



SCOPE OF PRACTICE AND BILLING GUIDE

February 1, 2009



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GREETINGS!

Welcome to the updated version of the Department of Behavioral Health's (DBH) Scope of Practice and Billing Guide. This Guide is intended to support and assist you in providing excellence in Behavioral Health care, including successful compliance with all governing regulations, rules and billing policies.

Service definitions, as described within, have been cited from Title 9, chapter 11, Medi-Cal Specialty Mental Health Services, as well as the Mental Health Services Billing Guide, 2008, published by NHIC Corporation. Specific citations have been provided for your reference and review. In many cases, examples have been provided for you. However, in the case that something is not clear, call us at **(909) 421-9456**. We are here to help!

Please remember that all services as described must meet Medical Necessity and other requirements as described in the Chart Documentation Manual. The information provided in no way represents a guarantee of payment. Benefits for all claims will be based on the client's eligibility, provisions of the law and regulations from Centers for Medicare and Medicaid Services (CMS), Medi-Cal managed care regulations, and the State Department of Mental Health. Although some examples of documentation have been provided throughout, we still encourage you to read the Chart Documentation Manual in its entirety.

Please do not hesitate to contact us as we work together to serve the residents of San Bernardino County. If you have suggestions about how Quality Management can improve this guide, please do not hesitate to let us know. You can contact us at **(909) 421-9456**.

Here's to excellence in services and billing compliance!

Supporting your success,

The Quality Management Division

Introduction

The Medi-Cal claims processing system enables California county Mental Health Plans (MHPs) to obtain reimbursement of Federal funds (FFP) for medically necessary specialty mental health services provided to Medi-Cal-eligible beneficiaries and to Healthy Families subscribers diagnosed as Seriously Emotionally Disturbed (SED). The Quality Management department provides technical assistance and generalized oversight to the Medi-Cal/Medicare claiming processes for the Department of Behavioral Health in San Bernardino County. This manual provides information about the system.

Guidelines for Billing practices for Medicare, Part B, are also included in this manual. This information is based on the October, 2008 Mental Health Services Billing Guide published by NHIC Corporation (www.medicarenhic.com) and the Center for Medicare and Medicaid Services publications 100-1, Chapter 3; publication 100-2, Chapter 15; and publication 100-4, Chapter 12 of the CMS Internet only manual (IOM), found at www.cms.hhs.gov/manuals/.

About this Manual

The Scope of Practice Manual is a publication of the Quality Management Division of the San Bernardino County, Department of Behavioral Health (DBH). The manual is designed to serve as a guide to claiming/billing and documenting Medi-Cal and Medicare services provided to DBH eligible clients.

Objectives:

The primary objectives of this manual are to:

- Provide uniform procedures and requirements for billing/claiming.
 - Provide examples for services billed.
 - Provide relevant links to and citations from:
 - Behavioral Health Standard Practice Manual
 - Behavioral Health Chart Documentation Manual
 - Behavioral Health Information Notices
 - Behavioral Health Quality Management webpage
 - California Department of Mental Health
 - Centers for Medicare and Medicaid Services
-

**Quality
Management
Customer
Service Office**

The Department of Behavioral Health Quality Management Customer Service Office provides contract agencies and DBH clinics with direct access to a central office to address Billing/Claiming questions, offer technical Assistance and Troubleshoot issues. Contact information is as follows:

Department of Behavioral Health
Quality Management Division
850 E. Foothill Boulevard
Rialto, CA. 92376
Phone: (909) 421-9456
www.sbcounty.gov/dbh/

**Modes of
Service**

Mode of Service describes a classification of service types used for Client and Services Information System (CSI) and Cost Reporting at DBH. This allows any mental health service type recognized by DMH to be grouped with similar services. The Modes of Service used for direct services Cost Reporting are:

- 00 (Administration)
- 05 (24 Hour Services) (Outpatient Day Services, less than 24 Hours)
- 10 (Less than 24 Hour Day Treatment Program Services)
- 15 (Outpatient Services)
- 45 (Outreach Services)
- 55 (Medi-Cal Administrative Activities)
- 60 (Client Support and Care)

For Mental Health Medi-Cal, these Modes of Services are mapped to Procedure and Revenue codes. Contact ASG for crosswalk information.

Providers

Providers, as defined in the San Bernardino County Mental Health Plan are as follows:

Clinicians	Licensed, waived, and/or registered psychologists, social workers, and marriage and family therapists in the job class of Clinical Therapist
M.D.	Medical Doctor
M.N.	Nurse with a Master's degree
MHS	Mental Health Specialist
RN	Registered Nurse
SWII	Social Worker II
O.T.	Occupational Therapist
LPT	Licensed Psychiatric Technician
PFA	Peer and Family Advocate (consumer or other hired by DBH as full time or part time employee)
Registered Medicare Providers	M.D.s, licensed psychologists, and LCSWs who have individual registrations with Medicare
PP	Parent Partners - (CM-L&C only)
ESS	Employment Services Specialists - (CM-L&C, Rehab/ADL (voc.), Coll., Pl. Dev., and non-reimbursable codes only)
Pre-degree Interns	Ph.D., MSW, MFT in formal training status are viewed as LPHAs. Use "Clin." Column for supervised scope of practice.
EPSDT Providers	Follow the scope of practice guidelines in this document.

Definitions and Clarifications

The following are billing definitions and clarifications of grey areas which may assist you in accurately billing services provided:

- **Non- Client**

A non-client who does not currently have an open episode.

- **Billing Priorities**

When billing activities, if possible, an activity should be billed as an active, direct service. If not, the second preference is for MAA billing. If an activity is not a direct service and is not covered by MAA, the last preference is for an Indirect Service billing.

- **Indirect Service Billing**

Indirect Service Billing is used when an activity is not Medi-Cal reimbursable or MAA billable.

- **Non-Billable (NB) Codes**

Non-Billable means services that cannot be billed to Medi-Cal or MAA. If a normally reimbursable service is provided which for some reason cannot be reimbursed, the NB (non-reimbursable) code is used (rather than an “indirect” non-reimbursable code).

- **Client Not Present**

In some cases you may provide services in a milieu where you are not face to face with your client. Some examples of such services include Collateral, Plan Development, and Linkage and Consultation. Services provided when the client is not present are noted on the CDI as “non-face-to-face.” **Services of this type are not reimbursable by Medicare but are by Medi-Cal.** Therefore, in billing Medi-Cal, please note this important distinction.

**Billing
Restrictions**

- Medi-Cal may not be billed for services to persons in IMDs (unless 21 or younger, or 65 or older), or in jail.
- Medi-Cal may not be billed for education or teaching a class. (When providing services to children whose mental health condition may cause significant functional impairments in an academic milieu, be sure that your interventions link your treatment to the causal symptoms of the mental health condition and do not appear to be singularly academic in nature).
- Supervision is not billable.
- Outpatient Case Management **Placement** services may be billed to Medi-Cal for persons who are psychiatrically institutionalized in a Medi-Cal eligible inpatient hospital or nursing facility (or an IMD if 21 or younger, or 65 or older), **for the 30 calendar days immediately prior to discharge** (and for a maximum of three non-consecutive periods of 30 calendar days or less per institutional stay).
- ***Medicare may not be billed for services occurring in the physical absence of the client***, except for qualifying telehealth services, which require that the site of the recipient be in an area designated as a rural health professional shortage area, in a county not included in a Metropolitan Statistical Area, or as part of a Federal telemedicine demonstration project, and only for

“professional consultations, office visits, and office psychiatry services” (effective 1/1/08, by HCPCS codes 99241-99275, 99201-99215, 90804-90809, 90862 and 90801), (from CMS Medicare Policy Benefit Manual, Chapter 15, pgs. 228-229 of 260).

- It is forbidden to provide one service but chart and bill for another. You must chart and bill for what you actually provided.
- Translation can be coded as (non-reimbursable) Treatment Support (see below).
- Multiple services may be billed on the same day (with some Medicare exceptions).
- Medi-Cal services are not reimbursable during a psychiatric inpatient stay, except on the day of admission. DBH services may be provided during a stay in a medical hospital.
- Services provided to youth in juvenile hall are not reimbursable by Medi-Cal **unless the young person has been adjudicated and has a court order for placement.**
- Medi-Cal may not be billed for services provided to a person in a jail or prison setting (with the exception of the paragraph above).
- Purely administrative matters, such as scheduling appointments or sending letters to clients are not billable.
- Staff may not bill for more hours for one day than their shift time for that day. (See PI. Dev. for writing ID notes on a day different from the day of service.)

Multiple Providers

For any service, there may be multiple providers. If there are two providers, the service is reported using the CDI identifying staff and co-staff times. If there are more than two providers, additional CDI's are used until the time of all providers is reported. When billable Plan Development occurs in the course of a consultation or supervision, those minutes may be billed for both providers.

Individualized Education Plan (IEP)

Portions of an IEP meeting may be directly billable as Assessment, Plan Development, Linkage & Consultation, or Collateral. Other portions are coded as IEP (non-reimbursable). Consult with the Program Manager II of Children’s Services for additional clarification if providing services as part of an IEP team.

Travel

Billable:

1. Time spent traveling to see a client is billable if a chartable, billable service occurs in conjunction with the travel.
2. Discussing treatment goals while rescheduling is billable.
3. Talking with family members about the client’s care and treatment (when you don’t find the client) (if appropriate from a confidentiality standpoint) is billable.
4. A billable service that occurs between staff and client while transporting a client is billable (for those minutes when that service occurred during the transportation).

Non-Billable:

1. If no service occurs, there is no billing (as when you drive to the client’s home but cannot find the client or any collateral person to talk to and therefore provide no service). Leaving a note is not a service. Simply rescheduling is not a service.
 2. Transporting a client is not billable.
 3. Scheduling to have a County car is not billable
 4. Travel is not billable for **Medicare**
-

Medical Necessity for Adults

Below is a table to assist staff in determining medical necessity for adult clients. A client’ conditions and dysfunction must meet Medi-Cal medical necessity criteria for “significant impairment in an important area of life function.”

In the past this has been applied by some practitioners as including any and all impairment. Impairments must make achieving acceptable

levels of normal living and functioning impossible in areas of self-responsibility, earning a living, carrying out planned and routine daily activities, education toward appropriate adult functioning, and maintenance of minimal social contacts. Impairment that makes functioning in these areas difficult but not impossible does not qualify for specialty mental health services. Additionally, functional impairments, as described above, must be clearly linked to the mental health condition.

GUIDE TO DETERMINING MEDICAL NECESSITY

ADULTS

RATE DIFFICULTIES THAT ARE DUE TO MENTAL DISORDER:

	THINKING	EMOTIONS	RELATIONSHIPS	VOCATION
CATEGORY 3 (SEVERE)	CONFUSED; CAN'T THINK STRAIGHT; DISTORTED VIEW OF REALITY LEADS TO BIZARRE BEHAVIOR AND SHUNNING BY OTHERS OR TO CONTACT WITH POLICE; CAN'T CARRY OUT SIMPLE INSTRUCTIONS; COMMUNICATIONS INCOHERENT; SEVERE OBSESSIONS (UNABLE TO FOCUS ON OTHER THINGS); MAY BE UNABLE TO PROVIDE FOR BASIC NEEDS	EMOTIONS OUT OF CONTROL SO MUCH THAT OTHERS CAN'T STAND BEING AROUND THE PERSON; PERSON CAN'T STAND HIMSELF; EXTREME EMOTIONS LEAD TO STRANGE OR DANGEROUS BEHAVIOR; LETHARGY OR TRUE MANIA; CONSTANT DESIRE TO DIE; VERY FLAT AFFECT; SERIOUSLY SUICIDAL	CAN'T SUSTAIN RELATIONSHIPS; OTHERS SHUN OR AVOID, INCLUDING FAMILY; CAN'T COMMUNICATE IN ORDER TO ESTABLISH CONNECTION; ENDS UP ISOLATED OR ONLY WITH OTHERS WHO ARE SEVERELY DYSFUNCTIONAL; CANNOT SUSTAIN PARENTING; PERSISTENT DANGER OF HARMING OTHERS; GROSSLY INAPPROPRIATE BEHAVIOR; RELATING PROBLEMS RESULT IN BEING KICKED OUT OF LIVING SITUATIONS OFTEN	CAN'T GET OR HOLD JOB OR VOL. WORK; CAN'T MAINTAIN DAILY ROUTINE OF EVEN PERSONAL ACTIVITIES
CATEGORY 2 (MODERATE)	OFTEN MAKES POOR DECISIONS; OFTEN FAILS TO UNDERSTAND THINGS AND OTHERS; MAGICAL BELIEFS; SPEECH HARD TO UNDERSTAND; HAS BEEN HOMELESS	CHRONIC SADNESS; LABILE EMOTIONS; OCCASIONAL WISH TO DIE OR PERIODS OF SUICIDALITY; TROUBLING ANXIETY; AFFECT SOMEWHAT FLAT; TEMPORARILY DISABLING PANIC ATTACKS	HAS PALS OR CONNECTIONS THAT LAST FOR A WHILE BUT THAT MAY BE DESTRUCTIVE; SOME FAMILY CONTACTS BUT FAMILY AVOIDS; PARENTS HAVE HAD CPS VISITS; ABUSIVE OR MARGINALLY SO TOWARD CHILDREN; OCCASIONALLY INAPPROPRIATE BEHAVIOR	CAN ATTEND CLUBHOUSE MANY DAYS BUT IRREGULAR; GETS JOB OCCASIONALLY BUT FOR NO LONGER THAN A FEW MONTHS
CATEGORY 1 (MILD)	MISSES THE POINT; COMMUNICATION FAILS ON OCCASION; ILLOGICAL AT TIMES; OCCASIONAL POOR JUDGMENT	NO CONSISTENT COMPLAINT ABOUT DEPRESSION OR ANXIETY; UPSETS LEAD TO WORK DAYS LOST OCCASIONALLY	FAMILY TOLERATES; HAS ONE OR TWO LONG-TERM FRIENDS; SOMETIMES INAPPROPRIATE WITH CHILDREN; OCCASIONAL FIGHTING	CAN MAINTAIN DAILY ROUTINES AND SCHEDULES; HOLDS JOBS FOR LONGER THAN 6 MOS.
CATEGORY 0 (NONE)	THINKING WITHIN NORMAL LIMITS; NO STRIKING DEFICIT	EMOTIONS WITHIN NORMAL LIMITS; EMOTIONS DO NOT CAUSE SIGNIFICANT DYSFUNCTION; UPSET IS APPROPRIATE FOR SITUATION	REL'S. WITHIN NORMAL LIMITS; HAS SOME FRIENDS; CAN INTERACT EFFECTIVELY TO GET WHAT HE/ SHE WANTS IN MOST CASES	HOLDS JOB OR ENGAGES IN AVOCATION OR REGULAR ACTIVITIES "NORMALLY"

