

Organizational Provider Operations Handbook

TABLE OF CONTENTS

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

A. SYSTEMS OF CARE (SOC)

Mission of Health and Human Services Agency (HHS) Behavioral Health Services	A.0
Medi-Cal Transformation	A.0
Client Population Served by the Behavioral Health Plan	A.1
<i>Child Youth & Families (CYF) System of Care (SOC)</i>	A.1
Seriously Emotionally Disturbed (SED) Clients:	A.2
CYF SOC Principles:	A.3
<i>CYF SOC Values</i>	A.4
<i>CYF SOC Goals</i>	A.5
<i>Outcome Objectives</i>	A.5
Family and Youth Partnerships	A.5
<i>Types of Youth or Family Partners</i>	A.6
<i>Y/FSP as Direct Service Providers</i>	A.6
<i>Y/FSP: Selection, Training and Supervision</i>	A.7
<i>Operational Guidelines for Youth/Family Support Partners(Y/FSPs)</i>	A.7
<i>Duties and Responsibilities of the Y/FSPs</i>	A.8
<i>Provision of Services and Claiming</i>	A.8
<i>Claiming to Other Funding Sources</i>	A.8
Youth & Family Partner Roles Other Than Direct Service.....	A.8
Adult and Older Adult System of Care (A/OA SOC).....	A.9
<i>A/OA Populations Served</i>	A.10
Psychosocial Rehabilitation and Recovery	A.12
Services for Dual Diagnosis (Mental Illness and Co-occurring Substance Use Disorders).....	A.12
Adult & Older Adult Staff Productivity Standard	A.13
Older Adult Services	A.13
Peer Support Specialist Recovery and Rehabilitation Services.....	A.14
Services for Persons Experiencing Homelessness	A.14
<i>Homeless Outreach Services</i>	A.14
<i>Flexible Funds</i>	A.15
<i>Short Term & Bridge Housing</i>	A.15
<i>Additional Resources</i>	A.15

B. COMPLIANCE AND CONFIDENTIALITY

Compliance.....	B.1
<i>County Programs</i>	<i>B.Error! Bookmark not defined.</i>
<i>Contracted Programs</i>	<i>B.Error! Bookmark not defined.</i>
<i>Compliance Standards</i>	B.2
<i>BHP's Compliance Hotline</i>	B.2
<i>Mandated Reporting</i>	B.2
<i>Documentation Requirements</i>	B.3
Claiming and Reimbursement of Mental Health Services	B.3
<i>Coding and Billing Requirements</i>	B.4
<i>False Claims Act</i>	B.5
<i>Program Integrity- Service Verification</i>	B.6
Confidentiality	B.7

<i>BHP Responsibilities</i>	B.7
<i>Notice of Privacy Practices</i>	B.8
Uses and Disclosures of Records	B.8
<i>Client Requests for Records</i>	B.9
<i>Client Requests for Amendment and Client Requests for Accounting of Disclosure</i>	B.10
<i>Handling/Transporting Medical Record Documents</i>	B.10
<i>Privacy Incidents</i>	B.11
<i>Privacy Incidents Reporting (PIR) for Staff and Management</i>	B.12

