



Behavioral Health

SCOPE OF PRACTICE AND BILLING GUIDE

**Established:
March 22, 2016**

**Amended:
December 13, 2019
April 30, 2019**



Scope of Practice and Billing Guide

Greetings

Welcome to the latest revision of the Department of Behavioral Health's (DBH) Scope of Practice and Billing Guide (Guide). This Guide is intended to support and assist in providing excellence in Behavioral Health care, including successful compliance with all governing regulations, rules, and billing policies. This revision includes the addition of authorized service providers, clarification on ART/CRT billings and the addition of Therapeutic Foster Care (TFC).

Service definitions, as described within, have been cited from California Code of Regulations (CCR), Title 9, Chapter 11, Medi-Cal Specialty Mental Health Services (SMHS), and our Medicare Administrative Contractor (MAC), Noridian. Specific citations have been provided for your reference and review. In many cases, examples have been provided.

Please remember that all services as described must meet medical necessity and other requirements as described in the Outpatient Chart Documentation Manual. The information provided in no way represents a guarantee of payment. Benefits for all claims will be based on the client's eligibility, provisions of the law, regulations from Centers for Medicare and Medicaid Services (CMS), Medi-Cal managed care regulations, and the Department of Health Care Services. Although some examples of documentation have been provided throughout, we still encourage you to read the Outpatient Chart Documentation Manual in its entirety.

Please do not hesitate to contact us as we work together to serve the residents of San Bernardino County. If you have any questions or comments please feel free to contact Quality Management at (909) 386-8227 or DBH-QualityManagementDivision@dbh.sbcounty.gov. Thank you for your public service to the residents of San Bernardino County!

A handwritten signature in blue ink, appearing to be "T. Weaver".

Tamara Weaver, MPA, LCSW
Chief Quality Management Officer
Quality Management Division



Scope of Practice and Billing Guide

Table of Contents

Greetings	2
Table of Contents	3
Chapter 1 – Overview	5
Introduction.....	6
About this Manual.....	6
Quality Management Division	7
Modes of Service.....	7
Providers	8
Definitions and Clarifications.....	10
Billing Restrictions	11
Multiple Providers	12
Individualized Education Plan (IEP)	12
Travel	12
Medical Necessity for Adults.....	13
Chapter 2 – Reimbursable Services	15
Definition.....	16
Modes of Service 5/ Service Function Codes.....	16
Hospital Inpatient, SFC 10-18.....	16
Hospital Inpatient – Administrative Days, SFC 19.....	17
Psychiatric Health Facility, SFC 20-29.....	17
Adult Crisis Residential, SFC 40-49.....	18
Adult Residential, SFC 65-79.....	18
Modes of Service 10/ Service Function Codes.....	19
Crisis Stabilization – Emergency Room, SFC 20-24	19
Crisis Stabilization – Urgent Care, SFC 25-29	20
Day Treatment Intensive, SFC 81-89.....	22
Day Treatment Rehabilitative, SFC 91-99.....	24
Modes of Service 15/ Service Function Codes	26
Case Management – Linkage/ Consultation & Plan Development (Targeted Case Management), SFC 01-06, 08, 09.....	27
Case Management Placement, SFC 01-06, 08, 09.....	30
Intensive Care Coordination (Targeted Case Management), SFC, 07	33
Collateral, SFC 10-19	36
Assessment, SFC 30-56, 59	39



Scope of Practice and Billing Guide

Table of Contents, Continued

Psychological Testing, SFC 30-57, 59	41
Individual Therapy, SFC 30-56, 59.....	42
Group Therapy, SFC 30-56, 59.....	44
Rehabilitation/Activities of Daily Living (ADL Counseling), SFC 30-56, 59	46
Plan Development, SFC 30-56, 59.....	51
Intensive Home Based Mental Health Services, SFC 57.....	52
Therapeutic Behavioral Services, SFC 58	54
Medication Visit and Medication Education Group, SFC 60-68, 69	57
Crisis Intervention, SFC 70-79	63
Chapter 3 – Non-Reimbursable Services	65
Definition.....	66
Mental Health Promotion	66
Community Client Contact	67
Treatment Support.....	68
Day Treatment Support.....	69
Classroom Observation	70
Individualized Education Plan	71
Vocational.....	72
Hospital Liaison	73
Courtroom Appearances.....	74
Drug Screen	74
Conservatorship Investigation.....	75
Non-Service CDI Codes.....	76
Examples.....	78
Appendix A: Acronym/Abbreviation List.....	79



Scope of Practice and Billing Guide

Chapter 1 – Overview

Overview

Chapter 1 provides general information about the manual as well as definitions and clarifications of areas, which may assist in accurately billing services.

Contents

Topic	See Page
Introduction	6
About this Manual	6
Quality Management Division	7
Modes of Service	7
Providers	8
Definitions and Clarifications	10
Billing Restrictions	11
Multiple Providers	12
Individualized Education Plan (IEP)	12
Travel	12
Medical Necessity for Adults	13

Continued on next page



Scope of Practice and Billing Guide

Overview

Introduction

The Medi-Cal claims processing system enables California county Mental Health Plans (MHPs) to obtain reimbursement of Federal Financial Participation (FFP) funds for medically necessary Specialty Mental Health Services provided to Medi-Cal-eligible beneficiaries. The Quality Management Division (QMD) provides technical assistance and oversight to the Medi-Cal/Medicare claiming processes for the Department of Behavioral Health in San Bernardino County.

Guidelines for billing practices for Medicare, Part B, are also included in this manual. This information is based on Nordian guidelines (<https://www.noridianmedicare.com/>) and the Center for Medicare and Medicaid Services publications 100-1, Chapter 3; publication 100-2, Chapter 15; and publication 100-4, Chapter 12 of the CMS Internet only manual (IOM), found at www.cms.hhs.gov/manuals/.

About this Manual

The Scope of Practice and Billing Guide is a publication of the Quality Management Division (QMD) within the San Bernardino County Department of Behavioral Health (DBH). This manual is designed to serve as a guide to claiming/billing and documenting Medi-Cal and Medicare services provided to DBH eligible clients.

The primary objectives of this manual are to:

- Provide uniform procedures and requirements for billing/claiming.
 - Provide examples for services billed.
 - Provide relevant links to and citations from:
 - DBH Standard Practice Manual (SPM)
 - DBH Outpatient Chart Documentation Manual (OCM)
 - DBH Information Notices (IN)
 - QMD webpage
 - California Department of Health Care Services (DHCS)
 - Centers for Medicare and Medicaid Services (CMS)
-

Continued on next page



Scope of Practice and Billing Guide

Overview, Continued

Quality Management Division

The Department of Behavioral Health Quality Management Division provides contract agencies and DBH clinics with direct access to a central office to address Billing/Claiming questions, offer technical assistance, and troubleshoot issues. Contact information is as follows:

Department of Behavioral Health
Quality Management Division
303 E. Vanderbilt Way
San Bernardino, CA 92415
Phone: (909) 386-8227
Fax: (909) 890-0574
<http://wp.sbcounty.gov/dbh/for-providers/gm/DBH-QualityManagementDivision@dbh.sbcounty.gov>

Modes of Service

Mode of Service describes a classification of service types used for Client and Services Information System (CSI) and cost reporting at DBH. This allows any mental health service type recognized by DHCS to be grouped with similar services. The Modes of Service used for direct services cost reporting are:

- 00 – Administration
- 05 – 24-Hour Services (Outpatient Day Services, less than 24-Hours)
- 10 – Less than 24-Hour Day Treatment Program Services
- 15 – Outpatient Services
- 45 – Outreach Services
- 60 – Client Support and Care

For Mental Health Medi-Cal, these Modes of Services are mapped to procedure and revenue codes.

Service Abbreviations

MH: Mental Health

Continued on next page

Quality Management Division

303 E. Vanderbilt Way, San Bernardino, CA 92415
Phone (909) 386-8227 • Fax (909) 890-0574



Scope of Practice and Billing Guide

Overview, Continued

Providers

Providers, as defined in the San Bernardino County Mental Health Plan, are as follows:

Clinicians (Clin)	<ul style="list-style-type: none"> All disciplines below can be out of state licensed mental health professionals Licensed, registered, Clinical Social Workers and Associate Clinical Social Workers Licensed, registered, Marriage and Family Therapists (MFT) and Interns of Marriage and Family Therapy Licensed, registered, Professional Clinical Counselors (LPCC) and Interns of Professional Clinical Counseling
MD/DO	Physician
MN	Nurse with a Master's degree
RN	Registered Nurse
LVN	Licensed Vocational Nurse (must be supervised by RN or Physician)
PT	Psychiatric Technician
MHS	Mental Health Specialist
SWII	Social Worker II
OT	Occupational Therapist
ADC	Alcohol and Drug Counselor
Registered Medicare Providers	Physicians, licensed Psychologists, and Licensed Clinical Social Workers (LCSWs) who have individual registrations with Medicare.
Pre-Degree Interns	PhD, PsyD, Masters in Social Work (MSW), Marriage and Family Therapy (MFT) graduate students, Licensed Professional Clinic Counselor (LPCC) in formal training status are viewed as clinicians. Use "Clin" Column for supervised scope of practice.
EPSDT Providers	Follow the scope of practice and billing guidelines in this document.
PP	Parent Partners (Case Management, Collateral, Linkage, Consultation and ICC only)
PFA	Peer Family Advocate (CM L&C, Rehab/ADL and Collateral only)

Continued on next page



Scope of Practice and Billing Guide

Overview, Continued

Providers (continued)

Note: LPCC includes conducting assessments for the purpose of establishing counseling goals and objectives. Professional clinical counseling is focused exclusively on the application of counseling interventions and psychotherapeutic techniques for the purposes of improving mental health. Professional clinical counseling does **not** include the assessment or treatment of couples or families unless the professional clinical counselor has completed all of the following additional training and education, beyond the minimum training and education required for licensure:

- A. One (1) of the following:
 - a. Six (6) semester units or nine (9) quarter units specifically focused on the theory and application of marriage and family therapy.
 - b. A named specialization or emphasis area on the qualifying Master's degree in marriage and family therapy; marital and family therapy; marriage, family, and child counseling; or couple and family therapy.
- B. No less than 500-hours of documented supervised experience working directly with couples, families, or children.
- C. A minimum of six (6) hours of continuing education specific to marriage and family therapy, completed in each license renewal cycle. LPCCs shall refer clients to other licensed health care professionals when they identify issues beyond their own scope of education, training, and experience.

Documentation of these additional requirements must be kept on file at the primary site where services are delivered.

Continued on next page



Scope of Practice and Billing Guide

Overview, Continued

Definitions and Clarifications

The following are billing definitions and clarification of areas which may assist in accurately billing for services provided:

Non-Client

A non-client who does not currently have an open episode.

Billing Priorities

When billing activities, an activity should be billed as an active, direct service.

Non-Billable (NB) Codes

Non-Billable means services that cannot be billed to Medi-Cal. If a normally reimbursable service is provided which for some reason cannot be reimbursed, the NB code is used.

Indirect Service Billing

Indirect Service Billing is used when an activity is not a Direct Service Procedure Code.

Client Not Present

In some cases, you may provide services in a milieu where you are not face to face with your client. Some examples of such services include Collateral, Plan Development, and Linkage and Consultation. Services provided when the client is not present are noted on the Charge Data Invoice (CDI) as "non-face-to-face." **Services of this type are not reimbursable by Medicare but are by Medi-Cal.** Therefore, in billing Medi-Cal, please note this important distinction.

Continued on next page



Scope of Practice and Billing Guide

Overview, Continued

Billing Restrictions

Medi-Cal may not be billed for:

- Services to beneficiaries in Institutes for Mental Diseases (IMDs), per CCR, Title 9, Section 1840.210 (unless 21 or younger, or 65 or older), or in jail.
- Education or teaching a class. (When providing services to children whose mental health condition may cause significant functional impairments in an academic milieu, be sure that your interventions link your treatment to the causal symptoms of the mental health condition and do not appear to be singularly academic in nature.)
- Supervision is not billable.

Outpatient Case Management **Placement** services may be billed to Medi-Cal for persons who are psychiatrically institutionalized in a Medi-Cal eligible inpatient hospital or nursing facility (or an IMD if 21 or younger, or 65 or older), **for the 30 calendar days immediately prior to discharge**, and for a maximum of three (3) non-consecutive periods of 30 calendar days or less per institutional stay.

Medicare may not be billed for services occurring in the physical absence of the client, except for qualifying Telehealth services.

It is prohibited to provide one service but chart and bill for another. You must chart and bill for what you actually provided. For example:

- Translation can be coded as (non-reimbursable) Treatment Support (see below).
- Multiple services may be billed on the same day (with some Medicare exceptions).
- Medi-Cal services are not reimbursable during a psychiatric inpatient stay, except on the day of admission. DBH services may be provided during a stay in a medical hospital.
- Services provided to youth in juvenile hall are not reimbursable by Medi-Cal **unless the youth has been adjudicated and has a court order for placement**.
- Medi-Cal may not be billed for services provided to a person in a jail or prison setting (with the exception of the paragraph above).
- Purely administrative matters, such as scheduling appointments or sending letters to clients, are not billable.
- Staff may not bill for more hours in one day than their shift time for that day. (See Plan Dev for writing Interdisciplinary (ID) Notes on a day different from the day of service.)

Continued on next page



Scope of Practice and Billing Guide

Overview, Continued

Multiple Providers

For any service, there may be multiple providers if adequately justified. Each provider shall write their own note(s), the service is reported using the CDI identifying staff and co-staff times. If there are more than two (2) providers, additional CDI's are used until the time of all providers is reported. When billable Plan Development occurs in the course of a consultation or supervision, those minutes may be billed for both providers.

