

Health Care Agency, Behavioral Health Service, AQIS CYBH Support



April 2018

Family Therapy codes will change to Collateral Services codes as of **April 4, 2018**. This change is a result from one recoupment on our last DHCS Systems Review in 2016.

Collateral is a service activity to a significant support person in a beneficiary's life for the purpose of meeting the needs of the beneficiary in terms of achieving the goals of the beneficiary's client plan. Collateral may include consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the beneficiary; consultation and training of the significant support person(s) to assist in better understanding of the child's mental illness, and family counseling with the significant support person(s) in achieving the goals as documented in the child's client plan. The beneficiary may or may not be present for this service activity.

If you previously used:	It will change to:
90899-157 Family Rehab Service	90899-157 Collateral Services
90846 Family Therapy without Patient (code will be discontinued)	90899-157 Collateral Services
90847 Family Therapy with Patient (code will be discontinued)	90899-157 Collateral Services
90899-149 Family Therapy with or without Patient Non- Billable	90899-149 Collateral No Fee
90899-163 Family Therapy Non-Billable Travel	90899-163 Non-Billable Collateral Travel Time
90899-162 Family Therapy Non-Compliant Chart	90899-162 Collateral Non-Compliant Chart

A Crosswalk is provided below to let you know which code you should use.

For all BHS Contractors: You will also need to change the "Family Therapy" label to Collateral Services on your Progress Notes, Care Plans or any other place that "Family Therapy" would be labeled.

For County Staff Only: The EHR is in process of making this change from using Family therapy to Collateral services and plan to be ready to make the switch on April 4th. Everything will change to collateral except the Widget on the Outpatient Summary Page and the service authorization box in the care plan. These two areas will continue to say Family because if we change those it causes problems with the care plans and the notes at this time. We will continue to keep our county staff informed of these changes as soon as these are completed.

At this point the Type of Service cannot change due to rule conflicts but the names of the forms will change.

Service Docum	nentation			≡•⊘
Date of Service: Type of Service	and the second se		~	
Submit				
	Care Plan - Parent/ be billable becaus			
Document Name				
BH Interim Care	Plan			
BH MHS Collater	ral MD/DO/NP PN	8		
BH MHS Collater	ral RN PN			22
BH MHS Collater	ral PC/CM PN			
BH MHS Co-Sign	Collateral PN			

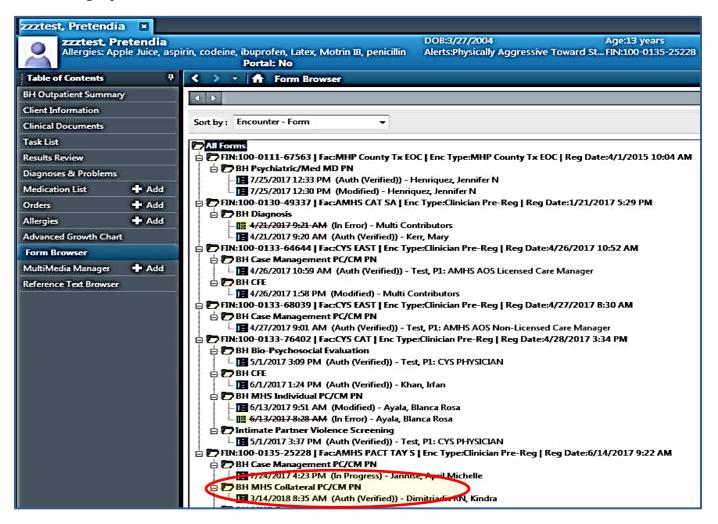
This is the heading on the PN

	nel PECCM PTC concern Entender		
	fi + + C 🔤 🗎		
	53/26/2018 😳 🔹 0952 😴		By: Jannise, April Michelle
Mist Appearance MSE Emotional S MSE Thoughts/C MSE Sensorum/I MSE Areas of Irm Pask/Tratective F	FIN#: 100-0135-25228 DOS: 03/26/2018 Encounter Date: 06/14/2017 Progr	Mental Health Services Collateral	Court / Conservator Status: W5358 - LPG Conservator Mage Conservator Fore Date: BETRETRE1
Non-Billable Serve			
Non-Compliant Se	Diagnosis from BH Outpatient Summary Widget	Copy & Paste Diagnosis	New History or Information:
	If the diagnosity you are treating today is not on the foi: Cloom the Propress florts, update the Disguoses & Problems widget 8. then complete your Service Documentation. Demonstrated Lober 1. Bodar dockr, correct epoche wark severe with perchet feature (731.2) Provided HMS Family Plin by Demotriadis BN, Kindra (HGA Support) Provided Plan Date: 03/14/2018 arts Care Flan Information OUSCITIVES	Segret II • 9 • 1 2 2 8 B U I 5 6 8 3 Parpose of today's visit (Why am Leezing them today'): Segret II • 9 • 1 8 B U I 5 6 8 3	Anything that have occurred with the client since you last saw them that is related to their mental health control for an expendit flow, or go, spatiant fifther events, hospitalizations, incarrorations, symptoms, medical events, substance use, etc
	1. rtvy NTESVENTIONS 1. rtvyventet COLS dfghdgildg	Interventions (What did I do today/?): Sepretif • 9 • @ 3 % & B U / 5 F F 3 Response to Intervention (How did the Cleant react?) Sepretif • 0 • @ 3 % & B U / 5 F 3 3	Forms RC - Brow RE or Table: Performed: Performed: Performed: Provider: Performed: Prof.(P1 - New RE or Table Performed: 12/36/2014 Provider: Test, P1 / APRE ACK Science Performed: Perfor
	÷		r In Progress