C. ACCESSING SERVICES

Screening for Access to Specialty Mental Health Services	C.1
<i>SMHS Provided During the Assessment Period Prior to Determination of a Diagnosis or</i>	
Access Criteria for Adult/Older Adult Outpatient Specialty Mental Health Services	C.3
Access Criteria for Children and Youth Outpatient Specialty Mental Health Services	C.3
<i>Co-Occurring Substance Use Disorder</i>	C.4
<i>Concurrent NSMHS and SMHS</i>	C.5
Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services	C.6
Adult and Youth Screening Tool	C.6
<i>Description of the Adult and Youth Screening Tools</i>	C.7
<i>Adult Screening Tool</i>	C.7
<i>Youth Screening Tool</i>	C.8
Administering the Adult and Youth Screening Tools	C.9
<i>Following Administration of the Adult and Youth Screening Tools</i>	C.10
Transition of Care Tool	C.10
<i>Description of the Transition of Care Tool</i>	C.10
<i>Administering the Transition of Care Tool</i>	C.12
<i>Following Administration of the Transition of Care Tool</i>	C.12
Network Adequacy	C.13
Required Actions on the SOC Application	C.13
Provider to Member Ratio Requirements	C.14
Timely Access Standards	C.14
Out of Network (OON) Access	C.16
<i>Procedure for Out of Network Service Access</i>	C.16
Access And Crisis Line (ACL)	C.18
BHP Services Authorization Requirement Provided by Optum	C.19
<i>Referrals to the ACL</i>	C.19
<i>Provider Interface with the ACL</i>	C.19
<i>Receiving Referrals from the ACL</i>	C.20
<i>Hours of Service Availability</i>	C.20
<i>Language Assistance</i>	C.20
Provider Selection, Terminations, Incentives	C.21
<i>Requests for Continuity of Care</i>	C.22
<i>Validating Pre-Existing Provider Relationships</i>	C.22
<i>Timeline Requirements</i>	C.23
<i>Requirements Following Completion of Continuity of Care Request</i>	C.23
<i>Repeated Requests for Continuity of Care</i>	C.24
Member and Provider Outreach and Education	C.25
<i>Reporting Requirements</i>	C.25
<i>Continuity of Care Requests Processed by ASO</i>	C.25
<i>Clients Who Must Transfer to a New Provider</i>	C.26
Non-Behavioral Health Plan Services: Screening, Referral and Coordination	C.26
Mobile Crisis Services	C.27

Psychiatric Emergency Response Team (PERT)	C.27
Mobile Crisis Response Teams (MCRT)	C.28
Urgent Walk-In Clinical Standards -Adult/Older Adult Mental Health Services	C.29
<i>Urgent Psychiatric Condition</i>	C.29
<i>Exodus and Jane Westin- Full Time Access</i>	C.29
<i>Outpatient Clinics With Walk-In Urgent Components</i>	C.30
<i>All Programs</i>	C.31
<i>Priority List</i>	C.31
Referral Process for Strength-Based Case Management & Assertive Community Treatment Services	C.32
Assisted Outpatient Treatment /Laura's Law	C.32
Community Assistance, Recovery and Empowerment (CARE) Act.....	C.35
<i>CARE Eligibility Criteria</i>	C.35
<i>CARE Process</i>	C.36
Accessing Secure Facility/Long-Term Care (SF/LTC)- Adult Mental Health Services	C.37
<i>Referral Process</i>	C.37
<i>Target Population</i>	C.38
Eligibility Criteria For Admittance To SF/LTC	C.38
<i>To County-Funded Secure Facilities/Long-Term Care</i>	C.38
<i>To San Diego County Funded SNF Patch Facilities</i>	C.39
<i>To Vista Knoll</i>	C.40
<i>To a State Psychiatric Hospital</i>	C.40
Reviews Of Determination Decisions	C.40
Placement	C.41
BHP and MCP Responsibility to Provide Services for Eating Disorders	C.41
Placement in a State Hospital	C.42
Transitional Age Youth (TAY) Referral Process.....	C.43
<i>Identify the System Target Population</i>	C.46
Coordinated Care Between Sectors.....	C.48
<i>Coordinate Care When Making Referrals</i>	C.49
Accessing Services - Children, Youth And Families Services (CYFS).....	C.51
<i>Organizational Provider Outpatient Services or County Operated Services</i>	C.51
<i>Day Intensive and Day Rehabilitative Services (CYFS)</i>	C.51
<i>Service Priority for Outpatient Assessment Services – CYFS</i>	C.52
Therapeutic Behavioral Services (TBS)	C.53
<i>Utilization Review</i>	C.53
Dual Diagnosis Capable Programs.....	C.53
Mental Health Services for Indian Enrollees	C.54
Residency	C.54

