Service Activity Log/Scheduler Guidelines

Rev 11/28/06

Schedulers/SALs are the primary documents used by the agency to record client activity. They are used by clinicians to track their daily activities—to know who they are going to see on a particular day, to know who to dictate case notes on, and to assist in completing time sheets. Schedulers/SALs are used by the transcription department to ensure that notes have been completed for each session. Schedulers are used by the file department to know what charts to pull each day. Schedulers/SALs are used by the billing department to know what services to bill for. And finally, Schedulers/SALs are used to verify what you are to be paid for on your time sheet. Errors in completing Schedulers and SALs affect all agency staff.

Schedulers:

Receptionists record all appointments in Xakt as the client schedules to be seen. If a new client has not been initiated in Xakt, the client may be scheduled in Xakt in "blue" and the file department will convert the session to "red" once the relevant information is made available. If the client is seen by the clinician prior to the file department getting all of the required information, then the appointment remains in "blue" in Xakt and no attempt is to be made to convert it to "red".

Schedulers are printed through Xakt by the file department at the end of the day prior to the date of service. The name and current ID number of any client that is scheduled to be seen in Xakt will appear on a scheduler for the date in question and the billing department will assume some billable activity is to occur for each client on the scheduler. The file department pulls all of the charts for the persons listed on the scheduler, "checks" them out to the designated clinician, and places the charts in the designated location.

At the beginning of the workday, clinicians are to retrieve their charts with a copy of the day's scheduler. During the course of the day, clinicians are to record the status of each of the sessions listed on the scheduler:

Start Time—the start time is pre-printed on the form. If the session starts at a different time, then record the actual time that the session started

Length of service—this must be completed for all clients on the schedule (whether the appointment was scheduled in “red” or “blue”). If the service is not a billable service, then the length of service should be recorded as 0 (however, a case notes still needs to be dicated). Note that the length of service can be less then the difference of the end time minus the start time (for example, the client took a 10 minute break in the middle of a 1 hour session then it would be recorded as a 50 minute session).

Type of service—Circle the appropriate type of service that was provided—

DA= Diagnostic Assessment (to be used for intakes, evaluations and testing)

M/S= Medication/Somatic--Psychiatric Services

Ind= Individual/Family/Couples counseling/psychotherapy

Grp= Group Counseling/Psychotherapy (not to be used for families or case planning meetings)

Cncld=Cancelled appointment with 24 hours notice. Cancelled either by the clinician or the client.

NS$35=No Show appointment with $35 dollars being charged before the client can reschedule. This option can not be used for youth in foster care and should be used when clinically warranted for others.

NS-No$35= The client did not show for the scheduled appointment or provided less than 24 hours notice of not coming to the appointment.

Program Enrollment—Circle the appropriate program that the particular service was provided under. Virtually any service type can be billed under any program enrollment—but the program enrollment should match the particular service that a client is receiving. For example, a person could be seen for a psychiatric condition (General) as well as participating in the Parenting Intervention Program (PIP). If this client is seen on a particular contact for medication to treat the psychiatric condition or to receive counseling to address their medication compliance, then the service would be billed under the “General” program enrollment, while the same client could attend a group session through the Parenting Intervention Program (which should be billed under the PIP program enrollment).

General=	Most clients will be seen under the general program enrollment.
AM=	Anger Management Program
SO=	Sex Offender Program
SV=	Sexual Survivors Program
PIP=	Parenting Intervention Program
MC=	Municipal Court Program
FE=	Forensic Evaluation

Service Location—Circle the appropriate location that the services were provided in. Home based service and services to be rendered at other "off site" locations may be scheduled in Xakt in "red", however if the clinician will be seeking mileage reimbursement for the contact then the client's name is to be crossed off the scheduler and the entire session is to be recorded on a SAL.

Fairfield=	Any service provided in the primary MOPS offices in Lancaster or at Children Services
Franklin=	Any service provided in the Columbus office
Scioto=	Any service provided at Scioto County Children Services
Home Based=	Any service provided outside of the above locations—regardless of the actual geographical location.

If the client ID number is not correct, then the incorrect ID should be crossed off, and the correct ID number should be written above the incorrect number. If the ID number is completely missing from the Scheduler, then enter the ID number in the appropriate location.

Every person listed on the scheduler must have the appropriate information entered on the scheduler. If a client was scheduled in "blue" in Xakt and there is a reference to a client on the scheduler reflecting this appointment, the appropriate information is to be entered for the client (Service Type, Program, Location) or the client's name is to be crossed out (for example, if the session is going to be recorded on a SAL in order to record mileage—then the client's name is to be crossed off).

If a client was not originally scheduled to be seen, but was seen on a particular day, then the persons name, ID number and other relevant information may be written on the scheduler. This does not apply to clients seen for home-based treatment.