Reimbursable Services

All services must be demonstrative of **medical necessity** and address the mental health condition of the client. All service definitions, as listed in the guide, are direct citations from Title 9, chapter 11, Medi-Cal Specialty Mental Health Services. The following are reimbursable services:

**Modes of Service/
Service Function Codes**

MODE	MODE OR SERVICE: DAY	
10	Outpatient Day Services	
	(SF) RANGE	SERVICE FUNCTION (SF) TITLE
	25-29	Crisis Stabilization – Urgent Care
	81-84	Day Treatment Intensive – Half Day
	85-89	Day Treatment Intensive – Full Day
	91-94	Day Rehabilitation – Half Day
	95-99	Day Rehabilitation – Full Day

**Mode 10,
Day Services**

Mode of Service: 10, Day Services

Service Function: Crisis Stabilization – Urgent Care, SFC 25-29

Service Definition: Title 9, 1840.338, 1840.348, 1840.105(a)(4) and 1810.210

Crisis Stabilization means a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements. Crisis Stabilization shall be provided on site at a licensed 24-hour health care facility or hospital based outpatient program or a provider site certified by the Department or an MHP to perform crisis stabilization. The maximum allowance for “crisis stabilization-urgent care” shall apply when the service is provided in any other appropriate site. Specific staffing requirements are detailed in 1840.348. Outpatient sites must be Medi-Cal certified to provide and bill for Crisis Stabilization services

Crisis Stabilization is a package program that is billed as a bundled service per hour. This means that individual Specialty Mental Health

Services, (i.e., assessment, collateral, medication services), are not billed individually. They are billed at one rate, under the provisions governing Crisis Stabilization Services.

CDI Codes:

Crisis Stabilization 153

Medicare CPT Codes: Not Medi-Care Billable

Who can provide Crisis Stabilization - Urgent Care Services

Service	Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A
Crisis Stabilization	Y	Y	Y	N	Y*	N	N	N	N

Within their scope of practice and per Title 9 requirements, as listed in Division 1, Section 627

Notes:

- **Crisis Stabilization activities** must include a physical and mental health assessment and may additionally include, but is not limited to, therapy and collateral. (§ 1810.210 & § 1840.338).
 - **Crisis Stabilization services** are recorded in the clinical record and reported into SIMON in hours.
 - **Medi-Cal Crisis Stabilization Lockouts (§1840.368):**
 - This service is not reimbursable on days when Psychiatric Inpatient Hospital services, Psychiatric Health Facility services, or Psychiatric Nursing Facility services are reimbursed, except for the day of admission to these services.
 - No other specialty mental health services except Targeted Case Management are reimbursed during the same time period this service is claimed.
 - The maximum number of hours claimable for this service is 20 within a 24-hour period.
-

**Mode 10,
Day Services**

Mode of Service: 10, Day Services

Service Function: Day Treatment Intensive, SFC 81-89

Service Definition: Title 9, 1810.213

“Day Treatment Intensive” means a structured multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain placement in a more restrictive setting, or maintain the individual in a community setting which provides services to a distinct group of individuals. Services are available at least three (3) hours and less than twenty-four (24) hours each day the program is open. Service activities may include but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

Notes:

- These services are recorded in the clinical record and reported into SIMON as either full day or half day.
- For Children, these services may focus on social and functional skills necessary for appropriate development and social integration. It may not be integrated with an educational program. Contact with families of these clients is expected.
- **Clients are expected to be in attendance** for all scheduled hours of the program, but a service may be claimed in unusual situations if the client has been in attendance at least 50% of the hours of operation of the program.
- Staff to client ratio for Day Treatment Intensive is 1:8 and for Day Rehabilitation is 1:10. When more than 12 clients are in the program, there must be staff from at least 2 of these disciplines: MD/DO, RN, PhD/PsyD, LCSW, MFT, LPT

CDI Codes:

Half-Day 283	Half Day (AB) 286	Full Day 285	Full-Day (AB) 282
NB 280	NB (AB) 289		

Medicare (CPT) Codes: Medicare billable as Partial Hospitalization
Not currently billed by DBH

Billings: Medi-Cal -- bill by half-day (more than 3 but less that 4 hrs.)

or full day (more than 4 hrs.)

Who Can Provide Day Treatment Intensive Services:

Service	Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Day Tx Rehab (DTR) (same for DTI)	Y	Y	Y	Y	Y	Y	Y	Y	Y

Mode 10, Day Services

Mode of Service: 10, Day Services

Service Function: Day Treatment Rehabilitative, SFC 91-99

Service Definition: Title 9, 1810.212

Day Treatment Rehabilitative provides evaluation, rehabilitation, and therapy to maintain or restore personal independence and functioning consistent with the individual's needs for learning and development. It is an organized and structured program that provides services to a distinct group of individuals identified to receive the service. (Service must be available more than four hours per day for full-day billing.)

CDI Codes:

Day Habilitative, half day 291	Day Habilitative AB, half day 292	Day Habilitative, full day 295	Day Habilitative AB Full day 296
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Medicare (CPT) Codes: Not Medicare billable

Billing: Med-Cal - bill by half-day (more than 3 but less than 4 hrs.) or full-day (more than 4 hrs.) (See Outpatient Chart Manual 11-2.1 for charting and billing instructions.)

Who Can Provide Day Treatment Rehabilitation Services:

Service	Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LFT	C.S.A.
Day Treatment Rehab (DTR) same for (DTI)	Y	Y	Y	Y	Y	Y	Y	Y	Y

**Mode of Service/
Service Function
Codes**

MODE	MODE OF SERVICE: OUTPATIENT	
15	Outpatient Services	
	(SF) RANGE	SERVICE FUNCTION (SF) TITLE
	01-09	Case Management/Brokerage (Targeted Case Management – TCM)
	10-19	Mental Health Services (MHS)
	30-57,59	MHS
	58	Therapeutic Behavioral Services
	60-69	Medication Support Services
	70-79	Crisis Intervention

**Mode 15,
Outpatient
Services**

Mode of Service: 15, Outpatient Services

Service Function: Case Management - Linkage and Consultation and Case Management- Plan Development (Targeted Case Management) SFC 01- 09

Service Definition: Title 9, 1810.249

Targeted Case Management means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative or other community services. The service activities may include, but are not limited to, communication, coordination, and referral: monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary’s progress; and plan development.

In California Targeted Case Management can be provided to the following target populations:

- Individuals age 18 and older who are in frail health and who would otherwise need institutional care
- Individuals age 18 or older who are on probation and who have medical and/or mental needs
- Individuals age 18 and older who are unable to handle personal, medical, or other affairs or who are under conservator

- Persons who have been identified as needing public health case management such as women, infants, children, pregnant women, persons with HIV/AIDS or reportable communicable diseases, persons who use medical technological devices, and persons with multiple diagnoses
- Individuals who need outpatient clinic services and case management who have not followed a medical regime
- Individuals who have language barriers or other communication barriers that result in difficulties complying with medical plan

Plan development for Linkage & Consultation **must** be separately billed when done at a time other than with MHS or MSS Plan Development (see Plan Development, pages 36-37)

Examples of Billable Services:

- Locating a needed resource for client (including schools for children)
- Facilitating client obtaining a needed resource, coaching client, clarifying eligibility requirements, determining whether client is eligible, appealing pre-application denial, informing other agencies about client, etc.
- Referring client from a field-based program to a clinic
- Reviewing social security benefits in relation to working
- Being with client at initial meeting regarding vocational training to help manage client's anxiety
- Helping client understand reporting requirements of SSI
- Visiting client in workplace to monitor job coaching and other supports
- Seeking appropriate educational services for a child
- That portion of an IEP meeting that involves getting the right mental health services for the child
- Reviewing incident report and then making sure that client has the right services

(if non-client, consider MAA-Outreach, MAA-Case Mgmt., Community Client Contact, or Other Service or Non-Service for

Non-Client, see page 59)

Interpretation services by professional staff is not billable as L&C

Examples of Non-Billable Services:

- Advising, problem-solving, or fixing problems by themselves are not billable as L&C
- Resource-finding without a specific client's need in mind is not billable as CM L&C
- Meeting with client to discuss how to get rent money is not billable as CM L&C
- Any service which does not fall within the service definition of CM L&C cannot be billed as CM L&C
- If you cannot link the necessity of the service to the goal of improving the client's mental health condition, it is not billable as CM L&C

Limitation on Services:

Will not be reimbursed if client is in a justice or psychiatric hospital setting (unless a juvenile in juvenile hall adjudicated and with a placement order). L&C may be carried out during a client's stay in a medical hospital.

CDI Codes: Linkage and Consultation

MHS 561	AB 562	NB 560	TelMed 567
AB (NB) 569	HH 696	HAS 566	Walk-In 564

CDI Codes: Linkage and Consultation (Plan Development)

MHS 571	NB 570	AB (NB) 572	HAS 574
HH 697			

Medicare (CPT) Codes: Not separately billable (included in service billing)

Who Can Provide Linkage and Consultation Services:

Service	Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Linkage & Consultation	Y	Y	Y	Y	Y	Y	Y	Y	Y

**Mode 15,
Outpatient
Services**

Mode of Service: 15, Outpatient Services

Service Function: Case Management-Linkage and Consultation, Placement (Targeted Case Management) SFC 01-09

Service Definition: Title 9, 1810.249

Targeted Case Management means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative or other community services. The service activities may include, but are not limited to, communication, coordination, and referral: monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Supportive assistance to the client or other helpers in the assessment of housing need and in locating and securing adequate and appropriate living arrangements in a licensed facility, including locating appropriate placement, securing funding, pre-placement visits, negotiation of housing or placement contracts, and placement follow-up.

Case management services **must** meet all medical necessity criteria (see pgs. 9 and 10), and address the mental health condition or the mental health impairment **directly**.

Examples of Billable Services:

- Calling to locate an opening in an appropriate facility (includes board and care homes, IMD's, state hospitals)
- Discussing funding with facility or payor
- Monitoring for possible lower level placement
- Taking client to see the possible placement

- That portion of an IEP meeting which involves discussions of residential placement for the child
- Placement services for a client who is located out-of-county but is being moved to this county

(if non-client, consider MAA-Case Mgmt., Community Client Contact, and Other Service or Non-Service for Non-Client, see page 59).

Examples of Non-Billable Services:

- Monitoring **in case** there is a problem with the placement is not billable as Placement
- Monitoring **in case** a lower level of care is possible is not billable as Placement
- Meeting with client to fill out placement paperwork/forms is not billable as Placement
- Fixing a problem that you find while monitoring that **could** threaten a placement is not billable as Placement (may be able to bill MHS Ind. Ther. Or MHS Rehab/ADL)
- Any service which does not fall with the service definition of CM Placement cannot be billed as Placement
- If you cannot link the necessity of the service to the goal of improving the client's mental health condition, it is not billable as CM Placement

Limitations on Case Management, Linkage, Consultation and Placement Services:

Lockouts for Targeted Case Management Services: Title 9, 1840.374

- a) Targeted Case Management Services are not reimbursable on days when the following services are reimbursed, except for day of admission or for placement services as provided in subsection (b):
 1. Psychiatric Inpatient Hospital Services
 2. Psychiatric Health Facility Services
 3. Psychiatric Nursing Facility Services

- b) Targeted Case Management Services solely for the purpose of coordinating placement of the beneficiary on discharge from the hospital, psychiatric health facility or psychiatric nursing facility may be provided during the 30 calendar days immediately prior to the day of discharge, for a maximum of three nonconsecutive periods of 30 calendar days or less per continuous stay in the facility.

The above applies to persons in an IMD if they are younger than 21 or 65 or older.

Targeted Case Management Services for Placement services are not billable to Medi-Cal when the client is in a State Hospital.

CDI Codes:

MHS 541	AB 542	HH 693	NB 540
AB (NB) 549	HAS 544	Walk-In 564	

Medicare (CPT) Codes: Not separately Medicare billable
(included in service billing)

Who Can Provide Targeted Case Management Services:

Service	Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Placement	Y	Y	Y	Y	Y	Y	Y	Y	N

Special Instructions for Targeted Case Management:

- Billable Placement must involve a facility licensed by the California Department of Public Health, Licensing and Certification Division or the Department of Mental Health

**Mode 15,
Outpatient
Services**

Mode of Service: 15, Outpatient Services, MHS

Service Function: Collateral, SFC 10-19

Service Definition: Title 9, 1810.206

Collateral means a service activity to a significant support person in a beneficiary's life for the purpose of meeting the needs of the beneficiary in terms of achieving the goals of the beneficiary's client plan. Collateral may include but is not limited to consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the beneficiary, consultation and training of the significant support persons(s) to assist in better understanding of mental illness, The beneficiary may or may not be present for this service activity.

