

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: **San Francisco Residency and County-of-Medi-Cal Eligibility Requirements to Receive San Francisco Behavioral Health Services**

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Director of Behavioral Health Services

Date: March 27, 2018

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References: Residency
Guidelines (see Attachment 1)
PFI policy, Client Billing Policy,
HMO Policy

Substantive Revision. Replaces Policy 3.03-6 dated July 27, 2010.

San Francisco Behavioral Health Services (BHS) manages the County's Medi-Cal Specialty Mental Health Plan and Drug Medi-Cal Organized Delivery System (ODS) – carrying the responsibility to provide Specialty Mental Health and Substance Use Disorder (SUD) treatment services, across a range of levels and modalities of care, to San Francisco Medi-Cal beneficiaries. In addition, BHS is responsible for providing behavioral health services to members of Healthy San Francisco, San Francisco Health Plan's Healthy Kids, Foster Care, Probation and Adopted youth placed in San Francisco County, and San Francisco Healthy Workers, as well as to uninsured and indigent San Francisco residents, including to undocumented immigrants.

Medi-Cal Specialty Mental Health, Drug Medi-Cal, grant, local, realignment, and other state funding for BHS behavioral health services dictate, for the most part, that individuals and families must have San Francisco Medi-Cal, placed in San Francisco by Foster Care and/or Probation, or be residents of or homeless in San Francisco, in order to receive BHS mental health and SUD treatment services. This policy explains the San Francisco residency and/or authorization process for children and youth required in order for individuals to be eligible to receive BHS mental health and SUD behavioral health services.

Except for any other special funding that may be received by BHS, State law (AB1299) requiring services to Foster Care and Probation youth, or any specific circumstances which may be prescribed by regulation, that require BHS to provide some circumscribed service to a defined sub-group of non-San Francisco residents, BHS generally cannot provide behavioral health services, other than emergency, crisis, or acute services, to individuals and families who do not have San Francisco Medi-Cal or who are not residents of San Francisco.

1. Adult & Older-Adult BHS Services to Non-San Francisco Residents

An individual, whose place of residence is outside of San Francisco, may receive only crisis, emergency, or acute psychiatric services from BHS (such as from Zuckerberg San Francisco General Hospital's Psychiatric Emergency and Inpatient Services, Dore Urgent Care Clinic, Progress Foundation Acute Diversion Units, Westside Crisis Clinic, or Comprehensive Crisis Services) – but after which they will then have to obtain ongoing behavioral health services at their own county place-of-residence outside of San Francisco, or from behavioral health providers in their own private health insurance provider network.

Non-San Francisco residents encountered by BHS emergency, crisis, and acute services providers should be assisted as much as possible to identify and contact any needed ongoing behavioral health services available back at their out-of-San Francisco County place of residence, or with their private health insurance network of behavioral health providers.

Visitors, including those with student or tourist visas, are considered non-San Francisco residents, and can only receive crisis, emergency, or acute psychiatric services from San Francisco BHS.

The BHS Billing Unit will bill private health insurances for BHS emergency, crisis, and acute services provided to their members. BHS providers of such services should therefore obtain information about clients' health insurance coverages, and complete EGI/Family Registration Forms in Avatar accordingly. Copies of documents involving client's health insurance coverage should be sent to BHS Billing, 1380 Howard St. 3rd Floor, San Francisco, CA 94103, Attention: Insurance Billing Supervisor.

Uninsured non-San Francisco residents will be billed by the Billing Unit for BHS services provided to them. Uninsured residents of counties in California other than San Francisco should have "Out-of-County" indicated on their EGI form. These uninsured, out-of-county California residents will be billed by BHS using the statewide uniform method to determine ability to pay (UMDAP). If the uninsured, out-of-county client is not a resident of California, the U.S. State or foreign country of residence should be indicated in the EGI comments field, and the uninsured, out-of-state or out-of-country client will be billed using San Francisco county Board of Supervisor Rates.

