SMHS Documentation Requirements: Part 1

Alameda County Health

Behavioral Health Department

Quality Assurance Division

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Topics

- Access Criteria
- Screening and Transition Tools
- Scope of Practice
- Informing Materials
  - Telehealth Consent
  - Minor Consent
- Quality Assurance Team and Resources

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Specialty Mental Health Services (SMHS) Access Criteria

SMHS Access Criteria- Under Age 21

Meet **either** of the following criteria, (1) or (2):

Criteria 1)

The member has a condition placing them at high risk for a mental health disorder due to the experience of trauma evidenced by any of the following:

- Scoring in the high-risk range under a trauma screening tool approved by DHCS*
- Involvement in the child welfare system
- Juvenile justice involvement
- Experiencing homelessness. **OR criteria 2**

*The ACE questionnaire and the PEARLS tool are approved by DHCS and available here

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SMHS Access Criteria- Under Age 21

Criteria 2) The member **meets both** "a" and "b":

a) The member has at least **one** of the following:	b) The member's condition is due to one of the following:
• A significant impairment. • A reasonable probability of significant deterioration in an important area of life functioning. • A reasonable probability of not progressing developmentally as appropriate. • A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal Managed Care Plan (MCP) is required to provide. **AND**	• A diagnosed mental health disorder, according to the criteria of the current editions of the DSM and the ICD. • A suspected mental health disorder that has not yet been diagnosed. • Significant trauma placing the member at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

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Knowledge Check: Access Criteria – Under Age 21

A member under the age of 21 who is experiencing homelessness but does not have a significant impairment or diagnosed mental health disorder meets access criteria.

- ❑ True
- ❑ False

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Knowledge Check- Answer

A member under the age of 21 who is experiencing homelessness but does not have a significant impairment or diagnosed mental health disorder meets access criteria.

- ✓ **True**
- ❑ False

Review

- There are a variety of conditions that allow members under age 21 to access services without specific impairments including homelessness, juvenile justice involvement, or involvement in the child welfare system.
- The majority of services provided under BHSA will be to members under age 21 and they have several avenues to qualify for services.

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SMHS Access Criteria – Age 21 and Over

Meet both of the following criteria, (1) and (2) below:

1) The member has **one or both** of the following

   a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.

   b. A reasonable probability of significant deterioration in an important area of life functioning. **AND**

2) The member's condition is due to **either** of the following:

   a. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems (ICD)

   b. A suspected mental health disorder that has not yet been diagnosed.

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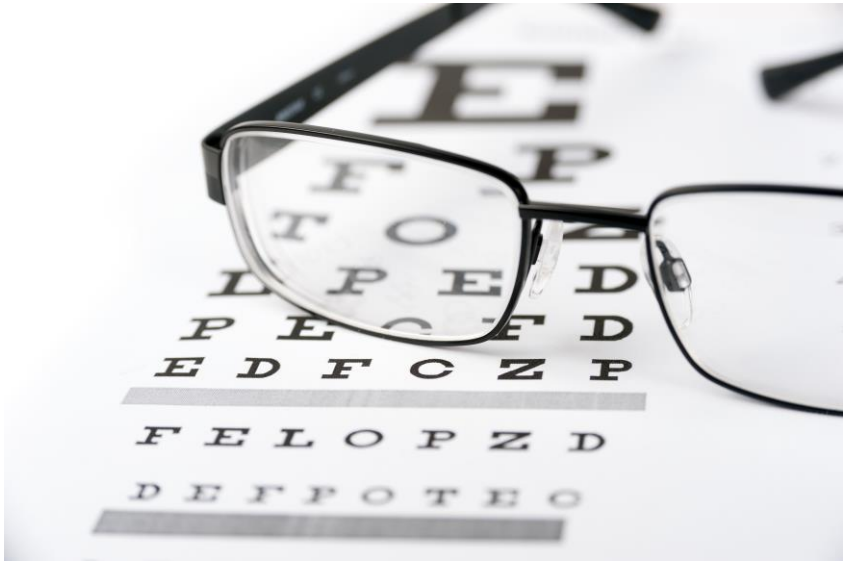
Accessing Services without a Diagnosis

- Establishing a diagnosis is a vital part of the assessment process and informs treatment planning.
- However, there are times when a diagnosis cannot be established at the onset of treatment due to a range of complexities.
- Even though a diagnosis is not a prerequisite for accessing SMHS, there must be a code assigned that describes a person's condition in order to submit a claim for service reimbursement.
- **ICD-10 Codes** refer to an extensive list of codes organized by the World Health Organization that classifies a range of diseases and conditions.
- Mental health providers have several ICD-10 coding options to select from prior to a definitive diagnosis being established.



