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| **Disallowed Billing of an Activity** |  | **Appropriate Service Title to Bill** |
| **Rehabilitation Grp** |  |  |
| * Providing clients with sex education and advice on STDs.
 | * Providing clients psychoeducation with how mental health symptoms or behaviors could impact client’s decision making and choices.
 | Group Psychotherapy (if focus is on psychoeducation) |
| * In addition teaching potential ways to avoid poor decision making when feeling triggered by symptoms or behaviors.
 | Rehabilitation Grp (if focus is on teaching skills) |
| * Developmental issues may also be assessed and interventions applied to address health and safety issue for client in context to mental health issues.
 | Group Psychotherapy (if focus is on psychoeducation)Rehabilitation Grp (if focus is on teaching skills) |
| * Teaching parenting skills for clients with new babies.
 | * Addressing how client’s past history of trauma, abuse, family dynamics could impact how the client deals with high anxiety of being a new parent.
 | Group Psychotherapy (if focus is on psychoeducation) |
| * In addition teaching coping skills that client could use when feeling anxious or overwhelmed, which could lead client to feel triggered.
 | Rehabilitation Grp (if focus is on teaching skills) |
| * Psychoeducation about bonding, child development, attachment in the parent-child relationship, looking at transgenerational issues that can negatively impact parenting.
 | Group Psychotherapy |
| * Watching music videos/movies.
 | * Begin with identifying an overall theme (ex: aggression) from the video that directly relates to client’s symptoms or behaviors. Using lyrics or clips of the movie have client’s identify how they can relate and how it ties to their own mental health.
* Watching a movie or playing video games without explanation of how it is used as a mental health intervention to diminish impairment is never billable.
 | Rehabilitation Grp |
| * Teaching clients how to sew, or other life skills.
 | * Identify how clients choose to cope with stressful or intrusive behaviors/thoughts. Introduce alternative strategies that can work to alleviate stress and focus on an alternative task. Include how clients can use this to reduce the symptoms.
* Teaching life skills that target a specific mental health impairment to improve functioning in ADLs.
* Life skills to improve self-esteem, sense of competence, to improve confidence and mastery over managing stressful life events related to mental health coping.
 | Rehabilitation Grp |
| **Rehabilitation Svc** |  |  |
| * Talking with client about participating in important events away from family (ex: birthdays, holidays).
 | * Client has stated that important events remind her that they are not with family and this increases depressive symptoms which trigger client to engage in possible high risk behaviors.
 | Psychotherapy |
| * If therapist had identified potential skills for client to work on to decrease feelings of depression and relayed this to the Rehab staff, Rehab staff could reinforce these skills with client and practice in a session.
 | Rehabilitation Svc |
| * Processing feelings of grief, loss, sadness, abandonment and creating natural support systems to strengthen client’s social network. Teaching cognitive skills to manage thoughts and mood.
 | Psychotherapy |

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| * Talking with client about scheduling passes.
 | * This is a never-billable activity, therefore would not be able to claim for a service. An informational note should be used to capture this activity.
 | N/A |
| * If client is denied pass due to behavioral issues, this is an opportunity for SMHS interventions to assist client with behavioral issues, working on consistency, accountability for behavior relating to mental health coping skills.
 | Psychotherapy or Rehabilitation Svc |
| * Taking a client to a new school to register and orient to new campus.

(registration and orientation for school alone is never billable activity) | * Client has a high level of anxiety related to a new school placement due to past negative experiences and meeting new people, which increases their symptoms/behaviors.
 | Psychotherapy |
| * Rehab staff take client to school and work on a plan to identify areas they feel anxious and where they can locate a safe place in the school to decrease symptoms.
 | Rehabilitation Svc |
| * Connecting client to natural supports within the school system to help support client coping.
 | Case Management |
| * Addressing substance use while on pass.
 | * Process with client around triggers that came up for them on pass and what thoughts led to the decision to use substances, rather than to engage in healthy coping skills.
* Create a harm reduction plan, WRAP plan or abstinence plan that involves client.
* Psychoeducation about negative effects and consequences of substance use on functional behaviors.
 | Psychotherapy |

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| * Participated in a physical outdoor activity.
 | * Client has symptoms/behaviors that could be improved with increased physical activity. Connect the physical activity with the biological benefits of reducing stress and anxiety and increasing the productions of endorphins to improve mood.
* While meeting with client introduce a physical activity and have client report on the effect of the exercise on managing stress, anxiety, mood. While meeting, practice the activity with client to reinforce the positive behavior.
 | Rehabilitation Svc |
| * Introduced ILS activities (ex: budgeting, cooking, completing an application).
 | * ILS activities may be claimed if the skills increase healthy functional behaviors that allow the client to progress developmentally and obtain competence in activities of daily living. These skills must be focused specifically for each unique client’s needs that will diminish impairments as a result of the behavioral/mental health issues. ILS must be focused specifically for each client’s unique impairment related to behavioral and mental health challenges.
* Mastery of skills may lead to improved self-confidence, improved self-esteem, and improved sense of competence to manage future stressful life situations.
 | Rehabilitation Svc |
| **Case Management** |  |  |
| * Registering a client in school.
 | * The staff member had prior information about potential placement options that client was interested in and worked with CWS to make connections to placement. Activities may include assessing/evaluating the placement environment, planning a smooth transition, identifying natural supports, establishing clear expectations with client, creating interventions to increase success of placement, monitoring progress in placement.
 | Case Management |
| * Due to client’s high agitation or anxiety around completing paperwork and without support would not be able to complete the paperwork on their own, sat with client and helped fill out the appropriate paperwork in order to register for classes and activities at the school.
 | Case Management |
| * Registering a client in school.
* Transporting client to a bank to set up an account.
* Transportation alone without a SMHS is not billable. When engaging client in life skill activities, the entire time of activity may not necessarily be claimed as a SMHS. Only the time providing the SMHS is claimable.
 | * During this process client became increasingly agitated and staff practiced deep breathing skills and relaxation techniques.
 | Rehabilitation Svc |
| * Transported client to have a successful attempt at opening a bank account. Reinforced client’s skill of using a previously learned coping skill for anxiety. Gave client positive reinforcement after the client was able to reduce the anxiety and successfully open an account.
* Document as to how skill improved self-esteem, mastery of life skill, increased sense of competence to manage symptoms during anxiety producing activities.
 | Case Management |
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Questions to consider when thinking of claiming for a service:

* What specialty mental health services am I providing?
* Am I just a taxi driver? Why or why not?
* Could the client access the services on his or her own?
* Could the client make use of transportation to access their appointment?
* If not, what is the impairment/barrier related to their mental health that prohibits them from meeting their needs?
* What is your role? Acting as an advocate, monitor, liaison, provide emotional support, provide collateral information, and/or provide psycho-education to the client.

Note: just answering yes or no to the above questions, does not necessarily make the service billable, however it could provide a way to look at whether the service should be billed.

**Title 9, Chapter 11, Section 1840.312. Non-Reimbursable Services-General.**

The following services are not eligible for FFP:

* Academic educational services.
* Vocational services that have as a purpose actual work or work training.
* Recreation.
* Socialization is not reimbursable if it consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors of the beneficiaries involved.