

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

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



Updated February 22, 2016

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1. INTRODUCTION

A. 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 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.

B. 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.

2. DOCUMENTATION AND CLAIMING

All services provided under contract with Los Angeles County Department of Mental Health (LACDMH) must meet the documentation and claiming requirements set forth in Policy 401.03 and the Organizational Provider's Manual. LACDMH uses Medi-Cal requirements as the basis for these documents. As such, all MHSA PEI services must meet Medi-Cal requirements set forth in Policy 401.03 and the Organizational Provider's Manual.

Below is the link to the Organizational Provider's Manual:

http://file.lacounty.gov/dmh/cms1_159846.pdf

In addition to meeting the Medi-Cal standards, any services using MHSA PEI funding must clearly document how the client meets the target PEI population. The PEI Target Population is as follows:

According to the Prevention and Early Intervention Plan for Los Angeles County (August 2009), PEI focuses on evidence-based, promising or community defined evidence practices, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issue. Specifically, early intervention services are directed toward individuals and families for whom a short-term (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health situation early in its manifestation. Early intervention services may avoid the need for more extensive mental health treatment, or prevent the mental health problem from becoming worse.

PEI-specific program documentation standards and fidelity guidelines will be discussed in the following sections.

3. 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) or “Unknown EBP” (code 99) **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.

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, which may be accessed on-line at <http://LAC-DMH.lacounty.gov/hipaa/index.html>

E. Procedure Codes for PEI-EBP (Appendix A)

1. Procedure codes are determined by the service provided.
2. 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.
3. PEI “Core” Interventions and “Non-Core” Services utilize the same procedure codes as all other services – DMH Procedure Codes Guides.

4. To be eligible for PEI services, the client must meet the PEI population requirements as specified in Los Angeles County's PEI Plan.
5. 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. 2093
 - 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

G. Claiming Medication Support Services:

1. If a client is receiving a specific EBP, and the psychiatrist determines that medication intervention is justified, the medication intervention will be billed to the appropriate IS PEI Age Group Plan and to the specific EBP identified.
2. Following completion of the an EBP, those clients who require ongoing medication support should be transferred to an alternate funding source.

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.

4. PEI CLAIMABLE SERVICES

ALL current regulations and requirements of Medi-Cal apply to MHSA PEI services. Rules of Medi-Cal do not change because of PEI funding. In Appendix A, the MHSA PEI Programs Guide to Core Interventions, highlights the core services that should be the majority rendered for each EBP.

Due to the requirement that Outcome Measures be administered, collected, and reported for each client that is claimed to PEI the following example illustrates how these services can be utilized as symptom scales that drive clinical decision making. Administration of symptom scales for clinical purposes, such as assessing and monitoring client's symptoms and treatment progress, and guiding treatment planning are claimable services. 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 are doing
 - b. if scores / symptoms are increasing or not changing, then troubleshoot (e.g., consult psychiatrist, assess client's treatment adherence, increase supports, etc.)

A. CLAIMING COMMUNITY OUTREACH SERVICES

In general, most providers cannot bill for Community Outreach Services (COS). COS activities include: access, client engagement, consultation, crisis response, information, referral, linkage, peer support, self-help or screening. In 2012, to assist agencies outreaching communities for PEI program, DMH allowed providers to shift PEI one-time training dollars to PEI COS. Only agencies that already had COS in their DMH contract for other services could initiate the shift based on the guidelines below. Agencies that do not have COS in their contract must obtain approval from their Lead District Chief in order to add COS.

The one exception to the use of COS funds is that CAPPs can be billed under COS but only for a limited amount.

The guidelines for shifting PEI training dollars to PEI COS are as follows:

1. Lead District Chief approval is required in order to shift funds.
2. COS must be authorized in the current year and the agency's current contract.
3. COS is limited to 20% of the agency's total PEI allocation in Fiscal Year (FY) 2012-13. In FY 2013-14 COS is limited to 15%, and in following fiscal years will be reduced.
4. COS must be targeted and utilized for the PEI target population. It is not intended for the more seriously mentally ill.
5. COS must be billed to a specific PEI approved evidence based practice (EBP), promising practice (PP), or community-defined evidence (CDE) practice. COS cannot be used for general, non-PEI EBP/PP/CDE services.
6. COS may be used only for authorized mental health promotion and community client services.
7. Agencies should ensure they have sufficient funds to cover their training expenses. Invoices requesting reimbursement for training expenses will not be paid if there are insufficient training funds due to funds being shifted to COS.