D. PROVIDING SPECIALITY MENTAL HEALTH SERVICES

Documentation Standards.....	D.1
Assessment Standards	D.1
Care Plan Standards	D.2
Problem List Standards	D.2
Service Note Standards	D.2
Peer Support Role.....	D.3
<i>Interventions Rendered by Certified Peer Support Specialists)</i>	D.3
Adult/Older Adult System Of Care.....	D.3
<i>Coordination of Care: Creating a Seamless System of Care</i>	D.3
<i>Post Discharge Coordination of Care</i>	D.4
Outpatient, Case Management and Assertive Community Treatment Services.....	D.5
Specific Procedures And Criteria For Case Management and Assertive Community Treatment Services....	D.5

<i>Brief Description of Services Available</i>	D.5
<i>Strength-Based Case Management</i>	D.6
<i>Assertive Community Treatment (ACT)</i>	D.8
Crisis Stabilization Services	D.9
Overview of Programs	D.11
<i>Initial Face-to-Face Visits</i>	D.14
<i>On-going Face-to-Face Visits</i>	D.15
Dual Track Programs	D.16
Augmented Services Program	D.16
Telehealth Services	D.17
<i>Videoconferencing Guidelines for Telehealth</i>	D.18
Peer Support Services	D.19
Inpatient Services For Medi-Cal Beneficiaries	D.20
<i>Pre-Authorization Through Optum</i>	D.20
<i>Criteria for Access to Inpatient Services for Adult/Older Adults</i>	D.21
Inpatient Services For Non-Medi-Cal Eligible A/OA Clients (Non-Insured)	D.22
<i>Crisis Residential Services</i>	D.22
Mental Health Services To Parolees	D.23
<i>Correctional Program Checklist (CPC)</i>	D.24
Mental Health Services To Veterans	D.24
<i>Referral Process for Providing Mental Health Services to Veterans</i>	D.25
Utilization Management	D.26
<i>Utilization Review for Crisis Residential Programs</i>	D.27
<i>Utilization Review for Outpatient Programs</i>	D.27
Outpatient Guidelines	D.28
<i>Initial Eligibility for Services</i>	D.29
<i>Eligibility for Ongoing County or Contracted Program Outpatient Services</i>	D.29
Utilization Management Process for Outpatient Programs	D.30
<i>Utilization Review Committee (URC)</i>	D.31
Outcome Measures	D.32
Utilization Review For ACT/FSP/Case Management Programs	D.32
Missed Appointment and Follow Up Standard	D.33
Children and Youth Specialty Mental Health Services	D.34
Seriously Emotionally Disturbed (SED) Clients	D.35
Outpatient Services	D.35
<i>Outpatient Time Based Utilization Management</i>	D.35
<i>Authorization for Reimbursement of Services</i>	D.36
Utilization Management	D.37
Medication Only Services	D.38
<i>Procedure for Medication Only Clients</i>	D.39
School Interface	D.41
Intensive Services	D.41
<i>Prior Authorization Process For Day Services</i>	D.44
<i>Utilization Review for Day Treatment Intensive and Day Rehabilitation Services</i>	D.46
<i>Short-Term Residential Therapeutic Programs (Outpatient only)</i>	D.46
Out Of County Medi-Cal Clients	D.47
<i>Authorization of Reimbursement of Services</i>	D.47
Program Procedure(s) For Medi-Cal Eligible Children In Foster Care Under AB1299	D.48
Program Procedure(s) For Medi-Cal Eligible Children In AAP/KinGAP Under SB 785	D.48
Therapeutic Behavioral Services (TBS)	D.50
<i>Utilization Review for TBS</i>	D.51
<i>Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Brochure</i>	D.51
Pathways to Well-Being and Continuum of Care Reform	D.51

