



INFORMATION NOTICE 20-07

Date August 11, 2020

To Department of Behavioral Health (DBH) and Contract Agencies

From Veronica Kelley, DSW, LCSW, Director

Subject Revised Mental Health Co-Practitioner Chart Documentation and Claim Submission Requirements

Purpose To provide information and direction to DBH workforce and contract agencies of changes regarding chart documentation and claim submission when two or more providers (co-practitioners) render services to one or more clients. The changes described herein will be included in a future revision to the DBH Outpatient Chart Manual.

Background This Information Notice (IN) outlines and describes changes made by the California Department of Health Care Services (DHCS) Mental Health & Substance Use Disorder Services (MHSUDS) in the DHCS IN: [18-002](#).

Both Title 42 of the Code of Federal Regulations (CFR), Section 1002.211 and Title 42 of the United States Code Section 1396a(a), prohibit states from making payments for any item or service furnished by a provider who is excluded, terminated or suspended from participating in the Medicaid program. The federal government determined DHCS made payments to providers who were otherwise ineligible from Medicaid program; therefore, DHCS made changes and established policies and procedures to mitigate recurrence. One key change was an edit to the Short-Doyle Medi-Cal claiming system, which now requires each rendering provider be identified on each specialty mental health services claim to ensure the provider is not excluded, terminated, suspended or otherwise ineligible from participation in the Medicaid program.

New Requirements Effective September 1, 2020, DBH and Contract Agencies must complete separate chart notes for each rendering provider when two or more providers render a service. This will result in separate claims with each provider's distinct National Provider Identifier (NPI) number.

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New Requirements, continued

An example of such an instance is when two providers are serving as facilitators for a group activity, each provider's involvement must be documented in the context of the mental health needs of the client. The progress note(s) in the client's chart must clearly document:

- Specific involvement of each provider;
- Clinical rationale for each provider;
- Specific amount of time of each provider of the group activity, including chart documentation time; and
- Signature(s) of the service rendering provider(s).

Service rendering providers must only document the amount of time they actually provided a service. If both service providers provided 60 minutes worth of service, then each must submit a claim with specific interventions of each provider to justify that time.

References

- [Code of Federal Regulations, Title 42, Section 1002.211](#)
 - [United States Code, Title 42, Section 1396\(a\)](#)
 - [California Code of Regulations, Title 9 Section 1840.314\(c\)](#)
 - MHSUDS Information Notice No.: [17-040](#)
 - MHSUDS Information Notice No.: [18-002](#)
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Questions

For questions regarding this Information Notice, please contact DBH Quality Management at (909) 388-8227 or via email at DBH-QualityManagementDivision@dbh.sbcounty.gov.
