

TABLE OF CONTENTS.....	I
ABBREVIATIONS REFERENCE GUIDE.....	XI
CUSTOMER SERVICE MISSION.....	XIV

A. SYSTEMS OF CARE

Mission Of Health And Human Services Agency Mental Health Services.....	A.0
California Advancing and Innovating Medi-Cal: CalAIM.....	A.0
Client Population Served By The Mental Health Plan (MHP).....	A.1
Child, Youth & Families (CYF) System Of Care (SOC).....	A.1
Seriously Emotionally Disturbed (SED) Clients	A.2
CYF SOC Principles.....	A.3
CYF Goals	A.4
Outcome Objectives.....	A.5
Family & Youth Partnerships	A.5
Y/FSP as Direct Service Providers	A.6
Y/FSP: Selection, Training and Supervision	A.6
Operational Guidelines for Youth/Family Support Partners (Y/FSPs).....	A.7
Duties and Responsibilities of the Y/FSPs	A.7
Provision of Services and Claiming	A.7
Claiming to other Funding Source.....	A.7
Youth & Family Partner Roles Other than Direct Services	A.8
Adult/Older Adult System Of Care	A.9
Psychosocial Rehabilitation And Recovery	A.11
Services For Dual Diagnosis (Mental Illness and Co-occurring Substance Use Disorders).....	A.11
Adult & Older Adult Staff Productivity Standard	A.12
Older Adult Services	A.12
Peer-Supported Recovery And Rehabilitation Services.....	A.13
Homeless Outreach Services	A.13
Flexible Funds.....	A.14
Short Term and Bridge Housing	A.14
Additional References	A.14

B. COMPLIANCE AND CONFIDENTIALITY

County Compliance Programs	B.1
Contracted Compliance Programs.....	B.1
Compliance Standards	B.1
MHP's Compliance Hotline	B.2
Mandated Reporting	B.2
Documentation Requirements	B.2
Claiming and Reimbursement of Mental Health Services	B.3
Coding And Billing Requirements	B.3
False Claims Act	B.4
Program Integrity - Service Verification.....	B.5
Confidentiality	B.5

MHP Responsibilities	B.5
Notice of Privacy Practices	B.6
Uses and Disclosures of Records.....	B.6
Client Requests for Records	B.7
Client Requests for Amendment and Client Requests for Accounting of Disclosure	B.8
Handling/Transporting Medical Record Documents	B.8
Privacy Incidents	B.9
Privacy Incident Reporting (PIR) for Staff and Management	B.9

C. ACCESSING SERVICES

SMHS Provided During the Assessment Period Prior to Determination of a Diagnosis or Prior to Determination of Whether SMHS Access Criteria Are Met	C.1
Co-occurring Substance Use Disorder	C.2
Concurrent NSMHS and SMHS	C.2
Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services.....	C.3
Description of the Adult and Youth Screening Tool.....	C.4
Transition of Care Tool.....	C.7
Network Adequacy	C.10
SOC Application	C.11
Provider to Member Ratio Requirements	C.11
Timely Access Standards.....	C.12
Timeliness Reporting	C.13
Out of Network (OON) Access.....	C.13
Access And Crisis Line (ACL).....	C.10
MHP Services Authorization Requirement Provided by Optum	C.11
Referrals To The ACL	C.11
Provider Interface With The ACL.....	C.11
Receiving Referrals From The ACL	C.12
Hours Of Service Availability.....	C.12
Language Assistance.....	C.12
Provider Selection, Terminations, Incentives.....	C.13
Requests for Continuity of Care.....	C.14
Clients Who Must Transfer to a New Provider	C.17
Non-Mental Health Plan Services: Screening, Referral and Coordination.....	C.18
Psychiatric Emergency Response Team (PERT)	C.19
Mobile Crisis Response Teams (MCRT)	C.19
Urgent Walk-In Clinical Standards for Programs with Urgent Walk-In Services (AMHS)	C.20
Urgent Psychiatric Condition	C.20
Exodus And Jane Westin - Full Time Access.....	C.21
Outpatient Clinics With Walk-In Urgent Components.....	C.21
Access To Electronic Health Record (EHR).....	C.22
All Programs	C.22
Priority List.....	C.23
Referral Process for Strength-Based Case Management & Assertive Community Treatment Services	C.23
Assisted Outpatient Treatment /Laura's Law.....	C.23
COMMUNITY ASSISTANCE, RECOVERY AND EMPOWERMENT (CARE) ACT	C.26
CARE Eligibility Criteria	C.26
CARE Process.....	C.27
Accessing Secure Facility/Long-Term Care (SF/LTC)- Adult Mental Health Services	C.27

