

MODE OF SERVICE

FACILITY NAME: _____
 FACILITY ADDRESS: _____
 COMPLETED BY: _____

PROVIDER #: _____
 NPI #: _____
 DATE: _____

PLEASE CHECK ALL SERVICES AND PROCEDURE CODES YOUR LOCATION PLAN TO PROVIDE.

MODE OF SERVICE
05 – 24 HOUR SERVICES

- | <u>SERVICE FUNCTION</u> | (Check if AB2726) |
|--|--------------------------|
| <input type="checkbox"/> 30 – SNF Intensive | <input type="checkbox"/> |
| <input type="checkbox"/> 35 – IMD Basic (No Patch) | <input type="checkbox"/> |
| <input type="checkbox"/> 36 – IMD (Patch) | <input type="checkbox"/> |
| <input type="checkbox"/> 40 – Adult Crisis Residential | <input type="checkbox"/> |
| <input type="checkbox"/> 50 – Jail Inpatient | <input type="checkbox"/> |
| <input type="checkbox"/> 60 – Residential, Other | <input type="checkbox"/> |
| <input type="checkbox"/> 65 – Adult Residential | <input type="checkbox"/> |
| <input type="checkbox"/> 80 – Semi-Supervised Living | <input type="checkbox"/> |
| <input type="checkbox"/> 85 – Independent Living | <input type="checkbox"/> |
| <input type="checkbox"/> 90 – MH Rehab Centers | <input type="checkbox"/> |

MODE OF SERVICE
10 – DAY SERVICES

- | <u>SERVICE FUNCTION</u> | (Check if AB2726) |
|---|--------------------------|
| <input type="checkbox"/> 00 – Administration | <input type="checkbox"/> |
| <input type="checkbox"/> 201 – No Show ** | |
| <input type="checkbox"/> 202 – No Show AB2726 ** | |
| <input type="checkbox"/> 20 – Crisis Stabilization-Emergency Room | <input type="checkbox"/> |
| <input type="checkbox"/> 151 – Crisis Stabilization | |
| <input type="checkbox"/> 25 – Crisis Stabilization-Urgent Care | <input type="checkbox"/> |
| <input type="checkbox"/> 153 – Crisis Stabilization | |
| <input type="checkbox"/> 81 – Day Treatment Intensive; Half Day | <input type="checkbox"/> |
| <input type="checkbox"/> 283 – Half Day Intensive *** | |
| <input type="checkbox"/> 286 – Half Day Int AB2726 *** | |
| <input type="checkbox"/> 85 – Day Treatment Intensive; Full Day | <input type="checkbox"/> |
| <input type="checkbox"/> 280 – Non Billable Day Intensive ** | |
| <input type="checkbox"/> 282 – Full Day AB2726 *** | |
| <input type="checkbox"/> 285 – Full Day *** | |
| <input type="checkbox"/> 289 – NB Full Day AB2726 ** | |
| <input type="checkbox"/> 91 – Day Rehabilitation; Half Day | <input type="checkbox"/> |
| <input type="checkbox"/> 95 – Day Rehabilitation; Full Day | <input type="checkbox"/> |

MODE OF SERVICE
15 – OUTPATIENT

- | <u>SERVICE FUNCTION</u> | (Check if AB2726) |
|--|--------------------------|
| <input type="checkbox"/> 00 – Administration | <input type="checkbox"/> |
| <input type="checkbox"/> 391 – Drug Screen ** | |
| <input type="checkbox"/> 395 – QA Case Review/Direct ** | |
| <input type="checkbox"/> 397 – Federal Service ** | |
| <input type="checkbox"/> 01 – Placement Services | <input type="checkbox"/> |
| <input type="checkbox"/> 540 – Placement Svcs NB ** | |
| <input type="checkbox"/> 541 – Placement Service | |
| <input type="checkbox"/> 542 – Placement Svcs AB2726 | |
| <input type="checkbox"/> 544 – Placement Svcs HAS | |
| <input type="checkbox"/> 545 – Placement Service ** | |
| <input type="checkbox"/> 548 – Placement Service ** | |
| <input type="checkbox"/> 549 – Placement Svcs NB AB2726 ** | |
| <input type="checkbox"/> 693 – Healthy Homes Placement | |
| <input type="checkbox"/> 03 – Plan Development Case Mgmt | <input type="checkbox"/> |
| <input type="checkbox"/> 570 – Plan Devel Case Mgmt NB ** | |
| <input type="checkbox"/> 571 – Plan Devel Case Mgmt | |
| <input type="checkbox"/> 572 – Plan Dev AB Case Mgmt | |
| <input type="checkbox"/> 574 – Plan Dev CM HAS | |
| <input type="checkbox"/> 579 – AB NB Plan Dev Case Mgmt ** | |
| <input type="checkbox"/> 697 – Healthy Homes Plan Dev CM | |

MODE OF SERVICE
15 – OUTPATIENT (continued)

