STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF MENTAL HEALTH
1600 - 9TH STREET
SACRAMENTO, CA 95814

(916)654-3551

October 11, 1995

DMH INFORMATION NOTICE NO.: 95-14

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: ERRATA TO DMH POLICY LETTER NO. 95-04.

REFERENCE: SHORT-DOYLE/MEDI-CAL MODIFICATIONS/REVISIONS FOR THE REHABILITATION OPTION AND TARGETED CASE MANAGEMENT MANUAL, DMH LETTER NO. 94-14, DATED JULY 7, 1994

EXPIRES: Retain Until Rescinded

The Department of Mental Health (DMH) has identified five (5) errors in The Rehabilitation Option and Targeted Case Management Manual revisions transmitted to you recently by DMH Policy Letter No. 95-04. These errors are as follows:

On page 2-29 the LOCKOUTS section was previously amended to read THE MAXIMUM AMOUNT BILLABLE FOR CRISIS INTERVENTION IN A 24-HOUR PERIOD IS 20 HOURS. This is incorrect and should read THE MAXIMUM AMOUNT BILLABLE FOR CRISIS INTERVENTION IN A 24-HOUR PERIOD IS $1,234.

On page 2-42 in the last paragraph the word MANAGEMENT was misspelled.

On page 2-44 the table entitled LOCKOUTS, OVERRIDES, COMPUTER EDITS, & OTHER LIMITATIONS there is an error in the INPATIENT row under the PHF column this should read "L" (Lockout) instead of "A" (Lockout except for day of admission).

On page 5-13 the second paragraph should read EXTENDED UNITS not EXTENDED UNITIS.

On page 7-16 the NEW SHORT-DOYLE/MEDI-CAL PROVIDER CERTIFICATION APPLICATION has been modified. In the row entitled SHORT-DOYLE/MEDI-CAL SERVICE MODES TO BE PROVIDED, PSYCHIATRIC HEALTH FACILITY has been moved from SD/MC Mode 18 to SD/MC Mode 05.

We apologize for any inconvenience that these errors may have caused you. Enclosed are the new revised pages for these corrections so that you may extract the old pages and insert the new.

If you would like an extra copy of these revisions, please call Technical Assistance and Training at (916) 654-2526.

GARY M. PETTIGREW
Deputy Director
Systems of Care

Enclosures

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training
Utilization Review Coordinators

Crisis Intervention

Description:

Crisis Intervention is a quick emergency response service enabling the Individual to cope with a crisis, while maintaining his/her status as a functioning community member to the greatest extent possible. A crisis is an unplanned event that results in the Individual's need for immediate service intervention. Crisis Intervention services are limited to stabilization of the presenting emergency. This service does not include Crisis Stabilization - Emergency Room which is provided in a 24-hour health care facility or hospital outpatient program or Crisis Stabilization - Urgent Care which is provided in a certified Mental Health Rehabilitation provider site.

Service Activities:

Service activities include but are not limited to Assessment, Evaluation, Collateral, and Therapy.

Site and Contact Requirements:

Services may either be face-to-face or by telephone with the Individual or significant support persons and may be provided anywhere in the community.

Billing Unit:

The billing unit for Crisis Intervention is staff time, based on minutes of time.

Lockouts:

Crisis Intervention is not reimbursable on days when Crisis Residential Treatment Services, Psychiatric Health Facilities Services, or Inpatient Services are reimbursed, except for the day of admission to those services. The maximum amount billable for Crisis Intervention in a 24-hour period is $1,234.

Staffing:

Commensurate with scope of practice, Crisis Intervention may be provided by any of the following staff:

- Physician
- Psychologist
- Licensed Clinical Social Worker
- Marriage, Family and Child Counselor
- Registered Nurse
- Licensed Vocational Nurse

Comparison of Case Management Under the Clinic and Rehabilitation Option

According to the Health Financing Administration (HCFA), "While case management-type services directed at managing Medicaid covered services may be a covered component of rehabilitation services, case management services which are directed toward gaining access to and monitoring non-Medicaid services are not reimbursable under the rehabilitation option. The latter services may be covered under the separate case management benefit option." Since this federal description of the Rehabilitation Option does not allow us to bill services designed to gain access to non-Medicaid services, California has chosen to include linkage to both Medicaid and non-Medicaid services under a Case Management/Brokerage service function. Therefore, Case Management/Brokerage is billed as a Targeted Case Management service function, rather than a Rehabilitation Option service function. Other service activities identified as Case Management activities in DMH Letter No. 92-07 will now be billed under the Rehabilitation Option, as Mental Health Services.

Case Management Activity	Rehab Option Service
Evaluation or reevaluation	Mental Health Services
Plan Development	Mental Health Services
Linkage and Consultation	Case Management/Brokerage
Placement Services	Case Management/Brokerage
Assistance with Daily Living	Mental Health Services
Emergency Intervention	Crisis Intervention

* Please note that other services, including Day Treatment Intensive, Day Rehabilitation, Medication Support Services, Case Management/Brokerage and Adult Residential Services, will also include plan development as part of those reimbursed services.

