

Billable notes need to answer 5 basic questions:

Who did you see?

Why did you see them?

What did you do?

How did they respond?

What do you plan to do next?

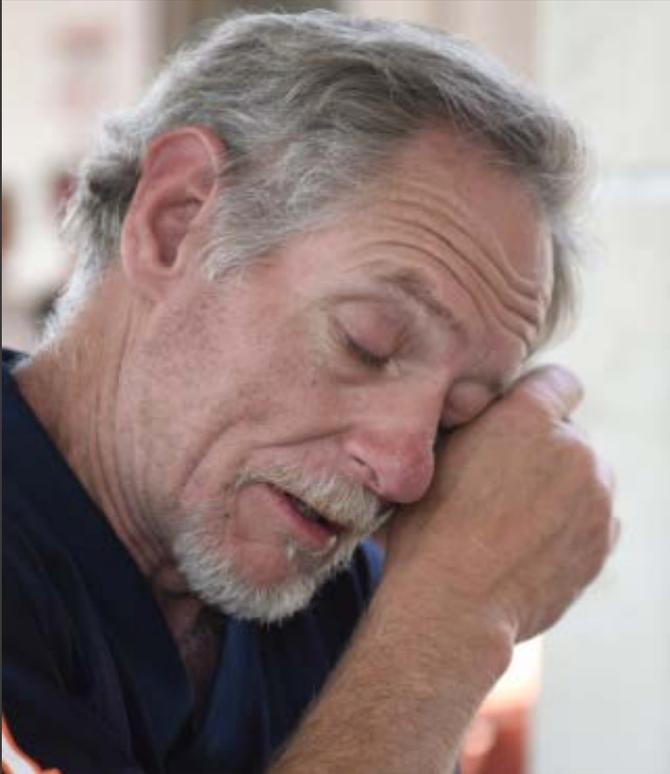
Here we'll look at examples of the 2 most common types:

Case Management (90899-1) and Rehab (90899-17)

Case Management

90899-1

Basic idea here is, you're doing something *for* clients because their mental illness prevents them from doing it themselves.



Carl is 57 years old. He's been having bad stomach cramps for over a month. He thought they'd go away on their own, but they didn't. They've gotten so bad now he can't sleep. Carl has Medi-Cal but he has no idea who his PCP is. He hasn't seen a doctor in years. You've seen Carl try to talk to people on the phone before and you know he gets upset easily and hangs up. He doesn't want to make any phone calls. But he wants to see a doctor.

Progress Note

Speed Note



Who did you see?

Progress Note

Speed Note

G: Carl is a 57 y/o single Caucasian male.

Who did you see?

Progress Note

Speed Note

G: Carl is a 57 y/o single Caucasian male.

Who did you see?

Why did you see him?

Progress Note

Speed Note

G: Carl is a 57 y/o single Caucasian male. Carl has been having stomach pains for over a month and thinks he should see a doctor. Due to irritability and low tolerance for frustration, however, he will not attempt to call a doctor on his own.

"G" explains what the problem is and connects it to the member's mental illness. This connection is important: If the line about irritability and low tolerance for frustration was left off, this note would not pass. It also wouldn't pass if Carl's failure to call was attributed to something else, like not having a phone or being hard of hearing.

Who did you see?
Why did you see him?

Progress Note

Speed Note

G: Carl is a 57 y/o single Caucasian male. Carl has been having stomach pains for over a month and thinks he should see a doctor. Due to irritability and low tolerance for frustration, however, he will not attempt to call a doctor on his own.

Who did you see?

Why did you see him?

What did you do?

Progress Note

Speed Note

G: Carl is a 57 y/o single Caucasian male. Carl has been having stomach pains for over a month and thinks he should see a doctor. Due to irritability and low tolerance for frustration, however, he will not attempt to call a doctor on his own.