B. EXAMPLES OF PEI NON-REIMBURSABLE ACTIVITIES

The following activities are commonly part of PEI services but are not reimbursable by Medi-Cal or PEI. 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. Administration of outcome measures for research purposes, such as submitting or analyzing results to measure the EBP treatment efficacy.
2. Inputting of data (e.g., symptom scale scores) into an EBP developer’s ‘treatment progress monitoring website.
3. Consultation with the developer of a treatment practice/protocol.

C. EXAMPLES OF NON-CLAIMABLE SERVICES TO MHSA PEI

1. Psychological Testing has not been historically approved for PEI services. If an agency has an exceptional justification for providing this service, it will need to be

brought to the attention of the Service Area/Lead District Chief and Program Deputy.

2. Providing an Evidence-Based Practice (EBP)* intervention to the non-PEI population.

KEEP IN MIND:

EBPs may be used with any client deemed clinically appropriate for the model; however, only those clients who meet the PEI target population criteria may be claimed to MHSA PEI.

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

5. DOCUMENTATION OF MEDICAL NECESSITY

In order to receive reimbursement from Medi-Cal, services must meet all Medical Necessity criteria. Documentation of Medical Necessity is found by looking at the client's initial assessment, treatment plan, and progress notes. LAC-DMH calls this sequence of documentation the "Clinical Loop". When claiming to PEI, use of the EBP/PP/CDE being utilized should be clearly documented within this sequence of documentation to justify the PEI match dollars.

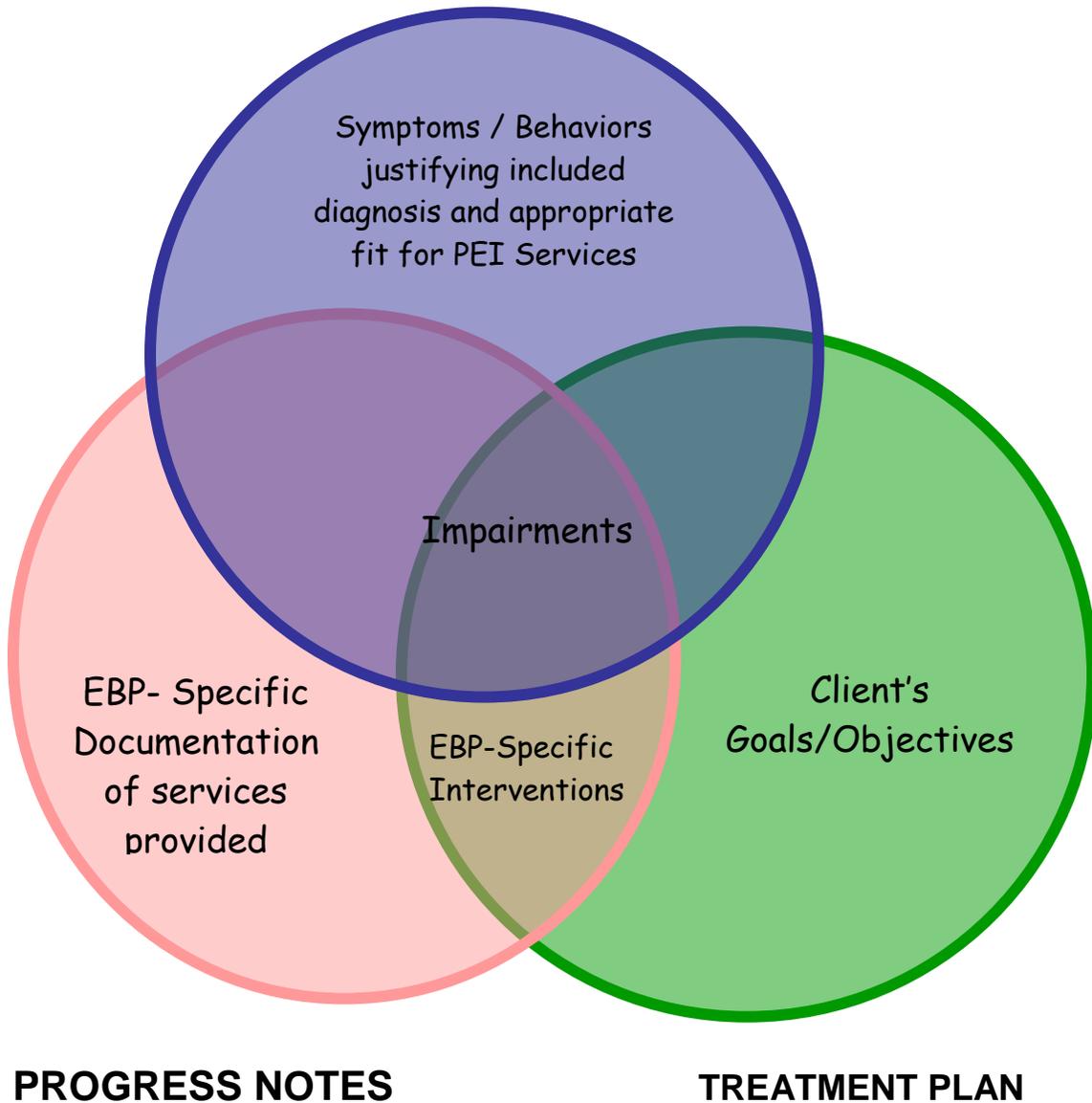
The PEI "**Clinical Loop**" has three components and is done on a continual basis. It is not a one-time process. **The three components are:**

