A Guide to Claiming Prevention and Early Intervention (PEI) & Evidence-Based Practice (EBP) Services

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INTRODUCTION

Background

The Los Angeles County Department of Mental Health (LAC-DMH) **Guidelines for Claiming Prevention and Early Intervention (PEI) Programs** is a reference tool designed to assist directly-operated and contracted mental health providers when claiming mental health services and supports through the respective Prevention and Early Intervention plans.

The PEI Plan of the Mental Health Services Act (MHSA) was developed through a large countywide stakeholder process and was adopted in 2009. The Los Angeles County PEI Claiming Workgroup formed in 2010 and met for a period of 18 months. Its purpose was to advise the Department regarding claiming for services provided under the PEI Plan. Members of the PEI Claiming Workgroup included the Department's age group leads (Children, Transition Age Youth, Adults, and Older Adults), the Department's Standards and Quality Assurance Division, and the Department's MHSA Implementation Team. Its role was to provide guidance and lend expertise toward the development of guidelines for the claiming of the various services and supports provided through the County's PEI Plan. The result is the attached document, which will serve as a recommended guide for the claiming of PEI mental health services and supports for LAC-DMH directly-operated and contracted providers.

Purpose

This document is meant to serve as a guide for LAC-DMH's directly-operated and contracted providers for the claiming of mental health services and supports provided through the County's PEI Plan. With respect to the information provided in these guidelines, the LAC-DMH does not assume any legal liability or responsibility for the accuracy, completeness, clinical efficacy or value of the implementation of any such information described or referenced in this document. Each LAC-DMH legal entity and contracted provider is fully responsible for ensuring the accuracy, completeness, clinical efficacy or value of their own claims to mental health services and supports that they provide through the PEI plan.

GENERAL CLINICAL RECORD GUIDELINES

For general guidelines related to the organization and contents of the clinical record, LAC-DMH Directly-Operated Providers and Contractor Providers may refer to **DMH Policy No. 104.08 and No. 104.09**. These policies are on the DMH Website and may be accessed through the following links:

● DMH Directly-Operated Providers:
DMH INTRANET - http://dmhhqportal1/sites/DMHPAP/default.aspx

● DMH Contractor Providers:
DMH INTERNET – http://lacdmh.lacounty.gov/policy/Contractors/index.htm

GENERAL DOCUMENTATION GUIDELINES

DMH Directly-Operated Providers must adhere to and DMH Contract Providers are recommended to adhere to the general documentation guidelines set forth in **DMH Policy No. 104.08.** Below is a list, non-inclusive, of these guidelines and important information about them:

1. The clinical record must be complete, accurate, current and legible

2. A signature, the provider's type of professional degree, licensure, or job title, and the relevant identification number (for Progress Notes), if applicable, must be present on all documentation.
    a. The identification number is the provider's license, registration, certification or waiver number, as issued by the Licensing Board or, in the case of waivers, by the State of California when applicable.

3. The client's name and IS number must be on all clinical forms in the chart.

4. If abbreviations are used, they should be standard, industry-accepted abbreviations. See Standardized Abbreviations List under Clinical Forms on the DMH Website: http://file.lacounty.gov/dmh/cms1_188068.pdf

5. All documentation in the clinical record must be in English.
    a. Whenever non-English forms are used or non-English documentation is completed, an English version must be attached to the non-English version.

MEDI-CAL REIMBURSEMENT RULES

ALL current regulations and requirements of Medi-Cal apply to MHSA PEI services. Rules of Medi-Cal do not change because of PEI funding. The following is a list of Medi-Cal reimbursement rules and key points applicable to one or more mode of services:

1. **Every claim must be supported by a note that must be present in the clinical record prior to the submission of the claim**.

2. **All covered services must be provided under the direction of:**
   a physician; a licensed/waivered psychologist, clinical social worker, or a marriage and family therapist; or a registered nurse.

   - Examples of services direction include, but are not limited to:
     - being the person providing the service;
     - acting as a clinical team leader;
     - direct or functional supervision of service delivery; or
     - approval of Client Care/Coordination Plans.

   - The person providing direction is not required to be physically present at the service site to exercise direction.

3. **Services shall be provided within the staff person's scope of practice and his/her employers' job description/responsibility**.
   - The local mental health director shall be responsible for assuring that services provided are commensurate with the professionalism and experience of the staff utilized.

4. **The time required for documentation and travel must be linked to the delivery of the reimbursable service**.

5. **Coordination of services may be claimed**
   - Under Mental Health Services, Medication Support or Targeted Case Management as a "plan development" service activity.

EXAMPLES OF MEDI-CAL CLAIMABLE SERVICES

1. Collateral contact with significant support persons in relation to the mental health needs of the client
2. Follow-up phone contact
3. Plan development
4. Psychoeducation
5. Administration of symptom scales for clinical purposes, such as assessing and monitoring client's symptoms and treatment progress, and guiding treatment planning. The following is an example of how you might document symptom scales in a progress note:

   "Administered the PHQ-9 to the client to monitor treatment progress. Client's current PHQ-9 score of 16 indicates that she is experiencing a moderately severe level of depression. She reported depressed mood, feelings of guilt and failure, hypersomnia, low energy and difficulties concentrating. Upon further inquiry, client denied both hopelessness and suicidal ideation. In reviewing client's PHQ-9 scores across all of her sessions (see PHQ-9 forms dated 10/1/12 – 12/6/12), her depressive symptoms appear to be diminishing **OR** her depressive symptoms do not appear to be improving."

   - **KEEP IN MIND**: EBP screening tools are used to monitor treatment progress and respond accordingly:
     a. if scores / symptoms are decreasing, then continue doing what you're doing
     b. if scores / symptoms are increasing or not changing, then troubleshoot (e.g., consult psychiatrist, assess client's treatment adherence, increase supports, etc.)

6. Letters written on behalf of clients that include treatment plan goals/objectives, progress, diagnosis, or other clinical information – show how the letter will benefit the client

7. Clinical Discharge Summary - only when completed in accordance with **DMH Policy No. 104.05 – Closing of Service Episodes**, which is available on the DMH Website and may be accessed through the following links:

   - DMH INTRANET: http://dmhhqportal1/sites/DMHPAP
   - DMH INTERNET: http://LAC-DMH.lacounty.gov/policy/Contractors

EXAMPLES OF MEDI-CAL NON-REIMBURSABLE ACTIVITIES

The following activities are not reimbursable by Medi-Cal. If any one of these activities is completed during a claimable/reimbursable service, LAC-DMH suggests completing two separate Progress Notes – one for the claimable/reimbursable service and one for the non-reimbursable activity (making a notation that it is "not claimable").

1. Missed Appointments
2. Documentation in clinical record regarding missed appointment
3. Travel time when no claimable service is provided
4. Supervision
5. Administration of outcome measures for research purposes, such as submitting or analyzing results to measure the EBP treatment efficacy.
6. Inputting of data (e.g., symptom scale scores) into an EBP developer's 'treatment progress monitoring website'
7. Leaving a note on a door
8. Scheduling or re-scheduling an appointment
9. Phone calls to remind clients of appointments including leaving a message on an answering machine
10. Clerical activities (faxing, copying, mailing, and other clerical duties)
11. Transportation services
12. Home or personal care services performed for the client
13. Conservatorship investigations
14. Scoring of testing materials
15. Computer search time
16. Consultation with the developer of a treatment practice/protocol
17. Administrative Discharge Summary

EXAMPLES OF NON-CLAIMABLE SERVICES TO MHSA PEI

1. Community Outreach Services (COS)
2. Providing an Evidence-Based Practice (EBP) intervention to the non-PEI population

EXAMPLES OF MEDI-CAL REIMBURSABLE & NON-REIMBURSABLE ACTIVITIES

Vocational Examples:

REIMBURSABLE

- Assisting the client to consider how the boss' criticism affects him/her and strategies for handling the situation **is** reimbursable no matter where the service is delivered.

- Responding to the employer's call for assistance when the client is in tears at work because they are having trouble learning a new cash register **is** reimbursable if the focus of the intervention is

assisting the client to decrease their anxiety enough to concentrate on the task of learning the new skill.

NON-REIMBURSABLE

- Visiting a client's job site to teach him/her a job skill **is not** reimbursable.

- Providing hands-on technical assistance to the client regarding the new cash register **is not** reimbursable.

Educational Examples:

REIMBURSABLE

- Sitting with a client in a community college class the first three times the client attends and debriefing the experience afterward **is** reimbursable.

- Assisting the client with the arithmetic necessary to help him/her manage their household budget **is** reimbursable.

- Assisting a client to find tutorial help in English **is** reimbursable.

- Helping the individual with typing skills while he/she is working on a newsletter **is** reimbursable.

NON-REIMBURSABLE

- Assisting the client with their homework **is not** reimbursable.

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- Teaching a class in remedial English **is not** reimbursable.

- Teaching a typing class on site at an adult residential treatment program in preparation for entry into a formal job training program **is not** reimbursable.

Recreational Examples:

REIMBURSABLE

- Helping clients improve their communication skills during a recreational activity **is** reimbursable.

NON-REIMBURSABLE

- Playing basketball with clients or teaching them how to lift weights so that they do not injure themselves **is not** reimbursable.

Socialization Examples:

REIMBURSABLE

- Helping the client learn better social skills so he/she will be better able to interact with people **is** reimbursable.

