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# Quality Assurance Bulletin

Office of Performance Data

County of Los Angeles – Department of Mental Health

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## ORGANIZATIONAL PROVIDERS MANUAL UPDATES BASED ON DEPARTMENT OF HEALTH CARE SERVICES INFORMATION NOTICE

The Organizational Provider's Manual (the Manual) has been revised and updated based on the recent Department of Health Care Services (DHCS) Information Notice No.: 17-040: Chart Documentation Requirement Clarifications. In addition to the revisions based on the DHCS Information Notice, a few changes were made to be consistent with the recent Clinical Forms Bulletin No. 17-04 regarding substance use screening/assessment forms.

The following modifications have been made:

1. **Chapter 1 (Medi-Cal Reimbursement Rules):** Added additional information regarding claiming for travel time: time claimed may include travel between off-site locations and travel time should be associated with the location you are traveling TO in this type of multi-location travel.
2. **Chapter 1 (General Documentation Rules):**
  - a. Removed the requirement for the signature of EACH practitioner on a service. If multiple practitioners are included on a single progress note/claim, only the practitioner who wrote the progress note must provide his/her signature.
  - b. Added a statement that registered and/or waived staff must be supervised by a licensed practitioner within scope of practice in accordance with laws and regulations governing the registration or waiver.
3. **Chapter 1 (New Client Assessment):**
  - a. Modified the statement regarding the requirement for risks and provided examples
  - b. Removed the specific data element requirements related to substance exposure/substance use.
4. **Chapter 1 (Client Treatment Plan: Description):**
  - a. Clarified the Client Treatment Plan is not effective (versus final) until signed by the appropriate staff.
  - b. Modified the definition of treatment services to "linkage and referral in the first 60 days" instead of "linkage to other mental health programs in the first 60 days".
5. **Chapter 1 (Client Treatment Plan: Additional Information):** Modified that it is best practice (versus required) to make subsequent attempts to obtain the client's signature when he/she refuses to sign/is unavailable.
6. **Chapter 2 (Medication Support Services):** Added a note regarding how the required data elements on the medication specific informed consent may be documented
7. **Chapter 3 (Day Treatment Intensive/Day Rehabilitation):** Added examples of unavoidable absences.

If directly-operated or contracted providers have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

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