County of San Bernardino

SCOPE OF PRACTICE AND BILLING GUIDE

May 1, 2011

QMD
QUALITY MANAGEMENT DIVISION

Scope of Practice and Billing Guide

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 and our Medicare Administrative Contractor (MAC), Palmetto GBA. 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

Scope of Practice and Billing Guide

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Scope of Practice and Billing Guide

Overview

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 Palmetto GBA guidelines (www.palmettogba/medicare) 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

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Overview, Continued

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.

Service Abbreviations

AB:	AB2726	CM:	Case Management
HAS:	Hospital Aftercare	HH:	Healthy Homes
MAA:	Medi-Cal Administrative Activities	MH:	Mental Health

Continued on next page

Overview, Continued

Providers

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

Clinicians (Clin)	Licensed, waivered, and/or registered psychologists, social workers, and marriage and family therapists in the job class of Clinical Therapist
MD	Medical Doctor
MN	Nurse with a Master's degree
MHS	Mental Health Specialist
RN	Registered Nurse
SWII	Social Worker II
OT	Occupational Therapist
LPT	Licensed Psychiatric Technician
ADC	Alcohol and Drug Counselor
Registered Medicare Providers	MDs, licensed psychologists, and licensed clinical social workers (LCSWs) who have individual registrations with Medicare
Pre-degree Interns	PhD, Masters of Social Work (MSW), Marriage and Family Therapy (MFT) in formal training status are viewed as Licensed Practitioner of the Healing Arts (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.

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Overview, Continued

Definitions and Clarifications (continued)

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).

Continued on next page

Overview, Continued

Billing Restrictions (continued)

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" (CPT codes 99241-99275, 99201-99215, 96150-96154, 90804-90809, 90862 and 90801) from [CMS Medicare Claims Processing Manual, Ch 12, Section 190 and Medicare Policy Benefit Manual, Chapter 15, section 270].

- 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 Plan 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.

Continued on next page

Overview, Continued

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.

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Overview, Continued

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	RELATIONSHIPS 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"

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Reimbursable Services

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. This section will identify and describe reimbursable services.

Modes of Service 10 / Service Function Codes

MODE	MODE OR SERVICE: DAY	
10	Outpatient Day Services	
	(SFC) CODE 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

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 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.

Continued on next page

Reimbursable Services, Continued

Mode 10, Day Services (continued)

CDI Codes:

153 Crisis Stabilization

Medicare CPT Codes: Not Medicare Billable

Who can provide Crisis Stabilization - Urgent Care Services

Service	Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Crisis Stabilization	Y	Y	Y	Y	Y	Y	Y	Y	Y

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. (Sections 1810.210 & 1840.338).
- **Crisis Stabilization services** are recorded in the clinical record and reported into SIMON in hours.
- **Medi-Cal Crisis Stabilization Lockouts (Section 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.

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Reimbursable Services, Continued

Mode 10, Day Services (continued)

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:

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

Medicare (CPT) Codes: Not Medicare billable

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

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Reimbursable Services, Continued

Mode 10, Day Services (continued)

Who can provide Day Treatment Intensive

Service	Clin	MD	MN	MHS	RN	SWll	OT	LPT	ADC
Day Tx Rehab (DTR) (same for DTI	Y	Y	Y	Y	Y	Y	Y	Y	Y

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:

291 Day Rehabilitative, Half day	295 Day Rehabilitative, Full day
292 Day Rehabilitative, Half day (AB)	296 Day Rehabilitative, Full day (AB)

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	MD	MN	MHS	RN	SWll	OT	LPT	ADC
Day Tx Rehab (DTR) (same for DTI	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page

Reimbursable Services, Continued

Modes of Service 15 / Service Function Codes

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

Mode 15, Outpatient Service

SERVICE FUNCTION: Case Management - Linkage & Consultation and 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

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

- Individuals who have language barriers or other communication barriers that result in difficulties complying with medical plan
- Plan development for Linkage & Consultation **mus**t 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

Note: 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.

