

Documentation and Scope of Practice

Staffing Qualifications for Service Delivery and Documentation

Staff Qualifications are dictated in general by the following standards and scope of practice as defined by California Code of Regulations, Title 9 and the **COUNTY**.

LPHA¹: A “Licensed Practitioner of the Healing Arts” possesses a valid California clinical licensure in one of the following professional categories:

1. Physician²
2. Licensed Clinical Psychologist³
3. Licensed Clinical Social Worker⁴
4. Licensed Marriage and Family Therapist⁵
5. Registered Nurse⁶

Approved Activities:

- Can function as a “Head of Service” on agency application
- Can authorize services as directed by the **COUNTY**
- Can conduct comprehensive assessments and provide a diagnosis without co-signature (except for RN staff, as providing a mental health diagnosis is out of their scope of practice unless extended through a standardized procedure).
- Can co-sign the work of other staff members within their scope of practice
- Can claim for all services categories within their scope of practice (example, a psychiatrist and registered nurse can claim for Medication Support Services, however, psychologist, LCSWs and MFTs cannot)

LPHA Licensed Waivered/Registered Professional⁷: A “licensed waivered staff” member includes the following:

Registered Psychologists/Psychological Assistants⁸

Psychologist interns are individuals registered with the Board of Psychology as a “Registered Psychologists” or “Registered Psychological Assistants” that possess an earned doctorate degree in psychology or educational psychology or in education with the field of specialization in counseling psychology or educational psychology in order to obtain supervised post-doctoral clinical hours towards licensure as a psychologist. The waiver for Registered Psychologists/Psychological Assistants is issued by DMH and is granted up to 5 years from the initial date of registration with the Department⁹.

¹ CCR, Title 9, Chapter 11, Section 1830.215 and Section J (4e) Non-Hospital Chart Review-EPSTDT Reviews FY 06-07

² Welfare & Institution Code 5600(a), Business and Professional Code 2051-2052, CCR, Title 9, Chapter 11, Section 623 and CCR, Title 9, Chapter 3.5 Section 782.39

³ Welfare & Institution Code 5600(a), Business and Professional Code 2902, CCR, Title 9, Chapter 11, Section 624 and CCR, Title 9, Chapter 3.5 Section 782.4

⁴ Welfare & Institution Code 5600(a), Business and Professional Code 4996, CCR, Title 9, Chapter 11, Section 625 and CCR, Title 9, Chapter 3.5 Section 782.48

⁵ Welfare & Institution Code 5600(a), Business and Professional Code 4980, CCR, Title 9, Chapter 11, Section 626 and CCR, Title 9, Chapter 3.5 Section 782.32

⁶ Welfare & Institution Code 5600(a), Business and Professional Code 2725, CCR, Title 9, Chapter 11, Section 627 and CCR, Title 9, Chapter 3.5 Section 782.44

⁷ CCR, Title 9, Chapter 11, Section 1810.254

⁸ Welfare & Institution Code 5600(a), Business and Professional Code 2914 and CCR, Title 9, Chapter 11, Section 1810.254

⁹ Welfare and Institution Code 5751.2, DMH Letter 10-03 and DMH Mental Health Professional Licensing Waiver Request

The waiver allows the Registered Psychologist/ Psychological Assistant (including those who have completed 48 semester/trimester or 72 quarter units of graduate coursework, not including thesis, internship or dissertation) to function as an LPHA while acquiring experience towards clinical licensure.

Registered Marriage Family Therapist Interns/Associate Social Workers

Registered Marriage and Family Therapist Interns (MFT-Interns) and Associate Social Workers (ASW) are individuals registered with the Board of Behavioral Sciences in order to obtain supervised clinical hours and acquiring clinical experience towards licensure as a Marriage Family Therapist and Licensed Clinical Social Worker, respectively. A waiver for Registered Marriage Family Therapist-Interns and Associate Social Workers is not required by DMH, nor by the **COUNTY** (except when licensed in another state, then a waiver is required by DMH).¹⁰

NOTE

- Registered Psychologist/Psychological Assistants are waived by DMH, **as per DMH Letter 10-03**. Submit the required form and information to the **COUNTY** Quality Improvement Coordinator.
Submit a copy of:
 - a) a diploma, or
 - b) transcripts showing at least 48 semester/trimester or 72 quarter units of graduate coursework completed, not including thesis, internship or dissertation; and
 - c) a resume

- Psychologists/ Social Workers / Marriage Family Therapists who are licensed in another state, must be waived by DMH **as per DMH Letter 10-03**. Submit the required form and information to the **COUNTY** Quality Improvement Coordinator.
Submit a copy of:
 - a) a letter from the appropriate licensing board which states that the applicant has sufficient experience to gain admission to the licensing examination.
 - b) a copy of applicant's registration with their respective California licensing board.