I: I obtained the MediCal Eligibility Response from Carl's chart and called the number listed for PCP info (800) 463-0935. Talked with a representative, got the name and contact number for Carl's PCP (Joey Santos, MD). Called PCP's office and scheduled a new patient appointment for Carl for this Friday 8/17 at 3pm. Wrote the appt. time and date on a card for Carl to keep with him.

Who did you see?

Why did you see him?

What did you do?

Progress Note

Speed Note

G: Carl is a 57 y/o single Caucasian male. Carl has been having stomach pains for over a month and thinks he should see a doctor. Due to irritability and low tolerance for frustration, however, he will not attempt to call a doctor on his own.

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Who did you see?

Why did you see him?

What did you do?

How did he respond?

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R: Carl remained irritable and expressed skepticism about whether the doctor could help him, and whether we could get there at the right time, but this is normal for Carl, and he thanked me for setting up the appointment. He agreed to come in on the 17th, in the morning.

Who did you see?

Why did you see him?

What did you do?

How did he respond?

Progress Note

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Who did you see?

Why did you see him?

What did you do?

How did he respond?

What will you do next?

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R: Carl remained irritable and expressed skepticism about whether the doctor could help him, and whether we could get there at the right time, but this is normal for Carl, and he thanked me for setting up the appointment. He agreed to come in on the 17th, in the morning.

P: Plan is to call or meet with Carl prior to his appt. date to remind him, then take him to see the doctor on 8/17.

Who did you see?

Why did you see him?

What did you do?

How did he respond?

What will you do next?

TELECARE AND ORANGE AMHS
2531 W. WOODLAND DRIVE
ANAHEIM, CA 92801
INTAKE ASSESSMENT

IDENTIFICATION LABEL

COMMUNITY FUNCTIONING STATUS

1. Functioning in Living Arrangements:

Due to irritability and low tolerance for frustration, Carl gets into heated arguments with roommates and has been homeless most of the time since he was kicked out of his house at age 17. He had an apartment when he was 25 but says he "got into trouble with the police and had to get out." He stays with his S/O once in a while but says they get into big fights and she throws him out. Mostly on the streets "staying here or there."

2. Financial Status/Money Management:

Due to impulsivity and trouble concentrating, Carl spends through his SSI funds early in the month, without attempting to budget his money or prioritize his needs. As a result he often cannot provide for his basic needs during the last 1-2 weeks of the month and has to borrow money from others.

3. Functioning in Social Relationships/Communication Skills:

Due to irritability and low tolerance for frustration, Carl quickly escalates into shouting and name-calling when he has a disagreement with someone. He frequently walks out of appointments and hangs up in the middle of telephone conversations. This interferes with his ability to obtain services and prevents him from establishing a supportive network of friends.

4. Functioning in Daily Activities:

Carl is homeless and as a result he does not have easy access to facilities in which he can shower and clean-up. For this reason he goes long periods without showering or changing clothes and becomes disheveled and malodorous as a result. This impairs his ability to interact normally with others. Also, due to low tolerance for frustration, he gets up and walks out, or quits, when a task requires sustained focus or attention to detail.

5. Educational/Vocational Functioning:

Due to trouble concentrating and impulsivity, Carl has trouble staying focused on specific tasks or subjects of conversation and will stay off onto something else without continual redirection. Due to irritability he loses his temper when told he needs to do something a different way. These qualities make it hard for him to get and keep a job. He started on his GED but "fell in a hole" and quit. Gets very angry when he fills out an application and isn't called back.

6. Legal Status:

Last incident was in 2005 when he pulled a knife during an argument. He went to jail for 2.5 years, then was on probation for 3 years which ended in 2010. At this time there is no impairment due to mental illness.

7. Substance Abuse (if "past" problem include time sober or in remission):

Meth and cannabis are drugs of choice, says he hasn't used alcohol in about a year. Cannabis he uses more regularly (see page 1); meth every few months.

8. Management of the Mental Illness:

Due to impulsivity and disorganized thinking, Carl has a history of missing appointments, not showing up for meetings with members of his treatment team, not taking his medications, and dropping out of treatment altogether. Inability to manage his illness results in multiple functional impairments, most notably chronic homelessness and arguments with others that escalate to the point where police have to be called.