Individualized Education Plan (IEP)

Portions of an IEP meeting may be directly billable as Assessment, Plan Development, Linkage & Consultation, or Collateral. Other portions are coded as IEP (non-reimbursable). Consult with the Program Manager II of Children's Services for additional clarification if providing services as part of an IEP team.

Travel

Billable:

1. Time spent traveling to see a client is billable, if, a chartable, billable service occurs in conjunction with the travel.

Non-Billable:

1. If no service occurs, there is no billing (i.e. when you drive to the client's home but cannot find the client or any collateral person to talk to and therefore provide no service). Leaving a note is not a service. Simply rescheduling is not a service.
2. Transporting a client is not billable.
3. Scheduling to have a County car is not billable.
4. Travel is not billable for **Medicare**.

Continued on next page



Scope of Practice and Billing Guide

Overview, Continued

Medical Necessity for Adults

Below is a table to assist staff in determining medical necessity for adult clients. A client's conditions and dysfunction must meet Medi-Cal medical necessity criteria for "significant impairment in an important area of life function," per CCR, Title 9, Section 1830.205.

Impairments must make achieving acceptable levels of normal living and functioning impossible in areas of self-responsibility, earning a living, carrying out planned and routine daily activities, education toward appropriate adult functioning, and maintenance of minimal social contacts. Impairment that makes functioning in these areas difficult but not impossible, does not qualify for specialty mental health services. Additionally, functional impairments, as described above, must be clearly linked to the mental health condition.

	THINKING	EMOTIONS	RELATIONSHIPS	VOCATION
CATEGORY 3 (SEVERE)	Confused; can't think straight; Distorted view of reality leads to bizarre behavior and shunning by others or to contact with police; can't carry out simple instructions; communications incoherent; severe obsessions (unable to focus on other things); May be unable to provide for basic needs	Emotions out of control so much that others can't stand being around the person; person can't stand himself; extreme emotions lead to strange or dangerous behavior; Lethargy or true mania; Constant desire to die; very flat affect; seriously suicidal	Can't sustain relationships; others shun or avoid, including family; Can't communicate in order to establish connection; Ends up isolated or only with others who are severely dysfunctional; cannot sustain parenting; persistent danger of harming others; grossly inappropriate behavior; relating problems result in being kicked out of living situations often	Can't get or hold job or volunteer/Work; Can't maintain daily routine of even personal activities
CATEGORY 2 (MODERATE)	Often makes poor decisions; often fails to understand things and others; magical beliefs; speech hard to understand; Has been homeless	Chronic sadness; labile emotions; Occasional wish to die or periods of suicidality; Troubling anxiety; Affect somewhat flat; temporarily disabling panic attacks	Has pals or connections that last for a while but that may be destructive; Some family contacts but family avoids; parents have had cps visits; Abusive or marginally so toward children; Occasionally inappropriate behavior	Can attend clubhouse many days but irregular; gets job occasionally but for no longer than a few months

Continued on next page



Scope of Practice and Billing Guide

Overview, Continued

CATEGORY 1 (MILD)	Misses the point; communication fails on occasion; illogical at times; Occasional poor judgment	No consistent complaint about depression or anxiety; Upsets lead to work days lost occasionally	Family tolerates; has one or two long-term friends; Sometimes inappropriate with children; Occasional fighting	Can maintain daily routines and schedules; holds jobs for longer than 6 mos.
CATEGORY 0 (NONE)	Thinking within normal limits; no striking deficit	Emotions within normal limits; emotions do not cause significant dysfunction; upset is appropriate for situation	Relationships within normal limits; has some friends; can interact effectively to get what he/ she wants in most cases	Holds job or engages in avocation or regular activities "normally"

Continued on next page



Scope of Practice and Billing Guide

Chapter 2 – Reimbursable Services

Overview Chapter 2 provides details of the various reimbursable services that can be provided.

Contents

Topic	See Page
Definition	16
Modes of Service 5/ Service Function Codes	16
Hospital Inpatient, SFC 10-18	16
Hospital Inpatient – Administrative Days, SFC 19	17
Psychiatric Health Facility, SFC 20-29	17
Adult Crisis Residential, SFC 40-49	18
Adult Residential, SFC 65-79	18
Modes of Service 10/ Service Function Codes	19
Crisis Stabilization – Emergency Room, SFC 20-24	19
Crisis Stabilization – Urgent Care, SFC 25-29	20
Day Treatment Intensive, SFC 81-89	22
Day Treatment Rehabilitative, SFC 91-99	24
Modes of Service 15/ Service Function Codes	26
Case Management – Linkage/ Consultation & Plan Development (Targeted Case Management), SFC 01-06, 08, 09	27
Case Management – Placement, SFC 01-06, 08, 09	30
Intensive Care Coordination (Targeted Case Management), SFC, 07	33
Collateral, SFC 10-19	36
Assessment, SFC 30-56, 59	39
Psychological Testing, SFC 30-57, 59	41
Individual Therapy, SFC 30-56, 59	42
Group Therapy, SFC 30-56, 59	44
Rehabilitation/Activities of Daily Living (ADL Counseling), SFC 30-56, 59	46
Plan Development, SFC 30-56, 59	51
Intensive Home Based Mental Health Services, SFC 57	52
Therapeutic Behavioral Services, SFC 58	54
Medication Visit and Medication Education Group, SFC 60-68, 69	57
Crisis Intervention, SFC 70-79	63
Therapeutic Foster Care Services	65

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services

Definition

All services must be demonstrative of **medical necessity** and address the mental health condition of the client. All service definitions, as listed in this guide, are direct citations from CCR, Title 9, Chapter 11, Medi-Cal Specialty Mental Health Services. This section will identify and describe reimbursable services.

Modes of Service 5/ Service Function Codes (SFC)

MODE	MODE OR SERVICE: DAY	
5	24-Hour Services	
	SFC RANGE	SERVICE FUNCTIONS (FS) TITLE
	10-18	Hospital Inpatient
	19	Hospital Inpatient – Administrative Day
	20-29	Psychiatric Health Facility
	40-49	Adult Crisis Residential
65-79	Adult Residential	

Hospital Inpatient, SFC 10-18

Service Definition: CCR, Title 9, Section 1820.205

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 Care Services to provide psychiatric services. Those services are medically necessary for diagnosis or treatment of a mental disorder in accordance with Section 1820.205.

CDI Codes:

111 Inpatient Day

Medicare CPT Codes: Not Medicare Billable.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Hospital
Inpatient –
Administrative
Days, SFC 19**

Service Definition: CCR, Title 9, Section 1820.220

"**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 non-acute residential treatment facilities that meet the needs of the beneficiary.

CDI Codes:

119 Administrative Day

Medicare CPT Codes: Not Medicare Billable.

**Psychiatric
Health Facility,
SFC 20-29**

Service Definition: CCR, Title 9, Section 1810.236 & Title 22, Section 77001

"**Psychiatric Health Facility**" means a facility licensed by the DHCS 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.

"**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 Department of Healthcare 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 an outpatient setting.

CDI Codes:

121 Psychiatric Health Facility

Medicare CPT Codes: Not Medicare Billable.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Adult Crisis Residential, SFC 40-49

Service Definition: CCR, Title 9, Section 1810.208

“**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, which 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 (7)-days-a-week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.

CDI Codes:

141 Adult Crisis Residential	140 NB
------------------------------	--------

***Documentation for this service must include an AM and PM note

Medicare CPT Codes: Not Medicare Billable.

Adult Residential, SFC 65-79

Service Definition: CCR, Title 9, Section 1810.203

“**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 (7)-days-a-week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

CDI Codes:

166 Adult Residential	165 NB
-----------------------	--------

***Documentation for this service must include an AM and PM note

Medicare CPT Codes: Not Medicare Billable.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Modes of Service 10/ Service Function Codes (SFC)

MODE	MODE OR SERVICE: DAY	
10	Day Services	
	SFC RANGE	SERVICE FUNCTIONS (FS) TITLE
	20-24	Crisis Stabilization – Emergency Room
	25-29	Crisis Stabilization – Urgent Care
	81-84	Day Treatment Intensive – Half Day
	85-89	Day Treatment Intensive – Full Day
	91-94	Day Rehabilitation – Half Day
95-99	Day Rehabilitation – Full Day	

Crisis Stabilization – Emergency Room, SFC 20-24

Service Definition: CCR, Title 9, Section 1840.338, 1840.348, 1840.105(a)(4) and 1810.210

“**Crisis Stabilization**” means a service lasting less than 24-hours, provided to or on behalf of a beneficiary for a condition, which requires a 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 meet the crisis stabilization contact, site, and staffing requirements. 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 DHCS or San Bernardino County Department of Behavioral Health to perform crisis stabilization. The maximum allowance for a “crisis stabilization-emergency room” will apply when the service is provided in a 24-hour facility, including a hospital outpatient department. Staffing requirements are detailed in CCR, Title 9, Section 1840.348. Outpatient sites must be Medi-Cal certified to provide and bill for Crisis Stabilization services.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Crisis
Stabilization –
Urgent Care,
SFC 25-29**

Service Definition: CCR, Title 9, Section 1840.338, 1840.348, 1840.105(a)(4) and 1810.210

Crisis Stabilization means a service lasting less than 24-hours, provided 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 meet the crisis stabilization contact, site, and staffing requirements. 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. The maximum allowance for “crisis stabilization-urgent care” shall apply when the service is provided in any other appropriate site. Staffing requirements are detailed in CCR, Title 9, Section 1840.348. Outpatient sites must be Medi-Cal certified to provide and bill for Crisis Stabilization services.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Crisis Stabilization
(continued)

Crisis Stabilization is a package program that is billed as a bundled service per hour. This means that individual Specialty Mental Health Services, (i.e., assessment, collateral, & medication services), are not billed individually. They are billed at one rate, under the provisions governing Crisis Stabilization Services.

CDI Codes:

151 Crisis Stabilization – ER	153 Crisis Stabilization – UR
-------------------------------	-------------------------------

Medicare CPT Codes: Not Medicare Billable.

Who can provide Crisis Stabilization:

Service	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
Crisis Stabilization	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Within their scope of practice and per CCR, Title 9 requirements, as listed in Division 1, Section 627.

Notes:

- **Crisis Stabilization activities** must include a physical and mental health assessment and may additionally include, but is not limited to, therapy and collateral. (CCR, Title 9, Sections 1810.210 & 1840.338.)
- **Crisis Stabilization services** are recorded in the clinical record and reported into SIMON in hours.
- **Medi-Cal Crisis Stabilization Lockouts (CCR, Title 9, Section 1840.368):**
 - This service is not reimbursable on days when Psychiatric Inpatient Hospital services, Psychiatric Health Facility services, or Psychiatric Nursing Facility services are reimbursed, except for the day of admission to these services.
 - The maximum number of hours claimable for this service is **20 hours** within a 24-hour period.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Day Treatment Intensive, SFC 81-89

Service Definition: CCR, Title 9, Section 1810.213

“**Day Treatment Intensive**” (DTI) means a structured multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain 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 for at least three (3) hours and less than twenty-four (24)-hours each day the program is open. Breaks between activities, as well as lunch and dinner breaks, do not count toward the total continuous hours of operation for purposes of determining minimum hours of service. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation, and collateral. For all scheduled hours of operation, there is at least one staff person present and available to the group in the therapeutic milieu.

Notes:

- These services are recorded in the clinical record and reported into SIMON as either full day or half day.
- For Children, these services may focus on social and functional skills necessary for appropriate development and social integration. It may not be integrated with an educational program. Contact with families of these clients is expected.
- Ensure all essential requirements for a DTI are met, as specified by the MHP contract for Medi-Cal Specialty Mental Health Services.
 - Required service components: Daily Community Meetings, Process Groups, Skill-building Groups, and Adjunctive Therapies.
 - Required and qualified staff are providing services.
- For Day Treatment Intensive: Psychotherapy is provided by licensed, registered, or waived staff practicing within their scope of practice.
- Notes must be completed in a timely manner according to the guidelines of timeliness and frequency and must be legible: Daily progress notes on activities and a weekly clinical summary.
- Specific times, location, and assigned staff must be documented.
- Co-staffing is no longer permissible effective January 1, 2020. When performing a conjoint service, each service provider must document and bill to their contributions in the session separately.
- **Clients are expected to be in attendance** for all scheduled hours of the program, but a service may be claimed in unusual situations if the client has been in attendance at least **50%** of the hours of operation of the program.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Day Treatment Intensive, SFC 81-89
(continued)

Notes (continued):

- Exact hours of attendance for Day Treatment Intensive must be documented. The total time (number of hours and minutes) the beneficiary actually attended the program that day must be documented.
- If there is an unavoidable absence, there must be a separate entry in the medical record documenting the reason for the unavoidable absence.
- Staff to client ratio for Day Treatment Intensive is 1:8 and for Day Rehabilitation is 1:10. When more than twelve (12) clients are in the program, there must be staff from at least two (2) of these disciplines: MD/DO, RN, PhD/PsyD, LCSW, MFT, and PT.
- Before entering billing into SIMON, ensure that all services claimed were actually provided and are documented in the note.

CDI Codes:

283 Half Day	285 Full Day	280 NB
--------------	--------------	--------

Medicare CPT Codes:: Not Medicare Billable.

Billings: –For Medi-Cal, bill for half-day for more than three (3) hours but less than four (4) hours, or full-day for more than four (4) hours, as outlined in the Written Program Description and Written Weekly Schedule.

