

Medi-Cal Enrollment Requirements and Procedures for Licensed Clinical Social Workers and Licensed Marriage and Family Therapists

In accordance with the expansion of services under the Affordable Care Act, the Department of Health Care Services (DHCS) is establishing Medi-Cal provider enrollment requirements for Licensed Clinical Social Workers (LCSW) and Licensed Marriage and Family Therapists (LMFT). Effective November 3, 2014, LCSW and LMFT providers may apply for enrollment in the fee-for-service Medi-Cal program as individuals, group providers or rendering providers.

In accordance with Welfare & Institutions (W&I) Code Section 14043.75(b), the director is establishing the specific application and enrollment requirements for LCSW and LMFT providers who apply for enrollment in the Medi-Cal program to be reimbursed for the covered services they provide to Medi-Cal beneficiaries. These requirements implement and make specific W&I Code Sections 14043.26 and 14043.15 and as such have the full force and effect of law. Please note that this regulatory bulletin **does not authorize** Marriage and Family Therapist Interns or Associate Social Workers to enroll in or to bill Medi-Cal directly. These unlicensed individual practitioners cannot enroll in Medi-Cal as fee-for-service providers. Also, this bulletin does not substitute for, or eliminate, all other enrollment requirements set forth in W&I Code Section 14043.26.

LCSW and LMFT applicants may qualify for enrollment by submission of a complete application package to the Provider Enrollment Division of DHCS, pursuant to California Code of Regulations (CCR), Title 22, Section 51000.30 et seq. In accordance with CCR, Title 22, section 51000.50, DHCS must take action on the submitted application package within 180 days of receipt.

Requirements for Enrollment as an Individual LCSW or LMFT Billing Provider

To enroll as an individual billing provider, an LCSW and LMFT must be currently licensed with the California Board of Behavioral Science. All LCSW and LMFT applicants requesting consideration for enrollment must complete and submit the Medi-Cal Provider Application (DHCS 6204), the Medi-Cal Disclosure Statement (DHCS 6207), and the Medi-Cal Provider Agreement (DHCS 6208), along with all supporting documentation.

Requirements for Enrollment as a LCSW Group Provider or LMFT Group Provider

CCR, Title 22, Section 51000.16 states: "Provider Group' means two or more rendering providers doing business together under a provider number at the same business location." In order to enroll as a group there must be two or more individuals providing services who are appropriately licensed with the California Board of Behavioral Science. LCSW and LMFT applicants requesting consideration for enrollment as a "group provider" will need to complete the Medi-Cal Provider Group Application (DHCS 6203) the Medi-Cal Disclosure Statement (DHCS 6207), and the Medi-Cal Provider Agreement (DHCS 6208), along with all supporting documentation. When applying as a

group provider, in addition to the group provider application package, a complete rendering provider application package must be submitted for each individual provider not enrolled in Medi-Cal who is rendering services for the group.

Requirements for Enrollment as a Rendering Member of a Medi-Cal Enrolled Provider Group

CCR, Title 22, Section 51000.21 states: “Rendering Provider’ means an individual provider who renders healthcare services, or provides goods, supplies or merchandise as a member of a provider group and uses the provider number to bill the Medi-Cal program.” To enroll as a rendering provider of a Medi-Cal enrolled provider group, the rendering LCSW and LMFT must be currently licensed with the California Board of Behavioral Science. All LCSW and LMFT applicants requesting consideration for enrollment as rendering providers must complete and submit the Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers (DHCS 6216), along with all supporting documentation.

Requirements for Enrollment as a Crossover Only Provider

Providers enrolled in Medicare who want to submit only Crossover claims need to complete a “Crossover Only Provider Form” (MC 0804) in order to receive the authorization to bill Medi-Cal for cost-sharing amounts.

All of the aforementioned Medi-Cal provider application forms are available on the “Provider Enrollment” page of the Medi-Cal website at www.Medi-Cal.ca.gov.