NON-REIMBURSABLE

- Playing cards or any other games with a client or group of clients **is not** reimbursable.

MEDICAL NECESSITY

In order to receive reimbursement from Medi-Cal, services must meet all Medical Necessity criteria. Medical Necessity has three key criteria:

1. **An "included" Diagnostic and Statistical Manual of Mental Disorders (DSM) Diagnosis:**

   - Medi-Cal has identified a list of DSM (current edition) mental health diagnoses for which it will reimburse.

   - Please note that this list does not contain every diagnosis in DSM so staff must ensure that the client's diagnosis falls into this list. This list of Medi-Cal Included Diagnoses can be found in the Appendix section of the Organizational Provider's Manual, which is located on the DMH website and can be accessed through the following link:

     http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals

   - Be aware that even though some *EBP models use diagnostic terminology (e.g., PTSD) the symptoms and behaviors must still be supported by DSM criteria.

     *The term Evidence-Based Practices (EBP) is being collectively used to include Community-Defined Evidence (CDE) and Promising/Pilot Practices (PP).

2. **Impairment as a result of the "included" DSM Diagnosis:**

   - At least **one** of the following must apply:
     - a significant impairment for the client in an important area of life functioning (e.g., employment, education, living situation), or
     - a probability of significant deterioration in an area life functioning
     - a probability a person under 21 years of age will not progress developmentally as individually appropriate.

   - The impairments must be due to the client's symptoms and behaviors related to his/her included diagnosis.

   - Please note that documentation must show **how** the impairment is due to the client's mental health symptoms/behaviors.

3. **Intervention:**

- Services (interventions) provided to the client must be to address the identified impairments and have the expectation that the service will
    - significantly diminish the impairment, **or**
    - prevent significant deterioration in an important area of life functioning, **or**
    - (for clients under the age of 21) allow the client to progress developmentally as individually appropriate.

- Interventions must clearly show how they will
    - improve the client's functioning, and/or
    - diminish the client's mental health symptoms/behaviors.

DOCUMENTATION OF MEDICAL NECESSITY

Documentation of Medical Necessity is found by looking at three different documents: the Mental Health Assessment, the Client Care Coordination Plan, and the Progress Note. LAC-DMH calls this sequence of documentation the "Clinical Loop" and it ensures services provided are Medi-Cal reimbursable.

- The **"Clinical Loop"** has three steps and is done on a continual basis. It is not a one-time process. **The three steps are**:

  1. **Mental Health Assessment:** complete the assessment including documentation of:
     a. Symptoms/Behaviors leading to an Included Diagnosis
     b. Impairments in Life Functioning, Needs, and Strengths

  2. **Client Care/Coordination Plan (CCCP):** use the information from the Mental Health Assessment to complete the Client Care Plan, which documents:
     a. Goals/Objectives linked to the identified Symptoms/Behaviors or Impairments
     b. Interventions that will assist the client in achieving each goal/objective noted

  3. **Progress Note:** use the goals/objectives and interventions identified on the CCCP to complete a progress note, which documents goal-based interventions provided to the client

- The above criteria MUST be met for services claimed to Medi-Cal except for assessment services. By the end of the intake period, the Initial Mental Health Assessment and the CCCP must be completed.

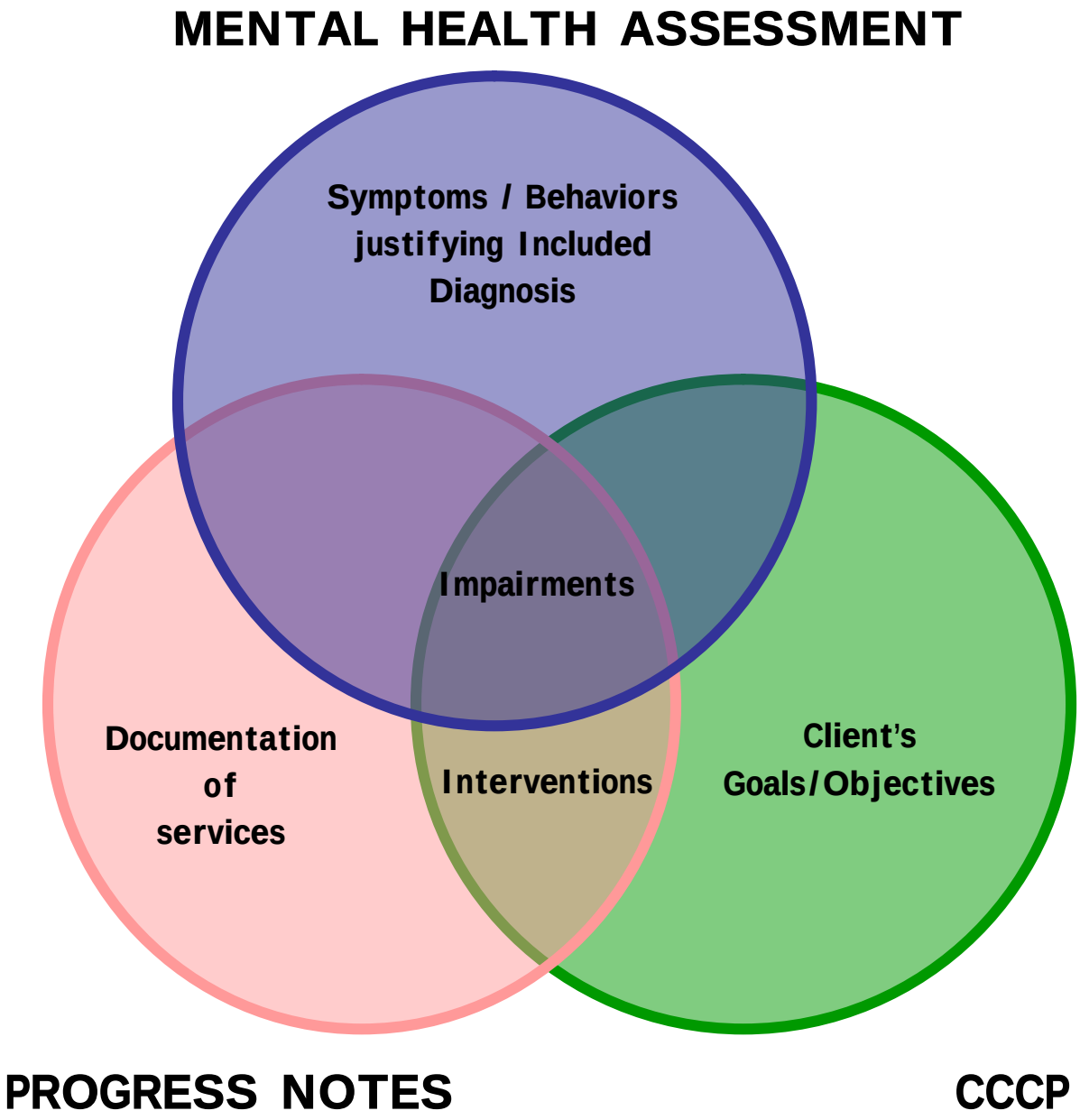
- The intake period is two months for a new admission (no open episodes), or within one month when the client is being opened to a new service, but has other open episodes in the *DMH System of Care. Best practice suggests that an Assessment be completed prior to providing treatment services.

  ***DMH System of Care includes all Directly-Operated and Contractor Providers

- If a service, other than the Assessment services, does not meet the criteria for Medi-Cal Medical Necessity identified above, staff MUST NOT check the Medi-Cal box on the Progress Note/Daily Service Log.

  If this box is not marked, data entry staff MUST UNCHECK the Medi-Cal box on the claim screen when entering the claim; and then select the appropriate non-Medi-Cal payer source.

CLINICAL LOOP



KEY ELEMENTS OF THE CLINICAL LOOP

In order to claim PEI services to Medi-Cal, staff must ensure that the following "Key Elements" of the Assessment, CCCP and Progress Note are included in the EBP protocol being used. The agency will be responsible for ensuring that these required "Key Elements" for Medi-Cal are documented on all of the required forms.

I. **Mental Health Assessment**

A. The Mental Health Assessment form is a required Clinical Record Form for all providers within the DMH System of Care for clients receiving ongoing treatment services. The Initial Assessment contains key requirements of an assessment and must be completed in its entirety.

1. Only Authorized Mental Health Disciplines (AMHD) can fully complete an Assessment. A list of all AMHD are found in the most recent version of A Guide to Procedure Codes for Claiming Mental Health Services available on the DMH website and may be accessed through the following link: http://dmh.lacounty.gov/wps/portal/dmh/admin_tools

2. Assessment requires Face-to-Face time that must be both documented in the clinical record and entered into the Integrated Systems (IS).

