

## CBHS Policies and Procedures



City and County of San Francisco  
Department of Public Health  
San Francisco Health Network  
Community Behavioral Health Services

**CBHS Billing Office**  
1380 Howard Street, 3<sup>rd</sup> Floor  
San Francisco, CA 94103  
Tel: 415.255-3400

### POLICY/PROCEDURE REGARDING: **Verification of Service Delivery**

Issued By: **Jo Robinson, MFT**  
Director, Community Behavioral Health Services

Date: January 21, 2014

A handwritten signature in cursive script that reads "Jo Robinson".

Manual Number: 2.03-27

Reference: Title 42, CFR, section  
455.1(a)(2) Social Security Act, Sections  
1902 (a)(4), 1903 (i)(2), 1909

Substantive Revision. Replaces 2.03-27 of 6-18-1999

**PURPOSE:** To ensure compliance with the California Department of Health Care Services (DHCS) SDMC Program that requires that services provided to Medi-Cal beneficiaries be verified. This is in accordance with Title 42, CFR, section 455.1(a)(2) and with the Social Security Act, Sections 1902 (a)(4), 1903 (i)(2), and 1909.

**SCOPE:** Applies to all SF CBHS Civil Service and Contracted Providers of both Mental Health and Substance Abuse Services.

**POLICY:** Verification of service delivery is achieved in the following methods:

**Mental Health Services:** The CBHS Billing Office mails monthly client statements to clients or their responsible party. These billing statements delineate all services that were billed by the San Francisco Mental Health Plan (SFMHP) Private Providers, SF CBHS Civil Service and Contracted Providers.

**Substance Abuse Services:** In accordance with Privacy and Confidentiality rules (Title 42, CFR); monthly statements are not sent to client receiving Substance Abuse Services. Verification of Substance Abuse service delivery may be performed through sample surveys, letters, telephone, or in-person beneficiary contacts.

#### **Problem Resolution Procedure used for Client Account Disputes:**

Billing statements include information to Clients should they encounter a discrepancy between services listed and services received. The formal Grievance and Appeals Process is utilized for unresolved Client billing disputes. Please refer to CBHS Policy 3.11-03 for information on completing and filing the Grievance Form, MHS 316.

**Contact Person:** CBHS Billing Manager, or designee, 255-3400

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