- No Waivered psychologist, Social Worker or Marriage and Family Therapist may claim for services until they receive waiver recognition from the State Department of Health Services.

- DMH waivers are non-transferable from one California County to another.

¹⁰ Welfare and Institution Code 5751.2, DMH Letter 10-03

Approved Activities

Registered Psychologist/Psychological Assistants, Registered Marriage Family Therapist Interns/Associate Social Workers may perform the following activities under the supervision of a licensed professional within their scope of practice:

- Can function as a LPHA staff for the time dictated by the **COUNTY** and DMH.
- Cannot function as the Head of Service unless they meet qualifications dictated by the California Code of Regulations.¹¹
- Can authorize services as directed by the **COUNTY**
- Can conduct comprehensive assessments and provide a diagnosis without co-signature while under waiver.
- Can co-sign the work of other staff members within their scope of practice (other than graduate students performing therapy)
- Can claim for all Mental Health Services and Targeted Case Management within their scope of practice.
- Cannot hold themselves out as independent practitioners and claim as an Enrolled Network Provider¹²

Graduate Student: A “Graduate Student” is an individual participating in a field intern/graduate student placement while enrolled in an accredited Masters in Social Work (MSW) or Masters of Art (MA)/Masters of Science (MS) or clinical/educational psychology doctorate degree program that will prepare the student for licensure within his/her professional field.¹³ There is no minimum experience required for graduate students.

CONTRACTORS using graduate students must submit to Sonoma County Mental Health the following information each fiscal year:

1. Name of graduate student.
2. Name of school the graduate student is enrolled in and the year of the program (i.e., first-year or second-year).
3. The degree the graduate student is seeking.
4. Name of the graduate student’s supervisor and license.

Approved Activities

Graduate Students may perform the following activities under the supervision of a licensed or waived professional within their scope of practice:

- Can conduct comprehensive assessments and client plans, but require a co-signature by a licensed LPHA.¹⁴
- Can write progress notes but require a co-signature by a licensed LPHA.
- Can claim for individual and group therapy but require oversight and co-signature of a licensed LPHA staff member.
- Can claim for any service within the scope of practice of the discipline of his/her graduate program.

¹¹ CCR, Title 9, Chapter 3, Section 620(f) and Section 622

¹² Business and Professions Code Section 4996.14 and 4996.18(d)

¹³ CCR, Title 9 Section 550

¹⁴ Business and Professions Code Section 4996.9 , Section 4996.15 , Section 4996.18(e) and CCR, Title 9 Section 550

Note: Waivered/Registered Professional staff cannot co-sign for a graduate student's therapy work.¹⁵ Therapy work must be co-signed by a licensed professional within their scope of practice.

MHRS¹⁶: A “Mental Health Rehabilitation Specialist” is an individual who meets one of the following requirements:

A mental health rehabilitation specialist shall be 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. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.

Illustrated as follows:

1. Master's Degree and two years of full-time/equivalent (FTE) experience in a mental health setting.

OR

2. Bachelor's Degree and 4 years FTE experience in a mental health setting as a specialist in the fields of: Physical Restoration, Psychology, Social Adjustment, Vocational Adjustment

OR

3. Associate Arts Degree and six years of FTE experience in a mental health setting. At least two of the six years must be post AA degree experience in a mental health setting.

Approved Activities

MHRS staff may perform the following activities:

- Can function as a “Head of Service” on agency application
- Can conduct comprehensive assessments and complete Client Plans that lead to diagnoses provided by an LPHA with co-signature¹⁷
- Can co-sign the work of other staff members as allowed by the **COUNTY** within their scope.
- Can claim for all Mental Health Services (except Therapy) and Targeted Case Management within their scope of practice

Adjunct Mental Health Staff and Other staff not meeting above categories¹⁸: The **COUNTY** has the prerogative and program flexibility to integrate and define other staff (who can provide direct or supportive specialty mental health services) as determined by the **COUNTY** administration and approved by DMH.¹⁹ It should be noted that it is not a requirement that staff are paid for services provided and claimed to Medi-Cal (i.e., staff may include unpaid graduate students/graduate students/interns, volunteers or advocates) as long these unpaid persons meet Medi-Cal rules and regulations regarding claiming and scope of practice.

Approved Activities

¹⁵ Business and Professions Code Section 4996.9 & 4996.18(e) and CCR, Title 9 Section 550

¹⁶ CCR, Title 9, Chapter 3, Section 630 and CCR, Title 9, Chapter 3.5, Section 782.35

¹⁷ Section J (4e) Non-Hospital Chart Review-EPSTD Reviews in FY 06-07

¹⁸ Silent, other than CCR, Title 9, Chapter 3.5, Section 532.6

¹⁹ CCR, Title 9, Chapter 11, Section 1810.110

Adjunct Mental Health staff and Other staff not meeting the above category qualifications may provide services, with evidence of on-going supervision, within the scope of the staff member's ability, as directed by the **COUNTY**.