3. Initial Assessments must be completed within two months of intake, or within one month if a client has an open episode elsewhere in the DMH System of Care

B. Below is a list of the elements of the assessment **(DMH Policy No. 104.09):**

1. Presenting problem(s) and relevant conditions affecting the client's physical and mental health status, i.e., living situation, daily activities, social support

2. Impact of functional impairments on life functioning

3. Clear indication as to why the client is seeking treatment at this time; and a behavioral history that includes:
   - Previous treatment dates
   - Previous and present mental health providers
   - Previous therapeutic interventions and responses
   - Relevant family information
   - Relevant lab reports, consultations, and sources of clinical data and
   - Past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed, and/or over-the-counter drugs

4. For children and adolescents, pre-natal and peri-natal events and complete developmental history

5. A brief psychosocial history

6. A relevant mental health status examination with a narrative describing symptoms

7. A medical summary that contains a brief relevant medical history

8. History of psychiatric medications that have been prescribed, including dosages of each medication

9. Client's self-report of allergies and adverse reactions to medications, or lack of known allergies/sensitivities

10. Client's strengths in achieving service plan goals

11. Special status situations that present a risk to the client or others

12. Adequate information to assess the client's needs in order to formulate a treatment plan

13. A five axes DSM (current edition) diagnosis that is consistent with the presenting problems, history, mental status evaluation and/or other assessment data

14. Housing, employment, and benefit status.

C. Special client needs as well as associated interventions directed toward meeting those needs must be documented:

1. visual and hearing impairments

2. clients whose primary language is not English – documentation must show that services were either offered in the client's primary language and/or that interpretive services were offered. Clients should not be expected to provide interpretive services through friends or family members. **(See DMH Policy No. 202.21 Language Interpreters for further information).**

   NOTE: Because assistance is documented, it does not necessarily mean it is claimable. Claimed notes for services must show how the service assists the client in accessing services or is a service intervention. The assistance must be claimed in accord with the focus of the client contact and the staff providing the service.

3. cultural or linguistic issues

NOTE: In order to obtain and/or transmit culturally and linguistically accurate information from clients who do not speak English as a first language, the Department has translated some of its forms into other languages. Whenever non-English forms are used, the English translation version must be printed on the back of the same page. If that is not possible, the English version must be placed immediately adjacent to the non-English version in the clinical record.

D. Staff must ensure that the Assessment forms are filled out in their entirety and have clearly documented this information or reasons for not being able to capture this information.

E. Evidence-Based Practice screening/measurement tools to assess for EBP eligibility may be used along with the Initial Assessment.

F. The Annual Assessment Update shall be completed annually for individuals receiving ongoing services including Medication Support and Targeted Case Management **(DMH Policy No. 104.09)**.

G. For review, an Assessment Training PowerPoint has been placed online and can be accessed through the following link:

http://dmh.lacounty.gov/wps/portal/dmh/admin_tools

H. Directly-Operated Providers AND Contract Providers are **required** to use the DMH approved Mental Health Assessment form in its original format.

For Contract Providers with an electronic medical record (EHRS),

- all data elements on DMH Required Clinical Forms must be present in the EHRS,

AND

1. they must be able to produce a printable e-report (hard or soft copy) that replicates the existing DMH Required Clinical Forms in data elements and sequence

or

2. they must be able to produce the DMH defined clinical XML Messages.

I. When can a **Short Assessment Form** be used instead of the standard **Initial Assessment Form**?

In the majority of situations, the form used to initially assess a client to determine treatment needs and appropriate services is the standard Initial Assessment. However, for clients where it is established, through triage or some other screening method, that a **short-term EBP*** is the most appropriate treatment method, a Short Assessment form may be completed.

***Short-term is defined as a treatment method expected to last no longer than two months.**

If the Short Assessment form is used, it must clearly:

- Establish Medical Necessity
- Identify the need for the EBP and any other Specialty Mental Health Services that will be provided

If the short-term EBP **services last longer than expected** (i.e. the clinician feels additional sessions are needed) and/or it is determined that the client needs longer term or more intensive treatment method, an **Assessment Addendum must be completed at the point of this determination**.

The Assessment Addendum should justify the need for the additional treatment sessions and/or the change in treatment method. Additionally, if the client will be provided a longer term treatment method (e.g., Wellness, Field Capable Clinical Services, or Managing and Adapting Practice), additional assessment information may need to be gathered such as:

- Additional history of the presenting problem
- Treatment methods tried in the past
- And/or additional psychosocial information

NOTE: An Initial Assessment should not be completed if an Assessment Addendum has been done and clinical judgment determines that there would be no added benefit to the client by completing an Initial Assessment.

Please see Clinical Records Bulletin Edition 2011-04 Forms Usage Chart for Initial Contacts with Clients http://file.lacounty.gov/dmh/cms1_159840.pdf for additional information about the use of Assessment forms.

For additional information related to which Assessment form should be used and when a CCCP must be in place for clients receiving short term EBPs, please see QA Bulletin 12-03 PEI CORS and other Short Term Evidence Based Practices: Completing Assessments and Client Care Plans http://dmh.lacounty.gov/wps/portal/dmh/admin_tools

II. **Client Care/Coordination Plan (CCCP):**

A. The Client Care Plan section of the CCCP is a required Clinical Record Form and must be completed for all clients receiving ongoing treatment by the end of the assessment period (as defined above). All CCCPs must have the following key elements **(DMH Policy No. 104.09)**:

1. The client's long-term goal
2. SMART (**s**pecific, **m**easurable, **a**ttainable, **r**ealistic, **t**ime-bound) objectives
3. Type(s) of services provided and associated interventions
4. Client and family involvement/participation
5. Linguistic and interpretive needs
6. Additional client contacts
7. Signature of the client or description of client's refusal/inability to sign
8. Signature of an Authorized Mental Health Discipline (AMHD)

B. While a Client Care Plan is not required per DMH Policy until the conclusion of the assessment period (as defined above), it is Best Practice to develop a treatment plan (goals and objectives) **prior to beginning any treatment services**.

Therefore, if treatment is to begin, such as individual therapy, groups, or medication services, a treatment plan should be developed with the client to identify the goal of these services and the types of interventions that will be provided **before initiating treatment services**.

Please see QA Bulletin 09-08 Services and Claims during the Assessment Period http://file.lacounty.gov/dmh/cms1_159829.pdf for additional information related to developing a treatment plan prior to starting treatment services.

C. The Client Care Page shall be updated as clinically appropriate, but at a minimum, objectives shall be rewritten and outcomes documented annually. When utilizing an EBP, the provider should be reviewing the objectives on the Client Care Page as frequently as the EBP dictates.

D. The CCCP Training Module has been placed online and should be reviewed by all staff to ensure proper completion of the CCCP. It can be accessed through the following link:

http://dmh.lacounty.gov/wps/portal/dmh/admin_tools

E. Directly-Operated Providers AND Contract Providers are **required** to use both the DMH approved CCCP form in its original format, unless an alternate form has been specifically authorized by the QA Division.

For Contract Providers with an electronic medical record (EHRS),

- all data elements on DMH Required Clinical Forms must be present in the EHRS,

AND

i. they must be able to produce a printable e-report (hard or soft copy) that replicates the existing DMH Required Clinical Forms in data elements and sequence

or

ii. they must be able to produce the DMH defined clinical XML Messages.

III. **Progress Note:**

A. Progress Notes are used to identify the intervention provided by staff to assist the client in ameliorating impairments or preventing deterioration in life functioning.

B. Progress Notes must clearly identify an intervention provided to the client that links back to the Client Care Plan and the Assessment, as previously noted in the "Clinical Loop."

1. Interventions must clearly be linked back to the client's mental health needs (i.e. how will doing this help this client improve functioning or prevent further deterioration in functioning which is due to his/her mental health symptoms/behaviors?).

2. The following elements MUST be present in a Progress Note:
    a. date of service
    b. procedure code
    c. duration of service
    d. staff Interventions or contributions
    e. description of the service provided
    f. signature of person providing the service including discipline or title

3. If the Progress Note does not clearly identify an intervention, or some action that was taken to assist the client, the note will be disallowed.

4. All service delivery must adhere to the ***Scope of Practice / Rendering Provider Guidelines*** in the most recent version of A Guide to Procedure Codes for Claiming Mental Health Services.

5. Signature Requirements:
    a. Staff must sign (or the electronic equivalent) any progress note he/she writes and include his/her professional license or job title.

    b. When more than one staff participates in the same service, only one signature is required (except for required co-signature situations), but the names of any staff participating in the service must be included in the note, along with his/her time.

NOTE: Co-signatures may **NEVER** be used to allow a staff person to perform a service that is not within his/her scope of practice. Co-signing a Mental Health Services note means that the co-signer has supervised the service delivery and assumes responsibility and liability for the service.

6. MHSA PEI Services include both:
    a. "Core" Interventions: those services intrinsic to the delivery of expected outcomes for each of the PEI programs. It is expected that EBP Core Interventions be delivered by staff trained in the EBP for which interventions are being provided.

    b. "Non-Core" Services: those services not core to the PEI program which are provided on a short-term basis to meet the emergent client needs and support the client's participation in the EBP model.

7. To be **eligible for PEI services**, the client must meet the PEI population requirements as specified in Los Angeles County's PEI Plan.

8. Providers are encouraged to use the DMH approved Progress Note. If they prefer to create one of their own, then all of the aforementioned required elements for Medi-Cal reimbursement MUST be included.

CLAIMING TO MHSA PEI

LAC-DMH has implemented many new programs under MHSA PEI which utilize EBPs. When claiming to a MHSA PEI Plan, there are special requirements regarding the use of *EBP Codes.

A. **Evidence-Based Practice and Service Strategy Codes**

LAC-DMH implemented the use of EBP and SS codes in November 2006. Reporting the use of EBP and SS interventions are a State and Federal requirement, regardless of the funding source.

