

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-10-23
	Effective Date	04-14-2009
	Revision Date	01-15-2021
Title: Out of County Authorization, Documentation and Billing Procedure	Functional Area: Chart Review Non Hospital Services	
Approved By: Alexandra Rechs, LMFT Acting Program Manager, Quality Management		

BACKGROUND/CONTEXT:

The Division of Behavioral Health Services (DBHS) and Mental Health Plan (MHP) claims Medi-Cal on behalf of the contracted provider. Designated MHP staff is responsible for the review process to assure the services provided are in compliance with state and federal statutory and regulatory requirements for the services provided and claimed for Medi-Cal reimbursement. MHP Quality Management and Program staff provide authorization, billing, site certification, credentialing and utilization review.

DEFINITIONS:

“Day Rehabilitation” (DR) – A structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. 9 CCR§1810.212

“Day Treatment Intensive” (DTI) - A structured, multi-disciplinary program of therapy, which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the individual in a community setting, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. 9 CCR §1810.213

PURPOSE:

The purpose of this policy is to establish guidelines for authorization responsibilities and duties for accurate documentation, review and claiming of services by designated out of county providers based on the Contract agreement.

DETAILS:

A. Authorization for Out-Of-County Providers

1. Out of County Providers are required to submit a Service Authorization Request (SAR), using the DHCS SB785 template, to Sacramento County Access Team within 3 to 5 days of client admission into a provider's program.
2. Completed forms can be faxed to Sacramento County Access Team at 916-875-1190
3. SARs shall include justification for meeting medical necessity
4. The MHP, Sacramento County Access Team will make an authorization decision (approve or deny services) within 3 working days following the date of receipt of the request for services from the public or private provider.
5. Sacramento County MHP will notify the MHP in the child's county of residence and the requesting provider of the decision to approve or deny services within 3 working days following the receipt of the request for services.
6. Sacramento County MHP may request additional information if it is not received with the SAR and an authorization decision must be made within 3 days of receiving the additional information or 14 calendar days from the receipt of the original authorization request, whichever is less.
7. Payment arrangements must be made with the host county MHP or with the requesting provider within 30 days after authorizing services.
8. **Reauthorization**, if needed, will require submission of reassessment plan to the Sacramento County Access Team two weeks prior to the expiration of the current authorization. Services rendered without a valid authorization are not reimbursable by the MHP.

B. Client Charting and Documentation

1. Providers are to ensure medical record documentation includes the following:
 - a. Admission assessment is completed to include the Assessment Standards per the Department of Healthcare Services (DHCS Protocol), including:
 - i. Presenting Problem
 - ii. Relevant conditions and psychosocial factors
 - iii. History of trauma or exposure to trauma
 - iv. Mental Health History
 - v. Medical History
 - vi. Medications, if applicable
 - vii. Substance Exposure/Substance Use
 - viii. Client Strengths
 - ix. Risks
 - x. Mental Status Exam
 - xi. A Complete Diagnosis (Most current DSM and ICD)
 - xii. Assessment must be signed by Program staff, and if applicable, co-signed by the appropriate designated LPHA staff classification.
 - b. Client Plan specifies specific treatment needs and goals.
 - i. Descriptions of specific services to address the identified treatment needs and goals.
 - ii. Client Plan is signed and dated by Program staff and if completed by a staff that is not a LPHA/LPHA Waived, it must be co-signed by a LPHA/LPHA Waived staff and Client and if applicable, Caregiver.
 - c. Outpatient (Non Day Treatment Intensive programs) Progress Notes:
 - i. Accurately record all direct, collateral, and case management brokerage services with, and on behalf of client.
 - ii. Progress notes must describe interventions used, response of the client to those interventions, progress toward treatment goals and plan.
 - iii. Provider must sign each progress note. Notes that require a co-

signature have been reviewed and approved by appropriate designated staff classifications.

