County of San Bernardino
Department of Behavioral Health

Benefits Team Procedure

Effective Date 09/08/2009
Approval Date 09/08/2009

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Purpose

To establish Benefits Teams throughout the Department of Behavioral Health (DBH) for the purpose of providing orientation and supportive services to increase access to behavioral health services for individuals who are underserved or are underfunded.

Benefits Team Locations

Benefits Teams will be established throughout DBH to include all clinics, centers, and programs who will provide benefits services to all eligible/potentially eligible Medi-Cal clients.

A responsibility of the Benefits Team will include working with clients upon release from contracted Fee-for-Service (FFS) hospitals. Client contact information will be obtained from the Application for Reimbursement of Treatment to Medically Indigent Adult in Contract Hospital submitted to Quality Management (QM) by the FFS hospitals.

Clients, upon release from FFS hospitals, will be provided with an informational flyer advising them that they may be contacted by DBH to participate in a benefits orientation workshop.

Benefits Team Members

Each Benefits Team may be comprised of the following members and responsibilities may include, but are not limited to:

Member	Responsibilities
Mental Health Specialist/ Peer & Family Advocate	• Conduct potential client orientation groups • Face-to-face contacts • Advocate for clients re: benefits applications • Community presentations promoting mental health services

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Benefits Team Procedure, Continued

Benefits Team Members (continued)

Member	Duties
Social Worker II	• Conduct potential client orientation groups • Face-to-face contacts • Assist reluctant and difficult eligible/potential Medi-Cal eligible clients • Develop action plans for client to apply for all benefits where possible eligibility exists • Provide case management services pertaining to progress on application • Assist Social Security Administration in processing SSI applications/obtaining supporting documentation
Office Specialist/Financial Interviewer (FI)	• Conduct interview to gather financial information from eligible/potentially Medi-Cal eligible clients • Complete the TAD4 CMSP (County Medical Services Program Screening Guide) • Identify and inform individuals of Medi-Cal services/benefits • Verify Medi-Cal eligibility
Eligibility Worker	• Assist clients in completing applications for Medi-Cal, food stamps and/or cash assistance • Check Medi-Cal Eligibility Data System (MEDS) for eligibility/approval of applications • Liaison between CalWORKS and DBH in problem resolution regarding benefits eligibility • Provide notification to Benefits Team when clients are approved/denied

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Benefits Team Members (continued)

Member	Duties
Office Assistant II/III/IV	• Perform initial client financial screening • Facilitate intake/orientation appointments including preparation of directories/flyers • Prepare memos and reports as needed for progress and tracking • Obtain the SIMON/Pharmacy Financial Aid Code (17D) list for potential orientation clients that have not otherwise been identified

Benefits Orientation

Initial contact with a client may be face-to-face contact or benefits orientation to provide information about benefits and services that may be available and to provide the necessary support in accessing those services.

Upon completion of orientation, the Benefits Team will assist the clients in the completion of any applications that may be required. This may be accomplished immediately following the conclusion of the orientation or the client may be scheduled to return at a later time for the purposes of completing the application process.

To assure protection of all confidentiality regulations, any release of information that may be necessary to assist with the application process should be obtained as soon as possible upon completion of orientation. This may include, but is not limited to a release to share information with Social Security Administration.

An orientation group should be limited in size to four to six clients at one time. This will allow the Benefits Team to provide appropriate follow up immediately following the orientation and mitigate the possibility of having to ask the client to return at a later time to complete any applications.

Ongoing Client Support after Orientation

The Benefits Team will provide ongoing support to clients upon the completion of orientation to ensure adequate and appropriate follow up of all applications initiated/completed. The support will be limited to any activities/appointments that are necessary for the processing of applications.

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Benefits Team Procedure, Continued

Approval of SSI/Medi-Cal Benefits

Once a client has successfully obtained eligibility to receive benefits through SSI/Medi-Cal, the benefits team will provide proper notification to the FI. The FI, to ensure that the client's financial information is updated in SIMON, will

1. Enter the Medi-Cal eligibility code.
2. Update the client's Financial Code.
3. Updated the Ramsell Pharmacy Services system to allow Medi-Cal to be billed for any costs of medication that has been provided through DBH prior to eligibility.