Referral Process.....	C.28
Target Population	C.29
Eligibility Criteria For Admittance To SF/LTC	C.29
To County Funded Secure Facilities/Long Term Care	C.30
To Vista Knoll.....	C.30
To A State Psychiatric Hospital.....	C.30
Reviews Of Determination Decisions	C.31
Placement	C.31
MHP and MCP Responsibility to Provide Services for Eating Disorders	C.32
Placement in a State Hospital	C.33
Transitional Age Youth (TAY) Referral Process.....	C.33
Identify The Appropriate Level Of Service within CYFBHS and A/OABHS since there are different levels of services available.....	C.33
Identify The System Target Population.....	C.35
Coordinate Care Between Sectors.....	C.38
Coordinate Care When Making Referrals	C.38
Procedures To Follow If Unsuccessful Routine Referral	C.39
Accessing Services - Children, Youth And Families Services (CYFS).....	C.40
Organizational Provider Outpatient Services Or County Operated Services.....	C.40
Day Intensive and Day Rehabilitative Services (CYFS).....	C.40
Service Priority For Outpatient Assessment Services - CYFS.....	C.41
Therapeutic Behavioral Services (TBS)	C.42
Utilization Review	C.42
Dual Diagnosis Capable Programs.....	C.42
Mental Health Services for Indian Enrollees	C.43
Residency.....	C.43

D. PROVIDING SPECIALITY MENTAL HEALTH SERVICES

County of San Diego Documentation Standards.....	D.1
Assessment Standards	D.1
Client Plan Standards	D.1
Problem List Standards	D.1
Progress Note Standards.....	D.2
Peer Support Role.....	D.2
Interventions Rendered by Certified Peer Support Specialists	D.2
Adult/Older Adult System Of Care.....	D.2
Coordination Of Care: Creating a Seamless System of Care	D.2
Post Discharge Coordination Of Care	D.3
Outpatient, Case Management and Assertive Community Treatment Services.....	D.4
Medical Necessity For Outpatient, Case Management and Assertive Community Treatment Services	D.4
Specific Procedures And Criteria For Case Management and Assertive Community Treatment Services....	D.5
Brief Description of Services Available	D.5
Clinical Assessment For Medical Necessity	D.6
Strengths-Based Case Management.....	D.6
Assertive Community Treatment	D.7
Initial Face-to-Face Visits	D.11
On-Going Face-to-Face Visits	D.12
Dual Track Programs	D.13
Augmented Services Program	D.13

