Mental Health Coding, Documenting & Billing for Meeting with Other Professionals, CFT, Case Conference: *Growing your Collaborations*

Presented by BHRS Quality Management

1poll

Updated 10.27.2020

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

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 Deteriorating	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.*

Meeting with Other Professionals

When providing a **non-group service with multiple providers**, each provider must write their own progress note and describe their unique role and involvement in the service in order to bill.

Exception: one note (to bill for two providers) can be written for group services.

Meeting with Other Professionals

Any service time billed,

which may include active listening time,

must be supported by documentation…

AKA a Progress Note.

Case Conferences

- "Case Conference" is not specifically defined by DHCS. There is no specific "Case Conference" code.
- There is a special code for *CFT- CFT-ICC CHILDREN AND FAMILY TEAM ICC (CFTICC).*
- 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.

A Case Conference is NOT…

- Internal Program Team Meetings
- Supervision Meetings

These meetings are NOT Documented or Billed.

BILLABLE EXCEPTION (for people on the same team):

- Clinician and Psychiatrist/NP
- Initial referral to Family Partner

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- Individualized Education Plan
CFT- Child and Family Team meeting
Multidisciplinary Team
…or something else

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)

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)

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

14poll

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

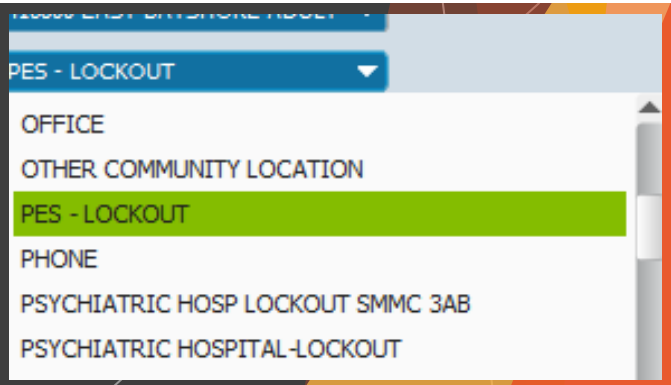
Understanding How to Link MH Needs

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

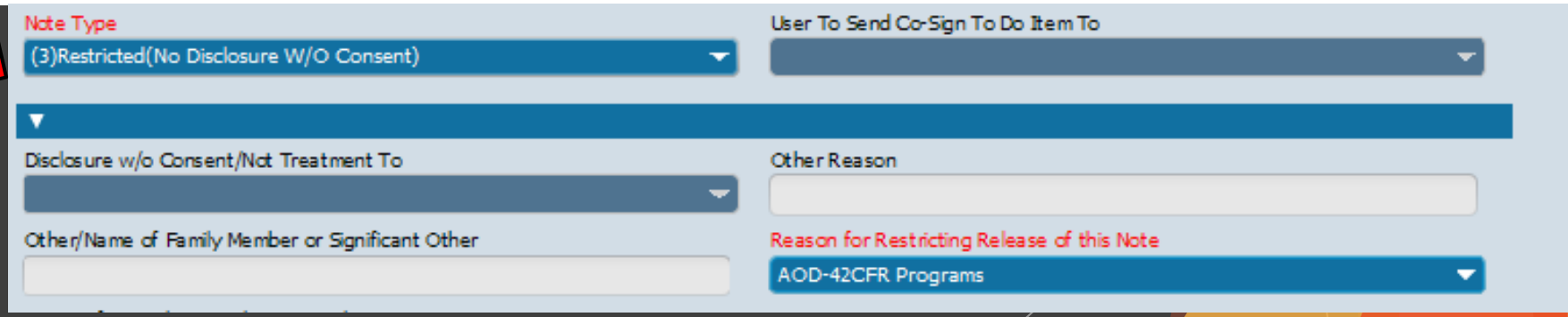
Document **what information was shared and how it can/will be used in planning for client care or services to the client.**

- 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.



Talking with AOD Staff

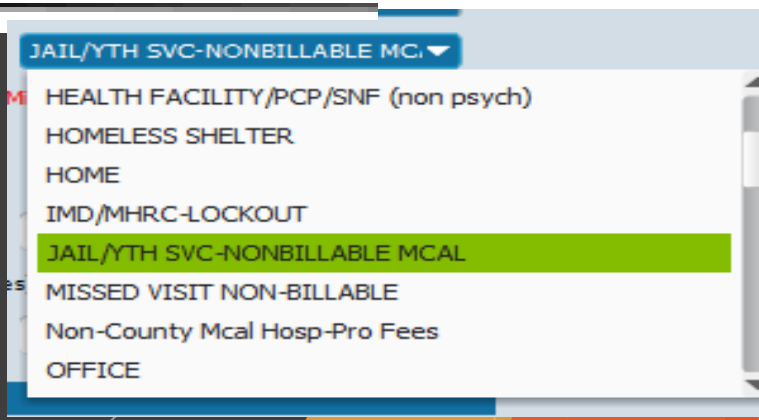
Understanding How to Link MH Needs

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

- 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?

