCUMENTATION

GENERAL MEDICAID BILLING REQUIREMENTS

Bill only for covered services

Ensure beneficiaries are eligible for services where they are furnished

Ensure medical records are accurate, legible, signed, and dated

EXAMPLES OF MEDICAID-COVERED PEER SUPPORT SERVICES

Providing health and wellness supports

Supporting individuals in accessing community-based resources and navigating state and local systems

Providing employment supports, including transitioning into and staying in the workforce

Providing advocacy, which includes helping individuals to advocate for themselves and helping to ensure that individual's rights are respected

BILLING REQUIREMENT FOR MEDICAID REIMBURSEMENT

To bill Medicaid for peer support services, peer support must be included in the recipient's person-centered, wellness plan, which serves as the plan of care

EMPLOYER TRAINING AND BILLING REQUIREMENTS

Your employer will train you about your employer's billing requirements, including

- Where covered services may be delivered
- What are covered services

Today's training is specific to your role as a certified peer support provider



OVERVIEW OF MEDICAID DOCUMENTATION

MEDICAID/INSURANCE-RELATED REQUIREMENTS AND COLLABORATIVE DOCUMENTATION

GENERAL MEDICAID DOCUMENTATION RULES

To the extent required by the State, medical necessity and medical rationale are documented and justified in the medical record (each State adopts its own medical necessity definition)

Accurate, clear, and concise medical records are maintained and available for review and audit

All medical record entries are legible, signed and dated

Medical records are never altered

Documentation supports and justifies billed services

PEER SUPPORT SERVICES AND MEDICAL NECESSITY

Peer support must be a component of the peer support recipient's individualized, person-centered, wellness plan, which serves as the plan of care

Peer support services delivered must be related to a goal or issue listed in the plan of care



COLLABORATIVE DOCUMENTATION

MEDICAID/INSURANCE-RELATED REQUIREMENTS AND COLLABORATIVE DOCUMENTATION

WHAT IS DOCUMENTATION?

For our purposes, documentation means putting in writing what peer support providers do during meetings with peer support recipients

Documentation is sometimes referred to as “progress notes” or “medical records”

Documentation should include what peer support service was provided, how the peer support service related to the recipient’s goals, the recipient’s progress towards their goals, and next steps.

PURPOSES OF DOCUMENTATION

To track progress against individual's goals

Quality assurance

Continuity of care

Protection from liability (for both peer support provider and employer)

Sometimes serves as evidence (audits, court subpoenas)

DOCUMENTATION AND PRIVACY

Documentation is not 100% confidential or private

- HIPAA allows disclosure of Protected Health Information (PHI) without authorization for “treatment, payment or health care operations.”

DOCUMENTATION AND TENSION WITH PEER SUPPORT VALUES AND PRINCIPLES

Inaccuracies in documentation can undermine trust in a peer support relationship

Documentation can be a form of surveillance

Documentation can invade privacy and lead to forced hospitalization, employment discrimination, child custody battles

Documentation may conflict with peer support values of confidentiality, self-determination, and mutuality

ROLE OF COLLABORATIVE DOCUMENTATION

**Collaborative documentation
may minimize the conflict
with peer support values and
principles**

WHAT IS COLLABORATIVE DOCUMENTATION?

Collaborative documentation is a person-centered approach in which the peer support provider works face-to-face with the peer support recipient to put into writing the support offered by the peer support provider, the purpose of the peer support service, the response of the individual to the peer support service, and the plan for next steps.

Both the peer support provider and the recipient of peer support services provide input and perspective on the services and progress towards goals.

In collaborative documentation, documentation is integrated into the peer support relationship.

DIFFERENCE BETWEEN CLINICAL DOCUMENTATION AND PEER SUPPORT DOCUMENTATION

Clinical Documentation

- Uses language of diagnoses, symptoms, medications, and compliance
- Focuses on symptom management
- Focuses on problems
- Includes provider's goals for patient

Peer Support Documentation

- Uses ordinary language of human experience
- Focuses on individual's aspirations and goals
- Focuses on individual's strengths
- Focuses on the individual (person-centered)

DIFFERENCE BETWEEN CLINICAL DOCUMENTATION AND PEER SUPPORT DOCUMENTATION: ADDITIONAL NOTES

Collaborative documentation is not unique to peer support providers. Some clinicians also use collaborative documentation. However, collaborative documentation by peer support providers differs from collaborative documentation used by clinicians.

- For example, peer support providers do not use the language of diagnoses, symptoms, medications and compliance. They do not focus on symptom management, problems or the provider's goals for the patient.

