



Clinical Services TIPS

Treatment Interventions, Protocols, and Suggestions

Purpose: TIPS provide guidance for CBO and County Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) providers to enhance service quality and ensure compliance with Alameda County agreements and California regulations.

Documentation Time

1. Documentation Funding

- Effective July 1, 2023, documentation time is not claimable to the State.
- However, during FY 2024-25, Alameda County will continue to reimburse providers for the time it takes to document billable services, consistent with the terms of the provider contract.

2. Recording Documentation Time in SmartCare

- Time spent documenting a service should be entered in the documentation time field in SmartCare.
- Documentation time claimed should be reasonable and accurately reflect the length of time it took to write the note.
- Documentation time is only claimable when it is part of a direct service to a member, family member, significant support person, or another service provider (e.g., case management).
- Direct services include in-person, telephonic, and video interactions but exclude texting and email communication.

3. Adding Documentation Time to a Billable Service

- The time spent writing an assessment or treatment plan is considered documentation time and may be added to a billable service that occurred within a few days before or after the date of documentation.

- Additionally, time spent formulating the CANS ratings can be added to a billable service. NOTE: Filling out the CANS form or rating sheet and entering data into Objective Arts is not a billable service.
- Example of adding documentation time to a billable service:

Time spent formulating the CANS rating or writing an assessment note on a Monday can be added to a face-to-face service for individual therapy that was provided the previous Friday or the following Tuesday. This should be made clear in the Progress Note.

4. Chart Review

- Reviewing a client’s chart to refresh memory, conduct audits, prepare for clinical supervision, or facilitate case management activities are administrative tasks and are not billable to the State or the County.
- However, activities that involve review and analysis of clinical information to inform treatment decisions may be billable to the State under appropriate codes (see next section).

5. Consolidating and Synthesizing

- Distinct from administrative chart reviews, DHCS has indicated that time spent “consolidating and synthesizing” clinical information to make treatment recommendations or establish a medical diagnosis may be considered service time and is claimable using the appropriate assessment code ¹ (such as CPT code 90791 or 90885).
- This activity does not require direct contact to be billable to Medi-Cal.²

a) Consolidating and Synthesizing is not Documentation Time

- Consolidating means combining different pieces of information into a single more effective or coherent whole. Synthesizing means combining information from multiple sources to create a cohesive idea.
- Consolidating and synthesizing information help a provider connect and interpret information from multiple sources to inform their assessment or treatment plan.

¹ CALAIM Behavioral Health Payment Reform FAQ, updated 9/20/24, page 8 notes: “If consolidating and synthesizing clinical information which is a part of the member’s medical record to make recommendations for treatment or to make a medical diagnosis, then the activity would count as service time and is claimable even in the event the member is not present.”

- Consolidating and synthesizing information are not the same thing as documentation time. These activities involve gathering and reviewing information to create a cohesive story or idea and assist with case formulation.
- For example, a clinician may review the notes from the initial interview with a client, as well as the CANS results, meetings with the client’s parents and previous treatment notes to develop a clinical impression, diagnosis and effective treatment plan. This can occur without the client present and be billed to the State under the assessment code.

b) Eligible Staff:

Only clinicians may bill for consolidating and synthesizing assessment activities. Ancillary staff, such as Mental Health Rehabilitation Specialists (MHRS), Other Qualified Professional (OQP), or Peer Support Specialist can use appropriate HCPC codes for their involvement in assessment-related activities (e.g., gathering data for assessments or supporting documentation).

c) Use of Specific Terminology

When claiming for time spent consolidating and synthesizing information, to ensure clarity and claim accuracy, progress notes should explicitly use the phrase “consolidating and synthesizing”.

d) When in Doubt

When a clinician is not sure if an activity is considered “consolidating” or “synthesizing”, that time should not be billed to Medi-Cal as service time.

Resources

- [DHCS Medi-Cal Billing Manuals](#)
- [DHCS Behavioral Health Information Notice 23-068](#)
- [CALAIM Behavioral Health Payment Reform FAQ](#)
- [CalMHSA CalAIM Documentation Guides](#)
- [ACBHD FAQs](#) - Section 19 of the QA Manual webpage
- [ACBHD Supplemental Documentation Guide- 7-2](#) on the QA Manual webpage

Disclaimer: This document complements, but does not replace, provider-specific policies. Staff must comply with evolving standards, laws, and organizational requirements. Guidance may change to reflect regulatory or contractual updates.