9. Physical Health Care:

Due to irritability and low tolerance for frustration, Carl has a history of getting into heated arguments with healthcare professionals and refusing to follow their advice. He hasn't seen a doctor in years and doesn't know the name of his PCP. This is a problem as Carl reports having a bleeding ulcer and uses multiple substances in addition to smoking cigarettes.



"G" comes from the CFS page
in Carl's treatment plan

← *"Due to irritability and low tolerance for frustration, Carl quickly escalates into shouting and name-calling when he has a disagreement with someone. He frequently walks out of appointments and hangs up in the middle of telephone conversations"*

← *"Carl has a history of getting into heated arguments with healthcare professionals and refusing to follow their advice. He hasn't seen a doctor in years and doesn't know the name of his PCP"*



Kay has been homeless for the last four years. She stays in motels sometimes, with friends at other times, and occasionally on the street. She hears voices most of the time and even when they're just a whisper, they still distract her and make it hard for her to concentrate. She's tried connecting with housing programs on her own but she can't stay focused and gets confused, then gets angry and walks out.

Progress Note

Speed Note



Who did you see?

Progress Note

Speed Note

G: Kay is a 52 y/o divorced Caucasian female.

Who did you see?

Progress Note

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G: Kay is a 52 y/o divorced Caucasian female.

Who did you see?

Why did you see her?

Progress Note

Speed Note

G: Kay is a 52 y/o divorced Caucasian female. Kay is homeless and needs to get into stable housing, but due to A/H and inability to concentrate, she has trouble following directions and filling out paperwork, and has still not applied for housing.

Who did you see?

Why did you see her?

Progress Note

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G: Kay is a 52 y/o divorced Caucasian female. Kay is homeless and needs to get into stable housing, but due to A/H and inability to concentrate, she has trouble following directions and filling out paperwork, and has still not applied for housing.

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Why did you see her?

What did you do?

Progress Note

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G: Kay is a 52 y/o divorced Caucasian female. Kay is homeless and needs to get into stable housing, but due to A/H and inability to concentrate, she has trouble following directions and filling out paperwork, and has still not applied for housing.

I: Facilitated linkage to CoC by sitting down with Kay and completing an application on her behalf, including referral form, VI-SPDAT tool, and HMIS Intake and Enrollment Form.

Who did you see?

Why did you see her?

What did you do?

Progress Note

Speed Note

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Why did you see her?

What did you do?

How did she respond?

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R: Kay was cooperative but responding to internal stimuli and would say things under her breath occasionally. She was responsive to prompts, however, and would refocus on what we were doing when I called out her name.

Who did you see?

Why did you see her?

What did you do?

How did she respond?

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Why did you see her?

What did you do?

How did she respond?

What will you do next?

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R: Kay was cooperative but responding to internal stimuli and would say things under her breath occasionally. She was responsive to prompts, however, and would refocus on what we were doing when I called out her name.

P: Will fax completed application to CoC and make a follow-up call afterwards.

Who did you see?

Why did you see her?

What did you do?

How did she respond?

What will you do next?



Sam is 58 years old. He's been homeless on and off for as long as he can remember. He thinks he applied for SSI a few years ago but isn't sure. He won't go into the Social Security office because he thinks he's being videotaped and the footage saved to use against him later on. He's hesitant to call SSA because he believes all phones are tapped.

Progress Note

Speed Note



Who did you see?

Progress Note

Speed Note

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Who did you see?

Progress Note

Speed Note

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Who did you see?

Why did you see him?

Progress Note

Speed Note

G: Sam is a 58 y/o divorced Caucasian male. Sam has no source of income and needs to apply for SSI, but due to paranoia and delusional thinking he is afraid to call or go to SSA to begin this process.

Who did you see?

Why did you see him?

