

Outpatient SMHS covered & provided by directly-operated (reimbursable services)					
Mental Health Services (MHS)	Individual, group, collateral or family-based interventions to restore a client's functioning and ability to remain in the community with goals of recovery and resiliency	Assessment Plan Development Therapy Rehabilitation Collateral			
Intensive Home Based Services (IHBS)	An intensive form of MHS that is predominantly delivered in the home, school or community. IHBS is specifically intended for children/youth who are already receiving Intensive Care Coordination.	✓ Rehabilitation ✓ Collateral			
Targeted Case Management (TCM)	Services that assist a client in accessing needed ancillary resources (e.g. medical, alcohol/drug treatment, vocational)	 ✓ Assessment ✓ Plan Development ✓ Referral and Related Activities ✓ Monitoring & Follow-Up 			
Intensive Care Coordination (ICC)	An intensive form of TCM that facilitates the assessment, planning and coordination of services. ICC is specifically intended for children/youth who are involved in multiple child serving systems and require cross-agency collaboration through a Child and Family Team	 Planning & Assessment of Strengths & Needs Reassessment of Strengths & Needs Referral, Monitoring, and Follow-Up Activities Transition 			
Medication Support Services (MSS)	Prescribing/furnishing, administering and monitoring psychiatric medications to reduce a client's mental health symptoms	Evaluation of the Need for Meds Evaluation of Clinical Effectiveness & Side Effects of Meds Obtaining Information Consent Medication Education Collateral Plan Development			
Crisis Intervention (CI)	Unplanned and expedited services to address a condition that requires more timely response than a regular appointment in order to assist a client to regain/remain functioning in the community.	 ✓ Assessment ✓ Therapy ✓ Collateral ✓ Referral 			

MHS Treatment Services					
ServiceProcedureWhat the Service EntailsComponentCode(s)					
Collateral	90887	 A service provided to a significant support person* which can include: consultation and training of the mental health diagnosis and impairments teaching skills to better assist the client at home or in the community *Examples of significant support persons include family members and close relatives, foster parents, friends, teachers, DCFS social workers, public guardian, etc. 			
Rehabilitation	H2015	Restoring, improving, and/or preserving a client's functional, social, communication, or daily living skills to enhance self- sufficiency or self-regulation. Emotional, social, and intellectual skill-building to live and work in the community with the least amount of professional support.			
		 Procedure Code Modifiers ✓ SC – for services provided over the telephone ✓ GT – for services provided via telehealth 			

IHBS Treatment Services				
ServiceProcedureWhat the Service EntailsComponentCode(s)				
Collateral	Н2015НК	 A service provided to a significant support person* which can include: consultation and training of the mental health diagnosis and impairments teaching skills to better assist the client at home or in the community *Examples of significant support persons include family members and close relatives, foster parents, friends, teachers, DCFS social workers, public guardian, etc. 		
Rehabilitation	Н2015НК	 Restoring, improving, and/or preserving a client's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation. Emotional, social, and intellectual skill-building to live and work in the community with the least amount of professional support. 		
These services are more intensive and are predominantly delivered in the home, school or community. These services are also specifically intended for children/youth who are already receiving ICC. Procedure Code Modifiers Y SC - for services provided over the telephone Y GT - for services provided in the telephone				

TCM Treatment Services					
Service Component	Procedure Code	Wh	at you did		
Referral & Related Activities	T1017	 A service that helps clients get access to needed ancillary services (e.g. medical, alcohol and drug treatment, social, educational providers, etc.) and includes Making referrals and scheduling appointments Coordinating service and mobilizing resources 			
Monitoring & Follow Up	T1017	ensure that the client's	activities and contacts to treatment plan is services are adequate and Procedure Code Modifiers ✓ SC – for services provided over the telephone		
			 ✓ GT – for services provided via telehealth 		