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

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

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

CDI Codes: Linkage and Consultation (Plan Development)

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

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

Who Can Provide Linkage and Consultation Services:

Service	Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Linkage & Consultation	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

SERVICE FUNCTION: **Case Management - Linkage & Consultation and 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

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

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

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.

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

CDI Codes:

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

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

Who Can Provide Targeted Case Management Services:

Service	Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Placement	Y	Y	Y	Y	Y	Y	Y	Y	Y

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

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

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

Examples of Collateral Services (continued)**:**

- 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 its job.

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

CDI Codes:

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

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

Who Can Provide Collateral Services:

Service	Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Collateral	Y	Y	Y	Y	Y	Y	Y	Y	Y

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

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

Examples of Assessment Services: (continued)

- 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:

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

Medicare (CPT) Codes:

CPT	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:

Service	Clin	MD	MN	MHS	RN	SWII	OT	LPT	AD
Assessment (including Mental Status	Y	Y	Y	N	N	N	N	N	N
Assessment (excluding Mental Status)				Y	Y	Y	Y	Y	Y
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	Y
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

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

Who Can Perform Assessments: (continued)

Service	Clin	MD	MN	MHS	RN	SWII	OT	LPT	AD
Write Discharge Summary for own services only	Y	Y	Y	Y	Y	Y	Y	Y	Y
Healthy Homes Assess.	Y	Y	Y	N	N	N	N	N	N

SERVICE FUNCTION: Psychological Testing, SFC 30-57, 59

Service Definition: Title 9, 1810.204

Psychological testing includes psychological test administration, scoring, interpretation, report writing, and feedback to referral source and client. Can be single test or multiple tests.

CDI Codes:

321 MHS	320 NB

Medicare (CPT) Codes:

CPT	Description
96101	Psychological testing (includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96102	Psychological testing (includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.
96103	Psychological testing (includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report
96110	Developmental testing; limited (eg, Developmental Screening Test II, Early language Milestone Screen), with interpretation and report
96111	Extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

Medicare (CPT) Codes: (continued)

CPT	Description
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

Who Can Perform Psychological Testing:

Service	Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Psychological Testing	Y*	Y	N	N	N	N	N	N	N
* Psychology staff only									

Special Instruction for Individual Therapy:

Each segment of time must be billed on the day it occurs. Every billing must have a supporting chart note. Every testing episode must have a report filed under “Psych Testing” in the chart.

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

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)

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

Note: 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:

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

Medicare (CPT) Codes:

90804	Individual Therapy, 20-30 min
90806	Individual Therapy, 45-50 min
90808	Individual Therapy, 75-xxx min
90810	Interactive individual Therapy, 20-30 min
90812	Interactive individual Therapy, 45-50 min
90814	Interactive individual Therapy, 75-xxx min

Who Can Provide Individual Therapy:

Service	Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Individual Therapy	Y	Y	Y	N	N	N	N	N	N

Rendering providers must be licensed, registered or waivered. 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 Service (continued)

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)

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Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

CDI Codes:

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

Medicare (CPT) Codes:

CPT	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	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Group Therapy	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.

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

SERVICE FUNCTION: Rehabilitation/Activities of Daily Living (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 therapy, 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)

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

Examples of Rehabilitation/ADL:

- 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

Note: 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.

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

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 advise 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 counter transference 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.

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

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:

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

Medicare (CPT) Codes: Not Medicare billable

Who Can Provide Rehabilitation (Counseling):

Service	Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
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	Y
Rehab/ADL (med ed)	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rehab/ADL (voc)	Y	Y	Y	Y	Y	Y	Y	Y	Y

Special Instructions for Rehabilitation (Counseling):

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

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

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:

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

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

Who can perform Plan Development:

Service	Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Plan Development	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

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).

