



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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**Date:** March 1, 2016

**To:** ACBHCS Mental Health County  
Clinics & Master Contract Providers

**From:** Quality Assurance Office

**Re:** 1. Effective 4/1/16:  
a. No claiming for planned services during Assessment and Plan phase.  
b. New due dates for Residential and Day programs' Assessment & Plan.  
c. Collateral must be listed as a Service Modality in the Plan.  
2. Case Management Update.

Claiming for Planned Mental Health (MH) Services:

ACBHCS has recently received advisement from DHCS that planned mental health services may NOT be provided to a client before completion of *both* the Mental Health (MH) Assessment and the Client Plan. This includes all planned services and only allows Assessment, Plan Development and Crisis Intervention services to be claimed before completion of the MH Assessment and Client Plan. Planned services include, but are not limited to, Case Management, Collateral, Medication Services, Rehabilitation Services, Psychotherapy Services, Crisis Residential, Adult Residential, Day Treatment Intensive and Day Rehabilitation.

ACBHCS has trained to this, however to date there has been an exception to this rule in the Clinical Documentation Manual. This exception allowed for claiming of a planned service before completion of the Mental Health Assessment and/or Client Plan if Medical Necessity was clearly established in each planned service Progress Note. **Effective 4/1/16, this exception no longer applies.**

MH Assessment & Client Plan Timeframes for Brief Programs (Residential & Day):

As indicated in the ACBHCS Clinical Documentation Manual the timeframe for completion of the MH Assessment is up to 30 days and up to 60 days for completion of the Client Plan, except for Brief Programs.

Brief Programs include Residential Services (Adult & Crisis), Day Treatment Intensive, and Day Rehabilitation. For these brief programs, the timeframes for completion of the MH Assessment is 72 hours and seven (7) calendar days for completion of the Client Plan.

**Implementation for these specific timeframes is effective 4/1/16.** (See Clinical Documentation updated 3/1/16.)

Reminders Regarding the Client Plan:

1. In order for planned services to be claimed, all service modalities, including Collateral and Case management services, must be listed in the Client Plan. All



- Mental Health Services must be listed in the Client Plan except MH Assessment, Plan Development, and Crisis Intervention (coded as Crisis Psychotherapy).
2. In order for planned services to be claimed, each service modality in the Client Plan must list detailed interventions. Detailed interventions for Collateral would include contact with individuals in the client's life who support the client plan. Best practice would be to list any known contact and "to include others as needed".
  3. **Effective 4/1/16** Collateral services must be listed as a specific service modality in the Client Plan.

#### Case Management Services Update:

Providers have asked for clarification regarding Case Management Services. The description below is taken from the attached document: *ACBHCS MH Service Definitions & Examples*.

#### **Case Management Service Code 571**

##### Service Definition:

Case Management is usually an as needed, short term service that assists an individual to access needed medical, educational, social, prevocational, rehabilitative, or other community services. The service activities may include communication, coordination, and referral (linkage); monitoring service delivery to ensure individual access to services and the service delivery system; and monitoring of the individual's progress. The reason why the client requires the service being accessed needs to be documented in the record—that is why they cannot do it themselves. The reason must be related to their mental health condition and resultant impairments. As well, one must document that provision of the Case Management service will allow the client to meet their Client Plan's Mental Health Objectives.

##### What it is:

- Specific services to connect a client with needed services such as medical care, schools, Boys & Girls club, support groups, residential programs, vocational/housing programs, substance use treatment, etc.
- Making sure client is able to receive services from other providers and there are no barriers.
- Monitoring progress to insure that services actually are helpful.

##### Client Plan Case Management Impairments Should Describe:

- Identify the realm of community resources that are being addressed: e.g. housing or substance abuse, etc. Then document:
  1. The reason why the client requires the service being accessed needs to be documented in the Client Plan
  2. A description that justifies why client requires the clinician's assistance to access the needed service, e.g., why can't they do it themselves? The reason(s) need to be related to their mental health condition. This needs to be documented in the Client Plan. (E.g., "Client's inability to access housing support services is due to their symptoms of depression including amotivation, anergy and hopelessness.")
  3. Address if Case Management services will include linkage and/or monitoring.
  4. Explicitly document that provision of the Case Management service is expected to result in the client achieving their Mental Health Objective. (E.g. "Case Management service is expected to allow client to meet their Mental Health Objective #1—to decrease their social isolation and anergy while increasing their motivation and hopefulness.")

##### Progress Notes Should Describe:

- *The reason why the client requires the service being accessed needs to be documented in the record, and ideally documented in each note.*
- *A description that justifies why the client requires the clinician's assistance to access the needed service, e.g., why can't they do it themselves? The reason(s) need to be related to their mental health condition. This needs to be documented in the record, and ideally documented in each note. (E.g., "Client's inability to access housing support services is due to their symptoms of depression including amotivation, anergy and hopelessness.")*
- *Describes the linkage to, and monitoring of, community supports; or progress (monitoring) in a residential program or other service setting that the individual was placed in or referred to.*
- *Explicitly documents that provision of the Case Management service is expected to result in the client achieving their Mental Health Objective. (E.g., "Case Management service is expected to allow client to meet their Mental Health Objective #1—to decrease their social isolation and anergy while increasing their motivation and hopefulness.")*

Example Interventions:

1. *Client would like a job. Client's paranoia prevents client from setting up appointment with Job Coach. Arranged for job coach familiar with client's mental health conditions to assist client with employment. Case Management is expected to diminish client's paranoia (Mental Health Objective #).*
2. *Client would like to attend College. Client's depression makes it difficult to be motivated to sign-up for classes. Assisted the client to make connection to Disabled Student Services to assist with enrollment and supports at community college. Case Management is expected to result in Client obtaining their MH Objective # to increase motivation and decrease social isolation.*
3. *Client's behaviors of arguing with peers (symptom of their diagnosis) results in difficulties with their placement. Monitored the effectiveness of interventions by residential treatment provider and insured client objectives are addressed. Case Management is expected to result in client's MH Objective of increasing pro-social behaviors while decreasing argumentative behaviors.*

Scope of Practices that may provide Case Management services:

- *All (LPHA<sup>1</sup>, Medical Providers<sup>2</sup>, Nurses<sup>3</sup>, Unlicensed LPHA<sup>4</sup>, Graduate Trainee/Student<sup>5</sup>, Mental Health Rehabilitation Specialists<sup>6</sup> & Adjunct Staff<sup>7</sup>).*
- *For additional information, and requirements, see the ACBHCS Guidelines for Scope of Practice Credentialing document.*

As well, we have received clarification from DHCS that Case Management Services may be provided to the client OR significant support person. (It may be worth noting that many counties' QA departments have found that Auditors prefer that whenever possible, Collateral (i.e. Psychoeducation to support the Client Plan) be provided instead of Case Management to a client's significant support person.