- | <u>SERVICE FUNCTION</u> | (Check if AB2726) |
|--|--------------------------|
| <input type="checkbox"/> 05 – Linkage & Consultation | <input type="checkbox"/> |
| <input type="checkbox"/> 560 – Linkage/Consultation NB ** | |
| <input type="checkbox"/> 561 – Linkage/Consultation | |
| <input type="checkbox"/> 562 – Linkage/Consultation AB2726 | |
| <input type="checkbox"/> 564 – Case Mgmt Walk In | |
| <input type="checkbox"/> 565 – Linkage/Consultation | |
| <input type="checkbox"/> 566 – Link/Consul HAS | |
| <input type="checkbox"/> 567 – Linkage/Consul Telmed | |
| <input type="checkbox"/> 568 – Linkage/Consultation ** | |
| <input type="checkbox"/> 569 – Linkage/Consul NB AB2726 ** | |
| <input type="checkbox"/> 696 – Healthy Homes Link/Consul | |
| <input type="checkbox"/> 10 – Collateral | <input type="checkbox"/> |
| <input type="checkbox"/> 310 – Collateral NB ** | |
| <input type="checkbox"/> 311 – Collateral | |
| <input type="checkbox"/> 312 – Collateral AB2726 | |
| <input type="checkbox"/> 313 – Family Collateral (Discontinue) | |
| <input type="checkbox"/> 314 – Collateral HAS | |
| <input type="checkbox"/> 315 – Collateral ** | |
| <input type="checkbox"/> 316 – Collateral Walk In | |
| <input type="checkbox"/> 317 – Collateral Telmed | |
| <input type="checkbox"/> 318 – Collateral ** | |
| <input type="checkbox"/> 319 – Collateral NB AB2726 ** | |
| <input type="checkbox"/> 681 – Healthy Homes Collateral | |
| <input type="checkbox"/> 683 – Healthy Homes Fam Coll | |
| <input type="checkbox"/> 30 – Assessment | <input type="checkbox"/> |
| <input type="checkbox"/> 330 – Assessment NB ** | |
| <input type="checkbox"/> 331 – Assessment | |
| <input type="checkbox"/> 332 – Assessment AB2726 | |
| <input type="checkbox"/> 333 – Assessment Walk In | |
| <input type="checkbox"/> 334 – Assessment HAS | |
| <input type="checkbox"/> 335 – Assessment ** | |
| <input type="checkbox"/> 337 – Assessment Telmed | |
| <input type="checkbox"/> 338 – Assessment ** | |
| <input type="checkbox"/> 339 – Assessment NB AB2726 ** | |
| <input type="checkbox"/> 684 – Healthy Homes Assessment | |
| <input type="checkbox"/> 31 – Psych Testing | <input type="checkbox"/> |
| <input type="checkbox"/> 320 – Psych Testing NB ** | |
| <input type="checkbox"/> 321 – Psych Testing | |
| <input type="checkbox"/> 322 – Psych Testing AB2726 | |
| <input type="checkbox"/> 325 – Psych Testing ** | |
| <input type="checkbox"/> 328 – Psych Testing ** | |
| <input type="checkbox"/> 329 – Psych Testing NB AB2726 ** | |
| <input type="checkbox"/> 32 – Evaluation | <input type="checkbox"/> |
| <input type="checkbox"/> 510 – Evaluation NB ** | |
| <input type="checkbox"/> 511 – Evaluation | |
| <input type="checkbox"/> 512 – Evaluation AB2726 | |
| <input type="checkbox"/> 514 – Evaluation HAS | |
| <input type="checkbox"/> 515 – Evaluation ** | |
| <input type="checkbox"/> 518 – Evaluation ** | |
| <input type="checkbox"/> 519 – Evaluation NB AB2726 ** | |
| <input type="checkbox"/> 34 – Plan Development | <input type="checkbox"/> |
| <input type="checkbox"/> 520 – Plan Development NB ** | |
| <input type="checkbox"/> 521 – Plan Development | |
| <input type="checkbox"/> 522 – Plan Development AB2726 | |
| <input type="checkbox"/> 524 – Plan Devel HAS | |
| <input type="checkbox"/> 525 – Plan Development ** | |
| <input type="checkbox"/> 526 – AB2726 Expanded IEP | |

MODE OF SERVICE

FACILITY NAME: _____ PROVIDER #: _____ DATE: _____

MODE OF SERVICE

15 – OUTPATIENT (CONTINUED)

SERVICE FUNCTION (Check if AB2726)

34 – Plan Development (continued)

- 527 – Plan Development
- 528 – Plan Development **
- 529 – Plan Devl NB AB2726 **
- 691 – Healthy Homes Plan Devel

36 – Rehab/ADL

- 550 – Rehab/ADL NB **
- 551 – Rehab/ADL
- 552 – Rehab/ADL AB2726
- 554 – Rehab/ADL HAS
- 555 – Rehab/ADL **
- 557 – Rehab/ADL Telmed
- 558 – Rehab/ADL **
- 559 – Rehab/ADL NB AB2726 **
- 695 – Healthy Homes Rehab/ADL