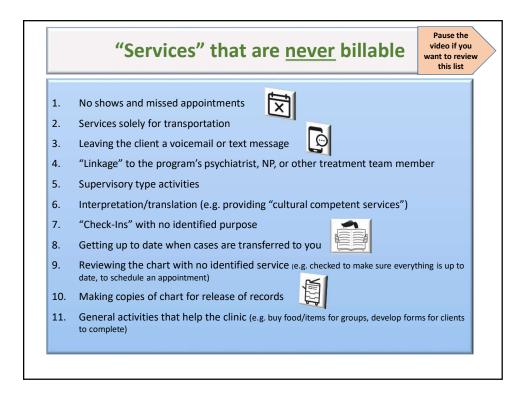
Service Component	Procedure Code	What you did
Referral, Monitoring, and Follow-Up Activities	Т1017НК	Evaluating the effectiveness of the plan, assessing circumstances and resources, and reworking the plan as needed. Activities that ensure that the child/youth's needs are met including ensuring that services are being furnished in accordance with the child/youth's plan.
Transition	Т1017НК	Developing a transition plan for a child/youth and family to foster long term stability including the effective use of natural supports and community resources.

Providing Treatment During a Medi-Cal Lockout

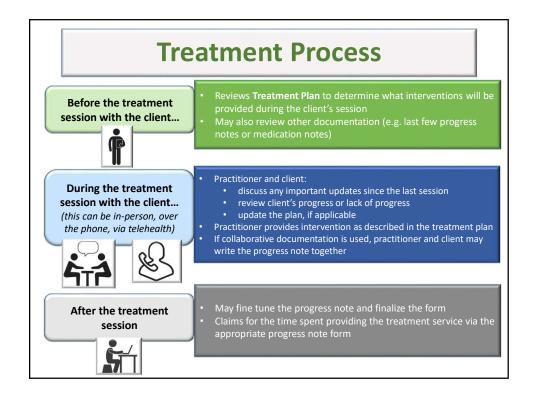
Medi-Cal Lockout = when Specialty Mental Health Services are <u>not reimbursable by Medi-Cal</u> (*i.e. client is in an IMD, jail/prison setting, psychiatric inpatient/psychiatric health facility/crisis residential facility, excluding the dates of admission and discharge*)

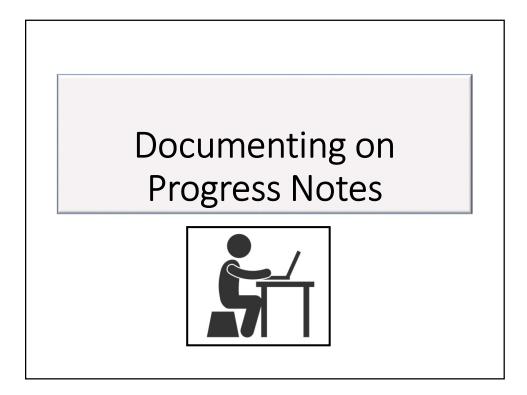
• Also used by CalWorks/GROW programs using the CalWorks/GROW funding plan

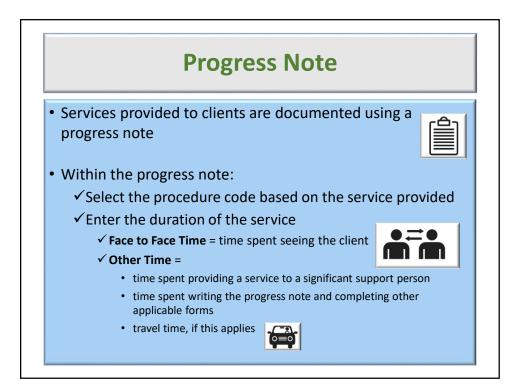
What it is	Procedure Code
 MHS that are not billable to Medi-Cal due to reasons below but are billable to another payer source: Medi-Cal Lockout Lack of medical necessity 	MHS 00001
 TCM services that are not billable to Medi-Cal due to reasons below but are billable to another payer source: Medi-Cal Lockout Lack of medical necessity 	TCM 00002 Procedure Code Modifiers Services may be provided over the
For more information, refer to <u>QA Bulletin 17-03</u>	telephone or telehealth, however, no modifier is utilized with these codes

