

Mode & Service Function Information

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

S/D Mode 05 = 24-Hour Services	SD/MC Mode 05 = Residential/PHF
	SD/MC Mode 07 = General Hospital
	SD/MC Mode 08 = Psych Hospital: Age < 21
	SD/MC Mode 09 = Psych Hospital: Age > 64
S/D Mode 10 = Day Services	SD/MC Mode 12 = Hospital Outpatient
S/D Mode 15 = Outpatient Services	SD/MC Mode 18 = Non-Hospital Outpatient

<i>S/D Mode of Service</i>	<u>Service Function</u>	<i>SD/MC Mode of Service</i>
05	10-18 Hospital Inpatient	07 08 09
05	19 Hosp. IP Admin Day	07 08 09
05	20-29 PHF	05
05	30-34 SNF Intensive	<u>Not Medi-Cal Eligible</u>
05	35 IMD Basic - No Patch	Not Medi-Cal Eligible
05	36-39 IMD with Patch	Not Medi-Cal Eligible
05	40-49 Adult Crisis Residential	05
05	50-59 Jail Inpatient	<u>Not Medi-Cal Eligible</u>
05	60-64 Residential Other	Not Medi-Cal Eligible
05	65-79 Adult Residential	05
05	80-84 Semi Supervised Living	<u>Not Medi-Cal Eligible</u>
05	85-89 Independent Living	Not Medi-Cal Eligible
05	90-94 MH Rehab Centers	Not Medi-Cal Eligible
10	20-24 Crisis Stabilization ER	12 18
10	25-29 Crisis Stab. Urgent Care	12 18
10	30-39 Vocational	Not Medi-Cal Eligible
10	40-49 Socialization	Not Medi-Cal Eligible
	60-69 SNF Augmentation	Not Medi-Cal Eligible
10	81-84 Day TX Intensive ½ Day	12 18
10	85-89 Day TX Intensive Full Day	12 18
10	91-94 Day Rehabilitation ½ Day	12 18
10	95-99 Day Rehabilitation Full Day	12 18
15	01-09 Case Management/Brokerage	12 18
15	10-19 Mental Health Services (MHS)	12 18
15	30-57, 59 MHS	12 18
15	58 TBS	12 18
15	60-69 Medication Support	12 18
15	70-79 Crisis Intervention	12 18

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

<i>S/D Mode of Service</i>	<u>Service Function</u>	<i>SD/MC Mode of Service</i>
20 – 42	00 Administration	Not Medi-Cal Eligible
45	10-19 Mental Health Promotion	Not Medi-Cal Eligible
45	20-29 Community Client Services	Not Medi-Cal Eligible
55	01-03 Medi-Cal Outreach	Not Medi-Cal Eligible
55	04-06 Medi-Cal Eligibility Intake	Not Medi-Cal Eligible
55	07-09 Medi-Cal Contract Admin.	Not Medi-Cal Eligible
55	11-13 Crisis Referral	Not Medi-Cal Eligible
55	14-16 MHS Contract Admin.	Not Medi-Cal Eligible
55	17-19 Discounted MH Outreach	Not Medi-Cal Eligible
55	21-23 SPMP Case Management	Not Medi-Cal Eligible
55	24-26 SPMP Program Planning	Not Medi-Cal Eligible
55	27-29 SPMP MAA Training	Not Medi-Cal Eligible
55	31-34 Non-SPMP Case Management	Not Medi-Cal Eligible
55	35-39 Non-SPMP Program Planning	Not Medi-Cal Eligible
60	20-29 Conservatorship Investigation	Not Medi-Cal Eligible
60	30-39 Conservatorship Administration	Not Medi-Cal Eligible
60	40-49 Life Support/Board & Care	Not Medi-Cal Eligible
60	60-69 Case Management Support	Not Medi-Cal Eligible
60	70 Client Housing Support Expenditures	Not Medi-Cal Eligible
60	71 Client Housing Operating Expenditures	Not Medi-Cal Eligible
60	72 Client flexible Support Expenditures	Not Medi-Cal Eligible
60	75 Non-Medi-Cal Capital Assets	Not Medi-Cal Eligible
60	78 Other Non-Medi-Cal Client support Expenditures	Not Medi-Cal Eligible

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

DEFINITION OF MODE OF SERVICE

A mode of service identifies the different kinds of services or activities provided to clients in the local mental health program.

Cost Reports and CSI (Client and Service Information System) Modes of Service are used for Cost Reports and Settlement and CSI.

