



# County of San Bernardino Department of Behavioral Health

## INFORMATION NOTICE 10-03

Date: 02/02/2010

To: DBH Staff  
Contract Agencies

From: Allan Rawland, Director

Subject: Simon Update for Short Doyle/Medi-Cal Phase II

**MHS Change** The SERVICE ENTRY screen in Simon for **MHS** have been updated with following fields:

- Client Pregnant
- Emergency

**Pregnancy and Duplicate Service Indicators (Client Service Level)**

Please review the following as reference to address these fields as this information will be in the new Mental Health Services Reference Manual when it is released.

**MHS SERVICE ENTRY**

There are several different ways to enter services (i.e. single, daily, weekly, and indirect).

simon.r2w - Reflection for UNIX and Digital  
File Edit Connection Setup Macro Window Help

Single Service Entry  
Service Lookup

Client Number: Service Date: 1 / 4 / 2010 RU:

Procedure:  
Staff: Staff Duration: Number in Group: 01  
Co-Staff: Location:  
Billing Code: Modifier\_1: Modifier\_2:  
EBP/SS: Client Pregnant: N Emergency: N

Form Ok Y/N: Confidential Information USER: TERRAL\_P

Enter a reporting unit.

292, 70 VT400-7 - simon via TELNET

# County of San Bernardino Department of Behavioral Health

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### MHS SERVICE ENTRY (continued)

#### Single Service Entry

Most programs enter services daily using single service entry.

#### *To do single service entry:*

1. Choose SERVICES from the Main Menu.
2. Choose SINGLE from the Service Maintenance screen.
3. Enter:
  - **RU:** Enter the reporting unit number for your program and press enter. The system validates the number and displays the program's name.
  - **Client Number:** Enter the client number. When all the data has been entered, the system will display the name of the client. At the time, review the client name to be sure you are entering services for the correct client.
  - **Date:** Enter a date in the format MM/DD/YY. You cannot enter a future date. You must enter a date during the client's episode period and the program operation dates.
  - **Procedure:** Enter a three-digit procedure code. It must be a valid procedure for the program.
  - **Staff:** Enter a staff identification number. The staff number will be validated for authorizations to perform the service you are entering.
  - **Co-Staff:** If there was a co-staff, enter the staff identification number. You may only enter one co-staff in this system.
  - **Staff Duration:** Enter the number of hours and minutes the primary staff person spent rendering the service. Enter up to twenty-three hours and up to fifty-nine minutes in the two positions of the field. There is a fixed minimum and maximum time for different services.
  - **Co-Staff Duration:** If there was co-staff, enter the time they spent on the service, in the same way as Staff Duration.
  - **Number in Group:** Enter a number from 1 to 99 indicating how many *clients* were involved in the service. The default is 01, for an individual service. If you are recording group services, enter the number of clients in the group. (For example, if Staff Person A and B have a group with 10 members that met today for 1 hour with all members present, enter 10 here. SIMON will record a service for each client number, with the staff numbers of A and B, the procedure code for a group, a group count of 10, and the time each staff person spent in the service. Each client will be billed correctly for the group service, and each staff person will be credited correctly for the time spent in the service.)
  - **Location:** Enter a location code from 0 to 21.
  - **Billing Code:** Enter a billing code.
  - **Modifier 1:** Enter modifier 1.
  - **Modifier 2:** Enter modifier 2.
  - **Evidence Based Practice / Service strategy:** Enter EBP / SS codes. (These fields require leading zeroes.)

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# County of San Bernardino

## Department of Behavioral Health

### INFORMATION NOTICE 10-03, Continued

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#### MHS SERVICE ENTRY (continued)