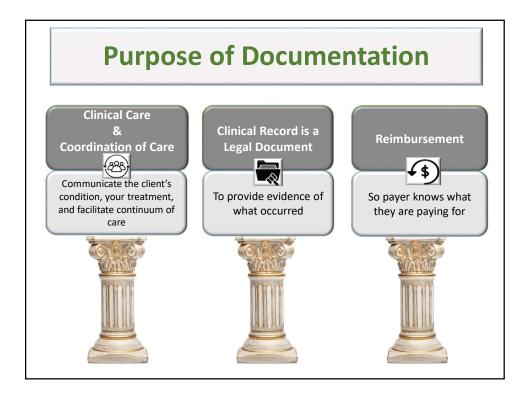


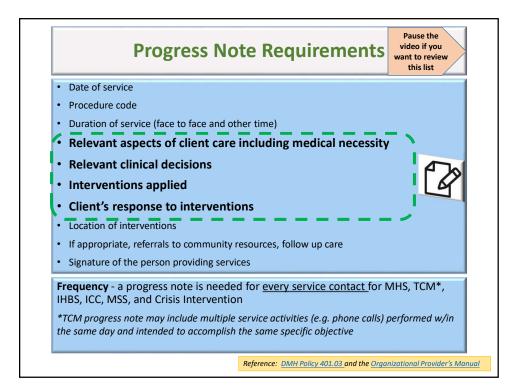
Scenarios when a billable service can be pro a no-show or missed appointment	
Case Manager reviews the last few progress notes in preparation for today's rehab session with a client. Client does not show up.	90885 Record Review
Client calls to cancel today's scheduled session due to feeling "overwhelmed." Practitioner asks about this and prompts client to use coping skills learned in sessions. Practitioner and client continue to engage in a rehab session over the phone.	H2015SC Rehab (over the phone)
Father calls practitioner to reschedule today's family session. Father mentions feeling frustration as client recently had an incident at school. Practitioner and father discuss ways to address client's behavior and modeled ways father can respond to client's negative behaviors.	90887SC Collateral (over the phone)
In IBHIS – appointment will be marked as "no show" or "canceled by clien billable service will be documented using a Special Use Progress Note *Refer to the Scheduling Calendar Module	t," and the

