

**Integrated Health Services - OBRA**

Provider	Panel Type	Service Delivery Site	Place of Contact	Attendance	Contact Type	CPT Code	Unit Type	Service	Provider Qualification	Purpose	Documentation	Consumer	Modifier	Auth	Productivity
Outpatient (#102144)	OBRA	Hillsdale Jackson	CLF/AFC Home Community Home Nursing Home Office School	Client Present	F2F	H0031	Encounter	Assessment	Bachelor Level (includes QMHP & QIDP)	To be used for purposes of conducting an OBRA assessment	OBRA Assessment (uploaded into LEO) & Stand Alone SAL	Consumer must be identified	OB	Required	Yes
Case Management (#102141)	OBRA	Hillsdale Jackson	Nursing Home*	Client Present	F2F	T1017	15 Minutes	Nursing Home Mental Health Monitoring	MHP	To record Nursing Home Mental Health Monitoring (OBRA)	Progress Note	Consumer must be identified	SE	Yes	Yes
Case Management (#102141)	OBRA	Hillsdale Jackson	Office	Staff Only	Unbillable Service	X8880	up to 15 minutes	Care Coordination	MHP	To record consumer specific care coordination services	Chart Note or Care Coordination Form and Stand Alone SAL	Consumer must be identified	None	None	Yes

*\* The only option that should be selected for place of service to ensure it is properly reported to MDHHS as a Nursing Home Mental Health Monitoring service. The SE modifier is for internal use ONLY.*