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Accessing Services without a Diagnosis (Cont'd)

- A branch of diagnostic type codes within the ICD-10 list are called **Z Codes.**
- A subset of Z Codes, **Z55-Z65**, refers to **Social Determinants of Health** (SDOH).
- SDOH are the conditions in the environment surrounding a person that impact their quality of life. Some examples include homelessness, problems related to certain psychosocial circumstances, and parent-child conflict.
- **Z Codes 55-65 may be used by all providers, including non-licensed providers, when a diagnosis cannot be established on admission.**
- An additional option for **LMHPs** is **Z03.89**, "*Encounter for observation for other suspected diseases and conditions ruled out*."

Z Codes	Non-Licensed Providers	LMHPs
Z55 – Z65	X	X
Z03.89		X

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Screening and Transition of Care Tools

Screening Tools

- **Managed Care Plans** (e.g. Alliance): Provide Medi-Cal services for the majority of physical health care benefits and non-specialty mental health services (NSMHS) for those with mild-moderate behavioral health needs.
- **Mental Health Plans**: Provide Specialty Mental Health Services (SMHS) for those with moderate- severe behavioral health needs.
- DHCS published standardized Adult and Youth Screening Tools to identify initial indicators of a member's needs and to guide referrals to the Managed Care Plan (MCP) or Mental Health Plan (MHP).
- The **Screening tools are <u>not</u> required or intended for use** with:
  - Members who are currently receiving mental health services, or
  - Members who contact mental health providers directly to seek mental health services.
- When members contact mental health providers directly, providers should follow their existing process and, as appropriate, complete a clinical assessment of the member without the use of the Screening Tools.

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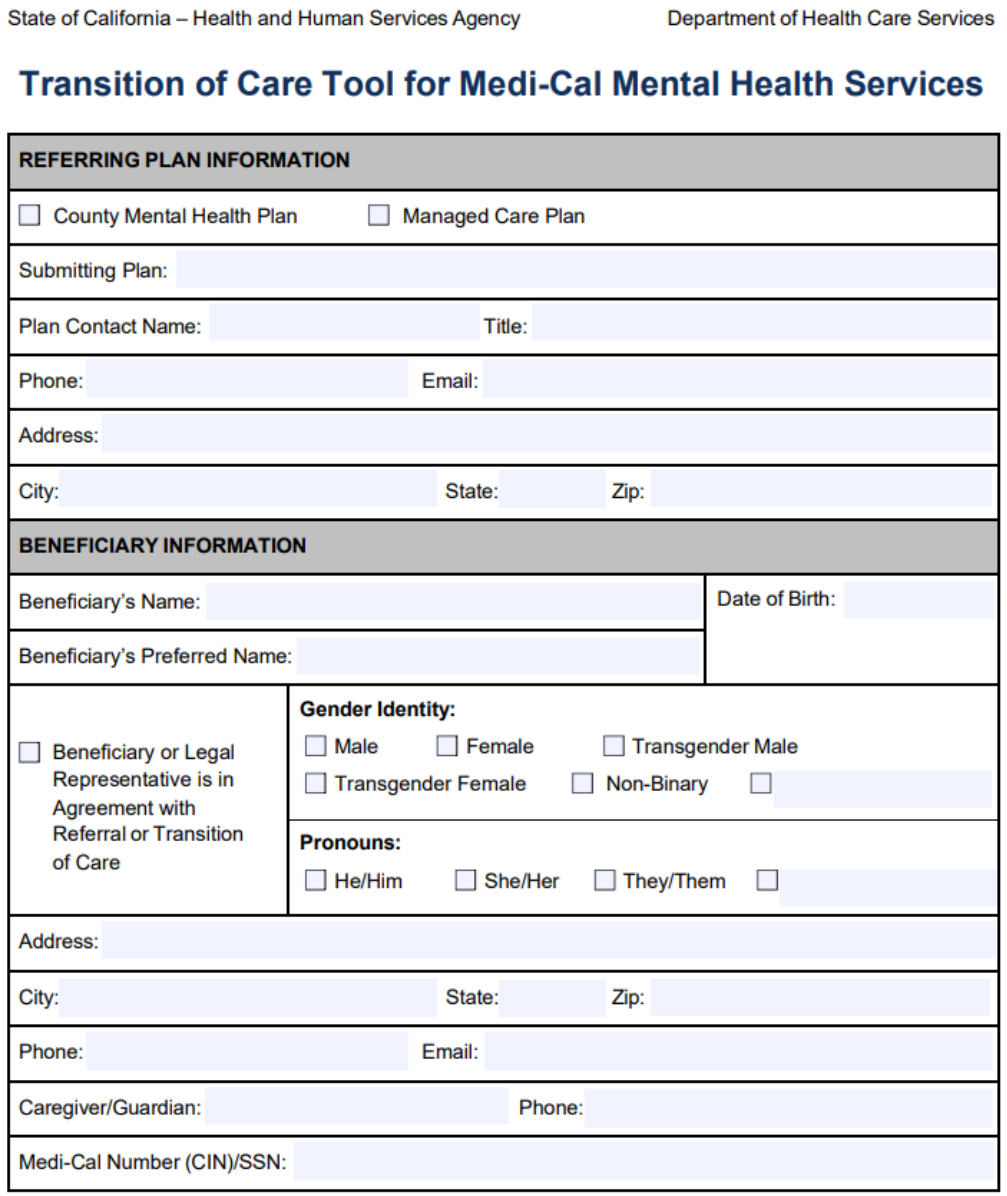
Transition of Care Tool