Progress Note

Speed Note

G: Sam is a 58 y/o divorced Caucasian male. Sam has no source of income and needs to apply for SSI, but due to paranoia and delusional thinking he is afraid to call or go to SSA to begin this process.

Who did you see?

Why did you see him?

What did you do?

Progress Note

Speed Note

G: Sam is a 58 y/o divorced Caucasian male. Sam has no source of income and needs to apply for SSI, but due to paranoia and delusional thinking he is afraid to call or go to SSA to begin this process.

I: Facilitated linkage between Sam and SSA by accompanying him to the 900 S. Harbor Blvd. office and speaking with a representative. Sam signed an Appointment of Representative form so I could work directly with SSA on his behalf. The representative told me Sam had applied previously but had not responded to requests for more information so the claim had been closed. I began the re-application process by starting the Application for Supplemental Security Income (SSA-8000-BK). Completed 7 of 23 pages, need additional information to complete.

Who did you see?

Why did you see him?

What did you do?

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Why did you see him?

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How did he respond?

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R: Sam spent most of the time outside, pacing back and forth in front of the building. He would answer questions I had but spoke in a hushed tone of voice. He appeared to think our conversation might be monitored or recorded.

Who did you see?

Why did you see him?

What did you do?

How did he respond?

Progress Note

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What did you do?

How did he respond?

What will you do next?

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R: Sam spent most of the time outside, pacing back and forth in front of the building. He would answer questions I had but spoke in a hushed tone of voice. He appeared to think our conversation might be monitored or recorded.

P: Will obtain information from Sam, his chart, and other sources as necessary, then return the completed application to SSA.

Who did you see?

Why did you see him?

What did you do?

How did he respond?

What will you do next?

Rehab

90899-17

Basic idea here is, the client is learning something from you that they can apply to future situations, when you're not around.



Angela is 55. She needs to use public transportation to get around, but as soon as she gets on the bus her heart starts pounding and she feels like she can't get enough air. She starts sweating and trembling. The experience is so unpleasant that Angela stopped taking the bus altogether. Now she misses the majority of her scheduled appointments.

Progress Note

Speed Note



Who did you see?

Progress Note

Speed Note

G: Angela is a 55 y/o divorced Caucasian female.

Who did you see?

Progress Note

Speed Note

G: Angela is a 55 y/o divorced Caucasian female.

Who did you see?
Why did you see her?

Progress Note

Speed Note

G: Angela is a 55 y/o divorced Caucasian female. Due to excessive anxiety and fear of having a panic attack, Angela refuses to use public transportation. This is a problem for her because she cannot get to most of her appointments.

Who did you see?

Why did you see her?

Progress Note

Speed Note

G: Angela is a 55 y/o divorced Caucasian female. Due to excessive anxiety and fear of having a panic attack, Angela refuses to use public transportation. This is a problem for her because she cannot get to most of her appointments.

Who did you see?

Why did you see her?

What did you do?

Progress Note

Speed Note

G: Angela is a 55 y/o divorced Caucasian female. Due to excessive anxiety and fear of having a panic attack, Angela refuses to use public transportation. This is a problem for her because she cannot get to most of her appointments.

I: Met with Angela at her R&B. Modeled relaxation techniques such as deep-breathing and progressive relaxation, then coached her through doing the exercises herself. After she had practiced for a while, I asked her repeat the exercises while imagining she was sitting on a crowded bus.

Who did you see?

Why did you see her?

What did you do?

Progress Note

Speed Note

G: Angela is a 55 y/o divorced Caucasian female. Due to excessive anxiety and fear of having a panic attack, Angela refuses to use public transportation. This is a problem for her because she cannot get to most of her appointments.

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Why did you see her?

What did you do?

How did she respond?

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R: Angela was cooperative and went through the exercises with me. She said it was hard for her to imagine being on a crowded bus, that just the thought of it made her anxious.

Who did you see?

Why did you see her?

What did you do?

How did she respond?

Progress Note

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R: Angela was cooperative and went through the exercises with me. She said it was hard for her to imagine being on a crowded bus, that just the thought of it made her anxious.