2. Adult & Older-Adult BHS Services to Individuals with Out-of-County Medi-Cal

An adult or older adult, whose Medi-Cal is from a county other than San Francisco, may receive only crisis, emergency, or acute psychiatric services from San Francisco BHS (such as from ZSFGH Psychiatric Emergency and Inpatient Services, Dore Urgent Care Clinic, Progress Foundation Acute Diversion Units, Westside Crisis Clinic, or Comprehensive Crisis Services) – but after which they will then have to receive any ongoing services from Medi-Cal behavioral health providers in their own Medi-Cal responsible county. Inter-county billing protocols permitting, the BHS Billing Unit will bill out-of-county Medi-Cal for BHS emergency, crisis, and acute services provided to out-of-county Medi-Cal beneficiaries.

Protocols likewise permitting, the BHS Billing Unit will also bill out-of-county Medi-Cal for non-crisis BHS services that may have been *inadvertently* and/or *temporarily* provided to out-of-county Medi-Cal beneficiaries prior to their eventual redirection to services at their own county-of-Medi-Cal. Such individuals inadvertently or temporarily served, with Medi-Cal benefits from another county, should have the "Out-of-County Medi-Cal" box checked in the Avatar EGI form.

If an individual has out-of-county Medi-Cal but has verifiable residency in San Francisco, BHS organizational providers, or the BHS Behavioral Health Access Center-BHAC (for BHS Private Provider Network-PPN mental health providers), will review case-by-case, and may provide or authorize, respectively, up to 90 days of BHS services while the individual applies for and completes a transfer of their Medi-Cal to San Francisco County. It is the responsibility of the individual client to complete the transfer of their Medi-Cal to San Francisco. It is the responsibility of the provider to confirm that the transfer of the individual's Medi-Cal to San Francisco County has successfully taken place in order for the individual to continue receiving BHS services past the 90 days. A client's county-of-Medi-Cal can be verified via the Medi-Cal office or the Medi-Cal website of the California Department of Health Care Services (DHCS).

The BHS Billing Unit will inform BHS providers whenever it discovers that an existing client has out-of-county Medi-Cal. In such situations, the BHS provider may continue to provide up to 90 days of mental health or outpatient SUD treatment while the individual completes a transfer of their Medi-Cal to San Francisco County, or while the individual completes a transfer of their services to a behavioral health provider within their Medi-Cal responsible county. It is the responsibility of client to transfer their Medi-Cal to San Francisco County within 90 days in order to continue receiving BHS services. It is the responsibility of the BHS provider to confirm that the client's Medi-Cal has been transferred to San Francisco in order to continue providing services to the client past the 90 days.

Under no circumstances will any adult or older-adult out-of-county or out-of-state resident be admitted to Napa State Hospital, long-term care facilities, or BHS patched board and care homes through San Francisco BHS.

3. BHS Services to Adult & Older-Adult and Children & Youth Uninsured, Indigent Residents of San Francisco

BHS will provide mental health and SUD treatment services to *uninsured, indigent residents* of San Francisco, including to *undocumented immigrants*, who meet medical necessity criteria for Specialty Behavioral Health Services, and will charge such clients for services they received in accordance with UMDAP. BHS will inform and assist all such uninsured, indigent clients on the beneficial option of applying for healthcare coverage or access through Medi-Cal or Healthy San Francisco, respectively.

4. BHS Services to Adult & Older Adult and Children & Youth with San Francisco Residency In Transition or Uncertain

If an individual is uninsured and indigent, and there is *uncertainty* about, or there is *transition* in their county of residence, BHS organizational providers, or BHAC (for PPN mental health providers), will review case-by-case, and may provide or authorize, respectively, up to 90 days of BHS services while the individual's county of residence is being verified or resolved.

Proof of residence or intent to reside in San Francisco can be demonstrated by proof of individual's address and/or by third-party verification. See Attachment 1: Residency Guidelines.