<i>Overview</i>	D.51
<i>California’s Continuum of Care Reform</i>	D.52
<i>Serving Youth with an Open Child and Family Well-Being Services Case</i>	D.53
<i>Documenting Katie -A</i>	D.54
<i>CFT Meeting Facilitation Program</i>	D.56
<i>Documenting and Billing for CFT Meetings in SmartCare</i>	D.56
<i>Intensive Care Coordination</i>	D.57
<i>Intensive Home-Based Services</i>	D.57
<i>Special Populations Selection for Children/Youth receiving ICC and/or IHBS Services</i>	D.59
Therapeutic Foster Care	D.59
<i>Data Reporting</i>	D.61
<i>Bulletins</i>	D.61
<i>Trainings</i>	D.61
<i>Forms</i>	D.61
Short Term Residential Treatment Programs (STRTP)	D.62
<i>IPC and CFT Meeting</i>	D.63
<i>STRTP Services</i>	D.63
<i>Mental Health Program Approval</i>	D.64
<i>References</i>	D.65
BHS Pathways to Well-Being and Continuum of Care Reform Programs	D.65
QA Program Monitoring	D.66
Financial Eligibility and Billing Procedures	D.66

E. INTEGRATION WITH PHYSICAL HEALTH CARE

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

F. MEMBER RIGHTS, GRIEVANCE AND APPEALS

Consumer Grievances, Appeals and State Fair Hearings	F.1
Integrated Behavioral Health Member Handbook	F.3
<i>Integrated Behavioral Health Member Handbook Delivery Method</i>	F.4
Member Grievance and Appeal Process	F.5
<i>Process Definitions (Title 42 CFR § 438.400 (b) Periodic Notice of Clients’ Rights</i>	F.5
<i>Periodic Notice of Clients’ Rights</i>	F.6
<i>Grievance Resolution at Provider Sites</i>	F.7
<i>Grievance Process</i>	F.7
<i>Grievance Resolution</i>	F.8
<i>Grievance Process Exemptions</i>	F.8

<i>Advocacy Services and Records Requests</i>	F.9
Adverse Benefit Determination (ABD)	F.9
<i>Written Notice of Adverse Benefit Determination (NOABD) Requirements</i>	F.10
<i>Timing of the Notice</i>	F.11
<i>Written NOABD Templates</i>	F.11
Appeal Process	F.14
<i>Authorized Representatives</i>	F.15
<i>Standard Resolution of Appeals</i>	F.15
<i>Expedited Resolution of Appeals</i>	F.15
<i>General Expedited Requirements</i>	F.15
<i>Notice of Appeal Resolution (NAR) Requirements</i>	F.16
<i>NAR Adverse Benefit Determination Upheld Notice</i>	F.16
<i>NAR “Your Rights” Notice</i>	F.17
<i>NAR Adverse Benefit Determination Overturned Notice</i>	F.17
State Fair Hearing	F.17
Continuation of Services	F.18
<i>Monitoring the Member Grievance and Appeal Resolution Process</i>	F.19
Non-Discrimination and Language Assistance Notice	F.19
<i>Provider Appeal Process</i>	F.19
<i>Considerations for Minors</i>	F.20
Additional Client Rights	F.20
<i>Provider Selection</i>	F.20
<i>Second Opinion</i>	F.20
<i>Transfer From One Provider to Another</i>	F.21
<i>Right to Language, Visual and Hearing Impairment Assistance</i>	F.21
<i>Right to a Patient Advocate</i>	F.21
<i>Open Payments Database Physician’s Notice to Clients</i>	F.21
<i>Law Change: Required Notice to Consumers Display of License/Registration</i>	F.22
<i>Complaints to Board of Behavioral Sciences (AB 630)</i>	F.22
Advance Health Care Directive Information	F.22
Guidance for Facilities on Service and Support Animals	F.24
<i>Service Animals</i>	F.24
<i>Support Animals</i>	F.24
<i>Denial of a Service or Support Animal</i>	F.25

G. QUALITY MANAGEMENT PROGRAM

Measuring Client Satisfaction	G.2
<i>Provider Feedback</i>	G.3
Medi-Cal Certification and Recertification	G.3
<i>Medi-Cal Certification Site Reviews</i>	G.4
<i>Policies and Procedures</i>	G.5
<i>Posted Brochures and Notices</i>	G.5
Monitoring The Service Delivery System	G.6
<i>Uniform Medical Record – Forms and Timelines</i>	G.6
<i>Staff Signature Logs</i>	G.7
<i>Timeliness of Documentation Standard</i>	G.8
Quality Assurance Program Reviews (QAPRs)	G.8
<i>Program Responsibility</i>	G.8
<i>County Quality Assurance Program Reviews</i>	G.8
Program Quality Improvement Plan (QIP)	G.10
Medi-Cal Recoupment And Appeals Process	G.11
Medication Monitoring For CYF and A/OA SOC	G.12

