

PROCEDURE CODES FOR CLIENT-RELATED ACTIVITIES

Time Card Code	Procedure Codes	Description & Examples	Who Can Provide?
Specialty Mental Health Services			
Residential Services			
N/A	141 Crisis Residential Treatment 191 Adult Residential Treatment	<p>Crisis Residential Treatment Services (CRTS) are therapeutic or rehabilitative services provided in a non-institutional, residential setting that provides a structured program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. CRTS include a range of activities and services that support clients in their efforts to restore, maintain, and apply interpersonal and independent living skills and to access community support systems. The service is available 24 hours a day, 7 days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.</p> <p>Adult Residential Treatment Services (ARTS) are rehabilitative services provided in a non-institutional, residential setting for clients who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. ARTS include a range of activities and services that support clients in their efforts to restore, maintain, and apply interpersonal and independent living skills and to access community support systems. The service is available 24 hours a day, 7 days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.</p> <p>CRTS Examples: Progress Sonoma (CRU); Harstad House (CRU II)</p> <ol style="list-style-type: none"> 1. Residential treatment for clients experiencing an acute psychiatric episode or crisis who do not have medical complications or require nursing care. 	All direct services staff from Designated CRT and ART Providers who have prior Authorization to provide residential treatment services.

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		<p>ARTS Examples: Parker Hill; A Step Up</p> <ol style="list-style-type: none"> 1. Residential treatment for clients who are not experiencing crisis but require residential support to prevent crisis and require support in practicing independent living skills. 	
Case Management			
70	<p>301 Targeted Case Management (TCM)</p> <p>401 Telehealth Targeted Case Management</p> <p>303 Intensive Care Coordination (ICC)</p> <p>403 Telehealth Intensive Care Coordination</p> <p>303 TCM/ICC Non-Claimable</p> <p>P301 Peer Support Case Management</p>	<p>Targeted Case Management (TCM) is a service that assists a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client's progress; placement services; and plan development.</p> <p>Intensive Care Coordination (ICC) is a targeted case management service (for children/youth under the age of 21) that facilitates assessment, care planning for, and coordination of services, including urgent services for clients with intensive needs. (Initial Mental Health Assessments and CANS/ANSA Re-assessments should be claimed as 331.)</p> <p>ICC must be delivered using a Child and Family Team (CFT) and is intended for children/youth with more intensive needs and/or whose treatment requires cross-agency collaboration.</p> <p>Peer Support Case Management Non-Claimable is case management to assist and facilitate/coach clients and their supports with system navigation and obtaining recourses, provide one to one peers counseling and support, serve as a liaison for coordination and access to other community and peer support organizations, and assist clients in accessing and participating in community support, vocational, and health and wellness activities.</p>	<p>All direct service staff</p> <p>Only staff assigned to SonomaWorks or Juvenile Hall can use 304 TCM/ICC Non-Claimable.</p> <p>Peer Support Case Management Non-Claimable services are provided by approved peer support specialist and assistants.</p>

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	<p>Non-Claimable</p>	<p>TCM Examples:</p> <ol style="list-style-type: none"> 1. Linking clients to community resources to address client’s symptoms and conditions. 2. Coordinating placement within 30 days of discharge from inpatient hospital. 3. Discussing individual’s progress with collaborative treatment providers.* <p>* For collaboration with parents, family members, and other “significant support persons,” use Collateral.</p> <p>ICC Examples:</p> <ol style="list-style-type: none"> 1. Assessing the adequacy and availability of resources. 2. Reviewing information from family and other sources. 3. Evaluating effectiveness of previous interventions. 4. Ensuring the active participation of client and individuals involved and clarifying their roles. 5. Identifying the interventions/course of action targeted at the client’s and family’s assessed needs. 6. Monitoring to ensure that identified services and activities are progressing appropriately. 7. Changing and redirecting actions targeted at the client’s and family’s assessed needs. 8. Developing a transition plan for the client and family to foster long-term stability, including the effective use of natural supports and community resources. 	
Collateral			
70	<p>311 Collateral – Individual</p> <p>411 Telehealth Collateral</p>	<p>Collateral Individual means a service activity to a significant support person in a client’s life for the purpose of meeting the needs of the client. Collateral may include but is not limited to consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental</p>	<p>All direct service staff</p> <p>Only staff assigned to SonomaWorks or Juvenile Hall can use 314</p>

