

SECTION 4: SERVICE DEFINITIONS

Individual and Group Providers are providers of Specialty Mental Health Services (SMHS), contracted under the Fresno County Mental Health Plan (FCMHP) Individual and Group Provider Master Agreement. Individual and Group Providers provide services to beneficiaries utilizing licensed or registered Mental Health staff members.

Organizational Providers are also providers of SMHS but are contracted separately with the FCMHP through their own distinct agreements, usually through a bidding/RFP process. An Organizational Provider provides services to beneficiaries utilizing licensed, registered, or waived non-licensed Mental Health staff members. Both types of providers provide services other than psychiatric inpatient hospital services or psychiatric nursing facility services, which are distinct service types intended to be provided by different providers.

4.0 Definitions of Service Providers

Under an organizational set up, the following mental health staff may provide specialty mental health services as defined within their scope of practice:

- Licensed Mental Health staff member

Any mental health professional licensed in the State of California as a Psychiatrist, Psychologist, Clinical Social Worker, Marriage, Family Therapist, or a Registered Nurse.

- Registered/Waivered Mental Health staff member

Any mental health professional who has a waiver of psychologist licensure issued by the State Department of Mental Health or has registered with the applicable state licensing authority to obtain supervised clinical hours for Marriage, Family Therapist or Social Worker licensure.

- Non-licensed Mental Health staff member

A mental health staff member who has a bachelor's degree or four years' experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment, but is not licensed or registered/waivered, is considered to be a non-licensed mental health staff member. Up to two years of graduate professional education may be substituted for the experience on a year-to-year basis; up to two years of post-associate

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arts clinical experience may be substituted for the required education.

4.1 Service Types

Organizational providers can provide **rehabilitative** and **case management** services as defined below:

Rehabilitative Mental Health Services

These are medical and remedial services recommended by a physician or other licensed mental health practitioners, within their scope of practice under state law, for the maximum reduction of mental disability and restoration of the client to the best possible functional level, when provided by local public community mental health agencies and other mental health service providers licensed or certified by the State of California. These services are provided in the least restrictive setting appropriate for reducing psychiatric impairment, restoration of functioning consistent with the requirements for learning and development, and/or independent living and enhanced self-sufficiency.

Case Management

These activities are provided by program staff to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other needed community services for eligible individuals.

4.2 Service Activities

4.2.1 Mental Health Services

Mental Health Services are those individual or group therapies and interventions that are designed to reduce mental disability and improve or maintain functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency. They are not provided as a component of the adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive services. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation, and collateral.

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Site and contact requirements for mental health services:

Mental health services may be either face-to-face or by telephone with the client or significant support person(s), and may be provided at any location in the community.

Billing unit:

The billing unit is by minute based on staff time.

Billing requirements based on minutes of time:

The exact number of minutes used by the person providing a reimbursable service shall be reported and billed. In no case shall more than 60 minutes of time be reported or claimed for any one person during a one-hour period. In no case shall the units of time reported or claimed for any one person exceed the hours worked.

When a person provides service to, or on behalf of, more than one beneficiary at the same time, the person's time must be prorated to each beneficiary. When more than one person provides the service to more than one beneficiary at the same time, the time utilized by all those providing the service shall be added together to yield the total claimable services. The total time claimed will not exceed the actual time utilized for claimable services.

When two or more providers are billing for the same service at the same time for the same beneficiary, all staff who provided the service must document separately the specific intervention provided, justifying the need for each staff's presence. Each staff involved may bill individually for the entire time spent in rendering the service. The FCMHP will disallow claims if there is no documented justifiable reason or intervention for each staff member who billed for the service. An example of a justifiable reason is a crisis situation where the presence of two staff is necessary for the safety of the beneficiary and staff.

The time required for documentation and travel is reimbursable when the documentation or travel is a component of a reimbursable service activity, whether or not the time is on the same day as the reimbursable service activity.

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Lockouts:

Mental Health Services are **NOT REIMBURSABLE** in the following situations:

- On days when Crisis Residential Treatment Services, Inpatient Services, or Psychiatric Health Facilities are reimbursed, except on the day of admission;
- When provided by Day Treatment Intensive staff during the same day that Day Treatment Intensive services are being provided;
- When provided by Day Rehabilitation staff during the same day that Day Rehabilitation services are being provided;
- Providers may not allocate the same staff's time under the two cost centers of Adult Residential and Mental Health Services for the same period of time;

OR

- When provided during the same times that Crisis Stabilization-Emergency Room or Urgent Care is provided.

Direction of Services:

Co-signature requirement: Within county scope of practice guidelines, mental health services provided by unlicensed staff without a bachelor's degree in a mental health related field or four years of experience delivering mental health services must have all progress notes co-signed by one of the following professional staff, until the experience/education requirement is met:

- Physician
- Licensed/waivered Psychologist
- Licensed/registered Clinical Social Worker
- Licensed/registered Marriage Family Therapist
- Registered Nurse

4.2.1.1 Assessment

An assessment is a service activity that may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavior disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.