SD/MC Modes of Service are used for Billing.

DEFINITION OF SERVICE FUNCTIONS

Service functions are the most specific level of reporting under modes of service. The numeric codes for service functions are usually expressed as ranges. This feature allows local programs the option of collecting cost and service data at an even more specific level. Not all modes of service have service functions.

SPECIFIC MODES AND SERVICE FUNCTIONS

MODE 05: 24-Hour Mode of Service

Services designed to provide a therapeutic environment of care and treatment within a residential setting. Depending on the severity of mental disorder, and the need for related medical care, treatment would be provided in one of a variety of settings.

The following SD/MC Modes are included in Cost Reports and CSI Mode 05:

05 – Psychiatric Health Facility, Adult Crisis Residential, or Adult Residential

07 – Inpatient Hospital Services of an acute care general hospital

08 – Psychiatric Hospital Services for individuals under 21

09 - Psychiatric Hospital Services for individuals age 65 and older

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 05:

Service Functions 10-18: Hospital Inpatient

Service Functions 10-18: Hospital Inpatient

Services provided in an acute psychiatric hospital or a distinct acute psychiatric part of a general hospital that is approved by the Department of Health Services to provide psychiatric services. Those services are medically necessary for diagnosis or treatment of a mental disorder in accordance with Section 1820.205.

MODE 05: Service Functions (continued)

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Service Function 19: Hospital Inpatient Administrative Days

"Administrative Day Services" means psychiatric inpatient hospital services provided to a beneficiary who has been admitted to the hospital for acute psychiatric inpatient hospital services, and the beneficiary's stay at the hospital must be continued beyond the beneficiary's need for acute psychiatric inpatient hospital services due to a temporary lack of residential placement options at nonacute residential treatment facilities that meet the needs of the beneficiary. (CCR, Title 9, Section 1810.202)

Service Functions 20-29: Psychiatric Health Facility (PHF)

"Psychiatric Health Facility" means a facility licensed by the Department under the provisions of California Code of Regulations, Title 22, Chapter 9, Division 5, beginning with Section 77001. For the purposes of this Chapter, psychiatric health facilities that have been certified by the State Department of Health Services as Medi-Cal providers of inpatient hospital services will be governed by the provisions applicable to hospitals and psychiatric inpatient hospital services, except when specifically indicated in context. (CCR, Title 9, Section 1810.236)

"Psychiatric Health Facility Services" means therapeutic and/or rehabilitative services provided in a psychiatric health facility, other than a psychiatric health facility that has been certified by the State Department of Health Services as a Medi-Cal provider of inpatient hospital services, on an inpatient basis to beneficiaries who need acute care, which is care that meets the criteria of California Code of Regulations, Title 9, Section 1820.205, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings. (CCR, Title 9, Section 1810.237)

Service Functions 30-34:

Intensive Skilled Nursing Facility (SNF)

A licensed skilled nursing facility which is funded and staffed to provide intensive psychiatric care and meets Title 9 staffing standards for inpatient services.

Service Function 35:

Institute for Mental Disease (IMD) Basic – No Patch

For this service function an IMD is a SNF where more than 50% of the patients are diagnosed with a mental disorder. The federal government has designated these facilities as IMDs.

Service Functions 36-39: IMD With Patch

Organized therapeutic activities that augment and are integrated into an existing skilled nursing facility.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 05: Service functions (continued)

Service Functions 40-49: Adult Crisis Residential

“Crisis Residential Treatment Service” means therapeutic or rehabilitative services provided in a non-institutional residential setting which 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. The service includes a range of activities and services that support beneficiaries 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, seven days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention. (CCR, Title 9, Section 1810.208)

Service Functions 50-59: Jail Inpatient

A distinct unit within an adult or juvenile detention facility which is staffed to provide intensive psychiatric treatment of inmates.

Service Functions 60-64: Residential Other

This service function includes children’s residential programs, former SB 155 programs, former Community Care Facility (CCF) augmentation, and other residential programs that are not Medi-Cal certified or defined elsewhere.

