

**State of California
Office of Administrative Law**

In re:
Department of Health Care Services

Regulatory Action:

Title 22, California Code of Regulations

Adopt sections:

Amend sections: 51490.1

Repeal sections:

**NOTICE OF APPROVAL OF CHANGES
WITHOUT REGULATORY EFFECT**

**California Code of Regulations, Title 1,
Section 100**

OAL Matter Number: 2017-0531-02

OAL Matter Type: Nonsubstantive (N)

This is a change without regulatory effect made pursuant to section 100 of title 1 of the California Code of Regulations. In this action, the Department of Health Care Services is making clarifying changes to form DHCS 6700, "Multiple Billing Override Certification."

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, title 1, section 100.

Date: July 10, 2017

Original Signed

Eric Partington
Senior Attorney

For: Debra M. Cornez
Director

Original: Jennifer Kent

Copy: Abdul Amiri

NON-SUBSTANTIVE

See instructions on reverse

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2017-0531-02N	EMERGENCY NUMBER
------------------	---------------------------------	--	------------------

For use by Office of Administrative Law (OAL) only

NOTICE	REGULATIONS
--------	-------------

2017 MAY 31 A 11:38
 OFFICE OF ADMINISTRATIVE LAW

ENDORSED - FILED
 in the office of the Secretary of State
 of the State of California

JUL 10 2017
 1:59 PM

AGENCY WITH RULEMAKING AUTHORITY Department of Health Care Services	AGENCY FILE NUMBER (if any) DHCS-15-024
--	--

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input checked="" type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER
			PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Form Number Change (Section 51490.1)	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
--	--

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</td> <td style="width: 80%;"> ADOPT AMEND 51490.1 REPEAL </td> </tr> <tr> <td>TITLE(S) 22</td> <td></td> </tr> </table>	SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT AMEND 51490.1 REPEAL	TITLE(S) 22	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT AMEND 51490.1 REPEAL				
TITLE(S) 22					

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input checked="" type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
---	--	--	--

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Abdul Amiri	TELEPHONE NUMBER (916) 552-9183	FAX NUMBER (Optional) (916) 440-5748	E-MAIL ADDRESS (Optional) Abdul.Amiri@dhcs.ca.gov
----------------------------------	------------------------------------	---	--

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE Original Signed	DATE 5/24/17
TYPED NAME AND TITLE OF SIGNATORY Jennifer Kent, Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUL 10 2017

Office of Administrative Law

(1) Amend Section 51490.1 as follows:

Section 51490.1 Claim Submission Requirements for Counties and Providers of Drug Medi-Cal Substance Use Disorder Services.

(a) – No Changes

(b) An additional unit of service, or a multiple service billing, provided to a beneficiary on the same day may be claimed up to the maximum amount allowable if the beneficiary's return visit is to the same provider and the return visit service is not a duplicate to, or the same as, the service previously provided to the beneficiary on the same day.

“Multiple billing” means a claim is being made for a return, face-to-face visit, which is for an additional service to a previously provided service on that same day. The county and/or provider shall prepare and retain, in the beneficiary's patient record, a Multiple Billing Override Certification (Form DHCS MC-7700 (Rev.10/12) 6700 (Revised 6/2014)), hereby incorporated by reference, certifying that a review of the client's record substantiated the multiple service. The person authorized to represent the county and/or provider must sign the form.

(1) For outpatient drug free and Naltrexone treatment services:

(A) The return visit shall not create a hardship on the beneficiary; and

(B) The return visit shall be clearly documented in the beneficiary's progress notes with the time of day each visit was made. The progress notes shall clearly reflect that an effort was made to provide all necessary services during one visit and the return visit was unavoidable; or,

(C) The return visit shall be a crisis or collateral service. Collateral services shall be documented in the beneficiary's treatment plan in accordance with the beneficiary's short/long-term goals. The beneficiary's progress notes shall specifically reflect the steps taken to meet the goals defined in the beneficiary's treatment plan.

(2) For day care habilitative services, the return visit shall be a crisis service. Crisis services shall be documented in the progress notes.

(3) The county and/or provider shall prepare and keep on file a statement which documents the reason the beneficiary required a return visit. This statement shall be produced upon request by the Department for audit or monitoring purposes.

Note: Authority cited: Section 20, Health and Safety Code; Sections 10725, 14021.5, 14021.30, 14021.33, 14124.26 and 14124.5, Welfare and Institutions Code. Reference: Sections 14021, 14021.5, 14021.6, 14021.51, 14043.7, 14053, 14107, 14124.1, 14124.2, 14124.20, 14124.21, 14124.24, 14124.25, 14131, 14132.21, 14132.905, 14133 and 14133.1, Welfare and Institutions Code; and Statutes of 2011, Chapter 32; and Statutes of 2012, Chapter 36.

MULTIPLE BILLING OVERRIDE CERTIFICATION

PROVIDER NAME: _____

CLIENT NAME: _____

MONTH/YEAR OF SERVICES CLAIMED: _____

CIN: _____

Please complete this certification form for multiple services provided to a client for the same day.

SERVICE FACILITY LOCATION NPI	ZIP CODE+4 (if applicable)	SERVICE DATE	UNITS BILLED	SERVICE TYPE	OVERRIDE REASON*

***OVERRIDE REASON:**

- 1) The client could not receive all necessary services at one time. The client record clearly documents the date and time of day each visit was made and that the return visit was not a hardship on the client.
- 2) Crisis visit. Services are documented in client record.
- 3) Collateral services. Services are documented in client record.

I hereby certify that I am authorized to represent the provider. I further certify that I have reviewed the client record specified above and have determined that the services billed were necessary and in compliance with Title 22, Section 51490.1.

Signature: PROVIDER REPRESENTATIVE

Date

TITLE

RETAIN THE ORIGINAL CERTIFICATION IN THE CLIENT FILE. THIS DOCUMENT MUST BE PRODUCED ON DEMAND FOR AUDIT OR SITE VISIT BY ADP DHCS

MC 7700 (Rev. 10/12) DHCS MC 6700 (Revised 6/2014)