<i>Procedures for Medication Monitoring Reporting</i>	G.13
CYF System Of Care: Storage, Assisting With Self Administration, And Disposal Of Medications	G.15
Access Times Monitoring	G.16
Client And Performance Outcomes	G.16
<i>Adult System of Care</i>	G.16
<i>Child, Youth and Family System of Care</i>	G.17
<i>Monthly/Quarterly Status Report (M/QSR)</i>	G.18
<i>Mental Health Services Act (MHSA) Outcomes</i>	G.18
<i>Performance Improvement Projects (PIPs)</i>	G.18
Critical Incident Reporting	G.18
Critical Incident Information	G.19
<i>Critical Incident Reporting Procedures</i>	G.21
<i>Clinical Case Reviews</i>	G.22
<i>General Administration Policies and Procedures</i>	G.22
<i>Critical Incident Reporting on Weekends and Holidays</i>	G.23
Non- Critical Incident Reporting	G.23
<i>Non-Critical Incident Reporting Procedures</i>	G.24
<i>Safety and Security Notifications to Appropriate Agencies</i>	G.25
Child, Youth And Family: Additional Reporting	G.26
Quality Review Committee (QRC)	G.26
Privacy Incident Reporting (PIR) for Staff and Management	G.27
National Voter Registration Act (NVRA)	G.28

H. CULTURAL COMPETENCE

History And Background	H.1
<i>Cultural Competence Plan</i>	H.2
<i>Current Standards and Requirements</i>	H.2
Program Level Requirements	H.5
Staffing Level Requirements	H.6
Additional Recommended Program Practices	H.8

I. MANAGEMENT INFORMATION SYSTEM

SmartCare	I.1
<i>User Account Setup and Access</i>	I.1
<i>Technical Requirements to Access SmartCare</i>	I.2
<i>Staff Set Up and User Account Access</i>	I.2
<i>Staff Assignment to Programs</i>	I.3
<i>User Assignment to a Clinical Data Access Group (CDAG)</i>	I.3
<i>Limitation of Staff Assignment to “Data Entry – Add New Clients” Menu Group</i>	I.4
Program Manager/Supervisor Responsibility For Staff Access And Security	I.5
Security And Confidentiality	I.5
<i>Unauthorized Viewing of County Data</i>	I.5
<i>Passwords</i>	I.5
<i>Multi-Factor Authentication</i>	I.6
<i>Staff Termination Process</i>	I.7
Application Training	I.7
<i>CalMHSA Rx</i>	I.7
<i>Other Resources for Prescribers</i>	I.7
<i>User Support</i>	I.8
CCBH	I.8
Quick Resource Guide	I.9