SERVICE FUNCTION: Therapeutic Behavioral Services, SFC 58

Service Definition: DMH Letters 99-03 & 04-12 (See Appendix 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:

581 TBS	580 TBS NB
582 TBS Assessment	584 TBS Collateral
583 TBS Treatment Plan	

Medicare (CPT) Codes: Not Medicare billable

Who Can Provide Therapeutic Behavioral Services:

Service	Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Therapeutic Behavioral Services (may also be provided by contracted individuals)	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

Special Instructions for Therapeutic Behavioral Services:

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

SERVICE FUNCTION: Medication Visit and Medication Education Group, SFC 60-68, 69

Service Definition: Title 9, 1810.225

Medication Support Services (MSS) 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

361 MHS	362 (AB)	360 NB	687 HH
367 TelMed	365 Brief	369 NB (AB)	

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

Medicare (CPT) Codes:

CPT	Description
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.

Note: M0064 is used typically when the patient is stable but pharmacologic regimen oversight is necessary.

Examples for M0064:

- The reordering of the drug(s) with or without laboratory orders/test results (documentation does not support the effectiveness, side effects, and dosage level was evaluated).
- A simple dosage adjustment of a long-term medication (no in-depth evaluation of the drug's effect on the patient's mental illness and/or the tolerance to the medication).

Who Can Provide Medication Visits and Medication Support Groups:

Service	Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
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)

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

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

Note: 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

Continued on next page

Reimbursable Services, Continued

Mode 15, Outpatient Service (continued)

Notes: (continued)

- 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:

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

Medicare (CPT) Codes: Not billable to Medicare

Who Can Provide Crisis Intervention Services:

Service	Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Crisis Intervention	Y	Y	Y	Y*	Y*	Y*	Y*	Y*	Y*
* must have immediate supervision if issues of danger to self or others are present									

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 Services

Non-Reimbursable Codes should not be used if an activity is reimbursable or MAA-billable. This section will identify and describe 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

Note: First consider CM-L&C, then MAA-Outreach.

Billing: Must not be directly or MAA-billable.

CDI Codes:

411 MHS Adult	412 (AB)	417 MHS Child

Medicare (CPT) Codes: Not Medicare billable

Who Can Provide Mental Health Promotion:

Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page

Non-Reimbursable Services, Continued

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)

Note: Also consider regular billable services, then MAA-Case Mgmt.

CDI Codes:

421 MHS Adult	422 (AB)	427 MHS Child

Medicare (CPT) Codes: Not Medicare billable.

Billing: Must not be directly or MAA-billable.

Who Can Provide Community Client Contact:

Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
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.)

Continued on next page

Non-Reimbursable Services, Continued

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-Placement, 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:

431 MHS Adult	432 (AB)	435 MHS Child

Continued on next page

Non-Reimbursable Services, Continued

Treatment Support (continued)

Medicare (CPT) Codes: Not Medicare billable.

Billing: Must not be directly or MAA-billable.

Who Can Provide Treatment Support:

Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
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:

433 MHS Adult	434 (AB)	437 MHS Child

Medicare (CPT) Codes: Not Medicare billable.

Billing: Must not be directly or MAA-billable.

Who Can Provide Day Treatment Support:

Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
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:

442 Class Obv

Continued on next page

Non-Reimbursable Services, Continued

Classroom Observation (continued)

Medicare (CPT) Codes: Not Medicare billable.

Billing: Must not be directly or MAA-billable.

Who Can Perform Classroom Observation:

Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
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-Placement 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:

452 IEP

Medicare (CPT) Codes: Not Medicare billable.

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

Who Can Provide Individualized Education Plan:

Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page

Non-Reimbursable Services, Continued

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:

453 Voc Program

Medicare (CPT) Codes: Not Medicare billable.

Billing: Must not be directly or MAA-billable.

Who Can Provide Vocational Services:

Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Y	Y	Y	Y	Y	Y	Y	Y	Y

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:

461 Placement Eval

Medicare (CPT) Codes: Not Medicare billable.