Who can provide Day Treatment Intensive:

Service	Clin	Physician	MN	RN	MHS	SWI ESS SSP	OT	LVN	PT	ADC
Day Tx Intensive (DTI) (same for DTR)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Day Treatment
 Rehabilitative,
 SFC 91-99**

Service Definition: CCR, Title 9, Section 1810.212

Day Treatment Rehabilitative (DTR) provide evaluation, rehabilitation, and therapy to maintain or restore personal independence and functioning consistent with the individual’s needs for learning and development. It is an organized and structured program that provides services to a distinct group of individuals identified to receive the service. The service must be available more than four (4) hours-per-day for full-day billing. Breaks between activities, as well as lunch and dinner breaks, do not count toward the total continuous hours of operation for purposes of determining minimum hours of service. For all scheduled hours of operation, there is at least one staff person present and available to the group in the therapeutic milieu.

Notes:

- Ensure all essential requirements for a DTR are met, as specified by the DBH contract for Medi-Cal specialty mental health services.
 - Required service components: Daily Community Meetings, Process Groups, Skill-building Groups, and Adjunctive Therapies.
 - Required and qualified staff are providing services.
- Exact hours of attendance for Day Treatment Rehabilitative must be documented. The total time (number of hours and minutes) the beneficiary actually attended the program that day must be documented.
- If there is an unavoidable absence, there must be a separate entry in the medical record documenting the reason for the unavoidable absence.
- Notes must be completed in a timely manner according to guidelines of timeliness and frequency and must be legible: Weekly progress note.
- Specific times, location, and assigned staff must be documented.
- Each staff’s contribution needs to be documented in the note and the signature on the note needs to be from the staff providing the actual service along with the person’s type of professional degree, licensure or job title; and the date of the signature.
- Before entering billing into SIMON, ensure that all services claimed were actually provided and are documented in the note.

CDI Codes:

291 Day Rehabilitative, Half Day	295 Day Rehabilitative, Full Day	290 NB
----------------------------------	----------------------------------	--------

Medicare CPT Codes: Not Medicare Billable.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Day Treatment
 Rehabilitative,
 SFC 91-99**
 (continued)

Billings: For Medi-Cal , bill by half-day for more than three (3) hours but less than four (4) hours per day, or full-day for more than four (4) hours, as outlined in your Written Program Description and Written Weekly Schedule. (See **Outpatient Chart Manual** for charting and billing instructions.)

Who can provide Day Treatment Rehabilitative:

Service	Clin	Physician	MN	RN	MHS	SWI ESS SSP	OT	LVN	PT	ADC
Day Tx Rehab (DTR) (same for DTI)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Modes of Service 15/
 Service Function Codes (SFC)**

MODE	MODE OR SERVICE: DAY	
15	Outpatient Services	
	SFC RANGE	SERVICE FUNCTIONS (FS) TITLE
	Case Management/Brokerage (Case Management)	
	01-06, 08, 09	Case Management – Linkage/Consultation & Plan Development (Case Management)
		Case Management – Placement
	07	Intensive Care Coordination
	Mental Health Services	
	10-19	Collateral
	30-56, 59	Assessment
	30-57, 59	Psychological Testing
	30-56, 59	Individual Therapy
		Group Therapy
		Rehabilitation/Activities of Daily Living (ADL Counseling)
		Plan Development
	57	Intensive Home Based Mental Health Services
	58	Therapeutic Behavioral Services (TBS)
Medication Support Services		
60-68, 69	Medication Visit and Medication Education Group	
70-79	Crisis Intervention	

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Case Management – Linkage/ Consultation & Plan Development (Case Management), SFC 01-06, 08, 09

Service Definition: CCR, Title 9, Section 1810.249

Case Management – Linkage/Consultation & Plan Development (Case Management) 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; and plan development.

In California, Case Management (CM) can be provided to the following target populations:

- Individuals age 18 and older who are in frail health and who would otherwise need institutional care.
- Individuals age 18 or older who are on probation and who have medical and/or mental needs.
- Individuals age 18 and older who are unable to handle personal, medical, or other affairs or who are under conservator.
- Persons who have been identified as needing public health case management such as women, infants, children, pregnant women, persons with HIV/AIDS or reportable communicable diseases, persons who use medical technological devices, and persons with multiple diagnoses.
- Individuals who need outpatient clinic services and case management who have not followed a medical regime.
- Individuals who have language barriers or other communication barriers that result in difficulties complying with medical plan.

Plan development for Linkage & Consultation (L&C) is separately billed when done at a time other than with Mental Health Services (MHS) or Medication Support Services (MSS) Plan Development.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Case Management – Linkage/ Consultation & Plan Development (Case Management), SFC 01-06, 08, 09
(continued)

Examples of Billable Services:

- Locating a needed resource for client (including schools for children.)
- Facilitating client obtaining a needed resource, coaching client, clarifying eligibility requirements, determining whether client is eligible, appealing pre-application denial, informing other agencies about client, etc.
- Referring client from a field-based program to a clinic.
- Reviewing social security benefits in relation to working.
- Being with client at initial meeting regarding vocational training to help manage client's anxiety.
- Helping client understand reporting requirements of supplemental security income (SSI.)
- Visiting client in workplace to monitor job coaching and other supports.
- Seeking appropriate educational services for a child.
- The portion of an IEP meeting that involves getting the right mental health services for the child.
- Reviewing incident report and then making sure that client has the right services.

Examples of Non-Billable Services:

- Advising, problem-solving, or fixing problems by themselves are not billable as L&C.
- Resource-finding without a specific client's need in mind is not billable as CM L&C.
- Meeting with a client to discuss how to get rent money is not billable as CM L&C.
- Any service which does not fall within the service definition of CM L&C cannot be billed as CM L&C.
- If you cannot link the necessity of the service to the goal of improving the client's mental health condition, it is not billable as CML&C.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Case Management – Linkage/ Consultation & Plan Development (Case Management), SFC 01-06, 08, 09
 (continued)

Limitation on Services:

Services will not be reimbursed if the client is in a justice or psychiatric hospital setting (unless a juvenile in juvenile hall is adjudicated and with a placement order). L&C may be carried out during a client's stay in a medical hospital.

CDI Codes: Linkage and Consultation

561 CM	560 NB
--------	--------

CDI Codes: Linkage and Consultation (Plan Development)

571 CM	570 NB
--------	--------

Medicare CPT Codes: Not separately billable (included in service billing).

Who can provide Linkage and Consultation Services:

Service	PFA	PA	Clin	Physician	MN	RN	MHS	SWI ESS SSP	OT	LVN	PT	ADC
Linkage and Consultation Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Case Management – Placement, SFC 01-06, 08, 09

Service Definition: CCR, Title 9, Section 1810.249

Case Management/Brokerage means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, and 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; and plan development.

Supportive assistance to the client or other helpers in the assessment of housing needs and in locating and securing adequate and appropriate living arrangements in a licensed facility, including locating appropriate placement, securing funding, pre-placement visits, negotiation of housing or placement contracts, and placement follow-up.

Case management services **must** meet all medical necessity criteria and address the mental health condition or the mental health impairment **directly**.

Examples of Billable Services:

- Calling to locate an opening in an appropriate facility (includes board and care homes, IMD’s, state hospitals).

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Case Management – Placement, SFC 01-06, 08, 09
(continued)

Examples of Non-Billable Services:

- Monitoring in case there is a problem with the placement is not billable as placement.
- Monitoring in case a lower level of care is possible is not billable as placement.
- Meeting with a client to fill out placement paperwork/forms is not billable as placement.
- Fixing a problem that you find while monitoring that could threaten a placement is not billable as placement (may be able to bill MHS Individual Therapy or MHS Rehab/ADL.)
- Any service which does not fall with the service definition of CM placement cannot be billed as placement.
- If you cannot link the necessity of the service to the goal of improving the client's mental health condition, it is not billable as CM placement.

Limitations on Case Management, Linkage, Consultation and Placement Services:

Lockouts for Case Management Services: CCR, Title 9, Section 1840.374

- a) Case Management Services are not reimbursable on days when the following services are reimbursed, except for day of admission or for placement services as provided in subsection (b):
 1. Psychiatric Inpatient Hospital Services.
 2. Psychiatric Health Facility Services.
 3. Psychiatric Nursing Facility Services.
- b) Case Management Services solely for the purpose of coordinating placement of the beneficiary on discharge from the hospital, psychiatric health facility or psychiatric nursing facility may be provided during the 30 calendar days immediately prior to the day of discharge, for a maximum of three (3) non-consecutive periods of 30 calendar days or less per continuous stay in the facility.

The above applies to persons in an IMD if they are younger than 21 or 65 or older.

Case Management Services for Placement services are not billable to Medi-Cal when the client is in a State Hospital.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Case Management – Placement, SFC 01-06, 08, 09
 (continued)

CDI Codes:

541 CM	540 NB
--------	--------

Medicare CPT Codes: Not separately Medicare billable (included in service billing).

Who can provide Case Management Services:

Service	PFA	PP	Clin	Physician	MN	RN	MHS	SWI ESS SSP	OT	LVN	PT	ADC
Case Mngmt Place-ment	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Special Instructions for Case Management:

Billable Placement must involve a facility licensed by the California Department of Public Health, Licensing and Certification Division or DHCS.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Intensive Care Coordination (Case Management), SFC 07

Service Definition:

Intensive Care Coordination (ICC) is a CM service that facilitates assessment of, care planning for and coordination of services, including urgent services for members of provided to members of EPSDT youth and the Katie A. Subclass members that are determined that would benefit from the service. An ICC coordinator serves as the single point of accountability to:

- Ensure that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized; family/youth driven and culturally and linguistically relevant manner and that services and supports are guided by the needs of the child/youth.
- Facilitate a collaborative relationship among the child/youth, their family, and involved child-serving systems.
- Support the parent/caregiver in meeting their child/youth's needs.
- Help establish the child and family team (CFT) and provide ongoing support.
- Organize and match care across providers and child serving systems to allow the child/youth to be served in their home community.

Service Components/Activities:

For members of the Katie A Subclass, ICC is integrated into the CFT process. As such the ICC service components include the following:

Comprehensive Assessment and Periodic Reassessment

These assessment activities are different from the clinical assessment to establish medical necessity for Specialty Mental Health Services, but must align with the mental health client plan. Information gathering and assessing needs is the practice of gathering and evaluating information about the child/youth and family, which includes gathering and assessing strengths, as well as assessing the underlying needs. Assessment also includes determining the capability, willingness, and availability of resources for achieving safety, permanence, and wellbeing of child/youth.

Examples of Billable Services when utilizing the assessment component of ICC:

- Assessing client's and family's needs and strengths.
- Assessing the adequacy and availability of resources.
- Reviewing information from family and other sources.
- Evaluating effectiveness of previous interventions and activities.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Intensive Care
Coordination,
SFC 07**
(continued)

Development and Periodic Revision of the Plan (aka Service Planning and Implementation)

Planning and implementing services is a dynamic and interactive process that addresses the goals and objectives necessary to assure that child/youth are safe, live in permanent loving families, and achieve well-being. This process is built on an expectation that the planning process and resulting plans reflect the child/youth and family's own goals and preferences and that they have access to necessary services and resources that meet their needs.

Note: Unlike other plan development services (i.e., MHS-Plan Development or CM: L&C-Plan Development) ICC must be authorized on the Client Recovery Plan to be provided so it is not practical to use during the development of the first CRP.

The ICC coordinator is responsible for working within the CFT to ensure that plans from any of the system partners (child welfare, education, juvenile probation, etc.) are integrated to comprehensively address the identified goals and objectives, and that the activities of all parties involved with services to the child/youth and/or family are coordinated to support and ensure successful and enduring change.

Examples of Billable Services when utilizing the Service Planning and Implementation component of ICC:

- Developing a plan with specific goals, activities, and objectives.
- Ensuring the active participation of the client and individuals involved, and clarifying the roles of the individuals involved.
- Identifying the intervention/course of action targeted at the client's and family's assessed needs.

Referral, Monitoring and Follow-Up Activities (aka, Monitoring and Adapting)

Monitoring and adapting is the practice of evaluating the effectiveness of the plan, assessing circumstances and resources, and reworking the plan as needed. The CFT is also responsible for reassessing the needs, applying knowledge gained through ongoing assessments, and adapting the plan to address the changing needs of the child/youth and family in a timely manner, but not less than every 90 days. Intervention strategies should be monitored on a frequent basis so that modifications to the plan can be made based on results, incorporating approaches that work and refining those that do not.

Examples of Billable Services when utilizing the Monitoring and Adapting component of ICC:

- Monitoring to ensure that identified services and activities are progressing appropriately.
- Changing and redirecting actions targets at the client's and family's assessed needs.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Intensive Care Coordination (Case Management), SFC 07
(continued)

Transition

Ensuring a solid transition out of care is vital to ensuring the child and family sustain any goals made while in services. ICC allows for capturing efforts directed at developing a plan which will support gains made, while not including services to be provided by the service provider.

Examples of Billable Services when utilizing the Transition component of ICC:

Developing a transition plan for the client and family to foster long term stability including the effective use of natural supports and community resources.

Service Limitations/Lockouts:

Service limitations and lockouts for ICC are equivalent to CM service limitations and lockouts as described below:

- 42 CFR section 441.169 – CM does not include, and Federal Financial Participation (FFP) is not available when the CM activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual [SMM] 4302.2F).
- 42 CFR section 441.169 – CM does not include, and FFP is not available when the CM activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; and making placement arrangements. (42 CFR 441.18(9)(c)).
- FFP only is available for CM services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Act. (Sections 1902(a)(25) and 1905(c)).
- For members of the target group who are transitioning to a community setting CM services will be made available for up to 30 calendar days for a maximum of three (3) non- consecutive periods of 30 calendar days or less per hospitalization or inpatient stay prior to the discharge of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Intensive Care Coordination (Case Management), SFC 07
 (continued)

- ICC may be provided solely for the purpose of coordinating placement of the child/youth on discharge from the hospital, psychiatric health facility, group home or psychiatric nursing facility, may be provided during the 30 calendar days immediately prior to the day of discharge, for a maximum of three (3) non-consecutive periods of 30 calendar days or less per continuous stay in the facility as part of discharge planning.

