

Sacramento County Division of Behavioral Health Services
SERVICE CODE DEFINITIONS/TRAINING GUIDE

(Must be used in conjunction with MHP training and contract monitor consultation)

The attached code list includes the Division of Behavioral Health's current treatment and service codes with examples to clarify use across all mental health contract providers. All codes in this master list are part of the AVATAR billing and claiming system. Please note the following:

- All codes are NOT used by all providers.
- Some codes are for treatment services while other codes are for expenditures.
- Each code is tied to specific programs that claim to specific funding sources.
- Not all programs have the same contractual scope of services, funding or menu of services.
- Examples attached to each code have been developed as training tools and use programs that typically might be utilizing a particular code. For example: Therapeutic Behavioral Services (TBS) codes are only used by TBS providers in the children's system; MHSA Full Service Partnership (FSP) providers utilize a variety of codes that are not used by other providers, unless specific direction has been given by the Division of Behavioral Health Services.

It is the responsibility of contract providers to enter services accurately in accordance with contractually specified services and corresponding code list. State and federal audits will draw claiming and treatment information from AVATAR. If a contract provider is unsure of what services or codes to utilize, **do not enter** services until you have received clarification from Quality Management and/or your contract monitor.

I. Outpatient Services (Mental Health Services)

1. ASSESSMENT

Service Code: 93010, 93020, 93030

Definition – An assessment note documents the clinical evaluation of the client’s current status and history of the individual’s mental, emotional, or behavioral health including co-occurring substance abuse or significant medical conditions. Relevant cultural issues and history should be included where appropriate. Assessment charting may include self report, collateral reports, diagnostic impressions and/or information gathering from a variety of screening tools. The use of psychological testing, within staff scope of practice, when appropriate or authorized, is considered an assessment activity. Medical or Service necessity must be documented in assessment notes.

Used by: All Direct Service Providers excluding TBS programs

Example: Met with client and B&C operator for first appointment. Client is monolingual Spanish speaking; writer is bi-lingual and conducted session in Spanish. Client is a 33 year-old Hispanic male who was referred due to suicidal ideations. Diagnosis provided by LPHA is Major Depressive Disorder, Recurrent based on documented symptoms of sadness, flat affect and decreased sleep and appetite over the past 3 months. Client denies suicide plan/intent at this time. Explained how services will be provided, problem resolution, confidentiality, and began gathering psychosocial history. Plan: continue to assess and develop a plan with the client, including a home visit next week.

2. PLAN DEVELOPMENT

Service Code: 98500

Definition – Plan Development consists of development of client service plans, approval of plans, and/or monitoring of a client’s progress or lack of progress.

Used by: All Direct Service Providers excluding TBS programs

Example: Met with client to begin discussing treatment goals. Client’s life goal is to become the next American Idol. Writer supports client’s interest in singing and performing, which helps motivate client to work on the goal of increasing hygiene and self-care activities. The client’s mental health treatment goal includes poor hygiene and self care as a result of depression. Client verbalizes desire to work on both goals. Plan: Monitor the client’s progress toward meeting the goals.

3. REHABILITATION

Service Code: 94000

Definition – Rehabilitation Services may be provided by licensed or unlicensed staff and include the following activities:

- a. Assistance in improving, maintaining or restoring a client’s or group of clients’ functional skills, daily living skills, social skills, grooming and personal hygiene skills, meal preparation skills, and support resources and/or medication education.
- b. Counseling services related to treatment goals.
- c. Training in leisure activities needed to achieve the client’s goals.

Rehabilitation Notes should reflect interventions, client’s progress and response.

Used by: All Direct Service Providers excluding TBS programs

Example: Met with client to practice basic social skills in a community setting. Client is loud and disruptive in public, which has made it difficult for client to remain in her current living situation. She is attending anger management class and is encouraged to actively practice skills learned in the community. Role played several social interactions and went to the mall to practice asking for assistance, having a conversation without yelling, and waiting in line. Client was given positive feedback for her effort and patience. Client was given an exercise to practice before our next session.

4. INDIVIDUAL THERAPY

Service Code: 97010, 97020, 97030

Definition – Individual Therapy uses psychotherapeutic interventions to improve symptoms and functioning skills. Progress Notes should include topic of discussion, therapeutic approach or intervention, assignments, client’s response and progress or lack thereof toward achieving treatment goals. Individual Therapy is a one-on-one service and cannot be billed as “co-staff”. Only licensed, licensed waived staff or graduate students* under the supervision of a licensed staff may provide and bill for individual therapy.

Used by: All Direct Service Providers excluding TBS programs

Example: Client came to office for individual session. Focus of today’s session was client’s recent alcohol intoxication which resulted in high risk behaviors; such as IV drug use and violent behavior. Therapist explored with client issues related to lack of impulse control and drug use. Client admitted feeling overwhelmed with his living situation and his relationship with his girlfriend. Therapist utilized cognitive-behavioral techniques and suggested coping skills such as calling a family member. Client stated he’d like to join a support group in the near future. Therapist will make a referral to a dual diagnosis group.

5. COLLATERAL

Service Code: 95010, 95020, 95030

Definition – A collateral service is contact with a significant support person in the life of the client with the intent of improving or maintaining the mental health status and achieving the goals of the client’s Service plan / goals. A *significant support person(s)* means persons, in the opinion of the client or the person providing services, who have or could have a significant role in the successful outcome of treatment, including but not limited to the parents or legal guardian of a beneficiary who is a minor, the legal representative of a client who is not a minor, living in the same household as the client, the client’s spouse, and relatives of the client. Appropriate releases of information must be documented in clinical record to conduct collateral activities. The client may or may not be present for this service activity.

Used by: All Direct Service Providers excluding TBS programs

Example: Spoke to client’s vocational counselor, identified in the client plan as a significant support person, regarding client’s absence in the vocational training class. Writer informed counselor that the client has recently demonstrated a marked increase in depressive symptoms, such as inability to get out of bed to attend training program. Discussion involved identifying strategies to reduce depressive symptoms, such as incentives for attendance and verbal reinforcement, in order to improve program attendance. Writer has initiated safety plan with the client. Plan: Monitor client’s symptoms, continue to collaborate with client’s vocational counselor and psychiatrist, and take steps necessary to ensure client’s safety.

6. GROUP SESSION

Service Code: 96520, 96522

Definition – *Group billing must be calculated by using the MHP Avatar Multiple Client Charge Form and following the exact instructions attached to that form.*

Rehabilitative or skill building groups provided by staff (both licensed and unlicensed) will be documented under this category. No more than two co-facilitators may bill for a group session. Each staff member's role and function must be documented as unique, unduplicated and necessary. In order for a session to count as a "group," at least two clients for "one staff" billing and at least three clients for "two staff" co-billing as a group; otherwise this is a 1:1 service instead of a group.

The following are examples of group session activities:

- a. Assistance in restoring or maintaining a client's functional skills, daily living skills
- b. Social skills, grooming and personal hygiene skills, meal preparation skills
- c. Counseling of the client
- d. Training in leisure activities needed to achieve the client's goals.
- e. Psychiatric rehabilitation such as relapse prevention.

Examples of skill building groups include "mobility training", stress management, development of adaptive behaviors or symptom management and assertiveness training. The progress note must include type, title of the group, goal or focus of the group, client's individual receptivity or response in group.

Used by: All Direct Service Providers excluding TBS programs

Example: This writer co-facilitated a Mental Health Wellness Support Group which focused on identifying mental health symptoms, recognizing internal/external triggers, and discussing symptom management strategies. Client attended and actively participated during the group session, sharing her past experiences of manic episodes and high risk behaviors with the group. The co-facilitator, who is an LVN, discussed the importance of monitoring medication and the physical ramifications of high risk behaviors.

7. GROUP THERAPY

Service Code: 96510, 96512

Definition – *Group billing must be calculated by using the MHP Avatar Multiple Client Charge Form and following the exact instructions attached to that form.*

Group Therapy must be provided by licensed or license-waivered staff within their respective scope of services, practice and privileges within the MHP. If co-facilitation includes a licensed and unlicensed staff, this service is to be billed as a "Group Session" (see above #6.) No more than two co-facilitators may bill for group therapy. Each therapist's role and function must be documented as unique, unduplicated and necessary for the success of the group treatment modality.

Group therapy is a clinical treatment approach targeting specific diagnoses, illnesses or behaviors with specific outcomes and lengths of treatment. The progress note must include type, title of the group, goal or focus of the group, client's individual receptivity or response in group and a Plan of Action (follow up) as needed.

Used by: All Direct Service Providers excluding TBS programs

Example: This writer facilitated an anger management group for boys with focus on conflict resolution. All participants have had a teacher or administrator intervene to arbitrate or manage a conflict. Client actively participated in today's group activity and was able to listen without interruption. Writer role played scenarios showing how to cooperate and negotiate and also practiced using conflict resolution skills. Also, utilized cognitive behavioral techniques in helping clients recognize thought processes and triggers that lead to anger outbursts. Client listened, observed and successfully used conflict resolution skills during group role play exercises.

8. CASE MANAGEMENT/BROKERAGE (CMB)

Service Code: 94510

Definition – CMB services are activities provided by program staff to help an individual access needed medical, educational, social, prevocational, vocational, rehabilitative, or other necessary community services. The service activities may include communication, consultation, coordination, linkage 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. A CMB intervention may be with family/caregiver, teacher, social worker, probation officer, and/or volunteers (i.e., Big Brother/Sister, and Coaches). A CMB Progress Note documents who was contacted, information gathered or reported, for what purpose/service (if indicated), and the plan of action or follow-up. CMB is billed when the information gathered is “on behalf of” or “for” the client.

Used by: All Direct Service Providers

Example: Client informed this writer that she is losing weight, feels fatigued, and is experiencing an increase in depressive symptoms after a change in her thyroid medication. Client asked this writer to contact her primary care physician because he has not yet called her back. Spoke with client's doctor on the phone regarding the client's symptoms. Physician noted that client's thyroid medication was changed last week and requested the client go to the lab that afternoon for a blood test. Writer will follow up with client.

9. CRISIS INTERVENTION

Service Code: 95510

Definition – Crisis intervention is provided when a client requires an immediate response or intervention to help him/her stabilize and maintain in a community setting. A crisis intervention note documents an *unplanned* service to or on behalf of an individual.

