



# Quality Assurance Bulletin

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Program Support Bureau  
County of Los Angeles - Department of Mental Health  
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## Services & Claims to Medi-Cal During the Assessment Period\*

While the Department allows up to two months (for clients not open anywhere else in the LA County system) to complete the initial Assessment, it is anticipated that if assessment services continue for that length of time, there will be some documentation of mental health symptoms/impairments that support the continuation of the assessment process if services are to be claimed to Medi-Cal. It is important to note that if impairments that support an included mental health diagnosis are not documented by the second or, in difficult to assess clients, the third claimed service the risk of possible audit exception increases and continues increasing until impairments are documented. Two months of assessment services should not be provided and claimed to Medi-Cal without some documentation of impairments or symptomatology supporting the need for continued assessment services. Claiming to Medi-Cal must be discontinued as soon as it is established that Medical Necessity does not exist.

If services other than assessment (excluding collateral services or other agency/staff service contacts required to complete the assessment) are provided during the completion of the assessment, Best Practice suggests that some sort of a preliminary client plan be developed. When it is believed that these services will be ongoing, the Department preference is to create an initial goal/objective, interventions, and associated signatures on the CCCP. However, if it is anticipated that the service(s) duration is will be limited (1-2 contacts) then clear documentation in a Progress Note of the urgent behaviors/symptoms and the plan for services will suffice as a preliminary client plan.

If you have questions regarding the information in this QA Bulletin, please contact your Service Area QA Liaison or your MHSA Age Lead QA Liaison.

\* The information in this QA Bulletin is in immediate effect and will be included in future editions of the SD/MC Organizational Provider's Manual.

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