- EBP codes reflect services that are provided as part of an Evidence-Based Practice when the program using the EBP meets the fidelity and criteria of the EBP model. In addition, in order to use an EBP code for a service, the client must meet the criteria identified by the EBP model and ensure that the treatment approach is appropriate to the mental health needs and treatment plan of the client.

  EBPs include Evidence-Based Practices as well as Community-Defined Evidence Practices (CDE) and Promising/Pilot Practices (PP).

- SS codes are used to describe the intervention strategies reflected by the service provided. Unlike EBP codes, there are no fidelity or criteria measurements in order to use SS codes. Any program, regardless of funding source, may use SS codes if the program/staff person believes the service meets the definition of the SS.

B. **Using EBP codes when Claiming to MHSA PEI**

When claiming to a MHSA PEI Funding Plan, there are special requirements regarding the use of EBP codes.

1. All services for clients being claimed to a PEI Plan **MUST** have a PEI-approved EBP code selected for the claim:
   a. When claiming services to a PEI plan, an EBP code must **ALWAYS** be selected.

   b. Only one EBP can be identified on a claim.

   c. "No EBP/SS" (Code 00) **may not** be selected for claims under the PEI Plans.

   d. Select one PEI-EBP and no more than two Service Strategies (if Service Strategies are applicable) and the procedure code which corresponds to the service claimed.

2. Unless otherwise specified by the DMH EBP Lead, Rendering Providers do not have to be trained / certified in the EBP in order to claim services under a PEI Plan. However, the following conditions must be met:
    a. The majority of services provided must be intrinsic to the EBP model.

    b. If a Rendering Provider is not trained / certified in the EBP model, he/she shall **coordinate services with someone who is trained in the EBP model.**

    c. EBP codes should be used for both "Core" and "Non-Core" services in accord with the aforementioned instructions.

C. **Special Additional Criteria for the use of the MHIP EBP ONLY**

1. In addition to the instructions noted above for claims under the PEI Plans, to use the Mental Health Integration Program (MHIP) EBP code (listed as 2K IMPACT – MHIP in the IS), the Rendering Provider of the service should be trained in the use of the MHIP model by either LACDMH or the developer of the model AND be implementing all 5 components of MHIP noted here: 1) The Care Team is collaborating with the client's Primary Care Provider (PCP); 2) The PCP is prescribing all medications including any psychotropic medications; 3) The MHIP team includes a consulting psychiatrist; 4) An EBP intervention and/or behavioral activation is being implemented; and, 5) Applicable screening tools (PHQ-9, GAD-7, or the PCL-C) are being administered on a session-to-session basis.

2. Directly Operated, Legal Entity Providers and Community Partner Providers:

    If the Rendering Provider of the service has not yet been trained in MHIP but is implementing all 5 components listed above, they may substitute an alternate short-term evidence-based treatment intervention for Problem Solving Treatment (PST) within the MHIP model. The Provider / Rendering Provider MUST submit documentation of training in the proposed alternate treatment intervention (EBP) to Kathleen Kerrigan at KKerrigan@dmh.lacounty.gov and Dara Vines at DVines@dmh.lacounty.gov before providing therapy services using that intervention within MHIP. If approved (and implementing the core components), the rendering provider can then submit claims to the Mental Health Integration Program (2K IMPACT - MHIP) with the understanding that they will attend the next available MHIP training offered by LACDMH.

D. **Where to Find the Current List of EBP/SS Codes**

The IS Codes Manual contains the most current list of available EBP and SS codes ***(Appendix A***), which may be accessed on-line at http://LAC-DMH.lacounty.gov/hipaa/index.html

E. **Procedure Codes for PEI-EBP (Appendix B)**

1. Procedure codes are determined by the service provided.

2. PEI "Core" Interventions and "Non-Core" Services utilize the same procedure codes as all other services – DMH Procedure Codes Manual.

3. PEI Services are identified by the PEI IS Plan and potentially, the EBP selected.

F **MHSA PEI IS Plans:**

1. PEI IS Plans are age-specific; whereas, other MHSA Integrated System (IS) Plans such as Full Service Partnership (FSP) and Field Capable Clinical Services (FCCS) are either enrollment programs or designed for any age group.

2. There are four (4) IS PEI Age Group Plans and one PEI Special Program Plan. Select a Plan according to the age of the client.
   a. PEI Children: Ages 0-15, Plan No. 2098
   b. PEI TAY: Ages 16-25, Plan No. 2101
   c. PEI Adult: Ages 26-59, Plan No. 2092
   d. PEI Older Adult: Ages 60 & Older, Plan No. 2092
   e. PEI Special Programs, Plan No. – 2091
      i. Assigned to Agencies providing services to individuals with the Healthy Way Los Angeles (HWLA) insurance benefit and those with *Non-Age Specific Services
      ii. *Does not apply to DMH directly-operated programs

IMPORTANT REMINDERS:

- You can deliver an EBP under any funding source; however, you must deliver a LACDMH-approved EBP under a PEI Plan.

- All PEI claims must be associated with an EBP.

- Reporting the use of EBP and SS interventions are a State and Federal requirement, regardless of the funding source.

OVERVIEW OF DOCUMENTING AND CLAIMING MHSA PEI SERVICES

1. Complete an Initial Assessment.

    a. Determine if client meets medical necessity. If yes, what type of intervention (EBP) would be the most effective for the client?

    b. Determine if client meets PEI target population.

    c. Identify the appropriate EBP to address client's presenting needs/problem (staff must be trained in the model to provide 'core' services)

    d. Administer appropriate screening tool / initial outcome measures

2. Complete the Client Care Plan.

3. Complete a Client Coordination Plan (if client is open to more than one provider).

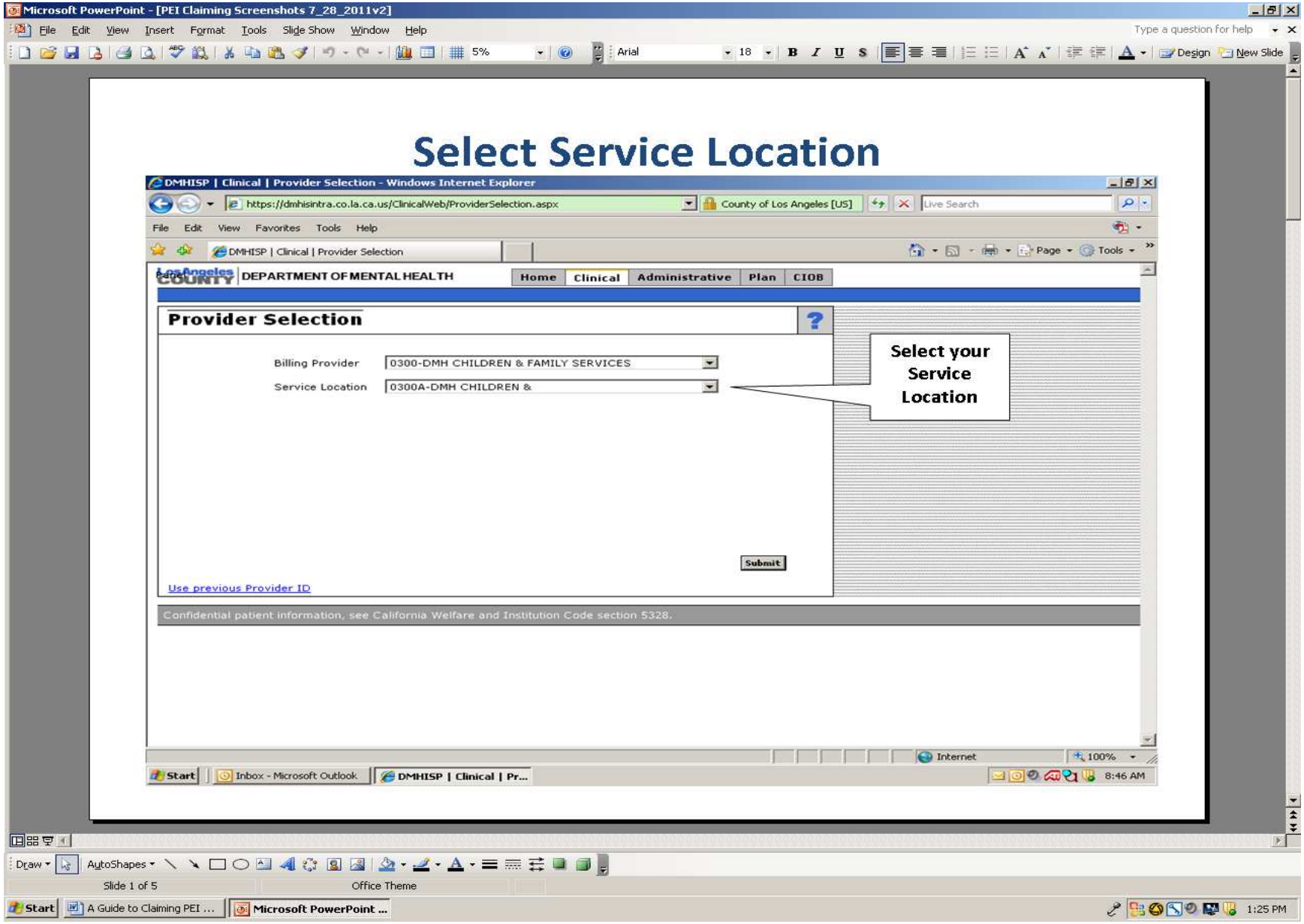
4. Maintain fidelity to EBP model by ensuring the majority of services provided to the client are 'core' interventions of the EBP in which the client is receiving services (see **Appendix B:** MHSA PEI Programs Guide to Core Interventions).

