



ARTIST CREDIT: UNKNOWN, BLUE SKY WELLNESS CENTER

MANAGED CARE



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Providing Mental Health Services to Out-of-County Children and Youth

On occasion, a FCMHP provider may receive a request for mental health services for a minor that comes from a parent or legal guardian, but in completing the Medi-Cal verification process, you discover the child/youth has Medi-Cal from another County. This can occur when the beneficiary is a foster or adopted child, or a family has recently changed their County of Residence. Can you still provide services, or must you turn away this family in need?

Medi-Cal does have a process in place to better ensure access. In these situations, the FCMHP provider can contact Managed Care to initiate a *Service Authorization Request (SAR)*. A SAR is a document submitted by a "Host County" - the county where the child is living— to the child's "County of Origin" - the county where legal jurisdiction has been established and/or that has financial responsibility for the child or youth—asking for permission to provide and bill for services that are needed. The SAR is reviewed and approved by the MHP of the County of Origin and returned to

SERVICE AUTHORIZATION REQUEST (SAR)

To provide Medi-Cal specialty mental health services when a child has a foster care, KinGAP or AAP aide code, resides outside of his/her County of Origin, and resides in Fresno County:

- 1) Confirm Medi-Cal coverage;
- 2) Fax or email Chris Schreiber, URS at Managed Care (559-600-4646; cschreiber@co.fresno.ca.us) the client's full name, date of birth, and SS# or Medi-Cal # with your request to begin services.
- 3) The SAR for *initial assessment and plan development* is sent to the County of Origin.
- 4) Once initial SAR is approved by the County of Origin, we send a copy of the approved SAR back to the provider.
- 5) Within 90 days, *initial assessment and POC* is completed.
- 6) Send Chris a request specifying planned MH services needed with completed assessment and POC.
- 7) SAR sent for further treatment, to include frequency and duration of MH services up to 1 year.

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us, usually within a 1-2 week period.

No mental health services should be provided prior to the return of the SAR to the provider, and if this is an initial SAR, meaning no previous specialty mental health services have been provided by you, the first request will be for assessment and plan development only, with a second SAR needed once you determine medical necessity exists along with which specific mental health service activities would benefit the client. Only activities specified on the SAR may be provided.

With an approved SAR, the provider may bill Medi-Cal through the FCMHP as they would a Fresno County Medi-Cal beneficiary for the duration requested, up to one year.

Service Authorization Requests for Out-of-County clients may be initiated by individual, group, or organizational providers. For additional information, contact the Managed Care office at 600-4645 and ask for Chris Schreiber, URS.

Annual Compliance Training

In February, the DBH Compliance Office will be sending notice to Providers regarding the FY 13-14 General Compliance online training. This training is a requirement in your Mental Health Agreement with Fresno County. It is intended to refresh your knowledge and awareness of Fraud/Waste/Abuse prevention and detection guidelines set by State and Federal entities, as well as the Fresno County Mental Health Plan Code of Conduct.

We appreciate that our Providers take time out of their busy days to complete this necessary annual training. Thank you. If you have any questions or concerns, please contact us at Managed Care.



DOCUMENTATION SPOTLIGHT

Consent for Treatment

At the beginning of any therapeutic relationship, establishing treatment involves the completion of "intake paperwork." Though the time taken to review these important financial and practical elements of client care is not itself billable towards Medi-Cal, this is valuable time in educating the client in the processes and dynamics of this unique endeavor.

One of the most crucial documents of intake paperwork is the Consent for Treatment. In essence, the Consent for Treatment is the "contract" for specialty mental health services and disclosure information form between you and the prospective client. The FCMHP requires its providers to obtain beneficiary's consent before the beginning of treatment, and annually thereafter. The FCMHP auditing staff reviews this form as part of the annual medical record review.

Provider's credentialing status may be affected if provider does not consistently

obtain the beneficiary's consent prior to beginning of treatment. The Consent for Treatment form must be available in the beneficiary's primary language if beneficiary is monolingual, and if the beneficiary is a minor, it is the parent or legal guardian that provides the signature for consent.

Q&A Throughout the month, we at Managed Care answer a variety of questions from our wonderful providers. In our *Documentation Spotlight* this month, here we focus on a question surrounding billing for travel time.

Q: *Another year, another question. What is your take on billing travel time from a service provider's home to the consumer to provide services? Since we are community based our staff do not regularly come to the office before heading out to provide services, but I also know that some of our staff live in different cities than Fresno which could increase travel time or decrease travel time depending on the location of the staff's home and the consumer's home. Is there a specific expectation around this?*



A: Travel time should *only be* the time from the provider's certified site of services to the consumer's home. The good news is that as an FCMHP provider, —whether an individual, group or staff member of an organization— you may fold into billing travel time when he/she provides a mental health service (including linkage and brokerage, collateral contact) outside a mental health certified site as long as there is face to face contact. There are instances when a private provider's Medi-Cal certified site is a home office, and only in these instances, as the provider's residence is also the work base, would travel time from the provider's home out to the community be allowable.

To document this on your progress note, simply include the following prominently,

preferably on the top of your documentation:
Service Duration: ___ Documentation Duration: ___ Travel Duration: ___ Total Duration: ___

You will also want to include that the service location was at the school, home, or out in the community rather than the standard location of "office."

Upcoming Community Events!

April 5—R Y OK? U Matter! (Free youth forum for ages 14-25 on suicide prevention, put on by the Fresno Survivors of Suicide Loss.)

May 10—10th Annual NAMI Walks Fresno (Go to www.namifresno.org to register as a participant/team, or to become a sponsor.)

DSM 5 Update

On December 3, 2013, the Department of Health Care Services (DHCS) released Informational Notice No. 13-22 regarding the status of implementation of the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders, aka the DSM 5. Per the Informational Notice, at this time no changes are needed in County MHP's or contracted providers claiming, documentation, Medi-Cal business or clinical processes. Until DHCS issues future guidance, County MHPs and contracted providers should continue their current practices.

What does this mean to you as a FCMHP provider? Continue providing the wonderful care to our beneficiaries as before, utilizing the same assessment and documentation which remains supported by the DSM IV criteria. We anticipate no changes to the auditing guidelines for at least the first 3 quarters of 2014; however, if you are an agency that includes waived/registered staff or student trainees, we recommend their mentoring includes training on the DSM 5, as a statement from the BBS says, "We anticipate that questions related to the DSM-5 will appear on licensing exams beginning July 2014".

The staff at Managed Care will keep you posted as further information becomes available.