2. Day Rehabilitation (DR) documentation must include the following:
 - a. Provide the Weekly Summary Progress Report, signed by the Program Director or designee. This documentation must include the following:
 - i. Progress or lack of progress towards the treatment goals;
 - ii. Barriers identified that impact progress towards those goals;
 - iii. Interventions that were tried during the previous month;
 - iv. Receptivity by client;
 - v. If lack of progress was noted, indicate new interventions initiated;
 - vi. Follow-up and future treatment plans.
 - b. Monthly documentation of one contact with family, caregiver, or significant support person identified by an adult client or one contact per month with the legally responsible adult for a client who is a minor.
 - i. This contact is face-to face or by an alternative method such as email, telephone, etc.
 - ii. This contact focuses on the role of the support person in supporting the client's community reintegration.
 - iii. This contact occurs outside the hours of operation and outside the therapeutic program.
 - c. All entries in the client's medical record include: The date(s) of service; the signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title; the date of signature; the date the documentation was entered in the client record.
 - d. Documentation of the reason the client was absent (due to leave of absence (LOA), hospitalization, etc.). Those dates are specifically excluded from billing.
 - e. Documentation of "unavoidable Absences" (defined as unplanned absences from services), a separate entry in the medical record documenting including the reason(s) for unavoidable absence, total amount of time (number of hours and minutes) the client participated in services for that day, and verification whether the amount of time is greater than 50% of the total scheduled DR time.
 - f. When claiming for the continuous hours of operation for Day Rehabilitation, the program provides:
 - i. For Half Day: Face-to-face services a minimum of three hours each program day.
 - ii. For Full Day: Face-to-face services for more than 4 hours per day.
 - g. Provider will verify the billing dates are consistent with the client participation in the program as evidenced by his/her signature on the billing invoice documents.
 - h. Provide the Weekly Detailed Schedule that is available to clients and as appropriate to their families, caregivers, or significant support persons and identifies when and where the service components of the program will be provided and by whom. The Weekly Detailed Schedule will specify:
 - i. The program staff
 - ii. Staff's qualifications
 - iii. Scope of their services
 - i. Be able to produce the following upon request:
 - i. The Written Program Description that describes the specific activities of each service and reflects each of the required day program components.
 - ii. The Mental Health Crisis Protocol for responding to clients experiencing a mental health crisis. The protocol shall assure the availability of appropriately trained and qualified staff and include agreed upon procedures for addressing crisis situations. The protocol may also include referrals for crisis intervention, crisis stabilization or other

specialty mental health services necessary to address the client's urgent or emergency psychiatric condition. If the protocol includes referrals, the Program staff shall demonstrate the capacity to handle the crisis until the client is linked to an outside crisis service.

3. Day Treatment Intensive (DTI) documentation must include the following:
 - a. Daily Progress Notes reflecting activities attended.
 - b. Provide the Weekly Clinical Summary, signed by a physician, a licensed/waivered psychologist, clinical social worker, marriage and family therapist, licensed professional clinical counselor or a registered nurse who is either staff to the day treatment intensive program or the person directing the service. This documentation must include the following:
 - i. Progress or lack of progress towards the treatment goals;
 - ii. Barriers identified that impact progress towards those goals;
 - iii. Interventions that were tried during the previous month;
 - iv. Receptivity by client;
 - v. If lack of progress was noted, indicate new interventions initiated;
 - vi. Follow-up and future treatment plans.
 - c. Monthly documentation of one contact with family, caregiver, or significant support person identified by an adult client or one contact per month with the legally responsible adult for a client who is a minor.
 - i. This contact is face-to face or by an alternative method such as email, telephone, etc.
 - ii. This contact focuses on the role of the support person in supporting the client's community reintegration.
 - iii. This contact occurs outside the hours of operation and outside the therapeutic program.
 - d. All entries in the client's medical record include: The date(s) of service; the signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title; the date of signature; the date the documentation was entered in the client record.
 - e. Documentation of the reason the client was absent (due to leave of absence (LOA), hospitalization, etc.). Those dates are specifically excluded from billing.
 - f. Documentation of "unavoidable Absences" (defined as unplanned absences from services), a separate entry in the medical record documenting including the reason(s) for unavoidable absence, total amount of time (number of hours and minutes) the client participated in services for that day, and verification whether the amount of time is greater than 50% of the total scheduled DTI time.
 - g. When claiming for the continuous hours of operation for Day Treatment Intensive, the program provides:
 - i. For Half Day: Face-to-face services a minimum of three hours each program day.
 - ii. For Full Day: Face-to-face services for more than 4 hours per day.
 - h. Provider will verify the billing dates are consistent with the client participation in the program as evidenced by his/her signature on the billing invoice documents.
 - i. Provide the Weekly Detailed Schedule that is available to clients and as appropriate to their families, caregivers, or significant support persons and identifies when and where the service components of the program will be provided and by whom. The Weekly Detailed Schedule will specify:
 - i. The program staff
 - ii. Staff's qualifications
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- j. Be able to produce the following upon request:
 - i. The Written Program Description that describes the specific activities of each service and reflects each of the required day program components.
 - k. The Mental Health Crisis Protocol for responding to clients experiencing a mental health crisis. The protocol shall assure the availability of appropriately trained and qualified staff and include agreed upon procedures for addressing crisis situations. The protocol may also include referrals for crisis intervention, crisis stabilization or other specialty mental health services necessary to address the client's urgent or emergency psychiatric condition. If the protocol includes referrals, the Program staff shall demonstrate the capacity to handle the crisis until the client is linked to an outside crisis service.
4. All providers, upon client discharge, must complete summary chart documentation indicating client and program staff collaboration including:
 - a. Outline of services provided;
 - b. Goals accomplished;
 - c. Reason and plan for discharge;
 - d. Referral follow-up plans.
 5. All providers will submit progress notes to DBHS Contract Monitor with each invoice and/or upon request. Designated Quality Management staff and MHP Contract Monitor will collaboratively conduct a Quality Assurance process at least on a quarterly or more frequently, if needed.
 6. All providers will submit an assessment and treatment plan as soon as they are complete, to the DBHS contract monitor
 7. For providers delivering DTI/DR services, provider will submit to the DBHS contract monitor, the detailed weekly schedule with the first invoice submitted to the county.