Billing: CONREP ONLY

Who Can Perform Placement Evaluation:

Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Y	Y	Y	N	N	N	N	N	N

Continued on next page

Non-Reimbursable Services, Continued

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-Placement, MAA-Outreach or MAA-Case Management

CDI Codes:

462 Hospital Liaison

Medicare (CPT) Codes: Not Medicare billable.

Billing: Must not be directly or MAA-billable

Who Can Perform as Hospital Liaison:

Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
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:

463 Court appearance

Continued on next page

Non-Reimbursable Services, Continued

Courtroom Appearances (continued)

Who Can Provide Courtroom Appearances:

Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
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:

391 Drug Screen

Who Can Perform Drug Screening:

Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
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:

621 Consrv Invest	631 Consrv Admin	620 Consrv Invest NB

Who Can Perform Conservatorship Investigation:

Clin	MD	MN	MHS	RN	SWII	OT	LPT	ADC
Y	Y	Y	N	N	N	N	N	N

Non-Service CDI Codes

The following are Non-Service CDI Codes:

SERVICE FUNCTION: No Show

Service Definition:

The client does not keep a scheduled appointment.

CDI Codes:

300 MHS	302 Walk-In	402 (AB)
400 Intake	201 No show DTI	202 No Show DTI (AB)

Medicare (CPT) Codes: Not Medicare billable.

Special Instructions for No Show:

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

SERVICE FUNCTION: Reschedule

Service Definition:

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

CDI Codes:

307 Reschedule

Medicare (CPT) Codes: Not Medicare billable.

SERVICE FUNCTION: Cancelled by Clinic

Service Definition:

An appointment is cancelled by the clinic or provider.

CDI Codes:

308 Clinic Cancel

Medicare (CPT) Codes: Not Medicare billable

Continued on next page

Non-Reimbursable Services, Continued

Non-Service CDI Codes
(continued)

SERVICE FUNCTION: Cancelled by Client

Service Definition:

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

CDI Codes:

309 Client Cancel	306 Client Cancel Walk In

Medicare (CPT) Codes: Not Medicare billable

Other Non-Service CDI Codes

Following are other non-service based codes for staff use:

CDI Codes	Activity
403	Leave and Holiday - All time away from work for any reason
404	Training Given - Providing training within or outside of the Department as part of one's assigned duties
405	Training Received - Receiving training on Department time
406	Dept Travel Time (non-billable) - Non-billable traval time for client purposes or other purposes
407	Clinic-Level Meeting - Staff meetings or other meetings at clinic sites
408	Departmental Meeting - Regional or Departmental meeting
409	Inter-Agency Meeting - Inter-agency meeting; multi-disciplinary team (MDT) meeting
410	Other Meeting - Other meetings than those listed above
413	Approved Non-Billable Overtime Duties
418	Approved Special Assignment - (approved by one's supervisor)
419	Administrative Duties NOS – All time not accounted for by any of the other codes in this document
420	Time spent by clinical staff preparing for, or attending, Due Process, Mediation or other litigation related activities within the AB2726 program
423	Interpretation Services (clerical and professional)
457	Clinical Supervision Provided - Providing clinical supervision to anyone within the Department
458	Clinical Supervision Received - Receiving clinical supervision within the Department
459	Administrative Supervision Provided - Providing administrative supervision to anyone within the Department
460	Administrative supervision Received - Receiving administrative supervision within the Department

Continued on next page

Non-Reimbursable Services, Continued

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, Plan 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)

Continued on next page

Non-Reimbursable Services, Continued

Recovery Billing Issues
(continued)

- Coordinating with PCP's (Plan 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 (including educ) for neighborhood to acquaint people with services (MH Promotion)

Medi-Cal Administrative Activities (MAA)

Medi-Cal Administrative Activities (MAA)

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.

