MH 214C
Revised 12/31/09

Group Service Log

DMH Contract Agency

CONFIDENTIAL CLIENT INFORMATION PER CALIFORNIA WELFARE AND INSTITUTIONS CODE 5328
AND HIPAA PRIVACY STANDARDS

Date Submitted: _____ Agency Name: _____ Provider #:_____

Group Information	
Group ID:	Activity Date:
Group Name:	
*Place of Service Code:	Procedure Code:
Address[1]:	

Participating Staff			Total Time		Signature
Last Name	First Name	Staff Code	Hrs	Mins	

Check if Client Present	Client ID	Client Last Name & First Initial	Rendering Provider Responsible Lead	Col	Collateral Type	*EBP/Srv Strategies Enter Code(s)	Plan/Funding Source	Screening Referral[2]	Pregnancy[3]	Emergent[4]	SED[5]	SOC[6]
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Total Number of Non-DMH clients and clients from a different provider number present: _____

* A list of codes can be found in the IS Codes Manual located at **http://dmh.lacounty.gov/hipaa/index.html**

Data Entry Staff
Date Received: _____ Entered by: _____ Date Entered: _____
For each client's group service, you are required to go to the **SERVICE** screen to enter applicable Evidence-Based Practice (EBP) or Service Strategy code(s) BEFORE submitting the claim.

DEFINITIONS OF FIELDS:

1. Place of Service Code Address: Address of where the service was provided when required per your Agency.
2. Screening Referral: For EPSDT clients, check this box if the Agency of Primary Responsibility is other than code 7 (None).
3. Pregnancy: For clients with Pregnancy or Pregnancy/Emergency Aid Code, check this box if the client is pregnant.
4. Emergency: For clients with Emergency or Pregnancy/Emergency Aid Code, check this box if the service is a crisis intervention, crisis stabilization, or emergency medication support.
5. SED-Serious Emotional Disturbance: For clients with Healthy Families, check this box if the child meets the definition of (SED).
6. SOC-Share of Cost: For clients with a Share of Cost, check this box. If checked, an eligibility check must be run.