1. **Mental Health Assessment:** complete the assessment including documentation of:
 - a. Symptoms/Behaviors leading to an **Included Diagnosis that is appropriate for the PEI target population**
 - b. Impairments in Life Functioning, Needs, and Strengths with justification for the client's likely ability to benefit from *brief, short-term treatment*.
 - c. Documenting history and severity of symptoms and prior mental health treatment.
2. **Treatment Plan:** use the information from the Mental Health Assessment to collaborate with the client in formulating their treatment goals, which documents:
 - a. Goals/Objectives linked to the identified Symptoms/Behaviors or Impairments and the EBP/PP/CDE being utilized.
 - b. EBP-specific Interventions that will assist the client in achieving each goal/objective noted.
3. **Progress Note:** use the goals/objectives and interventions identified in the treatment plan to complete a progress note, which documents goal-based interventions provided to the client that reflect the use of the EBP.
 - a. Interventions documented in the progress notes should include specific elements/components of the EBP/PP/CDE being utilized
 - b. e.g. A progress note documenting the use of Seeking Safety may include the specific Seeking Safety topic discussed during the session; A progress note documenting TF-CBT may include the specific "PRACTICE" components addressed (i.e. psychoeducation, relaxation, etc.)

6. PEI CLINICAL LOOP

PEI CLINICAL LOOP

MENTAL HEALTH ASSESSMENT



7. 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, symptom scale / initial outcome measures
2. Complete the Client Treatment Plan.
3. 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 A: MHSA PEI Programs Guide to Core Interventions**).
4. Complete Progress Note (document intervention, location of service, staff's time and procedure code)
5. 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
6. Select the appropriate EBP/SS (e.g., Seeking Safety) from the drop-down menu.
7. Select the age-appropriate PEI IS Plan (based on client's age on date service was provided).

8. 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 B**).

APPENDIX

APPENDIX A

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

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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

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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 Individual Psychotherapy Individual Rehabilitation Service	90791 90847 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

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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	90791 90847 90853 H2015 H0046, 90832, 90834, 90837 H2015

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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 individual 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
<p>* Psychological Testing has not historically been approved for PEI services. If an agency has an exceptional justification for providing this service, it will need to be brought to the attention of the Service Area/Lead District Chief and Program Deputy.</p> <p>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.</p>		

APPENDIX A

Quality Assurance Contacts by Service Area

*Please first contact the QA Liaison. If the QA Liaison is unavailable, you may contact the QA Lead.