CDI Codes:

576 Intensive Care Coordination	575 NB
---------------------------------	--------

Medicare CPT Codes: Not Separately Medicare Billable (included in service billing).

Who can provide Targeted Case Management Services:

Service	PFA	PP	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
ICC	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Collateral, SFC 10-19

Service Definition: CCR, Title 9, Section 1810.206

Collateral means a service activity to a significant support person in a beneficiary’s life for the purpose of meeting the needs of the beneficiary in terms of achieving the goals of the beneficiary’s client plan. 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 provided to the beneficiary, consultation, and training of the significant support persons(s) to assist in better understanding of mental illness. The beneficiary may or may not be present for this service activity.

Note: There is no such thing as intra-agency collateral, please do not bill for this.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Collateral,
SFC 10-19**
(continued)

Examples of Collateral Services:

- Gathering information about client from family members, care providers, other significant persons (probation officer, minister, others in an IEP meeting, when the focus is on mental health, etc.), or staff from other agencies who know the client.
- Finding out from the parent about child/client's behavior this week.
- Family treatment with a focus on the client without the client present.
- Instructing parent(s) and/or family about carrying out treatment-related activities at home.
- Helping a teacher develop a behavioral plan for a client.
- Work with client's family to facilitate client's movement toward employment.
- Time in a group of parents that is spent discussing their child when neither parent is a client; if a parent is a client, this same time would be more appropriately billed as "group", for those in the group in this situation, if the discussion is about the parent's own issues that are affecting their parenting.
- Time in a group of families that is spent discussing a child client when the child is not present; if a parent is a client, this same time is more appropriately billed as "group", for those in the group in this situation, if the discussion is about the parent's own issues that are affecting their parenting.

Note: Involving parents or others in care planning should be billed as Plan Development.

It is not billable when information is provided about a client to a person from another agency at that person's request, to assist the other agency to do its job.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Collateral,
SFC 10-19**
(continued)

CDI Codes:

311 MHS	310 NB
---------	--------

Medicare CPT Codes: Not Separately Medicare Billable (included in the service billing).

Who can provide Collateral Services:

Service	PFA	PP	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
Collateral Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Assessment,
SFC 30-56, 59**

Service Definition: CCR, Title 9, Section 1810.204

Assessment means a service activity designed to evaluate the current status of a beneficiary’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 beneficiary’s clinical history; analysis of relevant cultural issues and history; diagnosis; and the use of testing procedures.

Examples of Assessment Services:

- Screening
- Triage
- Diagnosis
- ADL assessment
- Discharge summary (own client or client of others; only billable if client participates)
- Determination of diagnosis for co-signature of others
- Mental status examination
- Clinical Assessment or Update
- Assessing readiness for work or other vocational issues
- Updates on client's condition
- Discussions with others to determine diagnosis, but only if it results in a change of diagnosis

CDI Codes:

331 MHS	330 NB
---------	--------

Medicare CPT Codes:

CPT	Description
90791	Psychiatric Diagnostic Evaluation (no medical services; Non-MD Diagnostic Evaluation)

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Assessment,
SFC 30-56, 59**
(continued)

Who can perform Assessments:

Service	Clin	Physician	MN	RN	MHS	SWI ESS SSP	OT	LVN	PT	ADC
Assessment (including Mental Status)	Y	Y	Y	N	N	N	N	N	N	N
Assessment (excluding Mental Status)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mental Health Diag.	Y	Y	Y	N	N	N	N	N	N	N
Write MH Diag. for Signature of others	Y	Y	Y	N	N	N	N	N	N	N
Diag. (ADS Programs)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Serve as Clinic OD (initial evaluator)	Y	Y	Y	N	N	N	N	N	N	N
Write Discharge Summary for services of others	Y	Y	Y	N	N	N	N	N	N	N
Write Discharge Summary for own services only	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Healthy Homes Assess.	Y	Y	Y	N	N	N	N	N	N	N

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Psychological Testing, SFC 30-57, 59

Service Definition: **CCR, Title 9, Section 1810.204**

Psychological testing includes psychological test administration, scoring, interpretation, report writing, and feedback to referral source and client. Can be a single test or multiple tests.

CDI Codes:

321	Psychological Testing
324	Developmental Testing
325	Extended
326	Neurobehavioral status exam
327	Neuropsychological testing
320	Non-Billable

Medicare CPT Codes:

CDI	CPT	Description
321	96101	Psychological testing (includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.
324	96110	Developmental testing; limited (e.g., Developmental Screening Test II, Early language Milestone Screen), with interpretation and report.
325	96111	Extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report.
326	96161	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.
327	96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Psychological Testing, SFC 30-57, 59
 (continued)

Who can perform Psychological Testing:

Service	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
Psychological Testing	Y*	Y	Y	N	N	N	N	N	N	N

***Psychology staff only**

Instruction for Psychological Testing:

Each segment of time must be billed on the day it occurs. Every billing must have a supporting chart note. Every testing episode must have a report filed under “Psych Testing” in the chart.

Individual Therapy, SFC 30-56, 59

Service Definition: **CCR, Title 9, Section 1810.250**

Individual Therapy means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present. (In DBH, services via hypnosis, bioenergetics, and sex surrogate therapy are prohibited.)

Continued on next page

Quality Management Division

303 E. Vanderbilt Way, San Bernardino, CA 92415
Phone (909) 386-8227 • Fax (909) 890-0574



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Individual Therapy, SFC 30-56, 59 (continued)

Examples of Individual Therapy:

- Individual Therapy provided in office.
- Individual Therapy provided at other location.
- Treating family when only one child or adult member is a client and that member is present (family-individual).
- Treating the only group member who comes to a group session.
- Providing therapy for a client who calls and needs a therapy service that must be provided over the phone.
- Helping clients identify strengths/weaknesses regarding functioning in the community related to their mental disorder.
- Helping client learn stress management methods relating to community functioning (could also be Rehab/ADL).
- Helping clients make their appearance publicly acceptable (could also be Rehab/ADL).
- Helping clients understand job-related requirements, such as timeliness and dependability (could also be Rehab/ADL).
- Exploring with clients how to handle disclosure or non-disclosure of their mental problems.
- Individual Therapy in the workplace regarding emotional problems/issues related to working.
- Helping the child recover from trauma or grieve for loss.
- Helping the child develop greater self-control and self-management skills (could also be Rehab/ADL).

Note: If non-client, consider Community Client Contact and Other Service or Non-Service for Non-Client. See Rehab/ADL for the distinction between therapy and counseling.

CDI Codes:

341 MHS	340 NB
---------	--------

Medicare CPT Codes:

90832	Individual Therapy, 16-37 minutes face-to-face
90834	Individual Therapy, 38-52 minutes face-to-face
90837	Individual Therapy, 53-67 minutes face-to-face

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Individual Therapy, SFC 30-56, 59 (continued)

Who can provide Individual Therapy:

Service	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
Individual Therapy	Y	Y	Y	N	N	N	N	N	N	N

Rendering providers must be licensed, registered, or waived. Student professionals in the above disciplines require co-signatures.

Special Instruction for Individual Therapy:

If a session is held for a client and family members of the client, and only one person in the session has an open case, it is charted and billed as family-individual. If more than one person in the session has an open case, the session is charted and billed as family-group. The focus in both cases must be on the mental health needs of the client or clients with open cases.

Group Therapy, SFC 30-56, 59

Service Definition: CCR, Title 9, Section 1810.250

Group Therapy means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present. If the group is one family, this is “Family-Group.”

Examples of Group Therapy:

- Group Therapy for more than one client together.
- Group Therapy for one family when more than one member present is a client (adult or child clients).
- Helping clients identify strengths/weaknesses regarding functioning in the community related to their mental disorder.
- Helping clients learn stress management methods relating to community functioning (could also be Rehab/ADL).
- Helping clients make their appearance publicly acceptable (could also be Rehab/ADL).
- Helping client understand job-related requirements, such as timeliness and dependability (could also be Rehab/ADL).
- Exploring with client how to handle disclosure or non-disclosure of client’s mental problems.
- Group discussions on how to seek and maintain employment.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Group Therapy, SFC 30-56, 59
 (continued)

Examples of Group Therapy Continued:

- Group Therapy with an educational component, in which clients learn or are educated about mental disorders, coping skills, recovering from mental disorders, etc., as long as each individual's own condition is also addressed or explored and that individual's participation and response are charted.
- Multi-family groups in which at least one person (child or adult with an open case is present for each family, and at least two such persons with open cases are present for the group; time in these groups for families without a member present who is a client is billed as "collateral").
- Group Therapy to help child clients learn social skills (could also be Rehab/ADL).
- Group Therapy to help child clients learn better self-control or self-management (could also be Rehab/ADL).

CDI Codes:

351 MHS	350 NB
---------	--------

Medicare CPT Codes:

CPT	Description
90853	Group therapy (other than a multi-family group)

Who can provide Group Therapy:

Service	Clin	Physician	MN	RN	MHS	SW II ESS SSP	OT	LVN	PT	ADC
Group Therapy	Y	Y	Y	N	N	N	N	N	N	N

Special Instruction for Group Therapy:

If a session is held for a client and family members of the client, and only one person in the session has an open case, it is charted and billed as family-individual. If more than one person in the session has an open case, the session is charted and billed as family-group. The focus in both cases must be on the mental health needs of the client or clients with open cases.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Rehabilitation/
Activities of
Daily Living
(ADL
Counseling),
SFC 30-56, 59**

Service Definition: CCR, Title 9, Section 1810.243

Rehabilitation means a service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, support resources; and/or medication education.

Rehab/ADL (Medication Education Group): A group with discussion of and education regarding medication use. Topics include risks, benefits, alternatives, and compliance. No MSS service per se is included in this category.

Rehab/ADL (vocational):

1. Skills training in skills specific to adaptive and appropriate vocational functioning (general work skills, finding a job, keeping a job); and
2. Counseling the individual and/or family regarding job issues.

Examples of Rehabilitation/ADL:

- Helping clients learn how to get around on the bus.
- Helping clients learn how to budget and manage money.
- Helping clients learn leisure activities (when this relates to identified problems and is necessary for their solution).
- Medication education group.
- Counseling clients' families about client's needs and skills.
- Helping clients learn personal care skills.
- Exploring job/vocational aspirations and educational needs (could also occur in individual or group therapy).
- Helping client identify strengths/weaknesses regarding functioning in the community related to their mental disorder (could also occur in individual or group therapy).
- Facilitating clients engaging in volunteer experiences (could also occur in individual or group therapy).
- Helping clients learn stress management methods relating to community functioning (could also occur in individual or group therapy).

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Rehabilitation/
Activities of
Daily Living
(ADL
Counseling),
SFC 30-56, 59
(continued)**

Examples of Rehabilitation/ADL Continued:

- Working with clients' families to facilitate client's movement toward employment or school.
- Helping clients make appearance publicly acceptable (could also occur in individual or group therapy).
- Helping clients understand job-related requirements, such as timeliness and dependability (could also occur in individual or group therapy).
- Exploring with clients how to handle disclosure or non-disclosure of their diagnosis (could also occur in individual or group therapy).
- Counseling clients in the workplace about emotional problems/issues related to working.
- Group discussions of how clients can seek and maintain employment.
- Helping child/youth understand behavioral and attitudinal requirements of school or future working.
- Helping child youth understand and learn skills needed for peer relationships.
- Helping child/youth understand and learn skills needed for functioning well within their residence.
- Recreation for children when used to teach attitudes, rule-following, cooperation, and other skills needed for effective peer relationships.

Note: If non-client, consider Community Client Contact and Other Service or Non-Service for Non-Client.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Rehabilitation/
Activities of
Daily Living
(ADL
Counseling),
SFC 30-56, 59
(continued)**

Distinction between Therapy and Rehabilitation ADL (Counseling)

Therapy (as in individual and group therapy) is distinguished from counseling (as in rehab/ADL) as follows:

Therapy involves efforts to directly promote and facilitate **change** in the client's basic perceptions, emotional responses, and other personality features, so that in the future the client's subjective state, symptoms, and functioning are improved because of these changes in **who the client is**. Therapy is different from counseling both in purpose (as just described) and in method (as described below).

For DBH purposes, "Rehabilitation ADL (Counseling)" is defined as using the client's current **traits and resources** to help that person to feel better and/or overcome current problems, without purposely trying to change the client's basic personality features. However, counseling, therapy, and medication education groups may all involve an educative component. Rehabilitation ADL (Counseling) includes:

1. Providing support.
2. Assisting with problem-solving.
3. Assisting with decision-making.
4. Teaching/modeling daily living skills.
5. Giving advice.
6. Providing information or brief education regarding behavioral health problems. (Be careful not to provide specific advice out of scope of practice.)
7. If competent to do so, teaching emotional and behavioral skills necessary for the attainment of the client's goals.
8. If competent to do so, using single techniques or methods from a comprehensive theoretical system of therapy, such as having a client keep a record of dysfunctional thoughts, challenging dysfunctional thoughts, or helping the client identify patterns of behavior.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Rehabilitation/
Activities of
Daily Living
(ADL
Counseling),
SFC 30-56, 59
(continued)**

Counseling does not include:

1. Exploring the client's past in order to help the client to understand self or change.
2. Using transference and counter transference reactions to help in the treatment of the client.
3. Applying defined systems of treatment comprehensively in working with the client (e.g., psychodynamic therapy, including interpretations based on psychodynamic or psychoanalytic theory; cognitive- behavioral therapy; rational-emotive therapy; and solution-focused therapy.)
4. Purposely increasing the client's anxiety in order to alter the client's therapeutic motivation.
5. Purposely eliciting non-obvious, underlying feelings in order to work on an issue or problem.