Crisis intervention services are responses where a regularly scheduled visit will not meet the urgent or emergency nature of an individual crisis. An immediate assessment of risk and a time sensitive plan is developed and executed by service staff. Crisis intervention is utilized to stabilize an individual with psychiatric illness, prevent deterioration in individual functioning that may lead to a high level of care hospitalization or involuntary treatment. It typically requires face-to-face contact in addition to multiple other time sensitive service activities. Service activities are not limited to any single treatment modality and may include assessment, treatment or other appropriate collateral services that are clinically determined to be needed to resolve the crisis. *Once the crisis is resolved, aftercare services are billed to appropriate codes.*

Crisis Intervention is provided when the client requires an immediate response or intervention to help him/her stabilize and maintain in a community setting.

Used by: All Direct Service Providers excluding TBS programs

Example: Client's wife called writer to report that the client was screaming and breaking furniture in the home. Client's wife said that client is not taking his medications and caller asked for immediate assistance. Writer traveled to the home to meet with client and assess the situation to provide appropriate intervention. Gave writer's mobile number to wife and advised to contact 911/law enforcement if needed before writer arrives. Writer will assess if emergency services are needed and attempt to de-escalate the client.

10. INTERACTIVE COMPLEXITY

Service Code: Add-On 90785

Definition – Interactive Complexity is an add-on code that reflects when there are communication factors that may complicate the delivery of a mental health service in the following situations: Staff need to manage maladaptive communication which complicates the case, staff spend time managing a caregiver emotions or behavior which interferes with ability to implement the treatment plan, staff take time discussing or gathering information regarding a sentinel event for mandated reporting. Another example is when staff use of play equipment or other physical devices, or an interpreter or translator, required because of the client's lack of fluency or underdeveloped verbal skills

Only to be added on to one of three billing codes: 93010 / 93011 Assessment in Office or 93020 Assessment in Community; 97010 Individual Therapy in Office or 97020 Individual Therapy in Community; or 96510 Group Therapy in Office or 96512 Group Therapy in Community

Example: Writer spent time gathering information and discussing the abuse disclosure made during today's therapy session.

ICC AND IHBS SERVICE CODES

ICC and IHBS are mandated for Katie A Subclass members and are available through the EPSDT benefit to all children and youth under the age of 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity for these services. The medical necessity criteria pertain to those who have recently accessed or are at risk of needing intensive treatment services. These services are appropriate for children and youth with more intensive needs or who are in or at risk of placement in residential or hospital settings, but who could be effectively served in the home and community. Neither membership in the Katie A. class nor subclass is a prerequisite to consideration for receipt of ICC and IHBS, and therefore a child does not need to have an open child welfare services case to receive these services.

11. ICC-CFT (Child and Family Team)

Service Code: ICC-CFT

Definition – ICC-CFT (Child and Family Team) is defined as a scheduled Intensive Care Coordination Child and Family Team (CFT) meeting when all members are invited regardless of the agenda to participate, discuss and make decisions regarding the care and treatment for the child/youth. Although they can occur at any time, ICC-CFT meetings must be conducted at a minimum of every 90 days. Providers will need to document the ICC-CFT process both in progress notes and using a CFT Meeting Attendance Form. Any form used to document the CFT process will need to be uploaded into Avatar’s Document Category “Child and Family Team Info” within the client episode or entered into their own EHR.

Used by: All Direct Service Providers serving Children/Youth who are under the age of 21. This service code is also used for individuals in the Forensic FSP Program who are ages 18 and over. This captures participation in the Multi-Systems Team (MST) Meetings. The MSTs must be completed every 90 days. The progress note must reflect the staff’s unique service provided at the meeting.

Example: The ICC coordinator, behavior specialist, John, John’s parents, the child welfare worker and the teacher’s aide met for scheduled CFT Meeting. Team members discussed potential strengths that John can use to manage his anxiety when he is feeling stressed and frustrated by his school work that could form the basis of positive intervention strategies: (John can tell that he is getting frustrated before he lashes out; he is able to communicate his frustration to his teacher with an agreed upon signal. John can read and could use a list of reminders of what to do when he’s frustrated.) The teacher’s aide in the classroom recognizes that when John’s leg jiggles fast, he is getting agitated. When he reminds John to breathe slowly, John does it and settles down. All present agreed that the behavior specialist will work with the teacher’s aide to develop a list of coping strategies that John can use when he is becoming agitated. The teacher’s aide will track the number of times that he notices John is agitated and how many of those times that John can use his strategies to calm down. The CFT members will evaluate at the next CFT meeting.

12. INTENSIVE CARE COORDINATION (ICC)

Service Code: KTA1

Definition – Effective September 15, 2017: Intensive Care Coordination (ICC) is used to track Intensive Care Coordination (ICC) activities, other than ICC-CFT meetings, that involve one or more members of the CFT. Key components of ICC may include service planning and implementation; monitoring and adapting; and transition. ICC is an intensive service that is used for the identification and coordination of ancillary supports and systems which assists with stabilization. When ICC is provided in a hospital, psychiatric health facility, community treatment facility, or psychiatric nursing facility, it solely will be used for the purpose of coordinating placement of the child or youth on discharge from those facilities, and 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, as part of discharge planning.

Used by: All Children’s Direct Service Providers

Reference Document: Katie A. Core Practice Model (08-13); Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care Services for Medi-cal Beneficiaries (CDSS / DHCS) Third Edition (01-18)

Example: Writer met with client (John), client's mother, grandmother and parent partner after in-home therapy session. John reported no angry outbursts at school for the last 5 days and that he had been having more positive interactions with his peers. John's mother and grandmother reported his progress in self-regulation at home and at school. With prompting John has been able to complete his homework and complete assigned chores. When John becomes frustrated he is able to use positive coping skills (i.e. deep breathing, wrapping up in a blanket for self-soothing, and listening to music). Parent partner acknowledged mother's communication skills and her advocacy for John in IEP meetings and school conferences. Mother requested an ICC-CFT meeting to discuss the potential for decreasing in-home services but continuing to reinforce anger management plan. Writer will contact CPS SW and other members of the ICC-CFT to set meeting to discuss client and family's plan.

13. INTENSIVE HOME BASED SERVICES (IHBS)

Service Code: KTA2

Definition: Intensive Home-Based Services (IHBS) are only utilized after being identified by a Child and Family Team as a possible intervention. IHBS are intensive, individualized, strength-based interventions, needs driven activities that support the engagement and participation of the child/youth and his/her significant support persons to help the child/youth develop and build skills for the purposes of achieving the goals and objectives of the plan as well as ameliorate mental health conditions that interfere with a child/youth's functioning. These services are primarily delivered in the home, school or community and outside an office setting.

Used by: All Children's Direct Service Providers.

Reference Document: Katie A. Core Practice Model (08-13); Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care Services for Medi-cal Beneficiaries (CDSS / DHCS) Third Edition (01-18)

Example: IHBS worker met with mother and client in the client's home to identify situations and triggers at home that contribute to client's angry outbursts. Client reported feeling angry at his siblings when they tease him. Mother confirmed that when the siblings start playing and teasing each other it can quickly escalate to the client kicking and punching siblings. IHBS worker and family discussed alternate ways to address frustrating feelings, coping/de-escalating strategies, and safety issues. IHBS worker will assist mother in identifying when interactions between siblings are escalating so that she can intervene sooner. Client agreed to take a self-imposed cool down period when he starts to feel frustrated or angry at his sibling. Mother will intervene during interaction and assist client in using his self-soothing strategies.

14. MEDICATION SUPPORT CODES

Service Code: 90899, 90899A, 90899B, 97530

Definition – Medication Support Activities provided by the following nurse classifications RN's, LVN's and PT's.

Examples:

- *Evaluation of the need for medication, including a brief mental status evaluation*
- *Evaluation of clinical effectiveness and side effects of medication*
- *Reviewing and obtaining informed consent*
- *Medication education (including discussing risks, benefits, and alternatives with the client or significant support persons)*
- *Plan development related to the delivery of this service and/or to the status of the individual's community functioning*
- *Dispensing, and administering of psychiatric medications (no prescription)*
- *Group Service Code will be used for medication education groups or when assisting doctor with their medication groups.*

15. ASSESSMENT WITH Rx REQUEST

Service Code: 930RX

Definition – This code is to be used when a beneficiary or caregiver requests an assessment for medication services. This code can be used during the initial assessment or at any time during treatment when the request is made. The request will be discussed with the primary clinical staff prior to making the appointment for the initial psychiatric assessment.

Example (Child): *Writer met with Caregiver and Client to gather information regarding current needs. Caregiver reports that therapy provided has been helpful in supporting the Client with increasing their focus, fidgeting less, and improving consistency with completing chores at home. The family would like to request an appointment with the agency's psychiatrist to explore options for medication management to continue supporting the Client in addressing their symptoms associated with ADHD. Caregiver reports that Client continues to be distracted at school which is impacting their ability to focus on classroom lessons and is falling behind in their school work. The Client is also overlooking details and moving through homework too quickly resulting in missed/inaccurate work. Caregiver shared that the Client's teacher is supportive but reports that even with all of the strategies that we have put in place to support this Client, she can see Client's attention is remains limited. Writer explained the process of referral to the agency psychiatrist and the services the medication support team provides. Caregiver agrees with the referral for medication management support. The plan is that today the Writer will make that referral for the initial psychiatric assessment and will attend the initial psychiatric appointment to support with sharing treatment process thus far, share strengths and needs, as well as participate in planning how we can best support the family together.*

Example (Adult): *Writer met with Client to continue the Assessment process. Writer continued to gather information regarding the Client's needs and explained the service array that the agency*

provides. Client reports that they would like to receive medication management from this agency. They were previously receiving medication management from their prior agency and reports having two weeks left from their most recent refill. Client shared that Lamotrigine has been helpful to them in managing their mood symptoms associated with Bipolar Disorder. The Client is still open with their prior agency through this transition as today is their intake with this agency. Writer plans to coordinate care with Client's prior agency and request records regarding the medication support provided to the Client in efforts to support with the referral to agency medication support team. Writer will create a medication management referral for this Client today and will attend the initial psychiatric appointment to support this Client, and continue gathering information to best serve the Client.

