STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY PETE WILSON, GOVERNOR

DEPARTMENT OF MENTAL HEALTH
1600 - 9TH STREET
SACRAMENTO, CA 95814
(916) 654-3551

October 8, 1997

DMH INFORMATION NOTICE NO.: 97-15

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: FEE-FOR-SERVICE MEDI-CAL PROVIDERS

EXPIRES: Retain Until Rescinded

The Phase II Consolidation of the Fee-for-Service Medi-Cal (FFS/MC) providers into county mental health programs requires assigning new provider numbers for each county. For individual or group providers, there are six new provider types. The enclosed draft regulations provide definitions of individual and group providers. The provider types are Psychiatrist, Psychologist, Licensed Clinical Social Worker (LCSW), Marriage, Family and Child Counselor (MFCC), Registered Nurse (RN), and Mixed Specialty Group Practice. Your county may request numbers for one or all of the new provider types. A Provider File Update (PFU) form must be completed for each of the provider types. It must also indicate the modes of service and service functions to be used by that provider type.

The PFU and the Legal Entity File Update forms have been revised. The data element Facility Type on the PFU form has been renamed Provider Type. Six new provider types have been added to the PFU form for the FFS/MC providers. The new types are:

22 - Psychiatrist	24 - LCSW	26 - RN
23 - Psychologist	25 - MFCC	27 - Mixed Specialty Group Practice

The provider name is to be "Fee-for-Service" along with the provider type. The address is to be the county's administration address, and the legal entity number is to be the county's legal entity number. Enclosed are the revised forms with instructions for completing the forms.

If you have any questions about completing these forms, please contact Sandy Thurber at (916) 327-9285 or Sara Gilb at (916) 327-9318. If you have any questions about the consolidation of FFS/MC providers into the county mental health program, please contact John Lessley at (916) 654-5691.

Sincerely,

Carol Hood for

GARY M. PETTIGREW
Deputy Director
Systems of Care

Enclosures

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training

RECEIVED

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COUNTY FINANCIAL PROGRAM SUPPORT

1810.218.2. Group Provider.

"Group Provider" means an organization that provides specialty mental health services through two or more individual providers. Group providers include entities such as independent practice associations, hospital outpatient departments, health care service plans, and clinics.

NOTE: Authority: Section 14680, Welfare and Institutions Code.
Reference: Sections 5777 and 14684, Welfare and Institutions Code.

1810.222. Individual Provider.

"Individual Provider" means licensed mental health professionals whose scope of practice permits the practice of psychotherapy without supervision who provide specialty mental health services directly to beneficiaries. Individual provider includes licensed physicians, licensed psychologists, licensed clinical social workers, licensed marriage, family and child counselors, and registered nurses certified in psychiatric nursing by the Board of Registered Nursing. Individual provider does not include licensed mental health professionals when they are acting as employees of any organizational provider or contractors of organizational providers other than the MHP.

NOTE: Authority: Section 14680, Welfare and Institutions Code.
Reference: Sections 5777 and 14684, Welfare and Institutions Code.

1810.231. Organizational Provider.

"Organizational provider" means a provider of specialty mental health services other than psychiatric inpatient hospital services or psychiatric nursing facility services that provides the services to beneficiaries through employed or contracting licensed mental health or waivered/registered professionals and other staff. The MHP is an organizational provider when specialty mental health services are provided to beneficiaries by employees of the MHP.

NOTE: Authority: Section 14680, Welfare and Institutions Code.
Reference: Sections 5777 and 14684, Welfare and Institutions Code.

PROVIDER FILE INSTRUCTIONS

Requesting a State Department of Mental Health (DMH) Provider Number:

Provider Numbers are **ONLY** assigned by Statistics and Data Analysis (SDA). The county requests a Provider Number by contacting SDA.

Adding a Mode of Service or Service Function to the DMH Provider File:

To add Modes of Service and/or Service Functions to an existing provider, the county telephones or submits, by FAX or mail, the request on the Provider File Update Form (PFU), MH 3829.

Making Provider Name or Address Changes in the DMH Provider File:

To make name or address changes to a county owned or operated provider that is Short-Doyle/Medi-Cal **(SD/MC) certified**, the county must contact **Medi-Cal Oversight**. Statistics and Data Analysis will make all name and address changes to the DMH Provider File for SD/MC certified providers after receiving notification from Medi-Cal Oversight.