Note: Mental Health Services, Day Rehabilitation Services, Day Treatment Intensive Services, Crisis Intervention Services, Targeted Case Management, and Adult Residential Treatment Services may be provided by any person determined by the **COUNTY** to be qualified to provide the service, consistent with state law.²⁰

QUALITY ASSURANCE

All Medi-Cal **CONTRACTORS** are to conduct internal Medi-Cal compliance reviews. When conducting internal Medi-Cal reviews **CONTRACTOR** will:

- audit for compliance with requirements outlined in this Exhibit D
- use an audit tool designed by the **CONTRACTOR**
- audit on a schedule of review determined by the **CONTRACTOR**
- **COUNTY** Quality Assurance staff will review the **CONTRACTOR** Medi-Cal compliance review process, tools and results when conducting **COUNTY** Medi-Cal compliance or other reviews.

ASSESSMENTS

For those **CONTRACTORS** who have assessment code (331) written into Exhibit B, assessment information must meet all Medi-Cal required elements.

- Assessment information must be completed either before the third face-to-face encounter with the individual, or 30 days, whichever comes first.
- Assessment information must be legibly signed and dated when completed.

For those **CONTRACTORS** whose contracts do not include assessment code (331) in Exhibit B, a copy of a completed Mental Health Division program Initial Client Assessment and the most recent CANS/ANSA Re-Assessment in the client record will suffice.

The following assessment information must be included as a part of a comprehensive client record.

- Relevant physical health conditions reported by the client and/or family member.
- Problems and conditions affecting the client's physical health and mental health status, for example: living situation, daily activities and social support.
- Documentation will describe client strengths in achieving identified client plan goals.
- Special status situations that present a risk to client or others.
- Documentation will include medications that have been prescribed by mental health plan physicians, dosages of each medication, dates of initial prescriptions and refills, and informed consent for medications.
- Client/family member report of allergies and adverse reactions to medications, or lack of known allergies/sensitivities will be clearly documented.
- A mental health history will be documented, including: previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information and relevant results of relevant lab tests and consultation reports.
- For children and adolescents, prenatal and perinatal events and complete developmental history.

²⁰ CCR, Title 9, Chapter 11, Section 1840.344

- Past and present use of tobacco, alcohol, caffeine, as well as illicit, prescribed and over-the-counter drugs.
- A mental status examination.
- A five-axis diagnosis from the most current DSM.
- For **CONTRACTORS** that are approved to authorize their own services and accept independent referrals, assessments must be conducted using the **COUNTY** approved Initial Assessment that includes information from the Child and Adolescent Needs and Strengths (CANS) or Adult Needs and Strengths Assessment (ANSA) tools. These **CONTRACTORS** must conduct a CANS or ANSA Reassessment every 6 months using the **COUNTY** approved Reassessment and must be signed by a licensed manager/supervisor.

CLIENT PLANS

Requirements for Client Plans:

- A full, signed client plan will be due within thirty days of opening to the program providing service.
- **CONTRACTORS** who are required to administer the CANS or ANSA will complete the **COUNTY** approved Client Plan every six months. When client planning, **CONTRACTORS** must use the updated CANS or ANSA assessment and address the identified moderate/severe actionable items (“2”s and “3”s on the CANS/ANSA). These **CONTRACTORS** must have a licensed manager/supervisor sign the client plans.
- **CONTRACTORS** who receive Client Plans from the **COUNTY** must address the specific areas delegated to the **CONTRACTOR** described in the **COUNTY** Client Plans. **CONTRACTOR** must update their client plan every 6 months based on the new **COUNTY** client plan (within 30 days of receipt of the **COUNTY** client plan). **CONTRACTOR** must complete a new Client Plan at least annually (or more frequently as determined by the **COUNTY**), addressing the specific areas delegated to the **CONTRACTOR** described in the **COUNTY** Client Plans.

Client Plans will:

- Have specific observable and/or quantifiable goals.
- Identify the proposed type(s) of interventions.
- Have a proposed duration of intervention(s), which will include date range not to exceed one year (6 months for **CONTRACTORS** who are approved to authorize their own services and accept independent referrals).
- Be signed by:
 - The person providing the service, or
 - A person representing the team or program providing the service.
 - Or, when the plan is used to establish that services are provided under the direction of an approved category of staff, and if the staff are not of the approved category, then one licensed or board-registered/waivered person in any of these categories must sign the plan:
 - Physician
 - Licensed/Waivered/Registered Psychologist
 - Licensed/Waivered/Registered Social Worker
 - Licensed/Waivered/Registered Marriage and Family Therapist
 - Registered Nurse
- In Addition:
 - Client Plans will be consistent with the diagnoses.
 - The focus of intervention will be consistent with the Client Plan goals.

