

Provider Notice

To: All Providers
Subject: Medicaid Behavioral Health Services – Documentation Guidance
Notice Date: July 11, 2025

Dear Provider,

Community Care Plan (“CCP”) requires all Medicaid Behavioral Health Servicing Providers and Groups to follow Florida Agency for Health Care Administration (“AHCA”) Medicaid Rules, Service-Specific Policies and guidelines. This Provider Guidance summarizes key requirements for Medicaid Behavioral Health Services.

Please refer to [AHCA Adopted Rules](#) and Service-Specific Policies at [Adopted Rules - Service Specific Policies](#).

Applicable AHCA Coverage Policies

- 59G-4.028: Behavioral Health Assessment Services
- 59G-4.031: Behavioral Health Community Support Services
- 59G-4.052: Behavioral Health Therapy Services

Medical Record Documentation Requirements

Each AHCA Coverage Policy includes Section 6.0, “Documentation,” which outlines both general (AHCA Rule 59G-5.020) and specific documentation requirements for services rendered. [Failure to meet the AHCA documentation requirements may result in claim denial, overpayment recovery, and/or legal or regulatory action.](#)

Behavioral/Mental Health Diagnosis

- Must be issued by a licensed and/or properly supervised practitioner (M.D., D.O., or APRN) per Florida Statutes, Chapters 458, 459, or 464.
- A copy of the diagnosis must be maintained in the member’s file for Assessment and Community Support Services.

Patient Treatment Plan

- Required for Therapy Services (59G-4.052).
- Must align with the requirements under Rule 59G-4.028 and be available for the requested date of service.

Daily Progress Notes

- Must adequately document each service/activity provided to the patient.
- Must adequately document the patient's progress toward treatment goals.
- Required across all three AHCA Behavioral Health service categories.

General Documentation Checklist

- Place of Service
- Date of Service
- Start and Stop Times (matching units billed)
- Documentation of Supervision (if applicable)
- Dated Signatures of Servicing and Supervising Providers

⚠ Per Rule 59G-5.020, inadequate, missing or untimely documentation or signatures may result in payment recoupment.

This information is also available in the MMA Provider Manual on CCPcares.org.

If you have any questions, please contact your assigned Provider Operations Representative or reach out to our Provider Operations Hotline at 1-855-819-9506

Thank you for your continued partnership.

Warm regards,

Community Care Plan