- The DHCS Transition of Care Tool must be used by providers when completing a **transition of services to another delivery system or adding a service from another delivery system** to their existing mental health treatment.
- For example, this tool may be used when a member is receiving case management services through SMHS and needs a medication evaluation through the Managed Care Plan.
- The Tool is not designed to determine whether an individual should transition or receive services from the other delivery system. These determinations must be made by a clinician through a patient-centered decision process.
- Once completed, the tool and any relevant supporting documentation should be sent to the plan the member is being referred to.

Transition of Care Tool for Medi-Cal Mental Health Services



State of California – Health and Human Services Agency Department of Health Care Services

Transition of Care Tool for Medi-Cal Mental Health Services

REFERRING PLAN INFORMATION

☐ County Mental Health Plan ☐ Managed Care Plan

Submitting Plan:

Plan Contact Name: Title:

Phone: Email:

Address:

City: State: Zip:

BENEFICIARY INFORMATION

Beneficiary's Name: Date of Birth:

Beneficiary's Preferred Name:

☐ Beneficiary or Legal Representative is in Agreement with Referral or Transition of Care

Gender Identity:
☐ Male ☐ Female ☐ Transgender Male
☐ Transgender Female ☐ Non-Binary ☐

Pronouns:
☐ He/Him ☐ She/Her ☐ They/Them ☐

Address:

City: State: Zip:

Phone: Email:

Caregiver/Guardian: Phone:

Medi-Cal Number (CIN)/SSN:

Scope of Practice

Non-licensed Provider Definitions and Qualifications

1) Other Qualified Provider/ Adjunct

- These include:
  - **Non-Certified Peer and Family Partners**
  - **Therapeutic Foster Care Parents**
  - **Other/Adjunct providers**
- These are individuals who are at least 18 years of age with a high school diploma or equivalent degree, or related secondary education, **plus** two years of related paid or non-paid experience (including experience as a service recipient or as a caregiver of a service recipient).

Resource: SPA-23-0026 SMHS DMC-ODS Staff Types.pdf

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Non-licensed Provider Definitions and Qualifications

2) Mental Health Rehabilitation Specialist (MHRS)

- An MHRS is an individual who has a Baccalaureate Degree and **four years** of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment.
- A substitution for the Baccalaureate Degree is an Associate degree **plus** two years of post degree clinical experience for a total of at least **six years** of experience in a mental health setting.
- Up to two years of graduate professional education may be substituted for the clinical experience requirement on a year-for-year basis.

Non-licensed Provider Definitions and Qualifications

3) Certified Peer Support Specialist (CPSS)

- These are individuals with a current State-approved *Medi-Cal Peer Support Specialist Certification Program* certification and must also meet ongoing education requirements.
- Peer Support Specialists provide services under the direction of a Behavioral Health Professional, and supervision may be provided by a Supervising Peer Support Specialist.
- A Plan of Care, documented in a Progress Note, is required for Certified Peer Support Specialists to provide services.