- There must be documentation of the client’s participation in and agreement with the plan.
- Examples include: reference to client’s participation in the body of the plan, client signature on the plan, or a description of the client’s participation and agreement in the progress notes. Client Plan will indicate where this can be found.
- The client’s signature will be used as the means by which the **CONTRACTOR** documents the participation of the client.
- If the client refuses or is unavailable to sign the plan, there must be a written explanation on the Client Plan as to the reason for refusal or unavailability.

PROGRESS NOTES

Requirements for Progress Notes

The four essential elements in a progress note must include:

1. Purpose of the contact or activity.
2. Intervention provided or action taken at the time.
3. Response of the individual client; or collateral/family/agency; or result of the intervention; or any clinical decisions made.
4. Plan for the client, writer or other.

Each progress note must also contain the following elements:

- The dates of service.
- Time, as appropriate.
- Location of service, as appropriate.
- Signature.
- The signature (or electronic equivalent) should include a first name, last name, and professional degree, license or title and must be legible.
- Notes should show that the interventions are consistent with the individual’s client plan goals.

Entries made after the date the service was provided must be identified as a “Late entry” and need to include both the date the note was written, as well as the date of service.

Timelines/Frequency of Progress Notes²¹

Progress notes shall be documented at the frequency by type of service as indicated below:

1. Every Service Contact
 - a. Mental Health Services
 - b. Medical Support Services
 - c. Crisis Intervention
2. Daily
 - a. Crisis Residential
 - b. Crisis Stabilization (1/x/23 hours)
 - c. Day Treatment Intensive
3. Weekly
 - a. Day Treatment Intensive: a clinical summary reviewed and signed by a physician, a licensed/waivered/registered psychologist, clinical social worker, or marriage and family therapist; or a registered nurse who is either staff to the day treatment intensive program or the person directing the service.
 - b. Day (Treatment) Rehabilitation

²¹ COUNTY Contract with DMH, Exhibit A, Attachment 1, Appendix C, Pg 39, item 2

- c. Adult Residential
- 4. Other
 - a. Psychiatric Health Facility services: notes on each shift
 - b. Targeted Case Management: every service contact
 - c. As determined by the **COUNTY** for other services

DISCHARGE/CLOSING SUMMARIES

At a minimum, the client record shall document:

- follow-up care (can be outlined in a discharge summary)
- referrals to community resources and other agencies, when appropriate
- **CONTRACTORS** who are required to administer the CANS or ANSA must use the **COUNTY** approved Closing Summary (that includes a CANS or ANSA) upon **all** client discharges. The CANS or ANSA section of the closing summary is not required upon discharge when:
 - a) the client leaves services prior to an initial CANS or ANSA being completed
 - b) the client discharges within 90 days or less of being opened to a program
- Discharge/Closing Summaries are not claimable to Medi-Cal.

OTHER DOCUMENTATION REQUIREMENTS

Informing Materials

The following information must be documented as being offered to the Medi-Cal beneficiary upon entering services and upon request:

1. Consumer Rights and Grievance Process Brochure (in English or Spanish)
2. Sonoma County Mental Health Provider Directory for Specialty Mental Health Services
3. Advanced Directive Notices (such as the “Your Right to Make Decisions about Medical Treatment”). For Adults only. (In English or Spanish)
4. Acknowledgement of Receipt of HIPAA Notice of Privacy Practices (In English or Spanish)
5. “Guide to Medi-Cal Mental Health Services” (in English, Spanish and Large Print) (The website allows computers with screen reader or text-to-speech software to read the materials to sight-impaired people).

The above information also must be available in easily accessible locations at all provider sites, so that the beneficiary does not have to ask anyone to get them.

In addition, the following also must be available:

- Grievance and Appeal Forms
- Self-addressed envelopes

Forms are on the County website: <http://www.sonoma-county.org/health/mh/informing.htm>

ADMINISTRATIVE FORMS: The following forms must be submitted to **COUNTY** Accounting:

For ALL CONTRACTORS:

1. Episode Opening/Closing form
2. Daily Service Logs or equivalent that has been agreed upon with **COUNTY**

In addition, for **CONTRACTORS** who are approved to authorize their own services and accept independent referrals must submit the following forms to **COUNTY** Accounting:

1. Registration Form

2. Payer Financial Information form:
3. Client and Services Information (CSI) form: yearly

REQUIRED POSTERS FOR YOUR LOBBY: The following information must be posted in a prominent place at all provider sites:

- Consumer Rights poster (in English and Spanish)
- Physician Medical Board License poster (in English and Spanish)
- Limited English Proficiency poster (in English and Spanish)
- Your agency's Notice of Privacy Practices
- Mental Health Patients Rights poster (for Residential Treatment and other 24 hour treatment facilities- in English and Spanish)