Neither therapists nor counselors should use specialized or other techniques for which they have not had appropriate training (e.g., desensitization, cognitive restructuring, etc.)

Therapy includes, but is not limited to, the elements included in both "**Counseling includes**" and "**Counseling does not include**" as described above.

Therapy, counseling, and skills training all attempt to change behavior. They may all result in changes in traits and personality, but only therapy purposely proposes to change the personality and traits of the client and focuses on doing this in order to help the client.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Rehabilitation/
 Activities of
 Daily Living
 (ADL
 Counseling),
 SFC 30-56, 59
 (continued)**

CDI Codes:

551 MHS	550 NB
---------	--------

Note: Unlike individual and group therapy, there is only one code for Rehab/ADL. The provision of this in a group setting will be indicated by (1) the interdisciplinary note indicating “MHS-Rehab/ADL – Group:” and (2) a group count being included on the CDI.

Medicare CPT Codes: Not Medicare billable

Who can provide Rehabilitation (Counseling):

Service	PFA	PP	Clin	Physicia n	MN	RN	MHS	SWII ESS SSP	OT	LV N	PT	ADC
Rehab/ADL (skills)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rehab/ADL (counseling of ind and families)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rehab/ADL (med)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rehab/ADL (voc)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Special Instructions for Rehabilitation (Counseling):

Do not bill therapy for an activity that is actually rehab/ADL Counseling.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Plan Development, SFC 30-56, 59

Service Definition: **CCR, Title 9, Section 1810.232**

Plan Development means a service activity that consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary’s progress in achieving client plan goals.

Billable intra-agency consultations are usually billed as Plan Development.

Examples of Plan Development:

- Involving parent/caregiver in client’s treatment planning.
- Team discussions or discussions with other treatment staff resulting in Plan approval or some charted change or non-routine affirmation of current Plan.
- Creating/writing Client Recovery Plan, TBS Plan, or other plans, with or without client, if charted.
- That portion of an IEP meeting in which the DBH Plan for the client is developed or altered.
- Writing ID notes for a service that occurred on a previous day.

Examples of Non-Billable Services:

- Reviewing a client’s previous records, in isolation of any billable plan development service.
- Cannot bill for consultation during regular clinical supervision

CDI Codes:

521 MHS	520 NB
---------	--------

Medicare CPT Codes: Not separately billable to Medicare (included in service billing).

Who can provide Plan Development

Service	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
Plan Development	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Special Instructions for Plan Development:

Plan Development activities in MSS or DTR are included in the MSS or DTR billing. See CM- L&C-Plan Dev for Plan Development for Case Management services.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Intensive Home Based Mental Health Services, SFC 57

Service Definition:

Intensive home-based mental health services (IHBS) are mental health rehabilitation services provided to members of the Katie A. Subclass and EPSDT youth that would benefit from the service. 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 improving the child/youth's family's ability to help the child/youth successfully function in the home and community.

Service Components/Activities:

Service activities may include, but are not limited to:

- Medically necessary skill-based interventions for the remediation of behaviors or improvement of symptoms, including but not limited to 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.
- 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.
- Development of skills or replacement behaviors that allow the child/youth to fully participate in the CFT and service plans including, but not limited to the plan and/or child welfare service plan.
- Improvement of self-management of symptoms, including self-administration of medications as appropriate.
- Education of the child/youth and/or their family or caregiver(s) about, and how to manage the child/ youth's mental health disorder or symptoms.
- Support of the development, maintenance, and use of social networks including the use of natural and community resources.
- Support to address behaviors that interfere with the achievement of a stable and permanent family life.
- Support to address behaviors that interfere with seeking and maintaining a job.
- Support to address behaviors that interfere with a child/youth's success in achieving educational objectives in an academic program in the community.
- Support to address behaviors that interfere with transitional independent living objectives such as seeking and maintaining housing and living independently.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Intensive Home Based Mental Health Services, SFC 57
 (continued)

Service Limitations / Lockouts:

Mental health services (including IHBS) are not reimbursable when provided by day treatment intensive or day rehabilitation staff during the same time period that day treatment intensive or day rehabilitation services are being provided. Authorization is required for mental health services if these services are provided on the same day that day treatment intensive or day rehabilitation services are provided. IHBS may not be provided to children/youth in Group Homes. IHBS can be provided to children/youth that are transitioning to a permanent home environment to facilitate the transition during single day and multiple day visits outside the Group Home setting.

Certain services may be part of the child/youth’s course of treatment, but may not be provided during the same hours of the day that IHBS services are being provided to the child/youth. These services include:

- Day Treatment Rehabilitative or Day Treatment Intensive
- Group Therapy.
- Therapeutic Behavioral Services (TBS)

CDI Codes:

578 Intensive Home Based Mental Health Services	577 NB
---	--------

Medicare CPT Codes: Not applicable.

Who can provide IHBS):

Service	Clin	Physician	MN	RN	MHS	SWI ESS SSP	OT	LVN	PT	ADC
Mental Health Status Exam & Diagnosis	Y	Y	Y	N	N	N	N	N	N	N
Assessment history and Data Collection	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Intensive home Based Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Therapeutic Behavioral Services, SFC 58

Service Definition: DMH Letters 99-03 & 04-12

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 who are 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 achieving short-term treatment goals. TBS is available to full-scope Medi-Cal beneficiaries under 21 years of age who meet 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.

Additional information regarding TBS (aka, Service Function Code 58) is available in the [Therapeutic Behavioral Services \(TBS\) Documentation Manual](#)

TBS is functionally divided into four different services, and providers are expected to code and document to these specific services. They are:

- TBS-Assessment (582): All activities to assess for and establish, or rule out, a child meeting the criteria for needing TBS-Coaching.
- TBS-Treatment Plan (583): The creation of an appropriate TBS treatment plan which identifies the target behaviors and other elements required of TBS treatment plans (e.g., plan for reducing level of services).
- TBS-Coaching (581 & listed as 'TBS' in SIMON): The direct 1:1 activities to provide the child with skills needed to address the target behaviors.
- TBS-Collateral (584): The direct 1:1 activities provided to a significant other in order to facilitate the child successfully addressing the target behaviors.

Through the use of these four types of TBS services, a TBS program will be able to conduct the initial assessment, develop a treatment plan, and implement this plan solely through the provision of Service Function Code 58 (i.e., TBS).

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Therapeutic Behavioral Services, SFC 58
(continued)

Example of Therapeutic Behavioral Services:

- Assessment that is conducted to assess a child/youth's current problem presentation, maladaptive at risk behaviors that require TBS intervention and the continued medical necessity need for TBS.
- Preparing, developing, and presenting the TBS care plan.
- Reviewing, modifying, and updating TBS care plans.
- Collateral services that are provided to significant support persons in the child/youth's life.
- Staying with the client through a specified time period of several hours waiting for and responding to behaviors specified in the client's TBS Plan.
- Supplying interventions that are designed to decrease the target behaviors as identified in the TBS care plan.
- Implementing the interventions with the client, in the presence of the caregiver.
- Assisting the caregiver in implementing the interventions that have been introduced to the client.

Example of Non-Billable Therapeutic Behavioral Services:

- Services that are solely for the convenience of the family or other caregivers, physician, or teacher.
- Services that are solely to provide supervision or to assure compliance with terms and conditions of probation.
- Services that are solely to ensure the child/youth's physical safety or the safety of others, e.g., suicide watch.
- Services that are solely to address behaviors that are not a result of the child/youth's mental health condition.
- Services that are solely for supervision or to assure compliance with terms and conditions of probation.
- The child/youth is currently admitted on an inpatient psychiatric hospital, psychiatric health facility, nursing facility, IMD, or crisis residential program.
- On-Call Time for the staff person providing TBS.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Therapeutic Behavioral Services, SFC 58
 (continued)

CDI Codes:

581 TBS	580 TBS NB
582 TBS Assessment	584 TBS Collateral
583 TBS Treatment Plan	

Medicare CPT Codes: Not Medicare billable.

Who can provide Therapeutic Behavioral Services:

Service	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
Therapeutic Behavioral Services (may also be provided by contracted individuals)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Medication Visit and Medication Education Group, SFC 60-68, 69

Service Definition: CCR, Title 9, Section 1810.225

Medication Support Services (MSS) 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.

Medication Visit:

An individual service involving any or all of the above activities.

Medication Education Group:

A group for clients provided by MSS-qualified staff in which discussion of risks, benefits, alternatives, and compliance with medications may take place, as well as Therapy (which time is billed separately). Usually, group members engage in these discussions while waiting to be taken out of the group briefly for a Medication Visit.

CDI Codes:

360	Non-Billable
361	New Client, Moderate to High Complexity, Moderate DMC
363	New Client, Moderate to High Complexity, High DMC
364	Diagnostic Interview Evaluation, w/Medical Services
366	Established Client, Low to Moderate Complexity, Low DMC
368	Established Client, Moderate to High Complexity, Moderate DMC
369	Established Client, Moderate to High Complexity, High DMC

Note: DMC refers to Decision Making Complexity. For further descriptions of services, see the following Medicare CPT Code table.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Medication Visit and Medication Education Group, SFC 60-68, 69 (continued)

Medicare CPT Codes:

CDI	CPT	Description
361	99204	Evaluation and Management Physician Service <ul style="list-style-type: none"> • New Client (defined on page 60) • Moderate to High Complexity • Comprehensive History • Comprehensive Exam • Moderate Decision Making Complexity • 45-Minute Time Override Option
363	99205	Evaluation and Management Physician Service <ul style="list-style-type: none"> • New Client • Moderate to High Complexity • Comprehensive History • Comprehensive Exam • Moderate Decision Making Complexity • 60-Minute Time Override Option
364	90792	Psychiatric Diagnostic Evaluation (w/Medical Services) <ul style="list-style-type: none"> • Board Certified, Eligible or Child Psychiatrist • Duration 60-Minutes
366	99213	Evaluation and Management Physician Service <ul style="list-style-type: none"> • Established Client (defined on page 60) • Low to Moderate Complexity • Expanded History • 15-Minute Time Override Option

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Medication Visit and Medication Education Group, SFC 60-68, 69
 (continued)

Medicare CPT Codes:

CDI	CPT	Description
368	99214	Evaluation and Management Physician Service <ul style="list-style-type: none"> • Established Client • Moderate to High Complexity • Detailed History • Detailed Exam • Moderate Decision Making Complexity • 25-Minute Time Override Option
369	99215	Evaluation and Management Physician Service <ul style="list-style-type: none"> • Established Client • Moderate to High Complexity • Comprehensive History • Comprehensive Exam • High Decision Making Complexity • 40-Minute Time Override Option

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Medication Visit and Medication Education Group, SFC 60-68, 69 (continued)

Determination of Patient Status as a New or Established Patient

“Solely for the purpose of distinguishing between new and established patients, professional services are those face-to-face services rendered by a physician and reported by a specific CPT code(s). A **new** patient is one who has not received any professional services from the physician or another physician of the exact same specialty and subspecialty who belongs to the same group practice, within the past three (3) years.

An **established** patient is one who has received professional services from the physician or another physician of the exact same specialty and subspecialty who belongs to the same group practice, within the past three (3) years.

In the instance where a physician /qualified health care professional is on call for or covering for another physician/qualified professional, the patient’s encounter will be classified as it would have been by the physician/qualified professional who is not available. When advance practice nurses and physician assistants are working with physicians they are considered as working in the exact same specialty and exact same subspecialties as the physician.”

From: CPT Coding Guidelines, Evaluation and management Definitions of Commonly Used Terms, New and Established Patients, CPT 2013

Counseling Override Option and Time

“When counseling and/or coordination of care dominates (more than 50%) of the encounter with the patient and/or family (face-to-face time in the office of other outpatient setting of floor/unit time in the hospital or nursing facility), then **time** shall be considered the key or controlling factor to qualify for a particular level of E/M services. This includes time spent with parties who have assumed responsibility for the care of the patient or decision making whether or not they are family members (e.g., foster parents, person acting in loco parentis, legal guardians). The extent of counseling and/or coordination of care must be documented in the medical record.”

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Medication Visit and Medication Education Group, SFC 60-68, 69 (continued)

Education and Training for Patient Self-Management Medication Education

The focus of the educational and training codes is to teach the patient (including caregivers) to effectively self-manage the patient's illness or disease, as well as attempt to delay possible additional disorders or comorbidities.

According to the CPT, "the qualifications of the non-physician healthcare practitioner must be consistent with guidelines or standards established or recognized by a physician society, a non-physician healthcare professional society/association, or other appropriate source."

Some of the criteria used to establish the curriculum are as follows:

- The content must be consistent with guidelines or standards established by recognized societies as described above.
- The content must be standardized to individuals or groups of patients.
- Any modifications to the curriculum should be done only when necessary to meet the clinical needs, cultural norms, and health literacy of the patient or patients.

Medication Visit (Medication Support Service) rendered by non-MD, non-Medicare reimbursable provider (i.e. - RN, PT, LVN). These codes represent MSS services performed by Non-physician, Non-Medicare reimbursable providers provided within specific scope of practice of the rendering provider. These services may include, but are not limited to, injections or drug administrations, 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.

Physician providers should not use these codes but rather use the appropriate Evaluation Management codes, such as counseling and education risk factor reduction intervention.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Medication Visit and Medication Education Group, SFC 60-68, 69
 (continued)

Medicare CPT Codes:

CDI	CPT	Description
380		Non-Billable Medication Education
381	98960	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient.
382	98961	2-4 Patients
383	98962	5-8 Patients
384		Non-Billable – MSS service rendered by non-MD, non-Medicare reimbursable provider.
385		MSS service rendered by non-MD, non-Medicare reimbursable provider (i.e. RN, PT, LVN).

