

Table of Contents

June 2021

Welcome

Introduction

Medi-Cal Managed Care Plans in Fresno County	I
Physical Health.....	I
Mental Health	I
Physical and Mental Health Interface	II
Fresno County Mental Health Plan Values	II
Client Rights	III

Section 1: Access and Referral

1.0 Provider Access	1.1
1.1 Points of Access.....	1.2
1.1.1 24 Hour Access Line.....	1.2
1.1.2 Fresno County Mental Health Plan Service Sites	1.2
1.1.3 Contract Provider Sites.....	1.3
1.2 Timely Access to Care	1.3
1.2.1 Out of County Access	1.5
1.3 Interagency and Outside Referrals	1.5
1.4 FCMHP – Urgent Care and Emergency Access Points	1.6
1.4.1 24 Hour Availability of Services to Address Emergency Conditions-In County	1.7
1.4.2 24 Hour Availability of Services to Address Emergency Conditions-Out of County.....	1.8
1.5 FCMHP In-House Access Points-Fresno/Clovis Area	1.9
1.5.1 Adult Services	1.9
1.5.2 Children/Youth Services	1.11
1.6 Fresno County Mental Health Plan Access Points-Rural.....	1.11
1.7 Multi-Agency Access Program (MAP)	1.12
1.8 Provider Transition Plan	1.14
1.9 Procedure for Requesting Other Mental Health Services.....	1.14

Section 2: Services Requiring Authorization

2.0 Service Authorization Requests	2.1
2.0.1 Requests for SARs	2.1
2.0.2 Requesting an Initial SAR	2.2
2.0.3 Requesting an Ongoing SAR	2.2
2.1 Procedure for Psychiatric Inpatient Hospital Professional Services	2.3

Section 3: Medical Necessity Criteria

3.0 Definition of Medical Necessity	3.1
3.1 Specialty Mental Health Services	3.1
3.2 Medical Necessity for Specialty Mental Health Services	3.1
3.2.1 Included Diagnoses	3.1
3.2.2 Excluded Diagnoses	3.2

Table of Contents

3.2.3	Impairment Criteria	3.2
3.2.4	Intervention Related Criteria	3.3
3.3	Medical Necessity for Psychiatric Inpatient Hospital Services ...	3.3

Section 4: Service Definitions

4.0	Definition of Service Providers	4.1
4.1	Service Types	4.2
4.2	Service Activities	4.2
4.2.1	Mental Health Services	4.2
4.2.1.1	Assessment.....	4.4
4.2.1.2	Plan Development	4.5
4.2.1.3	Therapy	4.5
4.2.1.4	Rehabilitation	4.5
4.2.1.5	Collateral	4.5
4.2.1.6	Therapeutic Behavioral Service	4.5
4.2.1	Medication Support Services	4.6
4.2.2	Crisis Intervention.....	4.6
4.2.3	Case Management	4.8

Section 5: Therapeutic Behavioral Service

5.0	General Program Description.....	5.1
5.1	Managed Care's Responsibilities.....	5.2
5.2	Organizational Contract Provider's Responsibilities.....	5.2
5.3	Process for Determining TBS Eligibility.....	5.5
5.4	Service Delivery.....	5.7
5.5	Clinical Process and Methodology	5.10
5.6	What a TBS Coach is Not	5.17
5.7	Ethical Standards for TBS Coaches	5.19
5.8	Documentation	5.21
5.9	TBS Staff Training.....	5.26
5.10	MHP Monitoring	5.26

Section 6: Eligibility and Claims

6.0	Beneficiary's Eligibility	6.1
6.0.1	Initial Eligibility Determination.....	6.1
6.0.2	Subsequent Eligibility Determination.....	6.1
6.0.2.1	Determination of Eligibility	6.1
6.1	Claims	6.2
6.1.1	Claim Submission	6.2
6.1.2	Claims/Billing Audit	6.3
6.1.3	Disapproved Claims	6.3
6.2	Beneficiaries with Share of Cost or Third Party Insurers	6.3
6.2.1	Share of Cost	6.3
6.2.2	Third Party Insurers	6.4
6.3	Payment Policies	6.4
6.4	Claims Certification	6.5

Table of Contents

6.5	Cost Report	6.6
6.6	Over/Underpayment	6.6
6.7	State Disallowance	6.7

Section 7: Quality Management

7.0	Quality Management Overview	7.1
7.1	Provider Training.....	7.1
7.2	Provider Credentialing	7.2
7.2.1	Credentialing Committee	7.2
7.2.2	Credentialing Standards	7.2
7.3	Contract Requirements.....	7.3
7.4	Potential Tort, Casualty Insurance, or Worker's Compensation Awards	7.4
7.5	Licensure and Insurance Coverage Requirements	7.4
7.6	Quality Improvement Plan	7.4
7.7	Satisfaction Surveys	7.5
7.8	Outcome Studies	7.5
7.9	Consent for Treatment.....	7.6
7.10	Medication Consent Form.....	7.6
7.11	Abnormal Involuntary Movement Scale (AIMS) Form.....	7.7
7.12	Advanced Directives	7.7
7.13	HIPAA	7.8
7.13.1	What is considered Protected Health Information?	7.8
7.13.2	Guidelines for securing Protected Health Information	7.8
7.13.3	What to do if PHI is compromised	7.9
7.14	MHP Compliance Program	7.10
7.14.1	Contractor Code of Conduct and Ethics	7.10
7.14.2	Training and Education	7.12
7.14.3	Communication	7.12
7.14.4	Reporting Violations or Suspected Non-compliance	7.12
7.14.5	Clarification	7.13
7.14.6	Enforcement and Discipline	7.13
7.14.7	Monitoring and Auditing Procedures.....	7.14
7.14.8	Corrective Action	7.14
7.15	Compliance to Regulations	7.14

