

# PROGRAM OPERATIONS

## DIRECTIVE 1.4

**SUBJECT: Clubhouse**

**ISSUED: August 24, 2015**

**\*Revised 8-18-2015**

**\*Reviewed 7-06-2016**

### **PURPOSE:**

The purpose of this correspondence is to clarify expectations for the referral and oversight of clubhouse membership.

### **CLUBHOUSE CRITERIA:**

- a. Have a dx of a serious mental illness
- b. They must have Medicaid (Spend Downs are NOT accepted)
- c. They must be able to self-manage i.e. their recovery is such that they would not be at risk to self or others and could actively participate in a program w/ little staff support.
- d. The members have a desire to participate in Clubhouse services that will lead to recovery. These areas may include but are not limited; social/communication skills building, education, work, volunteerism, independent living, healthy lifestyle.

### **REFERRAL PROCESS:**

The caseholder, whether direct operated or via contract agency, will complete a case consultation form and send it to the CMH designated staff for review. The CMH designee will review for appropriateness of referral. CMH designee will make recommendations and send a copy back to the caseholder as well as the Clubhouse supervisor. The case consultation should include; dx., current symptomology and insurance. If the consumer is accepted, the designee will request the caseholder to; contact the clubhouse and set up a tour for the member, complete an IPOS amendment w/ corresponding interventions related to clubhouse, complete authorizations for the clubhouse and complete a weekly contact note template (see below).

### **IPOS – CONSIDERATIONS:**

When a caseholder writes up the objective and corresponding intervention for the clubhouse the amount, scope and duration need to be clearly written. This means the number of days per week and units per day need to be listed. Due to clubhouse philosophy member participation may vary and authorizations and interventions should reflect this as much as possible. Just putting this information in the authorization section is not enough.

The caseholder must complete a Weekly Contact note template which must have the activities and number of hours per activity per week listed. This must be sent to the clubhouse and a copy attached to the IPOS or the amendment. It

is also recommended that you document on your copy of the contact note when you sent it to the Clubhouse and you check to be sure they received it.

The primary caseholder, clubhouse member and clubhouse staff should be working together to monitor the need for authorizations, member progress and plans for the future. We want to increase positive outcomes and to work as a team in utilizing the clubhouse as a means of recovery.

If the person being served is working in the Kiosk or store we should be looking at simultaneous referrals to IPS and/or MRS.

Clubhouse services will be monitored in the community, home or on site. Whenever possible and visits should occur at lunch time

IPOS and Periodic reviews should be completed whenever possible and per the members request/agreement on site. Should the member not desire to have these services provided at the clubhouse the member should be asked if they want a clubhouse staff to attend the IPOS/PR at another location.

There are no restrictions on social/leisure activities i.e. night, weekend and holidays. Participation in these activities is a part of clubhouse membership and expected/supported.

**PROCEDURES:**

Primary Caseholder will review the weekly notes on a weekly basis to ensure that services are delivered according to the IPOS/ goals and objectives. (Refer to Program Operations Directive 1.1, Exhibit A). Should authorizations be requested these will be updated in Oasis.

**EXHIBITS:**

- A. Program Operations Directive 1.1
- B. Sample Weekly Activity Form
- B.1 Contract Agency Claims Correction Forms
- C. Primary Caseholder Training on the change in the Authorization Process

**PROGRAM OPERATIONS  
DIRECTIVE 1.1**

**Exhibit A**

**SUBJECT: Weekly Activity Notes**

**ISSUED: September 6, 2012**

**Purpose:**

The purpose of this correspondence is to clarify expectations for the review and approval of weekly activity form documentation.

**Definition:**

Weekly Activity form is used to document the activities of the week in accordance with the IPOS goals/objective(s).

**Requirement:**

Primary case holder will review the weekly notes on a weekly basis to ensure that services are delivered per the IPOS.

If the services provided exceed what has been authorized in the IPOS please complete the Contract Agency Claims form. Indicate the billing was submitted by the agency followed by the corrected time for billing per the IPOS.

Submit the Contract Agency Claims correction form to Tammy Mylan for processing.

