

County of San Bernardino Department of Behavioral Health

MAA-Individual/Group Program Planning & Training (Multiple Reporting Units) Charge Data Invoice

Program/Clinic/Unit Name _____

Procedure Code	Description	Recipient Code
479 E	SPMP Program Planning	MAA-NON 8
480 G	MAA Training SPMP (Training on MAA or SSI Paperwork)	
482 E	Non SPMP Program Planning	MAA-SPMP 9
483 H	MAA training Non SPMP (Training on MAA or SSI Paperwork)	

Reporting Unit	Staff #	Name	Procedure Code	Date	Time in Minutes	Recipient Code	Staff Initials	OK
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Select a box and include a brief description of the program planning/policy development of MAA training:

- Develop strategies to increase system capacity and close service gaps
- Participate in interagency coordination to improve delivery of mental health services
- Training on MAA, SSI or Medi-Cal (Include name of trainer and brief description of training)

I hereby certify under penalty of perjury that services included in the claim were actually provided to the beneficiary.

Supervisor Signature

Date