SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

BHRS Mental Health Documentation Updates 2019

Coding & Billing for Meeting with Other Professionals, CFT, Case Conference, and Collaborating with BHRS MH

Last updated 10.25.19

Write a Progress Note every time that you talk with other professionals to…

- Coordinate the client's care
- Address the client's needs
- Refer/Coordinate with needed services
- Develop safety plan, treatment goals

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Progress Note Content

Every billed service must address Medical Necessity

You **MUST** explain how the services you provided to the client (or others for the sake of the client):

Reduced Client's Mental Health Symptoms	Improved Client's Daily Living Skills & Functioning	Prevented Daily Functioning From Getting Worse	Improved the Overall Mental Health Condition (age under 21)

The Service Code used is based on the service that YOU provide.

It is not who you are but what Service YOU Provided that matters.

You may only provide services within your scope.

ALL STAFF MAY CODE/BILL FOR:

*Assessment (5)
Case Management (51/52)
Crisis Intervention (2)
Collateral (12/120)
*Plan Development (6)
Rehab (7/70)
CFT-ICC -Children and Family Team ICC (CFTICC)

Other service codes have scope of practice requirements

**Specific sections must be completed/finalized or co-signed by licensed/registered staff.*

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Meeting with Other Professionals

Each provider participating in a **"Multiple Provider"** service must write their **OWN** progress note and **describe their role and involvement in the service to bill.**

******exception group services 1 note is written**

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Meeting with Other Professionals

Any service time billed,

which may include active listening time,

must be supported by documentation…

AKA a Progress Note.

Coding vs. Billing

All services are **documented** and **coded.**

Coding is how we indicate the **service that was provided to the client.**

Billing is determined by the "service code" and "location code."

Billing means that we are **billing a payer** (insurance company or school district) **to get paid.**

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Coding & Billing

We have a can….
but what's in the can?

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Coding & Billing

Now we have **CODED** the can “Tomato Soup”

Coding your service is like **labeling the can**

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Coding & Billing

Price is determined by the label **CODE**

The bill/price is based on the CODE

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Billing Process…in Short

1 A **Client is Open** to a BHRS Mental Health Program in Avatar

2 The Staff Person **Provides a Service** to a Client

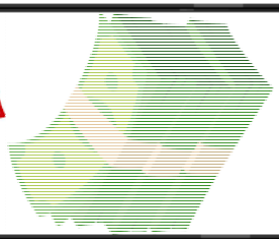
3 The Staff Person writes a Progress Note and **Codes the Services** (e.g., Assessment 5)

4 The Billing Department **Determines** what **Insurance/Payor** the client has

5 **Avatar looks at Provider's Scope of Practice, and for a Treatment Plan and Diagnosis Covering the Service.** ***If there is a problem, the billing gets kicked to the curb—BHRS does not bill or get paid***

6 If everything looks good **the Service is Invoiced/Billed**

7



Case Conferences

"Case Conference" is not specifically defined by DHCS. There is no specific "Case Conference" code.

Discussion between multiple direct service providers or entities involved in the client's care.

May include other significant support persons and/or the client, or not.

Basically, case meetings and all multidisciplinary teams are coded and billed in similar ways.

There is a special code for *CFT- CFT-ICC CHILDREN AND FAMILY TEAM ICC (CFTICC).*

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A Case Conference is NOT…

- Internal Program Team Meetings
- Supervision Meetings

These meetings are NOT Documented or Billed.

****Billable exception people on same team:** Clinician & Doctor/NP from same team. Initial referral to FP/PSW on same team.

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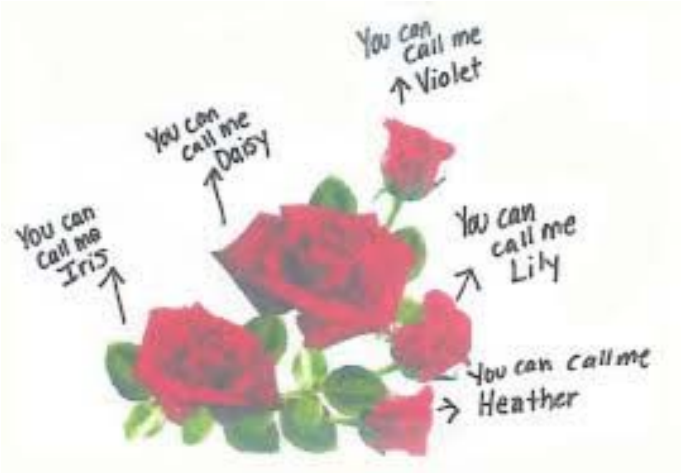
A Case Conference IS…