C. Provider Billing/Invoicing Procedures

1. Submit monthly billing invoice, using the Sacramento County "785 Provider Invoice Template"
2. Providers will submit completed invoice to the designated DBHS Children's Service staff by the 15th of each month, including supporting clinical/progress notes to verify billing and documentation standards. Incomplete invoices or invoices with errors will be returned to provider for corrections before Sacramento County DBHS will process for payment.
3. Provider is responsible to maintain a complete clinical record for all services. Records will be made available to the MHP in the event of any clinical, fiscal or quality assurance audit to meet all State and Federal regulations. All denials and audit exceptions shall be reconciled by DBHS in accordance with existing procedures.
4. Upon discharge of a youth in a provider's program, the program will submit to Sacramento County DBHS, a discharge sheet indicating the name of the youth, date of discharge, discharge diagnosis and name of staff who completed discharge. This sheet can be sent in with a subsequent invoice, or by itself.
5. **MHP Services Data Entry Staff Responsibilities:**
 - a. Verify monthly that the client has Medi-Cal
 - b. Notify DBHS Contract Monitor if client does not have Medi-Cal or information is not received from the provider as requested.
 - c. Notify QM Staff Registration if provider billing staff do not have a Billing ID#.
 - d. Upon receipt of a complete and accurate invoice, enter services into Avatar Billing system.
 - e. Scan progress notes into the client's chart in Avatar Clinical Workstation.
Shred copies of the progress notes sent by provider according to the Avatar

Document Management for Clinical Records Policy.

D. Out of County Provider Certification

1. MHP Contract Monitor Responsibilities

- a. Identify the need for an out of county provider.
- b. Send copy of the following documents to Quality Management
 - i. Site Certification Letter from Host County
 - ii. Current fire clearance (dated within one year prior to the date of the on-site certification visit)
 - iii. Staff Roster including Name, Title, NPI Number, License Type and License Number
 - iv. Provider Contact person information (name, phone and email address)
- c. Verify out of county provider's host county billing rate
- d. Work with the contracts unit to prepare and send the SB 785 Contract and Packet document
- e. Verify all certification documents listed above are complete and accurate prior to service authorization.
- f. Ensure service authorization for the requested services is provided by coordinating with Sacramento County Access Team
- g. Provide applicable County Policies and Procedures as appropriate.

2. MHP Administrative Officer (ASO) Responsibilities

- a. Request provider number from DHCS and forward to QM Site Certification ASO
- b. Request program, unit rate and treatment code set up from Avatar Team.
- c. Provide billing mechanism and instruction support for the provider, as needed.

3. Quality Management Responsibilities

- a. Site Certification ASO
 - i. Create a provider file
 - ii. Verify Organization NPI, site certification and fire clearance expiration date
 - iii. Add provider to site certification out of county spreadsheet to document expiration date of site certification
 - iv. Notify the MHP Contract Monitor if information requested is not received or is incomplete or expired.
- b. Staff Registration
 - i. Verify licensed staff with appropriate board
 - ii. Verify individual NPI number
 - iii. Verify staff is not on the OIG/Medi-Cal Exclusions Lists
 - iv. Assign Billing ID number
 - v. Send Billing ID number to PDS OOC Admin Staff
 - vi. Send copy of Staff Roster to Site Certification ASO
- c. Utilization Review: Quarterly, review sample of progress notes in coordination with the MHP Contract Monitor.
- d. Conduct special reviews required by the MHP Certification, Problem Resolution or Compliance Policies

REFERENCE(S)/ATTACHMENTS:

- **DMH Information Notice No: 09-06**
- **Memorandum Out of County Authorization, Documentation and Invoicing Procedures**
- **DMH Service Authorization Request, SB 785**
- **Welfare and Institutions Code 5777.7 (a)(5)**
- **Title 9 Article 3.5, Sections 531, 532-541, 1840.332-1840.354**

- [DHCS Protocol](#)
- [UR Tool Addendum – Day Treatment Intensive \(DTI\) and Day Rehabilitation \(DR\)](#)

RELATED POLICIES:

- PP-BHS-QM-05-04 Instruction for Completion of Day Program Attendance Sheet
- PP-BHS-QM-00-07 Avatar Document Management for Clinical Records
- PP-BHS-QM-04-01 Site Certification of Provider Physical Plant

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		Mental Health Treatment Center
	Adult Contract Providers	X	Children’s Contract Providers
	Substance Use Prevention and Treatment		Specific grant/specialty resource

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