Mode 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

Continued on next page

Medi-Cal Administrative Activities (MAA), Continued

Mode 55, Medi-Cal Administrative Activities (continued)

Examples: (continued)

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

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

CDI Codes:

472 Outreach

Medicare (CPT) Codes: Not Medicare billable

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

Note: First consider CM-L&C

Continued on next page

Medi-Cal Administrative Activities (MAA), Continued

Mode 55, Medi-Cal Administrative Activities (continued)

CDI Codes:

473 Elig Intake

Medicare (CPT) Codes: Not Medicare billable

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.

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

CDI Codes:

474 Contract Admin

Medicare (CPT) Codes: Not Medicare billable

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 Local Governmental Agency (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.

Continued on next page

Medi-Cal Administrative Activities (MAA), Continued

Mode 55, Medi-Cal Administrative Activities (continued)

Service Definition: (continued)

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:

483 Claims Admin

Medicare (CPT) Codes: Not Medicare billable

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

Continued on next page

Medi-Cal Administrative Activities (MAA), Continued

Mode 55, Medi-Cal Administrative Activities (continued)

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

CDI Codes:

475 Crisis Referral

Medicare (CPT) Codes: Not Medicare billable

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:

476 Contract Admin (Disc)

Medicare (CPT) Codes: Not Medicare billable

Continued on next page

Medi-Cal Administrative Activities (MAA), Continued

Mode 55, Medi-Cal Administrative Activities (continued)

SERVICE FUNCTION: Medi-Cal Outreach (A) (Discounted), SFC 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

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

CDI Codes:

477 Outreach (Disc)

Medicare (CPT) Codes: Not Medicare billable

Continued on next page

Medi-Cal Administrative Activities (MAA), Continued

Mode 55, Medi-Cal Administrative Activities (continued)

SERVICE FUNCTION: **Case Management of Non-Open Cases (F) (Discounted), SFC 21-23 [SPMP], SFC 31-34 [Non-SPMP]**

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

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

CDI Codes:

478* SPMP Case Mgmt (Disc)	481 Non-SPMP Case Mgmt (Disc)
*Performed by SPMP	

Medicare (CPT) Codes: Not Medicare billable

Continued on next page

Medi-Cal Administrative Activities (MAA), Continued

Mode 55, Medi-Cal Administrative Activities (continued)

SERVICE FUNCTION: **Program Planning and Policy Development (E) (Discounted), SFC 24-26 [SPMP], SFC 35-39 [Non-SPMP]**

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:

479 SPMP Prog Plan & Dev (Disc)	482 Non-SPMP Prog Plan & Dev (Disc)

Medicare (CPT) Codes: Not Medicare billable

Continued on next page

Medi-Cal Administrative Activities (MAA), Continued

Mode 55, Medi-Cal Administrative Activities (continued)

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:

480 SPMP Training (Disc)

Medicare (CPT) Codes: Not Medicare billable

Appendix A: Glossary

Abbreviation	Refers to:
AB	Assembly Bill
AB3632	California Law Related to Behavioral Assessment and Mental Health Services
ABC	Augmented Board And Care
ACR	Auditor Controller/Recorder
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ADP	Alcohol And Drug Programs
ADS	Alcohol And Drug Services
AMA	Against Medical Advice
AP	Accounts Payable
APA	American Psychological Association
AR	Accounts Receivable
ARC	American Red Cross
ARMC	Arrowhead Regional Medical Center
AR/UR	Authorization Review/Utilization Review Unit
ARS	Adult Residential Services
ASOC	Adult System of Care
AWOL	Absent Without Leave
BA	Bachelor of Arts
BAI	Board Agenda Item
BBS	Board Of Behavioral Science (State)
BC	Board Certified
BHRC	Behavioral Health Resource Center
BOC	Board Of Corrections
BOS	Board Of Supervisors
BRN	Board of Registered Nursing
B&P	Business and Professions Code
CAADAC	California Association of Alcoholism and Drug Abuse Counselors
CAADE	California Association for Alcohol/Drug Educators
CAARR	California Association of Addiction Recovery Resources
CAC	California Administrative Code
CalOMS	California Outcomes Measurements System
CAO	County Administrative Officer
CARF	Commission On Accreditation Of Rehabilitation Facilities
CARS	Children's Assessment And Referral System
CATC	Certified Addictions Treatment Counselor
CCBCDC	California Certification Board of Chemical Dependency Counselors
CC3	CCura3
CCICMS	Centralized Children's Intensive Case Management Services
CCP	California Code of Civil Procedure
CCR	California Code Of Regulations
CCRT	Community Crisis Response Teams
CCTRO	Cultural Competency, Training, Retention & Outreach
CDI	Client Data Invoice
CDS	Client Data System
CE	Continuing Education (Psychology)