Note: There is no such thing as intra-agency collateral, please do not bill for this!

Examples of Collateral Services:

- Gathering information about client from family members, care providers, other significant persons (probation officer, minister, others in an IEP meeting, etc.), or staff from other agencies who know the client
- Finding out from parent about child/client's behavior this week
- Family treatment with focus on the client without the client present
- Finding out from family how client has behaved this week
- Instructing parent about carrying out treatment- related activities at home
- Educating parent about his/her particular child and the child's problems
- Instructing family about carrying out treatment- related activities in the home
- Helping a teacher develop a behavioral plan for a client

- Work with client’s family to facilitate client’s movement toward employment
- Time in a group of parents that is spent discussing their child when neither parent is a client; if a parent is a client, this same time would be more appropriately billed as “group”, for those in the group in this situation, if the discussion is about the parent’s own issues that are affecting his/her parenting
- Time in a group of families that is spent discussing a child client when the child is not present; if a parent is a client, this same time is more appropriately billed as “group”, for those in the group in this situation, if the discussion is about the parent’s own issues that are affecting his/her parenting

Note: (Involving parents or others in care planning should be billed as Plan Development)

(If non-client, consider MAA-Case Mgmt., Community Client Contact, and Service or Non-Service for Non- Client)
 It is not billable when we provide information about a client to a person from another agency at that person’s request, to assist the other agency to do it’s job.

CDI Codes:

MHS 311	Family Collateral 313 (683 for HH)	AB 312	
AB (NB) 319	TelMed 317	Walk-In 316	HAS 314
NB 310	HH 681		

Medicare (CPT) Codes: Not separately Medicare billable (included in the service billing)

Who Can Provide Collateral Services:

Service	Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Collateral	Y	Y	Y	Y	Y	Y	Y	Y	Y

**Mode 15,
Outpatient
Services**

Mode of Service: 15, Outpatient Services, MHS

Service Function: Assessment, SFC 30-57, 59

Service Definition: Title 9, 1810.204

Assessment means a service activity designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health. Assessment includes but is not limited to one or more of the following: mental status determination, analysis of the beneficiary's clinical history; analysis of relevant cultural issues and history; diagnosis; and the use of testing procedures.

Examples of Assessment Services:

- Screening
 - Triage
 - Diagnosis
 - ADL assessment
 - Discharge summary (own client or client of others) (only billable if client participates)
 - Determination of diagnosis for co-signature of others
 - Mental status examination
 - Clinical Assessment or Update
 - Healthy Homes assessment
 - Assessing readiness for work or other vocational issues
 - Updates on client's condition
 - Filling out or facilitating performance outcomes forms
 - Discussions with others to determine diagnosis, but only if it results in a change of diagnosis
-

CDI Codes:

MHS 331	AB 332	AB (NB) 339	TelMed 337
Walk-In 333	HAS 334	NB 330	HH 684

Medicare (CPT) Codes:

Modes	Description
90801	Psychiatric diagnostic interview examination
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication for persons who do not communicate normally verbally.

Who Can Perform Assessments: (see pg. 6 regarding what disciplines can bill).

Service	Clin.	M.D	M.N.	MHS	RN	SWII	O.T.	LTP	PFA
Assessment (including Mental Status)	Y	Y	Y	N	N	N	N	N	N
Assessment (excluding Mental Status)				Y	Y	Y	Y	Y	N
Mental Health Diag.	Y	Y	Y	N	N	N	N	N	N
Write MH Diag. for Signature of others	Y	Y	Y	N	N	N	N	N	N
Diag. (ADS Programs)	Y	Y	Y	Y	Y	Y	N	Y	N
Serve as Clinic OD (initial evaluator)	Y	Y	Y	N	N	N	N	N	N
Write Discharge Summary for services of others	Y	Y	Y	N	N	N	N	N	N
Write Discharge Summary for own services only	Y	Y	Y	Y	Y	Y	Y	Y	N

Healthy Homes Assess.	Y	Y	Y	N	N	N	N	N	N
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**Mode 15,
Outpatient
Services**

Mode of Service: 15, Outpatient Services, MHS

Service Function: Individual Therapy, SFC 30-57, 59

Service Definition: Title 9, 1810.250

Therapy means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present. (In DBH, services via hypnosis, bioenergetics, and sex surrogate therapy are prohibited.)

Examples of Individual Therapy:

- Individual Therapy provided in office
- Individual Therapy provided at other location
- Treating family when only one child or adult member is a client and that member is present (“family-individual”)
- Treating the only group member who comes to a group session
- Providing therapy for a client who calls and needs a therapy service that must be provided over the phone
- Exploring job/vocational aspirations and educational needs
- Helping clients identify strengths/weaknesses regarding functioning in the community related to his/her mental disorder
- Facilitating client engaging in volunteer experiences
- Helping client learn stress management methods relating to community functioning (could also be Rehab/ADL, see pg. 31)

- Helping client make appearance publicly acceptable (could also be Rehab/ADL, see pg. 32)
- Helping client understand job-related requirements, such as timeliness and dependability (could also be Rehab/ADL, see pg. 32)
- Exploring with client how to handle disclosure or non-disclosure of client's mental problems
- Individual Therapy in the workplace regarding emotional problems/issues related to working
- Helping child recover from trauma or grieve for loss
- Helping child develop greater self-control and self-management skills (could also be Rehab/ADL, see pg. 32)

(if non-client, consider Community Client Contact and Other Service or Non-Service for Non-Client)

(Crisis intervention is billed to Medicare as Individual therapy)

(See Rehab/ADL for the distinction between Therapy and counseling, pgs. 32-33)

CDI Codes:

MHS 341	AB 342	HH 685	TeleMed 347
AB (NB) 349	NB 340		

Medicare (CPT) Codes:

90804	Individual Therapy, 20-30 min.
90806	Individual Therapy, 45-50 min.
90808	Individual Therapy, 75-xxx min.
90805	Individual Therapy with medical eval. & mgmt., 20-30 min.
90807	Individual Therapy with medical eval & mgmt., 45-50 min.
90809	Individual Therapy with medical eval & mgmt., 75-xxx min.
90810	Interactive individual Therapy, 20-30 min.
90812	Interactive individual Therapy, 45-50 min.
90814	Interactive individual Therapy, 75-xxx min.
90811	Interactive individual Therapy with med. eval. & mgmt., 20-30 min.

90813	Interactive individual Therapy with med. eval. & mgmt., 45-50 min.
90815	Interactive individual Therapy with med. eval. & mgmt., 75-80 min.

Who Can Provide Individual Therapy:

Service	Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Therapy (ind., grp., fam. - ind., fam. - grp)	Y	Y	Y	N	N	N	N	N	N

Rendering providers must be licensed, registered or waived.
 Student professionals in the above disciplines require co-signatures.

Special Instruction for Individual Therapy:

If a session is held for a client and family members of the client, and only one person in the session has an open case, it is charted and billed as family-individual. If more than one person in the session has an open case, the session is charted and billed as family-group. The focus in both cases must be on the mental health needs of the client or clients with open cases.

**Mode 15,
 Outpatient
 Services**

Mode of Service: 15, Outpatient Services, MHS

Service Function: Group Therapy, SFC 30-57, 59

Service Definition: Title 9, 1810.250

Therapy means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present. If the group is one family, this is “Family-Group”.

Examples of Group Therapy:

- Group Therapy for more than one client together
- Group Therapy for one family when more than one

member present is a client (adult or child clients)

- Exploring job/vocational aspirations and educational needs
- Helping client identify strengths/weaknesses regarding functioning in the community related to his/her mental disorder
- Facilitating client engaging in volunteer experiences
- Helping client learn stress management methods relating to community functioning (could also be Rehab/ADL, see pg. 31)
- Helping client make appearance publicly acceptable (could also be Rehab/ADL, see pg. 32)
- Helping client understand job-related requirements, such as timeliness and dependability (could also be Rehab/ADL, see pg. 32)
- Exploring with client how to handle disclosure or non-disclosure of client's mental problems
- Group discussions of how to seek and maintain employment
- Group Therapy with an educational component, in which clients learn or are educated about mental disorder, coping skills, recovering from mental disorder, etc., as long as each individual's own condition is also addressed or explored and that individual's participation and response are charted
- Multi-family groups in which at least one person (child or adult with an open case is present for each family, and at least two such persons with open cases are present for the group; time in these groups for families without a member present who is a client is billed as "collateral")
- Group Therapy to help child clients learn social skills (could also be Rehab/ADL, see pg. 32)
- Group Therapy to help child clients learn better self-control or self-management (could also be Rehab/ADL, see pg. 32)

CDI Codes:

MHS 351	AB 352	NB 350
AB (NB) 359	HH 686	

Medicare (CPT) Codes:

Code	Description
90853	Group therapy (other than a multi-family group)
90857	Interactive group therapy
90853	Group psychotherapy (other than multiple family group)

Who can provide Group Therapy:

Service	Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Therapy (ind., grp., fam.-ind., fam.-grp.)	Y	Y	Y	N	N	N	N	N	N

Special Instructions for Group Therapy:

If a session is held for a client and family members of the client, and only one person in the session has an open case, it is charted and billed as family-individual. If more than one person in the session has an open case, the session is charted and billed as family-group. The focus in both cases must be on the mental health needs of the client or clients with open cases.

**Mode 15,
Outpatient
Services**

Mode of Service: 15, Outpatient Services, MHS

Service Function: Rehabilitation/ADL (Counseling), SFC 30-57, 59

Service Definition: Title 9, 1810.243

Rehabilitation means a service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living

skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.

Rehab/ADL (Medicine Education Group)--a group with discussion of and education regarding medication use. Topics include risks, benefits, alternatives, and compliance. No MSS service per se is included in this category.

Rehab/ADL (vocational):

1. Skills training in skills specific to adaptive and appropriate vocational functioning (general work skills, finding a job, keeping a job); and
2. Counseling the individual and/or family regarding job issues.

Examples of Rehabilitation/ADL:

- Helping client learn how to get around on the bus
- Helping client learn how to budget and manage money
- Helping client learn leisure activities (when this relates to identified problems and is necessary for their solution)
- Medication education group
- Counseling client's family about client's needs and skills
- Helping client learn personal care skills
- Exploring job/vocational aspirations and educational needs (could also occur in ind. or grp. therapy, see pg. 26)
- Helping client identify strengths/weaknesses regarding functioning in the community related to his/her mental disorder (could also occur in ind. or grp. ther., see pg. 26)
- Facilitating client engaging in volunteer experiences (could also occur in ind. or grp. therapy, see pg. 26)
- Helping client learn stress management methods relating to community functioning (could also occur in ind. or grp. therapy, see pg. 26)

- Working with client's family to facilitate client's movement toward employment
- Helping client make appearance publicly acceptable (could also occur in ind. or grp. therapy, see pg. 27)
- Helping client understand job-related requirements, such as timeliness and dependability (could also occur in ind. or grp. therapy, see pg. 27)
- Exploring with client how to handle disclosure or non-disclosure of client's mental problems (could also occur in ind. or grp. therapy, see pg. 27)
- Counseling client in the workplace about emotional problems/issues related to working
- Group discussions of how to seek and maintain employment
- Helping child understand behavioral and attitudinal requirements of school or future working
- Helping child understand and learn skills needed for peer relationships
- Recreation for children when used to teach attitudes, rule-following, cooperation, and other skills needed for effective peer relationships

(if non-client, consider Community Client Contact and Other Service or Non-Service for Non-Client, see page 59)

Distinction between Therapy and Rehabilitation ADL (Counseling)

Therapy (as in individual and group therapy) is distinguished from counseling (as in rehab/ADL) as follows: Therapy involves efforts to directly promote and facilitate **change** in the client's basic perceptions, emotional responses, and other personality features, so that in the future the client's subjective state, symptoms, and functioning are improved because of these changes in **who the client is**. Therapy is different from counseling both in purpose (as just described) and in method (as described below).

For DBH purposes, "Rehabilitation ADL (counseling)" is defined as using the client's current **traits and resources** to help that person to

feel better and/or overcome current problems, without purposely trying to change the client's basic personality features. However, counseling, therapy, and meds education groups may all involve an educative component.

Rehabilitation ADL (Counseling) includes:

1. Providing support
2. Assisting with problem-solving
3. Assisting with decision-making
4. Teaching/modeling daily living skills
5. Giving advice
6. Providing information or brief education regarding behavioral health problems. (Be careful not to provide specific advice out of scope of practice)
7. If competent to do so, teaching emotional and behavioral skills necessary for the attainment of the client's goals
8. If competent to do so, using single techniques or methods from a comprehensive theoretical system of therapy, such as having a client keep a record of dysfunctional thoughts, challenging dysfunctional thoughts, or helping the client identify patterns of behavior.

Counseling **does not include**:

1. Exploring the client's past in order to help the client to understand self or change
2. Using transference and countertransference reactions to help in the treatment of the client
3. Applying defined systems of treatment comprehensively in working with the client (e.g., psychodynamic therapy, including interpretations based on psychodynamic or psychoanalytic theory; cognitive-behavioral therapy; rational-emotive therapy; and solution-focused therapy)
4. Purposely increasing the client's anxiety in order to alter the client's therapeutic motivation

5. Purposely eliciting non-obvious, underlying feelings in order to work on an issue or problem

Neither therapists nor counselors should use specialized or other techniques for which they have not had appropriate training (e.g., desensitization, cognitive restructuring, etc.).