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<p>314 Collateral – Individual Non-Claimable</p> <p>310 Collateral – Group</p> <p>410 Telehealth Collateral Group</p> <p>324 Collateral – Group Non-Claimable</p>	<p>illness, and family counseling with the significant support person(s). The client may or may not be present for this service activity. Collateral Individual may only be provided to significant support person(s) for ONE client.</p> <p>“Significant support person” is defined as “persons, in the opinion of the client or the person providing services, who have or could have a significant role in the successful outcome of treatment, including but not limited to the parents or legal guardian of a client who is a minor, the legal representative of a client who is not a minor, a person living in the same household as the client, the client’s spouse, and relatives of the client.”</p> <p>Collateral Group is the same as above, but the service is provided to significant support person(s) for TWO or MORE clients.</p> <p>Collateral Examples:</p> <ol style="list-style-type: none"> 1. Educating and helping parents/family members understand mental illness or serious emotional disturbances in order to help improve the client’s mental health status. 2. Receiving information from parents/spouse/family members in order to help meet client needs. 3. Gathering information about client from family member, care provider, other significant support persons.* 4. Instructing parent about carrying out treatment-related activities at home. 5. Instructing significant support people from two or more clients about carrying out treatment-related activities at home or in the community. <p>* For collaboration with probation officer, minister, school staff in an IEP meeting, staff from other agencies, or other professionals and persons who know the client but are not significant support persons, use Targeted Case Management.</p>	<p>Collateral – Individual Non-Claimable or 324 Collateral – Group Non-Claimable.</p>
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Assessment			
70	331 Assessment 431 Telehealth Assessment 334 Assessment Non-Claimable	<p>Assessment means a service activity designed to evaluate the current status of a client's mental, emotional, or behavioral health. Assessment includes but is not limited to one or more of the following: mental status determination, analysis of the client's clinical history, analysis of relevant cultural issues and history, diagnosis, and the use of testing procedures.**</p> <p>Assessment Examples:</p> <ol style="list-style-type: none"> 1. Assessment interview, CANS/ANSA completion, and write-up of assessment form (new clients). 2. Conducting CANS/ANSA Re-Assessments with existing clients. 3. Discussion w/ individual parent and appraisal of child's functioning during the assessment process. 4. While part of an assessment, review of medical record or evaluation instruments (new or ongoing clients) in order to complete the assessment. <p>**Testing can be done only by licensed psychologists. Waivered psychologists, psychological assistants, and clinical psychology graduate students may provide testing with oversight and co-signature by a licensed psychologist or psychiatrist with training in psychological assessment.</p>	<p>SCSS/MHRS can gather mental health, medical, and substance use histories and identify strengths, risks, and barriers to achieving goals.</p> <p>Licensed and Registered LCSWs, LMFTs, LPCCs, MDs, Psychologists, PNP's (if permitted through the Delegated Service Agreement or Standardized Procedure), and Graduate Students with oversight and co-signature of a licensed staff can do the above as well as diagnosis, MSE, medication history, and assessment of relevant conditions and psychosocial factors affecting the client's physical and mental health.</p> <p>Only staff assigned to SonomaWorks or Juvenile Hall can use 334 Assessment Non-Claimable.</p>