Every client listed on the scheduler must have a case note dictated clarifying the nature of the contact (see dictation guidelines). The information dictated in the note must match the information recorded on the scheduler. When the case notes are dictated and the scheduler is completed (within 5 days of the date of service), then the scheduler is to be placed in the designated “Scheduler Box”.

Staff from the transcription department retrieve the schedulers from the “Scheduler Box,” make a copy and forward the copy to the billing department. The transcription department then matches each entry on the scheduler to the appropriate case note that has been provided to them. If any incongruence is identified between the case note and the scheduler, including date of service, start time, length of service, type of services, etc., an “Incongruence” form is completed and forwarded to the clinician to fix immediately. The billing department also gets a copy of the “Incongruence Report”. Once the case notes and schedulers match, the date that this occurs is recorded on the scheduler, which is forwarded on to the payroll department to match to the clinician’s time sheet. If the case notes (e-dictation or tape) and the scheduler are not matched within 5 calendar days, the clinician is not paid at a premium rate, and instead is paid at their base rate.

While the transcription department is matching the case notes to the service, the billing department records the sessions based on what has been reported on the scheduler and submits the bill for payment. It should be noted that several weeks could elapse from the time that the note is submitted to be typed and the time that it is actually typed, therefore the billing department may have already incorrectly billed for the recorded service.

SALs:

SALs are to be completed for services provided that are not recorded on the scheduler, including case management service, non-scheduled Diagnostic Assessments, and Home Based services. Individual sessions are only placed on a service activity log if it is home based, requires reimbursement for travel, or if no scheduler exists for the clinician for the particular day. If the client’s name is on a scheduler and an SAL is being completed to report mileage, then the clinician MUST cross off the client’s name from the scheduler.

Each of the following fields should be completed legibly on the SAL for the services to be correctly recorded and billed:

Name –clinician or caseworker's name

Date – month, day, and year of service

Client ID – client's correct and current ID number, if a client has more than one active ID, please make sure that the ID you provide matches the service that you are providing.

Client Name – client's first and last name as listed in Xakt. Include all elements of the name that are necessary to distinguish between clients (middle, Jr, etc.)

Start Time – Exact time when a service begins

End Time – Exact time when the service ended. Note that the difference between the Start/End time can be greater than the Length of Service. This could occur under several circumstances. For example, when several clients are seen at once, but only one of the clients is being addressed for part of the total time (i.e. couples counseling with two clients). Another example might include when you are transporting a client but are not addressing therapeutic issues the whole time that the client is in the car.

Program – The program that the service will be billed under? Most often this is "MOPS"

Service Type with Modifier – The type of service that was performed and the modality that the service was provided in (was it by Phone--GT or face to face--HE). You should NEVER bill for an individual session by phone.

Length of Service – The length of time you were providing clinical care. As noted above, the LOS can be less than the Start Time-End Time, but can never be greater than the Start Time-the End Time. All services must be at least 8 minutes in duration to be billed (if it is less then 8 minutes, then record 0). If you are recording a non-billable contact, then the LOS should always be 0, even if you spent 50 minutes on the activity. A case note must be dictated, even if the activity as not billable. If you make a series of 4 3-minute calls relating to the same client, this should be recorded on the SAL as 12 minutes of CSP, and one case note should be dictated capturing the content of all 4 contacts.

Location Code – Where the service took place. In almost all cases, this is "Office"

Travel Start Location – The starting point of travel. You can not bill for the travel from your home to the first service of the day, or from a service at the end of the day to your home.

Travel End Location – Where the travel related to the client's service ends.

Miles – The distance between the start and end location if travel is involved.

Once a SAL has been completed correctly, the clinician is to sign it and place it in the SAL/Scheduler Box within 5 calendar days of the date of service. Transcription staff will then copy the SAL, forwarding the original to the administrative supervisor of the clinician for signature/dating, and matching the other copy to be forwarded to the assigned transcriptionist for verification of what is dictated. If any incongruence is identified between the case note and the SAL, an "Incongruence" form is completed and forwarded to the clinician to fix immediately. The billing department also gets a copy of the "Incongruence Report". Once the case notes and SAL match, the date that this occurs is recorded on the SAL, which is forwarded on to the payroll department to match to the clinician's time sheet. If the case notes (e-dictation or tapes) and the SAL are not matched within 5 calendar days, the clinician is not paid at a premium rate, and instead is paid at their base rate.

Administrative supervisors are to review, sign and date each SAL within 3 days of receiving them and forward the SAL to the billing department. The billing department holds the SALs to match with Schedulers when appropriate. The billing department records the service based on what has been reported on the SAL and submits the bill for payment. The SAL is then forwarded on to the payroll department for verification of the time worked and for mileage for reimbursement to the staff member.

In the Columbus office, the procedure is slightly different. Support staff take the Schedulers/SALs from the "Scheduler/SAL" box, match them to the appropriate tapes, and once matched, scan the Scheduler/SAL and e-mail them to the transcription supervisor. The transcription supervisor then stamps them as "Scanned Original", records the received date, and forwards them on to the billing department.