II. DAY SERVICES

1. DAY REHABILITATION

Service Code: 99700 (half-day) /99750 (full-day)

Definition – Day Rehabilitation is a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of children who are EPSDT beneficiaries. Services are available at least three hours and less than 24 hours each day the program is open. Service activities include, but are not limited to, assessment, plan development, therapy, rehabilitation, and collateral.

Used by: Day Rehabilitation providers (typical Children’s providers)

Example: See CIMH EPSDT Documentation Manual

**Reference Document: Mental Health Progress Notes Policy and Procedure (10-03);
California Institute for Mental Health EPSDT Chart Documentation Manual**

2. DAY TREATMENT INTENSIVE

Service Code: 99600 (half-day)/99650 (full-day)

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

Used by: Day Treatment Intensive providers (typical Children’s providers)

Example: See CIMH EPSDT Documentation Manual

**Reference Document: Mental Health Progress Notes Policy and Procedure (10-03);
California Institute for Mental Health EPSDT Chart Documentation Manual**

THERAPEUTIC BEHAVIORAL SERVICES (TBS)

I. Outpatient Services (Mental Health Services)

1. TBS DIRECT SERVICE

Service Code: 94030

Definition – Note must reflect a one to one interaction or intervention with a child or youth identified as the recipient of TBS. Direct Services can include rehabilitation services as defined above. Notes must identify the specific target behavior identified as the focus of treatment and interventions must address the identified target behaviors. Notes must also reflect any progress or lack of progress as well as the client’s response to TBS. Identify skills and adaptive behaviors the child/youth is using to manage problem behaviors. Provision of external rewards should not be the focus of TBS Direct Services. Start and end of direct service time shall be noted, including travel time, in parenthesis at the beginning of each progress note (e.g., 8:00a.m. to 1:30 p.m.).

Used by: Children’s EPSDT TBS Providers only

Example: See California Department of Mental Health; Service Function Code (SFC) 58 - Therapeutic Behavioral Services (TBS) Documentation Manual, version 2.0

2. TBS COLLATERAL

Service Code: 94040

Definition – One to one interaction with a significant support person in the life of the client with the intent of improving or maintaining the mental health status of the client. A *significant support person(s)* means persons, in the opinion of the client or the person providing services, who have or could have a significant role in the successful outcome of treatment, including but not limited to the parents or legal guardian of a beneficiary who is a minor, the legal representative of a client who is not a minor, living in the same household as the client, the client's spouse, and relatives of the client.

Used by: Children’s EPSDT TBS Providers only

Example: See California Department of Mental Health; Service Function Code (SFC) 58 - Therapeutic Behavioral Services (TBS) Documentation Manual, version 2.0

3. TBS PLAN DEVELOPMENT

Service Code: 94050

Definition – Activities can include a one to one brief assessment to identify target behaviors that place a child/youth at risk of a higher level placement or inhibit a successful step down in placement. Includes a specific plan of interventions for each targeted behavior or symptom. Extensive observation that substitutes immediate TBS Direct Services is not considered a 1:1 TBS service. Formal observation without planful intervention attached to the service is not reimbursable under TBS Plan Development. TBS Plan Development must also include an individualized transition plan that outlines how and when TBS will be discontinued.

Used by: Children’s EPSDT TBS Providers only

Example: See California Department of Mental Health; Service Function Code (SFC) 58 - Therapeutic Behavioral Services (TBS) Documentation Manual, version 2.0

4. TBS AND CASE MANAGEMENT/BROKERAGE

Service Code: 94510

Definition – A Therapeutic Behavioral Services (TBS) provider may bill Case Management Brokerage (CMB). CMB billings in TBS are to be limited to the specific functions of clinical consultation or coordination of care. Documentation of service coordination is required because TBS is an adjunctive service to specialty mental health services. The primary purpose for TBS is direct 1:1 services with limited CMB. Only exceptional circumstances would necessitate a TBS provider to provide other CMB billings. (For example: Helping a parent/caregiver fill out a missing persons report).

Example: See California Department of Mental Health; Service Function Code (SFC) 58 - Therapeutic Behavioral Services (TBS) Documentation Manual, version 2.0

THERAPEUTIC FOSTER CARE (TFC)

1. TFC SERVICES

Service Code: TFC

Definition –TFC is a short-term, intensive, highly coordinated, trauma- informed, and individualized intervention, provided by a TFC Caregiver to a child or youth who has complex emotional and behavioral needs. TFC is available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit to children and youth, under the age of 21, who are Medi-Cal eligible and meet medical necessity criteria.

TFC is intended for children and youth who require intensive and frequent mental health support in a family environment. TFC should not be the only SMHS that a child or youth receives. Children and youth receiving TFC also must receive ICC and other medically necessary SMHS, as set forth in the client plan. Similar to ICC and IHBS, there must be a CFT in place to guide and plan TFC service provision.

The 3 types of TFC Services that can be provided under the TFC service code is Plan Development, Rehabilitation and Collateral.

Used by: TFC Providers Only

Example:

Goal / Objective

Decrease target behaviors of anxiety (excessive worry, panic attacks, and isolation) from 5x per day to 3x per day over the course of the next 3 months.

Behavior

Client behaviors include biting nails when nervous at school, isolating from peers, restlessness during class, and difficulty sustaining attention during class as a result of excessive worry about not seeing his parents again.

Client Presentation

TFC caregiver met with the teacher and the child at school. Child presented with moderate levels of anxiety as indicated by being tearful, excessive fidgeting and getting up from his seat and pacing during class. Caregiver worked with the child one on one to help the client manage their anxiety.

Services Offered/Provided:

Plan Development Participated N

Rehabilitation Participated Y

Caregiver worked with the client at school to assist in managing anxiety. Caregiver directed the child to take a “time out” outside to coach the child to take deep breaths. TFC caregiver brought an anxiety chart with pictures that helps the client better understand their level of anxiety. The child pointed to the picture that showed a moderate level of anxiety and shared that they were really worried about not being to go home and if his parents will “even show up to the meeting next week.” TFC caregiver praised the child for being able leave the class to take deep breaths. Child shared they felt less anxious after taking a break outside and was able to return to the classroom.

Collateral Participated N

Plan

Continue to work with client on practicing anxiety reducing coping skills. Client will practice taking deep breaths tonight before going to bed to help normalize and increase the use of this coping skill.

CRISIS RESIDENTIAL TREATMENT SERVICES

1. CRISIS RESIDENTIAL TREATMENT SERVICES

Service Code: 36000

Definition –“Crisis Residential Treatment Service” means therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.

Used by: Crisis Residential Providers Only

Example:

Goal / Objective

Client's goal is to lesson symptom distress, impairment and to address psychosocial stressors that negatively impact their mental health to prevent future hospitalizations and crisis. Client will decrease depression which for client includes: isolation, feelings of hopelessness, anhedonia, problems within their relationship, suicidal thoughts and lack of energy from 5x per week to 2x per week from admission to CRP over the next 30 days as evidenced by increasing the use of coping skills and reporting increase in distress tolerance as well as by staff observation.

Behavior

Client had depressed mood and was restless during unstructured times requesting to sign out to go for walks. Client participated in groups and was able to communicate needs throughout the day.

Client Presentation

Client was fairly groomed and dressed appropriately for age/weather/culture. They maintained eye contact and was engaged and cooperative in groups. Client's mood was depressed and anxious with flat affect. The client was assessed throughout the day for safety. He is following his safety plan and continues to deny suicidal thoughts today and maintains no homicidal thoughts.

Services Offered/Provided:

Case Management

Participated N

Group Rehabilitation

Participated Y

Staff facilitated the morning Wellness Recovery Action Plan (WRAP) Group (pages 9-11). The facilitator provided psychoeducation regarding symptoms and behaviors that may require more immediate and assertive action. Facilitator discussed behaviors that precede crisis and the benefits of having a specific chronological plan written to refer to in time when these pre-crisis symptoms and behaviors occur. Client reported recognizing behaviors leading to crisis has been challenging and was open to creating own crisis plan. Client learned about early warning signs and built awareness for own triggers that lead to crisis.

Staff facilitated afternoon Dialectical Behavioral Therapy (DBT) Skills group focused on emotional regulation and helping clients identify events that prompt emotions and those effects on behavior. Staff reviewed “Wise Mind” and discussed the importance of emotional regulation skills as well as helped the client understand primary emotions and secondary emotions. Staff also discussed the skill of being mindful and the benefit of meditation. Client was engaged throughout the group and was really interested in the skill of meditation. Client reported after the discussion and exercise that he felt, “calm and centered” leaving the group reportedly less depressed and anxious than before it started.

Individual Therapy

Participated Y

LPHA staff built off of the discussion within the DBT group regarding “Wise Mind” and the skill of meditation. LPHA explored a specific experience with the client to review client’s emotional mind, reasonable mind and wise mind. Client chose the experience where a discussion with their partner was unproductive and resulted in anger and feeling upset with self about what was said in the moment. Client was able to think about the same scenario using “Wise Mind” techniques and was able to understand the balance of respecting their feelings and responding in a rational manner. The plan is to continue to work with client on building understanding and insight into how skills can improve situations.

Plan

Client reported they will practice the meditation as learned in group and will share with staff in the morning how nighttime meditation is supporting their mental health. Client also plans to connect with the housing resource staff tomorrow who will assist with providing access to the computer and supporting with exploring linkage to housing options.

CRISIS STABILIZATION TREATMENT SERVICES

1. CRISIS STABILIZATION

Service Code: 37130

Definition –“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. The goal is to avoid the need for inpatient services by alleviating problems and symptoms which, if not treated, present an imminent threat to the individual or other's safety or substantially increase the risk of the individual becoming gravely disabled. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who do meet the crisis stabilization contact, site, and staffing requirements.