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Medi-Cal Services Delivered by Non-Licensed Providers

- The following services may be provided by Other Qualified Provider/Adjunct, MHRS and CPSS:
  - **MH Crisis Services**
  - **Plan Development**
  - **Individual and Group Rehabilitation Services**
  - **Targeted Case Management (TCM), Intensive Care Coordination (ICC), Intensive Home- Based Services (IHBS)**
- Non-Licensed Providers do not have the scope of practice to complete an SMHS assessment but may contribute to the assessment process by gathering information that can later be used by an LMHP to complete an assessment.
- Note: Early Intervention programs are only expected to **screen and refer** for certain specialty children's services (e.g., ICC, IHBS) and **will not be rendering** these services.

For a detailed description of each of these services, see Service Descriptions 2023 v2.pdf

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Medi-Cal Services Delivered by Non-Licensed Providers (Cont'd)

- All Medi-Cal services provided by non-licensed providers must be provided "under the direction of" a Licensed Mental Health Professional (LMHP).
- "Under the direction of" means that the individual directing service is acting as a clinical team leader, providing direct or functional supervision of service delivery.
- An individual directing a service is not required to be physically present at the service site to exercise direction.
- The licensed professional directing a service assumes ultimate responsibility for the services provided.
- LMHP or Supervising Peer Support Specialist co-signatures recommended.

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LMHP Provider Definition and Qualifications

- The title Licensed Mental Health Professional (LMHP) refers to providers who are licensed in accordance with applicable State of California licensure requirements.
- There are a variety of specific provider types considered LMHPs.
- Providers in this category include those listed on the table.

Licensed Mental Health Professionals (LMHPs)	
• Licensed Physicians • Licensed Psychologists (includes waivered status) • Licensed Clinical Social Workers (includes waivered or registered) • Licensed Professional Clinical Counselors (includes waivered or registered) • Licensed Psychiatric Technicians	• Licensed Marriage and Family Therapists (includes waivered or registered) • Registered Nurses (includes certified nurse specialists and nurse practitioners) • Licensed Vocational Nurses • Licensed Occupational Therapists

LMHP Provider Definition and Qualifications (Cont'd)

- **Waivered** Professionals:
  - (1) A psychologist candidate who is gaining the experience required for licensure or
  - (2) A psychologist candidate, SW candidate, MFT candidate or PCC candidate who was recruited for employment from outside of California, has sufficient experience to gain admission to a licensing examination, and has been granted a professional licensing waiver approved by DHCS.
- **Registered** Professionals:
  - A SW candidate, MFT candidate or PCC candidate who is registered or has submitted a registration application and is in the process of obtaining registration from the corresponding state licensing authority for the purpose of gaining the experience required for licensure.

Source: BHIN 24-023

Medi-Cal Services Delivered by LMHPs

- The following services may be provided by LMHPs:
  - **Assessment**
  - **Diagnosis**
  - **MH Crisis Services**
  - **Plan Development**
  - **Individual and Group Rehabilitation Services**
  - **Targeted Case Management (TCM)**
  - **Intensive Care Coordination (ICC)**
  - **Intensive Home- Based Services (IHBS)**
- An important distinction between LMHPs and Non-Licensed Providers is that LMHPs **have** the scope of practice to complete SMHS assessments and can render diagnoses that fall within their scope of competence.

For a detailed description of each of these services, see Service Descriptions 2023 v2.pdf

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Knowledge Check: Scope of Practice

If a non-licensed provider is under the direction of an LMHP, they are allowed to complete assessments and establish a diagnosis.

- ❑ True
- ❑ False

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Knowledge Check- Answer

If a non-licensed provider is under the direction of an LMHP, they are allowed to complete assessments and establish a diagnosis.

- ❑ True
- ✓ **False**

Review

- Non-licensed providers cannot complete assessments but can gather information to be used for the completion of an assessment.
- Mental health diagnoses cannot be established by the non-licensed provider types discussed in this training.

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Overview of Allowable Services by Provider Type

Services	Non-Licensed Providers	LMHPs
Assessment		X
Diagnosis		X
MH Crisis Services	X	X
Plan Development	X	X
Individual and Group Rehab	X	X
Targeted Case Management (TCM)	X	X
Intensive Care Coordination	X	X
Intensive Home-Based Services (IHBS)	X	X

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Informing Materials

Informing Materials & Consent to Receive Voluntary Services

- When a member is ready to receive care, they must consent to voluntary services.
- Providers must review with and offer copies of specific Informing Materials that address different aspects of consent to all Medi-Cal members receiving services funded, all or in part, by ACBHD. These include:
  - ✓ Integrated Member Handbook
  - ✓ Advance Directive Educational Material
  - ✓ Provider Directory
  - ✓ Other Consent Forms, as appropriate
  - ✓ Notice of Privacy Practices (also embedded in the Integrated Member Handbook)
  - ✓ Acknowledgement of Receipt and Consent to Services Signature Page
- These documents must be reviewed with members or their authorized representatives: 1) At intake, 2) When there is a substantial change to the content, and 3) Upon request.