J. PROVIDER CONTRACTING

Disclosure Requirements	J.1
Conflict of Interest	J.3
Contractor Compliance Attestation	J.3
Program Monitoring	J.4
Contractor Orientation	J.4
Notification In Writing Of Status Changes	J.4
Site Visits	J.4
Corrective Action Notice	J.5
Monthly and Quarterly Status Reports	J.5
Contract Issue Resolution	J.6
Local Emergency Response	J.6
Disaster Response	J.6
Transportation Of Clients	J.7
Claims And Billing For Contract Providers	J.7
<i>Contractor Payments</i>	<i>J.7</i>
<i>Budgets, Claims (Invoices) and Supplemental Data Sheets</i>	<i>J.7</i>
<i>Gift Card Usage</i>	<i>J.8</i>
Medi-Cal Billing to the State	J.9
<i>Submitting Claims (Invoice) for Services</i>	<i>J.9</i>
<i>Overpayment</i>	<i>J.9</i>
<i>Certification on Disbarment or Exclusion</i>	<i>J.9</i>
Federal and State Database Checks	J.10
<i>National Provider Identification Verification</i>	<i>J.11</i>
<i>License Verifications</i>	<i>J.11</i>
Short-Doyle Medi-Cal	J.11
<i>Definitions</i>	<i>J.11</i>
<i>Medi-Cal Revenue</i>	<i>J.11</i>
<i>Medi-Cal Disallowance/Recoupment of Federal Financial Participation (FFP) Dollars</i>	<i>J.12</i>
<i>Billing Disallowances – Provider Self Report</i>	<i>J.12</i>
<i>Procedures</i>	<i>J.13</i>
<i>Provider Requirements</i>	<i>J.13</i>
<i>BHS Strategy & Finance (S&F) Procedure</i>	<i>J.14</i>
<i>Billing Inquiries</i>	<i>J.14</i>
Inventory Guidelines for County Contracts	J.14
<i>Definitions</i>	<i>J.15</i>
<i>Internal Controls and Procedures</i>	<i>J.15</i>
<i>Disposition</i>	<i>J.17</i>
<i>Stolen, Damaged or Missing Equipment</i>	<i>J.17</i>
<i>Vehicles</i>	<i>J.17</i>
<i>Inventory Disposition</i>	<i>J.18</i>
<i>DPC 203 and DPC 204</i>	<i>J.19</i>
Electronic Property/IT	J.23
<i>Contractors Inventory Minimum Guidelines on A Cost Reimbursement and Fixed PRICE Contract</i>	<i>J.23</i>
<i>Definitions</i>	<i>J.23</i>
<i>Minimum Guidelines</i>	<i>J.24</i>

K. PROVIDER ISSUE RESOLUTION

Informal Process	K.1
Formal Provider Problem Resolution Process	K.1

Organizational Provider Operations Handbook

TABLE OF CONTENTS

Formal Provider Appeal Process	K.2
Quality Assurance Process.....	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.2
<i>Medi-Cal Transformation Initiative for Co-Occurring Treatment Disorders</i>	<i>L.2</i>
Medically Necessary Specialty Mental Health Services for Child/Youth	L.4
Documentation Guidelines when the Electronic Health Record (EHR) is Unavailable	L.5
Dual Diagnosis Capable Programs.....	L.6
Comprehensive, Continuous, Integrated System of Care (CCSIC) CADRE	L.7
<i>Completion of CCISC CADRE</i>	<i>L.7</i>
Education on MAT as Alternative to Pain Management Training	L.7
Drug Formulary for HHS Mental Health Services.....	L.7
Monitoring Psychotropic Medications.....	L.8
<i>Antipsychotic Medications</i>	<i>L.8</i>
<i>Clinical Advisory on Monitoring Antipsychotic Medications.....</i>	<i>L.9</i>
Naloxone for Risk of Overdose.....	L.10
Children Youth and Families	L.10
Monitoring Controlled Substance Prescriptions.....	L.11

M. STAFF QUALIFICATIONS

<i>Credentialing via Optum.....</i>	<i>M.2</i>
<i>Re-Credentialing via Optum</i>	<i>M.3</i>
Provider Enrollment via Optum	M.4
Delegates and Delegation	M.4
Adult and CYF Systems of Care	M.5
<i>Professional Licensing Waiver Requirements</i>	<i>M.5</i>
Clearances For Work With Minors	M.10
Documentation And Co-Signature Requirements	M.10
<i>Scope of Practice Matrix</i>	<i>M.11</i>
<i>Provider Credentials- Definitions</i>	<i>M.11</i>
<i>Peer Support Specialists.....</i>	<i>M.15</i>
<i>Peer Support Specialist Supervisors</i>	<i>M.17</i>
Staff Supervision And Management Requirements	M.17
Staffing Requirements.....	M.18
Adult/Older Adult System Of Care.....	M.19
<i>Staffing</i>	<i>M.19</i>
CYF System Of Care.....	M.19
<i>Staffing</i>	<i>M.19</i>
Use Of Volunteers And Clinical Trainees.....	M.21
Signature Log and Documentation of Qualifications	M.22