Therapy includes, but is not limited to, the elements included in both “**Counseling includes**” and “**Counseling does not include**” as described above.

Therapy, counseling, and skills training all attempt to change behavior, and all may result in changes in traits and personality, but only therapy purposely proposes to change the personality and traits of the client and focuses on doing this in order to help the client.

CDI Codes:

MHS 551	AB 552	HH 695	TelMed 557
AB (NB) 559	HAS 554	NB 550	

Medicare (CPT) Codes: Not Medicare billable

Who Can Provide Rehabilitation (Counseling):

Service	Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Rehab/ADL (skills)	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rehab/ADL (counseling of ind. and families)	Y	Y	Y	Y	Y	Y	Y	Y	N
Rehab/ADL (med. ed.)	Y	Y	Y	Y	Y	Y	Y	Y	N
Rehab/ADL (voc.)	Y	Y	Y	Y	Y	Y	Y	Y	N

Special Instructions for Rehabilitation (Counseling):

Do not bill Therapy for an activity that is actually rehab/ADL-counseling.

**Mode 15,
Outpatient
Services**

Mode of Service: 15, Outpatient Services, MHS

Service Function: Plan Development, SFC 30-57, 59

Service Definition: Title 9, 1810.232

Plan Development means a service activity that consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary's progress, in achieving client plan goals.

Billable intra-agency consultations are usually billed as Plan Development

Examples of Plan Development:

- Involving parent/caregiver in client's treatment planning
- Team discussions or discussions with other treatment staff resulting in Plan approval or some charted change or non routine affirmation of current Plan
- Creating/writing Client Recovery Plan, TBS Plan, or other plans, with or without client, if charted
- That portion of an IEP meeting in which the DBH Plan for the client is developed or altered
- Reviewing client's previous records, **but only if** that leads to a chart note revising or re-orienting services to be provided or the Plan for such services
- Writing ID notes for a service that occurred on a previous day

Examples of Non-Billable Services:

- Reviewing a client's previous records, however, does not lead to a chart note)
 - Cannot bill for consultation during regular clinical supervision
-

CDI Codes:

MHS 521	AB 522	HH 691	TelMed 527
AB (NB) 529	HAS 524	NB 520	Pl. Dev., Case Mgmt 571

Medicare (CPT) Codes: Not separately billable to Medicare
(included in service billing)

Who can perform Plan Development:

Service	Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Plan Development	Y	Y	Y	Y	Y	Y	Y	Y	Y

Special Instructions for Plan Development:

Plan Development activities in MSS or DTR are included in the MSS or DTR billing. See CM-L&C-Plan Dev. for Plan Development for Case Management services (pages 19-22).

**Mode 15,
Outpatient
Services**

Mode of Service: 15, Outpatient Services

Service Function: Therapeutic Behavioral Services, SFC 58

Service Definition: DMH Letter No. 99-03 (See Attachment B)

Therapeutic Behavioral Services (TBS) are one-to-one therapeutic contacts for a specified short-term period of time between a mental health provider and a child or youth with serious emotional disturbances (SED).

TBS is designed to maintain the child/youth's residential placement at the lowest appropriate level by resolving target behaviors and achieving short-term treatment goals. TBS is available to full-scope Medi-Cal beneficiaries under 21 years of age who meet MHP medical necessity criteria (children/youth with SED), are members of the certified class and meet the criteria for needing these services. A

contact is considered therapeutic if it is intended to provide the child/youth with skills to effectively manage the behaviors or symptoms that are barriers to achieving residence in the lowest possible level.

Example of Therapeutic Behavioral Services:

- Staying with the client through a specified time period of several hours waiting for and responding to behaviors specified in the client's TBS Plan

CDI Codes:

TBS 581	TBS Assessment 331	Nonbillable Assessment 330
Collateral contacts 311	Nonbillable collateral contacts 310	MHS Plan development 521
Nonbillable MHS Plan dev. 520		

Medicare (CPT) Codes: Not Medicare billable

Who Can Provide Therapeutic Behavioral Services:

Service	Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Therapeutic Behavioral Services (may also be provided by contracted individuals)	Y	Y	Y	Y	Y	Y	Y	Y	Y

Special Instructions for Therapeutic Behavioral Services:

Provided only by and with the approval of Children’s System of Care.

**Mode 15,
Outpatient
Services**

Mode of Service: 15, Outpatient Services, MSS

Service Function: Medication Visit and Medication Education Group, SFC 60-68, 69

Service Definition: Title 9, 1810.225

Medication Support Services means those services that include

prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks and benefits of and alternatives for medication; and collateral and plan development related to the delivery of the service and/or assessment of the beneficiary.

Medication Visit:

An individual service involving any or all of the above activities.

Medication Education Group:

A group for clients provided by MSS-qualified staff in which discussion of risks, benefits, alternatives, and compliance with medications may take place, as well as Therapy (which time is billed separately). Usually group members engage in these discussions while waiting to be taken out of the group briefly for a Medication Visit.

CDI Codes: Medication Visit and Medication Education Group use same codes

MHS 361	AB 362	AB (NB) 369	HH 687
TelMed 367	Walk-In 363	NB 360	

Medicare (CPT) Codes:

90862 – Pharmacologic Management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	M0064 – Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders.
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Who Can Provide Medication Visits and Medication Support Groups:

Service	Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Medication Visit	N	Y	Y	N	Y	N	N	Y	N
Medication Support Group (MSS)	N	Y	Y	N	Y	N	N	Y	N

Special Instructions for Medication Visits and Medication support Groups:

MSS services in a Medication Education Group must be charted and billed separately from any therapy that is provided by a person not authorized to provide MSS services. Therapy may only be provided within scope of practice. (See Individual Therapy and Group Therapy, see page 28 and 30)

**Mode 15,
Outpatient
Services**

Mode of Service: 15, Outpatient Services, MHS

Service Function: Crisis Intervention, SFC 70-79

Service Definition: Title 9, 1810.209

Crisis Intervention means a service, lasting less than 24 hours to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site and staffing requirements, described in sections 1840.338 and 1840.348.

Examples of Crisis Intervention:

If above definition is met:

- Evaluating client for hospitalization (whether or not client is hospitalized)
- Interventions to prevent harm to client or others

- Interventions to prevent harm to client due to homelessness on that date
- Interventions to prevent imminent loss of job by client

(If non-client, consider MAA-Referral in Crisis Situation, Community Client Contact, and Other Service or Non Service for Non-Client)

Limitations on Services or Billing:

- Limited to immediate stabilization. Further intervention involves other services
- Does not include crisis stabilization, which is provided in a 24-hour setting
- Documentation must provide justification for time billed and meet Medical Necessity

Notes:

- Crisis Intervention services are recorded in the clinical record and reported into SIMON as hours:minutes
- **Medi-Cal Crisis Intervention Lockouts (§ 1840.366):**
 - This service is not reimbursable on days when Crisis Residential Treatment services, Psychiatric Inpatient Hospital services, Psychiatric Health Facility services, or Psychiatric Nursing Facility services are reimbursed, except for the day of admission to these services
 - The maximum number of hours claimable for this service is 8 within a 24-hour period

CDI Codes:

MHS 371	AB 372	AB (NB) 379	CalWORKs 370
Walk-In 373	NB 370	TeleMed 377	HH 688

Medicare (CPT) Codes: Not billable to Medi-care

Who Can Provide Crisis Intervention Services:

Service	Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	PFA
Crisis Intervention *must have immediate supervision if issues of danger to self or others are present	Y	Y	Y	Y*	Y*	Y*	Y*	Y*	Y*

Special Instructions for Crisis Intervention:

Documentation must make clear why the service is crisis intervention as opposed to assessment or Therapy. The crisis must require decision or action on the part of the provider in order to ensure the welfare of the individual or community. **The individual's upset does not by itself create a crisis condition.**

Non-Reimbursable Services

Non-Reimbursable Codes should not be used if an activity is reimbursable or MAA-billable. The following are Non-Reimbursable Services:

Mental Health Promotion

Service Function: Mental Health Promotion

General Type: Indirect

Service Definition:

Activities in the community educating persons regarding mental health and mental disorders and making service opportunities known to them. Also, providing education to agencies or organizations regarding mental health services and mental disorders.

Examples:

- Speaking to service club or church group about mental illness

- Speaking to a mothers group about services for children
 - Speaking to staff of another County agency about dealing with the mentally ill
 - Manning a booth in a mental health fair
- (First consider CM-L&C, then MAA-Outreach)

Billing:

Must not be directly or MAA-billable.

CDI Codes:

MHS (Adult) 411	AB 412	MHS Child 417
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Medicare (CPT) Codes: Not Medicare billable

Who Can Provide Mental Health Promotion:

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

Community Client Contact

Service Function: Community Client Contact

General Type: Indirect

Service Definition:

Assisting persons in the community who are not clients, including giving some minimal services, on the basis of immediate need and within the provider's scope of practice.

Examples:

- Groups for non-clients

- Assisting with non-billable socialization or drop-in group
- Advising a person about involuntary hospitalization procedure
- Intervening in a family dispute taking place in the same building in which a client lives whom you are visiting
- Taking phone calls as clinic OD
- Providing a service for a recently closed client (if the case is not reopened)

(Also consider regular billable services, then MAA-Case Mgmt.)

CDI Codes:

MHS (Adult) 421	AB 422	MHS (Child) 427
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Medicare (CPT) Codes: Not Medicare billable.

Billing: Must not be directly or MAA-billable.

Who Can Provide Community Client Contact:

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

Special Instructions

This service is not charted, nor is identifying information about the recipient recorded. (Any billed time that is part of a service that also includes Community Client Contact must be subtracted from the total in order to arrive at the Community Client Contact time.)

**Treatment
Support**

Service Function: Treatment Support

General Type: Indirect

Service Definition:

Time spent organizing or preparing for services or non-services.

Examples:

- Copying materials for a group
- Preparing a curriculum for a group or other preparation to deliver a service
- Developing a specific treatment program that is not covered under MAA-Program Planning
- Logging, labeling, distributing, and storing medication supplies
- Being in team meeting but not participating in discussion of a given case (the minutes for that case)
- Interacting with community or organizational representatives in order to obtain donated treatment-related materials
- Shopping for OT supplies
- Shopping for refreshments when the Clinic Supervisor deems refreshments necessary in order to attract clients or maintain the service
- Preparing for and participating in fair hearings
- Time in multidisciplinary team meetings that is not billable as CM-L&C, CM-PI., Plan Development, or Collateral
- Interpreting between client and provider
- Reviewing client's previous records which does **not** lead to a billable and charted change in services to be provided or the Plan for services

- Orienting clients to Department services and to recovery
- Assigned travel time when no service is provided

CDI Codes:

MHS (Adult) 431	AB 432	MHS (Child) 437
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Medicare (CPT) Codes: Not Medicare billable

Billing: Must not be directly or MAA-billable.

Who Can Provide Treatment Support:

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

Day
Treatment
Support

Service Function: Day Treatment Support

General Type: Indirect

Service Definition:

Time a staff person is assigned to and participating in a day treatment program.

CDI Codes:

MHS (Adult) 433	AB 434	MHS (Child) 433
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(These are not in 4-03 codes list)

Medicare (CPT) Codes: Not Medicare billable

Who Can Provide Day Treatment Support:

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

**Classroom
Observation**

Service Function: Classroom Observation

General Type: Indirect

Service Definition:

Time spent observing a client in his/her school classroom, for service planning purposes. (Parts of this activity may be billable as “assessment” if they result in an “assessment” ID note.)

CDI Codes:

MHS (Adult) 442	AB 442	MHS (Child) 442
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Medicare (CPT) Codes: Not Medicare billable

Billing: Must not be billable as Assessment or as MAA

Who Can Perform Classroom Observation:

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

**Individualized
Education
Plan**

Service Function: Individualized Education Plan

General Type: Indirect

Service Definition:

Time spent in an IEP meeting that is not billable as Collateral, CM-L&C, CM-Pl., or Plan Development. (Consultations before and after an IEP meeting are billed separately as either Collateral, CM-L&C, or Plan Development. Assessments related to an IEP or IEP meeting are billed as Assessment.)

CDI Codes:

MHS (Adult) 452	AB 452	MHS (Child) 452
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Medicare (CPT) Codes: Not billable to Medicare.

Billing: Must not be billable as PI. Dev. or other billable service, or MAA.

Who Can Provide Individualized Education Plan:

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

(Same for signing an IEP)

Vocational

Service Function: Vocational

General Type: Indirect

Service Definition:

Any service not recorded for direct billing that provides vocational help.

Examples:

- Job coaching
 - Job development
-

CDI Codes:

MHS (Adult) 453	AB 453	MHS (Child) 453
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Medicare (CPT) Codes: Not billable to Medicare.

Billing: Must not be directly or MAA-billable.

Who Can Provide Vocational Services:

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

SPECIAL INSTRUCTIONS: None

**Placement
Evaluation**

Service Function: Placement Evaluation

General Type: Indirect

Service Definition:

Evaluation for placement by CONREP staff of court-referred persons, state hospital-referred patients, or CONREP clients.

CDI Codes:

MHS 461	AB 461	Child 461
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Medicare (CPT) Codes: Not billable to Medicare.

Billing: CONREP ONLY.

Who Can Perform Placement Evaluation:

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	N	N	N	N	N	N

**Hospital
Liaison**

Service Function: Hospital Liaison

General Type: Indirect

Service Definition:

Providing consultation services to inpatient medical and psychiatric units.