Who did you see?

Why did you see her?

What did you do?

How did she respond?

What will you do next?

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I: Met with Angela at her R&B. Modeled relaxation techniques such as deep-breathing and progressive relaxation, then coached her through doing the exercises herself. After she had practiced for a while, I asked her repeat the exercises while imagining she was sitting on a crowded bus.

R: Angela was cooperative and went through the exercises with me. She said it was hard for her to imagine being on a crowded bus, that just the thought of it made her anxious.

P: Will meet with Angela again next week to continue doing relaxation training.

Who did you see?

Why did you see her?

What did you do?

How did she respond?

What will you do next?



Yolanda is 27 and living on the streets. You need to get her into housing but she has such a hot temper you know she'll get kicked out. She has low self-esteem and assumes other people are laughing at her and talking about her behind her back. As soon as someone looks at her the wrong way or asks anything about her past, she quickly escalates into using profanity and shouting and making threats.

Progress Note

Speed Note



Who did you see?

Progress Note

Speed Note

G: Yolanda is a 27-year-old single Hispanic female.

Who did you see?

Progress Note

Speed Note

G: Yolanda is a 27-year-old single Hispanic female.

Who did you see?

Why did you see her?

Progress Note

Speed Note

G: Yolanda is a 27-year-old single Hispanic female. Due to low self-esteem and difficulty regulating emotional responses, Yolanda is overly sensitive to perceived disrespect and gets into fights with people everywhere she goes.

Who did you see?
Why did you see her?

Progress Note

Speed Note

G: Yolanda is a 27-year-old single Hispanic female. Due to low self-esteem and difficulty regulating emotional responses, Yolanda is overly sensitive to perceived disrespect and gets into fights with people everywhere she goes.

Who did you see?

Why did you see her?

What did you do?

Progress Note

Speed Note

G: Yolanda is a 27-year-old single Hispanic female. Due to low self-esteem and difficulty regulating emotional responses, Yolanda is overly sensitive to perceived disrespect and gets into fights with people everywhere she goes.

I: Discussed the importance of expressing anger rather than bottling it up inside. Modeled the use of “I” statements and expressing disagreement without the use of threats, insults, or shouting. Role-played assertive communication with member.

Who did you see?
Why did you see her?

What did you do?

Progress Note

Speed Note

G: Yolanda is a 27-year-old single Hispanic female. Due to low self-esteem and difficulty regulating emotional responses, Yolanda is overly sensitive to perceived disrespect and gets into fights with people everywhere she goes.

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Who did you see?
Why did you see her?

What did you do?

How did she respond?

G: Yolanda is a 27-year-old single Hispanic female. Due to low self-esteem and difficulty regulating emotional responses, Yolanda is overly sensitive to perceived disrespect and gets into fights with people everywhere she goes.

I: Discussed the importance of expressing anger rather than bottling it up inside. Modeled the use of “I” statements and expressing disagreement without the use of threats, insults, or shouting. Role-played assertive communication with member.

R: Yolanda’s first “I” statement was “I think this is stupid”. We both laughed at this, and from that point on she was willing to participate.

Who did you see?
Why did you see her?

What did you do?

How did she respond?

G: Yolanda is a 27-year-old single Hispanic female. Due to low self-esteem and difficulty regulating emotional responses, Yolanda is overly sensitive to perceived disrespect and gets into fights with people everywhere she goes.

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Who did you see?
Why did you see her?

What did you do?

How did she respond?

What will you do next?

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I: Discussed the importance of expressing anger rather than bottling it up inside. Modeled the use of “I” statements and expressing disagreement without the use of threats, insults, or shouting. Role-played assertive communication with member.

R: Yolanda’s first “I” statement was “I think this is stupid”. We both laughed at this, and from that point on she was willing to participate.

P: Next week will discuss steps for letting go of anger including taking responsibility for one’s self.

Who did you see?
Why did you see her?

What did you do?

How did she respond?

What will you do next?