- **Client Pregnant & Emergency:**
    - 1) If the client is not female, do not check “Y”.
    - 2) If the service is a Perinatal service, always check “Y”
    - 3) The following restricted Medi-cal Aid Codes should utilize the indicator field (Aid codes can be located on the Eligibility):
      - Pregnancy and Emergency Services ONLY – mark Indicator with “Y” = 8T, 1U, 3T, 3V, 5F, 5J, 5R, 5T, 5W, 55, 58, 6U, 7C, 7K
      - Pregnancy Only Services = mark indicator with “Y” = 48, 44
      - Emergency Only Services = mark indicator with “Y” = 8N, 69, 74
      - Post Partum Services ONLY - Starts delivery date and ends the last day of the month of the 60<sup>th</sup> day. = 76
      - Medicare Only Services = 80
  - **Duplicate Services Codes:**
    - 59 – Distinct Procedural Service
    - 76 – Repeat Procedure by Same person
    - 77 – Repeat Procedure by Different person
4. When you are done, enter “Y” at the Form OK prompt. The system validates the data and displays the client’s name. If there are incorrect values in any field, it will display an error message and return the cursor to that field.
5. Once the data is correct, the system will ask for confirmation before saving it. Enter “Y” at the Confirm prompt to save the entry.

#### **Special Authorizations for the Single Service Entry Screens**

Authorized personnel can use these special features of the Single Service Entry Screen.

- **Late Entry:** Press Num Lock-A once to invoke Late Entry authorization. For example, if data entry for April is closed on May 5, Late Entry authorization lets you enter services after that time.
- **Supervisor:** Press Num Lock-A twice to invoke Supervisor authorization, which lets you override system validations in the Staff, Co-Staff, Group Count, Staff Duration, Co-Staff Duration and Location fields, but not episode boundaries. This is useful for recording unusual services.
- **Supervisor and Late Entry:** Press Num Lock-A three times to invoke both Supervisor and Late Entry authorization.

**NOTE:** See sample revised CDI attached.

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# Universal CDI Code Set by Type (as of 12/22/2009)

## Administrative Codes

300 No Show  
 302 No Show Walk-In  
 304 Rescheduled  
 305 Clinic Canceled  
 306 Patient Canceled Walk-In  
 307 Appt Rescheduling  
 309 Patient Canceled  
 403 Leave and Holiday  
 404 Training Given  
 405 Training Received  
 406 Dept Travel Time  
 407 Local Meeting  
 408 Departmental Meeting  
 409 Interagency Meeting  
 410 Other Meeting  
 418 Approved Special Assignment  
 419 Administrative Duties NOS  
 457 Clinical Supervision Provided  
 458 Clinical Supervision Received  
 459 Admin Supervision Provided  
 460 Admin Supervision Received

## Assessment Codes

331 Assessment  
 332 Assessment AB2726  
 333 Assessment Walk-In  
 334 Assessment Hosp Aftercare  
 337 Assessment Telmed  
 684 Assessment Healthy Homes

## CalWORKs Codes

310 Collateral  
 320 Psych Testing  
 330 Assessment  
 340 Family Therapy  
 340 Individual Therapy  
 350 Group Therapy  
 360 Medications  
 370 Crisis Intervention  
 520 MHS Plan Development  
 550 Rehab/ADL

## Case Management Codes

541 Placement Service  
 542 Placement Services AB2726  
 544 Placement Hospital Aftercare  
 561 Linkage & Consultation  
 562 Linkage & Consultation AB2726  
 564 Case Mgmt Walk-In  
 566 Link/Cons Hospital Aftercare  
 567 Linkage Telmed  
 571 Plan Development Case Mgmt  
 572 Plan Development AB2726  
 574 Plan Devel CM Hosp Aftercare  
 579 Plan Devel CM AB2726  
 693 Healthy Homes Placement  
 696 Link/Consultation Healthy Homes  
 697 Plan Devel CM Healthy Homes

## Conservatorship Invest

621 Conservatorship Invest  
 631 Conservatorship Admin

## Collateral Codes

311 Collateral  
 312 Collateral AB2726  
 313 Family Collateral  
 314 Collateral HAS  
 315 Collateral  
 316 Collateral Walk-In  
 317 Collateral Telmed  
 681 Collateral Healthy Homes  
 683 Family Coll Healthy Homes

## Crisis Intervention Codes

371 Crisis Intervention  
 372 Crisis Intervention AB2726  
 373 Crisis Walk-In  
 377 Crisis Telmed  
 688 Crisis Healthy Homes

## Day Treatment Codes

286 Half Day Intens Day Tx AB  
 291 Day Tx Habil Half Day  
 292 Day Care Habil AB2726  
 295 Day Tx Habil Full Day  
 296 AB Day Tx Habil Full