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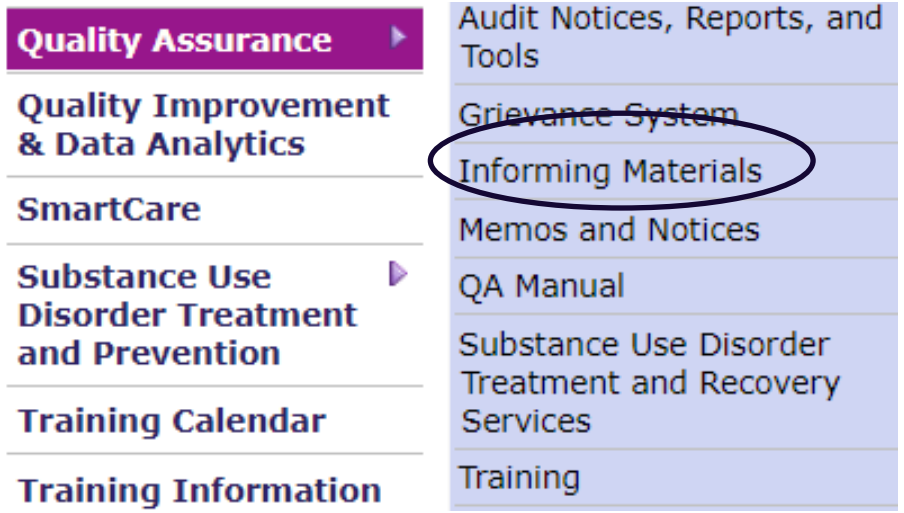
Informing Materials & Consent to Receive Voluntary Services (Cont'd)

- The Quality Assurance (QA) Informing Materials webpage contains all of these documents in a variety of threshold languages and formats which members may choose from.
- Providers are **required** to use these specific documents to complete the consent process but may supplement with additional agency-specific documents if they'd like.
- The *Acknowledgement of Receipt and Consent to Services* form is required for all members; if a member declines to sign, the provider should note that on the form and in the member's record and try to obtain a signature at a later date.



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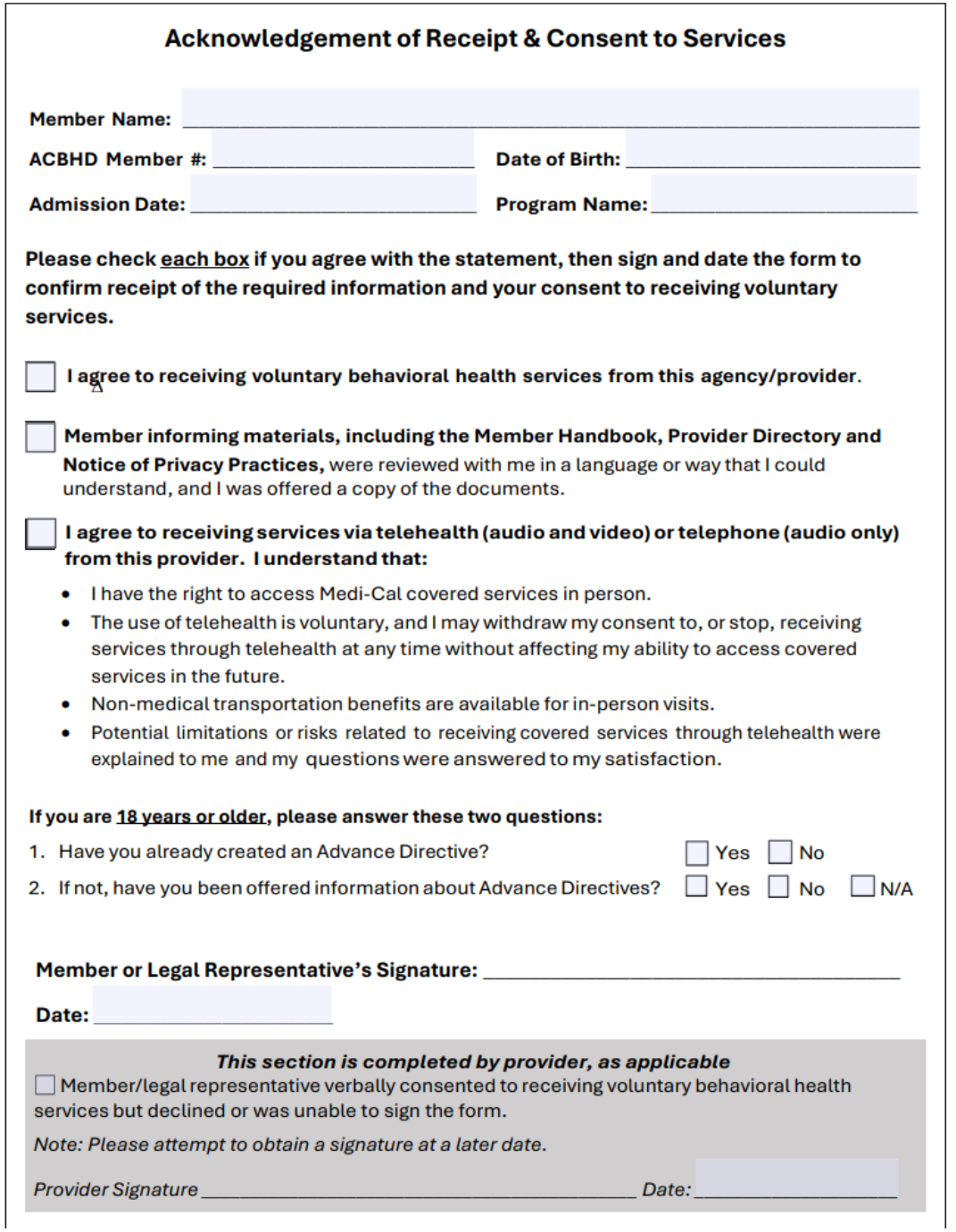
Acknowledgement of Receipt and Consent to Services

