

Service Code Grid - Specialty Mental Health Plan
Provider Type: NON-LPHA – Adult Services

ASSESSMENT		
Avatar Code / Description	Info re: TIME	Description
MH0031 MH Assessment by Non-Physician	Minimum: 8 min. Max: None	All provider types of assessment activities, including: Collecting and gathering current info & history info with the client to determine appropriate level of care & treatment needs. Identifying current impairments in functioning / trauma / medical info / psychosocial info / strengths / risk factors. Completion of PSC-35 & CANS / ANSA with client. All provider types: Meeting with caregiver/significant support person to gather information to inform an assessment/re-assessment.
		Sample Note 1: Met with client to gather information to inform assessment. Client reports current symptoms of depression with suicidal ideation without intent. No current SUD reported. Clinician plans to meet with client identified collateral source, their mother, to gather additional assessment information.
		Sample Note 2: Met with parent / caregiver / significant other to gather information to inform assessment. Support person reported symptoms of severe depression and a history of suicidal ideation with past attempts and two hospitalizations. Collateral information will be included in assessment. Plan is to complete last interview with client and work with LPHA to finalize assessment.
MH2000 Comprehensive Multidisciplinary Evaluation	Minimum: 8 min. Max: None	All provider types: <ul style="list-style-type: none"> • Review of a holistic perspective of the client, including psychiatric, physical, psychosocial, family, recreation and occupational areas. • Assessing and Coordinating Care with other Providers and Agencies • Client/Support Person does not have to be present • Multiple staff can bill for participation in a case consultation meeting • Not meant for brief check-in, rather intended for use under the following circumstances: <ul style="list-style-type: none"> ○ The consultation produces actionable item(s) on behalf of the client and/or a change to the client’s treatment. ○ Each claiming provider has made a unique contribution to the consultation.
		Sample Note Language: Coordinator attended multidisciplinary case consultation with therapist, doctor, and peer support specialist. Provider reported on client’s progress with activities of daily living including increased showering to 3x/week. Along with improvements noted by other providers, determination made to update ANSA with client to evaluate current needs and update plan of care.

PLAN DEVELOPMENT		
Avatar Code / Description	Info re: TIME	Description
MH0032 MH Svc Plan by Non-Physician	Minimum: 8 min. Max: None	All provider types: development of client Problem List and/or Care Plans, updating client plans, approval of client plans and/or monitoring of a client's progress. All provider types: Meeting with caregiver/significant support person to develop a care plan/client plan.
		Sample Note (TCM Care Plan creation – template in avatar): **BE SURE TO CHOOSE NOTE TYPE MHP TCM CARE PLAN** Sample Note: Writer met with client to provide case management related to their goal to [find affordable housing; specifically subsidized community housing when adult residential treatment is completed]. Writer will continue to support client through case management services to address their needs identified in the assessment, including coordinating with community resources, until [client transitions to stable housing]. Client agrees with this plan.
		Sample Note (Problem List Update – template in avatar): **BE SURE TO CHOOSE NOTE TYPE PROBLEM LIST UPDATE / REVIEW** Writer met with [client] to review, add, or remove problems from the Problem List that are current and relevant to the client's behavioral health treatment. Problem(s) identified that need to be [added] are [depression and unemployment / wanting to find a part-time job] identified on this date, 4/24/2024.

TARGETED CASE MANAGEMENT (TCM – MT1017 requires Care Plan)		
Avatar Code / Description	Info re: TIME	Description
MT1017 Targeted Case Management	Minimum: 8 min. Max: None	All provider types: Assisting client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Examples: communication, coordination, and referral; monitoring service delivery to ensure access to service and the service delivery system; monitoring of individual progress. Meeting with caregiver/significant support person for the purpose of connecting them with resources/community supports to address the client's needs.
		Sample Note: (TCM Care Plan already documented in previous note): Writer contacted Food Bank to gather information about how client can access free food, as currently they do not have financial resources for monthly food needs. Learned how to refer client to receive free food. Plan to support client in obtaining food on a weekly basis from Food bank.

		Sample Note: (TCM Care Plan already documented in previous note): Client unable to manage emotions due to anxiety and agreed to attend group focusing on anxiety and depression. Writer contacted Group Intervention Center and gathered info about their groups. Initiated referral process as group seems to be a good match for client. Plan to discuss group with client and assist client in next steps to attend group.
MH2021 Community Wrap-Around	Minimum: 8 min. Max: None	All provider types: coordination of care between Specialty Mental Health System and providers who are outside Specialty Mental Health. Examples: Specialty Mental Health refers to the Managed Care System or to Substance Use Disorder treatment (DMC-ODS).
		Sample Note: Client's Alcohol Use may qualify client to receive Outpatient SUD treatment in addition to the current mental health services. Contacted Janus intake team to refer and link to SUD treatment. Janus staff provided walk-in hours for intake; plan to support client in attending an intake session.

REHABILITATION		
Avatar Code / Description	Info re: TIME	Description
MH2017 Psychosocial Rehabilitation	Minimum: 8 min. Max: None	All provider types: Skill building to help client restore, improve or preserve functioning socially, in their communication, or in their daily living skills. Improves self-sufficiency and/or self-regulation. Providing assistance to address a beneficiary's mental health needs. All provider types: Meeting with caregiver/significant support person for the purpose of coaching, skill development as a means to support the client with managing behavioral health needs.
		Sample Note Language: This writer facilitated mindfulness-based breathing exercise to assist client with strengthening stress management skills, which directly impacts their experience of depression symptoms... Writer taught deep breathing exercise and body relaxation techniques to client & coached client on using these skills when feeling stress. Encouraged client to continue practicing skills to manage symptoms of depression that include sadness until the next rehabilitation session. Plan = client will practice these skills during the next week, we will continue to meet once a week to develop stress management techniques to alleviate depressive symptoms.
MH2017G Group Psychosocial Rehabilitation	Minimum: 8 min. Max: None	All provider types: Skill building as above in a group setting. Sample Note Language: Taught motivational interviewing group focusing on education around the stages of change to group participants to help increase their self-awareness around behavioral changes related to their mental health. Participants completed worksheets identifying action steps they could take towards their own mental health goals. Follow up plan: participants will practice these action steps over the next week and share their experiences with the group at the next group session.

CRISIS INTERVENTION

Avatar Code / Description	Info re: TIME	Description
MH2011 Crisis Intervention	Minimum: 8 min. MAX Time: 8 hours of crisis intervention in a day across all providers	All provider types: An unplanned, expedited service to address a condition that requires more timely response than a regularly scheduled visit. Supporting a client to cope with a crisis and regain functioning with the goal to stabilize an immediate crisis situation and maintain the client in the community if possible.
		Sample Note Language: Received call from staff at client's board and care who reported that client had been depressed for a couple days and now was refusing to leave their room and reporting suicidal ideation. Staff at B & C requested writer provide support and help to determine if mobile crisis response was needed. Talked with client to assess presentation and symptoms of depression. Client reported having no hunger and being unable to sleep and unable to stop thinking about talking their own life. Client reported a vague plan which was unlikely, but was unable to talk with writer about their safety and insisted that things would not get better. Writer determined that mobile crisis response was indicated and contacted MERT for response. Plan is to support client through MERT interview and support with next steps to keep client safe.