SERVICE AREA	CONTACT INFORMATION	
1	QA Liaison	Debra Berzon-Leitelt (661) 223-3800, DBerzonleitelt@dmh.lacounty.gov
	QIC Co-Chair	Barbara Paradise (661) 341-3900 x102, Barbara.paradise@pathways.com
	QA Lead	Allen Pouravanes (213) 251-6746, APouravanes@dmh.lacounty.gov
2	QA Liaisons	Kimber Salvaaggio (Adults) (818) 610-6722, KSalvaaggio@dmh.lacounty.gov Michelle Rittel (Children) (213) 739-5526, MRittel@dmh.lacounty.gov
	QIC Co-Chairs (Adult)	N/A
	(Children)	Angela Kahn (818) 901-4830 akahn@sfvcmhc.org Alex Medina (818) 739-5611, amedina@childguidance.org
	QA Lead	Allen Pouravanes (213) 251-6746, APouravanes@dmh.lacounty.gov
3	QA Liaison	Bertrand Levesque (213) 739-5438, BLEvesque@dmh.lacounty.gov
	QIC Co-Chairs	Gassia Ekizian (626) 993-3000 x3047, GEkizian@foothillfamily.org Margaret Fave (626) 395-7100 x2042, margaretfave@hathaway-sycamores.org
	QA Lead	Robin Washington (213) 251-6734, RWashington@dmh.lacounty.gov
4	QA Liaison	Kary To (213) 738-3504, KTo@dmh.lacounty.gov
	QIC Co-Chair	Lisa Harvey (213) 623-8446, Lharvey@paralososinos.org
	QA Lead	Allen Pouravanes (213) 251-6746, APouravanes@dmh.lacounty.gov
5	QA Liaison	Monika Johnson (310) 482-6609, MoJohnson@dmh.lacounty.gov
	QIC Co-Chair	David Tavlin (310) 985-5250, david.t@stepuponsecond.org
	QA Lead	Robin Washington (213) 251-6734, RWashington@dmh.lacounty.gov
6	QA Liaison	April Baker (323) 290-5826, AMBaker@dmh.lacounty.gov
	QIC Co-Chair	N/A
	QA Lead	Lori Arnold (213) 251-6848, LDobbs@dmh.lacounty.gov

APPENDIX A

Quality Assurance Contacts by Service Area

7	<i>QA Liaison</i>	Antonio Banuelos (323) 267-3411, AnBanuelos@dmh.lacounty.gov
	<i>QIC Co-Chair</i>	Caesar Moreno (562) 692-0383 x236, Cmoreno@thewholechild.info
	<i>QIC Co-Chair</i>	Kari Thompson (562)865-364x101, kari.thompson@pathways.com
	<i>QA Lead</i>	Robin Washington (213)251-6734, RWashington@dmh.lacounty.gov
8	<i>QA Liaisons</i>	Ann Lee (562) 435-3027, ALee@dmh.lacounty.gov
	<i>QIC Co-Chairs</i>	Aelven Yoon (Harbor/UCLA) (310) 519-6210, AYoon@dmh.lacounty.gov
		Michele Munde (310) 221-6336 x114, mmunde@starsinc.com
		Emily Ramos (562) 599-9280, eramos@dmh.lacounty.gov
<i>QA Lead</i>	Misty Aronoff (323)526-4016x213, mistya@almafamilyservices.org	
	<i>QA Lead</i>	Lori Arnold (213) 251-6848, LDOBBS@dmh.lacounty.gov
Countywide Children's	<i>QA Liaison</i>	Debra Mahoney (213) 739-5592, DMahoney@dmh.lacounty.gov
	<i>QIC Co-Chair</i>	Lisa Harvey (213) 623-8446, Lharvey@paralososinos.org
	<i>QA Lead</i>	Lori Arnold (213) 251-6848, LDOBBS@dmh.lacounty.gov
Juvenile Justice	<i>QA Liaison</i>	Gail Blesi (213) 351-5220, GBlesi@dmh.lacounty.gov
	<i>QIC Co-Chair</i>	N/A
	<i>QA Lead</i>	Robin Washington (213) 251-6734, RWashington@dmh.lacounty.gov
Transition-Age Youth	<i>QA Liaison</i>	Natasha Billups (213) 738-2680, NBillups@dmh.lacounty.gov
	<i>QIC Co-Chair</i>	N/A
	<i>QA Lead</i>	Robin Washington (213) 251-6734, RWashington@dmh.lacounty.gov
DHS/DMH Co-located Program	<i>QA Liaison</i>	Crystal Cianfrini (213) 639-6306, CCianfriniPerry@dmh.lacounty.gov
	<i>QIC Co-Chair</i>	N/A
	<i>QA Lead</i>	Allen Pouravanes (213) 251-6746, APouravanes@dmh.lacounty.gov
Tele-Mental Health	<i>QA Liaison</i>	Diana Radakovic (310) 781-3431, DRadakovic@dmh.lacounty.gov
	<i>QA Lead</i>	Lori Arnold (213) 251-6848, LDOBBS@dmh.lacounty.gov