

*Better Health for All*

DATE: October 31, 2022

TO: Honorable Members of the Board of Supervisors  
Jeffrey V. Smith, M.D., J.D., County Executive

FROM: Rene Santiago, Deputy County Executive/Director, Health System <sup>DS</sup>RS  
Sherri Terao, Director of Behavioral Health Services <sup>DS</sup>ST

**SUBJECT: Outreach and Engagement Activities**

During the Board of Supervisors Meeting on October 4, 2022 (Item No. 9), Supervisor Chavez requested that the Behavioral Health Services Department (BHSD) provide information relating to outreach and engagement activities, including the number of staff doing this work, number of individuals engaged, number of people who enrolled voluntarily in services, and the efficacy of the outreach and engagement activities.

Earlier this year a mechanism was created for County Contracted Providers (CCPs) to account for time spent re-engaging individuals as well as addressing their basic needs, health and safety. Both new service codes were built into the Unicare (legacy Electronic Health Record [EHR] system) as well as the new myAvatar EHR system so that the programs designed to implement this work could record these particular services. Trainings were provided to CCPs on May 26, 2022 and June 6, 2022, which focused on the definition of each service and how and when to document these services to ensure appropriate billing codes are utilized. An instructional manual was also developed for CCPs to use as a guide and is attached as a reference (**Attachment 1**). Although many of the CCPs have transitioned to utilizing myAvatar, Pacific Clinics and Starlight are planning to go-live in myAvatar in November 2022, and data will be available from them in the months following implementation. The table below provides an initial analysis of the data since implementation of these service codes in the EHR.

	Time Period	Volume
<b>Service Analysis</b> (increase/decrease in re-engagement services following County training)	April 2022 – June 2022	95,901 billed units of services (baseline)
	July 2022 – September 2022	113,828 billed units of services <b>19% increase</b>
<b>Connection to Services</b> (re-engagement to regular services for clients already enrolled)	July 2021 – June 2022 (prior year)	80% (678 clients)
	July 2022 – September 2022	87% (471 clients) <b>7% increase</b>
<b>Referral Conversion</b> (new referrals to services for difficult to engage clients)	No baseline- new measure	31% (205 clients)

**Analysis:**

There is a total of 124 staff that are providing outreach and engagement services. There has been a 19% increase in the delivery of re-engagement services following training by the County and implementation of a service code in the EHR. In addition, the data demonstrates a high number of clients served with re-engagement services (471 for the first 3 months of the fiscal year compared to a total of 678 for the prior fiscal year). This is likely connected to the implementation and use of the new service code in myAvatar following training from the County for all CCP's in the spring. Additionally, BHSD is seeing a 7% increase in enrolled clients re-connected with services for the first three months of the fiscal year compared to the entire last fiscal year. For more difficult to engage clients who are also new to the system and not yet connected to services, the engagement rate baseline is 31%.

BHSD and Behavioral Health Contractors Association (BHCA) workgroups continue their collaborative work to accurately capture service delivery information and identify additional opportunities for improvement. BHSD will continue to monitor the use of these service codes, identify opportunities for improvement on a provider level, and utilize the data collected to continue working on new models of engagement to support the connection to services for our most vulnerable residents in the community.

cc: Greta S. Hansen, Chief Operating Officer  
James R. Williams, County Counsel  
Tiffany Lennear, Clerk of the Board  
Chief Board Aides  
Bianca Jones, OBA  
Agenda Review Administrator

# **MHSA CLIENT SUPPORT SERVICES AND RE-ENGAGEMENT MANUAL**



COUNTY OF SANTA CLARA  
**Behavioral Health Services**  
Supporting Wellness and Recovery

# Acknowledgements

A special thank you to all the workgroup members and their contributions to the development of this manual:

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# Overview

## Mental Health Services Act (MHSA) and Full Service Partnership (FSP)

- FSP takes on a “whatever it takes” approach to engaging beneficiaries into treatment, to support their most pressing behavioral health needs
- MHSA identifies both mental health services and non-mental health services in the FSP model to address a broad continuum of care for beneficiaries
- Medi-Cal funds our specialty mental health services, but not the rest of the valuable work that is done