Examples:

- Providing invited consultation to inpatient medical or psychiatric staff
- Coordinating transfer to DBH services that is not billable as CM-L&C, CM-Pl., MAA-Outreach, or MAA-Case Management

CDI Codes:

MHS (Adult) 462	AB 462	MHS (Child) 462
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Medicare (CPT) Codes: Not billable to Medicare

Billing: Must not be directly or MAA-billable

Who Can Provide Hospital Liaison:

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	N	N	N	N	N	N

Courtroom Appearances

Service Function: Courtroom Appearances

General Type: Indirect

Service Definition:

Courtroom appearances on behalf of clients.

CDI Codes:

MHS (Adult) 463	AB 463	MHS (Child) 463
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Medicare (CPT) Codes: Not billable to Medicare

Billings: Must not be directly or MAA-billable

Who can provide Courtroom Appearances:

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

Special Instructions for Courtroom Appearances:

For non-licensed staff, the supervisor will accompany the staff person to court.

Drug Screen Service Function: Drug Screen

General Type: Indirect

Service Definition:

Procuring urine samples for drug screens, sending samples to lab, and processing results.

CDI Codes:

MHS 391

Medicare (CPT) Codes: Not billable to Medicare

Billing: Must not be directly or MAA-billable

Who Can Perform Drug Screen:

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

Conservatorship Investigation

Service Function: Conservatorship Investigation

General Type: Indirect

Service Definition:

Assessment of persons to determine need for conservatorship establishment or continuation.

CDI Codes:

MHS 621	NB 620	Child 621
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Medicare (CPT) Codes: Not billable to Medicare

Billings: Must not be directly or MAA-billable

Who Can Perform Conservatorship Investigation:

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T,	LPT	C.S.A.
Y	Y	Y	N	N	N	N	N	N

Non-Service CDI Codes

The following are Non-Service CDI Codes:

No Show

Service Function: No Show

General Type: N/A

Service Definition:

The client does not keep a scheduled appointment.

CDI Codes:

MHS 300	AB 402	Walk-In 302	No show DTI 201	Intake 400	No Show AB 202
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Medicare (CPT) Codes: Non-billable

Special Instructions for No Show:

Charting of non-shows is restricted to the service providers with whom the appointments were made.

Reschedule **Service Function:** Reschedule

General Type: N/A

Service Definition:

The client reschedules an appointment that has been missed or will be missed.

CDI Codes:

307

Medicare (CPT) Codes: Not billable to Medicare

Cancelled by Clinic **Service Function:** Cancelled by Clinic

General Type: N/A

Service Definition:

An appointment is cancelled by the clinic or provider.

CDI Codes:

308

Medicare (CPT Codes): Not billable to Medicare

Cancelled by Client

Service Function: Cancelled by Client

General Type: N/A

Service Definition:

An appointment is cancelled by the client before the scheduled time (24 hours).

Limitation on Services: N/A

CDI Codes:

309 | Walk-In 306

Medicare (CPT) Codes: Not billable to Medicare

Other Non-Service CDI Codes

Activity	CDI Codes
Leave and Holiday - All time away from work for any reason	403
Training Given - Providing training within or outside of the Department as part of one's assigned duties	404
Training Received - Receiving training on Department time	405
Travel Time (non-billable) - Non-billable training time for client purposes or other purposes	406
Clinic-Level Meeting - Staff meetings or other meetings at clinic sites	407
Departmental Meeting - Regional or Departmental meeting	408
Inter-Agency Meeting - Inter-agency meeting; multi-disciplinary team (MDT) meeting	409
Other Meeting - Other meetings than those listed above	410
Approved Non-Billable Overtime Duties	413
Interpretation Services (clerical and professional)	423
Clinical Supervision Provided - Providing clinical supervision to anyone within the Department	457

Clinical Supervision Received - Receiving clinical supervision within the Department	458
Administrative Supervision Provided - Providing administrative supervision to anyone within the Department	459
Administrative supervision Received - Receiving administrative supervision within the Department	460
Approved Special Assignment - (approved by one's supervisor)	418
Administrative Duties NOS – All time not accounted for by any of the other codes in this document	419

**Recovery
Billing Issues**

- Verbally orienting clients to recovery and to clinic services (L&C) (MAA-Outreach if not clients)
- Resource evaluation (Assessment)
- Assistance with basic life resource (L&C)
- Helping clients organize a Client Council (Treatment Support)
- Facilitating/advising a Client Council (Treatment Support)
- Helping clients organize a client support/advocacy group (Treatment Support)
- Interacting with a community group (church, service club, community center, etc.) to make it more open to client involvement (MH Promotion)
- Socialization/drop-in group (/rehab/ADL Counseling or skills when applicable (seek change in Medi-Cal)
- Psycho education (clients, families, parents) (add as new category to NR. Seek change in Medi-Cal)
- Helping clients and their families reunify and other family interactions (Fam/Ind., Rehab/ADL, Pl. Dev., Coll.)
- Orienting clients to RWD (Treatment Support)
- Orienting non-clients to Department services (including RWD) (MAA) Outreach)
- within agency L&C

- Video education and skills programs (monitored by staff) (rehab/ADL for staff minutes)
 - Training self-help group facilitators (rehab/ADL for clients; Treatment Support for non-clients)
 - Training clients, ex-clients, or volunteers to be mentors (Treatment Support)
 - Assisting clients with preparation for work or volunteer work (depending on content - L&C, rehab/ADL, NB Vocational)
 - Linkage with natural supports in the individual's community (L&C) (families, churches, hobby and interest groups, etc.)
 - Referral to community-based organization (L&C) (clinics, churches, volunteer bureaus, ethnic community volunteer bureaus, etc.)
 - Developing peer-run programs (Treatment Support)
 - Facilitating/advising peer-run programs (Treatment Support)
 - Coordinating with PCP's (Pl. Dev., Coll.)
 - Life skills training (rehab/ADL skills training) (Rehab/ADL)
 - Supervising Parent Partners (457 or 459)
 - Helping client with dual diagnosis problems (separate billing and charting)
 - Social event (incl. ed.) for neighborhood to acquaint people with services (MH Promotion)
-

**Medi-Cal
Administrative
Activities**

Service Definitions:

“Non-discounted” indicates that the service is provided only to Medi-Cal and Medi-Cal eligible persons. “Discounted” indicates that the service is provided to Medi-Cal and non-Medi-Cal persons, and then for reimbursement the presumed percentage of Medi-Cal and Medi-Cal eligibles is applied to reduce the reimbursement.

Allowable Functions:

The MAA functions in which each employee may engage are defined in the Department's MAA Plan. Each employee should consult that Plan and restrict his/her MAA billing to those activities specified for him/her.

Travel in connection with MAA activities is not billable to MAA.

The following are Medi-Cal Administrative Activities:

**Mode 55,
Medi-Cal
Administrative
Activities**

Mode of Service: 55, Medi-Cal Administrative Activities

**Service Function: Medi-Cal Outreach (A) (Not Discounted),
SFC 01-03**

Service Definition:

1. Informing Medi-Cal eligibles or potential Medi-Cal eligibles about Medi-Cal services, including Short-Doyle/Medi-Cal services.
2. Assisting at-risk Medi-Cal eligibles or potential Medi-Cal eligibles to understand the need for mental health service covered by Medi-Cal.
3. Actively encouraging reluctant and difficult Medi-Cal eligibles or potential Medi-Cal eligibles to accept needed mental health and health services.

Examples:

Clients:

- Informing clients about their Medi-Cal eligibility
- Convincing eligible clients to apply for Medi-Cal
- Speaking to a group of Medi-Cal eligible clients about getting Medi-Cal or about available services
- Time with resistant homeless persons explaining benefits and encouraging them to enroll
- Clerical interpretation for these MAA activities

Non-Clients:

- Informing non-clients about their Medi-Cal eligibility
- Convincing non-clients who have Medi-Cal or who are eligible for Medi-Cal that they need mental health services
- Convincing Medi-Cal eligible non-clients to accept services and to apply for Medi-Cal
- Speaking to a group of Medi-Cal and Medi-Cal eligible non-clients about available mental health services
- Clerical interpretation for these MAA activities

(First consider CM-L&C, then MAA-Case Mgmt., Community Client Contact, and Other Service or Non-Service for Non-Client)

CDI Codes: All programs 472

Medicare (CPT) Codes: Not Medicare billable

Who Can Perform Medi-Cal Outreach (A) (Not Discounted)

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A
Y	Y	Y	Y	Y	Y	Y	Y	Y

Note: May be billed if this function is specified for your job class in the Department's MAA Plan.

**Mode 55,
Medi-Cal
Administrative
Activities**

Mode of Service: 55, Medi-Cal Administrative Activities

**Service Function: Medi-Cal Eligibility Intake (B) (Not Discounted)
SFC 04-06**

Service Definition:

Screening and assisting applicants for mental health services with the application for Medi-Cal benefits.

Examples:

- Helping client fill out necessary forms for Medi-Cal
- Taking client to the Medi-Cal screener (in the same building)
- Referring client to Medi-Cal office for screening
- Referring client to SSI office to apply (because with SSI, client would qualify for Medi-Cal)
- Clerical interpretation for these MAA activities

(First consider CM-L&C)

CDI Codes: All programs 473

Medicare (CPT) Codes: Not Medicare billable

Who Can Perform Medi-Cal Eligibility Intake (B) (Not Discounted)

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

Note: May only be billed if this function is specified for your job class in the Department's MAA Plan.

(This activity may be done by clerical, administrative and clinical staff.)

**Mode 55,
Medi-Cal
Administrative
Activities**

Mode of Service: 55, Medi-Cal Administrative Activities
Service Function: Medi-Cal/Mental Health Services Contract Administration (D) (Not Discounted), SFC 07-09

Service Definition:

1. Identifying and recruiting community agencies as Medi-Cal contract providers.

2. Developing and negotiating Medi-Cal provider contracts.
Monitoring Medi-Cal provider contracts.
3. Providing technical assistance to Medi-Cal contract agencies regarding county, state and federal regulations.

(The Department has no exclusively Medi-Cal contract providers, except TBS and EPSDT providers.)

CDI Codes: All programs 474

Medicare (CPT) Codes: Not Medicare billable

Who Can Perform Medi-Cal/Mental Health Services Contract Administration (D) (Not Discounted):

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

Note: May only be billed if this function is specified for your job class in the Department's MAA Plan.

(This activity may be done by clerical, administrative, and clinical staff, if assigned.)

**Mode 55,
Medi-Cal
Administrative
Activities**

Mode of Service: 55, Medi-Cal Administrative Activities

Service Function: MAA Coordination and Claims Administration (H) (Not Discounted), SFC 07-09

Service Definition:

1. Drafting, revising, and submitting MAA claiming plans.
2. Serving as liaison with claiming programs within the LGA and with the state and federal governments on MAA. Monitoring the performance of claiming programs.
3. Administering LGA claiming, including overseeing, preparing, compiling, revising, and submitting MAA claims to the state.

4. Attending training sessions, meetings, and conferences involving MAA.
5. Training LGA program and subcontractor staff on state, federal, and local requirements for MAA claiming.
6. Ensuring that MAA claims do not duplicate Medi-Cal claims for the same activities from other providers.

Examples:

- Receiving training on MAA and claiming procedures (non-SPMP only)
- Clerical interpretation for these MAA activities
- Non-SPMP staff attending MAA training

CDI Codes: All programs 483

Medicare (CPT) Codes: Not Medicare billable

Who can provide MAA Coordination and Claims Administration (H) (Not Discounted):

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
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Note: May only be billed if this function is specified for your job class in the Department's MAA Plan.

**Mode 55,
Medi-Cal
Administrative
Activities**

Mode of Service: 55, Medi-Cal Administrative Activities

Service Function: Referral in Crisis Situation for Non-Open Cases (C) (Discounted), SFC 11-13

Service Definition:

Intervening in a crisis situation (Medi-Cal, Medi-Cal eligible or non-Medi-Cal eligible) by evaluating and referring to mental health services.

Examples:

- Receiving training on crisis procedures that includes information on linking client with appropriate level of care
- Doing crisis intervention in the community as part of a clinic crisis team and referring client to an appropriate facility (and arranging transportation)
- Doing crisis intervention and referral for a non-client who calls in (if not MAA, then Community Client Contact)
- Clerical interpretation for these MAA activities
- Doing crisis intervention and referral for a non-client at the request of another department or agency

(First consider Crisis Intervention, then MAA-Case Mgmt., Community Client Contact, and Other Service or Non-Service for Non-Client)

CDI Codes: All programs 475

Medicare (CPT) Codes: Not Medicare billable

Who Can Provide Referral in Crisis Situation for Non-Open Cases (C) (Discounted):

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

Note: May only be billed if this function is specified for your job class in the Department's MAA Plan.

(See Crisis Intervention for the scope of practice for crisis intervention itself, as opposed to MAA crisis referral.)

**Mode 55,
Medi-Cal
Administrative
Activities**

Mode of Service: 55, Medi-Cal Administrative Activities
**Service Function: Medi-Cal/Mental Health Services Contract
Administration (D) (Discounted), SFC 14-16**

Service Definition:

1. Identifying and recruiting community agencies as mental health service contract providers serving Medi-Cal and non-Medi-Cal clients.
2. Developing and negotiating mental health service contracts serving Medi-Cal and non-Medi-Cal clients.
3. Monitoring mental health service contract providers serving Medi-Cal and non-Medi-Cal clients.
4. Providing technical assistance to mental health service contract agencies regarding county, state and federal regulations.

Examples:

- Answering contract agencies' questions about county, state, and federal regulations and about Medi-Cal programs
- Administrative auditing or reviewing contract agencies
- Developing contracts for contract agencies
- Monitoring contracts for contract agencies
- Monitoring contract provider capacity, availability
- Developing RFP's for contract agencies
- Clerical interpretation for these MAA activities

CDI Codes: All programs 476

Medicare (CPT) Codes: Not Medicare billable

Who Can Perform Medi-Cal/Mental Health Services Contract Administration (D) (Discounted):

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

Note: May only be billed if this function is specified for your job class in the Department's MAA Plan.