A meeting with multiple providers to **address client's care.** This could be called any of the following:



- Case Conference
- Complex Case Conference
- IEP
- CFT
- Multidisciplinary Team
- …or something else

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Discussion between multiple providers to **develop, review, or update a Treatment Plan** for a client could be claimed as…

Plan Development (6)

For MDs could be Med Support (17)

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Discussion between multiple providers concerning the **Assessment** of a client could be claimed as…

Assessment (5)

For MDs could be Med Support (17) or (14)

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Discussion between multiple providers concerning **coordination of services and linkage or referrals**, etc., could be claimed as…

Case Management 51/52

What is the service time for each person, 20 minutes each or the entire meeting time (60 minutes)?

- Multiple providers are involved in a meeting to address a client's needs.
- The meeting is 1 hour, there are 3 providers, each one talks for 20 minutes.

The Correct Answer is: 60 minutes plus travel time and documentation time for each provider

Quick Knowledge Check

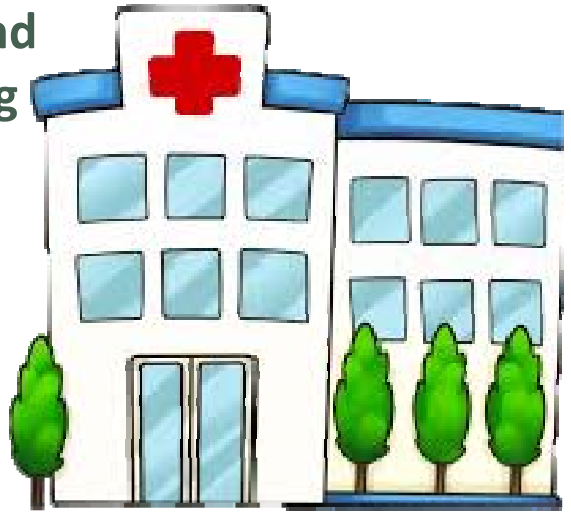
Document **what information was shared and how it can/will be used in planning for client care or services to the client.**

How did the conversation help to address the client's mental health condition?

Learning How to Link Conversation to MH Needs When Meeting with Other Professionals

Understanding How to Link MH

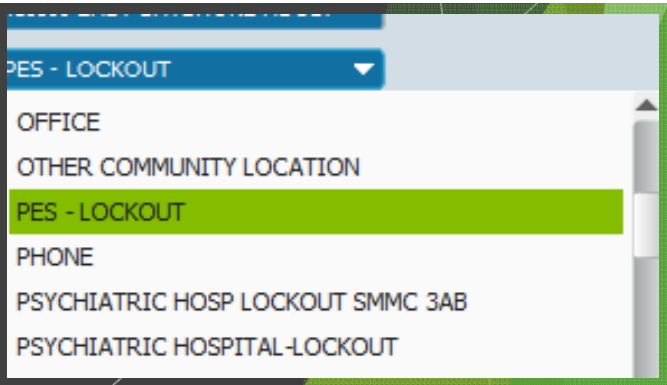
Document **what information was shared between you and the hospital staff, and how it can/will be used in planning client care or services to the client**.



- Are you working to find a placement?
- Identifying a safety plan to stabilize the client?
- Linking to the MD for meds at DC?

Use the correct Location Code. For hospital stays, what matters is <u>where the client is</u>, not where the provider is.

Talking with PES or Hospital Staff



Understanding How to Link MH Needs

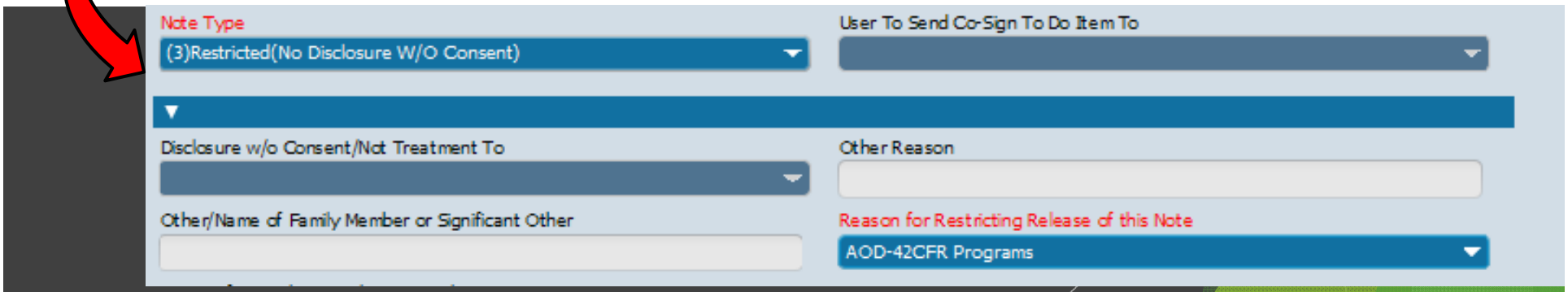
Document **what information was shared and how it can/will be used in planning for client care or services to the client.**

