

MOPS Clinical Time Sheet Guidelines

Rev. 1/16/13

Time sheets are to be completed for each two-week pay period. Time sheets must include the clinician's name, the date range for the period that the time sheet covers, the clinician's signature, and the administrative supervisor's signature. Time sheets are to be turned in by 5:00 p.m. of the Wednesday following the end of the pay period. Any time sheet that is not completed may result in a delay in receiving your paycheck by two weeks or more.

The following guidelines are designed to help you in completing your time sheet correctly. If you have any questions about this material, please check with your administrative supervisor and/or the Executive Director.

General Issues:

Complete the date range start date (must be a Sunday) and the spreadsheet will auto fill the days of the week.

Each section (gray lines relating to pay level) is to be total totaled across the rows, and each column is to be totaled. These totals will be auto calculated.

Service Type Definitions:

Holiday—Any agency holiday. MOPS provides six paid holidays that full time employees are entitled to be paid for, including New Years Day, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas. If you do not work “full time” then you may only record the appropriate pro rated number of hours (for example, if you work 30 hours a week, then you may only record 6 hours for a paid holiday). If you don't generally work on the Holiday, you may “shift” your holiday to another day of the same week. If you are not full time, it is important to contact the Financial Coordinator in order to determine how many holiday hours you qualify for.

Training—Approved training activities such as agency-sponsored workshops or other trainings that have been approved by the Executive Director. If you are in graduate school, you are not allowed to use this category for regular class work. This category is also to be used for Employee Orientation. All training, other than orientation, requires a record (copy of certificate) of the training to be forwarded to the administrative coordinator and must be reported on the “Monthly Summary Form” that is submitted to the QA committee.

Paperwork—This category is to be used for all non-billable hours that do not meet any of the other service classifications. You must physically be at an agency-

designated location to bill for these hours unless previously approved by the Executive Director.

Travel—This category is for the actual time spent traveling on MOPS business. In almost all cases, you should be submitting “mileage” requests to accompany this time. Anyone requesting mileage reimbursement must also make sure that a valid copy of your driver’s license and insurance card is on file with the payroll department.

Supervisee—This is the time that a clinician spends in supervision (both group and individual). In most cases, student interns will not be paid for supervision time.

Other—In some instances, staff will be given prior permission to bill for a service that cannot be classified and should be recorded here (or in one of the other “other” slots, depending on the reimbursement rate agreed to by the supervisor). This might include activities such as non-billable staffings with outside agencies (P1), the time spent on the stand at court appearances (P2) or other similar activities. In all cases, the nature of the services is to be specified on the time sheet.

Paid Leave—This includes “vacations,” “sick days,” or any other form of leave that will be counted against your accrued paid leave (vacation). All paid leave time requires a corresponding “Request for Leave” form to be completed prior to you being paid for the time.

CSP—Any case management service that is conducted from an agency location. This includes all phone CSP services and direct contact with clients. This service is to be billed as an 8-minute minimum. Every CSP service should have a matching entry through a CIS case note. Only billable CSP services are to be counted on your time sheet as CSP services. Non-billable CSP services are to be recorded as “paperwork” or “Base-Other.”

When providing a CSP—Onsite services (attending a meeting involving a client) with other clinicians present, the clinicians are to “split bill” for Medicaid purposes and are to split the time amongst all providers on their timesheet. For example if Jack, Bill and Jill were all present in the same case review meeting for an hour, each clinician would bill Medicaid for 20 minutes and claim 20 minutes on their timesheet, with the remaining 40 minutes as paperwork.

QA—Most clinicians are eligible to conduct Quality Assurance reviews on other clinician’s charts. The time spent conducting these reviews and the time spent attending QA meetings should be recorded in this space. Additionally, clinicians may be assigned specific QA activities (ie. Focused reviews, research projects) that may be recorded under this heading. This service type is not to be used for

the time spent correcting your own charts (this is to be billed as paperwork) in response to a QA review.

Admin—In some cases, supervisory staff will assign specific administrative duties to a clinician. This may include program development activities, agency research projects, or other activities that facilitate the administrative functioning of the agency. You are only allowed to bill under this category with specific permission of your administrative supervisor and/or the Executive Director. Admin time should be recorded for clinical supervisors who are reviewing supervisee’s notes—not their own notes.