WEEKLY ACTIVITY FORM

Consumer Name: ██████████ Case #: ██████████ 123456

Location Name: Community Enterprises of St. Clair County - T-Shop

Casemanager: Sandy O'Neill

Date	Cost Center Codes	Service Code	Goal/ Objective	Start Time	Stop Time	Transportation
m 8-13-12	74612	H2015 TT		<del>0900</del> 10:00	330	T2002
t 8-14-12	74612	H2015 TT		0900	330	T2002 <i>cannot</i>
w 8-15-12	74612	H2015 TT		0900	330	T2002 <i>Bill time</i>
t 8-16-12	74612	H2015 TT		0900	330	T2002
f 8-17-12	74612	H2015 TT		0900	<del>330</del> <sup>1:00</sup>	T2002

Revised: 5/17/2012

Goal/Objective/Intervention (include CARF requirements and any other)	Key for Documentation	Progress/Initials (if absent - write in absent) (data must correspond with billing dates/times above)				
		Mon	Tue	Wed	Thu	Fri
<p><b>Community Integration Services ECL (H2015 TT)</b></p> <p><b>Goal:</b> To continue to increase her abilities.</p> <p><b>Objective A:</b> Jane will increase her daily living skills by completing one of the following skills daily for 4 consecutive weeks by 8/7/12.</p>	<p><b>Activity Code:</b> A. B. C. D. Work</p> <p><b>Performance Key:</b> <b>Skills to be worked on include:</b> 1. clean up table after lunch 2. wiping tables 3. asking staff for assistance when necessary 4. helping others 5. picking up activities, puzzles, beads, etc. after use 6. helping clean 7. using restroom with no assistance 8. remembering to wash hands</p> <p>+ Independent. -Jane required 1 or more verbal prompts. *Jane refused.</p>	<p>AM - <i>In late Enhouse at 10:00</i> PM -</p>	<p>AM - <i>MU LIB</i> PM - <i>JT</i></p>	<p>AM - <i>In house w/ games</i> PM -</p>	<p>AM - <i>Picnic All Day</i> + PM -</p>	<p>AM - <i>Bowling + Snacks</i> PM - <i>Don't popcorn left at 1pm</i></p>
<p><b>Comments:</b> Please indicate how many prompts were required.</p>						

RECEIVED  
AUG 22 2012

Exhibit B.1

CONTRACT AGENCY CLAIMS CORRECTION FORM

CONTRACT AGENCY: COMMUNITY ENTERPRISES - T-SHOP  
CASE NUMBER: 123456

DATE OF SERVICE: 8-13-12  
WEEKLY ACTIVITY FORM START/STOP TIMES: 9am TO 330pm

CORRECT START/STOP TIMES TO BE PAID: 10am TO 12pm  
1230pm TO 330pm

DATE OF SERVICE: 8-14-12  
WEEKLY ACTIVITY FORM START/STOP TIMES: 9am TO 330pm

CORRECT START/STOP TIMES TO BE PAID: 9am TO 12pm  
1230pm TO 330pm

DATE OF SERVICE: 8-15-12  
WEEKLY ACTIVITY FORM START/STOP TIMES: 9am TO 330pm

CORRECT START/STOP TIMES TO BE PAID: 9am TO 12pm  
1230pm TO 330pm

DATE OF SERVICE: 8-16-12  
WEEKLY ACTIVITY FORM START/STOP TIMES: 9am TO 330pm

CORRECT START/STOP TIMES TO BE PAID: 9am TO 12pm  
1230pm TO 330pm

DATE OF SERVICE: 8-17-12  
WEEKLY ACTIVITY FORM START/STOP TIMES: 9am TO 330pm

CORRECT START/STOP TIMES TO BE PAID: 9am TO 12pm  
1230pm TO 1pm

DATE OF SERVICE:  
WEEKLY ACTIVITY FORM START/STOP TIMES: TO TO

CORRECT START/STOP TIMES TO BE PAID: TO TO

DATE OF SERVICE:  
WEEKLY ACTIVITY FORM START/STOP TIMES: TO TO

CORRECT START/STOP TIMES TO BE PAID: TO TO

CASEMANAGER SIGNATURE: X  
\*PLEASE ATTACH COPY OF WEEKLY ACTIVITY NOTE TO THIS FORM AND FORWARD TO TAMMY MYLAN

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**PRIMARY CASEHOLDER TRAINING**  
*on the change in the*  
**AUTHORIZATION PROCESS**

**Exhibit C**

*This training is for those case holders who have individuals receiving services in any of the following locations: ARC/CE (all sites); Life Skills (all sites); Non-Resident (BWDH, IMPACT, IHC); VNA, GWI, Club House OR if the person is authorized to receive any of the codes listed (this does not include CIS services).*

**Step I - For All Current Annual Authorizations:** Need to be entered at IPOS / Amendment time and entered in monthly increments.