Telehealth Services	D.14
Videoconferencing Guidelines for Telehealth Services	D.15
Crisis Stabilization Services.....	D.16
Inpatient Services For Medi-Cal Beneficiaries	D.19
Pre-Authorization Through Optum.....	D.19
Medical Necessity For Adult/Older Adult Inpatient Services.....	D.19
Inpatient Services For Non-Medi-Cal Eligible Clients (Non-Insured)	D.20
Crisis Residential Services	D.20
Mental Health Services To Parolees.....	D.21
Correctional Program Checklist (CPC)	D.22
Mental Health Services To Veterans.....	D.22
Referral Process For Providing Mental Health Services To Veterans.....	D.23
Adult/Older Adult Mental Health Services	D.23
Veterans Service Office	D.23
Utilization Management.....	D.24
Utilization Review For Crisis Residential Programs.....	D.24
Utilization Review For Outpatient Programs	D.25
Outpatient Guidelines	D.25
Brief Solution-Focused Outpatient Services.....	D.25
Initial Eligibility For Services.....	D.26
Eligibility For Ongoing County Or Contracted Program Outpatient Services	D.26
Utilization Management Process for Outpatient Programs.....	D.27
Utilization Review Committee (URC).....	D.28
Outcome Measures	D.28
Utilization Review For ACT/FSP/Case Management Programs.....	D.29
AOA and CYF Missed Appointment and Follow Up Standard	D.30
Children's System Of Care	D.31
Screening	D.31
Medical Necessity.....	D.32
Outpatient And Day Services Clients.....	D.32
Seriously Emotionally Disturbed (SED) Clients	D.33
Outpatient Services.....	D.34
Outpatient Time Based Utilization Management	D.34
Authorization For Reimbursement Of Services.....	D.34
Utilization Management.....	D.35
Medication Only Services.....	D.36
Procedure For Medication Only Clients.....	D.37
School Interface	D.38
Intensive Services.....	D.39
Day Rehabilitation.....	D.39
Day Intensive.....	D.39
Day School Services.....	D.39
Short-Term Residential Therapeutic Programs (STRTP).....	D.40
Intensive Outpatient Program (IOP)	D.40
Partial Hospitalization Program (PHP).....	D.40
Prior Authorization Process for Day Services.....	D.41
(Day Treatment Intensive and Day Rehabilitation Services).....	D.41
Prior Authorization Day Services Request (DSR) Information for STRTP, IOP, and PHP	D.42
Short-Term Residential Therapeutic Programs (Outpatient only).....	D.43
STRTP UM Request Form Information.....	D.43

Out Of County Medi-Cal Clients	D.44
Authorization Of Reimbursement Of Services	D.44
AB 1299 for Foster Youth	D.44
SB 785 for AAP and KinGAP	D.44
Program Procedure(s) For Medi-Cal Eligible Children In Foster Care Under AB1299	D.44
Program Procedure(s) For Medi-Cal Eligible Children In AAP/KinGAP Under SB 785	D.45
Therapeutic Behavioral Services (TBS).....	D.46
Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Brochure	D.46
Pathways to Well-Being and Continuum of Care Reform	D.47
California's Continuum of Care Reform.....	D.48
Serving Youth with an Open Child and Family Well-Being Service Case	D.49
Eligible for Enhanced Services (Subclass).....	D.50
Child and Family Team	D.51
CFT Meeting Facilitation Program	D.52
Intensive Care Coordination (ICC).....	D.52
Intensive Home-Based Services	D.53
Therapeutic Foster Care	D.55
Data Reporting.....	D.56
Bulletins	D.57
Current PWB Forms	D.57
Trainings	D.57
Forms	D.57
Resources.....	D.58
Short Term Residential Treatment Programs (STRTP) Services.....	D.59
IPC and CFT Meeting.....	D.59
STRTP Services	D.60
Mental Health Program Approval.....	D.61
References	D.61
BHS Pathways to Well-Being and Continuum of Care Reform Programs	D.62
QI Program Monitoring.....	D.62
Financial Eligibility and Billing Procedures.....	D.62

E. INTEGRATION WITH PHYSICAL HEALTH CARE

Coordination With Primary Care Physicians	E.1
Pharmacy And Lab Services.....	E.1
Managed Care Plan Medi-Cal Beneficiaries	E.1
Enhanced Care Plan (ECM)	E.2
Managed Care Plan (MCP) Enhanced Care Management (ECM) Referral Forms/Contacts	E.3
Medi-Cal Beneficiaries Not Enrolled In An MCP	E.3
Non Medi-Cal Beneficiaries	E.3
Physical Health Services While In A Psychiatric Hospital	E.4
Healthy San Diego Recipients.....	E.4
Medi-Cal Beneficiaries Not Enrolled In Healthy San Diego Health Plans	E.4
Transfers From Psychiatric Hospital To Medical Hospital	E.4
Medical Transportation	E.4
Home Health Care.....	E.5
Clinical Consultation With Primary Care.....	E.5