Used by: Crisis Stabilization Programs Only

Example:

Client presents to CSU with high anxiety and panic attacks and reports symptoms worsening. Symptoms started since his cousin completed suicide via overdosing two days ago. Client reports feeling panic symptoms of intense anxiety, heart beating rapidly, feeling like he cannot get enough air to breath, feeling like he is “going to die” and feels intense sadness of losing cousin. (Client was medically cleared at the ED and has no underlying health conditions.) Client denies suicidal or homicidal ideation and denies access to weapons. Client would like support with anxiety and sadness. The client is not linked to mental health services and was historically hospitalized 2 years ago due to harm to self. Writer provided supportive listening, psychoeducation on grief, anxiety and panic attacks, discussed coping skills for panic attacks and praised the client for reaching out for mental health support. Client tearfully shared that the family was not happy with cousin’s substance use and are not experiencing intense sadness as the client reports feeling. Cousin was reportedly a major support to the client. Client was open to completing a safety plan with writer (see scanned document folder, Client Plans-Non Avatar Generated.) Writer explored client’s goals for behavioral health, warning signs, coping skills and people that the client can trust since experiencing challenges with their family. Writer also explored the client’s environment and helped the client brainstorm safe places that the client can stay since the client reports challenges at home. Client was able to identify one of their aunts who brought them to the ED today and is supportive of the client. Client also shared he has two friends that are supportive and have offered for him to stay with them if needed. Writer discussed importance of safety, walking through situations that the client can use coping skills for anxiety and panic attacks should they become triggered. Client was able to practice mindfulness and deep breathing in session. The writer also made a referral for mental health services with the Sacramento County Mental Health Plan. Client also reported awareness that they can go to the Mental Health Urgent Care Clinic if having a crisis before being linked with mental health services. Client agrees to follow through with the referral for ongoing mental health services. The client reports that they are open to Aunt joining the session to review the safety plan. Client and Aunt report that they will follow through with the safety plan. The client was dispositioned back to the community with Aunt. The plan is to follow up with Access regarding the mental health referral and close upon linkage.

MENTAL HEALTH SERVICE ACT (MHSA), OTHER ASSIGNED INTENSIVE SERVICES AND FLEXIBLE FUNDING

1. TRADITIONAL HEALING PRACTICES

Service Code: 28050 (Individual)/28051 (Group)

Definition – A traditional healing practice is one that is commonly utilized within a particular culture. Traditional Health services providers include but are not limited to: acupuncturist, herbalist, faith healer, Shaman, Curandero, religious leaders, community elders. The services provided under this function code may include coordinating activities related to obtaining these practices with or on behalf of the client and/or client’s family, transporting the client and/or family to the traditional healing session, supporting a client and/or family during a traditional healing session. Please note that the provision of the cost of a traditional healer’s services should be billed through flex fund service codes. **(Service Function Code 59)**

Code 28050: Individual Traditional Healing Practices

Example: Client requests to see a Shaman to help decrease symptoms of depression and chronic physical pain. Staff transport and accompany client to visit the Shaman chosen by client and family. Staff provided support and encouragement following visit.

Code 28051: Group Traditional Healing Practices

Example: Staff transports client to traditional sweat lodge ceremony, Shaman healing ceremony, or Tai Chi class* at an ethnic/cultural center and processes client’s experience afterwards. *NOTE: the client must see Tai Chi as a traditional healing practice in the context of the culture, rather than recreation in order to bill for coordinating services under treatment code 28051.

2. FAMILY/CAREGIVER SERVICES AND SUPPORTS

Service Code: 28047

Definition – Family / Caregiver Services and Supports are services that are provided **to address the specific needs of a family member or significant support person** rather than the needs of the client. Services may be separate from and do not necessarily address the client’s mental health plan. Mental health services provided to the family member/caregiver must be documented in records separate from the client’s record. Please use the “MHSA Family/Caregiver Tracking Index” document to identify existence of a chart(s) for the client’s family members or caregivers.

Example: Staff met with client’s mother for an individual session. Mother is overwhelmed by current stressor of taking care of client’s sibling who has physical disabilities. Mother is requesting respite care and help with obtaining support group services. Staff assisted in finding a local support group for parents with disabled children and coordinated respite care for mother.

Example: Staff provide assistance to a client’s father related to job search, resume writing, and transportation to job interviews.

Example: Staff provide support services to the son (caregiver) of an elderly client. The son has just lost his wife and staff provides brief counseling and referral to bereavement services in the community.

3. CLIENT SERVICES AND SUPPORTS

Service Code: 28045

Definition –Client Services are non-mental health services that are provided to the client which impact the client’s overall quality of life. Examples might include the time, service, and transportation associated with: obtaining legal services, coordinating and obtaining social or recreational activities, obtaining nutritional or other life skills programs, and finding and applying for housing.

Example: Staff identified a local senior center for client. Staff transported client and adult daughter to register for activities at the center. Staff stayed with client to observe client participate in activities and transported client home afterward.

Example: A client has dialysis appointments scheduled twice a week. Staff assists the client by transporting him to the dialysis clinic and waiting for him during the appointments.

Example: A client who has been the victim of domestic violence needs assistance seeking a restraining order. The provider transports and assists the client in seeking legal support and obtaining the restraining order.

Example: A provider assists a client who must attend required classes as a condition of a DUI arrest. The provider helps the client find and register for the required classes and transports him to the first class.

4. BENEFITS ACQUISITION

Service Code: 28048

Definition – Benefits Acquisition is the identification of appropriate entitlements and benefits, assisting with the application process, and education of the use, rules/regulations, and limitations of benefits. It includes the provision of, as well as education to maximize use of benefits to support a path of independence and recovery (understanding deadlines for completion of work, percentage of time, types of draw down, time limits). Services might include: assisting the client in completing paperwork to obtain benefits (for example: MediCare, INS/Citizenship related activities, SOAR), transporting a client to a benefits office for an interview, communicating with an eligibility worker on behalf of the client.

Code 28048: Benefits Acquisition

Example: An 18-year old client is transitioning from foster care to independent living and requests assistance with obtaining high school transcripts and other key documents. The worker accompanies the client and assists with obtaining needed documents for client’s application to community college and independent living after ten years in foster care.

5. HOUSING PLAN DEVELOPMENT

Service Code: 28046

Definition – Housing Plan Development consists of the development of client housing plans to address housing barriers – including development of a housing goal, interventions to support attainment of the housing goal (i.e., benefit attainment, securing Identification Cards, subsidies, etc.), delineation of role responsibility for each intervention, and the plan for sustainability. This is to be used when clients have mental health symptoms that directly impact homelessness or homelessness exacerbates their mental health symptoms.

Used by: All Direct Service Providers receiving Housing Subsidies and Support Services funds

Example: Met with client to begin discussing housing goals. Client’s housing goal is to prevent eviction from their apartment – impacted by recent job loss, which appears to be related to client’s presenting symptoms of PTSD. Writer and client discussed likelihood of homelessness triggering increased PTSD symptoms and decreased stability. Writer and client reviewed potential strategies and interventions to support goal attainment – including budgeting, use of natural supports, symptom management skill building, and job training. Writer supports client’s interest in interventions discussed, including job training to increase self-confidence and income potential. Plan: Monitor the client’s progress toward meeting their housing goal.

6. PERMANENCY-CLIENT RELATED SERVICES

Service Code: 28100

Definition: Staff time for permanency related activities spent with or on behalf of the Client. May include support and research for identifying additional natural supports, family finding, travel time and supporting the client with reunification efforts.

Used by: WRAP Providers Only

Example: Clinician flew with client to Arizona to support family connection with biological Aunt. Per the past couple of CFT meetings, Aunt is open to connecting with the client and supporting the client in any way, including potential placement. The time spent supports the CFT goal of getting the client connected to family and working towards client discontinuing of out-of-home care.

Writer supported the client on the plane ride there by helping her manage anxiety regarding being reunited with her aunt and planning a fun activity to do with aunt in the evening to help with engagement and relationship building. Writer traveled with the client to the Aunt’s home where client dropped off belongings then traveled to community location of Bowling Alley. Writer engaged client and aunt in bowling and dinner focusing on relationship building.

Although the client was anxious, she was able to emotionally regulate and reported feeling, “happy” to be around family. Client also was able to refrain from inappropriate language even during a moment of frustration with the Bowling Alley Machine to enter names not working properly (i.e., entered the wrong name on score board). The aunt expressed love for niece and told stories of client when she was very young. (See separate note for time spent with Aunt supporting the relationship.)

The plan is for the client to meet with the aunt tomorrow to continue working on building the relationship and to discuss steps moving forward for placement.

7. PERMANENCY-FAMILY, CAREGIVER, NAT SUPPORT

Service Code: 28101

Definition: Staff time for permanency related activities spent with or on behalf of the Family, Caregiver or Natural Support(s). May include supporting with relationship building, stability, securing placement and supporting the family, caregiver, natural supports with reunification efforts.

Used by: WRAP Providers Only

Example: Writer reached out to maternal grandmother (Gmo); see most recent ICC-CFT meeting minutes where client reported remembering a grandmother when very little and team working on family finding efforts. (ROI on file). Spoke with grandmother about the client's circumstances of being in a foster placement and it being unlikely that the client would be able to reunify with bio parents. Client had shared some memories of Gmo when they lived in LA County which was confirmed by the Gmo. Gmo reporting losing touch with her daughter (client's mom) and was not aware that the client was in foster placement. Gmo shared that she helped raise client's cousin (her son's child) and would be interested in seeing what she can do to support the client; however, is concerned about her age and would like to get to know more about the client's needs. Gmo would like time to connect with the client's adult cousin regarding the situation as well. Gmo was limited on time but plans to call Writer back later this afternoon.

The plan is for Writer to talk with Gmo later this afternoon for the purposes of facilitating a discussion around Client re-connecting with Gmo. Writer plans to invite Gmo to virtually attend the next ICC-CFT meeting to be introduced to the team, review the client's needs and strengths and how she can be a support to the client.

II. Housing and Flexible Support Services

*Same quality and items to be offered to each client when applicable.

Code 28042: Voucher Supplement

Definition: Refers to when a provider covers the remaining rent when a housing voucher (e.g. HUD Voucher, Shelter Plus Care Voucher, Housing Choice Voucher, VASH, etc.) is being used and the client does not have enough income to cover the remaining rent, or when client has no income to contribute.

Example: Voucher covers 80% of the costs to rent a house but client needs the remainder of funds to secure the residence.

Staff arranges to pay 20% of rent due directly to the landlord and the units are billed to code 28042.

Code 28043: Master Lease

Definition: The lease is in the provider's name and the client leases from provider. The client is not on the primary lease but is instead subleasing from the provider. The units are tied to the cost to cover the lease. Any funds paid to the provider through the Master Lease agreement should be included in Exhibit C budgets.

