

To: Mental Health System of Care

Date: 06/20/17

From: Steve Jones, LCSW, QM Program Manager

Re: Services Provided Prior to Completion of Client Plan

Effective: July 1, 2017

Dear Providers,

This memo is to inform providers about clarification from the Department of Health Care Services about the types of services that may be provided prior to the completion of the Client Plan. The information below is provided by DHCS regarding services prior to having a completed client plan and services subject to disallowances without a valid client plan. This is effective July 1, 2017.

A. PROVISION OF SERVICES PRIOR TO A CLIENT PLAN BEING IN PLACE

- 1. Medi-Cal will reimburse a MHP for some services provided to a beneficiary before his or her client plan is approved. What are those services?**

Prior to the client plan being approved (required staff signature(s) on the client plan) the following services are reimbursable:

- a. Assessment
- b. Plan Development
- c. Crisis Intervention
- d. Crisis Stabilization
- e. Medication Support Services (*if there is an emergency or immediate need which must be documented*)
- f. *Some Targeted Case Management Services (See 1-3 below)*

Pursuant to the State Plan "Targeted Case Management" includes the following services:

- 1. Comprehensive assessment to determine whether a beneficiary needs targeted case management services to access medical, educational, social or other services.*
- 2. Development of a client plan.*
- 3. Referral and Related Activities to help a beneficiary obtain needed services including medical, alcohol and drug treatment, social, and educational services.*

Please see State Plan, Section 3, Supplement 1 to Attachment 3.1-A, (SPA 12-025) pages 9-11 for a complete list of services that can be provided as part of Targeted Case Management. See State Plan, Section 3, Attachment 3.1-B, page 7.

The State Plan Amendment can be found on the OPTUM website, under Organizational Provider Documents, under the References Tab.

2. Medi-Cal will disallow payment for certain services if at the time the services were provided the beneficiary being treated did not have an approved client plan. What are those services?

The following specialty mental health services cannot be billed to Medi-Cal unless the beneficiary receiving the services has an approved client plan:

- a. Mental health services (except assessment, client plan development)
- b. Day treatment intensive
- c. Day rehabilitation
- d. Adult residential treatment services
- e. Crisis residential treatment services, except crisis intervention services, assessment and client plan development
- f. Psychiatric health facility services
- g. Psychiatric Inpatient Hospital services
- h. Psychiatrist services
- i. Psychologist services
- j. EPSDT supplemental specialty mental health services
- k. Psychiatric nursing facility services

3. Can a provider (or MHP) prepare a temporary client plan for a beneficiary in order to begin providing services to that beneficiary prior to completion of a comprehensive Client Plan?

MHPs and providers may elect to prepare an “initial client plan” for a beneficiary within a short period of time of the beneficiary coming into the system in order to quickly begin providing services to the beneficiary that cannot be provided without an approved client plan. For example, if a beneficiary is initially assessed to need medication support services the MHP or provider could prepare (and obtain the necessary signatures for) an initial client plan that includes medication support services only. Once the MHP or provider has completed a comprehensive assessment of the beneficiary, the initial client plan would be updated to be comprehensive. Note, the beneficiary’s comprehensive client plan must be completed within the MHPs time line for completion of an initial client plan and all other client plan requirements must be met.

Please direct any questions and/or comments to the QI Matters mailbox: QIMatters.HHSA@sdcounty.ca.gov