Randy is 51 and just got approved for SSI. He'll be getting a lump-sum back payment soon, retroactive to when he applied. You're happy for him, but you know that because of the voices he hears he was never able to work, so he never acquired the money management skills most adults his age have.

Progress Note

Speed Note



Who did you see?

Progress Note

Speed Note

G: Randy is a 51 y/o single African American male.

Who did you see?

Progress Note

Speed Note

G: Randy is a 51 y/o single African American male.

Who did you see?
Why did you see him?

Progress Note

Speed Note

G: Randy is a 51 y/o single African American male. Randy was approved for SSI and will be getting his first check soon. Due to years of being highly symptomatic, Randy never had job or a stable income, so he has no experience managing money.

Who did you see?
Why did you see him?

Progress Note

Speed Note

G: Randy is a 51 y/o single African American male. Randy was approved for SSI and will be getting his first check soon. Due to years of being highly symptomatic, Randy never had job or a stable income, so he has no experience managing money.

Who did you see?

Why did you see him?

What did you do?

Progress Note

Speed Note

G: Randy is a 51 y/o single African American male. Randy was approved for SSI and will be getting his first check soon. Due to years of being highly symptomatic, Randy never had job or a stable income, so he has no experience managing money.

I: I created a sample budget with Randy based on the amount his monthly SSI payment will be (\$895). Included rent, food, money for clothing and personal supplies, phone, utilities, and transportation.

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What did you do?

How did he respond?

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R: Randy was engaged and able to follow along. He expressed surprise at how much it cost to rent a room in Orange County.

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What did you do?

How did he respond?

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Who did you see?
Why did you see him?

What did you do?

How did he respond?

What will you do next?

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P: Next week, will go over an actual budget showing real expenses.

Who did you see?
Why did you see him?

What did you do?

How did he respond?

What will you do next?

Case Management (90899-1)

Linkage: Connecting clients with resources like housing and SSI, and keeping them connected

Consultation: Getting information from knowledgeable persons outside your program

Monitoring: Checking in with clients to see how they're progressing towards their treatment goals

Advocacy: Speaking on behalf of your client with outside agencies and providers

- Will never involve teaching your clients a skill
- In most cases, the client doesn't need to be present

Rehab (90899-17)

(short for "psychosocial rehabilitation")

Involves teaching clients things like:

Coping skills: Techniques they can use to manage their symptoms

Social skills: Improving their ability to interact with other people

Independent living skills: Helping clients learn basic life-skills like budgeting their money, renting an apartment, or applying for a job

- Clients usually come away with knowledge or skills they can apply in other situations, when you aren't around
- Always involves direct interaction with the client, either face-to-face or over the phone

Interventions commonly used in rehab (90899-17)

Modeling. This is a big one. You can model almost anything – how to ask for help in a store, how to talk to people on the phone, how to deal with frustration. Modeling calm behavior can help your clients stay calm, even when they're not consciously aware of what you're doing. Practicing, role-play, and rehearsal fit here, too.

Pros and cons. The goal here is helping clients make good decisions themselves, rather than making the decisions for them. You do that by helping them identify all the possible costs and benefits involved with a given choice, or at least as many as you can think of, then weighing them out.

Reframing. When you reframe something, you help clients see it a different way. Getting kicked out of a room and board, for example, can be reframed as a chance to make a fresh start and learn from past mistakes. If “reframing” sounds too much like therapy, you can say something like “redefined the situation” instead.

Skill building. You can teach clients coping skills for managing their symptoms, like deep breathing for anxiety and exercise for depression. You can also teach them social skills. Or you can teach them basic life skills like budgeting their money, applying for a job, making an appointment, riding the bus, or renting an apartment.

Praise. Reinforcing desirable behavior with praise is a billable intervention that comes naturally to most of us.

Listening. Not all listening is billable but a lot of it is. Reflective listening conveys respect, helps establish trust, and can help clients collect their thoughts when they're upset. Providing supportive listening when clients need to vent can be one of the best interventions there is.