Service Functions 65-79: Adult Residential

“Adult Residential Treatment Service” means rehabilitative services, provided in a non-institutional, residential setting, for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service includes a range of activities and services that support beneficiaries 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, seven days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral. (CCR, Title 9, Section 1810.203)

Service Functions 80-84: Semi-Supervised Living

A program of structured living arrangements for persons who do not need intensive support but who, without some support and structure, may return to a condition requiring hospitalization. Housing units, which are to be shared by three to five persons, shall function as independent households with staff support in case of emergency as well as for regular assessments and assistance with the problems of daily living. This program may be a transition to independent living. Services may include provision of a rent subsidy.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 05: Service Functions (continued)

Service Functions 85-89: *Independent Living*

This program is for persons who need minimum support in order to live in the community. Clients may require rent subsidy and other assistance.

Service Functions 90-94:

Mental Health Rehabilitation Center

This is a 24-hour program, licensed by the State Department of Mental Health, which provides intensive support and rehabilitation services designed to assist persons 18 years or older, with mental disorders who would have been placed in a state hospital or another mental health facility to develop the skills to become self-sufficient and capable of increasing levels of independent functioning.

MODE 10: *Day Mode of Service*

Services that provide a range of therapeutic and rehabilitative programs as an alternative to inpatient care.

The following SD/MC Mode is included in Cost Reports and CSI Mode 10:

12 – Outpatient Hospital Services

18 – Non-Residential Rehabilitative Treatment

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 10:

Service Functions 20-24:

Crisis Stabilization - Emergency Room

“Crisis Stabilization” means a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who do meet the crisis stabilization contact, site, and staffing requirements described in CCR, Title 9, Sections 1840.338 and 1840.348. (CCR, Title 9, Section 1810.210) Crisis Stabilization shall be provided on site at a licensed 24-hour health care facility or hospital based outpatient program or a provider site certified by the Department or an MHP to perform crisis stabilization (CCR, Title 9, Section 1840.338 (a)). The maximum allowance provided in CCR, Title 22, Section 51516, for “crisis stabilization-emergency room” shall apply when the service is provided in a 24-hour facility, including a hospital outpatient department. (CCR, Title 9, Section 1840.105(a)(4))

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 10: Service Functions (continued)

Service Functions 25-29: Crisis Stabilization - Urgent Care

“Crisis Stabilization” means a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who do meet the crisis stabilization contact, site, and staffing requirements described in CCR, Title 9, Sections 1840.338 and 1840.348. (CCR, Title 9, Section 1810.210). Crisis Stabilization shall be provided on site at a licensed 24-hour health care facility or hospital based outpatient program or a provider site certified by the Department or an MHP to perform crisis stabilization (CCR, Title 9, Section 1840.338 (a)). The maximum allowance for “crisis stabilization-urgent care” shall apply when the service is provided in any other appropriate site. (CCR, Title 9, Section 1840.105(a)(4)).

Service Functions 30-39: Vocational Services

Services designed to encourage and facilitate client motivation and focus upon realistic and attainable vocational goals. To the extent possible, the intent is to maximize client involvement in skill seeking and skill enhancement, with an ultimate goal of self-support.

Service Functions 40-49: Socialization Services

Services designed to provide activities for persons who require structured support and the opportunity to develop the skills necessary to move toward more independent functioning.

Service Functions 60-69: SNF Augmentation

Organized therapeutic activities that augment and are integrated into an existing skilled nursing facility.

Service Functions 81-84: Day Treatment Intensive - 1/2 Day

Service Functions 85-89: Day Treatment Intensive - Full Day

“Day Treatment Intensive“ means a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the individual in a community setting, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. (CCR, Title 9, Section 1810.213)

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 10: Service Functions (continued)

Service Functions 91-94: Day Rehabilitation - 1/2 Day

Service Functions 95-99: Day Rehabilitation - Full Day

“Day Rehabilitation” means a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. (CCR, Title 9, Section 1810.212)

MODE 15: Outpatient Mode of Service

Services designed to provide short-term or sustained therapeutic intervention for clients experiencing acute and/or ongoing psychiatric distress.

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 15:

Service Functions 01-09: Case Management/Brokerage

Case Management/Brokerage means services that assist a beneficiary 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 beneficiary access to service and the service delivery system; monitoring of the beneficiary’s progress; placement services; and plan development. (CCR, Title 9, Section 1810.249)

Service Functions 10-18, 30-38, 40-48, 50-57: Mental Health Services

“Mental Health Services” means individual or group therapies and interventions that are designed to provide reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral. (CCR, Title 9, Section 1810.227)

Service Function 58: Therapeutic Behavioral Services (TBS)

“Therapeutic Behavioral Services” (TBS) are one-to-one therapeutic contacts for a specified short-term period of time between a mental health provider and a child or youth with serious emotional disturbances (SED). TBS is designed to maintain the child/youth’s residential placement at the lowest appropriate level by resolving target behaviors and

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Service Function 58: TBS (continued)

achieving short-term treatment goals. TBS is available to full-scope Medi-Cal beneficiaries under 21 years of age who meet MHP medical necessity criteria (children/youth with SED), are members of the certified class and meet the criteria for needing these services. A contact is considered therapeutic if it is intended to provide the child/youth with skills to effectively manage the behaviors or symptoms that are barriers to achieving residence in the lowest possible level.

