

## BHS Policies and Procedures



City and County of San Francisco  
Department of Public Health  
San Francisco Health Network  
BEHAVIORAL HEALTH SERVICES

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### **POLICY/PROCEDURE REGARDING: Service Authorization Request (SAR) to obtain Mental Health Services for San Francisco Foster Children Placed Out-Of-County**

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Director of Behavioral Health Services

Effective Date: February 28, 2019

Manual Number: 3.03-02

References: DMH Information  
Notices: 09-06 & 09-09; W & I  
Code Sections 5777.7, 11376 &  
16125

**Substantive Revision. Replaces Policy 3.03-02 dated December 30, 2013.**

#### **Purpose:**

A Service Authorization Request (SAR) is needed to ensure delivery of medically necessary specialty mental health services for Medi-Cal eligible children in foster care, Kin-GAP or Aid to Adoptive Parents (AAP) placed outside their county of origin. For foster children in legal guardianship who are receiving Kin-Gap Program assistance, as well as those with finalized adoptions who are eligible for AAP assistance, previous legislation through SB 785 identifies the county of origin as responsible for authorization and reauthorization of services utilizing an expedited SAR process.

The procedure as outlined below serves to ensure that San Francisco is in compliance with the legislation and MHP Contract with the State. It includes authorization, re-authorization, and documentation requirements for foster children, Kin-GAP, or Aid to Adoptive Parents (AAP). Through the SD/MC Phase II system, the State General Fund (SGF) payment will be made to the county submitting the claim for services to foster children when necessary, as is currently the case for Kin-Gap and AAP recipients. BHS will then be responsible for authorization and reauthorization of services utilizing an expedited SAR process.

#### **Scope:**

This procedure applies to Host Counties and Organizational Providers in Host Counties providing specialty mental health services to San Francisco foster children, Kin-GAP, or Aid to Adoptive Parents (AAP).

#### **Procedure:**

##### **Authorization of Services**

## **Request for Authorization**

1. The Host County or an Organizational Provider in the Host County submits the Service Authorization Request (SAR) to the Foster Care Mental Health Program (FCMHP) Authorization Manager's fax number at 415-970-3813.
2. The FCMHP Authorization Manager reviews the SAR to determine if additional information is needed to make an authorization decision (approve or deny the request). If the request is for Day Treatment services, the Authorization Manager immediately forwards the SAR to the Day Treatment Coordinator.
3. If the request is for Therapeutic Behavioral Services (TBS), the request will be forwarded to the TBS Coordinator.

## **Authorization**

1. If the initial documentation provided justifies the request, the FCMHP Authorization Manager, Day Treatment Coordinator, or TBS Coordinator will sign and approve the request **within three working days** of receipt. If additional information is requested, the authorization decision will be made within 3 working days of receipt of the new information or within 14 days of the original request.
2. The FCMHP Authorization Manager, Day Treatment Coordinator, or TBS Coordinator will inform the Provider and the host county MHP of the authorization decision within 3 working days of receipt of the request or receipt of additional requested information. If services are authorized, notification will be by faxing the signed SAR to the parties.
3. If services are not authorized, a NOABD will be issued

## **Re-Authorization**

1. Re-authorization requirements follow current County practice, in conformance with the Mental Health Plan contract with the State:
  - Day treatment intensive every three months
  - Day treatment rehab every 6 months
  - Outpatient annually
  - TBS every three months
2. State mandated forms will be accepted in lieu of BHS Forms. These include:
  - Client Assessment, Client Plan, Progress Notes (Day Treatment & Day Rehab), Client Assessment Update, Service Authorization Request
3. BHS may require additional documentation
4. Provider must submit Treatment Plan of Care within 60 days of initiation of services

### **Contact Person:**

Director, Foster Care Mental Health, 415-970-3875; Day Treatment Coordinator, 415-642-4525; TBS Coordinator, 415-255-3682

### **Distribution:**

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