

## TFC CLINICAL DOCUMENTATION AND BILLING TIP SHEET

TYPE OF ACTIVITY	EXCEPTIONS TO BILLING
<p>Weekly Supervision (<b>not billable</b>): The TFC Clinician is required to meet with the TFC Parent, face-to-face, in the Parent’s home, a minimum of one hour per week. In addition to monitoring the interventions provided by the TFC Parent, the TFC Clinician will review and co-sign daily progress notes, ensuring that each progress note meets Medi-Cal and contractual requirements.</p> <p>*Note: the supervision requirement is tracked and monitored by the service provider.</p>	<p><b>Example:</b></p> <p><b>-SC36 Family Rehab</b> – If during the supervision some time is spent reviewing previously taught skills to manage client’s symptoms and determining effectiveness, or teaching learning new skills, this could be billable as a family rehab session.</p> <p><b>Note: TFC Clinician would be billing for this service and could only claim for the time spent reviewing of the skills. Time spent on other supervision activities are considered to be never-billable.</b></p>
TYPE OF ACTIVITY	SPECIALITY MENTAL HEALTH BILLABLE
<p>Actively participating in the CFT to identify supports for the child/youth and family, including linking the child or youth with a TFC parent who can best meet the child’s or youth’s individual needs</p>	<p><b>Example:</b></p> <p><b>- SC82 ICC</b> – TFC Clinical Lead attends a CFT meeting to discuss the referral of a new TFC client. The TFC Clinical Lead asks questions about the client to gain a better understanding of the client’s needs and the best fit for a TFC Parent. TFC Clinical Lead also works with the group to identify needs and supports. Documentation of a CFT meeting and the writer’s unique contribution to the meeting.</p> <p><b>Note: FFAST Clinician can also bill for their individual contribution to the meeting.</b></p>
<p>Educating and integrating the TFC parent and appropriate staff into the existing CFT</p>	<p><b>Example(s):</b></p> <p><b>- SC82 ICC</b> - A TFC parent has concerns over an upcoming CFT meeting. TFC Clinical Lead meets with the TFC parent to discuss each concern and provide education where appropriate and <b>related to the client’s mental illness and treatment goals</b>.</p> <p><b>- SC 33 Collateral</b> - Coordinating with other possible CFT members that could support the client. Client is assigned a new teacher’s aide at school and the TFC Clinical Lead calls (with ROI) to discuss the client’s case, interventions that work and other important information related to the client’s mental health and/or mental health treatment. <b>Information is exchanged back and forth.</b></p> <p><b>Note: If the person contacted is a part of the CFT, SC 82 may be utilized.</b></p>

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<p>Completing or updating the client’s Behavioral Health Assessment (BHA)</p>	<p><b>SC10 Assessment</b> – It is determined that the client will begin TFC. The FFAST or TFC clinician must update the pertinent components of the BHA to reflect the changes in treatment (TFC) and any other updates as appropriate.</p>
<p>Creating a client plan (specific to the TFC components)</p> <p><i>* Completed by TFC Clinician</i></p>	<p><b>Example:</b>  <b>SC 13 Plan Development:</b> During a CFT, the team determines that the client would benefit from TFC.</p> <p><b>SC 13 Plan Development:</b> TFC interventions are determined in a CFT meeting with the FFAST clinician, the TFC parent, client and TFC Clinical Lead. The TFC Clinician updates the client plan to include new TFC interventions.</p> <p><b>Note: If Client has a CFT SC82 may be used.</b></p>
<p>Collaborating with supports in the client’s life.</p>	<p><b>Example(s):</b>  <b>SC 33 Collateral</b> – Client started participating in an afterschool program. TFC Clinical Lead meets with the afterschool program lead and discusses the client’s behaviors (not listening to direction, low frustration tolerance, being easily annoyed). The program leader shares the program details and how the client has engaged so far in the program. TFC Lead Clinician works with the program lead to explain interventions that have been successful in the home setting, including encouraging client to report what he is feeling by using “I” statements, and having the client take a ten-minute time out, so they can use relaxation exercises to calm. TFC Lead Clinician is sharing useful interventions and specifics about the client’s mental health so that the group leader can incorporate these interventions to assist client in self-managing behavior at the afterschool program.</p> <p><b>SC 82 ICC</b> – TFC Clinical Lead contacts the client’s teacher, who is part of the CFT, to ask how the client has been at school and discuss new interventions that were implemented after the last CFT meeting. The teacher shares how the client is doing at school including areas that are going well and some areas that need improvement. TFC Clinical Lead provides historical behavioral issues and triggers related to the areas that need improvement (provide specific detail) as well as explaining a new coping skill the client is working on (provide specific intervention). The teacher asks questions and plans to incorporate a few of the coping skills provided in this meeting at school with the assistance of the teacher.</p> <p><b>Note: These activities can also be provided by FFAST clinician.</b></p>