Eval Activity—Any evaluation activity that is non-Medicaid billable, such as reviewing collateral material, report writing and scoring testing. You may be paid P1 rate for one hour of “Eval Activity” for one hour of evaluation billable time spent face to face with the client for psychological evaluations. For example, if you met with the client for 3 hours, you may enter up to 3 hours of Eval Activity for completing the report, etc. For Formal Assessments where a letter is produced you may be paid P1 rate for only one hour of “Eval Activity” per assessment. Additionally, peer evaluation review should be included in this section.

Intake/DA—This service includes the face-to-face time that you spend completing an intake and/or diagnostic assessment. It does not include the time spent reviewing charts, completing reports, etc. This service is to be billed as an 8-minute minimum. Each unit of Intake/DA should have a corresponding case note entry in CIS. If a Student Intern is actually performing the DA then they may enter this time on their timesheet and the supervising therapist may also enter the time on their timesheet. If the student is simply observing, then they may not enter this time on their timesheet.

Testing—This service includes the face-to-face time that is spent administering tests. It does not include time spent by the client completing testing while you are not present (ie. The MMPI), and it does not include time spent scoring/interpreting/reporting on the test results (these are “paperwork” activities). This service is to be billed as an 8-minute minimum. Each unit of testing must have a corresponding case note in CIS.

Individual—This service includes the face-to-face time that is spent engaging in individual/family/couples counseling/psychotherapy (keeping in mind that all cases must have an identified client that is being billed for). This service is to be billed as an 8-minute minimum. Each unit of counseling/psychotherapy must have a corresponding case note in CIS.

When conducting a joint session with only two clinicians and multiple clients, the clinicians are to “split bill” for Medicaid purposes but the clinicians can report the full amount of time on their timesheet. If more than two clinicians are present then the time is divided amongst clinicians on their timesheet. For example if

Jack and Jill had an hour joint session with two clients, each clinician would bill Medicaid for 30 minutes and claim 60 minutes of Individual on their timesheet. If Jack, Jill and Bill had an hour joint session with three clients, each clinician would bill Medicaid for 20 minutes and claim 20 minutes of Individual on their timesheet and the remaining 40 minutes as paperwork time. It is important to note that any joint session should be clinically necessary.

Group—This service includes the time that you spend in direct contact with a treatment group and you do not complete the case note. If a group lasts 1.5 hours, then you can record 1.5 hours on your time sheet. You cannot bill under this service type the time that you spend preparing for group, reviewing homework assignments, or doing case notes; these activities are billed as paperwork time. Each group session should have corresponding case note in CIS reflecting that participants were present for the group. If the group was co-facilitated, then both clinicians' names should appear on the corresponding case notes for that time no matter who wrote the case note.

AOD Grp—This is the same as “Group” above, but the service is specifically related to AOD issues.

AOD Ind—This is the same as “Individual” above, but the service is being billed as a specific AOD service type.

Off Site CSP—This is the same as CSP above, but the service must be face-to-face, and must occur off of the MOPS premises or other assigned work area. Telephone contacts can never be billed as Off Site CSP.

When providing a CSP—Offsite services (attending a meeting involving a client) with other clinicians present, the clinicians are to “split bill” for Medicaid purposes and are to split the time amongst all providers on their timesheet. For example if Jack, Bill and Jill were all present in the same case review meeting for an hour, each clinician would bill Medicaid for 20 minutes and claim 20 minutes on their timesheet, with the remaining 40 minutes as paperwork.

Supervisor—This service includes the time spent supervising a clinician who is working under the provider's license. This does not include consultation with other staff—this should be billed as “paperwork”. This does not include the time spent reviewing case notes (this is an administrative function and should be billed as administrative time).

Primary Group--This service includes the time that you spend in direct contact with a treatment group and you complete case note. If a group lasts 1.5 hours, then you can record 1.5 hours on your time sheet. You cannot bill under this service type the time that you spend preparing for group, reviewing homework assignments, or doing case notes; these activities are billed as paperwork time. Each group session should have corresponding case note in CIS reflecting that participants

were present for the group. If the group was co-facilitated, then both clinicians' names should appear on the corresponding case notes for that time no matter who wrote the case note.

Off Site Ind—This service includes the time clinicians are engaged in face-to-face counseling with individuals/families/couples in a location off of the MOPS premises or other assigned work area (for example, home based services). Each unit of Off Site Ind must have a corresponding case note in CIS.

Evaluation—This includes the face-to-face time spent conducting a formal evaluation. It does not include the time spent scoring tests, writing up the report, or reviewing collateral materials (these activities are “Eval Activity” time or paperwork time, see Eval Activity description for further information). Each unit of Evaluation must have a corresponding case note in CIS.