LOCKOUTS, OVERRIDES, COMPUTER EDITS, & OTHER LIMITATIONS

	MH Svc	Med Supp*	CM Brkrge	DTI Full Day	DTI ½ Day	Day Rehab Full Day	Day Rehab ½ Day	Adult Res Tx	Crisis Res Tx	Crisis Intvntn**	Crisis Stab ER&UC***	Inpatient	PHF
MH Services				T	T	T	T		A		T	A	A
Med Support*											T	A	A
CM/Brokerage												I	
DT Intensive Full Day	T			L	L	L	L		A		T	A	A
DT IntensiveHalf Day	T			L	L	L	OR		A		T	A	A
DT Rehab Full Day	T			L	L	L	L		A		T	A	A
DT Rehab Half Day	T			L	OR	L	L		A		T	A	A
Adult Residential Tx								L	L		T	A	A
Crisis Residential Tx	A			A	A	A	A	L	L	A	T	A	A
Crisis Intervention**									A		T	A	A
Crisis Stab ER & UC ***	T	T		T	T	T	T	T	T	T	T	A	A
Inpatient	A	A	I	A	A	A	A	A	A	A	A	L	L
PHF	A	A		A	A	A	A	A	A	A	A	L	A

Notes: I= Institutional Limitations-Audit
L=Lockout OR=Override
A=Lockout except for day of admission
T=Lockout during actual time service is provided-audit, not a computer edit
Providers may not allocate the same staff time under two cost centers for the same time period

*Maximum of 4 hours per day **Maximum per 24 hour period is $1234 ***Maximum per 24 hour period is 20 hours

Extended Units:

The URC has the authority to approve extended units of service. Prior to the end of the previously authorized time period, the URC may, after review of appropriate clinical justification in the Individual record or resume, authorize up to a maximum of three additional months.

Extended units of service may be authorized no earlier than 15 days prior to the beginning of the next authorized period without invalidating the authorized units of services remaining. Approved units of service for the next period must be identified as such by the URC.

Prior Approval:

Prior approval for this service function is always needed for extended units of service.

Adult Residential Treatment:

Initial Units:

URC approval must be obtained prior to the 16th unit of service. URC authorization shall be for a maximum of six-month increments.

Extended Units:

The URC has the authority to approve extended units of service. Prior to the end of the previously authorized time period, the URC may, after review of appropriate clinical justification in the Individual record or resume, authorize up to a maximum of six additional months.

Extended units of service may be authorized no earlier than 15 days prior to the beginning of the next authorized period without invalidating the authorized units of services remaining. Approved units for the next period must be identified as such by the URC.

Prior Approval:

Prior approval for this service function is always needed for extended units of service.

NEW SHORT-DOYLE/MEDI-CAL PROVIDER CERTIFICATION APPLICATION

Instructions: The Local Mental Health Director or designee must submit a separate application for each provider.

IDENTIFYING INFORMATION	Name of Provider	Provider Number (if assigned)
	Street Address, City, State and Zip	
	Telephone Number	County
	☐ ☐ Contract Agency or County Operated	☐
NAME/ADDRESS OF LEGAL ENTITY		
HEAD OF SERVICE NAME:	Head of Service is: Psychiatrist ☐ Psychologist ☐ Licensed Clinical Social worker ☐ Marriage, Family and Child Counselor ☐ Registered Nurse ☐ Psychiatric Technician ☐ Licensed Vocational Nurse ☐ Mental Health Rehabilitation Specialist ☐	
SHORT-DOYLE MEDI-CAL SERVICE MODES TO BE PROVIDED	SD/MC Mode 05 (Crisis Residential, Adult Residential or Psychiatric Health Facility) ☐ SD/MC Mode 18 (Mental Health Services, Medication Support Services, Day Treatment Intensive, Day Rehabilitative, Crisis Intervention, Crisis Stabilization-Emergency Room/ Urgent Care, and/or Case Management/ Brokerage) ☐	
IS THE PROVIDER CURRENTLY LICENSED BY A STATE AGENCY?	☐ Yes If Yes, which agency ☐ No	DMH ☐ DHS ☐ DSS ☐ Drug/Alcohol ☐ Other ☐ (Please Specify)
FIRE SAFETY	☐ Attached is documentation of most recent fire safety inspection and correction of deficiencies or a statement from the Local Mental Health Director assuring that all fire safety requirements have been met. ☐ All services are provided at a public school site and meet fire safety rules and regulations.	

I certify that this application is true, correct, and complete. I agree that, if approval is granted, that all services rendered by the Rehabilitative Mental Health Program shall be in conformity with federal, state and local laws. I further understand that a violation of such laws will constitute grounds for withdrawal of certification. This information may be released to any persons or organizations outside the official administrative channels.

Legal Entity Authorized Signature	Date
Local Mental Health Director or Designee Signature	Date