



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

1600 9th Street,, Sacramento, CA 95814
(916) 654-2309

May 4, 2009

DMH INFORMATION NOTICE NO.: 09-06

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: DELIVERY OF MEDI-CAL SPECIALTY MENTAL HEALTH
SERVICES FOR CHILDREN IN A FOSTER CARE, KINGAP, OR
AID TO ADOPTIVE PARENTS AID CODE PLACED OUTSIDE
THEIR COUNTY OF ORIGIN

REFERENCE: IMPLEMENTATION OF WELFARE AND INSTITUTIONS CODE
SECTIONS 5777.7, 11376, AND 16125

This notice informs Mental Health Plans (MHPs) of the provisions of Senate Bill (SB) 785, (Chapter 469, Statutes of 2007) related to the delivery of medically necessary specialty mental health services for children in a foster care, KinGAP or Aid to Adoptive Parents (AAP) aid code placed outside their county of origin. SB 785 added sections 5777.7, 11376, and 16125 to the Welfare and Institutions Code (W&IC). See Enclosure 1 for the text to the statutes added.

SB 785 does not change the existing timelines to authorize out of county services codified in Title 9, California Code of Regulations, Section 1830.220(b)(4) in August 2008. For additional information about these regulations, see Department of Mental Health (DMH) [Information Notice 08-24](#).

The following is a summary of the processes that MHPs and providers must follow to authorize, document, and reimburse services when a child in a foster care, KinGAP or AAP aid code resides outside his or her county of origin. These requirements will be part of the MHP Managed Care contract for State Fiscal Year 2009-10. The most recent aid code listing can be found online at <http://www.dmh.ca.gov/MedCCC/Library.asp>.

Medi-Cal Eligible Children in a Foster Care Aid Code

- The MHP in the child's county of origin is responsible for providing or arranging for medically necessary specialty mental health services for children in a foster care aid code residing outside their county of origin.
- A public or private provider may submit a service authorization request to the MHP in the child's county of origin.
- The MHP in the child's county of origin must 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.
- The MHP in the child's county of origin must 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 date of receipt of the request for services.
- If the MHP in the child's county of origin needs additional information not submitted with the initial request, the authorization decision must be made within 3 working days from the date the additional information is received, or 14 calendar days from the receipt of the original authorization request, whichever is less.
- The MHP in the child's county of origin must make payment arrangements with the host county MHP or with the requesting provider within 30 days of the date that the MHP in the child's county of origin authorized services (W&IC 5777.7(a)(5)).
- If the MHP in the child's county of origin requires the use of a contract as a payment mechanism, the MHP must use the standard contract (e.g., Organizational Provider Agreement) developed by DMH. W&IC 5777.7(a)(5) requires that the standard contract be completed within 30 days of authorizing services for the child. See Enclosure 2 for the text of the standard Organizational Provider Agreement.
- Effective with the implementation of the Short-Doyle II claiming system, the MHP submitting the claim for services will receive the State and Federal funds.
- Effective July 1, 2009, MHPs in a child's county of origin must accept the following standard documents:
 1. Client Assessment
 2. Client Plan
 3. Service Authorization Request
 4. Client Assessment Update
 5. Progress Notes – Day Treatment Intensive Services
 6. Progress Notes – Day Rehabilitation Services

See Enclosure 3 for draft copies of the standard documents listed above. The data elements contained on these documents will not change. DMH is in the process of issuing these documents as official DMH forms. The forms will be available in electronic format for MHP and provider use.

W&IC Section 5777.7(a)(3)(B) allows MHPs to be exempted from using the standard documents if the MHP is subject to an externally placed requirement (such as a federal integrity agreement) that prevents the use of the standardized forms. If your MHP is subject to an externally placed requirement, you should evaluate the

need for an exemption from the use of the standard documents. If an exemption is needed, the MHP should submit a letter explaining the reason an exemption is needed to your [County Technical Assistance representative](#).

- For foster children placed outside their county of origin, W&IC Section 5777.7 (b)(3)(B) requires that the county of residence MHP provide the child welfare agency in the child's county of origin with information regarding the services being provided if the information is available and requested. The county of residence MHP must meet the privacy standards contained in the Health Insurance Portability and Accountability Act (HIPAA) and Medi-Cal confidentiality requirements in the communications with the child welfare agency in the child's county of origin.

