

**County of San Bernardino
Department of Behavioral Health**

**Providing Services to Adoption Assistance Program (AAP)
and Kinship Guardianship Assistance Payment (KinGAP)
Children Placed Out-of-County Procedure**

Effective Date 05/04/09
Approval Date 10/01/09


Allan Rawland, Director

Purpose To provide the Department of Behavioral Health (DBH) with a process for facilitating the provision of medically necessary specialty mental health services to Medi-Cal beneficiaries with an AAP or KinGAP aid code who are residing outside of their county of origin by authorizing, documenting, reimbursing, and being reimbursed for services in accordance with Title 9, CCR §1830.220 (b)(4)(A).

**Standardized
Forms for
Authorizing
Out-of-County
Services**

California Department of Mental Health (DMH) has adopted standardized forms to be utilized by County Mental Health Plans (MHP). These forms are to be used when authorizing, documenting, and arranging for reimbursement of services for an AAP/KinGAP aid code child/youth who is receiving services outside of his or her county of origin.

The standardized forms may be accessed by clicking on the link to the corresponding form:

- MH 5120: [SB785 Client Assessment](#)
- MH 5121: [SB785 Client Assessment Update](#)
- MH 5122: [SB785 Client Plan](#)
- MH 5123: [SB785 Progress Notes/Day Rehabilitative Services](#)
- MH 5124: [SB785 Progress Notes/Day Treatment Intensive Services](#)
- MH 5125: [SB785 Service Authorization Request \(SAR\)](#)
- MH 5126: [SB785 Organization Provider Agreement for Foster Children Placed Out Of County](#)

**Administrative
Services
Organization
Procedure**

DBH, in accordance with the County Mental Health Plan (MHP), provides Specialty Mental Health Services for Medi-Cal beneficiaries who are minors and who reside out-of-home and out of their County of jurisdiction by the utilization of an Administrative Service Organization (ASO). Medi-Cal beneficiaries who meet the above criteria may initiate access to mental health services by contacting ValueOptions, the ASO contracted with DBH.

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Administrative Services Organization Procedure
(continued)

ValueOptions may be contacted at (1-800-236-0756).

When DBH is notified that a child/youth in an AAP/KinGAP aid category is in need of medically necessary specialized mental health services, the child/youth will be directed to contact ValueOptions for service arrangements.

In certain circumstances, services may not be available through ValueOptions. These circumstances include, but are not limited to, the following:

- ValueOptions is not contracted to provide Day Treatment Rehabilitation, Day Treatment Intensive, and Therapeutic Behavioral Services (TBS).
- ValueOptions is unable to provide the services at the higher frequency or intensity required to meet the mental health needs of the child/youth.

If ValueOptions is unable to provide the requested services, DBH will follow the procedure outlined below in "San Bernardino as County of Origin for AAP/KinGAP Children; role of Access Unit when SAR is requested by MHP for services to be provided by an Individual or Private Provider."

San Bernardino as Host County to AAP/KinGAP Children

Children and youth with AAP/KinGAP Medi-Cal, regardless of County of Origin, shall be provided services in the same manner as services are provided to any other child or youth for whom San Bernardino is listed as the county of responsibility, or county of origin, on the Medi-Cal Eligibility Data Systems (MEDS).

When DBH is notified that an AAP/KinGAP child from another county of origin is requesting specialty mental health services, DBH shall utilize the steps provided in the roles and responsibilities table below:

Roles	Responsibilities
DBH clinical staff providing services to the AAP/KinGAP child/youth and non-DBH Mental Health Providers	<ol style="list-style-type: none"> 1. Complete the appropriate forms as provided in the "Standardized forms for authorizing Out-of-County Services" section of this procedure (e.g., Clinical Assessment, Client Plan, and SAR). 2. All documentation shall be completed within the timeline consistent with DBH requirements for all medical documentation.

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San Bernardino as Host County to AAP/KinGAP Children (continued)

Roles	Responsibilities
DBH clinical staff providing services to the AAP/KinGAP child/youth and non-DBH Mental Health Providers (continued)	<ol style="list-style-type: none"> 3. All completed forms/documentation shall be forwarded to the Access Unit within seven (7) days. 4. Complete additional forms as requested by Access within 7 days.
Access Unit	<ol style="list-style-type: none"> 1. Review all documentation for completeness and submit SAR and other service authorization documentation to the child/youth's county of origin (for county clinics and non-DBH Mental Health Providers) within three (3) days. 2. Inform clinical/provider staff who are administering services to AAP/KinGAP child of additional information that is required to complete the authorization process within 3 days. 3. Track authorizations provided by the child/youth's county of origin and provide clinical/provider staff with pertinent information on authorization (e.g., date of expiration). 4. Provide DBH Administrative Services (fiscal unit), clinical staff, and Financial Interviewer with the approved authorization information. 5. Ongoing review of Simon 994(a & b) reports and send alerts to DBH/provider clinic (e.g., expired authorizations, providing services not authorized).
Financial Interviewer; KinGap only	<ol style="list-style-type: none"> 1. Enter client information in Simon 2. Enter responsible party as the county of origin (e.g., county of origin will be entered as insurance company).
Administrative Services (fiscal) for AAP	<ol style="list-style-type: none"> 1. Receive and review all information provided from Access Unit. 2. Ensure all services provided to child/youth are included in DBH Medi-Cal claims.

