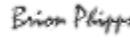


- MEMORANDUM -

DATE: July 6, 2023

TO: All Alameda County Behavioral Health Care Services (ACBH) Specialty Mental Health Services (SMHS) Providers

FROM: Karen Capece, LCSW Interim Deputy Director, Plan Administrator 
Cecilia Serrano, Finance Director 
Torfeh Rejali, LMFT, Quality Assurance Division Director 
Brion Phipps, Quality Assurance Associate Administrator 

SUBJECT: Scope of Practice for Mental Health Graduate Students Effective 7/1/23 and Update Regarding Collateral Services

This memo is to provide information about ACBH's plan to support pre-licensed, non-registered students in mental health graduate programs who provide Specialty Mental Health Services (SMHS) and to provide clarification regarding billing for Collateral services.

Background

With the roll out of CalAIM Payment Reform, Medi-Cal guidance, as described in the DHCS SMHS Billing Manual ([v 1.4](#)), indicates that students should use taxonomy codes based on their education, training, and experience within the Mental Health Rehabilitation Specialist (MHRS), Other Qualified Provider, and peer specialist disciplines. These changes prevent ACBH from claiming for psychotherapy services (individual/group) provided by students.

Additionally, with the transition to CPT codes effective 7/1/23, there is no longer a distinct procedure code for Collateral, creating confusion regarding how to bill for these services.

Scope of Practice for Mental Health Graduate Students

Restricting pre-licensed, non-registered students to MHRS, Other Qualified Provider and Peer Specialist taxonomy codes will prohibit paraprofessional staff from claiming for critical therapy services and can have significant impacts on consumer access to care, the behavioral healthcare workforce, and CBO financial solvency. ACBH has communicated these concerns to Department of Health Care Services (DHCS), California Mental Health Services Authority (CalMHSA) and County Behavioral Health Directors Association (CBHDA) and expects further guidance from DHCS sometime soon.

In the meantime, to minimize the impact of this new requirement on providers and beneficiaries, ACBH will continue to reimburse contractors for individual and group psychotherapy services provided by students for the first quarter of Fiscal Year 2023-24 (July 1, 2023 – September 30, 2023). After the first quarter, based on DHCS guidance, ACBH will provide further updates.

ACBH is working on creating individual and group psychotherapy procedure codes that students can utilize. Once created, the codes will be added to SmartCare and providers will be notified. Until the



procedure codes are available, providers should track individual and group psychotherapy services provided by students on and after 7/1/23 and enter the codes into SmartCare once the system becomes available.

The following are options for how to document therapy services provided by students until codes are identified and SmartCare is launched:

Providers Using Legacy Clinician's Gateway

When using Legacy CG, students will have access to the same service codes that were permitted for their scope of practice prior to 7/1/23. Students can select the appropriate service codes for Individual and Group Therapy and save their notes as Draft. When recreating the note in the CG-SmartCare platform, change the procedure code to the appropriate student code identified by ACBH.

Providers Using their Agency Electronic Health Record (EHR)

If using the agency's EHR, providers can determine the best workaround for their systems. If notes cannot be edited once saved, the notes should be saved as Draft and updated with the correct Procedure Codes when the codes are created by ACBH.

Guidance on Claiming Collateral Services

With the implementation of CPT codes, there is no longer a distinct code for Collateral Services. However, providers can still bill for these services.

Collateral services can be a component of many types of services, including but not limited to, Assessment, Rehabilitation, Plan Development, Peer Support, Targeted Case Management, Crisis, or Therapeutic Foster Care. Providers should select the service code that most closely fits the service provided and make clear in a Progress Note that the service was provided to a collateral contact.

Note that some procedure code descriptions clearly describe the service as occurring with the client present. Those procedure codes should not be selected for collateral sessions.

This guidance is consistent with the training that is published on the CalMHSA [Learning Management System](#), titled *CPT Coding for Direct Service Providers*.

Action Required

Please notify your staff of these changes, as appropriate.

For questions, please contact QATA@acgov.org.