F. BENEFICIARY RIGHTS, GRIEVANCE AND APPEALS

Client Rights And Protections	F.1
Additional Client Rights	F.3
Provider Selection.....	F.3
Second Opinion.....	F.3
Transfer From One Provider To Another.....	F.4
Right To Language, Visual And Hearing Impairment Assistance	F.4
Right To A Patient Advocate.....	F.4
Open Payments Database Physician's Notice to Clients.....	F.4
Advance Health Care Directive Information	F.5
Periodic Notice Of Clients' Rights.....	F.6
Beneficiary Grievance and Appeal Process.....	F.6
Grievance Resolution At Provider Sites	F.7
Complaints to Board of Behavioral Sciences (AB 630)	F.7
Grievance Process.....	F.7
Grievance Resolution	F.8
Grievance Process Exemptions.....	F.9
Advocacy Services and Records Requests	F.9
Adverse Benefit Determination (ABD)	F.9
Written Notice of Adverse Benefit Determination (NOABD) Requirements	F.10
Timing of the Notice	F.10
Written NOABD Templates.....	F.11
Appeal Process	F.13
Authorized Representatives.....	F.14
Standard Resolution of Appeals	F.14
Extension of Timeframes	F.15
Expedited Resolution of Appeals.....	F.15
General Expedited Requirements	F.15
Notice of Appeal Resolution (NAR) Requirements.....	F.15
NAR Adverse Benefit Determination Upheld Notice.....	F.16
NAR "Your Rights" Notice	F.16
NAR Adverse Benefit Determination Overturned Notice.....	F.16
State Fair Hearing	F.17
Non-Discrimination and Language Assistance Notice.....	F.17
Provider Appeal Process	F.18
Considerations for Minors	F.18
Monitoring The Beneficiary and Client Problem Resolution Process	F.18

G. QUALITY MANAGEMENT PROGRAM

Measuring Client Satisfaction	G.2
Adult/Older Adult System Of Care.....	G.2
Children, Youth and Family System Of Care.....	G.3
Provider Feedback.....	G.3
Medi-Cal Certification and Recertification.....	G.3
Monitoring The Service Delivery System	G.4
Uniform Medical Record - Forms and Timeliness.....	G.4
Staff Signature Logs	G.5
Timeliness of Documentation Standard.....	G.6

Medical Record Reviews	G.6
Program Responsibility	G.6
County Quality Assurance Reviews	G.6
Program Quality Improvement Plan (QIP)	G.7
Medi-Cal Recoupment And Appeals Process	G.9
Site Reviews.....	G.10
Medication Monitoring For CYF and AOA SOC.....	G.10
Procedures For Medication Monitoring Reporting	G.11
Report Instructions.....	G.11
CYF System Of Care: Storage, Assisting With Self Administration, And Disposal Of Medications.....	G.13
Storage Of Medications	G.13
Assisting In The Self Administration	G.13
Disposal Of Medications.....	G.13
Access Times Monitoring	G.14
Client And Performance Outcomes	G.14
Adult System Of Care	G.14
Child, Youth and Family System of Care.....	G.15
Monthly/Quarterly Status Report (M/QSR)	G.15
Mental Health Services Act (MHSA) Outcomes	G.16
Performance Improvement Projects (PIPs)	G.16
Serious Incident Reporting (SIR).....	G.16
Serious Incident Categories: Level One And Level Two.....	G.17
Serious Incident Reporting Procedures	G.19
Clinical Case Reviews	G.20
Level One Serious Incident Reporting On Weekends And Holidays.....	G.20
Privacy Incident Reporting (PIR) for Staff and Management	G.21
Unusual Occurrence Reporting	G.22
Safety And Security Notifications To Appropriate Agencies.....	G.22
Child, Youth And Family: Additional Reporting	G.22
Quality Review Council (QRC)	G.23
National Voter Registration Act (NVRA).....	G.23

H. CULTURAL COMPETENCE

Cultural Competence	H.1
History And Background	H.1
Cultural Competence Plan.....	H.1
Current Standards And Requirements.....	H.2
National Culturally And Linguistically Appropriate Services (CLAS) Standards.....	H.2
Cultural Competence Training/Opportunities Through The MHP.....	H.3
Cultural Competence Monitoring And Evaluation	H.4
Staffing Level Requirements	H.5
Consumer Preference: Cultural/Ethnic Requirements	H.6
Consumer Preference: Language Requirements	H.6
Additional Recommended Program Practices	H.7