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San Bernardino as Host County to AAP/KinGAP Children (continued)

Roles	Responsibilities
Administrative Services (fiscal services) for KinGAP	<ol style="list-style-type: none"> 1. Receive and review all information provided from Access Unit. 2. Ensure services provided to the child/youth are invoiced to the county of origin. 3. Arrange for manual tracking of invoices for payment. 4. If payment not received, follow up on non receipt of payment with county of origin.

San Bernardino as County of Origin for AAP/KinGAP Children

Children and youth with AAP/KinGAP Medi-Cal who are seeking specialty mental health services, shall be evaluated for those services only when the SAR, which is prepared by a private or public provider, is received from the MHP of the Host County in accordance with Welfare and Institutions Code Sections 11376 (a)(b) & 16125 (a)(b).

When DBH receives a SAR ([MH 5125 SAR](#)) from a host county MHP (for public or private provider), DBH shall, by utilizing the standard forms provided by DMH, follow the steps provided in the roles and responsibilities table below:

Roles	Responsibilities
Access Unit when SAR is requested by MHP for services to be provided at a county clinic	<ol style="list-style-type: none"> 1. Refer requesting agency or individual to ValueOptions if appropriate. 2. Review SAR for medical necessity and notify the host county within three (3) working days following receipt of the SAR of authorization decision. 3. If additional information is needed to determine medical necessity, request additional information and make determination within 3 working days of receipt of additional information or fourteen (14) calendar days of receipt of original SAR, whichever is less.

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San Bernardino as County of Origin for AAP/KinGAP Children (continued)

Roles	Responsibilities
Access Unit when SAR is requested by MHP for services to be provided at a county clinic (continued)	<ol style="list-style-type: none"> 4. Notify the Host County MHP provider of authorization decision. 5. Provide all approved authorizations to Administrative Services (fiscal services) for KinGAP aid codes only (not necessary to provide authorization for AAP aid codes).
Access Unit when SAR is requested by MHP for services to be provided by an Individual or Private Provider	<ol style="list-style-type: none"> 1. Follow steps 1-3 in role of Access Unit when provider is County Agency. 2. Notify the Host County MHP and individual provider of authorization decision. 3. Receive all credentialing information from County of Origin MHP. 4. All payments arrangements to be processed through the Access Unit. 5. Individual/Private provider to submit CMS1500 to Access within ninety (90) days from date of service. 6. Process CMS1500 and remit payment within thirty (30) days from date of receipt.
Child & Youth Collaborative Services	<ol style="list-style-type: none"> 1. Provide technical assistance to Access regarding the authorization of SAR from Host MHP. 2. If necessary, assess child or youth directly to aid in establishing eligibility.

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San Bernardino as County of Origin for AAP/KinGAP Children (continued)

Roles	Responsibilities
Administrative Services (fiscal services) for KinGAP aid codes only	<p>Fiscal services of the Administrative Services Unit will be responsible for processing payment requests that are received from the County of Origin MHP and will not process payments from individual providers or group home organizations,</p> <p>Within thirty (30) days from date of authorization, arrangement for reimbursement to host county MHP shall be made by the utilization of one of the following methods:</p> <ul style="list-style-type: none"> • Implement a Purchase Request with the Contract Provider for reimbursement of the initial treatment authorization • Implement a Purchase Order if initial analysis determines that the duration of services may be ongoing or the potential of a long-term relationship with the Contract Provider is determined

AAP Special Billing Procedures

When DBH is the Host County for an AAP aid code child/youth, and the services are being provided in a DBH clinic, payment arrangements with County of Jurisdiction are not required. All funds for claims submitted for children in an AAP aid code will be sent directly to the MHP submitting the claim.

When DBH is the County of Origin for an AAP aid code child or youth, the Host County MHP will be paid directly for all Medi-Cal claims submitted. Therefore, it is not necessary for DBH to make payment arrangements.

Resolution of Disagreement

Resolution of disagreement will be managed through an arbitration process. Disagreement that may arise as a result of the authorization and/or payment process will be resolved in accordance with Title 9 CCR § 1850.405 (c).

- DBH will designate a non-affiliated Program Manager to provide arbitration as requested.
- Arbitrators will serve throughout the year on a scheduled rotation and can be identified upon request.

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References

California Department of Mental Health, DMH Information Notice No. 09-06
Title 9, CCR §§ 1830.220(b)(4)(A) and 1850.405
Welfare and Institutions Code, §§ 5777.7, 11376, 16120, and 16125
California Department of Mental Health, DMH Information Notice No. 08-24
California Department of Mental Health Aid Code Master Chart @
<http://www.dmh.ca.gov/MedCCC/Library.asp>.

**Related
Policies**

DBH, Standard Practices Manual, [CHD0311 Providing Services to Foster Care, Adoption Assistance Program \(AAP\), and Kinship Guardianship Assistance Payment \(KinGAP\) Children Placed Out-of-County Policy](#)
DBH, Standard Practices Manual, [CHD0311-1-Providing Services to Foster Care Children Placed Out-of-County Procedure](#)