- The Acknowledgement of Receipt and Consent to Services form allows members to acknowledge the following:
  - Consent to voluntary services
  - Receipt/review of informing materials
  - Consent to telehealth services, as appropriate
- DHCS has established very specific requirements for telehealth consent, which are included in the form.
- Each box must be checked to establish consent or acknowledgement.
- The form also includes information about Advance Directives, which is another DHCS requirement.
- The completed form must be saved in the member's clinical record.



Acknowledgement of Receipt & Consent to Services

Member Name: _____

ACBHD Member #: _____ **Date of Birth:** _____

Admission Date: _____ **Program Name:** _____

Please check each box if you agree with the statement, then sign and date the form to confirm receipt of the required information and your consent to receiving voluntary services.

☐ **I agree to receiving voluntary behavioral health services from this agency/provider.**

☐ **Member informing materials, including the Member Handbook, Provider Directory and Notice of Privacy Practices,** were reviewed with me in a language or way that I could understand, and I was offered a copy of the documents.

☐ **I agree to receiving services via telehealth (audio and video) or telephone (audio only) from this provider. I understand that:**

- I have the right to access Medi-Cal covered services in person.
- The use of telehealth is voluntary, and I may withdraw my consent to, or stop, receiving services through telehealth at any time without affecting my ability to access covered services in the future.
- Non-medical transportation benefits are available for in-person visits.
- Potential limitations or risks related to receiving covered services through telehealth were explained to me and my questions were answered to my satisfaction.

If you are 18 years or older, please answer these two questions:

1. Have you already created an Advance Directive? ☐ Yes ☐ No
2. If not, have you been offered information about Advance Directives? ☐ Yes ☐ No ☐ N/A

Member or Legal Representative's Signature: _____

Date: _____

This section is completed by provider, as applicable

☐ Member/legal representative verbally consented to receiving voluntary behavioral health services but declined or was unable to sign the form.

Note: Please attempt to obtain a signature at a later date.

Provider Signature _____ *Date:* _____

Knowledge Check: Informing Materials

Providers may use their own version of Informing Materials and consent forms as long as they include the same information as ACBHD's forms.

- ❑ True
- ❑ False

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Knowledge Check- Answer

Providers may use their own version of Informing Materials and consent forms as long as they include the same information as ACBHD's forms.

- ❑ True
- ✓ **False**

Review

- Providers are **required** to use ACBHD's documents to complete the consent process but may supplement with additional agency-specific documents if they'd like.
- The completed Acknowledgement of Receipt and Consent to Services form must be saved in the member's clinical record.
- ACBHD's Informing Materials are available in a variety of threshold languages and formats which members may choose from.