The person providing TBS must be available on-site to provide individualized one-to-one, face-to-face behavioral assistance and one-to-one interventions to accomplish outcomes specified in the written treatment plan. The critical distinction between TBS and other rehabilitative mental health services is that a significant component of this service activity is having one provider on-site and immediately available to intervene for a specified period of time. The expectation is that the mental health provider would be with the child/youth for a designated time period specified in the treatment plan and that the entire time spent with the child/youth would be reimbursable. These designated time periods may vary in length and may be up to 24 hours a day, depending upon the needs of the child/youth. (See DMH Letter No.: 99-03)

Service Functions 19, 39, 49, 59:

Mental Health Services – Professional Inpatient Visit

These services are the same as Mental Health Services except the services are provided in a non-SD/MC inpatient setting by professional (former non-SD/MC Fee-For-Service) staff.

Service Functions 60-68: Medication Support Services

“Medication Support Services” means those services that 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 beneficiary. (CCR, Title 9, Section 1810.225)

Service Function 69:

Medication Support – Professional Inpatient Visit

These services are the same as Medication Support except the services are provided in a non-SD/MC inpatient setting by professional (former non-SD/MC Fee-For-Service) staff.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 15: Service Functions (continued)

Service Functions 70-78: Crisis Intervention

“Crisis Intervention” means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: 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 described in Sections 1840.338 and 1840.348. (CCR, Title 9, Section 1810.209)

Service Functions 79: Crisis Intervention – Professional Inpatient Visit

These services are the same as Crisis Intervention except the services are provided in a non-SD/MC inpatient setting by professional (former non-SD/MC Fee-For-Service) staff.

MODE 20: Administrative Support Mode of Service

Services provided in the administration of the total county mental health program.

Service Function 00: Administration

MODE 25: Research and Evaluation Mode of Service

Research – Centralized activities under the direction of the Local Mental Health Director designed to increase the scientific knowledge and understanding of the nature, cause, prevention, and treatment of mental, emotional, or behavioral disorders.

Evaluation – Scientific studies regarding the effectiveness and efficiency of specific mental health programs in which goals are clearly defined and achieved in measurable terms.

Service Function 00: Administration

MODE 40: Formal Training Mode of Service

Educational activities which are specifically designed to enhance the skills and knowledge of mental health staff. The educational activity is formally organized by a qualified instructor with specific learning objectives and is designed either to improve the quality of mental health services or improve the administration of the mental health program. Routine orientation of new staff is not included.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Service Function 00: Administration

MODE 41: Contract Administration Mode of Service

Services involved in the administration of provider contracts. Activities include, but are not limited to:

Negotiation – Activities necessary to effect the consummation of a contract. Includes preparation of materials and attendance at meetings.

Maintenance – Ongoing activity necessary for the process/payment of provider claims, the distribution of essential announcements, policies, bulletins, forms, etc., and the training of provider staff.

Service Function 00: Administration

MODE 42: Utilization Review Mode of Service

The evaluation of the necessity and appropriateness of the use of all reimbursed medical services, procedures, and facilities. Includes review of the appropriateness of admissions, services ordered and provided, length of stay, and discharge practices.

Service Function 00: Administration

MODE 45: Outreach Mode of Service

Services delivered in the community-at-large to special population groups, human services agencies, and to clients and families who are not usually clients of the county mental health program.

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 45:

Service Functions 10-19: Mental Health Promotion

Mental Health Service activities directed toward:

1. Enhancing and/or expanding agencies' or organizations' knowledge and skills in the mental health field for the benefits of the community-at-large or special population groups.
2. Providing education and/or consultation to clients and communities regarding mental health service programs in order to prevent the onset of mental health problems.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 45: Service Functions (continued)

Service Functions 20-29: Community Client Services

Activities directed toward:

1. Assisting clients and families for whom there is an open case record to achieve a more adaptive level of functional through single contact or occasional contact.
2. Enhancing or expanding the knowledge and skills of human service agency staff in meeting the needs of mental health clients.