- How is the mental health condition impacted by the AOD conditions?
- How are these two issues linked?

In every progress note, link the two.

To improve the client's ability to maintain living in the community, the need to comply with MD's medication recommendation as prescribed and decrease the risk of an accidental overdose, substance use issues were discussed. Need for the AOD program to maintain medication schedule and discuss any concerns with the MD before making any changes.

When talking with an AOD provider, restrict the progress note.



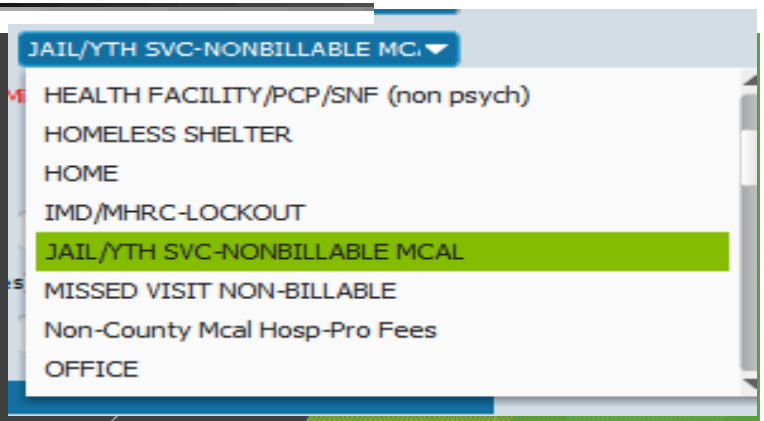
Understanding How to Link MH Needs

Document **what information was shared and how it can/will be used in planning for client care or services to the client.**

- What information did you share about the MH treatment needs?
- Did you inform the PO of the client's mental health condition and needed follow-up care?

Use the correct Location Code. For jail stays, what matters is <u>where the client is</u>, not where the provider is.

Talking to Probation/ Correctional Officer



Understanding How to Link MH Needs

Document **what information was shared and how it can/will be used in planning for client care or services to the client.**

- How do their medical needs relate to their mental health condition?
- How does stabilizing their medical condition improve their mental health symptoms?

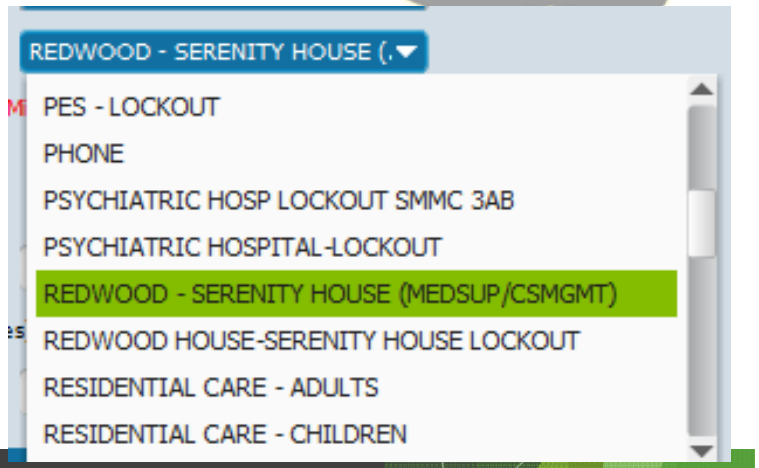
Talking with Primary Care

Understanding How to Link MH Needs

Document **what information was shared and how it can/will be used in planning for client care or services to the client.**

- How did you link with Redwood House to plan for discharge, lower level of care?
- How will you ensure that their mental health needs (not just housing) are met?

Use the correct Location Code. For Crisis Residential, what matters is <u>where the client is</u>, not where the provider is.



Talking to Redwood House or Serenity House Staff

Understanding How to Link MH Needs

Document **what information was shared and how it can/will be used in planning for client care or services to the client.**

Include how an improvement in life functioning – at school or in work/vocational settings – is linked to decreasing the mental health symptoms/impairments.