Medi-Cal Administrative Activity (MAA) Claiming Plan

The activities and services that are provided by the Benefits Team may be eligible for billing in accordance with the MAA Claiming Plan. Some activities that are MAA claimable include, but are not limited to, face-to-face contacts, potential client orientation groups, screening groups, interviews to gather financial information from eligible/potentially eligible Medi-Cal clients, informing individuals of Medi-Cal services/benefits, and verifying Medi-Cal eligibility.

Each member of the Benefits Team shall review the MAA Claiming Plan for an overview of MAA billing and consult their immediate Supervisor/Program Manager for further assistance.

Full Service Partnership (FSP) Exception

The Benefits Teams will be considered separate and apart from Full Service Partnership (FSP) activities and will not accept FSP referrals. Clinics may however incorporate Medi-Cal statistics from FSP efforts for the purposes of reporting.

Related Policies

DBH Standard Practice Manual, BOP3014, Benefits Team Policy

References

County of San Bernardino, Department of Behavioral Health, 2005/2006 Medi-Cal Administration Activity (MAA) Claiming Plan

APPLICATION FOR REIMBURSEMENT OF TREATMENT
TO MEDICALLY INDIGENT ADULT IN CONTRACT HOSPITAL

Client Name _____ DOB _____ SSN _____

Hospital _____

Form Completed by: _____ Title _____ Phone _____

1. CLIENT INFORMATION

☐ Male
☐ Female

_____
Last Name First Name M.I.

☐ Single ☐ Married ☐ Separated
Age: _____ ☐ Widowed ☐ Divorced

Current Address:

_____ How Long? _____
Street City State

_____
Apt. or Space # Zip Code Country Telephone

Previous Address:

_____ How Long? _____
Street City State

_____
Apt. or Space # Zip Code Country Telephone

Current Employer: _____ Job Title: _____

Approx. Salary $ _____ per _____ Length of Time in Current Job: _____

Health Insurance Carrier: _____ Plan Name: _____

Policy #: _____
Does this policy include psychiatric inpatient coverage? ☐ YES ☐ NO

2. INFORMATION REGARDING SPOUSE

_____
Last Name First Name M.I. DOB SSN

_____
Address (write "SAME" if same.)

Current Employer: _____ Job Title: _____

Approx. Salary $ _____ per _____ Length of Time in Current Job: _____

Health Insurance Carrier: _____ Plan Name: _____

Policy #: _____
Does this policy include psychiatric inpatient coverage? ☐ YES ☐ NO

3. RESIDENCY STATUS DETERMINED BY:

a. Reasoned intent as demonstrated by:

   i. having resided in San Bernardino County for at least three consecutive months;
   ii. documented offer of employment within San Bernardino County;
   iii. presence of a support system within San Bernardino County.

b. Documented history of receiving mental health services in San Bernardino County within the last two years.
c. Existence of a physical dwelling within San Bernardino County to which patient can return.
d. Patient receives public benefits within San Bernardino County.
e. Patient on probation or conditional release status which restricts him/her to a particular locale within San Bernardino County.
f. Patient is an LPS or probate conservatee pursuant to an order issued by a Court within the County of San Bernardino.

4. Does the patient have any form of insurance other than that reported on Page 1 of this form which would provide payment for inpatient psychiatric services:

_____ YES; name of insurance carrier: _____

_____ NO

5. If the patient reports employment—or spouse's employment—in response to the questions on Page 1 of this form, CONTRACTOR must arrange for an evaluation of the patient's financial status by one of its financial interviewers.

6. Payment plan NOT arranged with patient for the following reason(s):

_____

_____

_____

The above is stated on information and belief and I declare under penalty of perjury under the laws of the State of California that I believe it to be true.

_____ _____
Patient Signature (required) Date

_____ _____
Hospital Representative Signature Date

_____ _____
Printed Name of Hospital Representative Title of Hospital Representative