5. Complete Progress Note (document intervention, location of service, staff's time and procedure code)

6. Fill in Daily Service Log (required for Directly-Operated Providers), which is available on the DMH website and may be accessed through the following link:
   http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/admin_forms

7. Select the appropriate EBP/SS (e.g., Seeking Safety) from the drop-down menu.

8. Select the age-appropriate PEI IS Plan (based on client's age on date service was provided).


Microsoft PowerPoint - [PEI Claiming Screenshots 7_28_2011v2]
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0300A-DMH CHILDREN &
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Submit
Use previous Provider ID
Confidential patient information, see California Welfare and Institution Code section 5328.
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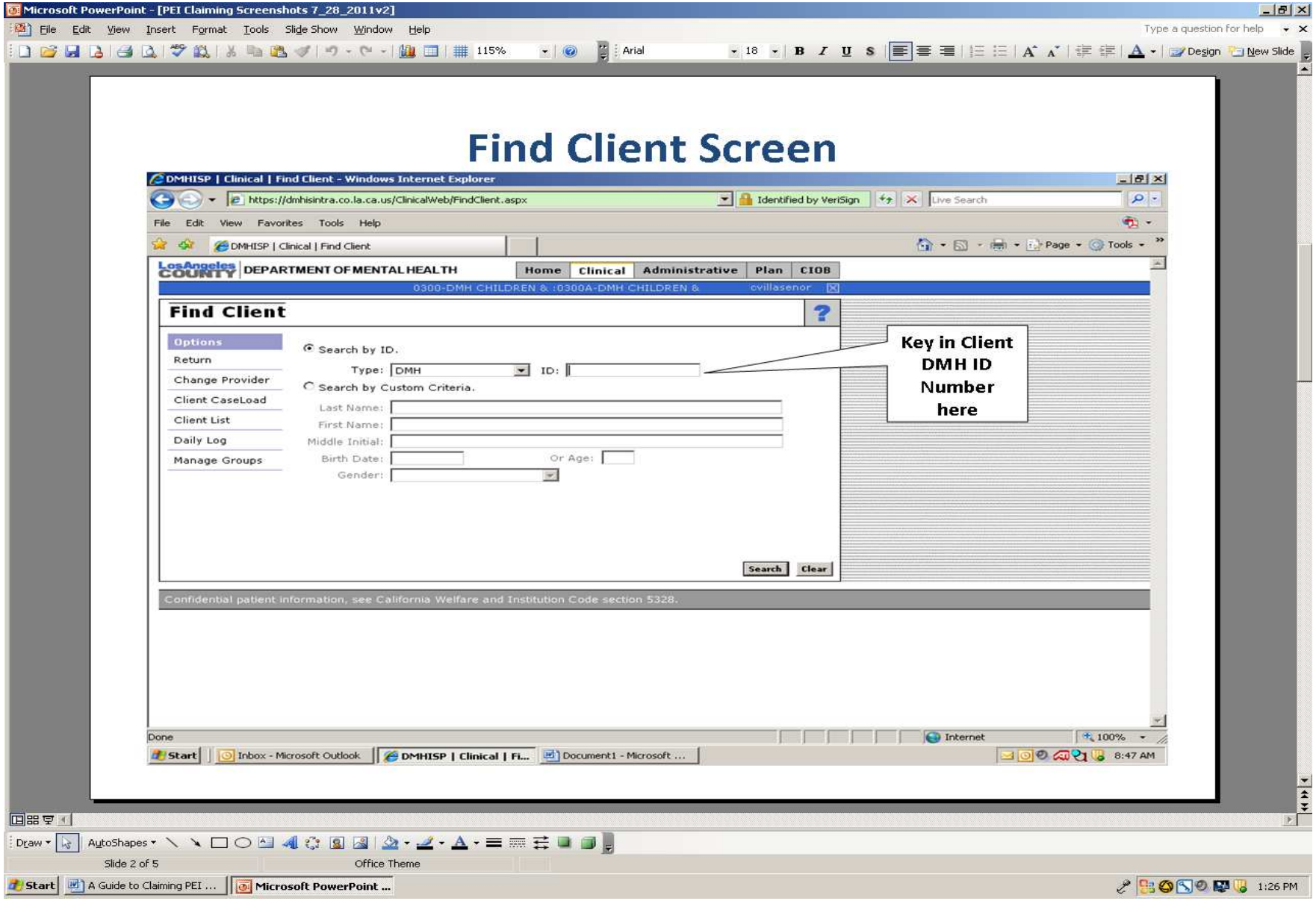
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Find Client Screen
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Last Name:
First Name:
Middle Initial:
Birth Date:
Or Age:
Gender:
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Key in Client DMH ID Number here
Confidential patient information, see California Welfare and Institution Code section 5328.
Slide 2 of 5
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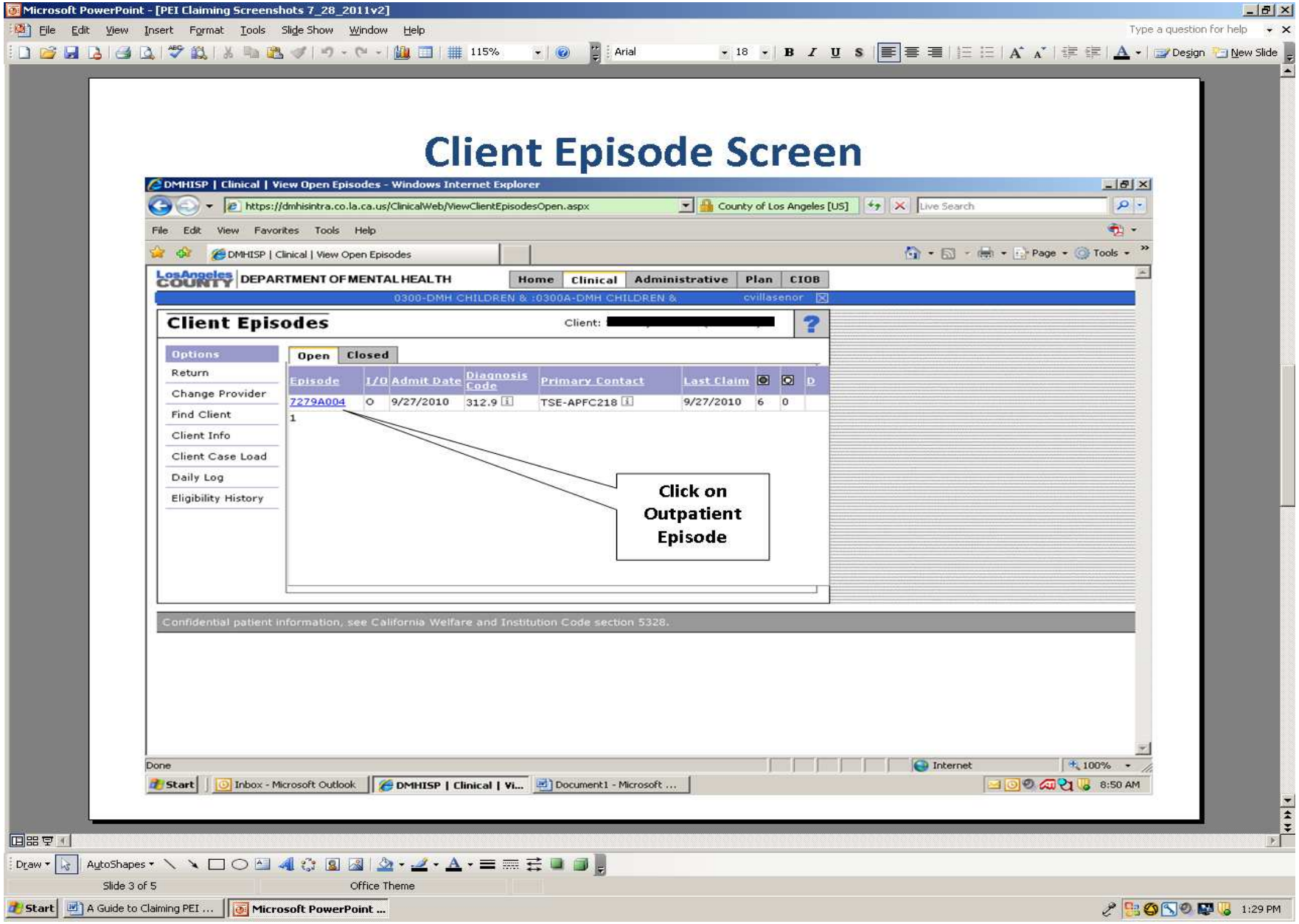
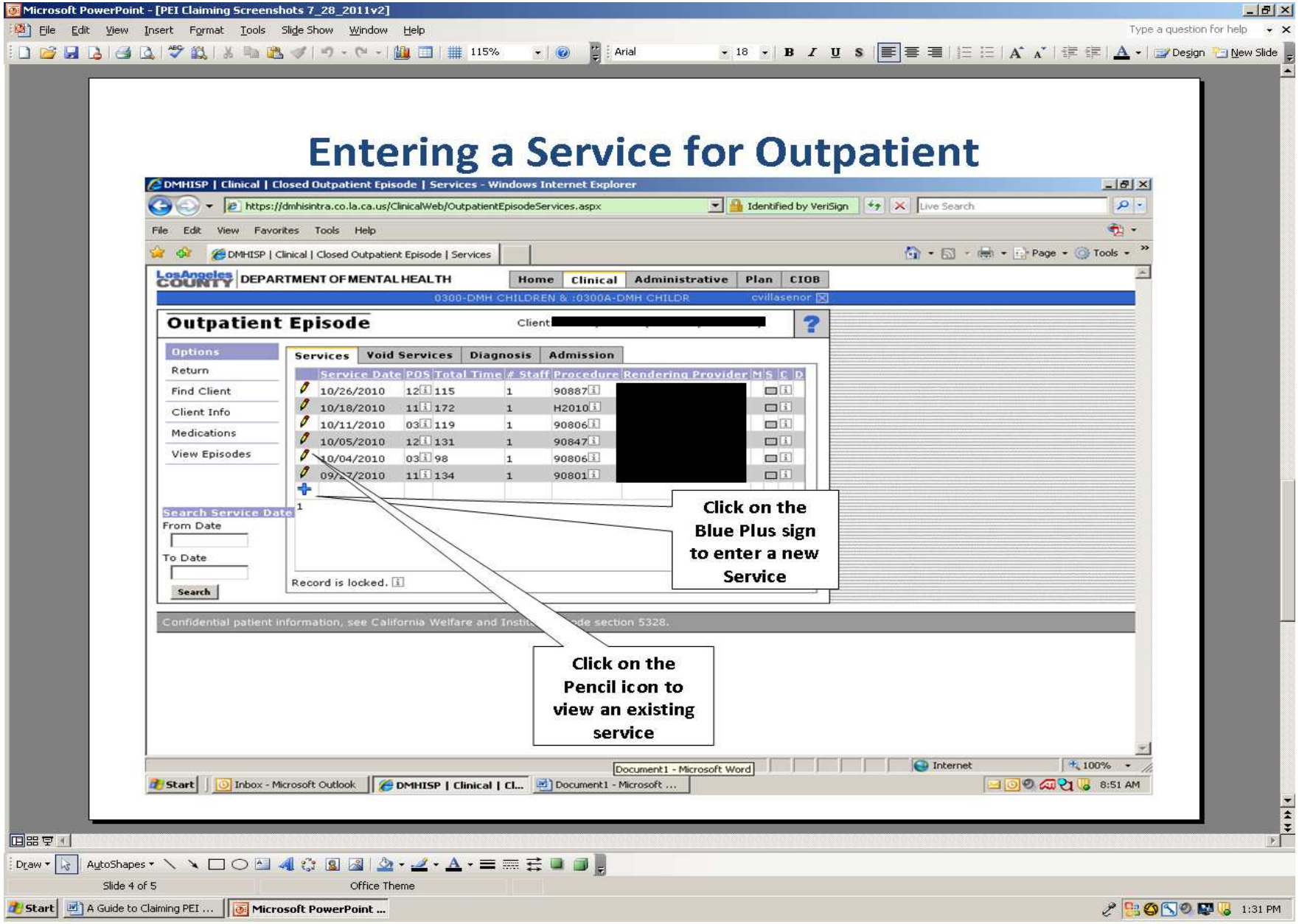
Client Episode Screen