INFORMATION TO INCLUDE IN DOCUMENTATION

Information for Documentation

- Service start and end time
- Service date
- Peer support provider name, signature and credential
- Name of peer support recipient
- Setting or location where service was provided
- Title of the service or service billing code
- **Narrative summary** of the service provided
- Indication that documentation was collaboratively written

Narrative Summary Information

- Clear description of the peer support service provided
- Purpose of the peer support service provided
- Response of the peer support recipient to the service provided
- Plan for next steps

INFORMATION TO INCLUDE IN DOCUMENTATION (CONT'D)

SETTING OR LOCATION

- It's important to note the location where the peer support provider services were delivered because not all locations are reimbursable. Your employer will let you know where services must be delivered for purposes of reimbursement. For example, under some circumstances, telephone meetings are not reimbursable.

TITLE OF THE SERVICE OR SERVICE BILLING CODE

- Your employer will also let you know how to complete the billing code or title of service information

NARRATIVE SUMMARY

- The narrative summary does not have to include everything that happened. It's a summary, not meeting notes. You want to include just enough information to justify the billing and to keep track of progress.

INFORMATION TO INCLUDE IN DOCUMENTATION (CONT'D)

CLEAR DESCRIPTION OF THE PEER SUPPORT SERVICE PROVIDED

- Some examples of language that a peer support provider may use to describe peer support services provided include:
 - Demonstrated
 - Facilitated
 - Provided
 - Shared
 - Role played
 - Empathized

PURPOSE OF THE PEER SUPPORT SERVICE PROVIDED

- Explain how the peer support service provided relates to the individual's goals in their wellness plan (plan of care)

INFORMATION TO INCLUDE IN DOCUMENTATION (CONT'D)

RESPONSE OF THE PEER SUPPORT RECIPIENT TO THE SERVICE PROVIDED

- Language used to describe the recipient's response include:
 - Recipient said she felt more confident
 - Recipient said they were less nervous
 - Recipient said she no longer avoids going to the store
 - Recipient said she is getting along better with her treatment team

PLAN FOR NEXT STEPS

- Language used to describe the plan for next steps include:
 - Recipient plans to practice XXX
 - Recipient plans to talk to her psychiatrist about medication side-effects
 - Recipient plans to talk to two people at the next workshop and assess how the conversations went with her CPSP

WHERE TO BEGIN WITH COLLABORATIVE DOCUMENTATION

Explain to the peer support recipient what is collaborative documentation, why you are required to document, and the recipient's role

Review the peer support recipient's wellness plan (aka plan of care) to make sure you understand peer support recipient's goals for peer support

- Peer support services you document must relate to the recipient's goals listed in the wellness plan

Talk with the peer support recipient about what they want to write down

SAMPLE COLLABORATIVE DOCUMENTATION NOTE

Service Start and End Time	11 AM – 12 PM	Billing Code/Title of Service	H0038
Service Date	06/28/2022	Provider Name	Hokey Pokey
Recipient Name	Rosie Ring	Provider Credential	CPSP
Setting or Location	Office	Collaborative Documentation?	Yes

Narrative Summary

Rosie wants her psychiatrist to take her medication side effects seriously. CPSP suggested preparing for next scheduled appointment. Rosie made a list of side effects, and Rosie and CPSP role played talking with psychiatrist at her next appointment. Afterwards, Rosie said she felt more confident and prepared for the appointment. Rosie will attend upcoming appointment with psychiatrist and will f/u with CPSP next week.

Recipient Signature	/s/ Rosie Ring
CPSP Signature	/s/ Hokey Pokey

SAMPLE COLLABORATIVE DOCUMENTATION NOTE

The sample collaborative documentation note shows the minimal information required.

RECIPIENT'S GOAL

- Rosie wants her psychiatrist to take her medication side effects seriously.

PEER SUPPORT SERVICE PROVIDED

- CPSP suggested preparing for next scheduled meeting with psychiatrist. CPSP role played talking with psychiatrist at her next appointment.

RECIPIENT'S RESPONSE TO SERVICE PROVIDED

- Afterwards, Rosie said she felt more confident and prepared for the appointment.

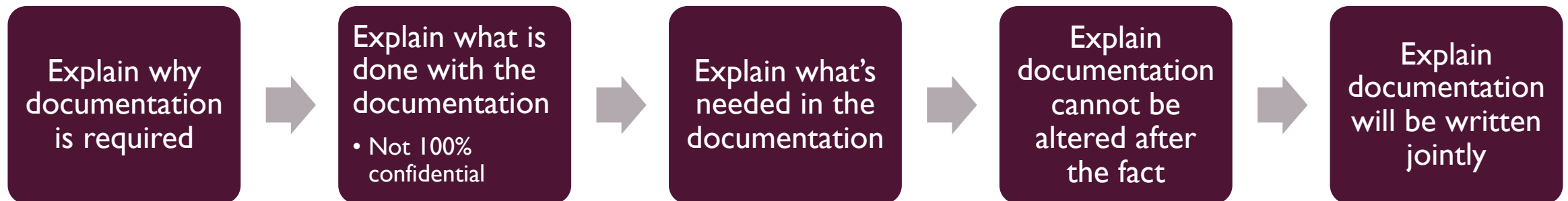
NEXT STEPS

- Rosie will attend upcoming appointment with psychiatrist and will follow up with CPSP next week.