**Assessments Conducted:**

*IPOS Developed:* Services will be designed and delivered based on medical necessity criteria. B-3 Goals, when applicable and consistent with Program Operations Directive 1.3, Person-Centered Planning and Recovery Principles.

**Step II - Authorization Completed:**

- \* For H2014 – Skill Building (including all modifiers)  
H2015 – Community Living Supports (including all modifiers)  
H2030 – Club House (modifier cannot be used)  
Month-to-Month authorizations must be done. Services must be authorized in 30 day (monthly) increments; you can authorize as many authorizations as plan indicated.

\* *All other codes can do a 12 month or Annual authorization.*

NOTE: Refer to Program Operations Directive 1.2.

**Step III - So for Current (Non-Expired) IPOS's Case Holders Need to:**

1. Pull actual service utilization report for each individual that has any of the above codes
2. Review weekly notes against the "authorization" and the goals in the IPOS and verify accuracy and make corrections as necessary (refer to Program Operations Directive 1.1)
3. For services that were provided outside IPOS forward to assigned clerical to complete the "Contract Agency Claims" form and forward to Tammy Mylan.
4. Zero out all unused existing Authorizations
5. Redo authorizations as instructed above

**Step IV – As One Revisits IPOS's / Periodic Reviews:**

Match medically necessary services against authorization and modify accordingly.

## HOW TO EARLY TERMINATE AN AUTHORIZATION

Please use the following instructions on how to early terminate a single service authorization in situations where they are bundled with others service codes:

1. Go to the Authorization screen and find the authorization that has the service entry you want to Early Terminate.
2. Click on the Early Terminate link next to the location authorization.
3. **DO NOT** fill out the yellow box information as this will early terminate the **ENTIRE** authorization; instead, click on the "Early Terminate this Line" link on the service line you wish to act upon as circled below and go on to next step.

<input type="button" value="Back"/> <input type="button" value="Home"/> <input type="button" value="Logout"/> <input type="button" value="Help"/>	<input type="checkbox"/> messages	Early Terminate Authorization					
Authorization Effective Date 09/01/2007	Authorization Expiration Date 08/29/2008						
All authorized services listed below will be terminated as of the Early Termination Date entered. To terminate individual services instead, use "Early Terminate" links next to each service below.							
No claims have been entered against this authorization.							
Early Termination Date <input style="width: 100px;" type="text"/>	<input type="button" value="EARLY TERMINATE THIS AUTHORIZATION"/>						
Authorizing Agent Notes This authorization was created for testing and training purposes.							
Provider Notes This authorization was created for testing and training purposes.							
Approved Date 09/25/2007	Approved By PCE Staff						
Requested Date 09/25/2007	Requested By PCE Staff						
Service: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Early Terminate This Line</span> T1020 Personal Care Per Diem. (Use modifier TG for high need, TF for moderate need, and no modifier for low need)							
Effective Dates 09/01/2007 - 08/29/2008	Units Per Period 1	Frequency Per Day	Standard Unit Type Day	Unit Rate 100.00	Override Rate <input type="checkbox"/>	Total Units Requested 364	Total Units Authorized 364
Notes: This authorization was created for testing and training purposes.							
Service: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Early Terminate This Line</span> S5136 Community Living Supports							
Effective Dates 09/01/2007 - 08/29/2008	Units Per Period 1	Frequency Per Day	Standard Unit Type Day	Unit Rate 100.00	Override Rate <input type="checkbox"/>	Total Units Requested 364	Total Units Authorized 364
Notes: This authorization was created for testing and training purposes.							

4. You can now modify the expiration date and units if necessary in this specific authorization.

Service: S5136 Community Living Supports			Standard Unit Type Day	Unit Rate 100.00	Override Rate <input type="checkbox"/>
Effective Dates 09/01/2007 - 08/29/2008	Units Per Period 1	Frequency Per Day	Total Units Authorized 364		
Notes: This authorization was created for testing and training purposes.			<input type="button" value="Calculate"/> <input style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;" type="button" value="SAVE"/> <input type="button" value="CANCEL"/>		

5. Once you are done, click on SAVE button within the service line as circled below and then click on OK on the next page displayed. Process is now complete!

## How To Request Authorizations