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<p>Providing skill building and instruction to the TFC parent or parent and client, both initially and ongoing</p>	<p><b>Example(s):</b></p> <ul style="list-style-type: none"> <li>- <b>SC 36 Family Rehab</b> - TFC Clinical Lead meets with the TFC parent to provide education and role play strategies for responding to the client when they are in an elevated state and ways to redirect the client’s behavior and provide good choices.</li>   <li>- <b>SC 36 Family Rehab</b> - TFC Clinical Lead calls the TFC parent wanting to check in on the home situation and target behaviors the client is displaying. Client’s behaviors include mood dysregulation and anger outbursts. TFC Clinical Lead discusses any warning signs or catalysts to the behavior and provides psychoeducation regarding the behavior and positive vs negative reinforcement. TFC Clinical Lead works with the parent to create mental health interventions to address the behavior (i.e., speaking in a calm voice, offering the client a quiet time out, or other appropriate interventions.)</li>   <li>- <b>SC36 Family Rehab (with client)</b> – TFC Clinical Lead meets with the TFC parent and the client to provide education about the importance of having a routine. Client becomes agitated when given direction to brush teeth or get ready for school. TFC Clinical Lead works with the TFC parent and the client to create a home schedule for weekdays and weekends to support a consistent routine for the client and TFC parent to follow.</li> </ul> <p><b>TIP:</b></p> <p>– <b>SC 33, 50 or 82 can be utilized to follow up to check on the progress of this intervention and possibly provide feedback/education.</b></p>
<p>Providing rehabilitation services to the client.</p>	<p><b>Example(s):</b></p> <ul style="list-style-type: none"> <li>-<b>SC 34 Ind Rehab or SC 83 IHBS</b> - TFC Clinical Lead meets with the client at home and provides a rehabilitation service to the client. Client has issues with getting out of bed and is often late to school or does not attend. TFC Clinical Lead works with client to identify that procrastinating on homework due to lack of motivation is causing her to go to bed late which makes it more difficult to wake up in the morning. TFC Clinical Lead and client work together to create an evening schedule for the client to follow to ensure she completes her tasks and gets to bed at an earlier time.</li>   <li>-<b>SC 36 Family Rehab or SC 83 IHBS</b> – Client Plan developed by CFT has the intervention of teaching the client to use “I” statements to share how he is feeling. The TFC Clinical Lead teaches the client and TFC parent together to report what they are feeling, using</li> </ul>

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	<p>“I” statements and paying attention to tone of voice. TFC Clinical Lead models the use of “I” statements with client practicing back and forth. TFC Clinical Lead then steps back and monitors as the TFC parent engages in “I” statements with the client, interjecting if redirection is needed. Document the intervention and the client’s response to the “I” statement intervention.</p> <p><b>TIP (s)</b>  <i>- SC 36 or 33 can be utilized by the TFC Clinical Lead to educate the TFC parent on the schedule and coaches the parent on how to react if client does not engage in the intervention.</i></p> <p><i>- SC 33, 50 or 82 can be utilized to follow up to check on the progress of interventions and possibly provide feedback/education.</i></p>
<p>Monitoring the child’s/youth’s progress in meeting client plan goals related to TFC</p>	<p><b>Example(s):</b>  <b>SC33</b> - TFC Clinical Lead contacts the TFC parent to check in on how the client is doing and how the interventions of “I” statements and time outs. Parent shares the update about the client. TFC Clinical Lead provides feedback to the TFC parent and trains/role plays how to engage the client in deep breathing to try to calm the client when elevated.</p> <p><b>SC82</b> – Participation in a CFT meeting where the efficacy of the client’s plan was discussed, and changes were made based on feedback and recommendations from the different CFT members. Document the writer’s individual contribution to the meeting.</p> <p><b>CFT Note: <i>The CFT meeting SC82 progress note must include the needed documentation regarding TFC progress every 90 days.</i></b></p> <p><b>Note: <i>If Client has a CFT SC82 may be used.</i></b></p>
<p>Linking to Community resources</p>	<p><b>Example(s):</b>  <b>SC 82 - if client is not present:</b> it was determined at the last CFT meeting that the client would benefit from partaking in the Big Brother and Sister program to foster community support and relationship building skills and this was added to the client plan. If the provider were contacting resources (i.e. Big Brother and Sister program) via telephone to link client to identified supports and determine client’s eligibility to</p>