(This activity may be done by clerical, administrative, and clinical staff, if assigned. It is not done if not a part of the individual's MAA allowable functions.)

**Mode 55,
Medi-Cal
Administrative
Activities**

Mode of Service: 55, Medi-Cal Administrative Activities

**Service Function: Medi-Cal Outreach (A) (Discounted),
FC 17-19**

Service Definition:

1. Informing at-risk populations about the need for and availability of Medi-Cal and non-Medi-Cal mental health services.
2. Telephone, walk-in, or drop-in services for referring persons to Medi-Cal and non-Medi-Cal mental health programs.

Examples:

- Informing a group of mixed (Medi-Cal, Medi-Cal eligible, and non-Medi-Cal-eligible) clients or non-clients about available mental health services
- Informing a non-Medi-Cal-eligible non-client about available mental health services
- Convincing a group of mixed (Medi-Cal, Medi-Cal eligible, and non-Medi-Cal-eligible) non-clients that they need mental health services
- Convincing a group of mixed (Medi-Cal, Medi-Cal eligible, and non-Medi-Cal-eligible) non-clients to accept services and to apply for Medi-Cal
- Discussing over the phone with a family member the problematic behavior of another family member and

referring to an appropriate mental health clinic

- Clerical interpretation for these MAA activities

(First consider CM-Pl., then MAA-Case Mgmt., Community Client Contact, and Other Service or Non-Service for Non-Client)

CDI Codes: All programs 477

Medicare (CPT) Codes: Not Medicare billable

Who Can Provide Medi-Cal Outreach (A) (Discounted):

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

Note: May only be billed if this function is specified for your job classification in the Department's MAA Plan.

**Mode of Service
Medi-Cal
Administrative
Activities**

Mode of Service: 55, Medi-Cal Administrative Activities

Service Function: SPMP Case Management of Non-Open Cases (F) (Discounted), SFC 21-23

Service Definition:

1. Gathering information about an individual's health and mental health needs.
2. Assisting individuals to access Medi-Cal covered physical health and mental health services by providing referrals, follow-up, and arranging transportation for health care.

Examples:

- Finding out about an individual with mental health needs (with or without contact with the individual)
- Assessing an individual's mental health needs (and health needs) (with or without contact with the individual)
- Assisting non-clients to get mental health (and health)

services via referrals, follow-up contact, and arranging transportation

- Evaluating a client or family for a DBH program (but not opening the case)
- while visiting a board and care facility, you see an unknown resident with a physical emergency, and you refer him to a Medi-Cal provider and arrange transportation
- Clerical interpretation for these MAA activities

(First consider CM-L&C and CM-Pl., then Community Client Contact and Other Service or Non-Service to Non-Client)

CDI Codes: All programs - SPMP Case Management 478
 - Non-SPMP Case Management 481
 (See SPMP definition under Training.)

Medicare (CPT) Codes: Not Medicare billable

Who Can Provide SPMP Case Management of Non-Open Cases (F) (Discounted):

Service	Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A
Linkage & Cons.	Y	Y	Y	Y	Y	Y	Y	Y	Y
L & C-Plan Dev.	Y	Y	Y	Y	Y	Y	Y	Y	Y
Placement	Y	Y	Y	Y	Y	Y	Y	Y	N

Note: May only be billed if this function is specified for your job class in the Department's MAA Plan.

**Mode 55,
Medi-Cal
Administrative
Activities**

Mode of Service: 55, Medi-Cal Administrative Activities

Service Function: SPMP Program Planning and Policy Development (E) (Discounted), SFC 24-26

Service Definition:

1. Developing strategies to increase system capacity and to close

service gaps.

2. Interagency coordination to improve delivery of mental health services to seriously mentally ill adults or seriously emotionally disturbed children or adolescents.

Examples:

- Creating an actual written plan/proposal for a day treatment program in your facility in order to better serve the seriously and persistently mentally ill (discussing and recommending it are not enough)
- Doing the program development for a new day treatment program (finding space to rent, training staff, developing program curriculum, enrolling clients)
- Planning for starting a new and needed group in the clinic for trauma survivors
- Developing new resources for clients in the community, incl. contacts with churches, social service organizations, social organizations, employers
- Meetings with other agencies to plan joint program aimed at filling service gaps
- Clerical interpretation for these MAA activities

CDI Codes: All programs - SPMP 479
- Non-SPMP 482
(See SPMP definition under Training.)

Medicare (CPT) Codes: Not Medicare billable

Who Can Perform SPMP Program Planning and Policy Development (E) (Discounted):

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
Y	Y	Y	Y	Y	Y	Y	Y	Y

Note: May only be billed if this function is specified for your job class in the Department's MAA Plan.

(This activity may be done by clerical, administrative and clinical staff.)

**Mode 55,
Medical
Administrative
Activities**

Mode of Service: 55, Medi-Cal Administrative Activities

Service Function: SPMP Training (G) (Discounted), SFC 27-29

Service Definition:

SPMP training, given or received, which improves the skill levels of SPMP staff members in performing allowable SPMP enhanced Medi-Cal Administrative Activities, specifically SPMP program planning and development and SPMP case management of non-open cases.

Skilled Professional Medical Personnel (SPMP) - An employee of a public agency who has completed a two-year or longer program leading to an academic degree or certification in a medically related profession and who is in a position that has duties and responsibilities requiring those professional medical knowledge and skills.

Examples:

- An SPMP attending or giving training on MAA itself
 - An SPMP attending or giving training on program planning or case management
 - Clerical interpretation for these MAA activities
-

CDI Codes: All programs 480

Medicare (CPT) Codes: Not Medicare billable

Who Can Provide SPMP Training (Discounted):

Clin.	M.D.	M.N.	MHS	RN	SWII	O.T.	LPT	C.S.A.
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Note: May only be billed if this function is specified for your job class in the Department's MAA Plan.

(SPMP only. See SPMP definition under Training.)

**Mode 55,
Medical
Administrative
Activities**

Mode of Service: 55, Medi-Cal Administrative Activities

Service Function: Non-SPMP Case Management of Non-Open Cases (F) (Discounted), SFC 31-34

Service Definition:

1. Gathering information about an individual's health and mental health needs.
2. Assisting individuals to access Medi-Cal covered physical health and mental health services by providing referrals, follow-up, and arranging transportation for health care.

CDI Codes:

Medicare (CPT) Codes:

Who Can Provide Non-SPMP Case Management of Non-Open Cases (F) (Discounted):

**Mode 55,
Non-SPMP
Program
Planning and
Policy
Development**

Mode of Service: 55, Medi-Cal Administrative Activities

Service Function: Non-SPMP Program Planning and Policy Development (E) (Discounted), SFC 35-39

Service Definition:

1. Developing strategies to increase system capacity and to close service gaps.
2. Interagency coordination to improve delivery of mental health services to seriously mentally ill adults or seriously emotionally disturbed children or adolescents.

CDI Codes:

Medicare (CPT) Codes:

Who Can Provide Non-SPMP Program Planning and Policy Development (E) (Discounted):

SERVICE FUNCTION/SCOPE OF PRACTICE

Appendix A: Glossary

Abbreviation	Refers to:
AB	ASSEMBLY BILL
ABC	AUGMENTED BOARD AND CARE
ABH	ARROWHEAD BEHAVIORAL HEALTH
ACR	AUDITOR CONTROLLER/RECORDER
ACSP	ADULT COMMUNITY SERVICES PROGRAM
ADP	ALCOHOL AND DRUG PROGRAMS
A&E	ARCHITECTURE AND ENGINEERING
AFFIRM	ALLIANCE TO FORTIFY FAMILIES THROUGH INTERVENTIONS, RESOURCES AND MAINTENANCE
AMA	AGAINST MEDICAL ADVICE
AP	ACCOUNTS PAYABLE
APO	ASSISTANT PERSONNEL OFFICER
AR	ACCOUNTS RECEIVABLE
ARMC	ARROWHEAD REGIONAL MEDICAL CENTER
AR/UR	AUTHORIZATION REVIEW/UTILIZATION REVIEW UNIT
AWOL	ABSENT WITHOUT LEAVE
BAI	BOARD AGENDA ITEM
BBS	BOARD OF BEHAVIORAL SCIENCE (STATE)
BHRC	BEHAVIORAL HEALTH RESOURCE CENTER
BLI	BUILDING LOCATION INSPECTOR
BOC	BOARD OF CORRECTIONS
BOS	BOARD OF SUPERVISORS
CAC	CALIFORNIA ADMINISTRATIVE CODE
CACC	CHILDREN'S ACUTE CARE CENTER
CAM	CAMARILLO STATE HOSPITAL
CAMP	CLERICAL ADMINISTRATIVE MANUAL OF PROCEDURES
CAO	COUNTY ADMINISTRATIVE OFFICER
CARF	COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES
CARS	CHILDREN'S ASSESSMENT AND REFERRAL SYSTEM
CC3	CCURA3
CCICMS	CENTRALIZED CHILDREN'S INTENSIVE CASE MANAGEMENT SERVICES
CCC	CONTINUING CARE CLINIC
CCR	CALIFORNIA CODE OF REGULATIONS
CCTRO	CULTURAL COMPETENCY, TRAINING, RETENTION & OUTREACH
COI	CLIENT DATA INVOICE
CDS	CLIENT DATA SYSTEM
CEU	CONTINUING EDUCATION UNITS
CID	CENTER OF INDIVIDUALS WITH DISABILITIES
CM	CASE MANAGEMENT
CMC	COUNTY MEDICAL CENTER
CME	CONTINUING MEDICAL EDUCATION
CMHDA	CALIFORNIA MENTAL HEALTH DIRECTOR'S ASSOCIATION
CONREP	CONDITIONAL RELEASE PROGRAM
CONS	CONSERVATORSHIP

Abbreviation	Refers to:
COS	COMMUNITY OUTREACH SERVICES
CRS	CALIFORNIA RELAY SERVICE
CS	COMPUTER SERVICES
CSP	COORDINATION SERVICE PLAN
CQI	CONTINUOUS QUALITY IMPROVEMENT
C&R	CRISIS AND REFERRAL
CRTS	COMMUNITY RESIDENTIAL TREATMENT SYSTEM
CSAC	COUNTY SUPERVISOR'S ASSOCIATION OF CALIFORNIA
CSOC	CHILDREN'S SYSTEM OF CARE
CT I & CT II	CLINICAL THERAPIST I & II
CV	CENTRAL VALLEY
CYA	CALIFORNIA YOUTH AUTHORITY
DBH	DEPARTMENT OF BEHAVIORAL HEALTH
DCS	DEPARTMENT OF CHILDREN'S SERVICES
DO	DEVELOPMENTALLY DISABLED
DOC	DISASTER OPERATIONS CENTER
D/MTN	DESERT/MOUNTAIN REGION
DHHS	DEPARTMENT OF HEALTH & HUMAN SERVICES (FEDERAL)
DHS	DEPARTMENT OF HEALTH SERVICES (STATE)
DMH	DEPARTMENT OF MENTAL HEALTH (STATE)
DR	DEPARTMENT OF REHABILITATION (STATE)
DT	DAY TREATMENT SERVICES
EAP	EDUCATION ASSISTANCE PROPOSAL
ECR	ERROR CORRECTION REPORT
EBCR	EMPLOYEE DATABASE COST REPORT
EDS	EMPLOYMENT DEVELOPMENT SERVICES
EEOC	EQUAL EMPLOYMENT OPPORTUNITY COMMITTEE
EMACS	EMPLOYEE MANAGEMENT AND COMPENSATION SYSTEM
EOB	EXPLANATION OF BENEFITS
EPSDT	EARLY PERIODIC DIAGNOSTIC TREATMENT
ER	EMERGENCY ROOM
ES	EMERGENCY SERVICES
EYH	EUROPEAN YOUTH HOSTEL
FAS	FINANCIAL ACCOUNTING SYSTEM
FFP	FEDERAL FINANCIAL PARTICIPATION
FFS	FEE-FOR-SERVICE
FI	FINANCIAL INTERVIEWERS
FICS	FAMILY INTERVENTION AND COMMUNITY SUPPORT TEAM
FID	FEDERAL IDENTIFICATION NUMBER
FY	FISCAL YEAR
FX	FACSIMILE
GHRC	GLEN HELEN REHABILITATION CENTER
GSG	GENERAL SERVICES GROUP
HMO	HEALTH MAINTENANCE ORGANIZATION
HRD	HUMAN RESOURCES DEPARTMENT
HRO	HUMAN RESOURCE OFFICER
ICDDS	INLAND COUNTIES DEVELOPMENTAL DISABILITIES SVCS (INLAND REGIONAL CENTER)
ICF	INTERMEDIATE CARE FACILITY
ICM	INTENSIVE CASE MANAGEMENT
IEP	INDIVIDUALIZED EDUCATION PLAN
IMD	INSTITUTE FOR MENTAL DISEASE