Include how working with the client to control their mental health symptoms in these settings is aimed at improving their overall functioning and ability to remain at their current level of care.

IEP and talking with School/Vocational Staff

Case Conference Scenario #1

Scenario #1: Case Conference Youth Client

Meeting at school to address Client's increased absences and behavior problems in the classroom

55 minutes at School

Client

Clinician

Mental Health Counselor/OT Worker

Parent

Teacher

Scenario #1: Case Conference Youth Client

Clinician Attended Meeting for 55 minutes
Traveled to and from client's school (28 minutes) to address client's increased absences and behavior problems in the classroom.
"The client, John Doe-Clinician , Sue Right- Mental Health Counselor/OT , Client's Mother and Ms. Teacher attended the meeting.
Due to the client's increased inability to control his energy level in the classroom related to ADHD symptoms, he reports not wanting to go to school and reports it is too hard to stay in the classroom. The client was able to stay in the meeting, however he repeatedly raised his voice and walked around the classroom. It was determined that adding rehab services in home in the AM and the classroom would be tried to help him improve his attendance and behavior. The teacher reports that he has not been taking his noon medication due to being out. Mother agreed to follow up with the PCP. The treatment plan was amended. The client and mother agreed to the addition of rehab services in the home in the AM and in the classroom for the next month (M-F)."
Plan Development (6)
Service Time Client Present in Person = 55 minutes
Other Billable Service Time = 63 min (10 minutes progress note, 25 minutes updating treatment plan, travel 28)
Location code- School


Client



Clinician


Mental Health Counselor/OT Worker


Parent


Teacher

29rV

Scenario #1: Case Conference Youth Client

Mental Health Counselor/OT Attended Meeting for 55 minutes. Traveled to and from client's school (35 minutes) to address client's increased absences and behavior problems in the classroom.

"The client, John Doe-Clinician, Sue Right- MHC/OT Worker, Client's Mother and Ms. Teacher attended the meeting.
Due to the client's increased inability to control his energy level in the classroom, he reports not wanting to go to school and reports it is too hard to stay in the classroom. The client was able to stay in the meeting, however he repeatedly raised his voice and walked around the classroom. It was determined that adding rehab services in home in the AM and in the classroom would be tried to help him improve his attendance and behavior. The teacher reports that he has not been taking his noon medication due to being out. Mother agreed to follow up with the PCP. The treatment plan was amended. The client and mother agreed to the addition of rehab services in the home in the AM and in the classroom for the next month (M-F)."

Plan Development

Service Time Client Present in Person: 55 minutes
Other Billable Service Time: 70 minutes (10 minutes progress note, 25 developing goal/star chart, travel 35)
Location code- School

Client

Clinician

Mental Health Counselor/OT Worker

Parent

Teacher

Case Conference Scenario #2

Scenario #2: Case Conference Adult Client

Case Conference to address Client's possible change in housing placement due to not following the rules:

55 minutes at South County Adult Clinic

Client

BHRS Case Manager

BHRS MD

Peer Support Worker

Contractor Case manager

ARM Case Manager

Scenario #2: Case Conference Adult Client

Client's symptoms of schizophrenia are increasing. The team evaluates possible needed changes in housing and considers a higher level of care

The client, BHRS case manager, BHRS MD, Peer Support Worker, Contractor Case Manager, and ARM Case Manager attend the meeting

Client

BHRS Case Manager

BHRS MD

Peer Support Worker

Contractor Case manager

ARM Case Manager

Scenario #2: Case Conference Adult Client

SCMH Case Manager attended the session for 55 minutes.

"Case meeting was held at SCMH. Client, Jim Joe, BHRS Case Manager, Dr. Sue, BHRS MD, Harry How, Peer Support Worker, Callie Kay, Contractor Case Manager, and Jane Smith, ARM Case Manager attended the meeting.

Due to the client's increased symptoms of paranoia and lack of personal hygiene, the client is at risk of losing housing. The purpose of this meeting was to share information and develop treatment goals to maintain the client at their current housing placement.
The client was able to stay in the meeting, however was inattentive throughout. It was determined that adding additional mental health rehab services in the placement would be attempted to maintain the client in the home. The treatment plan was amended. The client agreed to the addition of a PSW and additional rehab sessions."