MODE 55: Medi-Cal Administrative Activities (MAA)

MAA are the administrative activities necessary for the proper and efficient administration of the Medi-Cal program.

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 55:

Service Functions 01-03: Medi-Cal Outreach – Not Discounted / Activity A

1. Informing Medi-Cal eligibles or potential Medi-Cal eligibles about Medi-Cal services, including Short-Doyle/Medi-Cal services.
2. Assisting at-risk Medi-Cal eligibles or potential Medi-Cal eligibles to understand the need for mental health services covered by Medi-Cal.
3. Actively encouraging reluctant and difficult Medi-Cal eligibles or potential Medi-Cal eligibles to accept needed mental health and health services.

Service Functions 04-06: Medi-Cal Eligibility Intake – Not Discounted / Activity B

1. Screening and assisting applicants for mental health services with the application for Medi-Cal benefits.

Service Functions 07-08: Medi-Cal/Mental Health Services Contract Administration – Not Discounted / Activity D

1. Identifying and recruiting community agencies as Medi-Cal contract providers.
2. Developing and negotiating Medi-Cal provider contracts.
3. Monitoring Medi-Cal provider contracts.
4. Providing technical assistance to Medi-Cal contract agencies regarding county, state and federal regulations.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 55: Service Functions (continued)

Service Function 09: MAA Coordination and Claims Administration – Not Discounted / Activity H

1. Drafting, revising, and submitting MAA claiming plans.
2. Serving as liaison with claiming programs within the LGA and with the state and federal governments on MAA. Monitoring the performance of claiming programs.
3. Administrating LGA claiming, including overseeing, preparing, compiling, revising, and submitting MAA claims to the state.
4. Attending training sessions, meetings, and conferences involving MAA.
5. Training LGA program and subcontractor staff on state, federal, and local requirements for MAA claiming.
6. Ensuring that MAA claims do not duplicate Medi-Cal claims for the same activities from other providers.

Service Functions 11-13: Referral in Crisis Situations for Non-Open Cases – Discounted / Activity C

1. Intervening in a crisis situation by referring to mental health services.

Service Functions 14-16: Medi-Cal/Mental Health Services Contract Administration – Discounted / Activity D

1. Identifying and recruiting community agencies as mental health service contract providers serving Medi-Cal and non-Medi-Cal clients.
2. Developing and negotiating mental health service contracts serving Medi-Cal and non-Medi-Cal clients.
3. Monitoring mental health service contract providers serving Medi-Cal and non-Medi-Cal clients.
4. Providing technical assistance to mental health service contract agencies regarding county, state and federal regulations.

Service Functions 17-19: Medi-Cal Outreach – Discounted / Activity A

1. Informing at-risk populations about the need for and availability of Medi-Cal and non-Medi-cal mental health services.
2. Telephone, walk-in, or drop-in services for referring persons to Medi-Cal and non-Medi-Cal mental health programs.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 55: Service Functions (continued)

Service Functions 21-23: SPMP Case Management of Non-Open Cases – Discounted / Activity F

1. Gathering information about an individual's health and mental health needs, when performed by SPMP staff.
2. Assisting individuals to access Medi-Cal covered physical health and mental health services by providing referrals, follow-up, and arranging transportation for health care, when performed by SPMP staff.

Service Functions 24-26: SPMP Program Planning and Policy Development – Discounted / Activity E

1. Developing strategies to increase system capacity and to close service gaps.
2. Interagency coordination to improve delivery of mental health services to seriously mentally ill adults or seriously emotionally disturbed children or adolescents.

Service Functions 27-29: SPMP Training – Discounted / Activity G

1. SPMP training, given or received, which improves the skill levels of SPMP staff members in performing allowable SPMP enhanced Medi-Cal Administrative Activities, specifically SPMP program planning and development and SPMP case management of non-open cases.

Service Functions 31-34: Non-SPMP Case Management of Non-Open Cases – Discounted / Activity F

1. Gathering information about an individual's health and mental health needs.
2. Assisting individuals to access Medi-Cal covered physical health and mental health services by providing referrals, follow-up, and arranging transportation for health care.

Service Functions 35-39: Non-SPMP Program Planning and Policy Development – Discounted / Activity E

1. Developing strategies to increase system capacity and to close service gaps.
2. Interagency coordination to improve delivery of mental health services to seriously mentally ill adults or seriously emotionally disturbed children or adolescents.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

MODE 60: Support Services

Supplemental services which assist clients with supportive programs and activities that facilitate the provision of direct treatment services.