All other provider name and address changes are made by contacting SDA by telephone or by submitting by FAX or mail the request on the Provider File Update Form (PFU).

General Information about SD/MC Providers

The State Department of Health Services (DHS) uses the **DHS Provider File** when editing SD/MC claims for valid providers. Medi-Cal Oversight submits updates for the DHS provider file to DHS.

Once a month, DMH sends a diskette with the SD/MC provider information to Electronic Data Systems (EDS). Upon receipt of this information, EDS will give **Organizational** providers a Provider Identification Number (PIN) for accessing beneficiary eligibility information through the Automated Eligibility Verification System (AEVS) or a Point of Service (POS) device.

How to Contact Statistics and Data Analysis:

Telephone Number: (916) 327-9285 FAX Number: (916) 327-9337

Mailing Address: Department of Mental Health
Statistics and Data Analysis
1600 Ninth Street
Sacramento, California 95814

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STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF MENTAL HEALTH

PROVIDER FILE UPDATE

MH 3829 (8/97)

COUNTY SUBMITTING FORM: _____

TYPE OF TRANSACTION *(Check one)*: ☐ Add ☐ Change ☐ Inactive

FISCAL YEARS: ☐☐ ☐☐ ☐☐

Is this Provider a satellite clinic? *(Check one)*: ☐ Yes ☐ No

COUNTY CODE: ☐☐

LEGAL ENTITY NUMBER: ☐☐☐☐☐ (If a Legal Entity number has not been assigned, complete Legal Entity File Update form.)

PROVIDER NUMBER: ☐☐☐☐

PROVIDER NAME: _____

PROVIDER ADDRESS: _____

PROVIDER CITY: _____

ZIP CODE OF PROVIDER: ☐☐☐☐☐

DATE PROVIDER SERVICES: Started ☐☐☐☐ (M M Y Y) Ended ☐☐☐☐ (M M Y Y)

SHORT-DOYLE/MEDI-CAL PROVIDER *(Check one)*: ☐ Yes ☐ No

PROVIDER TYPE: ☐☐ CONTRACT TYPE: ☐

MODE OF SERVICE	SERVICE FUNCTION							
☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

COUNTY CONTACT PERSON: _____ PHONE: ( ) _____ DATE: _____

FOLLOWING SECTION IS FOR STATE DMH USE ONLY:

SD/MC Mode of Service	Start Date (M M D D Y Y)	End Date (M M D D Y Y)
☐☐	☐☐☐☐☐☐	☐☐☐☐☐☐
☐☐	☐☐☐☐☐☐	☐☐☐☐☐☐

PROVIDER FILE UPDATE INSTRUCTIONS

FISCAL YEARS: List the fiscal year(s) to which the transaction applies: e.g., 98 for 1997-98.

A **satellite clinic** is a clinic that is open less than 20 hours a week and reports services using the parent clinic provider number. Parent clinics are assigned a 0 (zero). Satellite clinics are assigned a number from 1-9. These numbers are listed in the Parent/Satellite (P/S) field.

LEGAL ENTITY NUMBER: Legal Entity Numbers are assigned by **the State Department of Mental Health, Statistics and Data Analysis**. If a number has not been assigned, then complete the Legal Entity File Update form.

PROVIDER NUMBER: If this is a new provider, **the State Department of Mental Health, Statistics and Data Analysis will assign the number.**

DATE PROVIDER SERVICES STARTED: The month and year the county first contracts with the **provider**. A date of 9999 means the provider number was assigned prior to July 1, 1984.

DATE PROVIDER SERVICES ENDED: The month and year the county no longer contracts with the **provider**.

SHORT-DOYLE/MEDI-CAL PROVIDER eligibility will be determined by the State Department of Mental Health, Medi-Cal Oversight. **Statistics and Data Analysis will update the provider file when the HCFA 1539 form is received** from Medi-Cal Oversight.

PROVIDER TYPE: The type of facility or license of the provider.