Medi-Cal Eligible Children in an Aid to Adoptive Parents Aid Code

- The MHP in the child's adoptive parents' county of residence must provide medically necessary specialty mental health services to a child in an AAP aid code residing outside his or her county of origin in the same way that it would provide services to any other child for whom the MHP is listed as the county of responsibility on the Medi-Cal Eligibility Data System (MEDS). When an MHP receives a request for specialty mental health services for a child in an AAP aid code, the MHP must determine if the child's adoptive parents reside in the county that the MHP serves. If the child's adoptive parents are residents of the county that the MHP serves, the MHP must provide services to that child as it would provide services for any other Medi-Cal eligible child.
- The MHP in the child's adoptive parents' county of residence shall submit an authorization request (whether for an initial assessment, initial treatment or ongoing services), prepared by the provider, to the MHP in the child's county of origin. The MHP in the child's adoptive parents' county of residence must complete the authorization process (including authorization by the MHP in the county of origin) within the MHP's established authorization timelines for in county beneficiaries.
- The MHP in the child's county of origin must make an authorization decision (approve or deny services) within 3 working days following the date of receipt of the request for services.
- The MHP in the child's county of origin must notify the MHP in the child's adoptive parents' county of residence and the requesting provider of the decision to approve or deny services within 3 working days following the date of receipt of the request for services.
- If the MHP in the child's county of origin needs additional information not submitted with the initial request, the authorization decision must be made within 3 working days from the date the additional information is received, or 14 calendar days from the receipt of the original authorization request, whichever is less.
- The MHP in the child's county of origin does not need to make payment arrangements with the MHP in the child's adoptive parents' county of residence because funds for claims submitted for children in an AAP aid code will be sent to the MHP submitting the claim. See [DMH Information Notice 06-18](#) for additional information.

- The MHP in the child's county of origin may make payment arrangements with the requesting provider within 30 days of the date that the MHP authorized services.
- To avoid situations where a child in an AAP aid code living outside his or her county of origin is denied services solely on the basis that the child has out of county Medi-Cal, MHPs shall ensure their providers are aware that a child in an AAP aid code living outside his or her county of origin shall be served in the same way as a child living in his or her county of origin.

Medi-Cal Eligible Children in a KinGAP Aid Code

- The MHP in the child's legal guardians' county of residence must provide medically necessary specialty mental health services to a child in a KinGAP aid code residing outside his or her county of origin in the same way that it would provide services to any other child for whom the MHP is listed as the county of responsibility on MEDS. When an MHP receives a request for specialty mental health services for a child in a KinGAP aid code, the MHP must determine if the child's legal guardians reside in the county that the MHP serves. If the child's legal guardians are residents of the county that the MHP serves, the MHP must provide services to that child as it would provide services for any other Medi-Cal eligible child.
- The MHP in the child's legal guardians' county of residence shall submit an authorization request (whether for an initial assessment, initial or ongoing treatment), prepared by the provider, to the MHP in the child's county of origin. The MHP in the child's legal guardians' county of residence must complete the authorization process (including authorization by the MHP in the county of origin) within the MHP's established authorization timelines for in county beneficiaries.
- The MHP in the child's county of origin must make an authorization decision (approve or deny services) within 3 working days following the date of receipt of the request for services.
- The MHP in the child's county of origin must notify the MHP in the child's legal guardians' county of residence and the requesting provider of the decision to approve or deny services within 3 working days following the date of receipt of the request for services.
- If the MHP in the child's county of origin needs additional information not submitted with the initial request, the authorization decision must be made within 3 working days from the date the additional information is received, or 14 calendar days from the receipt of the original authorization request, whichever is less.
- The MHP in the child's county of origin must make payment arrangements with the MHP in the child's legal guardians' county of residence or with the requesting provider within 30 days of the date that the MHP authorized services.
- Effective with the implementation of the Short-Doyle II claiming system, the MHP submitting the claim for services will receive the State and Federal funds.
- To avoid situations where a child in a KinGAP aid code living outside his or her county of origin is denied services solely on the basis that the child has out of county Medi-Cal, MHPs shall ensure their providers are aware that a child in a

KinGAP aid code living outside his or her county of origin shall be served in the same way as a child living in his or her county of origin.

To assist MHPs in identification of clients receiving out of plan services, DMH creates a data file that contains approved claims for clients who received services in a county other than the county of origin. The file is known as the County of Fiscal Responsibility (CFR) file. The CFR files are available from the DMH Information Technology Web Services (ITWS) Internet site at <https://mhitws.cahwnet.gov.default/asp>.

DMH will provide training on these new standard forms and common scenarios that MHPs, providers and families may encounter. To limit the need for county staff to travel, the training will be provided via webinar. Additional details of the training will be communicated as soon as they are available.

If you have any questions, please contact your County Technical Assistance Representative. A current list of assignments can be found at: http://www.dmh.ca.gov/Services_and_Programs/Local_Program_Support/County_Technical_Assistance.asp

Sincerely,

Original signed by

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosures

cc: California Mental Health Directors Association
California Mental Health Planning Council
Mental Health Services Oversight and Accountability Commission