USE THE FOLLOWING SERVICE FUNCTIONS FOR MODE 60:

Service Functions 20-29: Conservatorship Investigation

Services provided by a designated investigator or agency to:

1. Collect, assess, and document for the court of jurisdiction the psychosocial and financial information necessary to support or deny a finding of grave disability consistent with established Lanterman-Petris-Short (LPS) criteria.
2. Evaluate the feasibility of available alternatives to conservatorship.
3. Make a recommendation to the court regarding conservatorship status.

Service Functions 30-39: Conservatorship Administration

Services provided by a designated conservator to manage, monitor, and coordinate a conservatee's financial resources and/or to assure the availability and adequacy of necessary treatment services and mental health social services.

Service Functions 40-49: Life Support/Board & Care

The board and care portion of 24-hour licensed residential care facility or skilled nursing facility. These costs are allowable expenditures for persons not covered by public or private resources.

Service Functions 60-69: Case Management Support

Case Management Support services are case management activities that are not specifically related to an identified client. Support Services would typically include the following kinds of activities:

1. Developing the coordination of systems and communications concerning the implementation of a continuum of care.
2. Establishing systems of monitoring and evaluating clients being served by case managers.
Facilitating the development and utilization of appropriate community resources.
3. Engaging in discussions and activities preparatory to a client's beginning an aftercare program and prior to client acceptance of the aftercare plan.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 60: Service Functions (continued)

Service Function 70: Client Housing Support Expenditures

The cost of providing housing supports, including housing subsidies for permanent, transitional and temporary housing; master leases; motel and other housing vouchers; rental security deposits; first and last month rental payments; and other fiscal housing supports. This does not include the capital costs used to purchase, build or rehab housing or the salaries and benefits of staff used to provide client housing supports. This category should not include service costs reported under Modes 05, 10, or 15. Units of service should not be reported for Service Function Code 70.

Service Function 71: Client Housing Operation Expenditures

The operating costs of providing housing supports to clients, including building repair and maintenance, utilities, housing agency management fees, insurance, property taxes and assessments, credit reporting fees, and other operating costs incurred in providing client housing supports. This does not include the capital costs used to purchase, build or rehab housing or the salaries and benefits of staff used to provide client housing supports. This category should not include service costs reported under Modes 05, 10 or 15. Units of service should not be reported for Service Function Code 71.

Service Function 72: Client Flexible Support Expenditures

The cost of providing supports to clients, family members, and their caregivers including cash payments, vouchers, goods, services, items necessary for daily living (such as food, clothing, hygiene, etc.), travel, transportation, respite services for caregivers, and other supports. This does not include housing supports and capital expenditures or the salaries and benefits of staff used to provide client flexible supports. This category should not include service costs reported under Modes 05, 10, or 15. Units of service should not be reported for Service Function Code 72.

Service Function 75: Non-Medi-Cal Capital Assets

The cost of capital assets dedicated solely to non-Medi-Cal activities may either be expensed in the year purchased or depreciated over the useful life of the asset. Expenses that should be reported under Service Function Code 75, provided such expenses are dedicated solely to non-Medi-Cal activities, include:

- Purchasing land or buildings used for client housing or other non-Medi-Cal activities (note land is not a depreciable asset)
- Construction or rehabilitation of housing, facilities, buildings or office/meeting spaces
- Related “soft” costs for development including strategies to build community acceptance for projects
- Vehicles
- Other capital assets dedicated solely to non-Medi-Cal activities.

PROVIDER FILE DEFINITIONS

MODES AND SERVICE FUNCTIONS

Mode 60: Service Functions (continued)

Mental health funds used to leverage other housing resources, including other collaborative housing projects, should be included under Service Function Code 75. Units of service should not be reported for Service Function Code 75.

The cost of capital assets included in the service costs per unit under Modes 05, 10 or 15 must be depreciated and should not be included in Service Function 75. Refer to the Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (HIM-15), Part 1, Chapter 1 for guidance on depreciation requirements.

Service Function 78: Other Non Medi-Cal Client Support Expenditures

The cost of salaries, benefits and related general operating expenditures incurred in providing non-Medi-Cal client supports not otherwise reported in Treatment or Outreach Programs (Mode 05, 10 or 55). Units of service should not be reported for Service Function Code 78.