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4.2.1.2 Plan Development

Plan development is a service activity that consists of development and approval of the client's plan, and/or monitoring of the client's progress.

4.2.1.3 Therapy

Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. This service activity may be delivered to a client or group of clients, and may include family therapy where the client is present.

4.2.1.4 Rehabilitation

Rehabilitation is a service activity that includes assistance in improving, maintaining, or restoring a client or group of clients' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and medication education.

4.2.1.5 Collateral

Collateral is a service activity to a significant support person in a client's life with the intent of improving or maintaining the mental health status of the beneficiary. Collateral services include, but are not limited to, helping significant support persons to understand and accept the client's condition and involving them in service planning and implementation of the Plan of Care. Family counseling or therapy, which is provided on behalf of the client, may be considered collateral.

4.2.1.6 Therapeutic Behavioral Services

See Section 5 for a detailed description.

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4.2.1 Medication Support Services:

Medication support services are those services that include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals necessary to alleviate the symptoms of mental illness. The services may also include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, obtaining informed consent, medication education and plan development related to the delivery of the service and/or assessment of the client.

Site and contact requirements:

Services may be either face-to-face or by telephone with the client or significant support person(s), and may be provided at any location in the community.

Billing unit:

The billing unit is by minute, based on time. Medication Support Services that are provided within a residential or day program shall be billed separately from those services.

Lockouts:

A maximum of four (4) hours of Medication Support Services per calendar day is reimbursable. Medication Support Services are **NOT REIMBURSABLE** on days when Inpatient Services or Psychiatric Health Facility Services are reimbursed except for the day of admission to these services.

Staffing:

Medication Support Services shall be provided within the provider's scope of practice as a Physician, Registered Nurse, Licensed Vocational Nurse, Psychiatric Technician, and/or Pharmacist.

4.2.2 Crisis Intervention

Crisis Intervention is a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities may include, but are not limited to, assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who are not eligible to deliver crisis

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stabilization or who are eligible but deliver the service at a site other than a provider site that has been certified by the State Department of Mental Health or a Mental Health Plan to provide crisis stabilization.

Site and Contact Requirements:

Crisis Intervention may either be face-to-face or by telephone with the beneficiary or significant support person(s) and may be provided anywhere in the community.

Billing Unit:

The billing unit is by minute, based on staff time.

Lockouts:

Crisis Intervention is **NOT REIMBURSABLE** on days when Crisis Residential Treatment Services, Psychiatric Health Facility Services, Psychiatric Nursing Facility Services, or Psychiatric Inpatient Hospital Services are reimbursed, except for the day of admission to those services.

Claims must be submitted with supporting documentation. Provider must submit crisis intervention progress notes with the claims when claiming crisis intervention hours. The FCMHP will reimburse provider for crisis intervention visits only when the service is provided to resolve an immediate mental health crisis.

Providers should refer beneficiaries to the County's contracted 23-hour crisis stabilization center (for both Adults and Adolescents), located at 4411 East Kings Canyon Road, Fresno, CA 93702, if their mental health crisis may potentially continue beyond two hours. Provider may also need to reassess the appropriateness of current mental health services received by beneficiary if the need for crisis intervention services occurs on a daily (or very frequent) basis.

Staffing:

Crisis intervention services may be provided by:

- Physicians
- Psychologists or related waived/registered professionals
- Licensed/Registered Clinical Social Worker

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- Licensed/Registered Marriage, Family Therapist
- Registered Nurse
- Licensed Vocational Nurse
- Psychiatric Technician
- Mental Health Rehabilitation Specialist
- Staff with a bachelor's degree in a mental health related field

4.2.3 Case Management

Case Management means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Site and Contact Requirements:

Case Management may be either face-to-face or by telephone with the beneficiary or significant support person(s) and may be provided in-office, or anywhere in the community.

Billing Unit:

The billing unit is by minute, based on staff time.

Lockouts:

Case Management is **NOT REIMBURSABLE** on days when the following services are reimbursed, except for a day of admission or for placement services as provided in the following:

- Psychiatric Inpatient Hospital Services
- Psychiatric Health Facility Services
- Psychiatric Nursing Facility Services

Case Management services solely serve the purpose of coordinating placement of the beneficiary on discharge from the psychiatric inpatient hospital, psychiatric health facility or psychiatric nursing facility and may be provided during the 30 calendar days or less per continuous stay in the facility.

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Staffing:

Case Management services may be provided by:

- Physicians
- Psychologists or related waived/registered professionals
- Licensed/Registered Clinical Social Worker
- Licensed/Registered Marriage Family Therapist
- Registered Nurse
- Licensed Vocational Nurse
- Psychiatric Technician
- Mental Health Rehabilitation Specialist
- Staff with a bachelor's degree in a mental health related field

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