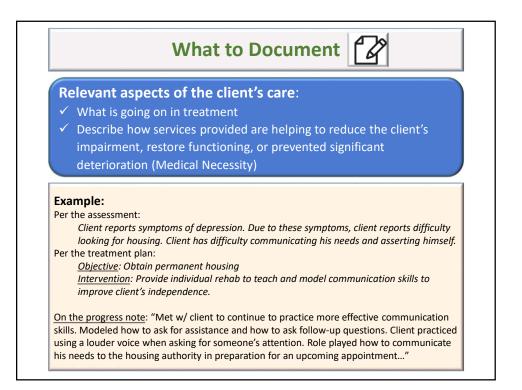


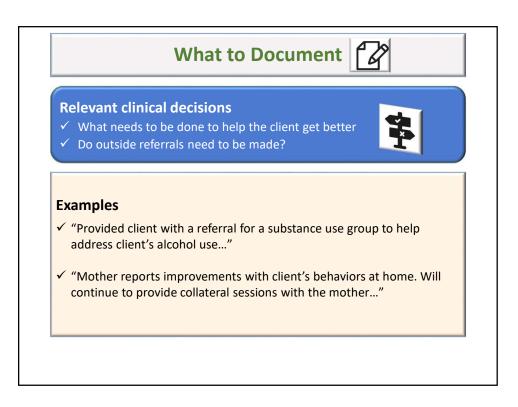


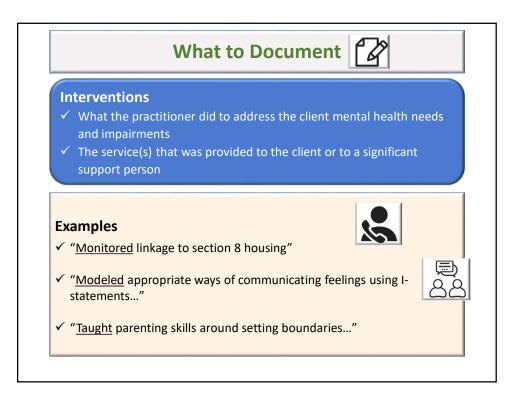


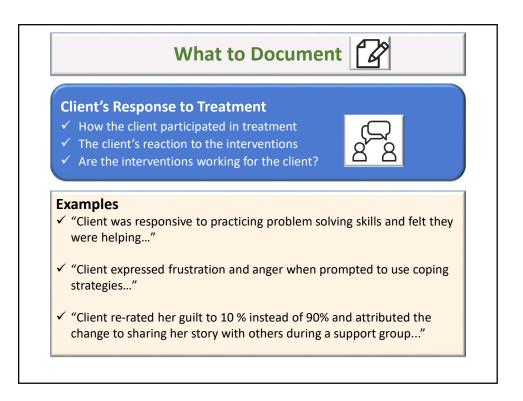


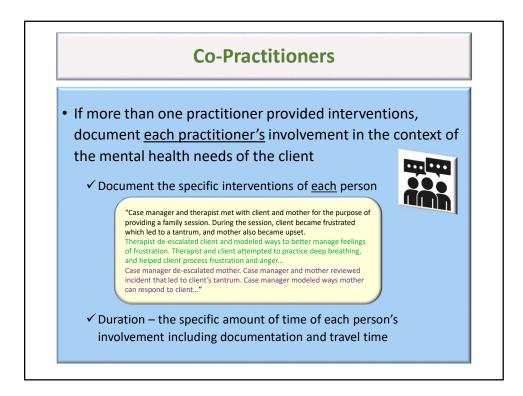




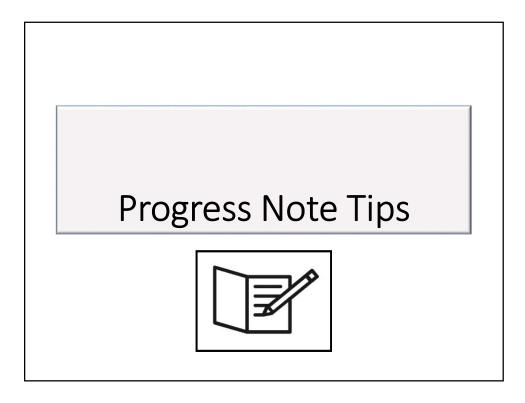


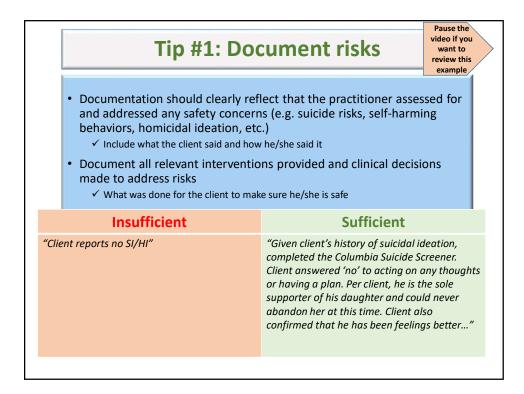




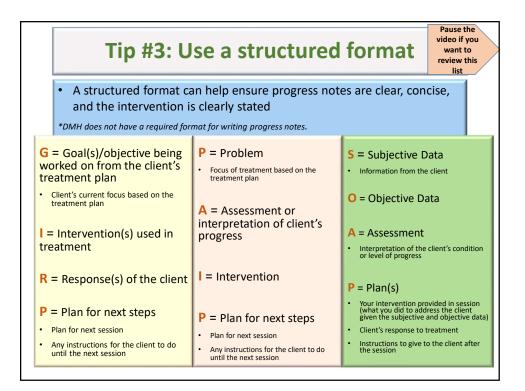


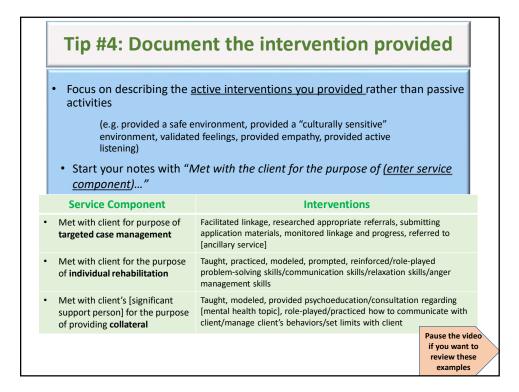
Discharge Progress Note – for Ending Treatment				
Clinical steps to complete documentation:	 Required information to write in the note: Brief treatment summary Status update on client's progress toward their treatment plan objectives Referrals, if applicable Reason for termination of services Follow up plans, if applicable 			
	If applicable, complete a Discharge CANS and Discharge PSC			
Other administrative steps to complete in IBHIS:	 Removing Primary Program of Service Removing client from Practitioner Caseload 			