Continued on next page

Appendix A: Glossary, Continued

Abbreviation	Refers to:
CEU	Continuing Education Units
CFR	Code of Federal Regulations
CHAS	Centralized Hospital Aftercare Services
CIMH	California Institute for Mental Health
CITA	Court for Individualized Treatment of Adolescents
CM	Case Management
CME	Continuing Medical Education
CMHDA	California Mental Health Director's Association
CMS	Centers for Medicare and Medicaid Services
CONREP	Conditional Release Program
CONS	Conservatorship
COS	Community Outreach Services
CPS	Child Protective Services
CRS	California Relay Service
CS	Computer Services
CSI	Client and Service Information
CSP	Coordination Service Plan
CQI	Continuous Quality Improvement
CSAC	County Supervisor's Association Of California
CSOC	Children's System Of Care
CT	Clinical Therapist I & II
CV	Central Valley
CYA	California Youth Authority
DATAR	Drug and Alcohol Treatment Access Report
DBH	County of San Bernardino, Department Of Behavioral Health
DCS	Department Of Children's Services
DOC	Department Operations Center
DOCD	Department Operations Center Director
D/MTN	Desert/Mountain Region
DHHS	Department Of Health & Human Services (Federal)
DMC	Drug Medi-Cal
DMH	Department Of Mental Health (State)
DOR	Department Of Rehabilitation (State)
DR	Doctor
DTS	Day Treatment Services
EAP	Education Assistance Proposal
ECR	Error Correction Report
eCURA	Fee For Service registration and referral system
EDBCR	Employee Database Cost Report
ED	Emergency Department or Emotional Disturbance
EDS	Employment Development Services
EEOC	Equal Employment Opportunity Commission
EIN	Employer Identification Number
EMACS	Employee Management And Compensation System
EOB	Explanation Of Benefits
EOC	Emergency Operations Center

Continued on next page

Appendix A: Glossary, Continued

Abbreviation	Refers to:
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
ER	Emergency Room
ES	Emergency Services
EV	East Valley
FACT	Forensics Addictions Corrections Treatment
FAS	Financial Accounting System
FAST	Forensic Adolescent Services Team
FFP	Federal Financial Participation
FFS	Fee-For-Service
FI	Financial Interviewers
FICS	Family Intervention And Community Support Team
FID	Federal Identification Number
FSP	Full Service Partnerships
FTE	Full Time Equivalent
FY	Fiscal Year
FX	Facsimile
GHRC	Glen Helen Rehabilitation Center
GG08	Golden Guardian 2008
GSG	General Services Group
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HRD	Human Resources Department
HRO	Human Resource Officer
H&S	California Health and Safety Code
IC	Incident Commander
ICCD	International Center for Clubhouse Development
ICD-9	International Statistical Classification of Diseases and Related Health Problems, 9th Edition
ICD-10	International Statistical Classification of Diseases and Related Health Problems, 10th Edition
ICF	Intermediate Care Facility
ICM	Intensive Case Management
ICP	Incident Command Post
IEHP	Inland Empire Health Plan
IEP	Individualized Education Plan
IIPP	Injury and Illness Prevention Program
IMD	Institute For Mental Disease
IMFT	Marriage, Family Therapist Intern
INFO	Integrated New Family Opportunities
INPT or IP	Inpatient
IP	Identified Patient
IRC	Inland Regional Center
IST	Incompetent To Stand Trial
ISD	Information Services Department
IT	Information Technology
ITWS	Information Technology Web Services

