

Client Tracking Form Instructions

REQUIRED FORM:

This form is an OPTIONAL document in the client file

WHEN:

At client's first billable service and every potentially billable visit thereafter

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

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- **Client Name:** Complete with client's full name.
- **Client ID#:** Complete the client ID number by entering the client's SanWITS' Unique Client Number (UCN).
- **Admit Date:** Complete the date of admission.
- **Date DMC Billing Began:** Complete the date of client's first face-to-face billable service.
- **Tracking Chart:**
 - (1) **Service Date:** Complete each date of client's services.
 - (2) **Service Type & Counselor (CO):**
 - Complete the type of service client received from County billing activity codes: Type (AS = Assessment, GR = Group, CM = Case Management, TP = Treatment Planning, DC = Discharge, CR = Crisis, MAT = Medication Assisted Treatment, MED = Medication, IND = Ind. Counseling, FT = Family Therapy, PE = Patient Education, PC = Physician Consultation, O = Other).
 - Document the initials of the counselor (CO) that provided the service.
 - (3) **Date Billed:** Complete the date Medi-Cal billing was submitted to the County (if applicable).
 - (4) **Billing Minutes:** Complete the total amount of billing minutes.
 - (5) **Funding Source*:** Check funding source corresponding to service (see Funding Source Key at bottom right corner). NOTE: For any services marked County or Non-Billable, explain on page 2.
 - **DMC = Drug Medi-Cal** - An individual client service that has been delivered and documented as being medically necessary within a treatment episode billable to DMC-ODS, such as OS, IOS, OTP, Residential Services, WM, CM, Recovery Services, etc.
 - **CB = County-Billable** - An individual client service that has been delivered and documented within a treatment episode that is not billable to DMC; examples include:
 - Clients not eligible for Medi-Cal
 - Justice over-ride clients
 - Medically necessary and authorized residential treatment days that exceed DMC-ODS benefits
 - Physician consultation
 - Assessed No Admit & Assessed Delayed Admit (see Memo – Assessed No Admit and Assess Delayed Admit 10-18 for more details)
 - DMC clients with OHC (other healthcare)

- **Please note:** Services that do not meet DMC standards, such as progress notes not completed within timelines, services provided without an active Treatment Plan in place, group services where the group sign-in sheet does not have all required elements, etc. are ***never*** County billable (see Non-Billable section below).
- **DIS = Disallowed** - An individual client service that has been delivered and documented within a treatment episode that has been determined as disallowed, such as, clinical group with more than 12 clients, progress note completed & signed late, etc.

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- **Please explain reason why service is County-Billable or Disallowed in corresponding number below:** If service is designated as County-Billable or Disallowed on page 1, explain reason(s) here.