For more information, refer to the Organization	onal Provider's Manual and Policy 312.01 Mutual and Unilateral Termination of Mental Health Services			



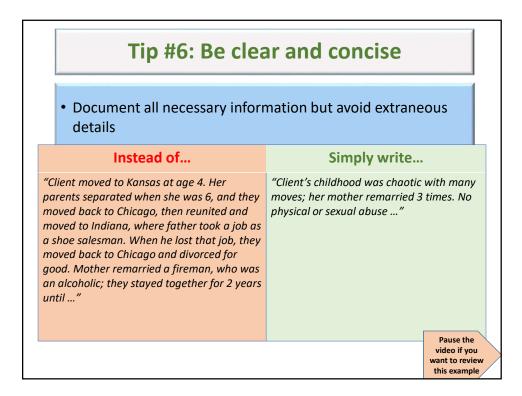


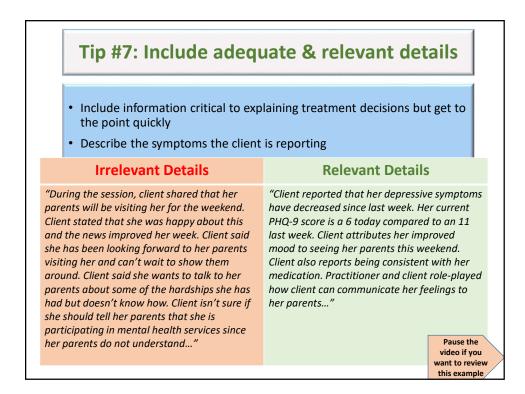
Tip #2: Keep the tre	atment plan in mind			
Review the treatment plan <u>prior</u> to meeting with or calling the client or significant support person				
 Ask "How are you doing related to [treatment objective]?" instead of "How are you?" 				
Non-Billable Reimbursable				
"Called client to check-in. Client said she was doing ok. Reminded of upcoming appointment with the psychiatrist on x/x/xx"	"Called client to check on his constant worrying and racing thoughts and to practice the relaxation techniques as described on his treatment plan <u>Prompted</u> client to use anxiety-reducing exercises that we've practiced in sessions <u>modeled</u> challenging his thoughts and creating more realistic self statementsAlso reminded client of his appointment with the psychiatrist on x/xx/xx."			
	video if you			



