

Santa Cruz County Behavioral Health Quality Improvement
Fee for Service FAQ Version 1
For Mental Health Plan (MHP) and DMC-ODS Plan 6.23.2023

<u>Date</u>	<u>Topic</u>	<u>Question</u>	<u>QI Answer</u>
<u>5/11/23</u>	ISS/IHBS (MHP)	What code should be selected when MHRS is providing IHBS? TBS?	See MHP training slides for IHBS & TBS. IHBS: For MHRS / non-LPHA, the codes are KH0031, KH0032, KH2017 TBS: The TBS code is MH2019 For LPHA providing IHBS: additional codes are K90791, K90832S, K90847
<u>5/13/23</u>	Family Rehab Counseling (MHP)	Will MHRS and Other qualified staff will be able to provide Family Rehab Counseling services?	Yes, the correct code is Psychosocial Rehabilitation, MH2017
<u>5/16/23</u>	Collateral (MHP)	What code(s) do you use for Collateral contacts?	See MHP training Collateral Services Slide MHP code options are: M90791 (LPHA); MH0031 (non-LPHA) MH0032 & MH2017 (LPHA & non-LPHA)
<u>6/14/23</u>	Documentation between July 1 and July 9, 2023 (MHP & DMC-ODS)	For notes that are not finalized within timeliness standards during July 1 to July 9, 2023, do providers have to explain the “late” note within the progress note?	No. 😊 For this period of time, documentation of services provided between July 1 st and July 9 th , 2023, providers are to <i>*wait*</i> to finalize their notes until July 10 th , 2023 and do <i>*not*</i> have to explain why the note is “late.”
<u>6/14/23</u>	Group Services client count (MHP)	For providers who may have a group with clients from both Santa Cruz County and another county (such as Haven of Hope) do we count all the clients in the group count in the group progress note?	Yes, please include all clients who participated in the group in the group count, regardless of payor source.

6.25.2023: Please note that information will be shared and updated as received; these answers are the best responses we have to date. 😊

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<u>6/14/23</u>	Residential Treatment & CSP finalization of progress notes (MHP & DMC-ODS)	Do residential treatment providers & Telecare Crisis Stabilization Program (CSP) staff have to wait until 7/10/23 to finalize notes?	No, residential treatment staff can finalize their daily rate progress note and CSP staff can finalize their notes as usual July 1 through July 9, 2023. NOTE: For DMC-ODS residential treatment staff, they *will* need to wait to finalize care coordination and MAT progress notes until July 10 th (see specialized DMC-ODS residential treatment training slides).
<u>6/14/23</u>	Residential Treatment progress notes (MHP & DMC-ODS)	Where do residential treatment staff enter the time “1440” minutes in progress note?	It is very important for staff to enter the “1440” minutes in the “ Direct Service Time ” slot and NOT the “Travel & Documentation time”
<u>6/15/23</u>	Group Services participant & minute “midpoint” information (MHP & DMC-ODS)	What is the minimum number of minutes for a group service to be claimable? What is the minimum number of participants in a group to be reimbursed the full rate?	A group unit is 15 minutes. Each 15 minutes has an 8 minute threshold to become billable. The first threshold = 8 minutes; the 2 nd threshold = 23 minutes, etc. The full rate for a group service unit will be claimed when there are 5 people in a group. If there are 4 or less people in the group, there will still be reimbursement, but it will be less than the full rate. If there are 6 or more people in the group, reimbursement will increase.
<u>6/15/23</u>	Group “midpoint” thresholds & reimbursement (MHP & DMC-ODS)	Will contract partners be reimbursed for a service if the midpoint of the unit of service is not met?	This conversation will be part of contract negotiations.
<u>6/22/23</u>	DMC-ODS Groups in Recovery Support Services (RSS) (DMC-ODS)	What is the correct code when providing groups in RSS?	H2017 Psychosocial Rehabilitation

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<u>6/22/23</u>	Unit Maximums (MHP & DMC-ODS)	Are there any codes that have a maximum number of units that can be billed?	Yes, there are some psychotherapy codes for LPHAs that have a maximum, for both MHP & DMC-ODS. We are researching to learn more information.
<u>6/23/23</u>	Billing for TCM / care coordination, for the purpose of linking to resources, when the client is <i>not present</i> (MHP & DMC-ODS)	How do I bill for services provided to collateral contacts (caregiver / significant support people) for the purpose of connecting the client with resources / community supports to address the client’s needs <i>without the client present?</i>	The provider would select code MT1017 (MHP) or AT1017 (DMC-ODS) This service is TCM / care coordination, without the client present. Time for this activity would be entered in the “Direct Service Time” field of the Progress Note. This can be done on the phone, or in person. NOTE, FOR MHP: If the client is receiving treatment at an inpatient psychiatric hospital, and this TCM activity is supporting preparation for the client to have a safe discharge <i>within 30 days of discharge</i> be sure to choose the location code “ <u>non-traditional location.</u> ”