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Therapy			
70	<p>316 Family Therapy</p> <p>416 Telehealth Family Therapy</p> <p>314 Family Therapy Non-Claimable</p>	<p>Family Therapy is a therapeutic intervention service delivered to a family with a focus on symptom reduction as a means to improve functional impairments of the client or to prevent deterioration and to assist the client in meeting their treatment goals. Family therapy can be provided to parent(s) and client, client and siblings, or couples. The client must be present for this service activity.</p> <p>Family Therapy Examples:</p> <ol style="list-style-type: none"> 1. Providing services to a family or subset of the family (with the client present) with the focus on family dynamics relevant to the client’s symptoms, conditions, and treatment goals. 2. Providing services to a child-parent dyad in order to improve caregiver and client relationship. 	<p>Licensed and Registered LCSWs, LMFTs, LPCCs, MDs, Psychologists, PNP’s (if permitted through the PA Delegated Service Agreement or PNP Standardized Procedure), Graduate Students with oversight and co-signature of a licensed staff.</p> <p>Only staff assigned to SonomaWorks or Juvenile Hall can use 314 Family Therapy Non-Claimable.</p>

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<p>70</p>	<p>341 Individual Therapy</p> <p>441 Telehealth Individual Therapy</p> <p>344 Individual Therapy Non-Claimable</p>	<p>Individual Therapy means a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments of the client or to prevent deterioration and to assist the client in meeting their treatment goals. Individual therapy is delivered to an individual client.</p> <p>Individual Therapy Examples:</p> <ol style="list-style-type: none"> 1. Therapeutic intervention to treat behavioral, interpersonal, and psychological problems (insight-oriented, behavior-modifying, and/or supportive treatment to individuals using established mental health therapeutic techniques). 2. Providing evidence-based practices in order to meet treatment goals (e.g., CBT strategies of cognitive restructuring and systematic desensitization to improve anxiety). 	<p>Licensed and Registered LCSWs, LMFTs, LPCCs, MDs, Psychologists, PNP's (if permitted through the PA Delegated Service Agreement or PNP Standardized Procedure), Graduate Students with oversight and co-signature of a licensed staff.</p> <p>Only staff assigned to SonomaWorks or Juvenile Hall can use 344 Individual Therapy Non-Claimable.</p>
<p>70</p>	<p>351 Group Therapy</p> <p>451 Telehealth Group Therapy</p> <p>354 Group Therapy Non-Claimable</p>	<p>Group Therapy is the same as individual therapy, but the service is delivered to more than one opened client in a group setting and may be provided by one or two clinicians.</p> <p>A "group" is two or more unrelated clients.</p> <p>Group Therapy Examples:</p> <ol style="list-style-type: none"> 1. Group psychotherapy focusing on interpersonal dynamics and skill building while addressing client needs such as reducing depression or anxiety or improving interpersonal relationships. 2. Group psychotherapy focusing on anger management. 	<p>Licensed and Registered LCSWs, LMFTs, LPCCs, MDs, Psychologists, PNP's (if permitted through the PA Delegated Service Agreement or PNP Standardized Procedure), Graduate Students with oversight and co-signature of licensed staff.</p> <p>Only staff assigned to SonomaWorks or</p>

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			Juvenile Hall can use 354 Group Therapy Non-Claimable.
Therapeutic Behavioral Services			
N/A	<p>345 Therapeutic Behavioral Services (TBS)</p> <p>445 Telehealth Therapeutic Behavioral Services (TBS)</p>	<p>Therapeutic Behavioral Services (TBS) are one-to-one, behavioral mental health services available to children/youth with serious emotional challenges who are under age 21 and who are eligible for a full array of Medi-Cal benefits without restrictions or limitations (full scope Medi-Cal). TBS can help youth and caregivers, foster parents, group home staff, and school staff learn new ways of reducing and managing challenging behaviors as well as strategies and skills to increase the kinds of behavior that will allow children/youth to be successful in their current environment and prevent out of home placement at the lowest appropriate level.</p> <p>TBS are designed to help youth and caregivers (when available) manage these behaviors utilizing short-term, measurable goals based on the needs of the youth and family.</p> <p>TBS is not a “stand alone” therapeutic intervention and must be used in conjunction with another Mental Health Service. TBS includes developing a plan clearly identifying specific target behaviors.</p> <p>TBS Examples:</p> <ol style="list-style-type: none"> 1. Functional behavior analysis of challenging behaviors in order to develop TBS plan. 2. Designing a specific behavior intervention plan to address targeted behavior. 3. Teaching parents/caregivers how to implement the TBS behavior plan. 	All direct services staff from Designated TBS Providers who have prior Authorization to provide TBS services.