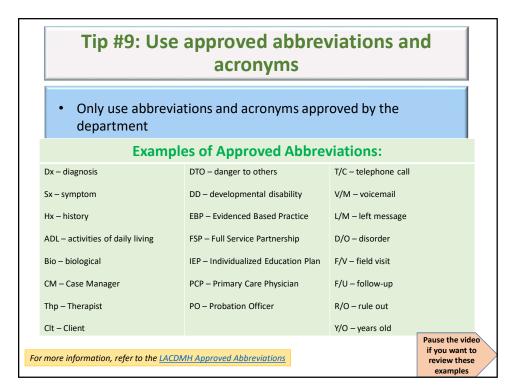


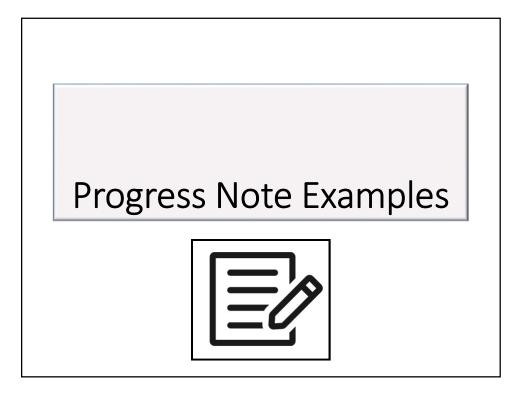
		Tip #5: Be objective	Pause the video if you want to review these examples	
	treatment • Documen ✓ Write • Remembe	the facts and keep in mind how information will affect the client plan t client's specific behaviors what was witnessed, who caused it, and who initiated it er that other practitioners will view your notes and may need to isions about the client's care	's	
	Jargon	Objective Behaviors		
Imp	Acts without anticipating consequences as exhibited by blurting out hurtful remarks during group.			
Hos	He shouted, "Shut up! No one wants to hear what you have to say!" when his mother began talking during session.			
Psyc	ychotic Appears preoccupied with listening to internal voices and frequently shouts in response what she hears.		sponse to	
Non	Client has not taken her medications for the past week due to concerns regarding side effects.		g side	
n	Poor ADLs Client is odorous and dirty. Client reports that she has not showered in a week.			





Tip #8: Be mindful of how you describe the client and other staff				
 Do not use derogatory or pejorative statements to describe clients Do not include complaints about other staff members whether from the patient or other staff 				
Instead of	Write			
"Client is obviously lying about his history"	"Client's version of his history is at odds with what is written in previous hospital records."			
"Client stated that the doctor can't do his job and was rude"	<i>"Client expressed frustration when her psychiatrist disagreed with her"</i>			
	Pause the video if you want to review these examples			

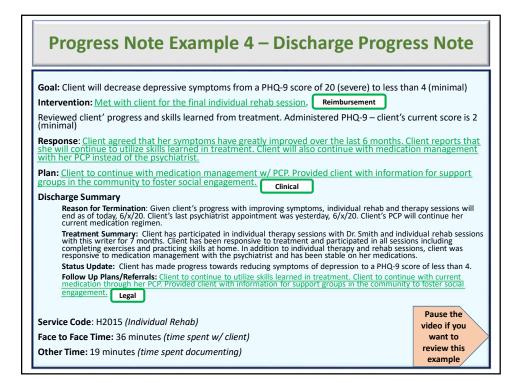


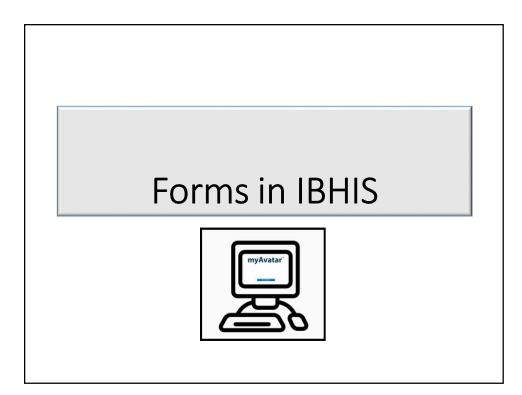


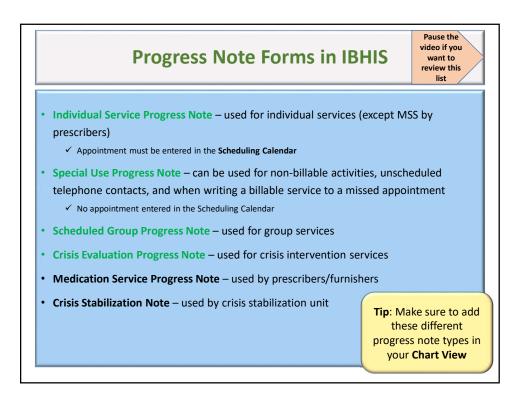
Progress Note Example 1 - Collater	al			
Goal: Client will decrease depressive symptoms from a PHQ-9 score of 19 (moderately severe) to (minimal).	o a 4 or less			
Intervention: CM <u>called mother for the purpose of providing collateral service</u> . Reimbursement Discussed <u>challenges regarding parenting</u> and talked about different parenting strategies. Acknow challenges and validated her experiences. <u>CM modeled different ways of de-escalating situations</u> and mother role played various scenarios. <u>Clinical</u>	wledged mother's			
Response: Mother reports having difficulty <u>managing client's angry outbursts</u> , especially when it happens in public. Mother <u>practiced how to de-escalate and respond to client</u> . Mother reports she is open and willing to try different approaches in order to develop a healthier relationship with client.				
Plan: CM to continue to provide collateral session with mother. Next session schedule for next Tu Legal	uesday, x/x/20.			
Service Code: 90887SC (Collateral – over the phone) Face to Face Time: 0 (client is not present, and session is over the phone) Other Time: 52 minutes (time spent providing the service and documentation)	Pause the video if you want to review this example			