Plan Development (6)
Service Time Client Present in Person = 55 min
Other Billable Service Time = 35 minutes (10 min PN, 25 min updating treatment plan)
Location code- Office


Client


BHRS Case Manager


BHRS MD


Peer Support Worker


Contractor Case manager


ARM Case Manager

34rV

Scenario #2: Case Conference Adult Client

SCMH MD attended the session for 10 minutes.

"Case meeting was held at SCMH. Client, Jim Joe, BHRS Case Manager, Dr. Sue, BHRS MD, Harry How, Peer Support Worker, Callie Kay, Contractor Case Manager, and Jane Smith, ARM Case Manager attended the meeting.

Due to the client's increased symptoms related to schizophrenia including paranoia and lack of personal hygiene, the client is at risk of losing housing. Evaluated client's current medication dose. The client has medication compliance issues, client reports some substance use, and client appeared to be responding to internal stimuli, and presented with negative SX (poor hygiene, not responding). Ordered labs, tox screen, and increased dose of anti-psychotic."

Medication Support (15)
Service Time Client Present in Person = 10 min
Other Billable Service Time = 35 minutes (10 min PN, minutes order labs, tox screening, and call in prescription)
Location code- Office


Client


BHRS Case Manager



BHRS MD


Peer Support Worker


Contractor Case manager


ARM Case Manager

Scenario #2: Case Conference Adult Client

SCMH Peer Support Worker attended the session for 55 minutes, worked with client before and after Case Conference (30 min)

"Case meeting was held at SCMH, client, Jim Joe, BHRS case manager, Dr. Sue, BHRS MD, Harry How, Peer Support Worker, Callie Kay, Contractor Case Manager, and Jane Smith, ARM Case Manager attend the meeting.
This PSW was asked to meet with the client to talk about his hygiene. He is at risk of losing housing due to not bathing. Before the meeting we talked about how often he is bathing and what he is willing to do to keep his placement. In the case conference I shared the client's report that he wanted to stay in the placement and his report to be willing to improve his hygiene. The client agreed to meet with this PSW 3x/week to stay on track with this placement's requirement. After the case conference we checked in and the client reporting feeling ok with how the meeting went."

Rehab (7)
Service Time Client Present in Person= 85 min
Other Billable Service Time = 10 minutes progress note
Location code- Office


Client


BHRS Case Manager


BHRS MD


Peer Support Worker


Contractor Case manager


ARM Case Manager

Scenario #1: Case Conference Adult Client

Contractor Case Manager attended the session for 55 minutes- traveled to and from the meeting (40 minutes)

"Case meeting was held at SCMH, client, Jim Joe, BHRS case manager, Dr. Sue, BHRS MD, Harry How, Peer Support Worker, Callie Kay, Contractor Case Manager, and Jane Smith, ARM Case Manager attend the meeting.
Due to the client's increased symptoms of paranoia and lack of personal hygiene, the client is at risk of losing housing. The purpose of this meeting was to share information and development treatment goals to maintain the client at their current housing placement.
The client was able to stay in the meeting however was inattentive throughout. It was determined that SCMH would add additional mental health rehab services in the placement to attempt to maintain the client in the home. The client agreed to the addition of a PSW and additional rehab sessions. The client will remain on a 1 month agreement to determine if he can meet the placement requirements."

Case Management (51)
Service Time Client Present in Person= 55 minutes
Other Billable Service Time = 50 min (10 min PN, 40 min travel)
Location code- Field


Client


BHRS Case Manager


BHRS MD


Peer Support Worker


Contractor Case manager


ARM Case Manager

Scenario #2: Case Conference Adult Client

ARM Case Manager attended the session for 55 minutes (traveled from another county clinic 35 min)

"Case meeting was held at SCMH, client, Jim Joe, BHRS case manager, Dr. Sue, BHRS MD, Harry How, Peer Support Worker, Callie Kay, Contractor Case Manager, and Jane Smith, ARM Case Manager attend the meeting.
Due to the client's increased symptoms of paranoia and lack of personal hygiene the client is at risk of losing housing. The case manager was asked to assess if the client would meet the placement requirements for a higher level of care. Conducted review of the client's chart, asked the client several questions about his functioning in the conference to determine current LOC needs. Completed medical necessity screening and placed client on potential placement list- he did not meet the requirement for increased LOC today and will be reassessed in 1 month."

Assessment (5)

Service Time Client Present in Person = 55 minutes
Other Billable Service Time = 50 min (10 min PN, 40 min to review assessment and completed medical necessity screening)
Other Non-Billable Service Time = 35 minutes
Location code- Field


Client


BHRS Case Manager


BHRS MD


Peer Support Worker


Contractor Case manager


ARM Case Manager

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Questions