



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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To: All ACBHCS Providers of Mental Health Services

From: Donna Fone, LMFT, LPCC  
Interim QA Administrator

Re: 1.) Progress Note (PN) Documentation Timeliness  
2.) Mental Health Service Definitions & Procedure Codes (PC)  
3.) Claiming for Collateral, Case Management, Plan Development, & Assessment within the same RU (Clinic/Agency Program number).  
4.) Documenting Face-to-Face Time in Progress Notes  
5.) Claiming Exceptions during an Inpatient Lock-out

1.) Progress Note (PN) Documentation Timeliness:

PN's are verification of the MH service provided. PN's are written as soon as possible after the provision of the service. Finalization after **five (5) business days** is considered a "late note" and must be indicated as such in the PN. See attached Progress Note Policy and Procedure.

2.) Overview of MH Service Definitions & Procedure Codes (PC):

Attached you will find the Document *Mental Health Service Definitions & Examples*.

These codes do not include codes that are specific to only Psychiatric Medical Providers (MD, DO, NP, PA).

For each MH Service, the areas addressed include:

- "MH Service Name and Procedure Code Number(s)"
- "Service Definition"
- "What it is"
- "Progress Notes Should Describe"
- "Example Types"
- "Scope of Practices that may provide the service"

3.) Claiming for Collateral, Case Management, Plan Development, & Assessment within the same RU (Clinic/Agency Program number):

There is no longer a prohibition against claiming for MH Services when two staff members (of the same clinic/agency RU) are collaborating on a client service. This includes services such as Assessment, Plan Development, Case Management and Collateral.



However, all services must meet the Medical/Service Necessity and documentation requirements of the specific MH Service being claimed.

For further information, see the QA Memo dated October 15, 2014 titled, [“Plan Development and Plan Monitoring”](#)

Examples of services which would not be claimable include:

- The Case Manager (or primary staff person) routinely accompanies the client to every Medication Management visit.
- The primary staff member accompanies the client to other MH Services, provided by another individual, and is simultaneously providing interpretation services.

#### 4.) Documenting Face-To-Face Time in a Progress Note:

Face-To-Face time is the actual number of minutes that a Provider spent in-person meeting with the other person (client, collateral contact, family member, etc.).

The time spent with a person on the telephone is no longer entered as Face-to-Face Time. It can be entered as “other time”, “contact time” or simply included in the Total Time field.

#### 5.) Claiming Exceptions for Inpatient Lock-outs

Within the last 30 days of a documented planned discharge (no more than 3 non-consecutive such periods), providers may claim for Case Management Services related to placement services. Placement services may include linkage to all services that are needed for the individual to successfully transition to the community (mental and physical health, substance use, housing, vocational, etc.).

**If you have any questions regarding these processes, you may email your QA Technical Assistance contact. See attached Technical Assistance Memo for QA contacts.**