## What are these new codes? What these codes ARE:

- These are for beneficiaries enrolled in FSP, IFSP, ACT, and FACT programs
- They are ways to capture time spent supporting your beneficiaries' whole person care
- They are ways to document the amazing “whatever it takes” work of FSP
- They are reimbursed out of MHSA funding

## What are these codes NOT? What these codes ARE NOT:

- They are Not used for anything that falls under a Medi-Cal billing code
- They are Not paid for by Medi-Cal
- They are Not required to be specifically authorized on a treatment plan
- They are Not to be used to avert Medi-Cal audits

# Services

## MHSA Client Support Services

### Definition:

“MHSA Client Support Services” are service activities to support the beneficiary’s wellbeing that do not fall under Medi-Cal mental health services. These may include services related to basic needs, health, and safety in order to ensure whole person care and further the beneficiary’s ability to engage in meaningful services. These include activities provided to benefit the beneficiary, rather than attempts to contact or administrative tasks.

### Activities:

These activities should always be done in the interest of the beneficiary and the beneficiary should be an active participant in the service whenever possible.

Examples of such activities include but are not limited to:

- Criminal justice: supporting a beneficiary when being released from jail, successfully attending court appointments, and probation or parole requirements that are not directly related to mental health support.
- Psychiatry: supporting a beneficiary in accessing psychiatric medications, attending psychiatric appointments as a secondary practitioner without providing a unique and unduplicated svc, picking up and dropping off medication/prescriptions
- Basic needs: providing basic resources, including activities associated with access to healthcare, food, clothing, medical care, hygiene, and transportation that do not directly relate back to the beneficiary’s mental health in a Medi-Cal reimbursable manner.
- Living Situation: housing and housing maintenance, utilities, research housing options, contacting resources, application process, rental resources, eviction resources, moving resources, obtaining items to maintain their living situation
- Education: enrolling in school, setting up school meetings, connect to advocacy for students and parents
- Employment & Career: researching, application process, job maintenance resources, career exploration activities
- Community Life: self-care, diet nutrition, enrichment activities, accessing legal services, financial services, cultural activities/resources

### Progress Notes:

- This must be a service that is otherwise not billable to Medi-Cal under case management or collateral services, related to the treatment goal
- This must be a service that is not otherwise billable under an FSP allowable Lockout Code
- Must include the staff intervention (e.g., attending court appointments, medication support, housing assistance)
- Must include the significance of the service in supporting the beneficiary's wellbeing and engagement in mental health services
- It should document changes that occurred as a result of the service

If the beneficiary is unable to engage in this service, the note should reflect why the beneficiary was not included

### MHSA Support Services vs. Case Management

- Case management is an active intervention that ties back to your beneficiary's mental health needs and treatment plan goal.
- MHSA Support Services might support your beneficiary's basic needs or further their overall functioning, but not tie specifically back to medical necessity without a stretch.
- Something might be Medi-Cal billable with a beneficiary present, but MHSA Support Services if they can't attend (ex: calling movers to schedule a move for a client, going to a food bank to pick up food)



## Re-Engagement

### Definition:

“Re-engagement” is a service activity to re-establish a disengaged or missing or absent (AWOL, MIA) beneficiary back into meaningful treatment and services.

If a beneficiary has not attended services for two (2) weeks after several meaningful attempts to contact them, then re-engagement services can be provided for up to thirty (30) days to document efforts that are not otherwise billable services. This is to ensure that beneficiaries are not discharged from services without exhausting all possible engagement attempts.

### Activities:

Examples of such activities include but are not limited to:

- Phone calls
- Sending letters
- Driving to known or previously disclosed locations
- Contacting acute care settings (ER, local hospitals, EPS)
- Contacting criminal justice settings (jail, juvenile detention)
- Checking-in with support system or community resources

### Progress Notes:

This service may include all attempts made to reach the beneficiary. The use of Re-engagement should be mindful of the beneficiary's individual needs and progress and pace on their path to recovery.