Who Can Provide Medication Visits and Education Support Groups:

Service	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
Medication Visits	N	Y	Y	Y	N	N	N	Y	Y	N
Medication Education Groups	N	Y	Y	Y	N	N	N	Y	Y	N

Special Instructions for Medication Visits and Education Support Groups:

MSS services in a Medication Education Group must be charted and billed separately from any therapy that is provided by a person not authorized to provide MSS services. Therapy may only be provided within scope of practice. (See Individual Therapy and Group Therapy).

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Crisis Intervention, SFC 70-79

Service Definition: CCR, Title 9, Section 1810.209

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.

Examples of Crisis Intervention: (If above definition is met.)

- Evaluating client for hospitalization (whether or not client is hospitalized).
- Interventions to prevent harm to client or others.
- Interventions to prevent harm to client due to homelessness on that date.

Note: If non-client, consider Community Client Contact, and Other Service or Non Service for Non-Client.

Limitations on Services or Billing:

- Limited to immediate stabilization. Further intervention involves other services.
- Does not include crisis stabilization, which is provided in a 24-hour setting.
- Documentation must provide justification for time billed and meet Medical Necessity.

Note: Crisis Intervention services are recorded in the clinical record and reported into SIMON as hours: minutes.

Medi-Cal Crisis Intervention Lockouts (CCR, Title 9, Section § 1840.366):

- This service is not reimbursable on days when Crisis Residential Treatment services, Psychiatric Inpatient Hospital services, Psychiatric Health Facility services, or Psychiatric Nursing Facility services are reimbursed, except for the day of admission to these services
- The maximum number of hours claimable for this service is eight (8) within a 24- hour period.

Continued on next page



Scope of Practice and Billing Guide

Reimbursable Services, Continued

Crisis Intervention, SFC 70-79
 (continued)

CDI Codes:

371 MHS	370 NB
---------	--------

Medicare CPT Codes:

90839	Psychotherapy for Crisis; First 60 Minutes
90840	Each Additional 30 Minutes (List separately in addition to code for primary service)

Who can provide Crisis Intervention Services:

Service	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
Crisis Intervention	Y	Y	Y	Y*	Y*	Y*	Y*	Y*	Y*	Y*

*Must have immediate supervision if issues of danger to self or others are present

Special Instructions for Crisis Intervention:

Documentation must make clear why the service is Crisis Intervention as opposed to Assessment or Therapy. The crisis must require decision or action on the part of the provider in order to ensure the welfare of the individual or community. **“The individual's upset does not by itself create a crisis condition.”**

Continued on next page



Scope of Practice and Billing Guide

Key Service Components	Description
<p>TFC Service Model Definition</p>	<p>The Therapeutic Foster Care (TFC) service model is a short-term, intensive, highly coordinated, trauma informed and individualized rehabilitative service covered under Medi-Cal that is provided to a child/youth up to age 21 with complex emotional and behavioral needs who is placed with TFC trained and intensely supervised and supported resource parents.</p> <p>The TFC parents serve as a key participant in the therapeutic treatment process of the child/youth. The TFC parent must receive 40 hours of initial TFC parent training provided by the TFC agency, which must be completed prior to the resource parent being eligible to provide TFC services. TFC services assist the child/youth in achieving client plan goals and objectives, improve functioning and well-being and help the child/youth to remain in community settings, thereby avoiding residential, inpatient, or institutional care.</p> <p>The TFC service model is intended for children and youth who require intensive and frequent mental health support in a one-on-one environment. The TFC service model allows for the provision of certain Medi-Cal Specialty Mental Health Services (SMHS) components available under the ESPDT benefit as a home-based alternative to high level care in institutional settings such as group homes and, in the future, as an alternative to Short Term Residential Therapeutic Programs (STRTPs). TFC homes may also serve as a step down from STRTPs. Children and youth receiving TFC must also be receiving ICC. Similar to ICC, there must be a CFT in place to guide and plan the service provisions. Counties are encouraged to continue to develop the resources, supports, and services needed to maintain foster youth in family-based home settings while promoting permanency for the youth through family reunification, adoption, or legal guardianship. These efforts may include the provision of ICC, IHBS, and Wraparound services, as appropriate.</p>



Scope of Practice and Billing Guide

TFC Service

Model Definition CDI CODES

196 MHS	195 NB
---------	--------

Who can provide Therapeutic Foster Care Services:

Resource Parents/Foster Parents (RP)

Service	RP	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
TFC	Y	N	N	N	N	N	N	N	N	N	N

Special Instructions for TFC:

Resource Parents/Foster Parents must have a NPI number and write a daily note.



Scope of Practice and Billing Guide

Chapter 3 – Non-Reimbursable Services

Overview Chapter 3 discusses the services that are non-reimbursable.

Contents

Topic	See Page
Definition	66
Mental Health Promotion	66
Community Client Contact	67
Treatment Support	68
Day Treatment Support	69
Classroom Observation	70
Individualized Education Plan	71
Vocational	72
Hospital Liaison	73
Courtroom Appearances	74
Drug Screen	74
Conservatorship Investigation	75
Non-Service CDI Codes	76
Examples	78

Continued on next page



Scope of Practice and Billing Guide

Non-Reimbursable Services

Definition Non-Reimbursable Codes should not be used if an activity is reimbursable. This section will identify and describe non-reimbursable services.

Mental Health Promotion

General Type: Indirect

Service Definition:

Activities in the community educating persons regarding mental health and mental disorders and making service opportunities known to them. Also, providing education to agencies or organizations regarding mental health services and mental disorders.

Examples:

- Speaking to service club or church group about mental illness.
- Speaking to a mothers group about services for children.
- Speaking to staff of another County agency about dealing with the mentally ill.
- Staffing a booth in a mental health fair.

Note: First consider CM-L&C.

CDI Codes:

411 MHS Adult	415 MHS Other	417 MHS Child
---------------	---------------	---------------

Medicare CPT Codes: Not Medicare billable.

Billing: Must not be directly or MAA-billable.

Who can provide Mental Health Promotion:

Service	Clin	Physician	MN	RN	MHS	SWI ESS SSP	OT	LVN	PT	ADC
Mental Health Promotion	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page



Scope of Practice and Billing Guide

Non-Reimbursable Services, Continued

Community Client Contact

General Type: Indirect

Service Definition:

Assisting persons in the community who are not clients, including giving some minimal services, on the basis of immediate need and within the provider's scope of practice.

Examples:

- Groups for non-clients
- Assisting with non-billable socialization or drop-in group.
- Advising a person about involuntary hospitalization procedure.
- Intervening in a family dispute taking place in the same building in which a client lives whom you are visiting.
- Taking phone calls as clinic officer of the day.
- Providing a service for a recently closed client (if the case is not reopened).

Note: Also consider regular billable services.

CDI Codes:

421 MHS Adult	427 MHS Child
---------------	---------------

Medicare CPT Codes: Not Medicare billable.

Billing: Must not be directly or billable.

Who can provide Community Client Contact:

Service	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
Communality Client Contact	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Special Instructions

This service is not charted, nor is identifying information about the recipient recorded. (Any billed time that is part of a service that also includes Community Client Contact must be subtracted from the total in order to arrive at the Community Client Contact time).

Continued on next page



Scope of Practice and Billing Guide

Non-Reimbursable Services, Continued

Treatment Support

General Type: Indirect

Service Definition:

Time spent organizing or preparing for services or non-services.

Examples:

- Copying materials for a group.
- Preparing a curriculum for a group or other preparation to deliver a service.
- Developing a specific treatment program that is not covered under MAA-Program Planning.
- Logging, labeling, distributing, and storing medication supplies.
- Being in team meeting but not participating in discussion of a given case (the minutes for that case.)
- Interacting with community or organizational representatives in order to obtain donated treatment-related materials.
- Shopping for OT supplies.
- Shopping for refreshments when the Clinic Supervisor deems refreshments necessary in order to attract clients or maintain the service.
- Preparing for and participating in fair hearings.
- Time in multidisciplinary team meetings that is not billable as CM-L&C, CM-Placement, Plan Development, or Collateral.
- Interpreting between client and provider.
- Reviewing client's previous records, which do not lead to a billable and charted change in services to be provided or the Plan for services.
- Orienting clients to Department services and to recovery.
- Assigned travel time when no service is provided.

Continued on next page



Scope of Practice and Billing Guide

Non-Reimbursable Services, Continued

Treatment Support
(continued)

CDI Codes:

431 MHS Adult	435 MHS Child
---------------	---------------

Medicare CPT Codes: Not Medicare billable.

Billing: Must not be directly or billable.

Who can provide Treatment Support:

Service	Clin	Physician	MN	RN	MHS	SWI ESS SSP	OT	LVN	PT	ADC
Treatment Support	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Day Treatment Support

General Type: Indirect

Service Definition:

Time a staff person is assigned to and participating in a day treatment program.

CDI Codes:

433 MHS Adult	437 MHS Child
---------------	---------------

Medicare CPT Codes: Not Medicare billable.

Billing: Must not be directly or billable.

Who can provide Day Treatment Support:

Service	Clin	Physician	MN	RN	MHS	SWI ESS SSP	OT	LVN	PT	ADC
Treatment Support	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page



Scope of Practice and Billing Guide

Non-Reimbursable Services, Continued

Classroom Observation

General Type: Indirect

Service Definition:

Time spent observing a client in his/her school classroom, for service planning purposes. (Parts of this activity may be billable as “assessment” if they result in an “Assessment” ID note.)

CDI Codes:

442 Class Obv

Medicare CPT Codes: Not Medicare billable.

Billing: Must not be directly or billable.

Who can perform Classroom Observation:

Service	Clin	Physician	MN	RN	MHS	SWI ESS SSP	OT	LVN	PT	ADC
Treatment Support	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page



Scope of Practice and Billing Guide

Non-Reimbursable Services, Continued

Individualized Education Plan

General Type: Indirect

Service Definition:

Time spent in an Individualized Education Plan (IEP) meeting that is not billable as Collateral, CM-L&C, CM-Placement, or Plan Development. (Consultations before and after an IEP meeting are billed separately as either Collateral, CM-L&C, or Plan Development. Assessments related to an IEP or IEP meeting are billed as Assessment.

CDI Codes:

452 IEP

Medicare CPT Codes: Not Medicare billable.

Billing: Must not be billable as Plan Dev or other billable service.

Who can provide Individual Education Plan:

Service	Clin	Physician	MN	RN	MHS	SWI ESS SSP	OT	LVN	PT	ADC
Individual Education Plan	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page



Scope of Practice and Billing Guide

Non-Reimbursable Services, Continued

Vocational

General Type: Indirect

Service Definition:

Any service not recorded for direct billing that provides vocational help.

Examples:

- Job coaching
- Job development

CDI Codes:

453 Voc Program

Medicare CPT Codes: Not Medicare billable.

Billing: Must not be directly billable.

Who can provide Vocational Services:

Service	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
Vocational Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page



Scope of Practice and Billing Guide

Non-Reimbursable Services, Continued

Hospital Liaison **General Type:** **Indirect**

Service Definition:

Providing consultation services to inpatient medical and psychiatric units.

Examples:

- Providing invited consultation to inpatient medical or psychiatric staff.
- Coordinating transfer to DBH services that is not billable as CM-L&C or CM-Placement.

CDI Codes:

462 Hospital Liaison

Medicare CPT Codes: Not Medicare billable.

Billing: Must not be directly billable.

Who can perform as Hospital Liaison:

Service	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
Hospital Liaison	Y	Y	Y	N	N	N	N	N	N	N

Continued on next page



Scope of Practice and Billing Guide

Non-Reimbursable Services, Continued

Courtroom Appearances

General Type: Indirect

Service Definition:

Courtroom appearances on behalf of clients.

CDI Codes:

463 Court Appearance

Who can provide Courtroom Appearances:

Service	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
Hospital Liaison	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Special Instructions for Courtroom Appearances:

For non-licensed staff, the supervisor will accompany the staff person to court.

Drug Screen

General Type: Indirect

Service Definition:

Procuring urine samples for drug screens, sending samples to lab, and processing results.

CDI Codes:

391 Drug Screen

Who can perform Drug Screening:

Service	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
Hospital Liaison	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page



Scope of Practice and Billing Guide

Non-Reimbursable Services, Continued

Conservatorship Investigation **General Type:** **Indirect**

Service Definition:

Assessment of persons to determine need for conservatorship establishment or continuation.

CDI Codes:

621 Consvr Invest	631 Consvr Admin	620 Consvr Invest NB
-------------------	------------------	----------------------

Who can perform Conservatorship Investigation:

Service	Clin	Physician	MN	RN	MHS	SWII ESS SSP	OT	LVN	PT	ADC
Conservatorship Investigation	Y	Y	Y	N	N	N	N	N	N	N

Continued on next page

Quality Management Division

303 E. Vanderbilt Way, San Bernardino, CA 92415
Phone (909) 386-8227 • Fax (909) 890-0574



Scope of Practice and Billing Guide

Non-Reimbursable Services, Continued

Non-Service CDI Codes Below is a list of other non-service based codes for staff use:

CDI Codes	Activity
201	No Show DTI – The client does not keep a scheduled appointment.
300	MHS – The client does not keep a scheduled appointment.
307	Reschedule – The client reschedules an appointment that has been missed or will be missed.
308	Clinic Cancel – An appointment is cancelled by the clinic or provider.
309	Client Cancel – An appointment is cancelled by the client before the scheduled time (24 hours).
400	Intake – The client does not keep a scheduled appointment.
403	Leave and Holiday – All time away from work for any reason.
404	Training Given – Providing training within or outside of the Department as part of one’s assigned duties.
405	Training Received – Receiving training on Department time.
406	Department Travel Time (non-billable) – Non-billable travel time for client purposes or other purposes.
407	Clinic-Level Meeting – Staff meetings or other meetings at clinic sites.
408	Departmental Meeting – Regional or Departmental meeting.
409	Inter-Agency Meeting – Inter-agency meeting; multi-disciplinary team (MDT) meeting.
410	Other Meeting – Other meetings than those listed above.
413	Approved Non-Billable Overtime Duties.
418	Approved Special Assignment – Approved by one’s supervisor.
419	Administrative Duties NOS – All time not accounted for by any of the other codes in this document.
420	Time spent by clinical staff preparing for, or attending, Due Process, Mediation, or other litigation related activities within the AB2726 program.
423	Interpretation Services (clerical and professional).
424	Non-English language used during the provision of a Service.
457	Clinical Supervision Provided – Providing clinical supervision to anyone within the Department.
458	Clinical Supervision Received – Receiving clinical supervision within the Department.
459	Administrative Supervision Provided – Providing administrative supervision to anyone within the Department.