Continued on next page

Appendix A: Glossary, Continued

Abbreviation	Refers to:
IVDAR	Inland Valley Drug And Alcohol Recovery Services
JCAHO	Joint Commission On Accreditation Of Hospital Organization
JDAC	Juvenile Detention and Assessment Centers
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
LMFT	Licensed Marriage and Family Therapist
LPHA	Licensed Practitioner Of The Healing Arts
LPS	Lantermann-Petris-Short Act
LPT	Licensed Psychiatric Technician
LVN	Licensed Vocational Nurse
MA	Master of Arts
MAA	Medi-Cal Administrative Activities
MC	Managed Care
M/CAL	Medi-Cal
M/CARE	Medicare
MD	Medical Doctor (most likely a Psychiatrist in DBH)
METRO	Metropolitan State Hospital
MFT	Marriage, And Family Therapist
MHC	Mental Health Commission
MHP	Mental Health Plan
MHS	Mental Health Specialist
MHSA	Mental Health Services Act
MIA	Medically Indigent Adult
MOU	Memorandum Of Understanding
MSW	Masters In Social Work
NAMI	National Alliance for the Mentally Ill
NAPA	Napa State Hospital
NGI	Not Guilty By Reason Of Insanity
NIMS	National Incident Management System
NNA	Negotiated Net Amount
NOA	Notice of Action
NON-SPMP	Non Skilled Professional Medical Personnel
NOPP	Notice of Privacy Practices
NPI	National Provider Identifier
NWLS	New World Language Service
OA	Office Assistant (I, II ,III or IV)
OCCES	Office of Cultural Competency and Ethnic Services
OCFA	Office of Consumer and Family Affairs
OD	Doctor of Osteopathic Medicine (can also be a Psychiatrist)
OED	Organizational & Employee Development
OIG	Office of Inspector General
OP	Outpatient Services

Continued on next page

Appendix A: Glossary, Continued

Abbreviation	Refers to:
OR	Outreach Services
OSHPD	Office Of State-Wide Health Planning & Development
OT	Occupational Therapist
OTA	Occupational Therapist Assistant
PBM	Pharmacy Benefit Manager (Ramsell)
PC	Personal Computer
PEI	Prevention & Early Intervention
PERC	Performance, Education And Resource Center
PFA	Peer and Family Advocate I, II, III
PFI	Patient Financial Information Data
PH	Partial Hospitalization or Public Health
PHC	Partial Hospitalization Coordinator
PhD	Doctor of Philosophy (Psychologist)
PHF	Psychiatric Health Facility
PHI	Protected Health Information
PHP	Pre-Paid Health Plan
PM	Program Manager
PO	Probation Officer
POE	Proof Of Eligibility
POQI	Performance Outcomes & Quality Improvement
POR	Problem Oriented Record
POS	Point Of Service
PRO	Professional Review Organization
PSATS	Perinatal Substance Abuse Treatment Services
PSH	Patton State Hospital
PSN	Parolee Services Network
PsyD	Doctor of Psychology (Psychologist)
PSYC A	Psychology Assistant
QA	Quality Assurance
QM	Quality Management
RAS	Registered Addiction Specialist
RCL	Residential Care Licensing
R&E	Research And Evaluation
RES	Real Estate Services
RFP	Request for Proposal
RGH	Riverside General Hospital
RN	Registered Nurse
SAMHSA	Substance Abuse And Mental Health Services Administration
SARB	School Attendance Review Board
SAS	Supervisor Of Administrative Services
SBPEA	San Bernardino Public Employees' Association
S/D	Short-Doyle
SDI	State Disability Insurance
SD/MC	Short-Doyle/Medi-Cal
SDMCII	Short-Doyle/Medi-Cal Phase II
SED	Severely Emotionally Disturbed