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Medication Support			
70	<p>361nonEM Medication Support</p> <p>361 (Community Contractor Only) Medication Support</p> <p>363 Medication Support – Telehealth</p> <p>364 Medication Support Non-Claimable</p>	<p>Non E&M Medication Support are Medication Support Services that are not evaluation and management (E/M) services and that are not provided on the same day as an E/M service; E/M services provided by an SCBH psychiatric provider in a Board and Care setting; and Medication Support Services provided by SCBH nursing staff (RN, LVN, PT). Services include prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks and benefits of, and alternatives for medication; and collateral and plan development related to the delivery of the service and/or assessment of the client; these services, however, may not constitute a full evaluation and management appointment with history, examination, and medical decision making</p> <p>Medication Support (Contractor) is the same as Non E&M Medication Support services, but performed by community contractors.</p> <p>Medication Support Telehealth is a mode of delivering medication support service utilizing an interactive video and audio communication at a Telehealth site approved by Sonoma County.</p> <p>Medication Support Examples:</p> <ol style="list-style-type: none"> 1. Prescribing, administering, dispensing, and monitoring psychiatric medications without providing an E/M service on the same day 2. Evaluating clinical effectiveness and side effects of medication without providing an E/M service on the same day 3. Obtaining of informed consent outside of an E/M service 	<p>RN, MD, PA, PNP, LVN, and LPT (within their scope of practice only).</p> <p>Medication Support Telehealth: May only be used by psychiatrists who are pre-approved by SCBH Medical Director.</p> <p>Only staff assigned to SonomaWorks or Juvenile Hall can use 364 Medication Support Non-Claimable.</p>

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		<ol style="list-style-type: none"> 4. Instruction in the use, risks, and benefits of, and alternatives for, medication, without providing an E/M service on the same day 5. Collateral and plan development related to the delivery of the service and/or assessment of the client (e.g., consulting with other treatment providers), without providing an E/M service on the same day. 6. Any medication support services provided by an RN or LVN. 	
70	<p>361NT EM Med Support Office Time-Based New Client (CPT 99201-5 [10-60min.])</p> <p>361ET EM Med Support Office Time-Based Established Client (CPT 99211-5 [5-40min.])</p>	<p>E&M Medication Support means office or other outpatient medication visit for the evaluation and management of a new or established client, by a physician, that includes elements of gathering history, conducting an examination, and making medical decisions. All E&M Services at Sonoma County Behavioral Health are Time-Based.</p> <p>EM Med Support Office Time-Based New Client: E&M services for an individual who did NOT receive any face-to-face, Medication Support Services from any SCBH prescriber within the previous three (3) years.</p> <p>EM Med Support Office Time-Based Established Client: E&M services for an individual who received any face-to-face, Medication Support Services from any SCBH prescriber within the previous three (3) years.</p> <p>E&M Medication Support Examples:</p> <ol style="list-style-type: none"> 1. Identifying the client’s chief complaint; obtaining the history of the present illness; conducting a review of systems; reviewing past, social, and medical history; conducting a psychiatric examination of the client; reviewing/ordering labs, tests, or medical records for the purposes of medical decision making; evaluating risk associated with presenting problems and 	MD, PA, PNP