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	<p>engage in the program, the documentation would need to include why the provider was needed to complete the service, as well as how the service is needed to address client's mental health symptoms.</p> <p><b>SC 82</b> – TFC Clinical Lead contacts the TFC parent to see how the client engaged in their first outing with the Big Brothers and Sisters organization. TFC parent updates the TFC Clinical Lead about the outing and how the client benefited from the interaction.</p> <p><b>Notes: Faxing of referral forms to identified resources would be a never billable activity.</b></p>
Crisis Intervention	<p><b>Example:</b></p> <p><b>SC 70 Crisis Intervention</b>– Client was engaging in self-harm behavior of banging their head and the TFC Clinical Lead was not able to de-escalate the client to a safe level. The TFC Clinical Lead calls PERT due to the severity of the client's behavior and mood and provides the current situation to PERT and information about client's mental health. While waiting for PERT, the TFC Clinical Lead makes attempts to de-escalate the client with learned coping skills including modeling deep breathing and a 10 to 1 countdown technique. PERT arrives assesses the client and client is taken to the hospital for further evaluation and monitoring.</p> <p><b>SC 70 Billable elements:</b></p> <ul style="list-style-type: none"> <li>- TFC Clinical Lead's attempts at de-escalating the client</li> <li>- Call to PERT giving information about the client.</li> <li>- Time spend waiting for PERT while continuing to provide interventions, sooth the client and/or prevent further deterioration.</li> </ul> <p><b>Note: If no intervention was provided while waiting for PERT or clinician to arrive that time is not billable.</b></p>

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### SERVICE CODE DEFINITIONS:

**SC 33 COLLATERAL:** A service activity to a significant support person in the client's life for the purpose of meeting the needs of the client in achieving the goals of the client plan. May include but is not limited to consultation and training of the significant support person(s) to assist in better understanding of mental illness. The client may or may not be present for this service activity.

**SC 34 INDIVIDUAL REHAB:** A service activity provided to a client and may include the following: counseling, assistance in improving, maintaining, or restoring an individual's functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education. If family or others are present, the focus of the session shall be on the client's individual goals.

**SC 36 FAMILY REHAB:** A service activity provided to one or more family members and may include the following: counseling, assistance in improving, maintaining, or restoring an individual's functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education. Client may or may not be present.

**SC 82 INTENSIVE CARE COORDINATION:** Intensive Care Coordination (ICC) is a service that is mandated for members of the Katie A Subclass and available through the EPSDT benefit to all children and youth under the age of 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity for these services. ICC is provided through collaboration between the members of a Child and Family Team (CFT). A Child and Family Team must be identified in order to provide ICC. ICC requires active, integrated and collaborative participation by the provider and at least one member of the CFT. ICC is a service that is used for the identification and coordination of ancillary supports and systems which promote safety, permanency and well-being. ICC services are offered to clients with significant and complex functional impairment and/or whose treatment requires cross-agency collaboration.

**SC 83 INTENSIVE HOME-BASED SERVICES:** Intensive Home-Based Services (IHBS) are mental health rehabilitative services that are available to Katie A subclass members as well as beneficiaries under 21 who are eligible for the full scope of Medi-Cal services and meet medical necessity criteria and are receiving Intensive Care Coordination. A Child and Family Team must be identified in order to provide IHBS. IHBS are individualized, strength-based interventions that assist the client in building skills necessary for successful functioning in the home and community. IHBS is offered to clients with significant and complex functional impairment. These services are primarily delivered in the home, school or community and outside an office setting.

**SC 10 ASSESSMENT:** A service activity designed to evaluate the current status of a client's mental, emotional or behavioral health. Assessment includes but is not limited to the following: mental status determination, analysis of client's clinical history; analysis of relevant cultural issues and history and diagnosis. The Server may be gathering information from a variety of sources.

**SC 13 PLAN DEVELOPMENT:** A service activity that consists of development of client plans, approval of client plans, and/or monitoring of a client's progress. Includes team meetings for these purposes. Whenever possible, client should be present for these activities.

**SC 70 CRISIS INTERVENTION:** Response to an unplanned event enabling client to cope with a crisis while maintaining his/her status as a functioning community member to the greatest extent possible. Includes related components such as assessment, evaluation, collateral contacts, and therapy. Crisis Intervention is only provided to the client or the client with family present.