



# County of San Bernardino Department of Behavioral Health

## INFORMATION NOTICE 09-10

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**Date:** April 8, 2009

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**To:** DBH Staff  
Contract Agencies

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**From:** Allan Rawland, Director

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**Subject:** Outpatient Chart Manual (OCM)

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**Changes** Revisions have been made to the Outpatient Chart Manual for added clarification. Please see the changes listed below that have been made.

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**Revision to  
section 1-1-1**

### **Care Necessity Form – (Clarification of Signature Requirements)**

The form must be signed by:

- M.D.
- Registered Nurse
- Licensed or Waivered Psychologist
- Licensed/Registered/Waivered Social Worker
- Licensed/Registered/Waivered Marriage and Family Therapist

**Note:** The form may be completed by Graduate Student "Interns", but requires co-signature of a fully Licensed Practitioner of the Healing Arts.

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**Revision to  
section 8-1-27**

### **Reports Outside the Department**

Reports that are filled out or written for the benefit of a third party (not the Medi-Cal beneficiary) are not billable to Medi-Cal and a non-billable code should be used. Examples of such reports include but are not limited to:

- Social Security Insurance Evaluation Forms
- Jury Duty Excuses
- Letters requested by School Programs in order to determine eligibility
- Child Protective Services Report Forms

In general terms, if the service being provided is to aid another agency in determining client eligibility, or delivering it's service, it is not billable to Medi-Cal.

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**County of San Bernardino**  
**Department of Behavioral Health**  
**INFORMATION NOTICE 09-10, Continued**

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**Revision to  
sections 2-4-3  
through 2-4-15**

**Coordinated Services Service Plan**

Several changes have been made to:

- Client Recovery Plan
- Medication Support Services (MSS) Service Plan (Client Plan)

Please review these sections carefully.

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**Questions**

Please direct questions regarding this Information Notice or the Outpatient Chart Manual to Quality Management, (909) 421-9456.

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