Example: A program has established a partnership with a local property owner to lease 10 two-bedroom apartments for the program clients/families. Staff coordinates the master lease on behalf of the client and continues to provide services while the client and family are housed in this apartment. Staff arrange to pay for the one-year lease agreement. Client may still receive Rent Gap.

Monthly rent is paid directly to the landlord and is billed to code 28043 monthly.

Code 28044: Hotel/Motel Vouchers

Definition: Temporary and or short term emergency accommodations in market rate public motel or hotel to prevent or shelter from current homelessness.

Example: A provider pays for a client who is homeless to secure temporary shelter for a three day period until their new apartment is available.

The voucher is purchased with program funds for \$150/day, totaling \$450. 450 units are billed to code 28044.

Code 28004: Security Deposits

Definition: Amount required by landlord to secure a rental unit, which may include the first and/or last month's rent. Additional deposit for repairs may also be utilized to increase likelihood of obtaining unit.

Example: A provider pays for a client's security deposit to rent an apartment.

Staff pays the \$1000 security deposit directly to the apartment manager. 1000 units are billed to code 28004.

Code 28005: Moving Expenses/Furniture/Other Household Goods

Definition: Moving expenses, furniture, or other household goods for clients whose functional impairments preclude them from organizing and moving themselves into a new residence. Household items are those that are necessary for health and wellbeing, such as basic furnishings. Same package offered to any client in need of furnishing.*

Example: A transition aged youth needs assistance moving from his foster care home to an independent living arrangement and he has limited funds for moving and no support persons.

\$350 is provided for the client to purchase moving supplies so the youth may pack his own belongings. 350 units are billed to code 28005.

Code 28002: Utilities

Definition: Includes any payment in *part or in whole* for services basic health and safety, e.g. back dues, overdue and current bills for gas, electricity and telephone. Does NOT include services that are not necessary for health and safety including: cable, Wi-Fi, streaming services, etc., unless prior approval received from the County.

Example: A family reports that they need assistance paying for their monthly **electricity bill**. A plan is developed with the client so the family can pay for future utility bills.

\$150 is provided for the client to pay last month's utility bill. 150 units are billed to code 28002.

Code 28003: Other

Definition: Other miscellaneous expenses related to maintaining or obtaining housing that are identified in the Housing Plan.

Insurance

Example: A client reports that she cannot secure funding for her annual **homeowners insurance** premium. This payment is required by her mortgage company if she is to maintain her mortgage.

The \$675 premium is paid by the program. 675 units are billed to code 28003.

Property Taxes and Assessments

Example: A family reports that they only have funds to pay half of their annual **property taxes**.

Staff provides the remaining \$850 so that the family can pay their taxes and avoid penalties. 850 units are billed to code 28003.

Service Animal Deposit

Example: Client needs an additional \$200 deposit for their service animal. 200 units are billed to code 28003.

Code 28006: Rent Gap

Definition: For clients living in market rate rentals, which are available to the general public, low income, room and board or board and care rentals but the client does not have enough income to cover their rent. Rent gap makes up the difference between market rent and what the client can afford.

Example: Client can pay for 75% of their share of the rent for their room and board, but needs help with the \$200 remainder to obtain/maintain housing.

Staff pays the remaining \$200 directly to the apartment manager. 200 units are billed to code 28006.

Code 28007: Building Maintenance and Repair

Definition: Damage caused by a client and/or their guests, pets, etc. Does NOT include normal wear and tear, which is covered by the landlord unless CONTRACTOR is the landlord.

Example: A client requests assistance with a severe water leak that resulted from damage during a party the client hosted that has made his home unsafe for his family.

Program funds pay for the services of a contractor who provides roof repairs for \$400. 400 units are billed to code 28007.

Code 28008: Credit Repair Fees

Definition: Fee for service that improves client's credit rating in order to qualify for housing.

Example: A client requests assistance with repairing their credit in order to qualify for housing and a \$100 fee is required for the service.

Staff provides client with \$100 for the service fee. 100 units are billed to code 28008.

Code 28009: Housing Document Readiness

Definition: Fees for obtaining documents and/or copies necessary to securing or applying for housing.

Example: A client requests help obtaining copies of documents needed to apply for benefits/identification, etc., as it relates to housing.

Staff takes her to the local vital records office and pays for the \$10 in fees for copies of the records. 10 units are billed to code 28009.

Code 28010: Food, Clothing, Hygiene, and Necessary Medical Remedies

Food

Example: A client reports that she is unable to afford groceries after paying her monthly bills.

*The program staff provides \$150 in **vouchers for groceries** and bills 150 units to code 28010.*

Example: Staff meets a client who is homeless at a restaurant for an initial contact.

*The client's \$14 **restaurant meal** is provided during the meeting and 14 units are billed to code 28010.*

Clothing

Example: An elderly client does not have sufficient clothing for the winter.

*Staff takes the client shopping for **clothes** totaling \$240 which is billed as 240 units to code 28010.*

*Example: **Clothes** and school **supplies** are purchased for a child client and his sibling for their return to school.*

\$160 is spent on clothes and supplies and charged to code 28010.

Hygiene

*Example: \$25 in **hygiene products** are provided to a client who cannot afford them.*

25 units are billed to code 28010.

Medical Remedies

Example: Client needs \$25 for the cost of herbal medicine for traditional healing; the purchase of personal or culture specific health products or over-the-counter supplies (thermometer, cough drops, cold pack) is billed to Code 28010.

Code 28015: Travel and Transportation

Taxi Fare

*Example: **Taxi fare** is provided to a client who needs transportation to a dialysis clinic for which there is no public transportation available.*

The \$30 fare is billed to code 28015 for 30 units.

Car Rental

Example: A family reports that their vehicle is no longer operable. They request temporary assistance with transportation so that they can continue to transport their children to school while other arrangements are being made.

\$265 in **rental car fees** are paid for through Code 28015, for 265 units.

Vehicle Repair

Example: A client requests assistance with repairs for his vehicle which is no longer dependable. The client uses the vehicle daily to drive to his job.

The program pays for the \$450 in **repairs** through code 28015, 450 units.

Gas Voucher

Example: A family reports they need money to pay for gas until they receive their paycheck in ten days.

A **voucher for \$60 in gas** is provided to the family and billed to code 28015, for 60 units.

NOTE: Prohibited transportation and travel costs under treatment code 28015 include: Gas for agency vehicles used to transport clients and costs for maintaining agency vehicles.

Code 28016: Employment and Education

School/College Supplies

Example: A transition aged youth in a program needs financial assistance purchasing required texts for his first semester in junior college.

The program staff provides \$220 through a **voucher at the campus book store** and bill to code 28016, for 220 units.

Tuition

Example: A program assists a newly emancipated youth by funding tuition for her first year at a targeted trade school teaching computer skills..

The \$600 in **tuition fees** is billed as 600 units to code 28016.

Employment Supplies

Example: A family reports that they need assistance paying for required supplies for the father's new job. The program arranges to assist with paying for his uniform and tools.

The father is taken to purchase the supplies and the \$100 in **supplies** is provided by billing 100 units to code 28016.

Vocational/Employment Supports

Example: Staff wants to assist a client with job training by paying for a typing class.

The \$129 **course fee** is paid for by billing 129 units to code 28016.

Living Skills Training

Example: A local training is offered to help young adults with independent living skills. Staff arrange to pay for this class for two transition age clients who are aging out of their foster placements.

To pay for the \$92 in **training fees** staff bills 184 units to code 28016.

Code 28025: Conference and Training

(NOTE: for client, family member or caregiver only)

Example: A program arranges for a client to attend a training or conference related to client specific needs or broader recovery core principles (mental health, wellness, cultural specific, etc).

Staff arranges to pay for the client's \$89 **training fees** by billing 89 units under code 28025.

Code 28026: Other Purchased Supports

Sub Payee Services

Example: An adult client is in need of payee services.

Monthly \$30 fees for the service are paid by the program as 30 units under code 28026.

Durable Medical Equipment

Example: A client complains medical insurance will not pay for medical equipment (such as a wheel chair) that is medically necessary per her health provider.

The \$550 cost of the equipment is billed under code 28026 and purchased for the client.

Birth Cert., SSN, Other Documents, etc.

Example: A client requests help obtaining copies of documents needed to apply for benefits.

Staff takes her to the local vital records office and pays for the \$10 in fees for copies of the records. 10 units are billed to code 28026.

Intensive Relative Search/Family Finding

Example: A client seeks the services of an agency that locates relatives and family members. As part of a treatment plan to provide family support to this client, staff offers to arrange payment for this service.

The \$220 in fees is billed through code 28026, 220 units.

Used by: WRAP Providers Only

Identification

Example: Driver's License and State ID fees

Used by: WRAP Providers Only

Positive Reinforcements

Example: Positive reinforcements for treatment (engagement and motivation) such as, skill building, coping skills and behavioral contracts.

Code 28028: Specialized Medical Provider

Alcohol and Drug Services

Example: Assistance is provided to a client to participate in a specialized drug treatment program such as residential treatment.

450 units are billed to code 28028 to pay for the \$450 program fee for the client.

Special Assessment

Example: A psychological evaluation is needed to clarify diagnosis and determine appropriate care for a client who is exhibiting behaviors indicative of autism. The family's insurance will not pay for a psychological evaluation.

250 units are billed to code 28028 to pay for the \$250 evaluation.

Medical (e.g.: dentures, orthotics for foot problems, eye glasses, herbal medicines)

Example: A client lost her eyeglasses and requests assistance with purchasing a new pair of glasses that is not covered by her limited medical/vision benefit.

220 units are billed to code 28028 for the \$220 purchase price of a new pair of eyeglasses.

Code 28017: Traditional Healing

Example: A client requests assistance with payment for an acupuncture service that is not covered by his medical insurance.

The provider pays for the \$89 session fee by billing 89 units under code 28017.

Example: A client needs assistance to perform a special bereavement ceremony.

Expenditures related to performing the ceremony are billed to Service Code 28017.

Example: Client needs \$200 for the cost of herbal medicine needed for traditional healing.

The program bills the cost of the ceremony and cost of materials needed for ceremony to code 28017.