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		proposed interventions; prescribing and documenting medication response and compliance; and developing plan for follow-up if needed.	
Crisis Intervention			
70	371 Crisis Intervention 471 Telehealth Crisis Intervention 374 Crisis Intervention Non-Claimable	<p>Crisis intervention means a service, lasting less than 24 hours, to or on behalf of a client for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to assessment, collateral, and therapy. Crisis intervention is distinguished from Crisis Stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements or, if eligible, the service is provided at a site other than a certified CSU site.</p> <p>Crisis Intervention Examples:</p> <ol style="list-style-type: none"> 2. Phone or individual contact related to individual in crisis. 3. Urgent appointment to assess suicidality, grave disability, danger to self or others, or other type of crisis. 	All direct services staff Only staff assigned to SonomaWorks or Juvenile Hall can use 374 Crisis Intervention Non-Claimable.
Plan Development			
70	391 Plan Development 491 Telehealth Plan Development 394 Plan Development Non-Claimable	<p>Plan development is a service activity consisting of developing goals, including goals for Targeted Case Management services, and/or monitoring a client's progress on their treatment goals.</p> <p>Plan Development Examples:</p> <ol style="list-style-type: none"> 1. Developing Targeted Case Management goals and interventions. 2. Discussing goals/interventions with client. 3. Discussing individual's progress on treatment goals with collaborative treatment providers. 4. Team meetings devoted to specific clients where solution-focused team consultation is needed to make clinical/client care decisions related to the client's progress. 	All direct service staff Only staff assigned to SonomaWorks or Juvenile Hall can use 394 Plan Development Non-Claimable.

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Rehabilitation			
70	<p>511 Rehabilitation – Individual</p> <p>415 Telehealth Rehabilitation – Individual</p> <p>503 Intensive Home Based Services (IHBS)</p> <p>417 Telehealth Intensive Home Based Services (IHBS)</p> <p>524 Rehabilitation Individual Non-Claimable</p> <p>504 Intensive Home Based Non-Claimable</p> <p>P511 Peer Support Individual Rehabilitation Non-Claimable</p>	<p>Rehabilitation – Individual means a service activity that includes, but is not limited to, assistance in improving, maintaining, or restoring a beneficiary's functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.</p> <p>Intensive Home Based Services (IHBS) are mental health rehabilitation services provided to Medi-Cal beneficiaries under age 21 as medically necessary. IHBS are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and at improving the child/youth's family ability to help the child/youth successfully function in the home and community.</p> <p>The difference between IHBS and more traditional outpatient specialty mental health service is that the service is expected to be of significant intensity to address the mental health needs of the child/youth, consistent with the plan and the Core Practice Model, and will be predominantly delivered outside an office setting and in the home, school, or community.</p> <p>Peer Support Individual Non-Claimable is peer support assistance to clients that consists of the following: Modeling, teaching, and facilitating self-recovery skills; facilitating creation of Wellness Recovery Actions Plans (WRAP); assisting client in recognizing stressors and developing coping skills; assisting and coaching client with obtaining and maintaining housing.</p> <p>Rehab/Individual Examples:</p> <ol style="list-style-type: none"> 1. Improving rehabilitation skills as linked to functional impairments and/or treatment goals (e.g., assisting with daily 	<p>All direct services staff</p> <p>Only staff assigned to SonomaWorks or Juvenile Hall can use 524 Rehabilitation Individual Non-Claimable or 504 Intensive Home Based Non-Claimable.</p> <p>Peer Support Individual Non-Claimable services are provided by approved peer support specialist and assistants.</p>

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		<p>living skills, practicing grooming and hygiene skills, increasing use of good sleep hygiene skills and habits to improve sleep).</p> <p>IHBS Examples:</p> <ol style="list-style-type: none"> 1. Skill-based interventions for the remediation of behaviors or improvement of symptoms, including the implementation of a positive behavioral plan and/or modeling interventions for the child/youth’s family and/or significant others to assist them in implementing the strategies. 2. Development of functional skills to improve self-care, self-regulation, or other functional impairments by intervening to decrease or replace non-functional behavior that interferes with daily living tasks or the avoidance of exploitation by others. 3. Support child/youth’s success in achieving educational objectives or in seeking and maintaining housing and living independently. 	
70	<p>514 Rehabilitation – Group</p> <p>414 Telehealth Rehabilitation – Group</p> <p>534 Rehabilitation –Group Non-Claimable</p> <p>P514 Peer Support Group Non-Claimable</p>	<p>Rehabilitation – Group is the same as Individual Rehabilitation, but the service is delivered to more than one client in a group setting and may be provided by one or two clinicians.</p> <p>A “group” is two or more unrelated clients.</p> <p>Peer Support Group Non-Claimable is facilitating and co-facilitating support, recovery, and/or rehabilitation groups.</p> <p>Rehab Group Examples:</p> <ol style="list-style-type: none"> 1. Skill building for rehabilitation skills as linked to functional impairments and/or treatment goals. 2. Support groups focusing on skills training. 3. 534 = rehab groups that occur in Juvenile Hall or other non-claimable locations. 	<p>All direct services staff</p> <p>Only staff assigned to SonomaWorks or Juvenile Hall can use 534 Rehabilitation – Group Non-Claimable.</p> <p>Peer Support Group Non-Claimable services are provided by approved peer support specialist and assistants.</p>