HOW TO EXPLAIN COLLABORATIVE DOCUMENTATION TO PEER SUPPORT RECIPIENT

It is important for peer support recipient to have sufficient information about collaborative documentation before agreeing to participate in collaborative documentation. The information should include the purpose, benefits, potential risks, and any available alternatives.

In some cases, the peer support recipient may be able to forgo documentation if they are paying out of pocket. This alternative is not available to a Medicaid beneficiary/recipient.



Consult [Checklist](#)

SUGGESTED PROMPTS FOR PEER SUPPORT RECIPIENTS

- What would you like to write down about the time we spent together today/over the last two weeks/this month?
- How would you sum up our time together today/over the last two weeks/this month?
- What do you think you've learned from our time together today/over the last two weeks/month?
- What would you like to work on in the coming week/two weeks/month?

EXERCISE: WRITE PROGRESS NOTE

- Find a partner to work with. Take turns being the certified peer support provider (CPSP) and the peer support recipient. When you are playing the role of the recipient, talk about a challenge you are facing or have faced. You may also make up a challenge. It doesn't have to be a major challenge, and you can choose what to talk about. When you are playing the role of the CPSP, your job is to offer peer support, explain collaborative documentation, and keep track of the of the conversation so you can document the session.
- You will have about 10 minutes in each role and 10 minutes to write the progress note using the template provided. The trainer will tell you when to change roles. Before you change roles, write the progress note using collaborative documentation.

ASSESSING EXERCISE: WRITE PROGRESS NOTE

- The trainer should ensure that the person playing the role of CPSP appropriately explains collaborative documentation before writing the note. The person playing the role of peer support recipient should be invited to offer feedback about the adequacy of the explanation.
- The trainer should ensure that the progress note includes the minimal required elements and provide feedback if the progress note includes extraneous information or otherwise inappropriate information.

COLLABORATIVE DOCUMENTATION TEMPLATE

Service Start and End Time		Billing Code/Title of Service	
Service Date		Provider Name	
Recipient Name		Provider Credential	
Setting or Location		Collaborative Documentation?	
Narrative Summary			
Recipient Signature			
CPSP Signature			

LEGAL ISSUES IN COLLABORATIVE DOCUMENTATION

Documentation may not be altered after-the-fact

Documentation may be edited; edits should be initialed by the peer support provider and recipient

Documentation must be truthful

Documentation should not be "cloned," meaning, you should not use identical or nearly identical documentation for different visits

ETHICAL ISSUES IN COLLABORATIVE DOCUMENTATION

Issue	Scenario
Accuracy versus Comfort	Peer support recipient shares information during a meeting, which becomes the focus of the session, however, the recipient does not want to document the information because of its sensitive nature. Peer support provider is concerned that without the information, the services they provided will not be justified. What should peer support provider write down?
Autonomy versus Safety	Peer support recipient reveals self-harming intentions that would violate the recipient's Order of Non-Hospitalization (ONH). Peer support provider does not believe self-harm intentions are life-threatening. Nevertheless, documenting the intentions might cause the recipient to be forcibly hospitalized. The recipient shared the information in confidence. What should peer support provider write down?

ETHICAL ISSUES IN COLLABORATIVE DOCUMENTATION: KEY TAKEAWAYS

Issue	Key Takeaways
Accuracy versus Comfort	<ul style="list-style-type: none">• Peer support provider should not worry about billing concerns or justifying the services• Peer support provider should try to collaborate on the note and write the required elements without the sensitive information• If questions about note arise, peer support provider can explain issue to supervisor and work later to resolve the issue
Autonomy versus Safety	<ul style="list-style-type: none">• Peer support provider should never guarantee confidentiality in advance• Peer support provider has no legal duty to report self-harming intentions in the progress note• Peer support provider should focus on the the required elements (service provider, recipient's reaction, progress toward goal, next steps)

ETHICAL ISSUES IN COLLABORATIVE DOCUMENTATION

Issue	Scenario
Dual Relationships	Peer support provider attended a party in the community that the peer support recipient also attended. Peer support provider witnessed peer support drinking alcohol and smoking marijuana. At their next meeting, peer support recipient suggests including in the documentation that she has been clean for six months with the help of the peer support provider. What should the peer support provider do?
Collaboration versus Time Constraints	Peer support recipient and peer support provider run out of time before documenting their meetings during the month. Peer support recipient tells peer support provider to write "whatever." What should the peer support provider do?