Microsoft PowerPoint - [PEI Claiming Screenshots 7_28_2011v2]
Entering a Service for Outpatient
DMHISP | Clinical | Closed Outpatient Episode | Services - Windows Internet Explorer
https://dmhisintra.co.la.ca.us/ClinicalWeb/OutpatientEpisodeServices.aspx
DEPARTMENT OF MENTAL HEALTH
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Medications
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Services
Void Services
Diagnosis
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Procedure
Rendering Provider
10/26/2010 12 115 1 90887
10/18/2010 11 172 1 H2010
10/11/2010 03 119 1 90806
10/05/2010 12 131 1 90847
10/04/2010 03 98 1 90806
09/27/2010 11 134 1 90801
Search Service Date
From Date
To Date
Search
Record is locked.
Click on the Blue Plus sign to enter a new Service
Click on the Pencil icon to view an existing service
Slide 4 of 5
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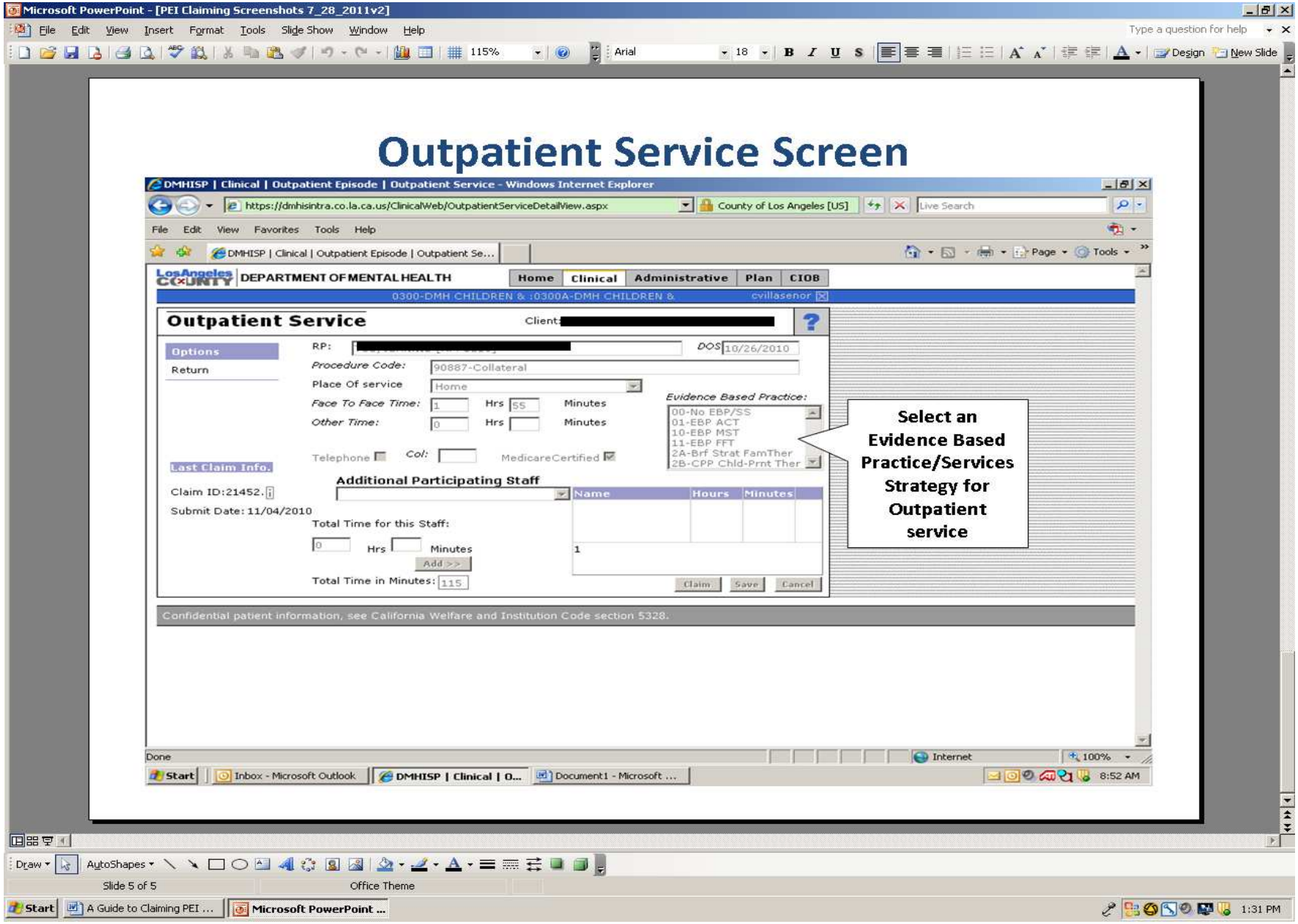
Outpatient Service Screen



HOW TO GET HELP – WEBSITE LINKS

Documentation regulations and procedures for the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) programs shall adhere to the existing standards found in the ***Short-Doyle/Medi-Cal Organizational Provider's Manual*** (hereafter ***Provider's Manual***).

References used in this document are from the **DMH – Organizational Provider's Manual and the Procedure Codes Manual.**

The full version of the ***Organizational Provider's Manual*** and the ***Procedure Codes Manual*** are available on the DMH website and may be accessed through the following link:

http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals

Providers may also refer to the Clinical Records Bulletins, the Quality Assurance Bulletins, and Documentation Trainings (PowerPoint presentations and online modules) which are available on the DMH website and may be accessed through either of the following links:

http://dmh.lacounty.gov/wps/portal/dmh/admin_tools

http://psbqi.dmh.lacounty.gov/QA_Div.html

For Service Strategies definitions, providers may refer to the following Client and Services Information (CSI) Training Supplement link/web address:

http://dmh.lacounty.gov/hipaa/downloads/EBP_and_Strategies_SDMH_CSI.pdf

A current PEI Frequently Asked Questions **(FAQs)** can be found on the PEI Website located at http://dmh.lacounty.gov/wps/portal/dmh under "About DMH" then click on "MHSA" and then click on "FAQs"

For clarification, staff may refer to their agency's Quality Assurance (QA) department. If further clarification is required, an agency may refer to their Service Area QA Liaison/ QIC Chair(s) ***(Appendix F)***.