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Crisis Stabilization			
70	<p>611 Crisis Stabilization (CS)</p> <p>614 Crisis Stabilization – (non-Medi-Cal Claimable service for in-custody inmates seen at CSU)</p> <p>PCSU Peer Support CSU Non-Claimable</p>	<p>Crisis Stabilization (CS) means a service lasting less than 24 hours, to or on behalf of a client for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to assessment, collateral, and therapy. Crisis Stabilization is distinguished from Crisis Intervention by being delivered by providers who meet the crisis stabilization contact, site, and staffing requirements described in CCR, Title 9, Sections 1840.338 and 1840.348.</p> <p>Peer Support CSU Non-Claimable are Peer Support activities to CSU clients that consist of assisting, facilitating, and coaching clients and their supports with system navigation and obtaining resources; providing one-to-one peer counseling and support; serving as a liaison for coordination and access to other community and peer support organizations; and assisting clients in accessing and participating in community support, vocational, and health and wellness activities.</p> <p>Crisis Stabilization Examples:</p> <ol style="list-style-type: none"> 1. All-inclusive services for individuals who need continued treatment and stabilization for extended periods of time up to 23 hours. 	<p>All direct staff who are assigned to the Crisis Stabilization Unit, while working in that program as part of the CSU staffing ratio.</p> <p>Peer Support CSU Non-Claimable services are provided by approved peer support specialist and assistants.</p>

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Other Services			
299	Cancelled Appointment	<p>Cancellation for any type of direct service</p> <p>Individual cancels a scheduled appointment. MH provider has to cancel the appointment. Document time associated with canceling or rescheduling the appointment.</p>	All direct service staff
300	No Show Appointment	<p>No show for any type of direct service</p> <p>Individual fails to appear for a scheduled appointment. Document time associated with rescheduling the appointment.</p>	All direct service staff
FSP	FSP Client Services	<p>Supportive activities to meet FSP clients' mental health, medical, housing, recreational, vocational, and educational needs that meet the FSP model for keeping clients engaged in services and their basic needs met but do not qualify as Medi-Cal reimbursable specialty mental health services. Services must be linked to stabilizing the client's mental health.</p> <p>FSP Client Services is a "code of last resort" and should not be used if a billable service was provided.</p> <p>Taking client to NA or AA meeting, or other support groups, unless providing individualized feedback toward an identified client-plan goal. Completing PAF and KET forms. Providing transportation to mental health services, groups, doctor appointments, or specific destination that client needs to get to that is directly linked to stabilizing mental health condition when client does not</p>	All direct staff who are assigned to a Full Service Partnership (FSP) program, while working in that program

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		<p>have another form of transportation, and no billable service was provided during transport.</p> <p>Providing support to a parent/caregiver to secure a job or to be linked with their own mental health services, if linked to the stabilization of client's mental health condition, without being part of a Child-Family Team IHBS goal.</p>	
NPC	No Procedure Code	<p>There is not a code for the "service" provided.</p> <p>Entries that are important in the medical record but are not a claimable service (e.g., called and left a non-clinical voicemail for a client, sent a letter to a client, etc.).</p> <p>Service was solely clerical, transportation, recreational, vocational, or otherwise non-billable.</p>	All direct service staff