01 = State Hospital
02 = Psychiatric Hospital
03 = General Hospital
04 = Psychiatric Health Facility
05 = Skilled Nursing Facility
06 = Intermediate Care Facility
07 = Psychiatric Clinic
09 = Small Family Home
10 = Large Family Home
11 = Group Home
12 = Family Day Home
13 = Preschool Center
14 = Day Care Center
15 = Sheltered Workshop
16 = Rehabilitation Center
17 = Social Rehabilitation Center
18 = Vocational Rehab Center
19 = Special Service Center
20 = Home Finding Agency
21 = Case Management Agency
22 = Psychiatrist
23 = Psychologist
24 = LCSW
25 = MFCC
26 = RN
27 = Mixed Specialty Practice
28 = Community Treatment Center (CTF)
99 = Other

CONTRACT TYPE:

1 = County Mental Health Staffed
2 = County Interagency Agreement
3 = Private Contract
4 = State Contract
5 = County MH Staff "Patch" at a Contract Provider

MODE OF SERVICE:

05 = 24-Hour Services
10 = Day Services
15 = Outpatient Services
20 = Administrative Support
25 = Research and Evaluation
40 = Formal Training
41 = Contract Administration
42 = Utilization Review
45 = Community Outreach
55 = Medi-Cal Administration
60 = Support Services

SERVICE FUNCTION: See the Cost Report Manual for valid codes.

SEND the form to: **Department of Mental Health, Statistics and Data Analysis**
1600 Ninth Street
Sacramento, CA 95814

or **FAX** the form to: **(916) 327-9337**

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF MENTAL HEALTH

LEGAL ENTITY FILE UPDATE

MH 3840 (8/97)

COUNTY SUBMITTING FORM: _____

TYPE OF TRANSACTION *(Check one)*: ☐ Add ☐ Change ☐ Inactive

LEGAL ENTITY NUMBER: |_|_|_|_|_|_| (Change or Inactive records only)

NAME: _____

ADDRESS: _____

CITY: _____

STATE: |_|_|

ZIP CODE: |_|_|_|_|_|_| - |_|_|_|_|

COUNTY CODE WHERE LEGAL ENTITY IS LOCATED: |_|_| (99 if out of state)

DATE ADDED TO LEGAL ENTITY FILE: |_|_|_|_| (Add records only)
Y Y M M

DATE MADE INACTIVE: |_|_|_|_| (Inactive records only)
Y Y M M

OWNERSHIP TYPE: |_|_| MANAGEMENT TYPE: |_| (Use codes from reverse)

TAX PAYER ID: |_|_|_|_|_|_|_|_|_|_|_|_|_|

COUNTY
CONTACT PERSON: _____ PHONE: ( ) _____ DATE: _____

SEND the form to: **Department of Mental Health, Statistics and Data Analysis**
1600 Ninth Street
Sacramento, CA 95814

or **FAX** the form to: **(916) 327-9337**

LEGAL ENTITY FILE UPDATE
OWNERSHIP TYPE AND MANAGEMENT TYPE CODES

OWNERSHIP TYPE:

FOR PROFIT

01	Individual	The organization is owned or operated by a corporation that owns only one mental health organization.
02	Partnership or Corporation	The organization is owned or operated by a corporation that owns or operates more than one mental health organization.

STATE-LOCAL GOVERNMENT

03	State Mental Health Agency	The state mental health agency that owns or operates the organization.
04	Other State Government	A State agency other than the state mental health agency that owns or operates the organization.
05	County or City Government	A city or county government agency that owns or operates the organization.
06	District/Regional Authority	A regional or district authority that owns or operates the organization.

NOT-FOR-PROFIT

07	Religious Organization	The organization is owned or operated by a religious organization.
08	Other Not-for-Profit	Any other not-for-profit category.

FEDERAL GOVERNMENT

09	Department of Veterans Affairs	The organization is owned or operated by the Veterans Department.
10	Other Federal Government	Other federal government mental health organizations.

NONE OF THE ABOVE

11	Other	Any other category not listed above.

MANAGEMENT TYPE:

1	Psychiatric Hospital	An entity (public or private) which is primarily concerned with providing inpatient care to mentally ill persons.
2	Psychiatric Unit of a General Hospital	A General Hospital is an organization that provides inpatient medical-surgical services on a 24-hour basis. The organization may also provide psychiatric services, either in a separate psychiatric inpatient, outpatient, or partial hospitalization service.
3	Organization Providing Residential Services	A freestanding organization that provides only residential treatment and/or only residential supportive services.
4	Outpatient Mental Health Clinic	An organization that provides only outpatient mental health services.
5	Mental Health Partial Care Organization	A freestanding organization offering only day or evening partial care or partial hospitalization.
6	Multiservice Mental Health Organization	An organization that provides two or more program elements and is not classified as a psychiatric or general hospital or a residential treatment center.
7	Other Mental Health Organization	An organization that does not fit any of the categories listed above.