

Service Code Grid - Specialty Mental Health Plan

Provider Type: NON-LPHA – Children’s Services

ASSESSMENT		
Avatar Code / Description	Info re: TIME	Description
MH0031 MH Assessment by Non-Physician	Minimum: 8min. Max: None	<p>All provider types: assessment activities, including: Collecting and gathering current info & history info with the client/caregiver(s) 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/caregiver(s).</p> <p>All provider types: Meeting with caregiver/significant support person to gather information to inform an assessment/re-assessment.</p>
		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: 8min. Max: None	<p>All provider types:</p> <ul style="list-style-type: none"> Review of a holistic perspective of the client, including psychiatric, physical, psychosocial, family, recreation and occupational areas. For Child and Family Team (CFT) meetings, child/family must be present; all staff attending can bill entire meeting. CFT meeting billed as KH2000. Client/Support Person do not have to be present for other types of multidisciplinary meetings 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 MDT Meeting Note (MH2000): IHBS counselor attended multidisciplinary case consultation meeting with individual therapist and parent partner. Provider reported client’s attendance has improved over the past 90-days with 3x/week IHBS focusing on relaxation techniques and mindfulness activities. Given improvement, team recommendation to family will be reducing frequency of IHBS services and evaluating progress again in 6 weeks. IHBS counselor to discuss with client and family next week.
		Sample CFT Meeting Note (KH2000): Provider attended multidisciplinary Child and Family Team (CFT) meeting with client, mother, adult sister, individual therapist, social worker, and primary teacher. Provider reported

		client's attendance has improved over the past 90-days with 3x/week IHBS focusing on relaxation techniques and mindfulness activities. CFT agreed decrease in IHBS to 1x/week for next six-weeks.
--	--	---

PLAN DEVELOPMENT

Avatar Code / Description	Info re: TIME	Description
MH0032 MH Svc Plan by Non-Physician	Minimum: 8min. 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 [improve grades in school; specifically, to obtain passing grades in all classes]. Writer will continue to support client through case management services to address their needs identified in the assessment, including coordinating with school resources, until [client obtains passing grades]. 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 academic underachievement] identified on this date, 4/24/2024.

TARGETED CASE MANAGEMENT (TCM – MT1017 / KT1017 requires Care Plan)

Avatar Code / Description	Info re: TIME	Description
MT1017 Targeted Case Management	Minimum: 8min. 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 1 (TCM Care Plan already documented in previous note): Writer contacted Diversity Center to gather information about how client can access social supports offered to queer youth, as currently they do not have social connections in the community or at school. Learned how to refer client to attend activities. Plan to support client in attending a youth meeting at Center to determine if good fit.

		Sample Note 2 (TCM Care Plan already documented in previous note): Met with client's therapist to discuss on-going challenges with anxiety and ability to manage emotions at school, causing client to miss excessive amounts of school. Therapist recommended a referring client to group for teens offered by community-based provider which tends to have a small number of youths attending. Writer contacted agency & learned referral process. Plan is for writer to discuss this opportunity with client.
MH2021 Community Wrap-Around	Minimum: 8min. 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 Marijuana Use may qualify client to receive Outpatient SUD treatment in addition to current mental health services. Contacted Encompass Youth intake team to refer and link to SUD treatment. Encompass staff provided intake process; plan to support client in considering SUD treatment.
KT1017 Intensive Care Coordination	Minimum: 8min. Max: None	All provider types: An intensive form of TCM that facilitates assessment of care planning for, and coordination of services for children and youth who meet certain criteria (involved in multiple child-serving systems, have more intensive needs, whose treatment requires cross-agency collaboration. Must be a Child & Family Team in place. Katie A and Non-Katie A services now use the same "K" Codes.
		Sample Note: Care coordinator spoke with mother and then social worker to prepare for CFT meeting. Both identified new challenges of client not being attentive in the classroom and at home with schoolwork. Plan to add this to agenda for discussion at CFT meeting scheduled next week. (See KH2000 for CFT meeting attendance).

REHABILITATION		
Avatar Code / Description	Info re: TIME	Description
MH2017 Psychosocial Rehabilitation	Minimum: 8min. 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: 8min. Max: None	All provider types: Skill building as above in a group setting. Sample Note Language: Facilitated depression group focusing on maintaining connection to supportive groups and people to help increase self-awareness around signs of isolation and how it interacts with feelings of sadness and increased depressive symptoms. Clients participated in A & E activity to practice social skills. Follow up plan: participants will find one way to decrease isolation over the next week and share their experiences with the group at the next group session.

Intensive Home-Based Services (IHBS)		
Avatar Code / Description	Info re: TIME	Description
KH0031 IHBS MH Assessment by Non-Physician	Minimum: 8min. Max: None	All provider types: assessment activities, as listed in MH0031, while providing IHBS. All provider types: Meeting with caregiver/significant support person for the purpose of assessing client needs while providing IHBS.
		Sample Note Language: See assessment (MH0031) example.
KH2000 Comprehensive Multidisciplinary Evaluation	Minimum: 8min. 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. • For Child and Family Team (CFT) meetings, child/family must be present; all staff attending can bill entire meeting. • Client/Support Person does not have to be present for other types of multidisciplinary meetings • 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: See assessment (KH2000) example.
KH0032 IHBS MH Svc Plan by Non-Physician	Minimum: 8min. 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 for the purpose of IHBS provision. All provider types: Meeting with caregiver/significant support person to develop a care plan/client plan for the purpose of IHBS provision.

		Sample Note Language: See plan development (MH0032) example.
KH2017 IHBS Psychosocial Rehabilitation	Minimum: 8min. 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(s)/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: Writer provided support to client who was struggling to maintain behavior needed to participate in classroom. Intervened to support client to use stress management skill of deep breathing as a method to be able to remain at desk. Provided client with stress ball and counted with them as they squeezed the ball 10 times. Encouraged client to practice deep breathing / counting on their own. Plan = client and aide to continue practicing these skills to allow increased time in classroom / learning.
		Sample Note: IHBS worker met with client and mother at their home to support after school routines due to client's behavioral issues, including resistance to completing schoolwork which most days leads to anger outbursts/tantrums. Reviewed with Mom and client creating a visual schedule that supports client in identifying his afterschool responsibilities. Supported client in choosing a snack, spending time mindfully eating his snack outdoors while checking in about his day and current mood. Supported client and modeled for Mom how to help client complete homework assignment before screentime was permitted. This writer explained and modeled, to client and Mom, different methods of providing choice and ownership of his time management. Plan is to continue to support client and Mom with successful interactions at home.

CRISIS INTERVENTION		
Avatar Code / Description	Info re: TIME	Description
MH2011 Crisis Intervention	Minimum: 8min. 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 mother who reported that client had been depressed for a couple days and now was refusing to leave their room and reporting suicidal ideation. Mom unsure what to do and requesting support from writer. Talked with client to assess presentation and symptoms of depression. Client

		<p>reported that her family is constantly irritating, she is having trouble sleeping and unable to stop thinking about cousin's death by suicide. Client reported a vague plan which was unlikely, but was able to create a safety plan with provider. Provider used de-escalation techniques such as deep breathing and body relaxation to help client calm down. Provider engaged client with coping skills such as listening to music and art to address client's thoughts of not wanting to be alive. Client agreed to utilize safety plan and coping techniques when they were feeling overwhelmed. Planned next steps: Provider will refer client to medication management services as well as family therapy and will follow up with client on safety plan created in next session. ..</p>
--	--	---