Abbreviation	Refers to:
INPTORIP	INPATIENT
IST	INCOMPETENT TO STAND TRIAL
ISD	INFORMATION SERVICES DEPARTMENT
IVDAR	INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES
JCAHO	JOINT COMMISSION ON ACCREDITATION OF HOSPITAL
JESD	JOBS AND EMPLOYMENT SERVICES DEPARTMENT
JH	JUVENILE HALL
JJOP	JUVENILE JUSTICE OUTPATIENT PROGRAM
JMHS	JAIL MENTAL HEALTH SERVICES
LCSW	LICENSED CLINICAL SOCIAL WORKER
LLUMC	LOMA LINDA UNIVERSITY MEDICAL CENTER
LPHA	LICENSED PRACTITIONER OF THE HEALING ARTS
LPS	LANTERMANN-PETRIS-SHORT ACT
MAA	MEDI-CAL ADMINISTRATIVE ACTIVITIES
MC	MANAGED CARE
M/CAL	MEDI-CAL
M/CARE	MEDICARE
METRO	METROPOLITAN STATE HOSPITAL
MFCC	MARRIAGE, FAMILY AND CHILD COUNSELOR
MFT	MARRIAGE, AND FAMILY THERAPIST
MHC	MENTAL HEALTH COMMISSION
MHP	MENTAL HEALTH PLAN
MOU	MEMORANDUM OF UNDERSTANDING
MSW	MASTERS IN SOCIAL WORK
NAPA	NAPA STATE HOSPITAL
NGI	NOT GUILTY BY REASON OF INSANITY
NON-SPMP	NON SKILLED PROFESSIONAL MEDICAL PERSONNEL
NWLS	NEW WORLD LANGUAGE SERVICE
OADP	OFFICE OF ALCOHOL & DRUG PROGRAM
OED	ORGANIZATIONAL & EMPLOYEE DEVELOPMENT
OP	OUTPATIENT SERVICES
OR	OUTREACH SERVICES
OSHPD	OFFICE OF STATE-WIDE HEALTH PLANNING & DEVELOPMENT
OT	OCCUPATIONAL THERAPIST
OTA	OCCUPATIONAL THERAPIST ASSISTANT
PC	PERSONAL COMPUTER
PERC	PERFORMANCE, EDUCATION AND RESOURCE CENTER
PH	PARTIAL HOSPITALIZATION
PHC	PARTIAL HOSPITALIZATION COORDINATOR
PHF	PSYCHIATRIC HEALTH FACILITY
PHI	PROTECTED HEALTH INFORMATION
PHP	PRE-PAID HEALTH PLAN
PIC	PUBLIC INFORMATION CLERK
PFI	PATIENT FINANCIAL INFORMATION DATA
PM	PROGRAM MANAGER
PO	PROBATION OFFICER
POE	PROOF OF ELIGIBILITY
POR	PROBLEM ORIENTED RECORD
POS	POINT OF SERVICE
PRO	PROFESSIONAL REVIEW ORGANIZATION
PSATS	PERINATAL SUBSTANCE ABUSE TREATMENT SERVICES

Abbreviation	Refers to:
PSH	PATTON STATE HOSPITAL
QA	QUALITY ASSURANCE
QM	QUALITY MANAGEMENT
RCCS	RANCHO CUCAMONGA COUNSELING SERVICES
RCL	RESIDENTIAL CARE LICENSING
R & E	RESEARCH AND EVALUATION
RES	REAL ESTATE SERVICES
RGH	RIVERSIDE GENERAL HOSPITAL
R&P	REFERRAL & PLACEMENT
SAMHSA	SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
SARB	SCHOOL ATTENDANCE REVIEW BOARD
SAS	SUPERVISOR OF ADMINISTRATIVE SERVICES
SBDBH	SAN BERNARDINO DEPARTMENT OF BEHAVIORAL HEALTH
SBPEA	SAN BERNARDINO PUBLIC EMPLOYEES' ASSOCIATION
S/D	SHORT-DOYLE
SDI	STATE DISABILITY INSURANCE
SD/MC	SHORT-DOYLE/MEDI-CAL
SED	SEVERELY EMOTIONALLY DISTURBED
SELPA	SPECIAL EDUCATION LOCAL PLAN AREA
SIMON	SAN BERNARDINO INFORMATION MGMNT. ON-LINE NETWORK
SMA	SCHEDULE OF MAXIMUM ALLOWANCES
SNF	SKILLED NURSING FACILITY
SOP	STANDARD OPERATING PROCEDURE
SP	SERVICE PLAN
SPAN	SAN BERNARDINO PARTNERS AFTERCARE NETWORK
SPM	STANDARD PRACTICE MANUAL
SPMP	SKILLED PROFESSIONAL MEDICAL PERSONNEL
S & R	SECLUSION AND RESTRAINT
SSA	SOCIAL SECURITY ADMINISTRATION
STAR	SUPERVISED TREATMENT AFTER RELEASE
STOP	SPECIALIZED TREATMENT OFFENDER PROGRAM
SSI	SOCIAL SECURITY SUPPLEMENTAL INCOME
SSP	STATE SUPPLEMENTAL PROGRAM
SUCCESS	SKILLS UPGRADE CLIENT CENTERED EMPLOYMENT SUPPORT SERVICES
SW	SOCIAL WORKER
TANF	TEMPORARY AID FOR NEEDY FAMILIES
TAR	TREATMENT AUTHORIZATION REQUEST
TCON	TEMPORARY CONSERVATORSHIP
TDD	TELECOMMUNICATION DEVICE FOR THE DEAF
TLR	TIME AND LABOR REPORT
TUT	TAR UPDATE TRANSMITTAL FORM
UC	UTILIZATION CONTROL
UMDAP	UNIFORM METHOD TO DETERMINE ABILITY TO PAY
UR	UTILIZATION REVIEW
VAHOSP	VETERAN'S ADMINISTRATION HOSPITAL
VV	VICTOR VALLEY
WPE	WORK PERFORMANCE EVALUATION
WV	WEST VALLEY
WVDC	WEST VALLEY DETENTION CENTER
Y2K	YEAR 2000



CALIFORNIA DEPARTMENT OF

Mental Health

1600 9th Street, Sacramento, CA 95814

(916) 654-2309

July 23, 1999

DMH LETTER NO.: 99-03

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: THERAPEUTIC BEHAVIORAL SERVICES

The Department of Mental Health (DMH) Information Notice 99-09 notified Mental Health Plans (MHPs) that Medi-Cal will now reimburse therapeutic behavioral service as an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) supplemental specialty mental health service. Pursuant to a court order, this service activity is reimbursable for full-scope Medi-Cal beneficiaries under age 21 years who meet MHP medical necessity criteria, are a member of the certified class and meet the criteria for needing this service, as specified in this letter. This service activity is a component of and can be billed as a Mental Health Service when it meets the requirements established in this policy letter.

MHPs are responsible for determining the need for, ensuring access to and managing Medi-Cal specialty mental health services that now include therapeutic behavioral services. These requirements are consistent with the MHP's contract with DMH and the California Code of Regulations (CCR) Title 9, Chapter 11 and the preliminary injunction issued by U.S. District Court in the case of Emily Q. vs. Belshe.

The California Department of Health Services (DHS) will provide notifications to members of the class to inform them of procedures available for them to request and access therapeutic behavioral services. A copy of the notice will be provided to the MHPs prior to distribution to beneficiaries.

The terms and conditions of the permanent injunction in this case have not been established. In addition, the plaintiffs are requesting changes in the DMH requirements under the preliminary injunction for assessing children/youth in Institutions for Mental Disease (IMDs) where federal funds are not available. Modifications in this policy letter may be needed to implement any changes required by the court. Applicable information regarding changes will be distributed when it becomes available. These potential changes do not affect the MHPs' obligations to comply with this policy letter.

SUMMARY

Therapeutic behavioral services are an EPSDT supplemental service for children/youth with serious emotional problems who are experiencing a stressful transition or life crisis and need additional short-term support to prevent placement in a group home of Rate Classification Level (RCL) 12 through 14 or a locked facility for the treatment of mental health needs, including acute care; or to enable a transition from any of those levels to a lower level of residential care.

Therapeutic behavioral services are intended to supplement other specialty mental health services by addressing the target behavior(s) or symptom(s) that are jeopardizing the child/youth's current living situation or planned transition to a lower level of placement. The purpose of providing therapeutic behavioral services is to further the child/youth's overall treatment goals by providing additional therapeutic services during a short-term period.

Therapeutic behavioral services:

- 1) Provide critical, short-term supplemental support services for full-scope Medi-Cal children/youth for whom other intensive specialty mental health Medi-Cal reimbursable interventions and potentially in some cases, other human services, have not been, or are not expected to be, effective without additional supportive services;
- 2) Are targeted towards children/youth who, without this service, would require a more restrictive level of residential care and are designed to:
- 3)
 - a) Prevent placement of the child/youth in a more restrictive residential level of care for children/youth at imminent risk or expected to be at imminent risk of removal from the home or residential placement; or
 - b) Enable placement of the child/youth in a less restrictive residential level, such as enabling a discharge from acute care, a step down from a group home to a foster home or return to natural home, etc.;
- 4) Involve the MHP as the manager of this service;
- 5) Are consistent with system of care principles and the wraparound process*, (see Attachment 1 for more information on wraparound); and

*Although therapeutic behavioral services have been designed to be consistent with system of care and wraparound process, these strategies are not required in the implementation of this service.

- 6) Meet Medicaid, EPSDT regulations and lawsuit settlement requirements of T.L. vs. Belshe.

I. SERVICE DEFINITION

Therapeutic behavioral services are a one-to-one therapeutic contact between a mental health provider and a beneficiary for a specified short-term period of time which are designed to maintain the child/youth's residential placement at the lowest appropriate level by resolving target behaviors and achieving short-term treatment goals. A contact is considered therapeutic if it is intended to provide the child/youth with skills to effectively manage the behavior(s) or symptom(s) that is the barrier to achieving residence in the lowest appropriate level.

II. SERVICE DESCRIPTION

The person providing therapeutic behavioral services is available on-site to provide individualized one-to-one behavioral assistance and one-to-one interventions to accomplish outcomes specified in the written treatment plan. The critical distinction between therapeutic behavioral services and other rehabilitative Mental Health Services is that a significant component of this service activity is having the staff person on-site and immediately available to intervene for a specified period of time. The expectation is that the staff person would be with the child/youth for a designated time period and the entire time the mental health provider spends with the child/youth in accordance with the treatment plan would be reimbursable. These designated time periods may vary in length and may be up to 24 hours a day, depending upon the needs of the child/youth.

III. CRITERIA FOR MEDI-CAL REIMBURSEMENT OF THERAPEUTIC BEHAVIORAL SERVICES

To qualify for Medi-Cal reimbursement for this service, a child/youth must meet the criteria in Sections A, B, and C.

A. Eligibility for Therapeutic Behavioral Services—must meet criteria 1 and 2.

1. Full-scope Medi-Cal beneficiary under age 21 years.
2. Meets MHP medical necessity criteria.

B. Member of the Certified Class—must meet criteria 1, 2, 3, or 4.

1. Child/youth is placed in a group home facility of RCL 12 or above and/or a locked treatment facility for the treatment of mental health needs which is not an Institution for Mental Disease which disqualifies them from receiving federally reimbursed Medi-Cal services; or

2. Child/youth is being considered by the county for placement in a facility described in B.1. above; or
3. Child/youth has undergone at least one emergency psychiatric hospitalization related to their current presenting disability within the preceding 24 months; or
4. Child/youth previously received therapeutic behavioral services while a member of the certified class.

C. Need for Therapeutic Behavioral Services—must meet criteria 1 and 2.

1. The child/youth is receiving other specialty mental health services.
2. It is highly likely in the clinical judgment of the mental health provider that without the additional short-term support of therapeutic behavioral services that:
 - a) The child/youth will need to be placed in a higher level of residential care, including acute care because of a change in the child/youth's behaviors or symptoms which jeopardize continued placement in current facility; OR
 - b) The child/youth needs this additional support to transition to a lower level of residential placement. Although the child/youth may be stable in the current placement, a change in behavior or symptoms are expected and therapeutic behavioral services are needed to stabilize the child in the new environment. (The MHP or its provider must document the basis for the expectation that the behavior or symptoms will change.)

IV. CONDITIONS UNDER WHICH THERAPEUTIC BEHAVIORAL SERVICES ARE NOT REIMBURSABLE

1. When the need for therapeutic behavioral services are solely:
 - a) for the convenience of the family or other caregivers, physician, or teacher.
 - b) to provide supervision or to assure compliance with terms and conditions of probation.
 - c) to ensure the child/youth's physical safety or the safety of others, e.g., suicide watch, or
 - d) to address conditions that is not part of the child/youth's mental health condition.

2. For children/youth who can sustain non-impulsive self-directed behavior, handle themselves appropriately in social situations with peers, and who are able to appropriately handle transitions during the day probably do not need these services.
3. For children/youth who will never be able to sustain non-impulsive self-directed behavior and engage in appropriate community activities without full-time supervision.
4. When the beneficiary is an inpatient of a hospital, psychiatric health facility, nursing facility, IMD, or crisis residential program.

V. SERVICE DELIVERY REQUIREMENTS

This service activity is focused on resolution of target behaviors or symptoms which jeopardize existing placements or which are a barrier to transitioning to a lower level of residential placement and completion of specific treatment goals. Therapeutic behavioral services must be expected in the clinical judgment of the MHP's provider to be effective in addressing the above focus to meet the goals of the treatment plan. Therapeutic behavioral services are to be decreased when indicated and discontinued when the identified behavioral benchmarks have been reached or when reasonable progress towards the behavioral benchmarks are not being achieved and are not reasonably expected in the clinical judgment of the MHP's provider to be achieved. They are intended to be short-term, time-limited services and not appropriate to maintain a child/youth at a specified level for the long-term.

The entity providing the services must meet the statewide provider selection criteria specified in CCR, Title 9, Chapter 11 Section 1810.435. Therapeutic behavioral services must be provided by a licensed practitioner of the healing arts or trained staff members who are under the direction of a licensed practitioner of the healing arts as defined in the contract between DMH and the MHP. The qualifications of organizational provider staff delivering this service will be determined by the MHP and may include non-licensed staff.