Continued on next page

Appendix A: Glossary, Continued

Abbreviation	Refers to:
SELPA	Special Education Local Plan Area
SEMS	Standardized Emergency Management Systems
SIMON	San Bernardino Information Mgmt On-Line Network
SMA	Schedule Of Maximum Allowances
SNF	Skilled Nursing Facility
SOP	Standard Operating Procedure
SOA	Supervising Office Assistant
SOS	Supervising Office Specialist
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
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Social Security Supplemental Income
SSN	Social Security Number
SSP	State Supplemental Program
SW	Social Worker
TAD	Transitional Assistance Department
TANF	Temporary Aid For Needy Families
TAR	Treatment Authorization Request
TAY	Transitional Age Youth
TBS	Therapeutic Behavioral Services
TC	Team Captain (Disaster Response)
TCON	Temporary Conservatorship
TDD	Telecommunication Device For The Deaf
TIN	Tax Identification Number
TRM	Trauma Resource Model
TUT	Tar Update Transmittal Form
UMDAP	Uniform Method To Determine Ability To Pay
UR	Utilization Review
VAHOSP	Veteran's Administration Hospital
VV	Victor Valley
WPE	Work Performance Evaluation
WRAP	Wellness Recovery Action Plan
WV	West Valley
WVDC	West Valley Detention Center
W&IC	California Welfare and Institutions Code
ZC	Zone Coordinator (Disaster Response)

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

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*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,

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

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

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

October 21, 2004

DMH LETTER NO.: 04-12

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

SUBJECT: CLARIFICATION RE CONTINUING THERAPEUTIC BEHAVIORAL SERVICES TO CLASS MEMBERS

REFERENCE DMH Letter No.: 99-03

Pursuant to Section C of the Order Regarding Further Relief filed on August 17, 2004 in Emily Q. v. Bontá (C.D.Cal., 2001, CV 98-4181 AHM (AIJx)), the Department of Mental Health (DMH) is issuing this letter to inform mental health plans (MHPs) of the clarification provided by the court regarding the continuation of therapeutic behavioral services (TBS) for class members after they have met the goals in their TBS plans. The court order states that "TBS may be continued even after a child has met the behavior goals in his or her TBS plan when TBS is still medically necessary to stabilize the child's behavior and reduce the risk of regression."

This clarification was originally provided by the court in the Interim Order Clarifying Judgment, Extending Jurisdiction And Directing the Parties to Collaborate Regarding Relief, which was issued on January 29, 2004. The order stated:

> The Judgment provides that TBS is a short-term service. However, there is no specific time limit on the duration of TBS. Defendant does not dispute that the decision to provide TBS and the length of time that TBS may continue is determined by the provider's clinical judgment regarding the needs of the child and medical necessity of TBS. . . Accordingly, the Court clarifies that TBS may be continued even after a favorable outcome has been achieved when the provider determines that TBS is still medically necessary. . . For example, TBS may be continued when a child has met the behavior goals in his or her TBS plan, but the provider determines that continuation of TBS is still necessary to stabilize the child's behavior and to reduce the risk of regression.

Please note that this is a clarification of the requirements for the provision of TBS included in DMH Letter No.: 99-03, not a change. With respect to the MHPs' contractual obligations for prior authorization of TBS, MHPs must consider the provider's evaluation of the intensity and duration of TBS necessary to stabilize the beneficiary's behavior and reduce the risk of regression in making decisions on MHP payment authorization requests for reauthorization of TBS.

If you have questions or need additional information, please contact your Medi-Cal contract manager in the County Operations Section. See enclosure for contacts.

Sincerely,

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosure

cc: California Mental Health Planning Council
Chief, County Operations Section