APPENDIX

Integrated System Codes Manual

EVIDENCE-BASED PRACTICES / SERVICE STRATEGIES/PEI SERVICES

For each service, at least one EBP/SS code must be chosen from either Option 1 or Option 2. Codes may NOT be combined from Option 1 and Option 2 for a single service.

Option 1 Codes:
Choose one (1) of the following two codes any time a client is not receiving an Evidence-Based Practice (EBP) or the service is not a Service Strategy.

If either of the following codes is chosen, no additional codes should be selected for the service:

00	=	No EBP/SS	No Evidence-Based Practice/Service Strategy
99	=	UK EBP/SS	Unknown Evidence-Based Practice/Service Strategy

Option 2 Codes *(DO NOT select any codes in this Option if you have already used Option 1):*
Under this option, you may choose one of the following:

- One (1) Evidence-Based Practice (EBP) and no Service Strategies; or
- One (1) Evidence-Based Practice and up to two (2) Service Strategies (SS) or
- Up to three (3) Service Strategies (SS)

Evidence-Based Practices (EBPs): Only One EBP Code May Be Selected

Code	Code Abbrv.	Code Name
01	EBP ACT	Assertive Community Treatment
10	EBP MST	Multisystemic Therapy (both PEI and non-PEI)
11	EBP FFT	Functional Family Therapy (both PEI and non-PEI)
2A	Brf Strat FamTher	Brief Strategic Family Therapy
2B	CPP Chld-Prnt Ther	Child-Parent Psychotherapy (CPP)
2C	CBITS	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
2F	DTQI-Dep Treat QI	Depression Treatment Quality Improvement Intervention
2J	Group CBT Maj Dep	Group CBT for Major Depression
2K	IMPACT-MHIP	Improving Mood-Promoting Access to Collaborative Treatment (IMPACT-MHIP)
2L	Incredible Years	Incredible Years (IY)
2M	IPT Depression	Interpersonal Psychotherapy for Depression (IPT)
2P	Multidim Fam Ther	Multidimensional Family Therapy
2R	PCIT	Parent-Child Interaction Therapy (PCIT)
2S	PEARLS	Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
2T	Prolong Exps PTSD	Prolonged Exposure for PTSD (PE-PTSD)
2V	Strengthen Famili	Strengthening Families
2W	Trauma Foc CBT	Trauma Focused CBT (TF_CBT)
2Y	Triple P	Triple P Positive Parenting Program
2Z	PATHS	Promoting Alternative Thinking Strategies (PATHS)
3B	Caring Our Famili	Caring for Our Families
3D	GLBT Champs	GLBT Champs
3E	LIFE Program	Loving Intervention for Family Enrichment (LIFE) Program
3L	Reflect Parenting	Reflective Parenting Program
3M	UCLA Ties	UCLA Ties Transition Model
3P	Mindful Parenting	Mindful Parenting
4A	ART-Aggress Replc	Aggression Replacement Training (ART)
4B	Altrnatv for Fmly	Alternatives for Families/Abuse Focused CBT (AF-CBT)
4D	CORS-Crisis Recov	Crisis Oriented Recovery Services
4E	EDIPP	Early Detection and Intervention for the Prevention of Psychosis (EDIPP)
4K	MAP-Mng Adap Prac	Managing and Adapting Practice (MAP)
4N	Seeking Safety	Seeking Safety
4R	FOCUS	Families Over Coming Under Stress
4S	PST	Problem Solving Treatment (PST)

EVIDENCE-BASED PRACTICES / SERVICE STRATEGIES/PEI SERVICES (con't)

Evidence-Based Practices (EBPs): Only One EBP Code May Be Selected (Con't)

Code	Code Abbrv.	Code Name
7A	START	School Threat Assessment Response Team (START)
7B	Stigma-Discrim	Stigma and Discrimination
7C	Suicid Prev Hotln	Suicide Prevention Hotline
7D	PC Latina Youth	Pacific Clinic's Latina Youth Program
7E	HlthCarePtnr+60	Health Care Partners +60
7F	Suicide Prev Spec	Suicide Prevention Specialist Team
7G	OA Primary Care	Older Adult Primary Care Partnership
7H	Prtnr Hosp Aftrcre	Partnership with Hospitals for aftercare
7J	Surviv Supp Grp	Support Group for Survivors and Bereaved
7K	Trng Comm Partner	Training Community Partners
7L	Prtnr Law Enforce	Partnerships with Law Enforcement and First Responders
7M	Onlin Suicde Prev	Distant and On-Line Learning for Suicide Prevention
7N	SchBase MH PEI OE	School-based Targeted MH Prevention and Early Intervention–Outreach & Engagement
7P	PEERS	PEERS – Embracing Empowerment and Resilience Support Network
7Q	ESI - MH Consult	Early Screening, Identification and Mental Health Consultation
7R	Prtnr Student Ach	Partners in Student Achievement
8A	Cog Beh Therapy	Individual Cognitive Behavioral Therapy (CBT)
8B	Dialec Beh Therapy	Dialectical Behavior Therapy

Service Strategies

Code	Code Abbrv.	Code Name
50	SS Peer &/or Fam	Peer and/or Family Delivered Services
51	SS Psy/Edu	Psychoeducation
52	SS Fam/Sup	Family Support
53	SS Sup/Edu	Supportive Education
54	SS Ptnr LawEnf	Delivered in Partnership with Law Enforcement (includes courts, probation, etc.)
55	SS Ptnr HlthCare	Delivered in Partnership with Health Care
56	SS Ptnr SocSvcs	Delivered in Partnership with Social Services
57	SS Ptnr SubAbuse	Delivered in Partnership with Substance Abuse Services
58	SS Integ Aging	Integrated Services for Mental Health and Aging
59	SS Integrated DD	Integrated Services for Mental Health and Developmental Disability
60	SS Eth-Spc.	Ethnic-Specific Service Strategy
61	SS Age-Spc.	Age-Specific Service Strategy

For instructions regarding the use of the codes and appropriate combinations of codes, please go to the following link: http://dmh.lacounty.gov/hipaa/CR48.html

Note:

* For the purposes of this document, EBPs will also include Community-Defined Evidence (CDE), Promising/Pilot Practices (PP) and Other and is categorized as a Program.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MHSA PEI PROGRAMS GUIDE TO CORE INTERVENTIONS

Core Interventions are those services intrinsic to the delivery of expected outcomes for each of the PEI programs. To be eligible for PEI services the client must meet the PEI population as specified in Los Angeles County's PEI Plan. It is expected that EBP Core Interventions be delivered by staff trained in the EBP for which interventions are being provided. Services not core to the PEI program may be provided on a short-term basis to meet emergent client needs.

All service delivery must adhere to the Scope of Practice/Rendering Provider Guidelines in the most recent version of ***A Guide to Procedure Codes for Claiming Mental Health Services*** which is available on the County of Los Angeles Department of Mental Health website.

PEI Claiming Guidelines: Please select one PEI EBP and the procedure code which corresponds to the service claimed. Under these PEI Claiming Guidelines, 00 (no EBP) should not be selected when claiming to the PEI Plan.

PEI Program	Core Interventions	Procedure Codes
AF-CBT (Alternatives for Families: A Cognitive Behavioral Therapy)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy Group Psychotherapy Individual Psychotherapy	90791 90887 90847 90853 H0046, 90832, 90834, 90837
ART (Aggression Replacement Training)	Assessment/Psychiatric Diagnostic Interview Collateral Group Psychotherapy Group Rehabilitation Individual Psychotherapy (To "make up" a missed group session) Individual Rehabilitation Service (To "make up" a missed group session)	90791 90887 90853 H2015 H0046, 90832, 90834, 90837 H2015
BST (Brief Strategic Family Therapy)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy Individual Psychotherapy Individual Rehabilitation Service Targeted Case Management	90791 90887 90847 H0046, 90832, 90834, 90837 H2015 T1017
CAPPS (Center of Assessment and Prevention of Prodromal States)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy Individual Psychotherapy Group Psychotherapy Targeted Case Management	90791 90887 90847 H0046, 90832, 90834, 90837 90853 T1017
CBITS (Cognitive Behavioral Intervention for Trauma in Schools)	Assessment/Psychiatric Diagnostic Interview Collateral Group Psychotherapy Individual Psychotherapy Individual Rehabilitation Service (For the purpose of administering the developer - specified For PTSD Screening Tool)	90791 90887 90853 H0046, 90832, 90834, 90837 H2015
CBT (Cognitive Behavioral Therapy)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy Group Psychotherapy Individual Psychotherapy Targeted Case Management	90791 90887 90847 90853 H0046, 90832, 90834, 90837 T1017
CFOF (Caring for Our Families)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy Group Psychotherapy Group Rehabilitation Individual Psychotherapy Individual Rehabilitation Targeted Case Management	90791 90887 90847 90853 H2015 H0046, 90832, 90834, 90837 H2015 T1017