### Re-engagement vs outreach

- Re-engagement is for enrolled clients, outreach is prior to admit

# Documentation in Unicare

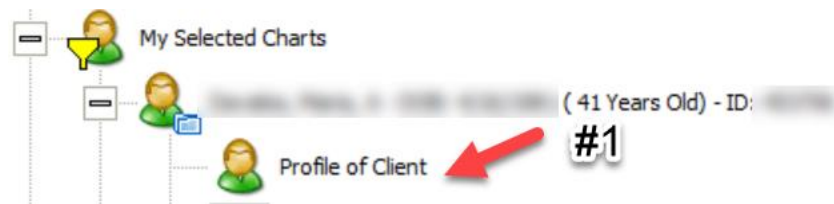
To document MHSA Support Services in Unicare, it must be added to the bucket of services in the Plan of Care if the beneficiary was opened prior to 03/04/22. If the beneficiary was opened after 03/04/22, MHSA Support Services should already be included in the bucket of services and the below instruction is not needed.

MHSA Client Support Services should be entered like any other Recorded Service in Unicare.

## Adding MHSA Client Support Services Entry to a Unicare Plan of Care

In the scenario below we are adding 67300 MHSA Client Support Services -OP effective 3/4/2022.

**Step 1:** Double click on the Profile of Client under the Client's name.



**Steps 2-5:** Click on the Plan of Care tab, then Currently Open.

- You will need to select the Planned Services and then Filter list to show all the Service Plans.



Once the services appear verify that the service (MHSA Client Support Service) has not already been added, this is to avoid duplicate entries. Once verified click on the green plus button (If the plus button is grayed out click once on one of the services to unlock the plus button)

Service	Svc Category	Svc Start Date	Svc End Date	Signed	Treatment Plan
Activity	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Assessment Initial/ Follow Up	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Case Mgmt/Brokerage	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Collateral	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Developmental Screening Ph.D. with Inte...	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Developmental Testing - Extended Ph.D. ...	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Family Treatment with Client	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Group Rehabilitation	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Group Treatment	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Individual Treatment	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Lockout Assessment Initial/ Follow Up	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Lockout Case Mgmt/Brokerage	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Lockout Collateral	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Lockout Family Treatment with client	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Lockout Individual Treatment	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Lockout Rehabilitation	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Lockout Treatment Planning/Plan Develo...	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Medication Injection	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Medication Management E&M (Est.) 99212	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Medication Management E&M (Est.) 99213	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Medication Management E&M (Est.) 99214	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Medication Management E&M (Est.) 99215	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Medication Refill Non-Face to Face	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Medication Support - non MD	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
MH Crisis Intervention	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan
Neurobehavioral Status Exam Ph.D. with ...	Client Svc	05/05/2021	05/05/2022	Yes	U-1380 Tx Plan

#### Steps 6-7: Enter the Start and End date.

- The Start date will be 03/04/22 since that is when the service became effective for CBO's to use.
- The End date reflects the Svc end date of when the service plans are due to expire.
- Please see screen shot above which shows 5/5/2022 as the expiration date. (make sure that the end date is the same as the other service plans.)

Service Plan ID: <no ID> Find Payor Code Rules Clinical Standards Wizard

Timeframe for Delivery: Start: ☒ Fri Mar 04, 2022 End: ☒ Thu May 05, 2022 Days: 62 ☐ Record Weekdays Only

Recurrence Pattern: ☐ None

Service Item: ☐ Age Related 67300: MHSA Client Support Services - OP

Duration in Min: 30 Visits: 2000 Per Enc ☐

Total Units: 2000.00 Variable UCR:

Delivery Method: <No Selection> Recipient Code: <No Selection> Place of Service: <No Selection> Address: <No Selection>

#### Steps 8-9: Select the service plan that you will be adding.

- In this scenario we are adding 67300 MHSA Client Support Services – OP.

- Once selected click the tab button. The Duration in Min will automatically default Enter 2000 for the number of visits.

**Steps 10-11:** Enter the Effective Date and Expiration Date

- The effective date is 3/4/22 which again is the date the service became effective for CBO's to use.
- The Expiration date 5/5/2022 (for example purposes only) which is the the same date you used in Step 7.

**Steps 12:** Click on Show Signatures.

- This step is needed in order for Providers to enter services and/or upload their services in Unicare.