ETHICAL ISSUES IN COLLABORATIVE DOCUMENTATION: KEY TAKEAWAYS (CONT'D)

Issue	Key Takeaways
Dual Relationships	<ul style="list-style-type: none">• It's not peer support provider's role to police recipient's behavior and ensure the truthfulness of recipient's disclosures• Peer support provider may choose to discuss what she witnessed at the party to the recipient but has no duty to do so and if the peer support provider discusses the information, peer support provider has no duty to include the information in the progress note• It's ethical to report peer support recipient's impressions of their progress even if in the peer support provider's opinion, they are not truthful• The peer support provider must be truthful in their own documentation

ETHICAL ISSUES IN COLLABORATIVE DOCUMENTATION: KEY TAKEAWAYS (CONT'D)

Issue	Key Takeaways
Collaboration versus Time Constraints	<ul style="list-style-type: none">• Peer support provider cannot compel recipient to engage in collaborative documentation• Peer support provider may complete the progress note without the recipient's collaboration but should clearly indicate that the progress note is not the result of collaborative documentation• Peer support provider may need to work on managing time to better integrate collaborative documentation into the peer support relationship

RESOLVING ETHICAL ISSUES

What does the law say about the issue or situation

What does the Code of Ethics say about the issue or situation

What do your employer's policies, practices, and customs say about the issue or situation

What do your own values or personal boundaries say about the issue or situation

How will the peer support recipient be impacted (harmed or helped) by the issue or situation

What peer support values or principles are advanced or impeded by the issue or situation

RESOLVING ETHICAL ISSUES: OTHER ISSUES

Peer support providers should keep a personal, written record of their decisions and why they made them

- This can be useful if the decision is questioned

The written notes should be treated as private and confidential



RESOURCES AND MATERIALS

MEDICAID/INSURANCE-RELATED REQUIREMENTS AND COLLABORATIVE DOCUMENTATION

RESOURCES AND MATERIALS

- [Medicaid-Medicare Basics](#)
- [Collaborative Documentation Template](#)
- [Collaborative Documentation Checklist](#)
- Centre of Innovation in Peer Support (2018). Peer support worker documentation guidelines. Retrieved June 20, 2023 from <https://supporthouse.ca/wp-content/uploads/2021/05/Peer-Support-Worker-Documentation-Guidelines-Version-1.0-1.pdf>
- Scott, A., & Doughty, C. (2012). “Confronted with paperwork”: Information and documentation in peer support. *Journal of Mental Health*, 21 (2), pp. 154-164.
<https://www.tandfonline.com/doi/full/10.3109/09638237.2011.638002>

ACRONYMS

ACRONYM/ABBREVIATION	LONG VERSION
CPSP	Certified Peer Support Provider
F/U	Follow-up
HIPAA	Health Insurance Portability and Accountability Act of 1996
PHI	Protected Health Information

GLOSSARY

Term	Definition
COBRA	COBRA stands for the Consolidated Omnibus Budget Reconciliation Act of 1985, federal legislation that allows you – if you work for an employer group of 20 or more employees – to continue to purchase your group health insurance coverage for up to 18 months if you lose your job or your employer-sponsored coverage otherwise ends.
HIPPA	The <u>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</u> is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.
Liability Insurance	Liability insurance coverage is an insurance product that provides protection against claims resulting from injuries and damage to other people or property. Typical liability coverage is auto insurance which provides medical payments for some injuries arising out of car accidents.

GLOSSARY

Term	Definition
Person-centered	<p>Person-centered" means that services are specifically tailored to the unique needs, preferences, and values of the individual. Person-centered means individuals have a say in their treatment decisions and that their personal goals are central. It is about treating people with dignity, respect and ensuring they are actively involved in their own care and service planning.</p>
Protected health information	<p>Protected health information (PHI), also referred to as personal health information, is the demographic information, medical histories, test and laboratory results, mental health conditions, insurance information and other data that a healthcare professional collects to identify an individual and determine appropriate care.</p> <p>HIPAA defines PHI as data that relates to the past, present or future health of an individual; the provision of healthcare to an individual; or the payment for the provision of healthcare to an individual.</p>

GLOSSARY

Term	Definition
TRICARE	TRICARE is the uniformed services health care program for active-duty service members (ADSMs), active-duty family members (ADFMs), National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses worldwide.
Workers' compensation	Workers' compensation, commonly referred to as "workers' comp," is a government-mandated program that provides benefits to workers who become injured or ill on the job or as a result of the job. It is effectively a disability insurance program for workers, providing cash benefits, healthcare benefits, or both to workers who suffer injury or illness as a direct result of their jobs. In the United States, workers' compensation is handled primarily by the individual states. The required benefits vary greatly state by state. Texas is the only state that does not require employers to maintain workers' compensation insurance.