I. MANAGEMENT INFORMATION SYSTEM

Cerner Community Behavioral Health (CCBH)	I.1
---	-----

User Account Set Up And Access	I.1
Technical Requirements To Access CCBH	I.1
Staff Set Up And User Account Access	I.2
Staff Assignment To Unit(s) And SubUnit(s)	I.3
User Assignment To A Menu Group.....	I.3
Limitation Of Staff Assignment To "Data Entry - Add New Clients" Menu Group	I.4
Staff Access To Live Production And Training Environment In CCBH.....	I.4
Program Manager/Supervisor Responsibility For Staff Access And Security	I.4
Staff Termination Process.....	I.4
Routine User Termination	I.4
Quick User Termination	I.5
Application Training	I.5
User Manuals	I.5
Security And Confidentiality	I.5
Passwords	I.5
Unauthorized Viewing Of County Data.....	I.6
User Support	I.6
Quick Resource Guide.....	I.7

J. PROVIDER CONTRACTING

Disclosure Requirements.....	J.1
Conflic of Interest	J.2
Contractor Compliance Attestation	J.3
Program Monitoring	J.3
Contractor Orientation	J.3
Notification In Writing Of Status Changes	J.3
Site Visits	J.4
Corrective Action Notice	J.4
Monthly and Quarterly Status Reports	J.4
Contract Issue Resolution	J.5
Local Emergency Response	J.5
Disaster Response	J.5
Transportation Of Clients.....	J.6
Claims And Billing For Contract Providers.....	J.6
Contractor Payments	J.6
Budgets, Claims (Invoices) and Supplemental Data Sheets	J.6
Gift Cards.....	J.6
Medi-Cal Billing to the State	J.7
Submitting Claims (Invoices) For Services.....	J.7
Overpayment.....	J.7
Certification On Disbarment Or Exclusion.....	J.8
Federal and State Database Checks	J.8
National Provider Identification Verification	J.9
License Verifications	J.9
Short-Doyle Medi-Cal	J.9
Definitions	J.9
Medi-Cal Revenue	J.9
Medi-Cal Disallowance/Recoupment of Federal Financial Participation (FFP) Dollars	J.10
Billing Disallowances - Provider Self Report	J.10

Procedures.....	J.11
Provider Requirements	J.11
BHS Strategy & Finance (S&F) Procedures	J.11
Billing Inquiries	J.12
Inventory Guidelines for County Contracts.....	J.12
Definitions	J.12
Capital (Fixed) Assets/Equipment.....	J.12
Minor Equipment	J.12
Consumable Supplies	J.13
Internal Controls and Procedures.....	J.13
Disposition	J.14
Stolen, Damaged or Missing Equipment	J.14
Vehicles.....	J.15
Inventory Disposition	J.15
DPC 203 Transfer or Disposition of Minor Equipment Form(s)	J.16
Non-IT Disposal Requests.....	J.17
IT Disposal Requests	J.17
Mobile Devices Disposal Requests.....	J.19
Electronic Property/IT	J.20
Contractors Inventory Minimum Guidelines on a Cost Reimbursement and Fixed Price Contract.....	J.20
Definitions	J.20
Client Data	J.20
Portable Devices.....	J.20
Portable Media.....	J.20
Minimum Guidelines	J.20

K. PROVIDER ISSUE RESOLUTION

Informal Process	K.1
Formal Provider Problem Resolution Process	K.1
Formal Provider Appeal Process	K.2
Quality Improvement Process	K.3
Contract Administration And Fiscal Issues With MHP Contracts.....	K.3

L. PRACTICE GUIDELINES

Co-Occurring Disorder Population.....	L.1
Treatment Of Co-Occurring Substance Abuse And Mental Health Disorders Comprehensive, Continuous, Integrated System Of Care (CCISC) Model	L.1
For adults clients.....	L.2
For children/youth clients.....	L.2
Specialty Mental Health Medical Necessity Child/Youth	L.3
Documentation Guidelines when the Electronic Health Record (EHR) is Unavailable	L.5
Dual Diagnosis Capable Programs.....	L.5
Comprehensive, Continuous, Integrated System of Care (CCSIC) CADRE	L.6
Education on MAT as Alternative to Pain Management Training	L.6
Drug Formulary for HHS Mental Health Services.....	L.6
Monitoring Psychotropic Medications.....	L.7
Naloxone for Risk of Overdose	L.9