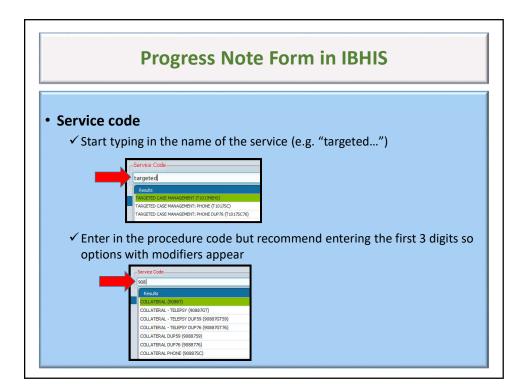
Progress Note Example 2 - TCM	
Goal: Client will obtain permanent housing	
Intervention: Writer called housing authority and client for the purpose of facilitatin Section 8 housing. Reimbursement Writer scheduled an appointment for client with the housing authority on 12/18/19 called client informing her of this appointment and reminded her to bring required d Communicated the importance of her attending this appointment in order to obtain housing. Confirmed with client that she has transportation to this appointment. Response: Client stated that her sister will take her to the appointment. Appreciative reminders and reported that she has all required documents in an envelope in her pu	at 10am. <u>Writer</u> locuments. her Section 8 Clinical
Plan: Writer to <u>follow up with client and housing authority</u> on the outcome of her ap	
Service Code: T1017SC (Targeted Case Management – over the phone) Face to Face Time: 0 (session is over the phone) Other Time: 37 minutes (time spent providing the service and documentation)	Pause the video if you want to review this example

Progress Note Example 3 - Rehab	
Goal: To decrease angry outbursts (e.g., yelling, breaking things, hitting walls) from 5x to 0x per w	eek
Intervention: Met with the client for the purpose of teaching him productive ways of expressing h Reimbursement Identified common triggers to his anger, which included situations where he is treated unfairly, an don't do what they're supposed to do. Identified how he currently responds to these triggers and of his responses. Taught and modeled healthier ways of expressing his anger, including deep breat coping self-statements to calm down, and developing "I" statements to communicate his frustratio Using identified trigger scenarios, therapist role-played with client having him practice these skills	d where others the consequences hing exercises and on and anger.
Response: <u>Client participated in developing coping self-statements</u> which writer wrote down on i agreed to carry cards in his pocket so he'll use them when he needs them. Reported that the role-helpful in practicing the "I" statements.	
Plan: To continue with role-playing and modeling healthier ways to communicate frustration and	anger. Legal
Service Code: H2015 (Individual Rehab) Face to Face Time: 42 (time spent w/ client)	Pause the video if you want to review this
Other Time: 11 minutes (time spent documenting)	example









	ogress Note Form in IBHIS
Columbia Suisi	
Columbia Suici	
COLUMBIA SUICIDE SCREENER Suicide Screening Questons	
Screening Completed Screening Not Completed	Since last visit (or past 30 days if never previously asked) How you wahed you were dead or wahed you could go to skeep and not wake up?
	Have you visined you viere dead or visined you could go to seep and not visite up?
	-Have you actually had any thoughts of liling yoursel?
0	○ Yes ○ No
	-Have you been thinking about how you might do this?
	Have you had these thoughts and had some intention of acting on them?
	Must be completed at each visit
	Have you started to work out or worked out the details of how to bill yourself and do your the plan?
	Since last visit (or lifetime if never previously asked)
	Have you done anything, started to do anything, or prepared to do anything to end your life? View the Summary Suicide Risk
	Screening History widget prior
	to the session to determine if a
	screening must be completed
Summary Suicide Risk Screening History	