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Telehealth Consent

- **State law defines telehealth as:** “The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care.”
- Telehealth refers to both audio only (e.g., phone) and audio/video (e.g., video call) types of service delivery.
- Occasional outreach calls to clients are considered telehealth services.
- Consent to telehealth services must be obtained verbally or in writing **prior** to engaging members in telehealth services and must include very specific details, noted in the *Acknowledgement of Receipt and Consent To Services* form.
- To learn more about Telehealth services and consent requirements, listen to the recorded *Telehealth Training* on the QA Training website.

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Informing Materials Visibility & Availability Requirements

In addition to the documents that must be reviewed and offered to members, there are some that must be posted in a visible area and made available to members upon request.

You will also find these on the QA Informing Materials webpage page.

A. Informing Materials that Must be Reviewed and Offered to Members

- The Informing Materials in this section must be reviewed and offered to members 1) at intake, 2) when there is a substantial change to the content and 3) upon request.
- Informing Materials consist of the following documents/information:
    1. Integrated Member Handbook
    2. Advance Directive Educational Material
    3. Provider Directory
    4. Other Consent Forms, as appropriate
    5. Notice of Privacy Practices (also embedded in Integrated Member Handbook)
    6. Acknowledgement of Receipt & Consent to Services

B. Documents that must be visible and accessible in the provider's lobby or office

The following documents must be visible in the provider's lobby or office and accessible without the member having to ask for them.

1. **Posters**
    a. **Grievance and Appeal** Poster
        - The poster includes information in all threshold languages.
        - It instructs members to obtain the Grievance and Appeal Request form and ACBHD-addressed envelopes from their provider.

    b. **Language Assistance** Poster
        - This poster notifies members of their right to be provided with information in their language of choice.

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Minor Consent

- Minors who are **12 years and older** can self-consent to **outpatient** mental health services **if the provider determines they are mature enough** to participate intelligently in services.
- **Exceptions:** Parental or guardian consent is always required for inpatient/residential, psychotropic medication, convulsive therapy, narcotic replacement therapy in a narcotic treatment program and other invasive and potentially risky treatment (e.g., psychosurgery).
- Laws require that treatment services involve the parent or guardian unless, after consulting with the minor, the treating provider determines that their involvement would be inappropriate.
- When minors consent to mental health services under the above statutes, they must sign all treatment documents and Release of Information (ROI) forms.

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Minor Consent: Provider Responsibilities

- **Determining Minor Consent Eligibility:**
  - Providers must use their professional judgement and expertise to determine whether the minor, **12 years or older**, is **mature enough to consent and participate intelligently in treatment**. This information must be documented in the clinical record.
- **Caregiver Involvement:**
  - When a minor can consent to their own treatment, providers must consult with the minor about involving their caregiver in treatment.
  - If it is determined not to involve the caregiver, providers must document the reason why in their professional opinion it would be inappropriate to contact the minor's parent or guardian." (BHIN 24-046)
- **Release of Information (ROI) Requirements:**
  - Minors that can consent to treatment own their clinical records.
  - Even if caregivers are involved in the minor's treatment, they do not have access to the minor's records, without a signed ROI from the minor.

Resource: TIPS.docx

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Quality Assurance (QA) Support and Resources

Your Partners in QA

- The QA Office of the Alameda County Behavioral Health Department (ACBHD) oversees the quality of services delivered to our members.
- Our primary responsibility is to ensure that state and federal laws and regulations, and ACBHD policies are followed by behavioral health service providers.
- We offer training and resources to support providers and facilitate audits to ensure compliance with requirements.