Code 28031: Special Events

Example: A family reports they would like to attend a local cultural music event. They do not have funds to pay the admission fees for five members of the family.

The provider assists by billing 90 units to code 28031 for the \$90 in **admission fees**.

Example: A client would like to join a baseball league but the family does not have the funds to pay for the registration fees.

The provider assists by billing 50 units to code 28031 for the \$50 **registration fee**. Other **associated costs** (such as uniform and gear) may be billed to code 28031.

Code 28032: Child Care Supports / Respite Services for Caregivers

Child Care

Example: A client complains that she cannot pay for needed childcare as she starts a new job. The provider arranges to pay for the client's first two weeks of child care until she starts to receive her pay.

The \$285 in **child care expenses** are provided by the provider by billing 285 units under code 28032.

Respite

Example: A provider recommends crisis respite services for a single mother. The mother agrees to use the service for a three day-period and requests help with payment.

The \$135 in **respite service fees** are paid by staff by billing 135 units under code 28032.

Example: An adult client who is caretaker to his elderly mother is overwhelmed with personal stressors and requests respite services.

The program pays for respite care for a two week period and bills the costs to service code 28032.

Code 28033: Medication Costs (Uninsured Medically Indigent Clients only)

Example: A client who is medically indigent requests assistance with paying for psychiatric medications. The program assists the client in picking up and purchasing the medications.

149 units are charged to code 28033 for the costs of the medications (\$149).

Code 28040: Translation Services

Example: A service that translates documents from Hmong to English is utilized to assist a family in a program.

The cost of the service is billed under code 28040.

Code 28041: Interpreter Services

Example: Interpreter services are needed for a provider to appropriately provide family counseling services to a Vietnamese speaking client.

The cost of the interpreter service is billed under code 28041.

Used by: WRAP Providers Only

Code 28102: Permanency-Flex Funds Client/Caregiver

The cost of purchased items or services for Client or Caregiver that support permanency efforts.

Example: Parent/Caregiver-related flex funding such as, travel, hotel, food/meals for family finding/CFT meals (graduation), respite and sustainability supports that affect reunification or permanency efforts.

Example: Pre-existing fines or penalties that result in expenses that may seriously impact permanency or reunification.

Used by: WRAP Providers Only

Code 28103: Permanency-Flex Funds for Staff Expenses

The cost of the purchasing items or services for the staff to support permanency efforts.

Example: Staff-related flex funding such as, travel/flight/ride share, hotel, and food/meals during permanency efforts.

ENGAGEMENT CODES

1. ENGAGEMENT

Service Code: ENG01

Definition – Provider staff efforts to arrange appointments prior to the initial face to face (Program Assigning Date) that include direct contact with the client or caregiver, either face to face or over the phone.

Example: Client referred to outpatient provider. Staff makes multiple phone calls to set up initial face to face appointment. Spoke with client to share program information and confirm scheduled initial appointment.

2. ENGAGEMENT ATTEMPT

Service Code: 22222

Definition – Provider staff efforts to engage beneficiaries prior to the initial face to face (Program Assigning Date) when no face-to-face or real time phone contact is made. This may include but is not limited to the following activities: Leaving a message regarding setting up an initial assessment appointment. Writing a letter providing the beneficiary with general information about services offered or appointment notifications. Driving to the beneficiary's home or known whereabouts for the purposes of engaging the beneficiary in services.

Example: Staff drove to client's home for the purposes of engaging the client to the program. Client was not present. The plan is for the writer continue engagement efforts and will call the client tomorrow.

NONBILLABLE CODES

1. NO-SHOW CLIENT (MISSED VISIT)

Service Code: 90500

Definition – Client does not show for a scheduled office appointment or is not present for appointment at the home or location in the field. No-shows must be documented in the client record but are not a billable activity.

Example: Client is a no-show for appointment scheduled today, 3pm, at the family home. Client's mother reports that the client had not returned home from school and that she will call back to reschedule appointment.

2. NO-SHOW STAFF (MISSED VISIT)

Service Code: 90600

Definition – Writer did not show for a scheduled office appointment or is not present for appointment at the home or location in the field. No-shows must be documented in the client record but are not a billable activity.

Example: This writer was a no-show for appointment scheduled yesterday at 3pm, at the family home. This writer was not in the office yesterday and unfortunately not able to cancel this appointment prior to the appointment time. This writer will call the client's mother to reschedule appointment.

3. CANCELLATION CLIENT

Service Code: 90501

Definition – A scheduled appointment is cancelled by the client. Cancellations should be documented in the client record but are not a billable activity.

Example: Client called writer to cancel scheduled appointment due to conflict with job. Appointment was rescheduled for October 10, at 11am.

4. CANCELLATION STAFF

Service Code: 90601

Definition – A scheduled appointment is cancelled by the provider. Cancellations should be documented in the client record but are not a billable activity.

Example: Writer called client to cancel scheduled appointment due to emergency conflict. Appointment was rescheduled for October 20, at 9 am.

5. CLIENT NON-BILLABLE ACTIVITY

Service Code: 1111

Definition – Service activities that are not billable to Medi-Cal or other funding sources. Activities that are solely administrative and identified as “non-billable”.

Examples:

- *Travel time associated with a home-visit or field activity that results in a client no-show; or there is no contact and no other service code applies*
- *Completing a form where no review of case or billable activity occurs*
- *Time associated with administrative activities such as appointment scheduling, faxing, filing, or leaving voicemails*
- *Providing interpretation services for a client*
- *Researching a topic or developing a curriculum in preparation for a client or group service*

PEER SUPPORT SERVICE CODES

These codes are only permitted for use by staff classified as Certified Peers who are registered with Quality Management.

Definitions

Peer Support Services: Services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities. Services may be provided to the individual or in a group setting. Services may be provided directly to the person in care and/or their support systems to help the person in care achieve desired outcomes.

Service Codes

MH PREVENTION EDUCATION

Service Code: PM01

Definition – Educational Skill Building: Services that promote coping mechanisms and problem-solving skills in areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports. The focus may be on skill development and/or acquisition of skills.

Example: In effort to support wellness skills, I engaged her in an open-ended conversation about her day and how she has been feeling. I praised her for using I statements and ability to reflect on things that went well. I validated her responses and responded with empathy, encouraging her to express her feelings. I discussed and reviewed her current coping skills (ie, reading, listening to music, etc). I normalized her need to take a break from difficult situations and reminded her to take time outside. Coached client through role play on using healthy ways to let others know that she needs to stay well and healthy. Client was verbal and engaged throughout the session. I will meet with client next week at the community wellness center to support her in the identification of a new class.

MH SELF-HELP

Service Code: PM02

Definition – Engagement: Services include activities and coaching to encourage and support the person in care to participate in behavioral health treatment, including support through transitions of care and development of recovery goals and processes.

Therapeutic Activities: Services include structured activities that promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and maintenance of community living skills to support the person in care attain and maintain recovery within their communities. Activities include, but not limited to, advocacy, promotion of self-advocacy, resource navigation, and collaboration with significant supports, family, and other providers of care.

Example: This staff provided the following intervention to address the client's inability to manage emotions due to their anxiety. This staff contacted Group Intervention Center and spoke with intake counselor (Susan) to obtain information about the appropriateness of their Healing Heart Program to meet client's needs. Staff completed the referral process by summarizing client's anxiety symptoms and highlighting strengths, including supportive family members. Healing Hearts indicated client seemed

appropriate for their program group and provided staff with information on next steps. This staff will contact client to discuss eligibility for program and assist client in preparing to attend this support group.

PEER SUPPORT SERVICE CODES

These codes may only be used by MH Peers who are not Certified. These codes require pre-approval from the Mental Health Plan (MHP) for use. Use of these codes by non-authorized programs will result in claiming errors and loss of revenue.

Definitions

All definitions were taken from the Mental Health Services Act (MHSA) Request for Proposal (RFP) template.

“Culture” is defined as the integrated pattern of human behavior that includes thought, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. Culture defines the preferred ways for meeting needs (Cross et al, 1989). A particular individual’s cultural identity may involve the following parameters: ethnicity, race, language, age, country of origin, acculturation, gender, socioeconomic class, disabilities, religious/spiritual beliefs, sexual orientation, and gender identity.

“Peer” refers to a person who has shared standing with another either through lived experience, age or cultural affiliation.

“Recovery” is defined as the process in which people who are diagnosed with a mental illness are able to live, work, learn and participate fully in their communities. Recovery may be based on cultural norms. For some individuals, recovery means recovering certain aspects of their lives and the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or elimination of symptoms.

“Support Services” refers to services designed to enhance connectedness and decrease isolation.

Service Codes

PEER – ENGAGEMENT

Service Code: ENG 02

Definition – The purpose is to learn about the individual while honoring cultural norms, values and social etiquette in order to gain a comprehensive view of their strengths, supports, needs and concerns. We will provide an opportunity for them to share their reasons for seeking support, and will gather information about housing, natural supports, cultural factors, worldview, medical issues, alcohol and other drug issues, social/leisure/recreational activities, income and overall life satisfaction. Based on the “Intake” or initial engagements we will respond to their immediate concerns, discuss appropriate next steps, and determine if Peer Partner services are indicated at the time.

Example: Met with consumer to introduce him to the types of supports that the Peer Partner Program can provide. Discussed referral made by Aftercare program and gathered additional information about current needs and available resources that would assist consumer in making progress toward recovery goals. Based on current needs of: employment and identification of health social supports consumer is in need of Peer Partner services.

PEER - PERSONAL PLAN CREATION

Service Code: PS007

Definition – The purpose is to create a person-centered plan congruent with the individual’s cultural values and that is based on needs identified during the engagement interview. Goal(s) are to be in the language of the individual and should identify natural resources for long term success and support.

Example: Consumer reported that his primary need is finding employment. Consumer identified his long term employment goal of finding a job working with computers and then discussed and agreed to short term goals and a time line for reaching the long term goal. First step is to link consumer to employment service to assess his skill level and determine any educational needs.

PEER - EDUCATIONAL/EMPLOYMENT

Service Code: PS001

Definition: The purpose is to assist the individual with obtaining information about educational or job training opportunities and supporting the individual as they pursue academic and/or employment goals.

Example: Assisted consumer in completing the application for Department of Rehabilitation (DOR) vocational rehabilitation services.