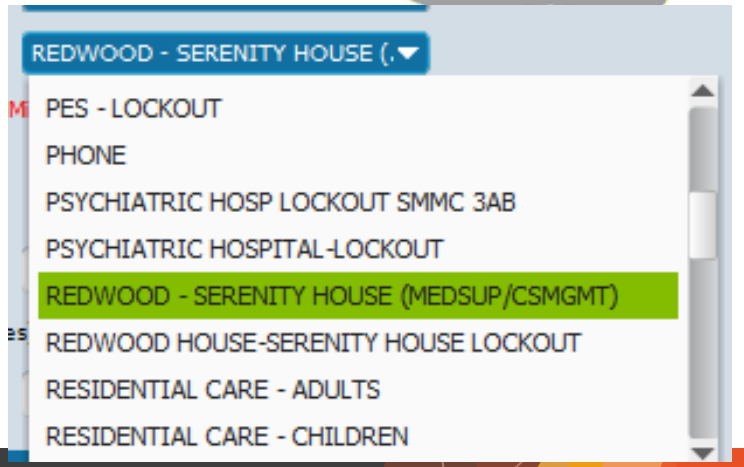
Talking with Primary Care

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

- 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
Understanding How to Link MH Needs

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 traveled to and from client's school (28 minutes) to address client's increased absences and behavior problems in the classroom. Clinician attended the meeting for 55 minutes. In attendance were: client, this clinician, Sue Right (Mental Health Counselor/OT), client's mother, and Ms. Teacher (client's teacher). Due to client's increased inability to control his energy level in the class due to this ADHD symptoms, client has not wanted to attend school and stated that it's difficult to stay in the classroom. Ms. Teacher reported that client had been missing daily medication due to being absent. Client's mother stated that she would consult with the client's PCP about this. It was determined that rehabilitation services would be provided in the home and school for the next month in an effort to reduce negative behaviors and improve attendance.
Following the meeting, the clinician amended the client's treatment plan to reflect these changes (25 minutes).

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

Scenario #1: Case Conference Youth Client

This Mental Health Counselor/OT traveled to and from client's school (35 minutes) to address client's increased absences and behavior problems in the classroom. This writer attended the meeting for 55 minutes. In attendance were: client, this clinician, Sue Right (mental health counselor/OT), client's mother, and Ms. Teacher (client's teacher).

Due to client's increased inability to control his energy level in the class due to this ADHD symptoms, client has not wanted to attend school and stated that it's difficult to stay in classroom. Ms. Teacher reported that client had been missing daily medication due to being absent. Client's mother stated that she would consult with the client's PCP about this. It was determined that rehabilitation services would be provided in the home and school for the next month in an effort to reduce negative behaviors and improve attendance. Following the meeting, this writer spent time developing a goal chart for the client.

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

27 poll

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

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 at South County Mental Health clinic. This case manager attended the session for 55 minutes.

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 and unresponsive throughout. It was determined that additional mental health rehab services would be added to assist the client in maintaining their placement. The client agreed to the addition of a Peer Support Worker and additional rehab sessions. Following the meeting, this case manager amended the treatment plan.

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

Scenario #2: Case Conference Adult Client

The meeting was held at South County Mental Health clinic. 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. This MD attended the meeting for 10 minutes.

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. This writer evaluated client's current medication dose. The client has medication compliance issues and client reports some substance use. During the meeting the client appeared to be responding to internal stimuli and presented with negative symptoms (poor hygiene, unresponsive to others). Following the meeting, this writer ordered labs, tox screen, and increased client's dose of anti-psychotic medication.

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

Case meeting was held at South County Mental Health clinic. The 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 SCMH Peer Support Worker (PSW) attended the session for 55 minutes and worked with client before and after case conference (30 min).
This PSW was asked to meet with the client to talk about his hygiene as 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 that he was willing to improve his hygiene. The client agreed to meet with this PSW 3x/week to stay on track with his placement's hygiene requirements. After the case conference this PSW checked in with the client who reported feeling "okay" 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 #2: Case Conference Adult Client

Case meeting was held at South Coast Mental Health (SCMH) clinic. The 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 Contractor Case Manager attended the session for 55 minutes- traveled to and from the meeting (40 minutes) 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 assist the client in maintaining their current housing placement.