Section 8: Problem Resolution and Appeal Process

8.0	Provider Problem Resolution System.....	8.1
8.0.1	Informal Provider Problem Resolution Process	8.1
8.0.2	Formal Provider Appeal Process	8.1
8.0.2.1	Payment Issues	8.1
8.0.2.2	Other Complaints	8.2
8.1	Beneficiary Problem Resolution System	8.2
8.1.1	State Fair Hearing Process.....	8.3
8.1.1.1	Aid Paid Pending	8.4
8.1.2	Notice of Adverse Benefit Determination	8.5

Table of Contents

Section 9: Cultural and Linguistic Standards

9.0	General Overview	9.1
9.1	Cultural and Linguistic Standards.....	9.1
9.2	Cultural and Linguistic Definitions.....	9.1
9.2.1	Culture	9.1
9.2.2	Cultural Sensitivity	9.1
9.2.3	Cultural Appropriateness	9.1
9.2.4	Cultural Competence	9.2
9.2.5	Culturally Competent Mental Health System	9.2
9.3	Cultural Training	9.2
9.4	Language Assistance Services	9.2
9.5	Consumer Forms	9.3
9.6	Consumer Handbook.....	9.3
9.7	Compliance with Interpreter Services.....	9.3

Section 10: Site Certification/Medical Record Review

10.0	Site Certification/Recertification	10.1
10.1	Medical Record Review	10.2
10.2	Reasons for Recoupment or Disallowance during a Medical Record Review	10.2
10.3	Site and Medical Record Review Procedure	10.5

Section 11: Medical Records

11.0	Consent for Treatment	11.1
11.1	Medication Consent	11.1
11.2	Release of Medical Records and Distribution	11.1
11.3	Medical Record Copy Charges.....	11.3
11.4	Availability of Medical Records at Each Encounter.....	11.3
11.5	Security of Medical Records.....	11.3
11.6	Storage and Maintenance	11.4
11.7	Department of Health Care Services (DHCS) Medical Records Standards	11.4
11.8	Monitoring Procedures for Providers' Compliance with Medical Records Standards	11.5
11.9	Resources	11.5

Section 12: Documentation Standards

12.0	Client and Service Information (CSI) Changes.....	12.1
12.1	Assessment	12.1
12.2	Plan of Care	12.2
12.2.1	Plan of Care Contents.....	12.2
12.2.2	Plan of Care Standards.....	12.3
12.3	Progress Notes.....	12.3
12.3.1	Progress Notes Standards	12.3

Table of Contents

Section 13: Coordination of Physical and Mental Health Care

13.0	Health Net Medi-Cal Managed Care Plan	13.1
13.0.1	Referral for Mental Health Services	13.1
13.0.2	CalViva Health and the FCMHP	13.1
13.0.3	Pharmacy and Laboratory Services	13.3
13.1	Blue Cross of California Medi-Cal Managed Care Plan	13.4
13.1.1	Referral	13.4
13.1.2	Anthem Blue Cross and the FCMHP	13.4
13.1.3	Pharmacy and Laboratory Services	13.6

Section 14: Court-Referred Cases

14.0	Court-Referred Cases	14.1
14.0.1	Referrals.....	14.1
14.0.2	Payment	14.1
14.0.3	Quarterly Report.....	14.1
14.1	Specialty Mental Health Services-Definitions and Requirements	14.1
14.1.1	Mental Health Assessment	14.1
14.1.2	Psychological Evaluation I	14.2
14.1.3a	Psychological Evaluation II-a	14.4
14.1.3b	Psychological Evaluation II-b	14.5
14.1.3c	Psychological Evaluation II-c	14.6
14.1.4	Psychological Evaluation-Risk Assessment	14.8
14.1.5	Family Psychodynamic Formulation	14.9
14.1.6	Bonding Study	14.10
14.1.6a	14.1.6a Bonding I.....	14.10
14.1.6b	14.1.6b Bonding II.....	14.11
14.1.7	Attachment Assessment	14.12
14.1.8	Court Testimony.....	14.14
14.1.9	Court Report	14.15

Section 15: Forms and Definition of Terms

15.0	Assessment	15.1
15.1	Plan of Care	15.1
15.2	Infant/Toddler Addendum to Assessment	15.1
15.3	Progress Notes.....	15.1
15.4	Discharge Summary.....	15.2
15.5	Medication Referral Form	15.2
15.6	Definition of Terms	15.2

Section 16: Insurance and Other Requirements

16.0	Insurance Requirements	16.1
16.0.1	Professional Liability Insurance	16.1
16.0.2	Commercial General Liability Insurance	16.2
16.0.3	Comprehensive Automobile Liability Insurance.....	16.3
16.0.4	Worker's Compensation Insurance.....	16.3

Table of Contents

16.0.5 Child Abuse/Molestation and Social Services Coverage	16.4
16.0.6 Wrap-Up.....	16.4
16.1 Termination of Agreement Requirements	16.4
16.1.1 Provider Transition Plan	16.5
16.2 Disclosure Requirements – Criminal History and Civil Actions	16.5
16.3 Screening for Excluded/Ineligible Persons and Entities	16.6
16.3.1 Discovery of Excluded/Ineligible Persons	16.6

Section 17: County Resources

17.0 Hotlines and Emergency Numbers	17.1
17.1 Assistance Programs	17.1
17.2 Financial Aid	17.1
17.3 Health Care	17.1
17.4 Mental Health	17.1