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.1
Mental Health Services Act (MHSA).....	N.2
<i>MHSA Community Services and Support (CSS).....</i>	<i>N.2</i>

Organizational Provider Operations Handbook

TABLE OF CONTENTS

<i>MHSA Prevention and Early Intervention (PEI)</i>	N.2
<i>MHSA Innovation</i>	N.3
<i>MHSA Workforce Education and Training (WET)</i>	N.3
<i>MHSA Full-Service Partnerships (FSP)</i>	N.3
Systemwide State Required Performance Measures	N.3
<i>External Quality Review Organization</i>	N.3
<i>Healthcare Effectiveness Data and Information Set (HEDIS)</i>	N.4
<i>Data Collection and Retention</i>	N.5
<i>Outcome Tools and Requirements</i>	N.5
<i>Additional Outcome Measures</i>	N.5
Level of Care Specific Outcomes (Adults and Older Adults)	N.5
<i>Patient Reported Outcome Assessments, Adults and Older Adults</i>	N.5
<i>State Required Patient Reported Outcomes, Adults</i>	N.6
<i>Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey</i>	N.6
Patient Reported Outcome Assessments (Children and Youth)	N.7
<i>The Child and Adolescent Needs and Strengths (CANS)</i>	N.7
<i>CANS Requirements</i>	N.7
<i>CANS Exceptions</i>	N.8
<i>Medication Only Clients</i>	N.8
<i>CANS Discharge Outcomes Objectives</i>	N.8
<i>Pediatric Symptom Checklist (PSC)</i>	N.9
<i>PSC Exceptions</i>	N.9
<i>PSC Discharge Outcomes</i>	N.10
<i>Youth Services Survey (YSS): Client Satisfaction</i>	N.10
<i>YSS Exceptions</i>	N.11
<i>YSS Satisfaction Outcomes</i>	N.11
<i>State Required Patient Reported Outcomes (Children and Youth)</i>	N.11
<i>Additional Children and Youth Outcome Objectives</i>	N.12
Research Projects Involving Children's Mental Health Clients	N.13

O. TRAINING

Tracked Trainings	O.1
Contractor Trainings	O.1
Family and Youth Support Trainings	O.2
STRTP Trainings	O.2
The Quality Assurance Unit	O.3
<i>CalMHSA Documentation Trainings</i>	O.3
Electronic Health Record Trainings	O.4

P. MENTAL HEALTH SERVICES ACT - MHSA

MHSA Full Service Partnerships	P.1
MHSA System Transformation	P.2

Q. PAYMENT SCHEDULE AND BUDGET GUIDELINES

Budget	Q.1
Invoice	Q.1
Total Direct Labor Cost	Q.1
Total Other Direct Cost	Q.3
Fixed Assets	Q.4
Total Indirect Cost	Q.5
Other Costs: Hiring Incentives and Premium Shift Differential Rates	Q.5
Units of Service	Q.7

Organizational Provider Operations Handbook

TABLE OF CONTENTS

<i>Start-Up Funds (for Procurement Budget only)</i>	<i>Q.8</i>
<i>Other Revenue Sources</i>	<i>Q.9</i>
Budget & Fiscal Instructions for Fixed Price or Fee-For-Service (FFS) Contracts	Q.10
<i>Budget</i>	<i>Q.10</i>
<i>Invoice</i>	<i>Q.10</i>
<i>Units of Service</i>	<i>Q.10</i>
Budget & Fiscal Instructions for Hybrid Contract Only	Q.11
Behavioral Health Services Funding Source Requirements (Contractor Instructions)	Q.11
<i>Medi-Cal Requirements</i>	<i>Q.11</i>
<i>MH UMDAP Requirements Paragraph</i>	<i>Q.12</i>

R. QUICK REFERENCE GUIDE

Directory	R.1
OPTUM (Administrative Services Organization)	R.2
Client Advocacy Organizations	R.2
Internet Resources	R.2

ABBREVIATIONS REFERENCE GUIDE

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