Continued on next page



Scope of Practice and Billing Guide

Non-Reimbursable Services, Continued

Non-Service CDI Codes
(continued)

CDI Codes	Activity
460	Administrative supervision Received – Receiving administrative supervision within the Department.
464	Medication Management – Used for a variety of activities related to handling medical/medication issues not attributable to specific clients.

Continued on next page



Scope of Practice and Billing Guide

Non-Reimbursable Services, Continued

Examples

Below are some examples:

- Helping clients organize a Client Council (Treatment Support)
- Facilitating/advising a Client Council (Treatment Support)
- Helping clients organize a client support/advocacy group (Treatment Support)
- Interacting with a community group (church, service club, community center, etc.) to make it more open to client involvement (MH Promotion)
- Orienting clients to RWD (Treatment Support)
- Training clients, ex-clients, or volunteers to be mentors (Treatment Support)
- Developing peer-run programs (Treatment Support)
- Facilitating/advising peer-run programs (Treatment Support)
- Social event (including education) for neighborhood to acquaint people with services (MH Promotion).

Continued on next page



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List

Acronym/Abbreviation	Refer to:
ACBO	Association of Community Based Organizations
AAHCPAD	American Academy of Health Care Providers in the Addictive Disorders
AAMFT	American Association of Marriage and Family Therapy
AB	Assembly Bill
AB3632	California Law Related to Behavioral Assessment and Mental Health Services
ABC	Augmented Board And Care
ACE	Access Coordination and Enhancement
ACR	Auditor Controller/Recorder
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ADC	Adelanto Detention Center
ADC	Alcohol and Drug Counselor
ADL	Activities of Daily Living
ADP	Alcohol and Drug Programs
ADS	Alcohol and Drug Services
AEVS	Automated Eligibility Verification System
AI/AN	American Indian/Alaskan Native
AIDS	Acquired Immune Deficiency Syndrome
AMA	Against Medical Advice
ANSI	American National Standards Institute
AOD	Alcohol and other drugs
AP	Accounts Payable
APA	American Psychological Association
APPIC	Association of Psychology Postdoctoral and Internship Centers
APR	Annual Progress Report
APR	Annual Program Review
APS	Association of Psychological Science
AR	Accounts Receivable
AR/UR	Authorization Review/Utilization Review Unit
ARC	American Red Cross
ARMC	Arrowhead Regional Medical Center
ARRA	American Recovery and Reinvestment Act
ARS	Adult Residential Services



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

ASC	Administrative Subcommittee of Wraparound
ASC	Accredited Standards Committee
ASG	Application Support Group
ASOC	Adult System of Care
ASPE	Assistant Secretary for Planning and Education
ASW	Associate of Social Work (registered with Board)
Attn	Attention
AVG	Average
AWOL	Absent Without Leave
B&P	Business and Professions Code
BA	Bachelor of Arts
BAC	Blood Alcohol Content
BAI	Board Agenda Item
BBS	Board of Behavioral Sciences
BC	Board Certified
Beh	Behavior
BG	Block Grant
BHRC	Behavioral Health Resource Center (now CSBHS effective 04/12)
BIC	Benefits Identification Card
BOC	Board Of Corrections
BOS	Board Of Supervisors
BRN	Board of Registered Nursing
BSNLRP	Bachelor of Science Nursing Loan Repayment Program
Bx	Behavior
c	With
c/o	Complains of
CA	Cancer
CAADAC	California Association of Alcoholism and Drug Abuse Counselors
CAADE	California Association for Alcohol/Drug Educators
CAAHL	Child & Adult Abuse Hotline
CAARR	California Association of Addiction Recovery Resources
CAC	California Administrative Code
CAC	Children's Assessment Center
CADTP	California Association of DUI Treatment Programs
CADDTP	California Association of Drinking Driver Treatment Programs



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

CADPAAC	County Alcohol and Drug Program Administrators Association of California
CalHFA	California Housing Finance Agency
CalMHSA	California Mental Health Services Authority (JPA)
CalOMS	California Outcome Measurement Service
CalSWEC	California Social Work Education Commission
CANS	Child and Adolescent Needs and Strengths
CANS-SB	Child and Adolescent Needs and Strengths Assessment-San Bernardino
CAO	County Administrative Officer
CARF	Commission On Accreditation Of Rehabilitation Facilities
CARS	Children's Assessment And Referral System
CASE	Coalition Against Sexual Exploitation
CASRA	California Association of Social Rehabilitation
CATC	Certified Addictions Treatment Counselor
cauc	Caucasian
CBHDA	County Behavioral Health Directors Association of California
CBMCS	California Brief Multicultural Scale Based Training
CBO	Community Based Organization
CBT	Cognitive Behavior Therapy
CC3	CCura3
CCAC	Cultural Competency Advisory Committee
CCAPP	California Consortium of Addiction Programs and Professionals
CCBCDC	California Certification Board of Chemical Dependency Counselors
CCICMS	Centralized Children's Intensive Case Management Services
CCL	Community Care Licensing
CCN	County Client Number
CCP	California Code of Civil Procedure
CCR	California Code Of Regulations
CCRT	Community Crisis Response Teams
CCS	California Children's Services
CCT	Care Coordination Team
CCTRO	Cultural Competency, Training, Retention & Outreach
CD	Chemical Dependency
CD	Conduct Disorder
CDBG	Community Development Block Grants
CDC	Centers for Disease Control



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

CDCI	Comprehensive Drug Court Implementation
CDCR	California Department of Corrections and Rehabilitation
CDI	Charge Data Invoice
CDS	Client Data System
CE	Continuing Education
CEO	County Executive Officer
CEOP	County Emergency Operation Plan
CEU	Continuing Education Unit
CFR	Code of Federal Regulations
CFRA	California Family Rights Act
CFS	Children and Family Services
CFT	Child Family Team
CHAS	Centralized Hospital Aftercare Services
CHD (County)	Community Housing and Development
CHIP	Children's Health Insurance Program
ChRIS	Children Residential Intensive Services
CIMH	California Institute for Mental Health
CIN	Client Index Number
CIS	Children's Intensive Services
CIT	Crisis Intervention Training
CITA	Court for Individualized Treatment of Adolescents
CL	Club Live
CLAS	Culturally and Linguistically Appropriate Service
CLC	California Labor Code
Clin	Clinician
clt	Client
CM	Case Management
CME	Continuing Medical Education
CMHDA	California Mental Health Director's Association
CMS	Centers for Medicare and Medicaid Services
CNMHC	California Network of Mental Health Clients
CO	Certifying Organizations
COB	Close of Business
COB	Clerk of the Board
CoC	Continuum of Care



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

COCE	Co-Occurring Center for Excellence
COD	Co-Occurring Disorders
CONREP	Conditional Release Program
CONS	Conservatorship
COP	Conditions of Participation
CORE	Community Out Reach & Education
COS	Community Outreach Services
COTA	Certified Occupational Therapy Assistant
CPAC	Community Policy Advisory Committee
CPM	Core Practice Model
CPRP	Certified Psychosocial Rehabilitation Practitioner
CPS	Child Protective Services
CPSE	California Psychology Supplemental Exam
CPT	Current Procedural Terminology
CQI	Continuous Quality Improvement
CRM	Community Resiliency Model
CRS	California Relay Service
CS	Computer Services
CSAC	County Supervisors Association Of California
CSAC	California State Association of Counties
CSAP	Center for Substance Abuse Prevention
CSBHS	County of San Bernardino Health Services (formerly BHRC)
CSEC	Commercial Sexual Exploitation of Children
CSI	Client and Service Information
CSOC	Children's System Of Care
CSP	Coordination Service Plan
CSS	Community Services and Supports
CT	Clinical Therapist I & II
CTF	Community Treatment Facility
CV	Central Valley
CWE	Community Wholeness and Enrichment
CWIC	Crisis Walk-in Centers
CY	Calendar Year
CYA	California Youth Authority
CYC	Child and Youth Connection



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

CYC-CAC	Child and Youth Connections – Children’s Assessment Center (i.e., DBH unit within CAC)
CYCS	Children and Youth Collaborative Services
D/MTN	Desert/Mountain Region
DAAS	Department of Aging and Adult Services
DATAR	Drug & Alcohol Treatment Access Report
DBH	County of San Bernardino, Department Of Behavioral Health
DBT	Dialect Behavior Therapy
DCH	DAY CARE HABILITATIVE
DCPP	DRUG COURT PARTNERSHIP PROGRAM
DCR	DAY CARE REHABILITATIVE
DCS	Department Of Children's Services
DDC	DEPENDENCY DRUG COURT
DEJ	Deferred Entry of Judgment
DEOP	Department Emergency Operation Plan
DGS	Department of General Services (STATE)
DHCS	Department of Health Care Services
DHHS	Department Of Health & Human Services (Federal)
DLA	Daily Living Activity
DMC	Drug Medi-Cal
DMH	Department Of Mental Health (former State agency)
DOA	Date of Admission
DOB	Date of Birth
DOC	Department Operations Center
DOC	Department of Corrections (State)
DOCD	Department Operations Center Director
DOE	Date of Entry
DOJ	Department of Justice
DOR	Department Of Rehabilitation (State)
DOS	Date of Services
DP	Direct Provider
DR	Doctor
DRC	Day Reporting Center
DRS	Designated Record Set
DSM	Diagnostic and Statistical Manual of Mental Disorders



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

DSS	Department of Social Services (STATE)
DTS	Day Treatment Services
DUI	Driving Under the Influence
DV	Domestic Violence
EAP	Education Assistance Proposal
EBP	Evidence Based Practices
ECR	Error Correction Report
eCURA	Fee For Service registration and referral system
ED	Emergency Department or Emotional Disturbance
EDBCR	Employee Database Cost Report
EDI	Electronic Data Interchange
EDS	Employment Development Services
EEOC	Equal Employment Opportunity Commission
EFC	Extended Foster Care
EHR	Electronic Health Record
EHT	Extended Hours Triage
EIIS	Early Identification and Intervention Services
EIN	Employer Identification Number
EIS	Early Intervention Services
EL	Essential Learning
ELDP	Executive Leadership Development Program
EMACS	Employee Management And Compensation System
EOB	Explanation Of Benefits
EOC	Emergency Operations Center
EPPP	Examination for the Professional Practice in Psychology
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
EQRO	External Quality Review Organization
ER	Emergency Room
ES	Emergency Services
ESG	Emergency Solutions Grant
ETA	Estimated Time of Arrival
EV	East Valley
EVC	Eligibility Confirmation Number
EVRC	East Valley Resource Center (Phoenix)
f/u	Follow up



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

FACES	Focus on Achieving Customer-oriented Excellent Services
FACT	Forensic Assertive Community Treatment
FAS	Financial Accounting System
FAST	Forensic Adolescent Services Team
FC	Foster Care
FEHA	Fair Employment & Housing Act
FFA	Foster Family Agency
FFP	Federal Financial Participation
FFS	Fee-For-Service
FFT	Functional Family Therapy
FY	Fiscal Year
FFY	Federal Fiscal Year
FHRSA	Federal Health Resources and Services Administration
FI	Financial Interviewers
FICS	Family Intervention And Community Support Team
FID	Federal Identification Number
FIT	Families in Transition
FLSA	Fair Labor Standard Act
FMAB	Fiscal Management and Accountability Branch (STATE ADP)
FMAP	Federal Medical Assistance Percentage
FMLA	Family Medical Leave Act
FNL	Friday Night Live
FOTP	Female Offender Treatment Program
FP	Foster Parent
FRC	Family Resource Center
Freq	Frequent
FSP	Full Service Partnerships
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FX	Facsimile
FY	Fiscal Year
GAD	Generalized Anxiety Disorder
GAF	Global Assessment of Functioning
GF	General Funds (STATE)
GG08	Golden Guardian 2008



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

GHRC	Glen Helen Rehabilitation Center
GLBTQQ	Gay, Lesbian, Bisexual, Transgendered, Queer, Questioning
GP	General Practitioner
Group Tx	Group Therapy
GSD	General System Development
GSG	General Services Group
H&S	California Health and Safety Code
H2O	Water
HACSB	Housing Authority of the County of San Bernardino
HBP	high blood pressure
HCD (State)	Housing and Community Development
HCPCS	Healthcare Common Procedure Coding System
HCV	Hepatitis C Virus
HEA	Hispanic Employees Alliance
HER	Electronic Health Record
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HMIS	Homeless Management Information System
HMO	Health Maintenance Organization
HPEF	Health Professions Education Foundation
HPI	Housing Partners I
HPN	Homeless Provider Network
HPSA	Health Plan Shortage Area
HR	Human Resources
HRD	Human Resources Department
HRO	Human Resource Officer
HRSA	Health Resources and Services Administration
HS	County of San Bernardino Human Services
HT	Housing Trust
HUD (Federal)	Housing and Urban Development
IA	Interagency Agreement
IAP	Interactive Accommodation Process
IC	Incident Commander
ICC	Intensive Care Coordination