## Group Billing Codes

351 Group  
 351 Family Group  
 352 Group AB2726  
 686 Group Healthy Homes

## Individual Therapy Codes

341 Individual  
 341 Family/Individual  
 342 Individual AB2726  
 347 Individual Telmed  
 685 Individual Healthy Homes  
**Indirect (non-billed) Services**  
 411 Mental Health Promotion Adult  
 412 MH Promotion AB2627  
 417 Mental Health Promotion Child  
 420 AB2627 Mediation/Due Process  
 421 Community Client Contact Adult  
 422 CC Contact AB2726  
 423 Interpretation Services  
 427 Community Client Contact Child  
 433 DT Tx Support Adult  
 434 DT Tx Support AB2726  
 437 DT Tx Support Child  
 442 Classroom Observation  
 452 I.E.P.  
 461 Placement Evaluation  
 462 Hospital Liaison  
 463 Court Appearances  
 661 Case Mgmt Support  
 662 Case Mgmt Support AB2726

## TBS Service

581 Therapeutic Behavioral Service  
 582 TBS Assessment  
 583 TBS Treatment Plan  
 584 TBS Collateral  
 585 TBS Coaching

## Medication Support Codes

361 Medication  
 362 Medication AB2726  
 363 Medication Walk-In  
 365 Brief Medication Follow-up  
 367 Meds via Telmed  
 687 Meds Healthy Homes

## MHS Plan Development Codes

521 Plan Development  
 522 Plan Development AB2726  
 524 Plan Dev Hospital Aftercare  
 691 Plan Dev Healthy Homes

## Psych Testing Codes

321 Psych Testing  
 322 Psych Testing AB2726

## Quality Assurance Codes

395 QA Case Review/Direct  
 451 Non Medi Cal QA Chart Audit  
 454 MediCal QA Chart Audit  
 455 QA Committee Meeting/Indirect  
 456 QA Administration/Indirect

## Rehab/ADL Codes

551 Rehab/ADL  
 552 Rehab/ADL AB2726  
 554 Rehab/ADL Hospital Aftercare  
 557 Rehab ADL Telmed  
 695 Rehab/ADL Healthy Homes

## Unbilled Direct Service Codes

339 Assessment AB2627 NBC  
 330 Assessment NBC  
 310 Collateral NBC  
 319 Collateral AB2627 NBC  
 620 Conservatorship Investigation  
 379 Crisis Inter AB2627 NBC  
 370 Crisis Intervention NBC  
 539 Emergency Inter AB2627 NBC  
 530 Emergency Intervention NBC  
 519 Evaluation AB2726 NBC  
 510 Evaluation NBC  
 359 Group AB2627 NBC  
 350 Group NBC  
 349 Individual AB2726 NBC  
 340 Individual NBC  
 402 Intake No Show AB2726  
 289 Intens Day Tx AB2627 NBC  
 569 Linkage & Advocacy AB2726 NBC  
 560 Linkage & Consultation NBC  
 360 Medication NBC  
 369 Medication AB2627 NBC  
 549 Placement Services AB2726 NBC  
 540 Placement Services NBC  
 529 Plan Development AB2726 NBC  
 570 Plan Development Case Mgmt  
 520 Plan Development NBC  
 329 Psych Testing AB2627 NBC  
 320 Psych Testing NBC  
 559 Rehab/ADL AB2627 NBC  
 550 Rehab/ADL NBC  
 580 Therapeutic Behavioral Service NBC

## Evidence-Based Practices/Service

### Strategies EBP/SS

01 Assertive Community Treatment (ACT)  
 02 Supportive Employment  
 03 Supportive Housing  
 04 Family Psycho-education  
 05 Integrated Dual Diagnosis Treatment  
 06 Illness Management  
 07 Medication Management  
 08 New Generation Medications  
 09 Therapeutic Foster Care  
 10 Multi-systemic Therapy  
 11 Functional Family Therapy  
 12 Peer and/or Family Delivered Services  
 13 Psycho-education  
 14 Family Support  
 15 Supportive Education  
 16 Delivered in Partnership w Law Enforcement  
 17 Delivered in Partnership with Health Care  
 18 Delivered in Partnership with Social Services  
 19 Delivered in Partnership with  
 20 Substance Abuse Services  
 21 Integrated Services for Mental Health  
 And developmental Disability  
 22 Ethnic-Specific Service Strategy  
 23 Age-Specific Service Strategy  
 99 Unknown Evidence-Based  
 Practice/Service Strategy

