



Services for Children Placed Out-of-County, Adoption Assistance Program (AAP) and Kinship Guardianship Assistance Payment (KinGAP) Procedure

Effective Date 05/04/2009
Revised Date 02/03/2021


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Purpose To provide the Department of Behavioral Health (DBH) with a process for facilitating the provision of medically necessary Specialty Mental Health Services (SMHS) to Medi-Cal beneficiaries with an AAP or KinGAP aid code who are residing outside of their County of Jurisdiction (COJ) 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 Health Care Services (DHCS) 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 children with an AAP or KinGAP aid code receiving services outside of the COJ.

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](#)

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

When DBH is notified that an AAP/KinGAP child from another COJ is requesting SMHS, DBH shall utilize the steps provided in the roles and responsibilities table below:

Continued on next page

Services for Children Placed Out-of-County, Adoption Assistance Program (AAP) and Kinship Guardianship Assistance Payment (KinGAP) Procedure Continued

San Bernardino as Host County to AAP/KinGAP Children,
continued

Roles	Responsibilities
DBH clinical staff or contract agency staff providing services to the AAP/KinGAP beneficiaries	<ol style="list-style-type: none"> 1. Complete the applicable forms from the list in the "Standardized forms for authorizing Out-of-County Services" section of this procedure. 2. Complete all documentation within the timeline consistent with DBH documentation requirements. 3. Forward all completed forms/documentation to the Access Unit within seven (7) days of request. 4. Complete additional forms as requested by the Access Unit within 7 days of each request.
Access Unit	<ol style="list-style-type: none"> 1. Review all documentation for completeness and submit SAR and other service authorization documentation to foster youth or wards COJ (for county clinics and contract agencies within three (3) days of receiving the documentation). 2. Inform clinical provider/staff who are administering services to the AAP/KinGAP child of any additional information that is required to complete the authorization process within 3 days of receiving the documentation. 3. Track authorizations provided by the COJ 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 in accordance with CHD0314 Monitoring and Authorizing of Out-of-County Medi-Cal Children Procedure. 5. Conduct ongoing review of MyAvatar Services for Out of County Youth reports and send alerts to DBH provider/clinic as needed (e.g., expired authorizations, providing services not authorized).
Financial Interviewer: KinGap only	<ol style="list-style-type: none"> 1. Enter client information in the DBH Information Management System (MyAvatar). 2. Enter COJ as the responsible party (COJ will be entered as insurance company).

Continued on next page

Services for Children Placed Out-of-County, Adoption Assistance Program (AAP) and Kinship Guardianship Assistance Payment (KinGAP) Procedure, Continued

San Bernardino as Host County to AAP/KinGAP Children,
continued

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

San Bernardino as County of Jurisdiction for AAP/KinGAP Children

Children with AAP/KinGAP Medi-Cal seeking SMHS shall be evaluated for those services only when the SAR ([MH 5125](#)), 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 from the Host County MHP (for private or public provider), DBH shall, by utilizing the standard SB 785 forms listed above, 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. Review SAR for medical necessity and notify the Host County of authorization decision within three (3) working days following receipt of the SAR. 2. 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. 3. Notify the Host County MHP of authorization decision. 4. Provide all approved authorizations to Administrative Services Fiscal Unit for KinGAP aid codes only (not necessary to provide authorization for AAP aid codes).

Continued on next page

Services for Children Placed Out-of-County, Adoption Assistance Program (AAP) and Kinship Guardianship Assistance Payment (KinGAP) Procedure, Continued

San Bernardino as County of Jurisdiction for AAP/KinGAP Children, continued

Roles	Responsibilities
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. Review SAR for medical necessity and notify the Host County of authorization decision within three (3) working days following receipt of the SAR. 2. 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. 3. Notify the Host County MHP and individual provider of authorization decision. 4. Receive all credentialing information from County of Jurisdiction MHP. 5. Process all payment arrangements through the Access Unit. 6. Receive CMS1500 from Individual/Private provider within ninety (90) days from date of service. 7. 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 Unit regarding the authorization of SAR from Host MHP. 2. If necessary, assess the child directly to aid in establishing eligibility.
Administrative Services (Fiscal services) for KinGAP aid codes only	<p>Administrative Services Fiscal Unit will be responsible for processing payment requests.</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.

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Services for Children Placed Out-of-County, Adoption Assistance Program (AAP) and Kinship Guardianship Assistance Payment (KinGAP) Procedure Procedure, Continued

AAP Special Billing Procedures

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

When San Bernardino is the COJ for a child with an AAP aid code the Host County MHP will be paid directly for all Medi-Cal claims submitted, 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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Related Policy or Procedure

DBH Standard Practice Manual:

- Services for Children Placed Out-of-County [Policy \(CHD0311\)](#)
 - Services for Children Placed Out-of-County, Foster and Probationary Youth Procedure ([CHD0311-1](#))
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References

California Department of Mental Health, Information Notice No. 09-06, 17-032, 18-027

Title 9, CCR Section 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 Health Care Services Aid Code Master Chart