The individuals providing this service must be available on-site to intervene with the child/youth as needed. On-call time cannot be claimed as billable service time through Medi-Cal.

Attachment 2 provides examples of strategies/activities/interventions that may be included under therapeutic behavioral service.

Staff providing therapeutic behavioral services will follow requirements regarding restraint which are applicable to the child/youth's setting or program. Seclusion is not allowable as a component of therapeutic behavioral services.

VI. TREATMENT PLAN AND DOCUMENTATION REQUIREMENTS

There must be a written treatment plan for therapeutic behavioral services, as a component of an overall treatment plan for specialty mental health services, which identifies all of the following:

1. Specific target behaviors or symptoms that are jeopardizing the current placement or presenting a barrier to transitions, e.g., tantrums, property destruction, assaultive behavior in school.
2. Specific interventions to resolve the behaviors or symptoms, such as anger management techniques.
3. Specific outcome measures that can be used to demonstrate that the frequency of targeted behaviors has declined and has been replaced with adaptive behaviors.

The treatment plan that includes therapeutic behavioral services should be based on a comprehensive assessment of the child/youth and family, if applicable, strengths and needs. It should be developed with the family, if available, and appropriate.

The therapeutic behavioral service component of the plan must be reviewed monthly by the MHP or its designee to ensure that therapeutic behavioral services continue to be effective for the beneficiary in making progress towards the specified measurable outcomes. The therapeutic behavioral service component of the plan should be: 1) adjusted to identify new target behaviors, interventions and outcomes as necessary and appropriate; and 2) reviewed and updated as necessary whenever there is a change in the child/youth's residence.

Since this is a short-term service, each mental health treatment plan that includes therapeutic behavioral services must include a transition plan from the inception of this service to decrease and/or discontinue therapeutic behavioral services when they are no longer needed or appear to have reached a plateau in benefit effectiveness and, when applicable, a plan for transition to adult services when the beneficiary turns 21 years old and is no longer eligible for therapeutic behavioral services. This plan should address assisting parents and/or caregivers with skills and strategies to provide continuity of care when this service is discontinued.

If the therapeutic behavioral services are intensive and last for several months without observable improvement towards the treatment goals, the residential placement/living situation may not be appropriate and the child/youth shall be reevaluated for a more appropriate placement.

A progress note is required for each time period that a mental health provider spends with the child/youth. Significant interventions that address the goals of the treatment plan must be

documented. The progress notes do not have to justify staff intervention or activities for all billed minutes. In progress notes, the time of the service maybe noted by contact/shift, e.g., 8:00 a.m. to 1:30 p.m. However, the time must be converted to minutes for claiming purposes. All other components of the progress notes must meet the requirements specified in the contract between the MHP and DMH.

As with all Mental Health Services, the staff travel and documentation time are also Medi-Cal billable. On-call time for the staff person providing therapeutic behavioral services is not Medi-Cal billable.

VII. CLAIMING

Therapeutic behavioral services shall be claimed by the MHP through the SD/MC claiming system as a Mental Health Service using service function 12-58 for hospital outpatient programs and 18-58 for other outpatient programs. (It shall be reported as service function 15-58 to the Client and Services Information (CSI) system). Reimbursement will be provided by the state to the MHP consistent with other EPSDT specialty mental health services. Billing procedures, reimbursement amounts, cost reporting, and cost settlement procedures are identical to those used for other Mental Health Services.

VIII. MHP ROLES AND RESPONSIBILITIES

Consistent with the MHP's contract with the Department and Title 9, Chapter 11, the MHP is responsible for managing this EPSDT supplemental service, including providing access to and authorization of the service for their beneficiaries. The MHP will determine medical necessity, ensure the development of an individualized service plan and provide or arrange for the provision of therapeutic behavioral services. In urgent situations, MHPs are expected to be able to authorize and provide these services within their timeliness standards for urgent care. All beneficiary protections under Title 9, Chapter 11 are applicable to this service. This includes the notice of action, complaint, grievance and fair hearing processes.

As stated previously, therapeutic behavioral services are not Medi-Cal reimbursable in an IMD where federal funding is not available. However, consistent with the preliminary injunction, "while in such facilities, members of the plaintiff class will be able to establish their eligibility for therapeutic behavioral services immediately upon leaving the IMD." In such cases, the MHP is responsible for determining this eligibility as follows: 1) will the individual be eligible for Medi-Cal upon discharge; and 2) will the person be eligible for MHP services upon discharge.

The MHP is also responsible for ensuring that the Medi-Cal funding for therapeutic behavioral services does not duplicate other funding for the same service. For example, some group homes RCL 13 and 14 are required to provide one-to-one assistance as part of the mental health certification. If therapeutic behavioral services are provided in a group home with such a

requirement, the MHP must clearly specify that this service is in addition to and different from the services provided through the group home's one-to-one staffing. Additionally, if a group home or other provider is using their staff to provide therapeutic behavioral services, there must be a clear audit trail to ensure that there is not duplicate funding.

IX. MHP REPORTING REQUIREMENTS

A. MHP Implementation Description

Each MHP is required to submit to DMH, a brief, one page description of their plan for implementation of therapeutic behavioral services by September 1, 1999. Specifically, it must address whether county clinics, current contract providers or new providers will determine the need for and deliver this service, how and when the providers will be informed of these new responsibilities and an estimate of hourly rates to be paid to the staff persons providing therapeutic behavioral services. MHPs may choose to inform DMH of their technical assistance and training needs. A suggested format for providing this information is included as Attachment 3. DMH will review this information and forward requests for training to the Cathie Wright Technical Assistance Center.

B. Notification to DMH of Provision of Therapeutic Behavioral Services

Within 30 days of inception of the provision of therapeutic behavioral services to a beneficiary, the MHP shall submit the information specified in Attachment 4 to DMH in the required format. If the child/youth receives therapeutic behavioral service for more than three months, an update will be submitted quarterly.

Attachment 4 is an interim format for providing this information. DMH is developing an on-line system for reporting this data. More information about this system will be provided under separate cover when it is designed and ready for implementation.

A review of paid claims data for this service will be made to ensure information is submitted for every child/youth receiving therapeutic behavioral services. If the required data is not submitted for a beneficiary for whom therapeutic behavioral services are claimed, DMH will follow up with the county to ensure that the data is submitted. If the county still does not submit the information, then the claim may be disallowed.

C. Notices of Action (NOAs)

As indicated in Section VIII above, the MHP shall issue NOAs regarding therapeutic behavioral services consistent with the requirements of CCR, Title 9, Chapter 11, Section 1850.210. Within one month of being issued, copies of these NOAs shall be submitted to DMH.

D. Submission of Information

All the MHP reports should be faxed or sent to:

Nancy Mengebier
Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814.
Fax (916) 653-9194

DMH with DHS intends to use the information obtained as the basis for refining this policy letter as needed.

X. SUPPORT FOR DEVELOPMENT AND IMPLEMENTATION

The Cathie Wright Technical Assistance Center will provide support and training to assist in the development and implementation of this service to MHPs. Specific information about the availability of this support will be provided directly by the Center. For more information, call Bill Carter, Deputy Director, California Institute for Mental Health, Cathie Wright Technical Assistance Center, at (916) 566-3480.

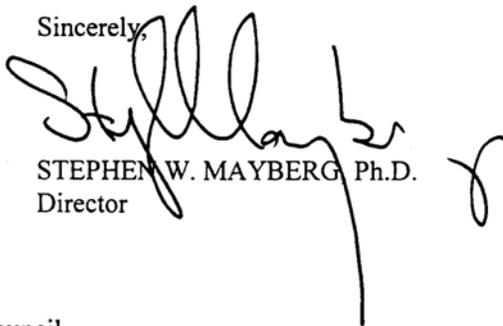
XI. STATE OVERSIGHT

Since this is a new service, DMH will closely monitor implementation for budget forecasting and to identify areas where there is a lack of clarity in policy or where technical assistance may be needed.

DMH will arrange for interviews of each MHP to determine if they have implemented or are ready to implement therapeutic behavioral services should the need arise. This interview will also ask the MHP if they have any technical assistance needs. The requests for technical assistance will be forwarded to the Cathie Wright Technical Assistance Center to establish priorities for the support and development of this program. DMH will follow-up with the MHP on any areas of potential non-compliance with this Policy Letter.

DHS, in collaboration with DMH, will ensure effective oversight of this service. Individual chart reviews and case audits to monitor compliance with the requirements of this letter may be performed. Based on these chart reviews and case audits, the state shall recoup payment of state and federal funds to the MHP of state and federal funds for therapeutic behavioral services if the requirements of this policy letter are not met.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stephen W. Mayberg', with a large flourish extending to the right.

STEPHEN W. MAYBERG Ph.D.
Director

Enclosures

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training

Attachment 1

RELATIONSHIP OF THE WRAPAROUND PROCESS TO THERAPEUTIC BEHAVIORAL SERVICES

Therapeutic Behavioral Services are one type of a broad variety of individualized services that may be used in a “wraparound” process. The wraparound process is not a program or a type of services. It represents a fundamental change in the way services are designed and delivered, which is based on the individualized needs of the child and family rather than making available an array of services which should meet the needs of most individuals needing assistance. The guiding principle of the wraparound process is to do what you need to do when you need to do it to achieve the child/youth’s treatment goals. Therefore, the wraparound process can include any combination of services and supports that may or may not be a Medi-Cal benefit under EPSDT. Health care, diagnostic services, treatment, and other measures, which are identified as eligible under federal Medicaid regulations, are services that are EPSDT benefits. Under a Mental Health Plan, the service must be necessary to correct or ameliorate mental illnesses and conditions to qualify as an EPSDT benefit. Intensive in-home treatment, crisis intervention, and family counseling to meet the child/youth’s treatment goals can be components of a wraparound process that could be eligible as EPSDT benefits.

Attachment 2

EXAMPLES OF STRATEGIES/ACTIVITIES/INTERVENTIONS

The therapeutic behavioral services staff person provides behavioral modeling, structure and support, and immediate, frequent one-to-one behavioral interventions which assist the child/youth in engaging in appropriate activities, minimizing impulsivity, and increase social and community competencies by building or reinstating those daily living skills that will assist the child to live successfully in the community. The therapeutic behavioral services provider also serves as a positive role model and assists in developing the child/youth's ability to sustain self-directed appropriate behavior, internalize a sense of social responsibility, and/or enable participation proactively in community activities.

Individualized behavioral interventions that could be provided include but are not limited to: immediate behavioral reinforcements; time-structuring activities; inappropriate response prevention; positive reinforcement; appropriate time-out strategies and cognitive behavioral approaches, such as cognitive restructuring, use of hierarchies, and graduated exposure. The interventions also may include support for the family or foster family/support system's efforts to provide a positive environment for the child/youth and collaboration with other members of the mental health treatment team.

Examples of activities/interventions may include but are not limited to:

- Assisting the child/youth to engage in, or remain engaged in, appropriate activities
- Helping to minimize the child/youth's impulsive behavior
- Helping to increase the child/youth's social and community competencies by building or reinforcing those daily living skills that will assist the child/youth in living successfully at home and in the community
- Providing immediate behavioral reinforcements
- Providing time-structuring activities
- Preventing inappropriate responses
- Providing appropriate time-out strategies
- Providing cognitive behavioral approaches, such as cognitive restructuring, use of hierarchies, and graduated exposure
- Collaboration with and support for the family caregivers' efforts to provide a positive environment for the child

Attachment 3
THERAPEUTIC BEHAVIORAL SERVICES
IMPLEMENTATION PLAN SUGGESTED FORMAT

Mental Health Plan _____ Date _____

1) Which providers will determine the need for therapeutic behavioral services? (Check all that apply)

County Clinics _____
Current Contract Providers _____
New Contract Providers _____

2) Which providers will deliver therapeutic behavioral services? (Check all that apply)

County Clinics _____
Current Contract Providers _____
New Contract Providers _____

3) How and when will providers be informed of their new responsibilities with regards to therapeutic behavioral services? (Complete information for all that apply)

County Clinics

Current Contract Providers

New Contract Providers

4) Estimated Hourly Rate of Staff Persons Providing TBS _____

5) Training or Technical Assistance Requests (optional)

For more information about this plan, call

Name _____ Phone _____

SUBMIT THIS FORM by September 1, 1999 to:

Nancy Mengebier
Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814
Phone (916) 654-3486 FAX (916) 653-9194

*If form is handwritten, please make sure the handwriting is legible.

Attachment 4
NOTIFICATION TO DMH
REGARDING PROVISION OF THERAPEUTIC BEHAVIORAL SERVICES

Child/Youth's Name _____

Social Security Number or Beneficiary Identification Number _____

Beginning Date of Therapeutic Behavioral Services _____

County/MHP Code or Name _____ Date _____

Form Completed by (Name) _____ Phone _____

Primary Residences for Child/Youth While Receiving TBS (Check All That Apply)

- Family Home _____,
- Foster Home _____,
- Foster Family Agency _____
- Children's Shelter _____
- Group Home _____ specify RCL _____
- Other Specify _____

Class Membership (Check One)

- In RCL 12 or above _____
- Being Considered for RCL 12 or above _____
- One Psychiatric Hospitalization in Preceding 24 months _____
- Previously received TBS while Class Member _____

Service Need (Check One)

- To Prevent Placement in a Higher Level of Care _____
- To Enable Transition to a Lower Level of Care _____

TBS Service Plan

- Planned Average Hours of TBS per Week _____
- Estimated # Weeks of TBS _____

Initial Information _____ OR Quarterly Update _____

SUBMIT THIS FORM within the first thirty days of service and every quarter thereafter to:

Nancy Mengebier
Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814
Phone (916) 654-3486

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