



ALAMEDA HEALTH
CONSORTIUM



June 6, 2023

Brian Fitzgerald, Chief
Local Governmental Financing Division
Department of Health Care Services
1501 Capitol Avenue
Sacramento, CA 95899

Dear Mr. Fitzgerald:

We are writing to express concern about the capacity of graduate student interns to bill for therapy and provide a diagnosis after July 1st. The current Specialty Mental Health Billing Manual posted by DHCS in April 2023 prohibits students from accessing CPT codes. Specifically, page 187 of the manual states the following:

“Student: Individuals who are not registered with the appropriate licensing board. These individuals should use a taxonomy code that is most appropriate for the professional. For students who are pre-licensed and not yet registered with their professional licensing boards, counties should use a taxonomy code within the Mental Health Rehabilitation Specialist, Other Qualified Professional, or Certified Peer Specialist categories as appropriate based on the student’s education, training and experience.”

Historically, graduate student interns have billed clinician mental health codes because they are under supervision and oversight. They receive training and guidance from their university graduate program and also receive significant training and supervision from their Community-Based Organization (CBO) supervisor(s). Allowing trainees to see patients as long as they are being appropriately supervised has been established in California Code of Regulations Section 1840.344 and California Business and Professional Code Sections 4980.42, 4980.43, 4980.43.3, and 4980.43.4. It has also been explicitly called out in Information Notice 17-040, which states the following:

“An individual participating in a field internship/trainee placement, while enrolled in an accredited and relevant graduate program, working “under the direction” of a licensed, registered, or waived mental health professional and determined to be qualified by the MHP, may conduct the following service activities: comprehensive assessments including mental status exams (MSE) and diagnosis; development of client plans; individual and group therapy; write progress notes; and, claim for any service within the scope of practice of the discipline of his/her graduate program.”

The requirement to have students use the taxonomy of paraprofessional staff will prohibit them from accessing CPT codes such as therapy and diagnostic assessment. This unnecessary exclusion has significant impacts on consumer access to care, the behavioral healthcare workforce, and CBO financial solvency.

Many CBOs utilize student interns to conduct intake sessions and the CPT exclusion of diagnosing will require clinicians to meet directly with consumers to evaluate and diagnose their condition. This effectively pulls clinicians away from seeing other clients and reduces access to services, impacting access to care and wait times for services. At a time of a behavioral health workforce crisis and extremely high demand for services, it is **essential** that we not reduce capacity.

Graduate students are essentially clinicians in training. Prohibiting them from diagnosing and providing therapy will limit their ability to master critical skills. This prohibition will reduce their ability to learn differential diagnosis skills or gain efficacy with advanced therapeutic interventions by providing psychotherapy. In the absence of clear written guidance from DHCS, we are also hearing from some

MHPs that students should provide and bill for therapy, with the MHP converting that to rehab on the back end. We are very concerned as providers that this will not pass an audit review, it could present the appearance of fraud, and furthermore, this could be very confusing to the consumer. MSW students will lose their primary training ground for developing practice skills with therapy and diagnosis, which will impede their readiness to enter the behavioral health workforce. MFT trainees (students) will not be able to collect BBS hours for therapy, delaying their ability to become licensed.

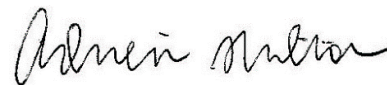
The final impact is that Mental Health Rehabilitation Specialist and Other Qualified Provider staff taxonomy codes are paid at a significantly lower rate by most counties. In some counties, this is half of the funding service rate compared to clinicians. Fewer services will be able to be billed and student interns will generate fewer units of service. CBOs commit significant expense to the training and supervision of students and need the ability to recover their expenses through the fee for service system, or they will reduce or eliminate their student intern programs. As with BBS registered interns, graduate students must have direct oversight by a LPHA, and their reimbursement should reflect the time and effort this requires.

We request that DHCS remedy this situation through an explicit direction that graduate students can access CPT codes. We propose a modifier be added to the LPHA CPT codes that notes the graduate student status. This will enable tracking and communication of student services billed to CMS. Thank you for your consideration, and we are eager to meet with DHCS on this matter.

Sincerely,



Matthew Madaus, LCSW
Executive Director
The Behavioral Health Collaborative of Alameda County



Adrienne Shilton
Director of Public Policy and Strategy
California Alliance of Child & Family
Services



Chad Costello, MSW, CPRP
Executive Director
California Assn. of Social Rehabilitation Agencies



Cathy Atkins, JD
Deputy Executive Director
California Assn. of Marriage and Family
Therapists



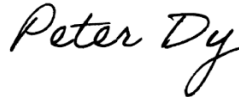
Andie Martinez Patterson
Chief Executive Officer
Alameda Health Consortium



Jodi Kurata
Chief Executive Officer
Association of Community Human Service
Agencies



Rebecca Gonzales
Director of Government Relations & Political Affairs
National Assn. of Social Workers, CA Chapter



Peter Dy
Associate Director of Care Transformation
California Primary Care Association



Le Ondra Clark Harvey, Ph.D.
Chief Executive Officer
California Council of Community Behavioral Health Agencies

CC: Michelle Cabrera, Executive Director, CBHDA
Amie Miller, Executive Director, CalMHSA