## Service Location Codes

1 DBH Site  
 2 Field/OOC  
 3 Non Face-to-Face Service  
 4 Home  
 5 School  
 6 Satellite  
 7 [Not Used]  
 8 Jail  
 9 Inpatient  
 10 Homeless  
 11 Faith-based (Church, temple, etc)  
 12 Health Care/Primary Care  
 13 Age Specific Community Center  
 14 Client's Job Site  
 15 Licensed Care Residential Adult  
 16 Mobile Service  
 17 Non-traditional service location  
 18 Other Community location  
 19 Residential Care/Facility/Community  
 Treatment Facility  
 20 Tele-health  
 21 Unknown

## Duplicate Service Codes

59 Distinct Precedural Service  
 76 Repeat Procedure by Same Person  
 Repeat Procedure by Different Person

# GENERAL INSTRUCTIONS

## Universal Charge Data Invoice (CDI) - Mental Health Services

Revised December 22, 2009

The Charge Data Invoice (CDI) provides data relevant to services that have been provided so that billing or other cost allocation may be done. All services and CDI categories are now combined on a single page.

The CDI is completed for each workday and is submitted no later than the next day.

Information provided on the CDI must be accurate. It is unethical to distort information provided on the CDI. Inaccuracies may be viewed by the Department's Compliance Unit and by the Federal government as fraud.

See Outpatient Chart Manual Section 11 for detailed billing information. For exact service definitions, see DBH Service Function/Scope of Practice Summary and DBH MAA definitions.

A listing of common procedure codes in use as of Nov 2004 is on the second page of the universal CDI and may be printed on the back of the CDI if desired.

Please note Day Treatment billing is done using a printout from SIMON and is not included on this Universal CDI.

### ENTRIES

1. Clinic Name
  2. Reporting Unit in SIMON used as tracking number for site or service type
  3. Service Date is the date the billed service occurred
  4. Primary Staff Number is the SIMON staff number of the primary service staff.
  5. Client Number is the SIMON registration number of client.
  6. Client Name as it appears in medical record.
  7. Procedure Code - enter the procedure code for the service provided as identified in the chart note heading. Service type abbreviations on the CDI are the chart note headings that are to be used in chart notes. Please note that the same procedure code number is used in some cases for more than one service — e.g., 551 MHS-Rehab/ADL-Ind. and 551 MHS-Rehab/ADL-Grp.
  8. Group Count is the number of clients in a group.
  9. Primary Staff Time is the time spent on the service, related Plan Development, and charting for that service by the primary staff person, to the minute as near as possible — i.e., 126, 014 etc.; same as time entered on interdisciplinary note in chart for that person for that service.
  10. Co-Staff Number is the SIMON number of co-staff if there was a co-staff for the service.
  11. Co-Staff Time was time spent on the service, related Plan Development, and charting for that service by the co-staff person, to the minute as near as possible — i.e., 126, 014, etc.; same as time entered on interdisciplinary note in chart for that person for that service.
  12. Service Location Please see service location codes back of CDI or on chart forms. Must be same service location as entered on interdisciplinary note in chart for that service. For MAA service, please enter one of the two MAA Provider codes (SPMP provider 9, non-SPMP provider 8).
  13. **EBP/SS Please see Evidence-Based Practices/Service Strategies codes on back of CDI. Can enter up to 3 codes.**
  14. **Pregnancy Indicator This indicator needs to be marked "Y" when the approved aid code is "Pregnancy Services Only".**
  15. **Emergency Indicator This indicator needs to be marked "Y" if any of the following applies: when the approved aid code is "Emergency Services Only". Eligible services are crisis stabilization, crisis intervention and medication support (when emergency). 9 CCR 1810.216**
- NOTE: When the approved aid code is "Emergency Services or Pregnancy Only" one or the other indicator must be selected.**
16. Clk. OK is a check box used by clerical staff to keep track of data entry lines and/or for checking data entry.
  17. Staff signature affirms that all entries meet the requirements of the certification statement.
  18. Data Entry Done By and Date Entered for use by clerk entering CDI data into SIMON.