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

ICCD	International Center for Clubhouse Development
ICD-10-CM	International Statistical Classification of Diseases and Related Health Problems, 10th Edition, Clinical Modification
ICD-9-CM	International Statistical Classification of Diseases and Related Health Problems, 9th Edition, Clinical Modification
ICF	Intermediate Care Facility
ICH	Interagency Council on Homelessness
ICM	Intensive Case Management
ICP	Incident Command Post
ICWA	Indian Child Welfare Act
IDT	Intra-department Transfer
IDU	Injection Drug User
IEHP	Inland Empire Health Plan
IEP	Individualized Education Plan
IHBS	Intensive Home Based Services
IIPP	Injury and Illness Prevention Program
ILP	Independent Living Program (CFS and Probation youth 16+)
IMD	Institute For Mental Disease
IMFT	Marriage, Family Therapist Intern
IN	Informational Notice
INFO	Integrated New Family Opportunities
INN	Innovation
INPT or IP	Inpatient
IOM	Institute of Medicine Categories
IP	Identified Patient
IPC	Interagency Placement Council
IRC	Inland Regional Center
ISD	Information Services Department
IST	Incompetent To Stand Trial
IT	Information Technology
ITFC	Intensive Treatment Foster Care
ITWS	Information Technology Web Services
IUDU	Intravenous Drug User
IVDAR	Inland Valley Drug And Alcohol Recovery Services
IYRT	Interagency Youth Resiliency Team (Innovation project)
JCAHO	Joint Commission On Accreditation Of Hospital Organization



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

JCBHS	Juvenile Court Behavioral Health Services
JDAC	Juvenile Detention and Assessment Center
JESD	Jobs And Employment Services Department
JETS	Juvenile Evaluation & Treatment Services
JH	Juvenile Hall
JIC	Joint Information Center
JIS	Joint Information System
JJCR	Juvenile Justice Community Reintegration
JJOP	Juvenile Justice Outpatient Program
JJP	Juvenile Justice Program-(Replaces JJOP – Juvenile Justice Outpatient Program)
JMHS	Jail Mental Health Services
JPA	Joint Powers Authority
LCD	Licensing and Certification Division (STATE)
LCSW	Licensed Clinical Social Worker
LDP	Leadership Development Program
LEPP	License Exam Prep Program
LIHP	Low Income Health Program (ArrowCare)
LLUMC	Loma Linda University Medical Center
LMFT	Licensed Marriage and Family Therapist
LMHSPEP	Licensed Mental Health Services Provider Education Program
LMS	Learning Management System
LPCC	Licensed Professional Clinical Counselor
LPHA	Licensed Practitioner Of The Healing Arts
LPS	Lantermann-Petris-Short Act
LPT	Licensed Psychiatric Technician
LVN	Licensed Vocational Nurse
M/CAL	Medi-Cal
M/CARE	Medicare
MA	Master of Arts
MAA	Medi-Cal Administrative Activities
MAPS	Member Assisted Program Services
Max	Maximum
MC	Managed Care
MCO	Managed Care Organization
MD	Medical Doctor (most likely a Psychiatrist in DBH)



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

MDT	Multi-Disciplinary Team
MEDS	Medi-Cal Eligibility Data System (STATE DHCS)
METRO	Metropolitan State Hospital
MFCC	Marriage, Family and Child Counselor
MFT	Marriage, And Family Therapist
MHALA	Mental Health America Los Angeles
MHC	Mental Health Commission
MHLAP	Mental Health Loan Assumption Program
MHP	Mental Health Plan
MHPSA	Mental Health Professional Shortage Area
MHS	Mental Health Specialist
MHSA	Mental Health Services Act
MHSOAC	Mental Health Services Oversight and Accountability Commission
MIA	Medically Indigent Adult
MLA	Management Leadership Academy
MMCD	Medi-Cal Managed Care Division
MN	Nurse with a Master's degree
MOE	Maintenance of Effort
MOU	Memorandum Of Understanding
MQs	Minimum Qualifications
MRMIB	Managed Risk Medical Insurance Board
MSE	Mental Status Exam
MSM	Men who have Sex with Men
MSSA	Medical Service Study Area
MSW	Masters In Social Work
MUA	Medically Underserved Area
MUP	Medically Underserved Population
NACBHDD	National Association of County Behavioral Health & Developmental Disability Directors
NACo	National Association of Counties
NAL	Naltrexone
NAMI	National Alliance on Mental Illness
NAPA	Napa State Hospital
NARC	Native American Resource Center
NASMHPD	National Association of State Mental Health Program Directors



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

NB	Non-Billable
NCAA	National Commission for Certifying Agencies
NCTI	National Curriculum and Training Institute
NCTI Crossroads	National Curriculum Training Institute
NEO	New Employee Orientation
NGI	Not Guilty By Reason Of Insanity
NHAS	National HIV/AIDS Strategy
NHSC	National Health Services Corps
NIMS	National Incident Management System
NMD	Non Minor Dependent
NNA	Net Negotiated Amount
NOA	Notice of Action
NOGA	Notice of Grant Award
NON-SPMP	Non Skilled Professional Medical Personnel
NOPP	Notice of Privacy Practices
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NREFM	Non Related Extended Family Member
NTP	Narcotic Treatment Program
NVCI	Non Violent Crisis Intervention
NWLS	New World Language Service
OA	Office Assistant (I, II ,III or IV)
OAC	Oversight and Accountability Commission
OCCES	Office of Cultural Competence and Ethnic Services
OCFA	Office of Consumer and Family Affairs
OCM	Outpatient Chart Manual
OD	Doctor of Osteopathic Medicine (can also be a Psychiatrist)
ODF	Outpatient Drug Free
OED	Organizational & Employee Development
OES	Office of Emergency Services
OHC	Other Health Coverage
OHS	Office of Homeless Services
OIG	Office of Inspector General
OJJDP	Office of Juvenile Justice and Delinquency Prevention
OMB	Office of Management and Budget (FEDERAL)



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

OMH	Office of Minority Health (FEDERAL)
OP	Outpatient Services
OPPD	Office of Program and Policy Development
OR	Outreach Services
OSHPD	Office of Statewide Health Planning and Development
OT	Occupational Therapist
OTA	Occupational Therapist Assistant
PATS	Perinatal Addiction and Treatment Services
PBM	Pharmacy Benefit Manager (Ramsell)
PC	Personal Computer
PCIT	Parent-Child Interaction Therapy
PCP	Primary Care Physician
PDD	Pervasive Developmental Disorder
PEI	Prevention & Early Intervention
PERC	Performance, Education And Resource Center
PFA	Peer and Family Advocate I, II, III
PFI	Patient Financial Information Data
PH	Partial Hospitalization or Public Health
PHC	Partial Hospitalization Coordinator
PhD	Doctor of Philosophy or philosophy doctorate
PHF	Psychiatric Health Facility
PHI	Protected Health Information
PHMB	Partnership for Healthy Mothers and Babies
PHN	Public Health Nurse
PHP	Pre-Paid Health Plan
PII	Personally Identifiable Information
PIN	Provider Information Number
PIO	Public Information Officer
PLWHA	People Living with HIV and AIDS
PM	Program Manager
PO	Probation Officer
PO	Purchase Order
POE	Proof Of Eligibility
POQI	Performance Outcomes & Quality Improvement
POR	Problem Oriented Record



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

POS	Point Of Service
PRO	Professional Review Organization
Prob	Probation
PRR	Public Records Request
PS	Program Specialist (I and II)
PSATS	Perinatal Substance Abuse Treatment Services
PSE	Public Service Employee
PSH	Patton State Hospital
PSH	Permanent Supportive Housing
PSI or PSII	Program Specialist I or II
PSN	Parolee Services Network
PSPP	Post Service Post Payment
PSYC A	Psychology Assistant
PsyD	Doctor of Psychology or psychology doctorate
PTAN	Provider Transaction Access Number
Pv	Prevention
QA	Quality Assurance
QAR	Quality Assurance Review
QFFMR	Quarterly Federal Financial Management Report
QM	Quality Management
QMD	Quality Management Division
R&E	Research And Evaluation
RA	Remittance Advice
RAS	Registered Addiction Specialist
RBATS	Rialto Behavioral Addiction & Treatment Services
RBEST	Recovery Based Engagement Support Team
RCL	Residential Care Licensing
RES	Real Estate Services
RESSL	Request for Extended Sick and Special Leave
RESTAT	Resource Status Unit
RFA	Request for Action
RFP	Request for Proposal
RFQ	Request for Qualifications
RGH	Riverside General Hospital
RN	Registered Nurse



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

ROP	Regional Occupational Program
ROPCB	Residential and Outpatient Programs Compliance Branch (STATE ADP)
S&R	Seclusion And Restraint
S/D	Short-Doyle
SA	Substance Abuse
SABER	San Bernardino Accessible Billing and Electronic Records
SAEVS	Supplemental Automated Eligibility Verification System
SAM	State Administrative Manual
SAMHSA	Substance Abuse and Mental Health Services Administration
SAP	Student Assistance Program
SAPT	Substance Abuse Prevention & Treatment
SAR	Service Authorization Request
SARB	School Attendance Review Board
SART	Screening, Assessment, Referral and Treatment
SAS	Supervisor Of Administrative Services
SATS	School Aged Treatment Services
SB	Senate Bill (STATE)
SB 785	Senate Bill 785 provides for Specialty mental health for out-of-county youth
SBCAAAE	San Bernardino County Association of African American Employees
SBCSS	San Bernardino County Superintendent of Schools
SBPEA	San Bernardino Public Employees' Association
SCHIP	State Children's Health Insurance Program
SCO	State Controller's Office
SCRP	Southern Counties Regional Partnership
SD/MC	Short-Doyle/Medi-Cal
SDI	State Disability Insurance
SED	Serious Emotional Disturbances or Severely Emotionally Disturbed
SELPA	Special Education Local Plan Area
SEMS	Standardized Emergency Management System
SEP	Syringe Exchange Program
SFC	Service Function Code(s)
SGF	State General Fund
SIMON	San Bernardino Information Management On-Line Network
SIP	System Improvement Plan
SHOC	Shelter Operations Compound



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

SITSTAT	Situational Status
SLRP	State Loan Repayment Program
SLT	Speech and Language Therapist
SMA	Statewide Maximum Allowance
SMHI	Student Mental Health Initiative
SNF	Skilled Nursing Facility
SOA	Supervising Office Assistant
SOAR	Seeking Others Attaining Recovery
SOC	Share of Cost
SOP	Standard Operating Procedure
SOP	Safety Organized Practice
SOS	Supervising Office Specialist
SOW	Scope of Work
SP	Service Plan
SPA	State Plan Amendment
SPAN	San Bernardino Partners Aftercare Network
SPC	Shelter Plus Care
SPF	Strategic Prevention Framework
SPF SIG	Strategic Prevention Framework State Incentive Grant
SPM	Standard Practice Manual
SPMP	Skilled Professional Medical Personnel
SSA	Social Security Administration
SSA	Support Services Account (STATE)
SSDI	Social Security Disability Insurance
SSI	Social Security Supplemental Income
SSN	Social Security Number
SSP	State Supplemental Program
SSP	Social Service Practitioner
SSSP	Supervising Social Service Practitioner
STAR	Supervised Treatment After Release
STD	Sexually Transmitted Disease
STEP-UP	Systematic Transformation for Engaging Partners & Uplifting People
STOP	Specialized Treatment Offender Program
SUD	Substance Use Disorder
SW	Social Worker I or II



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

TANF	Temporary Aid For Needy Families
TAD	Transitional Assistance Department
TAP	Therapeutic Alliance Program
TAPS	Tracking and Payment System (STATE ADP)
TAR	Treatment Authorization Request
TAY	Transitional Age Youth
TB	Tuberculosis
TBS	Therapeutic Behavioral Services
TC	Team Captain (Disaster Response)
TCM	Targeted Case Management
TCON	Temporary Conservatorship
TDD	Telecommunication Device For The Deaf
TDM	Team Decision Making
TFC	Therapeutic Foster Care
TFC	Therapeutic Foster Care
TFCBT	Trauma Focused Cognitive Behavioral Therapy
THP	Transitional Housing Program (CFS & Probation youth 16 - 18)
THPP	Transitional Housing Program Plus (18 -21)
TI	Training Institute
TIN	Tax Identification Number
TRM	Trauma Resiliency Model
TSC	Telephone Service Center
TUT	Tar Update Transmittal Form
TX	Treatment
UACF	United Advocates for Children and Families
UMDAP	Uniform Method To Determine Ability To Pay
UOS	Unit of Service
UR	Utilization Review
USC	United States Code
USDR	Uniform Statewide Daily Reimbursement
VAHOSP	Veteran's Administration Hospital
VHR	Visual Health Record
VSC	Volunteer Services Coordinator
VSP	Volunteer Services Program
VV	Victor Valley



Scope of Practice and Billing Guide

Appendix A: Acronym/Abbreviation List, Continued

W&I	California Welfare and Institutions Code
VVBHC	Victor Valley Behavioral Health Center
WDD	Workforce Development Department
WET	Workforce Education and Training
WIC	Women, Infants, and Children
WPE	Work Performance Evaluation
WPIP	Work Performance Improvement Plan
WRAP	Wellness Recovery Action Plan
WV	West Valley
WVDC	West Valley Detention Center
ZC	Zone Coordinator (Disaster Response)