The screenshot shows the 'Service Plan Signatures' window. At the top, there is a 'Show Signatures' button labeled #12. Below it is a table with columns: Na..., Signat..., Sign..., Signed D..., Signed Eff. D..., Signature..., Creden..., and Team. In the bottom right corner, there is a 'Dates' section labeled #10 containing 'Effective' (Fri Mar 04, 2022) and 'Expiration' (Thu May 05, 2022) date pickers, and an 'Exp. Reason' dropdown menu labeled #11.

**Step 13:** Sign the service plan.

- Double click on the line item to sign the service plan.

The screenshot shows the 'Service Plan Signatures' window with a table. The table has columns: Na..., Signat..., Sign..., Signed D..., Signed Eff. D..., Signature..., Creden..., and Team. The 'Sign...' column header is labeled #13. Below the header, the first row shows 'Desired' and 'No' under the 'Sign...' column, and 'IS Staff' under the 'Team' column.

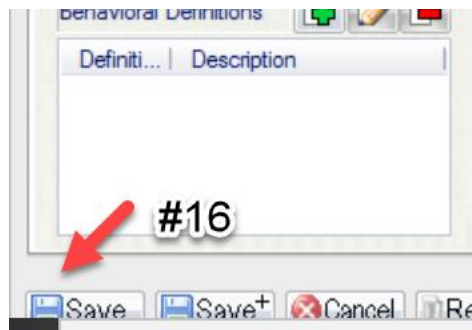
**Step 14-15:** Enter the effective date of 3/4/2022 (which is the same date as step # 6 and 10) then click Ok.



Once you click Ok it will take you back to the previous screen. Please make sure that it shows Yes. This means the service plan has been signed and is ready to use.



**Step 16:** Click on the Save button on the bottom left-hand corner.



Service Plan has now been added to the Bucket of services.

MHSA Client Support Services	Client Svc	03/04/2022	05/05/2022	Yes
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## Re-Engagement Service Entry in Unicare

Re-engagement was set up as a Service Status under Activity in Unicare. Below are the instructions on how to enter Re-engagement into Unicare.

**Step 1:** Choose ACTIVITY service then click Add Recorded SVC which will bring you to the screen to enter time, staff, and locate the SERVICE status which you will be able to find by clicking the Other Info tab.

The screenshot shows the Unicare interface. On the left, the 'Diagnoses' tab is active, and a red arrow points to the 'Add Recorded SVC' button. On the right, the 'Service' form is shown with the 'Other Info' tab selected. A red arrow points to the 'Service Status' dropdown menu, which is currently set to 'Attended'.

**Step 2:** Click the drop down to locate the correct status of Re-Engagement Service.

The screenshot shows the 'Service' form with the 'Other Info' tab selected. A red arrow points to the 'Service Status' dropdown menu, which is currently set to 'Attended'. Other fields visible include 'Diagnosis', 'Secondary Diagnosis', 'Tertiary Diagnosis', 'Quaternary Diagnosis', 'Axis II', and 'Axis III'.

**Step 3:** Click on Other info tab again to take you back to the recorded service screen.

Service Other Info.

Diagnosis: <Any> <No Selection> ☐ Other Service Status: Attended

Secondary Diagnosis: <Any> <No Selection>

Tertiary Diagnosis: <Any> <No Selection>

Quaternary Diagnosis: <Any> <No Selection>

Axis II: <No Selection> ☐ Other

Axis III: <No Selection> ☐ Other

Payor Details

Δ	Code	Modifier 1	Modifier 2	Name	Payor	Valid	Rank	Place of Service
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Service Status dropdown list:

- Attended
- 1000: Child Care
- 118: TDM
- 1200: Tel/Linkage/Consult
- 1300: Case Conference
- 1400: Clinical Consult
- 1800: Phone Call to Client
- 1900: Correspond Client
- 2000: Outreach
- 2100: Re-Engagement Svc
- 3000: Field Visit
- 4000: Transportation
- 730: CRM
- 740: Face to face with cl
- 750: Group Activity
- 9100: No Show
- 9101: Cancelled
- 9107: SafeCare