

BHS Policies and Procedures



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

1380 Howard Street, 5th Floor
San Francisco, CA 94103
415.255-3400
FAX 415.255-3567

POLICY/PROCEDURE REGARDING: **BHS Services for Integrative Assessment and Treatment**

Issued By: Kavos Ghane Bassiri, LMFT, LPCC *K. Ghane*
Director of Behavioral Health Services

Effective Date: October 30, 2018

Manual Number: 1.05-01

References: SFDPH BHS
Medi-Cal Specialty Mental
Health Services Outpatient (non-
hospital) Documentation Manual,
Page 50, October 2017
CCR Title 9 1830.205
MH/SUD IN 17-040
BHS Webpage medication
resources (guidelines for
treatment)

Substantive Revision. Replaces Policy 1.05-01 dated February 15, 2008.

Purpose:

This policy guides assessment, treatment and documentation of services for integrated care throughout Behavioral Health Services (BHS). It is meant to clarify questions and concerns regarding assessment, documentation and treatment of co-occurring disorders of mental health and substance use. The Medi-Cal Mental Health Plan and the Drug Medi-Cal/Organized Delivery System are specialty health plans for Medi-Cal beneficiaries who reside in San Francisco. They are both administered within BHS, a division of the Department of Public Health.

Scope:

This policy applies to all BHS providers in all service settings.

Policy:

A. Integrative Capability

Both Mental Health (MH) and Substance Use Disorder (SUD) programs have the capability to assess and support client needs.

B. Welcoming and Empathic Care

It is the BHS policy that all programs and staff be welcoming and engaging toward all individuals and families in empathic, hopeful relationships that facilitate appropriate identification of needs, access to

appropriate assessment and properly matched services. Within this framework, it is particularly important to welcome and engage those individuals and families who might ordinarily have difficulty gaining access to services, such as those with co-occurring mental health and substance use issues or disorders, those who are from diverse cultural and/or linguistic groups, and those who have associated medical disabilities, all of whom are at high risk of poorer outcome if not successfully welcomed & engaged into care.

Essential components of welcoming and empathic care include:

1. Recognition that all individuals and families as well as all service settings are not the same. Consequently, there is no single correct welcoming intervention for individuals and families. Each program and service provider provides welcoming and engagement strategies & interventions which are appropriately matched to the individuals and families that come to the door.
2. Welcoming & engagement provided in a culturally appropriate manner, in the individual's or family's preferred language, is one of the most important contributors of success in any setting.
3. Welcoming and empathic care is independent of resource availability or program eligibility. It is especially important to be welcoming to an individual or family that will not be provided ongoing services in the program when they first enter. In those cases, program staff proactively assist the individual or family to link to the appropriate services to meet their needs.
4. Welcoming and empathic care includes the elimination of barriers to access. No program has a requirement that automatically excludes an individual or family from access or assessment based upon substance use, length of sobriety, type of medication used, mental health issue, and/or diagnosis.
5. Finally, welcoming and empathic care includes the recognition that addressing co-occurring issues or disorders, when they exist, results in the most successful and desirable outcomes. Service providers convey a belief in the possibility of recovery, an openness to harm reduction, and a willingness to "start where the individual or family is at" and provide services accordingly.

C. Comprehensive Client Assessments and Re-assessments

- 1) All BHS providers authorized to complete assessments and re-assessments evaluate clients for mental health and substance use issues or disorders as well as identify other medical conditions and factors that might affect client wellbeing. It is BHS' goal to provide the most appropriate treatment for individuals and families who have an array of behavioral health problems. Problems are not usually isolated; co-occurring mental health and substance use issues or disorders are more the norm than the exception. The identification of co-occurring disorders helps ensure that clients are receiving the most appropriate and highest quality care.
- 2) All relevant diagnoses (including mental health, substance use disorder and medical diagnoses) are recorded in the appropriate section of the electronic medical record. Any mental health presenting complaint(s) as well as any substance use issues or disorders, are described and recorded by providers as a routine part of a comprehensive client assessment or re-assessment. This information is recorded in the appropriate assessment forms in the electronic medical record. A complete diagnosis includes all mental health and substance use disorders identified as part of any assessment or re-assessment.

D. Documentation and Billing for Services – Mental Health Programs

Mental Health Medi-Cal Specialty Mental Health Services (SMHS) benefit requires establishing medical necessity for the provision of services. If there is a co-occurring substance use disorder, the primary focus

of the SUD interventions is to address the functional impairment(s) that result from the included mental health diagnosis. The treatment of a beneficiary who has the requisite medical necessity for SMHS is reimbursable through Medi-Cal regardless of the co-occurrence of a substance use disorder. (CCR Title 9 § 1830.205* and IN 17-040*)

Medication Support Services may include prescribing, administering, and assessment of safety, education and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. For the purpose of BHS Mental Health Plan, “psychiatric” medications are defined as any medication that is necessary to alleviate the symptoms of mental illness including addiction treatment medications.

E. Documentation and Billing for Services – Substance Use Treatment Programs

Drug Medi-Cal/Organized Delivery System requires establishing medical necessity for services. Medical necessity is defined as a diagnosis of DSM substance use disorder (excluding nicotine) plus ASAM assessment showing need for treatment. SUD documentation of the required ASAM assessment includes medical and mental health challenges in dimensions 2 and 3. Relevant diagnoses are entered into the diagnosis section of the electronic health record and interventions target the overall wellness of the client.

*Documentation: IN 17-040, page 15:

“The interventions should be described in such a way that a reviewer reading the note would be able to determine whether the interventions were clinically appropriate to the impairments and whether there was a reasonable likelihood that the interventions would reduce those impairments, restore functioning, prevent deterioration, or allow developmental progress as appropriate.”

*Medical necessity for intervention, 9 CCR § 1830.205:

“(A) The focus of the proposed intervention is to address the condition identified in Subsection (*as specialty mental health diagnoses*).

(B) The expectation is that the proposed intervention will:

1. Significantly diminish the impairment, or
2. Prevent significant deterioration in an important area of life functioning, or

(C) The condition would not be responsive to physical health care based treatment.”

Contact Person:

Director, Behavioral Health Services, 415-255-3440

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