Children Youth and Families	L.9
Monitoring Controlled Substance Prescriptions.....	L.10

M. STAFF QUALIFICATIONS

Credentialing and Recredentialing	M.1
Adult And CYF Systems Of Care	M.4
Professional Licensing Waiver Guidelines	M.4
Clearances For Work With Minors	M.7
Documentation And Co-Signature Requirements	M.8
Staff Supervision And Management Requirements	M.11
Staffing Requirements.....	M.12
Use Of Volunteers And Masters Level Student Interns	M.13
Adult/Older Adult System Of Care.....	M.14
CYF System Of Care.....	M.15
Peer Support Specialist Certification Qualifications.....	M.17
Legacy Clause and Out of State Reciprocity	M.17
Peer Support Specialist Supervisors	M.18

N. DATA REQUIREMENTS

Data Collection And Retention.....	N.1
Accuracy Of Data	N.1
Financial Eligibility And Billing Procedures.....	N.1
Medi-Cal Administrative Activities (MAA)	N.2
Additional Outcome Measures	N.2
Mental Health Services Act (MHSA)	N.3
MHSA Community Services And Support (CSS).....	N.3
MHSA Prevention And Early Intervention (PEI)	N.3
MHSA Innovation.....	N.3
MHSA Workforce Education And Training (WET).....	N.3
MHSA Full Service Partnerships (FSP)	N.3
Outcome Measures - Adult System Of Care	N.4
Milestones Of Recovery Scale (MORS)	N.4
Level Of Care Utilization System (LOCUS).....	N.4
Recovery Markers Questionnaire (RMQ).....	N.4
Illness Management And Recovery (IMR).....	N.4
Outcome Measures Manual.....	N.4
Outcome Measures - Transitional Age Youth	N.4
Outcome Measures - Children's System of Care	N.5
Data Collection And Retention	N.5
Outcome Tools And Requirements	N.5
Symptoms/Functioning Outcomes	N.6
Pediatric Symptom Checklist (PSC).....	N.6
Child and Adolescent Needs and Stegths (CANS).....	N.6
CRAFFT.....	N.6
Personal Experience Screening Questionnaire (PESQ)	N.7
Discharge Outcomes Objectives	N.7
Youth Services Survey (YSS).....	N.8

Substance Use Disorder Counselor Satisfaction Survey	N.8
Satisfaction Outcomes	N.8
Medication Only Clients	N.9
Additional Outcome Objectives.....	N.9
All Providers	N.9
Outpatient Providers.....	N.9
Day Treatment Providers.....	N.10
Research Projects Involving Children's Mental Health Clients	N.10

O. TRAINING

Cultural Competency Training	O.1
BHS Disaster Training	O.1
System Of Care Training	O.1
Continuing Education Units (CEUs).....	O.1
Family and Youth Support Partners Trainings	O.1
The Quality Assurance Unit	O.1
Electronic Health Record Trainings	O.2

P. MENTAL HEALTH SERVICES ACT - MHSA

MHSA Full Service Partnerships	P.1
MHSA System Transformation.....	P.1

Q. PAYMENT SCHEDULE AND BUDGET GUIDELINES FOR COST REIMBURSEMENT

Budget Guidelines.....	Q.1
Total Direct Labor Cost	Q.1
Total Other Direct Cost.....	Q.3
Fixed Assets.....	Q.4
Total Indirect Cost.....	Q.5
Units of Service	Q.5
Start-Up Funds (for Procurement Budget only)	Q.5

R. QUICK REFERENCE GUIDE

Phone Directory	R.1
Access And Crisis Line (ACL).....	R.1
County Of San Diego MHP Administration.....	R.1
Optum (Administrative Services Organization)	R.1
Client Advocacy Organizations	R.1
American Sign Language (ASL) Interpreter Services.....	R.2
Internet Resources	R.2

ABBREVIATIONS REFERENCE GUIDE

Please visit: optumsandiego.com > References > San Diego County BHS Abbreviations for most updated version