The client was able to stay in the meeting however was inattentive and unresponsive throughout. It was determined that SCMH would add additional mental health rehab services to assist client in maintaining his placement. The client agreed to the addition of a Peer Support Worker (PSW) and additional rehab sessions for a period of one month.

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

Case meeting was held at South County Mental Health clinic. The 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 ARM Case Manager attended the session for 55 minutes and traveled from another county clinic for 35 minutes (time not billed).
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 needed a higher level of care and would meet the placement's requirements. This writer asked the client several questions to assess his current functioning and level of care (LOC) needs. After the meeting, this writer conducted a review of the client's chart and completed a medical necessity screening and placed client on a potential placement list as they did not meet the requirement for increased LOC today. Client will be reassessed in one 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

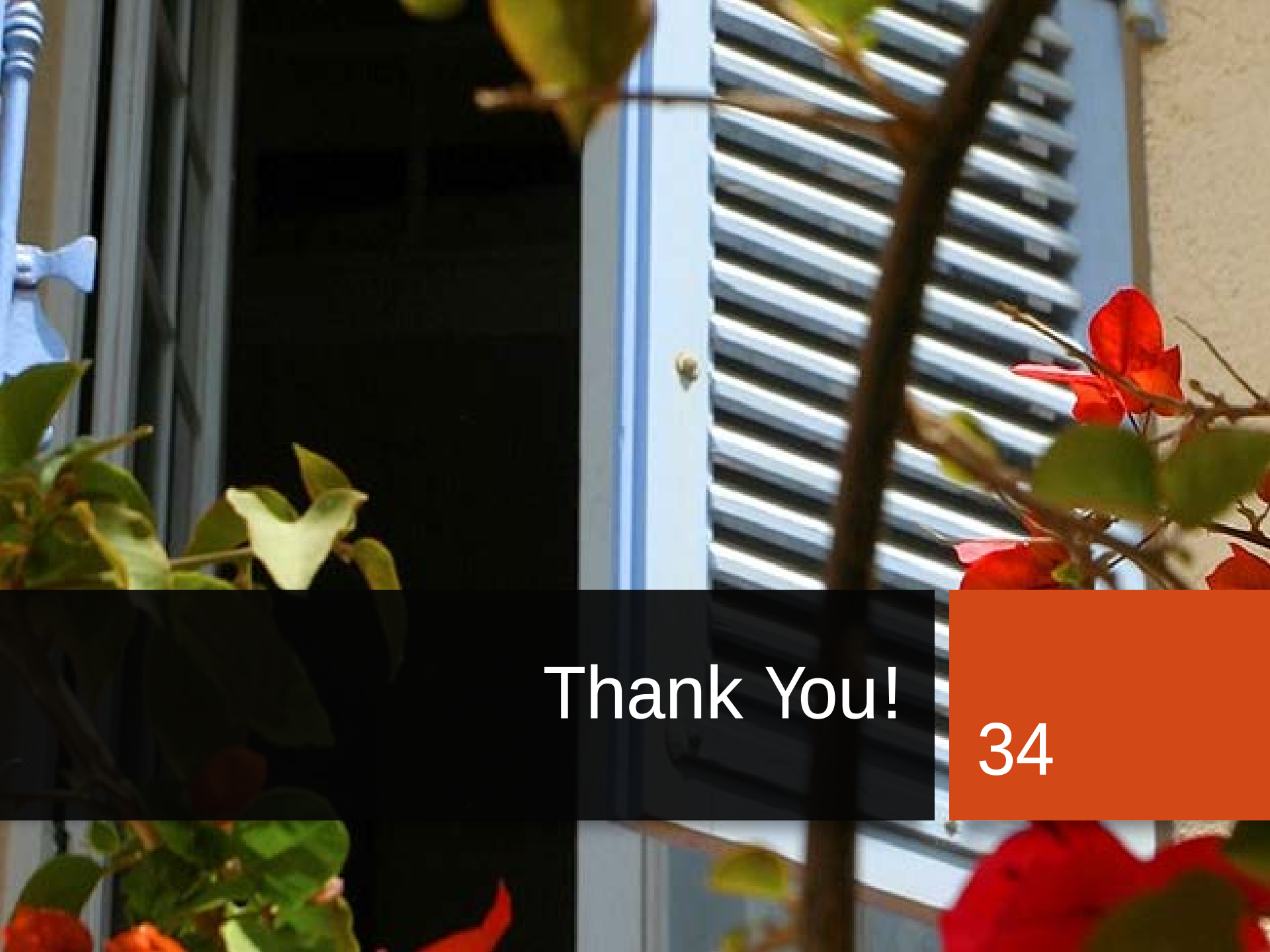

BHRS Case Manager


BHRS MD


Peer Support Worker


Contractor Case manager


ARM Case Manager



Thank You!