It is the responsibility of the individual to provide proof, as needed, of their residence in San Francisco. It is the responsibility of the provider to confirm that the individual is indeed a San Francisco resident, or has completed transition to become a San Francisco resident, in order for the individual to continue receiving services past the 90 days.

5. BHS Services to Children & Youth Placed within San Francisco Are Subject to State Laws Requiring Mutual Cooperation

BHS Children, Youth and Families System-of-Care will coordinate with other counties for continuity of care for children and youth clients placed in San Francisco County due to issues of custody, legal guardianship, dependent and/or ward in the Foster Care or Juvenile Probation systems, private adoption, and status related to abandoned or emancipated minors as well as a minor qualifying under minor consent. Children and youth that meet medical necessity with Medi-Cal from other counties will be authorized for treatment on a case-by-case basis.

6. Special Circumstances

Any request for BHS to assume ongoing behavioral health treatment responsibility, other than for emergency, crisis and acute psychiatric services, or for beyond the above stipulated allowance of 90 days, for individuals not currently residing in San Francisco must be received prior authorization through the BHS Age Systems-of-Care Director, or designee.

There will be times when agreements will be made between county behavioral health directors or their designees to allow specific clients from other counties to obtain treatment from BHS providers. These agreements will be made on a case-by-case basis, such as when another county does not have a service alternative and specific treatment capability which is available in San Francisco County. In these circumstances, the other county would prior-authorize payment for the services and reimburse BHS, as billing protocols permit.

Special Circumstance for Narcotic Treatment Program Services to Out-of-County Medi-Cal Clients: Drug Medi-Cal ODS counties, including San Francisco, are unable to provide ODS services to Medi-Cal beneficiaries from other counties because the ODS county operates as a managed behavioral health care plan for its own county-only Medi-Cal beneficiaries. However, DHCS provides for a temporary exception, allowing ODS counties to provide Drug Medi-Cal *methadone* services rendered to out-of-county Medi-Cal clients during a statewide ODS transition period. This exception applies only to methadone services, including methadone dosing (aka “courtesy dosing”), and associated individual and group counseling services. ODS methadone services rendered to out-of-county Medi-Cal beneficiaries with service provision dates beginning July 1, 2017 are billed to Drug Medi-Cal under the “old” State Plan.

Contact Persons:

Adult & Older-Adult Systems-of-Care Director, or designee
Children, Youth and Families Systems-of-Care Director, or designee
Alcohol and Other Drugs Program Administrator, or designee

Distribution:

BHS Policies and Procedures are distributed by the Behavioral Health Services Compliance Office

Administrative Manual Holders
BHS Programs
SOC Managers
BOCC Program Managers
CDTA Program Managers

(Attachment 1)

Residency Guidelines

Factors Which Contribute to a Positive Residency Determination (Non-Exhaustive List)

1. San Francisco Medi-Cal
2. Documentation that a request has been made to switch Medi-Cal and other entitlements to San Francisco address
3. LPS Conserved in San Francisco
4. San Francisco General Assistance
5. Current official documents (letters, bills) indicating San Francisco address
6. Previous San Francisco history (e.g. lived in San Francisco in the past, demonstrated family ties and social supports in San Francisco)
7. Placed by BHS, or by LPS/DHS conservator in another county

Factors Which Contribute to a Non-Residency determination (Non-Exhaustive List)

1. Out of county Medi-Cal
2. LPS/Probate conserved in another county
3. Not a resident of San Francisco long enough to qualify for San Francisco General Assistance
4. Currently connected to services in another county
5. Other entitlements from outside of San Francisco
6. Living in San Francisco only while in transitional residential treatment
7. Have their address in another county

Appeals of Residency Determination

1. Appeals are immediately forwarded to BHS Systems-of-Care Director, or designee, for review and decision.
2. Final appeal is to Director of BHS