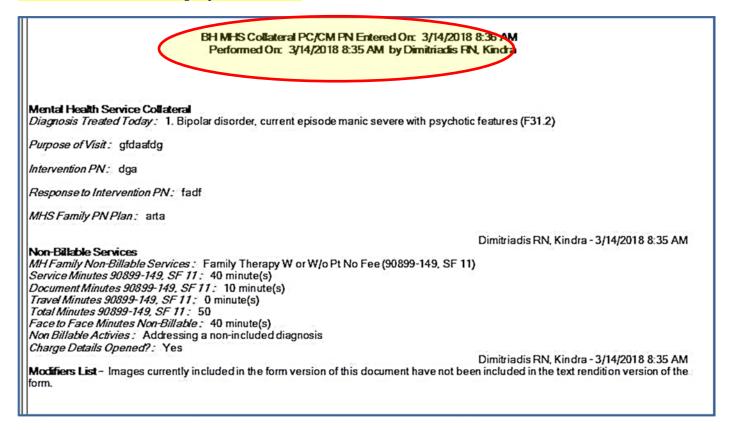
The folder name will change in Clinical Documents

zzztest, Pretendia 🛛 🗷	
Allergies: Apple Juice, asp	DOB:3/27/2004 Age:13 birin, codeine, ibuprofen, Latex, Motrin IB, penicillin Alerts:Physically Aggressive Toward St FIN:100 Portal: No
Table of Contents 4	< - A Clinical Documents
BH Outpatient Summary	" △ ∽ & カカ < × ◎ ヾ ⊖ ■ √
Client Information	
Clinical Documents	()
Task List	ADMIN
Results Review	Care Plans
Diagnoses & Problems	Notes to Chart
Medication List 🛉 Add	Progress Notes
Orders 🕂 Add	⊕- 🔁 Case Management ⊕- 🗁 MHS Collaterel
Allergies 🕂 Add	PC/CM MHS Collateral Service
Advanced Growth Chart	3/14/2018 8:35 AM Dimitriadis RN, Kindra - "BH MHS Collateral PC/CM PN"
Form Browser	MHS Individual Service Psychiatric / Med Service
MultiMedia Manager 🛛 🛉 Add	Psychometrics/Measures
Reference Text Browser	🗅 Universal Activity Form

It also displays as Collateral in Form Browser



The Text rendition displays Collateral



The ICP will list Collateral

Care Plan for Non-Assessment	t Services Provided During the Assessme	nt Period											
It is the practice of BHS MHP to allow up to 60 days to the completion of all intake documents including 1 Period. If there are situations that require the prov assessment is completed, then this form must be co	the Care Plan (no longer than 60 days) is referred t vision of services other than assessment services b	to as the Asso	essme		n								
Medical Necessity During Assessment / Impairment	Caused by Mental Illness												
What urgent situation(s) requires intervention befo	ore the full assessment is complete?												
"If "Other" is selected, specify the urgent situation(s)	& objective(s)												
Client needs linkage to other community resources for basic needs Client's symptoms are so severe that client is at imminent risk of rec Dther: What Service(s) is/are needed before the full asse Medication Service Case Management Clisis Service	equiring a move to a higher level of care and/or placement. Objective: C essment is complete? Additional na regarding the impairments (e prov	vide i beha	nforr	natio ; and	•						
Intensive Care Coordination													
Intensive Home-Based Service MHS Assessment	Segoe UI	•	9	7	٢	χ.	b 6	B	U	Ι	S	書 王 ;	3

The Intervention Service Type on the Care Plan lists MHS Collateral

P Result Details		
Service Type		
 Medication Service Case Management 	MHS Collateral	
 Crisis Service Intensive Care Coordination 	O MHS Individual	
O Intensive Home-Based Service O MHS Assessment		
Comment		
		OK Cancel

However, the Authorized Services list on the Care Plan will still say Family at this time to avoid rule conflicts

* Signatures									
* Goals	Services								
* Strengths	"These are the Services that will help you achieve your Goals."								
* Barriers	Services must be selected below in order to be billable.								
* Objectives									
* Interventions	Authorized Services								
Language / Interp	Medication Service Medication Service Case Management Care Plan offered to the Client/Guardian/Conservator								
Services	Crisis Service								
CFE Smart Templi	Intensive Care Coordination Intensive Home-Based Service								
	Intensive Home-based Service								
	MHS Stream								
	Coordinating Services with (if applicable)								
	External Signature(s) Needed?								