PEER - COMMUNITY LINKAGE

Service Code: PS002

Definition: The purpose is to identify and connect the individual to resources in the community that are congruent with their cultural values and will support the individual in achieving recovery goals. Special emphasis must be placed on linking to culturally appropriate supports. (Activities that are excluded from this category: educational, employment, housing, alcohol and/or drug, and primary physical care.)

Example: Assisted consumer in joining the Mahjong Club at Asian Community Center as part of consumer’s goal of connecting with her community.

PEER - ALCOHOL AND/OR DRUG

Service Code: PS003

Definition: The purpose is to provide linkage and support as the individual works toward achieving goals related to alcohol and other drug use.

Example: Assisted consumer in identifying NA groups that were easily accessible by light rail and that were at times that did not conflict with other commitments.

PEER - PHYSICAL/MEDICAL CARE

Service Code: PS004

Definition: The purpose is to provide linkage and support for the individual to a range of culturally appropriate providers to meet physical and medical needs.

Example: Assisted consumer in writing questions she had about side effects and alternative treatment options. Consumer will take the questions to ask her psychiatrist at her next medication appointment.

PEER - HOUSING ACTIVITIES

Service Code: PS008

Definition: The purpose is to provide linkage and support for the individual as they pursue appropriate, affordable and sustainable housing.

Example: Went with consumer to meet with Sacramento Area Emergency Housing representative to discuss housing options available to consumer.

PEER - BENEFITS EDUCATION

Service Code: PS009

Definition: The purpose is to identify entitlements and other benefits that the individual is eligible for and to assist with the application and acquisition of these benefits.

Example: Assisted consumer in completing Form I-485 to apply for permanent residence status.

PEER - CRISIS SUPPORT

Service Code: PS010

Definition: The purpose is to provide support to the individual who is experiencing an increase in distressing symptoms and to link them to appropriate resources that they have already identified to use in a crisis situation.

Example: Consumer received some distressing news about a family member. He contacted this writer and expressed feeling anxious and was unable to stop crying. Asked consumer if he was able to contact his identified support person to provide assistance. Consumer said that he had but they were not at home. This writer drove to consumer's home and provided support until identified support person was reached.

PEER – FAMILY CRISIS SUPPORT

Service Code: PS011

Definition: The purpose is to provide guidance and resources to family members in their support of the consumer during a crisis situation.

Example: Consumer's significant other contacted this writer from the emergency room stating that the consumer had been taken after stating that he was unable to keep himself safe and was afraid of harming himself. Since consumer had completed a release for this writer to communicate with significant other, this writer was able to go to the emergency room and provide support to the significant other and make a referral to a local support group for on-going assistance.

PEER – WRAP™

Service Code: PS012

Definition: The purpose is to assist and support the individual in creating their own culturally appropriate Wellness Recovery Action Plan (WRAP™).

Example: This writer provided additional technical assistance to consumer in their creation of their WRAP.

PEER – CASE COORDINATION

Service Code: PS013

Definition: The purpose is to provide holistic, coordinated and integrated services across providers while reducing duplication. Case conferences are usually interdisciplinary, and include one or multiple internal and external providers and, if possible and appropriate, the individual and family members/close supports.

Example: Met with treatment team that included; consumer, this writer (Peer Partner), clinician, and psychiatrist for the purpose of discussing consumer's goal of finding housing outside of a supported living environment. Discussed what supports would be necessary and what steps to take to make this transition successful. Identified responsibilities of Peer Partner and scheduled the next meeting.

PEER – CLIENT SUPPORT

Service Code: PS014

Definition: The purpose is to engage the individual in activities that promote empowerment to make changes and decisions that enhance their recovery.

Example: Consumer has been preparing to present at the Consumer Speaks Conference but has been expressing some anxiety. This writer practiced consumer's presentation and encouraged her to use her stress management techniques to relax.

PEER – FAMILY SUPPORT

Service Code: PS015

Definition: The purpose is to provide guidance and resources for family members which would allow them to support the consumer in their recovery process.

Example: Provided on-line resources to significant other that would provide information about consumer's diagnosis. Also assisted in finding a local support group for family members.

PEER – POST PROGRAM PLANNING

Service Code: PS005

Definition: The purpose is to create an individual driven plan for discontinuing Peer Partner Services. All activities in this category are to be done with the express purpose of discharge planning.

Example: Met with consumer to discuss discontinuation of Peer Partner services. Consumer was excited about his progress toward achieving his recovery goals and stated that since he was very

connected to the members of his running club he felt ready to stop services. Talked about how he could return to Peer Partner services if he felt that it was needed.

PEER – GROUPS

Service Code: PS006

Definition: The purpose is to provide educational and skill building groups in a manner congruent with the individual’s cultural values that will assist the individual in making progress toward recovery goals. Include “Group Type” on progress note and charge slip. See below for “Group Type” list and definitions.

Example: Facilitated a (**insert group here**) to support consumer in their recovery. Group topic included (**insert topic here**). Activities included (**insert activities here**).

GROUP TYPES

Creative Expression:

Examples include arts and crafts, writing, performance and music related groups.

Culture/Ethnic Specific:

Any group with a specific ethnic or cultural focus.

Psycho-educational:

Educational and support for varying diagnoses including; Post Traumatic Stress Disorder (PTSD), depression management, medication support, Dialectical Behavior Treatment (DBT) and alcohol and/or drugs.

Employment-Skill Building:

Employment skills or education group, including job coaching/readiness, computer skills and job search.

Health/Wellness:

Groups focused on improved health and wellness. Examples include: exercise, yoga, self care, nutrition and medication.

Life Management-Skill Building:

Wide range of groups related to improving daily living and skill building. Examples include: anger management, social skills, grief and loss, budgeting and relapse prevention.

Peer Support/Advocacy:

Support and advocacy group, including gender specific support groups and advocacy education.

Recreation/Socialization:

Groups designed to increase socialization and recreation opportunities. Examples include: outings in the community, bingo, and current events.

SacPORT™:

The purpose is to provide services consistent with the SacPORT™ evidence-based training program.

WRAP™:

Wellness Recovery Action Plan groups.

Other Group:

Groups not fitting into any other category. Type in the title of the group.

OUTREACH SERVICE CODES

These codes require pre-approval from the Mental Health Plan (MHP) for use. Use of these codes by non-authorized programs will result in claiming errors and loss of revenue.

Service Codes

OUTREACH-FIELD

Service Code: 70000

Definition – The purposes are to: provide resources and information to an individual/group while honoring need for anonymity for reasons related to safety; provide an opportunity for anonymous individuals to seek support and possible linkage to Outreach and/or Treatment services well as services available through other Mental Health Plan providers; assess housing stability, natural supports, cultural factors, worldview, medical issues, alcohol and other drug issues, social/leisure/recreational activities, income/ need for support for benefits acquisition, and overall life satisfaction to include traditional employment/education. Based on screening and/or stated needs, staff will respond to immediate concerns, discuss appropriate next steps, and determine if additional services are indicated at the time.

Example: Met with 5 youth at Watt/I-80 corridor to provide resources and information. Briefly discussed types of services available within the Outreach Program and possible referrals to mental health services. Gathered additional information about current needs and available resources that would assist and support individuals

OUTREACH-PERSONAL PLAN CREATION

Service Code: 70007

Definition – The purpose is to create a person-centered plan congruent with the individual’s cultural values and that is based on needs identified during the engagement interview. Goal(s) are to be in the language of the individual and should identify natural resources for long term success and support.

Example: Consumer reported that his primary need is finding employment. Consumer identified his long term employment goal of finding a job working with computers and then discussed and agreed to short term goals and a time line for reaching the long term goal. First step is to link consumer to employment service to assess his skill level and determine any educational needs.

OUTREACH-EDUCATIONAL/EMPLOYMENT

Service Code: 70001

Definition: The purpose is to assist the individual with obtaining information about educational or job training opportunities and supporting the individual as they pursue academic and/or employment goals.

Example: Assisted consumer in completing the application for Department of Rehabilitation (DOR) vocational rehabilitation services.

OUTREACH-COMMUNITY LINKAGE

Service Code: 70002

Definition: The purpose is to identify and connect the individual to resources in the community that are congruent with their cultural values and will support the individual in achieving recovery goals. Special emphasis must be placed on linking to culturally appropriate supports. (*Activities that are excluded from this category: educational, employment, housing, alcohol and/or drug, and primary physical care.*)

Example: Assisted consumer in joining the Mahjong Club at Asian Community Center as part of consumer's goal of connecting with her community.

OUTREACH-ALCOHOL AND/OR DRUG

Service Code: 70003

Definition: The purpose is to provide linkage and support as the individual works toward achieving goals related to alcohol and other drug use.

Example: Assisted consumer in identifying NA groups that were easily accessible by light rail and that were at times that did not conflict with other commitments.

OUTREACH-PHYSICAL/MEDICAL CARE

Service Code: 70004

Definition: The purpose is to provide linkage and support for the individual to a range of culturally appropriate providers to meet physical and medical needs.

Example: Assisted consumer in writing questions she had about side effects and alternative treatment options. Consumer will take the questions to ask her psychiatrist at her next medication appointment.

OUTREACH-HOUSING ACTIVITIES

Service Code: 70008

Definition: The purpose is to provide linkage and support for the individual as they pursue appropriate, affordable and sustainable housing.

Example: Went with consumer to meet with Sacramento Area Emergency Housing representative to discuss housing options available to consumer.

OUTREACH-BENEFITS EDUCATION

Service Code: 70009

Definition: The purpose is to identify entitlements and other benefits that the individual is eligible for and to assist with the application and acquisition of these benefits.

Example: Assisted consumer in completing Form I-485 to apply for permanent residence status.

OUTREACH-CRISIS SUPPORT

Service Code: 70010

Definition: The purpose is to provide support to the individual who is experiencing an increase in distressing symptoms and to link them to appropriate resources that they have already identified to use in a crisis situation.

Example: Consumer received some distressing news about a family member. He contacted this writer and expressed feeling anxious and was unable to stop crying. Asked consumer if he was able to contact his identified support person to provide assistance. Consumer said that he had but they were not at home. This writer drove to consumer's home and provided support until identified support person was reached.

OUTREACH-FAMILY CRISIS SUPPORT**Service Code: 70011**

Definition: The purpose is to provide guidance and resources to family members in their support of the consumer during a crisis situation.