ACTIVITY CODES FOR INDIRECT SERVICES

Activity Code & Description	Examples	Who Can Claim?
<p>19 (DHCS 11) Contract Administration (Medi-Cal and Non-Medi-Cal)</p>	<p>Identifying and recruiting community agencies as mental health service providers serving Medi-Cal and Non-Medi-Cal clients; developing and negotiating mental health service contracts serving Medi-Cal and Non-Medi-Cal clients; monitoring mental health service contract providers serving Medi-Cal and non-Medi-Cal clients; and providing technical assistance to mental health service contract providers serving Medi-Cal and non-Medi-Cal clients regarding county, state and federal regulations.</p>	<p>Division Director, Department Director, Section Managers, Health Program Managers, Staff Psychiatrist, Psychiatric Nurses, Nurse Practitioner/Physician's Assistant, Medical Director, Patient Care Analyst, Dept. Analysts, ASOs, PPEA, Supervising Staff Nurse</p>
<p>39 (DHCS 13) Program Planning and Policy Development</p>	<p>Developing strategies to increase Medi-Cal system capacity and to close service gaps and interagency coordination to improve the delivery of mental health services to seriously mentally ill adults or seriously emotionally disturbed children or adolescents.</p>	<p>Administrative Aides, ASOs, AODS Counselors, AODS Specialist, Behavioral Health Clinician Interns, Client Support Specialists, Department Director, Department Analysts, Health Program Managers, Section Manager, Office Assistants, QI Clerk, Patient Care Analysts, PPEA, Senior Client Support Specialists, System Software Analyst</p>
<p>41 (DHCS 6) Medi-Cal Eligibility Intake</p>	<p>Screening and assisting applicants for mental health services with the application for Medi-Cal benefits.</p>	<p>All staff except Division Director, Department Director, Section Manager, Staff Psychiatrists, Patient Care Analyst, Dept. Analyst, Client Care Manager DIS Specialist, ASO,</p>

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		Admin Aide, System Software Analyst, PPEA, Accountant
43 (DHCS 17) MAA Coordination and Claims Administration	Used mainly by the LGA Coordinator, accountant, and anyone training MH staff or subcontractor staff on MAA activities, claiming, and time survey.	All staff except AODS Counselor, Behavioral Health Clinician Intern, Behavioral Health Medical Director, Client Support Assistant, Client Support Specialist, Dept, Info Systems Specialist, Eligibility Worker, Division Director, LVN, Psychiatric Technician, Secretary, Senior Client Support Specialist, Staff Psychiatrist, Systems Software Analyst
45 (DHCS 10) Contract Administration (Medi-Cal only)	Identifying and recruiting community agencies as mental health service providers exclusively serving Medi-Cal clients; developing and negotiating contracts with mental health service providers exclusively serving Medi-Cal clients; monitoring contracts with mental health services exclusively serving Medi-Cal clients; and providing technical assistance to mental health service providers exclusively serving Medi-Cal clients regarding county, state and federal regulations.	Division Director, Department Director, Section Managers, Nurse Practitioner/Physician's Assistant, Health Program Managers, Staff Psychiatrists, Psychiatric Nurses, Behavioral Health Medical Director, Patient Care Analysts, Dept. Analysts, ASO, Admin Aide, PPEA, Supervising Staff Nurse