40 – Individual

- 340 – Individual NB **
- 341 – Individual
- 342 – Individual AB2726
- 345 – Individual **
- 347 – Individual Telmed
- 348 – Individual **
- 349 – Individual NB AB2726 **
- 685 – Healthy Homes Individual

50 – Group

- 350 – Group NB **
- 351 – Group
- 352 – Group AB2726
- 355 – Group **
- 358 – Group **
- 359 – Group NB AB2726 **
- 686 – Healthy Homes Group

58 – Therapeutic Behavioral Services

- 581 – TBS
- 582 – TBS Assessment
- 583 – TBS Treatment Plan
- 584 – TBS Collateral
- 585 – TBS Coaching

60 – Medication

- 360 – Medication NB **
- 361 – Medication
- 362 – Medications AB2726
- 363 – Medications Walk In
- 365 – Medication **
- 367 – Medications Telmed
- 368 – Medications **
- 369 – Medications NB AB2726 **
- 687 – Healthy Homes Meds

70 – Crisis Intervention

- 370 – Crisis NB **
- 371 – Crisis
- 372 – Crisis AB2726
- 373 – Crisis Walk In
- 375 – Crisis **
- 377 – Crisis Telmed
- 378 – Crisis **
- 379 – Crisis NB AB2726 **
- 388 – Assessment **
- 389 – Crisis Intervention **
- 688 – Healthy Homes Crisis

MODE OF SERVICE

20 – ADMINISTRATIVE SUPPORT

SERVICE FUNCTION (Check if AB2726)

00 –Administration

- 400 – No Show Intake NB
- 402 – Failed Intake NB AB2726
- 403 – Leave and Holiday
- 406 – Travel Time
- 407 – Local Meeting
- 408 – Departmental Meeting
- 409 – Inter-Agency Meeting
- 410 – Other Meeting
- 413 – Approved NB Ovrtrm Duties
- 418 – Approved Spec Asgn
- 419 – Other Administrative Duties
- 420 – AB Mediation/Due Process
- 423 – Interpretation Svcs
- 424 – Non English Service
- 431 – OP Tx Support - Adult
- 432 – OP Tx Support - AB2726
- 435 – OP Tx Support Child
- 442 – Classroom Observation
- 446 – Assigned Hours By Date
- 447 – Scheduled Hours
- 448 – Federal Services
- 452 – I.E.P.
- 453 – Vocational Program
- 457 – Clinical Supv Given
- 458 – Clinical Supv Received
- 459 – Admin Supv Provided
- 460 – Admin Supv Received
- 462 – Hospital Liaison
- 463 – Court Appearances
- 464 – Medication Management

MODE OF SERVICE

25 – RESEARCH AND EVALUATION

SERVICE FUNCTION (Check if AB2726)

00 –Administration

MODE OF SERVICE

40 – FORMAL TRAINING

SERVICE FUNCTION (Check if AB2726)

- 00 –Administration
- 404 – Training Given
- 405 – Training Received

MODE OF SERVICE

41 – CONTRACT ADMINISTRATION

SERVICE FUNCTION (Check if AB2726)

00 –Administration

MODE OF SERVICE

42 – UTILIZATION REVIEW

SERVICE FUNCTION (Check if AB2726)

00 –Administration

- 450 – Administrative Chart Audit
- 451 – Non-Medi-Cal QA Chart Audit
- 454 – Medi-Cal QA Chart Audit
- 455 – QA Committee Meeting
- 456 – QA Administration

MODE OF SERVICE

FACILITY NAME: _____ PROVIDER #: _____ DATE: _____

MODE OF SERVICE

45 – OUTREACH

SERVICE FUNCTION (Check if AB2726)

- 10 – Mental Health Promotion
- 411 – MH Promotion-Adult
- 412 – MH Promotion-AB2726
- 415 – Mental Health Promotion
- 417 – MH Promotion-Child
- 20 – Community Client Services
- 421 – Community CC-Adult
- 422 – Community CC-AB2726
- 425 – Comm/Client Contact
- 427 – Comm/Client Contact Child

MODE OF SERVICE

60 – SUPPORT SERVICES

SERVICE FUNCTION (Check if AB2726)

- 20 – Conservatorship Investigation
- 621 – Conservatorship ***
- 30 – Conservatorship Administration
- 40 – Life Support/Board & Care
- 60 – Case Management Support
- 70 – Client Housing Support Expenditures
- 71 – Client Housing Operating Expenditures
- 72 – Client Flexible support Expenditures
- 75 – Non-Medi-Cal Capital Assets
- 78 – Other Non-Medi-Cal Support Exp

MODE OF SERVICE

55 – MAA

SERVICE FUNCTION

- 472 – Medi-Cal Outreach
- 473 – Eligibility Intake
- 474 – Medi-Cal Contacts Admin
- 475 – Crisis Referral
- 476 – MHS Contract Admin
- 477 – Discounted Outreach
- 478 – SPMP Case Management
- 479 – SPMP Program Planning
- 480 – SPMP MAA Training
- 481 – Non-SPMP Case Mgmt
- 482 – Non-SPMP Program Planning
- 483 – MAA Co & Claims Admin