REVISED: 3-21-13 Procedure Codes

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MHSA PEI PROGRAMS GUIDE TO CORE INTERVENTIONS

PEI Program	Core Interventions	Procedure Codes
CORS (Crisis Oriented Recovery Services)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy Group Psychotherapy Individual Psychotherapy Targeted Case Management	90791 90887 90847 90853 H0046, 90832, 90834, 90837 T1017
CPP (Child Parent Psychotherapy)	Assessment/Psychiatric Diagnostic Interview Collateral Crisis Intervention Family Psychotherapy (Joint parent-child) Individual Psychotherapy Individual Rehabilitation Service (Concrete assistance with activities of daily living) Targeted Case Management	90791 90887 H2011 90847 H0046, 90832, 90834, 90837 H2015 T1017
DBT (Dialectical Behavior Therapy)	Assessment/Psychiatric Diagnostic Interview Collateral Crisis Intervention Family Psychotherapy Group Psychotherapy Individual Psychotherapy Plan Development Targeted Case Management	90791 90887 H2011 90847 90853 H0046, 90832, 90834, 90837 H0032 T1017
DTQI (Depression Treatment Quality Improvement Intervention)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy Group Psychotherapy Individual Psychotherapy Targeted Case Management	90791 90887 90847 90853 H0046, 90832, 90834, 90837 T1017
FFT (Functional Family Psychotherapy)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy	90791 90887 90847
FOCUS (Families Overcoming Under Stress)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy Individual Psychotherapy Individual Rehabilitation Service Targeted Case Management	90791 90887 90847 H0046, 90832, 90834, 90837 H2015 T1017
GLBTC (GLBT CHAMPS: Comprehensive HIV & At-Risk Mental Health Services)	Under Development	Under Development
Group Cognitive Behavioral Therapy of Major Depression	Assessment/Psychiatric Diagnostic Interview Group Psychotherapy Individual Psychotherapy (To “make up” a missed group session)	90791 90853 H0046, 90832, 90834, 90837
IPT (Interpersonal Psychotherapy for Depression)	Assessment/Psychiatric Diagnostic Interview Family Psychotherapy Group Psychotherapy Group Rehabilitation Individual Psychotherapy Individual Rehabilitation Service	90791 90847 90853 H2015 H0046, 90832, 90834, 90837 H2015
IY (Incredible Years)	Assessment/Psychiatric Diagnostic Interview Collateral Group Psychotherapy Group Rehabilitation	90791 90887 90853 H2015
LIFE (Loving Intervention Family Enrichment Program)	Assessment/Psychiatric Diagnostic Interview Collateral Group Psychotherapy Group Rehabilitation (Family and Non-Family) Multi-family Group Psychotherapy Plan Development	90791 90887 90853 H2015 (HE, HQ) 90849 H0032

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MHSA PEI PROGRAMS GUIDE TO CORE INTERVENTIONS

PEI Program	Core Interventions	Procedure Codes
MAP (Managing & Adapting Practice)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy Group Psychotherapy Group Rehabilitation Services Individual Psychotherapy Individual Rehabilitation Services Multi-family Group Psychotherapy Plan Development Targeted Case Management	90791 90887 90847 90853 H2015 H0046, 90832, 90834, 90837 H2015 90849 H0032 T1017
MDFT (Multidimensional Family Therapy)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy Individual Psychotherapy Plan Development Targeted Case Management	90791 90887 90847 H0046, 90832, 90834, 90837 H0032 T1017
MHIP (Mental Health Integrated Program)	Tier 2 Assessment/Psychiatric Diagnostic Interview Collateral Crisis Intervention Individual Psychotherapy Plan Development Targeted Case Management	 90791 90887 H2011 H0046, 90832, 90834, 90837 H0032 T1017
	Community Partners (CP's) Only CP's providing HWLA collaborative health/mental services	 H2016
MPG (Mindful Parenting Groups)	Assessment/Psychiatric Diagnostic Interview Multi-family Group Psychotherapy	90791 90849
MST (Multisystemic Psychotherapy)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy Targeted Case Management	90791 90887 90847 T1017
PATHS (Promoting Alternative Thinking Strategies)	Assessment/Psychiatric Diagnostic Interview Group Psychotherapy Group Rehabilitation Plan Development Targeted Case Management	90791 90853 H2015 H0032 T1017
PCIT (Parent-Child Interaction Therapy)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy	90791 90887 90847
PE (Prolonged Exposure Therapy for Posttraumatic Stress Disorder)	Assessment/Psychiatric Diagnostic Interview Individual Psychotherapy Individual Rehabilitation Services	90791 H0046, 90832, 90834, 90837 H2015
PEARLS (Program to Encourage Active, Rewarding Lives for Seniors)	Assessment/Psychiatric Diagnostic Interview Individual Psychotherapy Individual Rehabilitation Services Plan Development Targeted Case Management	90791 H0046, 90832, 90834, 90837 H2015 H0032 T1017
PST (Problem Solving Treatment)	Assessment/Psychiatric Diagnostic Interview Individual Psychotherapy Individual Rehabilitation Services Plan Development Targeted Case Management	90791 H0046, 90832, 90834, 90837 H2015 H0032 T1017
Reflective Parenting Program	Assessment/Psychiatric Diagnostic Interview Collateral Multi-family Group Psychotherapy	90791 90887 90849
Seeking Safety	Assessment/Psychiatric Diagnostic Interview Family Psychotherapy Group Psychotherapy Group Rehabilitation Services Individual Psychotherapy Individual Rehabilitation Service Targeted Case Management	90791 90847 90853 H2015 H0046, 90832, 90834, 90837 H2015 T1017

REVISED: 3-21-13 Procedure Codes

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MHSA PEI PROGRAMS GUIDE TO CORE INTERVENTIONS

PEI Program	Core Interventions	Procedure Codes
SFP (Strengthening Families Program)	Assessment/Psychiatric Diagnostic Interview Collateral Group Rehabilitation Group Psychotherapy Multi-family Group Psychotherapy	90791 90887 H2015 90853 90849
TF-CBT (Trauma Focused Cognitive Behavioral Psychotherapy)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy (Referred to as conjoint in TF-CBT model) Individual Psychotherapy	90791 90887 90847 H0046, 90832, 90834, 90837
Triple P Level 4 Standard/ Standard Teen (Positive Parenting Program)	Assessment/Psychiatric Diagnostic Interview Collateral	90791 90887
Triple P Level 4 Group (Group Positive Parenting Program)	Assessment/Psychiatric Diagnostic Interview Collateral - Individual or Group (Per Facilitator's Manual for Group Triple P) Multi-family Group Psychotherapy (For group of parents) (This service can only be claimed by staff trained in Level 4 Group Triple P)	90791 90887 90849
Triple P Level 5 Pathways	Assessment/Psychiatric Diagnostic Interview Collateral (For individul or group of parents) Multi-family Group Psychotherapy (For group of parents)	90791 90887 90849
Triple P Level 5 Enhanced	Assessment/Psychiatric Diagnostic Interview Collateral	90791 90887
UCLA TTM (UCLA Ties Transition Model)	Assessment/Psychiatric Diagnostic Interview Collateral Family Psychotherapy Group Psychotherapy Individual Psychotherapy Multi-family Group Psychotherapy Plan Development Targeted Case Management	90791 90887 90847 90853 H0046, 90832, 90834, 90837 90849 H0032 T1017

*** Agencies interested in providing Psychological Testing as a PEI Ancillary Service should contact their Lead District Chief.**

This Guide, prepared by DMH, lists and defines the compliant codes that the DMH believes reflects the services it provides throughout its system, whether by directly-operated or contracted organizational providers or individual, group, or organizational network providers. This analysis does not, however, absolve Providers, whether individuals or agencies from their responsibility to be familiar with nationally compliant codes and to inform and dialogue with the DMH should they believe differences exist.

REVISED: 3-21-13 Procedure Codes

APPENDIX C

Service Area/Local Quality Assurance Liaisons

Service Area/Local Quality Assurance Liaisons

Service Area 1		
Debra Berzon-Leitelt	(661) 223-3806	DBerzon-Leitelt@dmh.lacounty.gov
Service Area 2		
Kimber Salvagio, (Adults)	(818) 610-6722	KSalvagio@dmh.lacounty.gov
Michelle Rittel, (Children)	(213) 739-5526	MRittel@dmh.lacounty.gov
Service Area 3		
Bertrand Lévesque	(213) 739-5438	BLevesque@dmh.lacounty.gov
Service Area 4		
Anahid Assatourian	(213) 738-3478	AAssatourian@dmh.lacounty.gov
Service Area 5		
Monika Johnson	(310) 482-6609	MoJohnson@dmh.lacounty.gov
Service Area 6		
Staci Atkins	(323) 298-3693	SAtkins@dmh.lacounty.gov
Service Area 7		
Lupe Ayala	(562) 402-0688	LAyala@dmh.lacounty.gov
Service Area 8		
Ann Lee	(562) 435-3027	Alee@dmh.lacounty.gov
Aelyen Yoon, Harbor/UCLA	(310) 519-6210	AYoon@dmh.lacounty.gov
County-wide Children's		
Lisha Singleton	(213) 739-5586	LSingleton@dmh.lacounty.gov
Juvenile Justice		
Gail Blesi, Juvenile Justice	(213) 351-5220	GBlesi@dmh.lacounty.gov
Countywide TAY Programs		
Rosalie Reyes-Moreno	(213) 738-2680	RReyesMoreno@dmh.lacounty.gov
DHS/DMH Co-Located Programs		
Naga Kasarabada	(213) 639-6306	NKasarabada@dmh.lacounty.gov