Example: Consumer's significant other contacted this writer from the emergency room stating that the consumer had been taken after stating that he was unable to keep himself safe and was afraid of harming himself. Since consumer had completed a release for this writer to communicate with significant other, this writer was able to go to the emergency room and provide support to the significant other and make a referral to a local support group for on-going assistance.

OUTREACH- WELLNESS AND RECOVERY ACTION PLAN**Service Code: 70012**

Definition: The purpose is to assist and support the individual in creating their own culturally appropriate Wellness Recovery Action Plan (WRAP™).

Example: This writer provided additional technical assistance to consumer in their creation of their WRAP.

OUTREACH-CASE COORDINATION**Service Code: 70013**

Definition: The purpose is to provide holistic, coordinated and integrated services across providers while reducing duplication. Case conferences are usually interdisciplinary, and include one or multiple internal and external providers and, if possible and appropriate, the individual and family members/close supports.

Example: Met with treatment team that included; consumer, this writer (Staff Title), clinician, and psychiatrist for the purpose of discussing consumer's goal of finding housing outside of a supported living environment. Discussed what supports would be necessary and what steps to take to make this transition successful. Identified responsibilities of staff's role and scheduled the next meeting.

OUTREACH-CLIENT SUPPORT

Service Code: 70014

Definition: The purpose is to engage the individual in activities that promote empowerment to make changes and decisions that enhance their recovery.

Example: Consumer has been preparing to present at the Consumer Speaks Conference but has been expressing some anxiety. This writer practiced consumer's presentation and encouraged her to use her stress management techniques to relax.

OUTREACH-FAMILY SUPPORT

Service Code: 70015

Definition: The purpose is to provide guidance and resources for family members which would allow them to support the consumer in their recovery process.

Example: Provided on-line resources to significant other that would provide information about consumer's diagnosis. Also assisted in finding a local support group for family members.

OUTREACH-POST PROGRAM PLANNING

Service Code: 70005

Definition: The purpose is to create an individual driven plan for discontinuing Outreach Services. All activities in this category are to be done with the express purpose of discharge planning.

Example: Met with consumer to discuss discontinuation of services. Consumer was excited about his progress toward achieving his recovery goals and stated that since he was very connected to the members of his running club he felt ready to stop services. Talked about how he could return to services if he felt that it was needed.

OUTREACH-GROUPS ACTIVITIES

Service Code: 70006

Definition: The purpose is to provide educational and skill building groups in a manner congruent with the individual's cultural values that will assist the individual in making progress toward recovery goals. Include "Group Type" on progress note and charge slip. See below for "Group Type" list and definitions.

Example: Facilitated a (**insert group here**) to support consumer in their recovery. Group topic included (**insert topic here**). Activities included (**insert activities here**).

GROUP TYPES

Creative Expression:

Examples include arts and crafts, writing, performance and music related groups.

Culture/Ethnic Specific:

Any group with a specific ethnic or cultural focus.

Psycho-educational:

Educational and support for varying diagnoses including; Post Traumatic Stress Disorder (PTSD), depression management, medication support, Dialectical Behavior Treatment (DBT) and alcohol and/or drugs.

Employment-Skill Building:

Employment skills or education group, including job coaching/readiness, computer skills and job search.

Health/Wellness:

Groups focused on improved health and wellness. Examples include: exercise, yoga, self-care, nutrition and medication.

Life Management-Skill Building:

Wide range of groups related to improving daily living and skill building. Examples include: anger management, social skills, grief and loss, budgeting and relapse prevention.

Peer Support/Advocacy:

Support and advocacy group, including gender specific support groups and advocacy education.

Recreation/Socialization:

Groups designed to increase socialization and recreation opportunities. Examples include: outings in the community, bingo, and current events.

SacPORT™:

The purpose is to provide services consistent with the SacPORT™ evidence-based training program.

WRAP™:

Wellness Recovery Action Plan groups.

Other Group:

Groups not fitting into any other category. Type in the title of the group.

SMART PROGRAM SERVICE CODES

These codes require pre-approval from the Mental Health Plan (MHP) for use. Use of these codes by non-authorized programs will result in claiming errors and loss of revenue.

I. Benefits Acquisition

1. BENEFIT SCREEN

Service Code: 28052

Definition – A Benefit Screen note documents the process of evaluating the client for eligibility in order to commence the SMART benefits application process. Client’s initial appointment will be scheduled as part of the screening process.

Example: Met with client to determine if they may be eligible for benefits and gathered information regarding the client’s physical and mental health condition. Client reported extensive history of psychiatric hospitalizations for manic episodes. Writer scheduled initial appointment to start application process.

2. BENEFIT DISABILITY ASSESSMENT

Service Code: 28053

Definition – A Benefit Disability Assessment note documents the process of screening the client for eligibility and commencing the benefits application process which includes walking the client through filling out necessary forms and gathering additional physical and mental health information. Client should be scheduled for an additional appointment where client will actually speak to Social Security Administration (SSA)/Department of Disability Services (DDS). This note describes the first appointment after the screening or denial.

Example: Met with client for first appointment at SMART office. Diagnosis provided by LPHA is Major Depressive Disorder, Recurrent based on documented symptoms and functional impairment. Writer walked the client through filling out SSA questionnaire regarding his mental and physical health history and current status of functioning. Client signed ROIs for previous providers. Writer scheduled follow up appointment to support client in speaking with SSA representative via phone. Writer will work to obtain supporting collateral. Will continue to support client with applying for benefits in order to get an income and obtain housing.

3. BENEFIT FUNCTIONAL SKILLS TRAINING

Service Code: 28054

Definition – Benefit Functional Skills Training notes document the assistance in client interactions with SSA, DDS or professionals related to the benefits application process. This includes supporting the client in speaking with professionals by phone or in person. Assistance in improving, maintaining or restoring a client’s functional skills, communication skills, interpersonal skills, communication skills and self-advocacy as related to supporting clients in their communicating and interacting regarding benefits. This describes the application submission meeting(s).

Example: Met with client at SMART office so that client could speak directly to DDS Analyst via phone to further the application for benefits. Writer supported for the duration of the call occasionally prompting client to provide clarifying information. Client was informed he would need a neurological assessment to assist with the final determination. Writer assisted client in making that appointment.

4. BENEFIT-BROKERAGE AND SUPPORTS

Service Code: 28055

Definition – Benefit-Brokerage and Supports are activities provided by program staff to help an individual access necessary benefits and income. The service activities may include communication, consultation, coordination, and providing support to the client while in route to the client’s doctor’s office to pick up medical records, etc. This also includes assisting the client in making medical appointments when needed. This note documents the advocacy efforts provided on behalf of the client while applying for benefits.

Example: Client informed this writer that she had been approved for SSDI. Writer assisted client with linking to a payee service.

Example: Writer spoke with client’s DDS Analyst on the phone regarding the client’s recent increase symptoms. They noted that they would consult the client’s most recent records and shortly make a determination. Writer will follow up with client.

Example: Writer supported client with obtaining a fee waiver form for his California ID and supported him to DMV to obtain an ID so that he can get linked to a payee service.

5. BENEFIT APPLICATION DENIAL

Service Code: 28056

Definition – Benefit Application Denial is the identification of application denials. This would also include documentation of challenges and efforts to support with the education of the rules/regulations, appeal/re-application process, and limitations of benefits. It includes the provision of benefits, as well as education to maximize use of benefits to support a path of independence and recovery. Benefit Application Denial will also document clients who exit from the SMART program without obtaining benefits either through lack of contact or that appeal/reapplications options have been exhausted. This may describe appeal meetings and appeal submission meetings.

Example: An 18-year old client whose benefits application was denied. Writer educated client about the application process and options to re-apply.

LOCKOUT SERVICE CODES

Medi-Cal Lockouts

A Medi-Cal lockout is a situation in which a Medi-Cal service activity is not reimbursable through Medi-Cal because the beneficiary resides in and/or receives mental health services in one of the settings listed below OR regulation provides a maximum allowable claimable time for a SMHS. Below are examples of Medi-Cal lockouts (claiming restrictions).

- When beneficiaries are in jail or prison setting [CCR, Title 22, §50273(a)(1-8)].
- When beneficiaries aged 22 through 64 are residents of an Institution for Mental Disease (IMD) [§1840.312(g)]. Exception is Targeted Case Management [§1840.368(b)].
- When Psychiatric Inpatient Hospital Services [§1840.215(c)] or Psychiatric Health Facility Services [§1840.370(g)] are reimbursed, except for the day of admission to either service. Exception is Targeted Case Management [§1840.368(b)].
- When Crisis Residential Treatment Services [§1840.364(a)] are reimbursed, except on the day of admission.
- When mental health services are provided during the same time that Crisis Stabilization-Emergency Room or Urgent Care is provided. Exception is Targeted Case Management [§1840.368(b)].
- Across all Providers Claiming in a 24-hr period: Medication Services maximum 4 hrs. (Locked out after 4 hours.)
- Across all Providers Claiming in a 24-hr period: Crisis Intervention Services maximum 8 hrs. (Locked out > 8 hrs.)
- Across all Providers Claiming in a 24-hr period: Crisis Stabilization ER & UC maximum 20 hrs. (Locked out after 20 hours.)
- Across all Providers Claiming in a 24-hr period: Case Management/ICC maximum 24 hrs. (Locked out after 24 hours.)

Lockout Service Codes

The following lockout codes were designed to capture Medi-Cal service activities provided to a beneficiary during a lockout. See pages 1-8 of this document for more information regarding the definition of each service code.

Number	Lockout Service Type	Service Code
1.	LOCKOUT - ASSESSMENT	LOCK01
2.	LOCKOUT - COLLATERAL	LOCK02
3.	LOCKOUT - CRISIS INTERVENTION	LOCK03
4.	LOCKOUT - MEDICATION SUPPORT	LOCK05
5.	LOCKOUT - INDIVIDUAL THERAPY	LOCK06
6.	LOCKOUT - REHABILITATION	LOCK07
7.	LOCKOUT - PLAN DEVELOPMENT	LOCK08
8.	LOCKOUT - CASE MANAGEMENT	LOCK09
9.	LOCKOUT - GROUP SESSION	LOCK10