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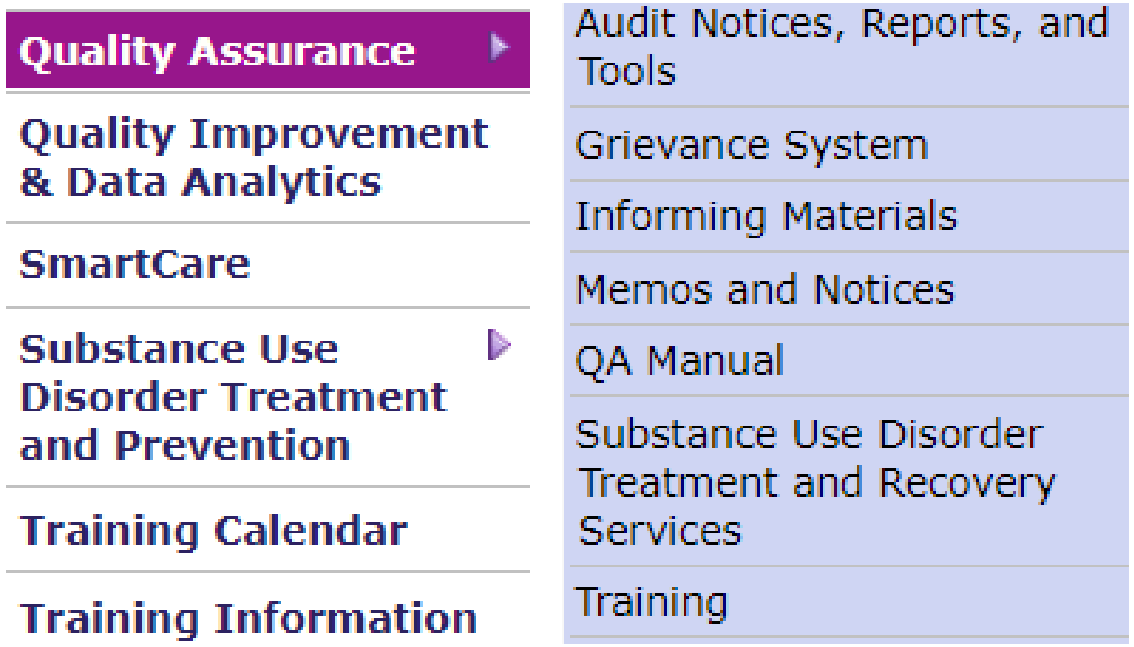
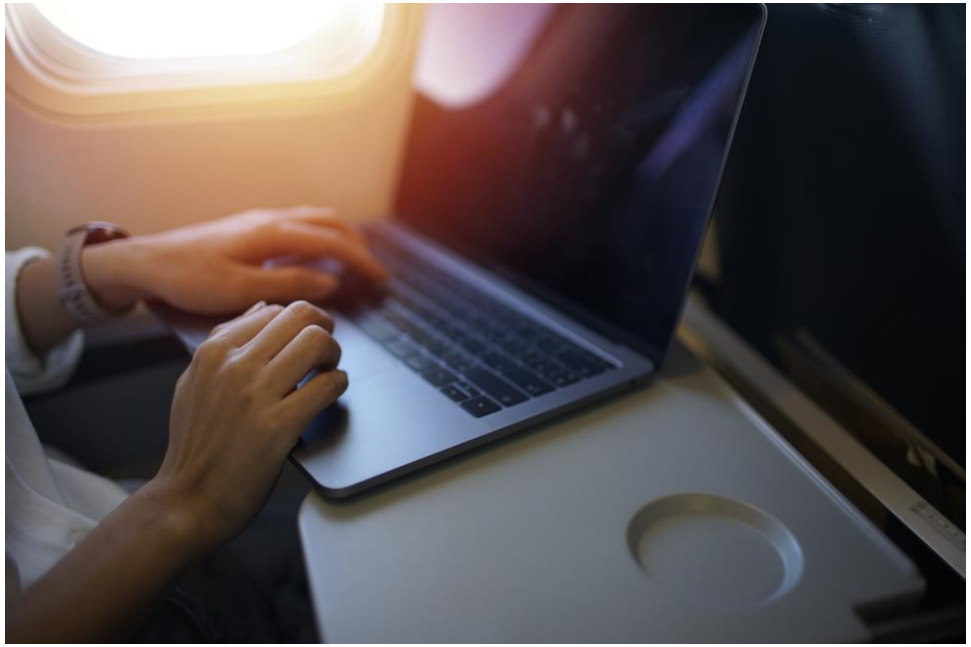
QA Website Tour

Our Quality Assurance page houses a variety of useful resources. It can be found using the left-aligned menu on the main page.

Let's take a tour…





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Resources

- ACBHD Provider Website
- Quality Assurance Webpage
- Informing Materials webpage
- SPA-23-0026 SMHS DMC-ODS Staff Types.pdf
- Scope of Practice Grid
- BHIN 24-023
- BHIN 24-046
- QA Manual Section 20: TIPS Sheets
- QA Training Page

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Questions?

- We are here to help!
- Please email questions to QATA@acgov.org
- Please attend the next training sessions in this series:
  - **March 19, 2026, 11am-12pm, Part 1 Q&A**
  - **March 24, 2026, 11am-12pm, Part 2**
  - **April 2, 2026, 11am-12pm, Part 2 Q&A**

Thank you for attending.

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