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<p>46 (DHCS 4) Outreach for Medi-Cal covered services only</p>	<p>Informing individuals who are eligible or potentially eligible for Medi-Cal about Medi-Cal services, including specialty mental health services; assisting individuals who are at-risk and eligible or potentially eligible for Medi-Cal to understand their need for mental health services covered by Medi-Cal; encouraging individuals who are reluctant to receive mental health services and are eligible or potentially eligible for Medi-Cal to apply and receive mental health services; assisting individuals with access to the Medi-Cal healthcare system by providing referrals, follow-up, and transportation, if needed, to engage them in needed care; and gathering information on the individual's health and mental health needs and Medi-Cal eligibility.</p>	<p>All staff except DIS Specialist, PPEA, Software System Analyst, Accountant, Accounting Technician, ASO, Division Director, Health Services Section Manager</p>
<p>MC Outreach Mixed</p>	<p>There is no matching MAA code. For Outreach, use either 51 (to Non-Medi-Cal programs) or 46 (to Medi-Cal eligibles for Medi-Cal programs). The code for MIXED doesn't exist. If outreaching to a mixed population, estimate the mixture – ie. If the clientele is 50% Medi-Cal eligible, code 50% of the time to 46 and 50% to 51.</p>	<p>N/A</p>
<p>48 (DHCS 8) Referral in Crisis Situation for Non-Open Cases</p>	<p>Intervening in a crisis situation by referring an individual to mental health services when that individual is not currently receiving mental health services from the county mental health department.</p>	<p>All staff except Division Director, Section Managers, Patient Care Analyst, Dept. Analysts, Office Assistants, DIS Specialist, ASO, PPEA, Accountant, Accounting Technician, Department Director, System Software Analysts</p>

ACTIVITY CODES FOR INDIRECT SERVICES

<p>49 SPMP only (DHCS 16) Case Management of Non-open cases</p>	<p>Gathering information about an individual's health/mental health needs; assessing the likelihood an individual meets the medical necessity criteria to access specialty mental health services; and screen individuals for access to Medi-Cal covered physical health and mental health services, including specialty mental health services, by providing referrals, following-up, and arranging transportation for mental health care.</p>	<p>Behavioral Health Clinical Specialist, Behavioral Health Clinicians, Behavioral Health Medical Director, Client Care Managers, Health Program Managers, Section Managers, Nurse Practitioner/Physician's Assistant, Patient Care Analysts, RNs, Psychiatric Technician, Staff Psychiatrists, Supervising Staff Nurse</p>
<p>51 (DHCS 3) Outreach to Non-Medi-Cal programs</p>	<p>Informing individuals about Non Medi-Cal services, such as employment training and income supports; assisting individuals to understand their need for services not covered by Medi-Cal; encouraging individuals to participate in services not covered by Medi-Cal; assisting individuals to access services not covered by Medi-Cal; and gathering information about an individual's need for services not covered by Medi-Cal.</p>	<p>All staff except DIS Specialist, PPEA, Software System Analyst, Accountant</p>
<p>60 (DHCS 18) General Administration</p>	<p>Reviewing departmental procedures and rules; performing administrative or clerical activities related to general building or county functions or operations; reviewing technical and research literature; filling out the time survey; developing and monitoring program budgets; participating in staff meetings; and researching and evaluating activities.</p>	<p>All staff</p>
<p>68 Quality Management</p>	<p>Compliance review activities; including training related to these activities. All QI meetings/QI meeting clinical follow-up activities, PIP training & activities, utilization review activities of medication monitoring/ TBS services, preparing</p>	<p>All staff authorized to perform QM activities. Must be a SPMP approved by Program/Section Manager and</p>

ACTIVITY CODES FOR INDIRECT SERVICES

	for state and federal audits from DHCS, EPSDT, EQRO, TBS, and clerical time supporting UR and QI.	QA/QI Managers (Patient Care Analysts).
72 SPMP only (DHCS 14) Program Planning and Policy Development	Developing clinical strategies to increase Medi-Cal system capacity and to close service gaps and interagency clinical coordination to improve delivery of mental health services to seriously mentally ill adults or seriously emotionally disturbed children or adolescents.	Behavioral Health Clinical Specialists, Behavioral Health Clinicians, Behavioral Health Medical Director, Client Care Managers, Health Program Managers, Division Director, Section Managers, Nurse Practitioner/Physician's Assistant, Patient Care Analysts, RNs, Staff Psychiatrists, Supervising Staff Nurse
97 Undesignated indirect services	Use sparingly and only when all other alternatives don't fit	All staff