



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT ROLES AND RESPONSIBILITIES IN THE CARE OF CLIENTS	POLICY NO. 302.03	EFFECTIVE DATE 06/10/2011	PAGE 1 of 10
APPROVED BY:  Director	SUPERSEDES 202.31 06/10/2011	ORIGINAL ISSUE DATE 09/01/2006	DISTRIBUTION LEVEL(S) 1, 2

PURPOSE

- 1.1 To establish policy and procedures regarding the assignment of roles and responsibilities for direct service staff identified in the Los Angeles County Department of Mental Health (LACDMH) electronic database for directly-operated and contract programs.

DEFINITIONS

- 2.1 **Head of Service:** identified at the Reporting Unit Level (defined in section 2.9.1), this is the licensed clinician who is clinically responsible at the provider level as listed on the Provider File Adjustment Request (PFAR) Form and the “LACDMH Head of Service Directory.”
- 2.2 **Provider Director:** identified at the Billing Provider level, this is the person who has administrative and financial responsibility as listed on the Provider File Adjustment Request (PFAR) Form and also on the “LACDMH Head of Service Directory.”
- 2.3 **Single Fixed Point of Responsibility (SFPR):** the individual who has Care Coordination oversight for a specific client as defined in section 2.7 of this Policy across the LACDMH System of Care and is identified in the LACDMH electronic database at the client level.
- 2.4 **Primary Contact:** the individual at a Billing Provider who discusses specific client service needs with the client and/or Rendering Providers and is identified in the LACDMH electronic database at the episode level.
- 2.5 **Management Inquiries:** inquiries regarding services or risk management issues regarding a client from sources such as LACDMH Managers, the Board of Supervisors, or juvenile delinquency court judges.



SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
ROLES AND RESPONSIBILITIES IN THE CARE OF CLIENTS	302.03	06/10/2011	2 of 10

- 2.6 **Service Coordination Inquiries:** inquiries regarding coordination of services or clinical issues regarding a client from sources such as line-level staff within the LACDMH System of Care or other direct-service providers in the community.
- 2.7 **Care Coordination Oversight:** consists of the following:
- 2.7.1 Initially evaluating all ongoing and non-emergent services proposed within the Los Angeles County Mental Health Plan (LACMHP) regardless of Provider or service delivery site.
 - 2.7.2 Initiating conversations and reaching agreement with other Billing Providers to 1) ensure services are appropriate, 2) verify that services are not duplicative, and 3) record all services on the Coordination Plan, if applicable (See Reference 2, Policy 401.03).
 - 2.7.3 Contacting the SFPR's Lead District Chief if services are not appropriate or are duplicative and an agreement cannot be reached by the SFPR and the other Billing Provider serving the client.
- 2.8 **Intensive Service Program:** for purposes of this policy, it is one of the following programs: Full Service Partnership (FSP), WrapAround, enrollee based Children's System of Care, and Intensive In-Home Mental Health Services.
- 2.9 **Billing Provider:** A distinct service delivery setting with a unique 4-digit identifying number and program name within the LACDMH Integrated System (IS), e.g., 1917 ARCADIA MHS. This is the number under which a program establishes episodes, identifies clients and submits claims to the State Department of Mental Health.
- 2.9.1 Reporting Unit: Billing Providers may have one or more associated Reporting Units represented by an alphabetic character, e.g., 1917A ARCADIA MHS-OUTPATIENT, which designates either the mode of service being delivered at the Billing Provider or a unique service site.



SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
ROLES AND RESPONSIBILITIES IN THE CARE OF CLIENTS	302.03	06/10/2011	3 of 10

2.10 **Rendering Provider:** An individual registered in the LACDMH IS to claim for services he/she provided to a client within a particular Billing Provider. If two staff provided a service to the client, the Rendering Provider is the person who takes responsibility for documenting the service and under whom the claim is submitted.

POLICY

HEAD OF SERVICE

- 3.1 The Head of Service is the first point of contact for receiving and making an appropriate disposition for all management inquiries regarding a client.
- 3.2 The Head of Service is responsible for:
 - 3.2.1 Answering the management inquiry themselves or directing the inquiry to a person who is able to knowledgably respond;
 - 3.2.2 Ensuring an SFPR, when required per 3.6, and a Primary Contact is assigned to each client; and
 - 3.2.3 Ensuring an SFPR is removed when an episode is closed.
- 3.3 If there is no Head of Service listed on the “LACDMH Head of Service Directory,” the responsibility of the Head of Service defaults to the Provider Director.
- 3.4 If the Head of Service as listed on the “LACDMH Head of Service Directory” is unavailable for ANY reason, the responsibility of the Head of Service defaults to his/her designee.
- 3.5 If there are no open episodes for a client and a management inquiry is made, the Head of Service responsibilities default to the Head of Service at the program that provided the last service to the client.

SINGLE FIXED POINT OF RESPONSIBILITY

- 3.6 Every client with an open episode shall have an SFPR identified in the electronic data system with the exception of:



SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
ROLES AND RESPONSIBILITIES IN THE CARE OF CLIENTS	302.03	06/10/2011	4 of 10

- 3.6.1 Inpatient episodes
- 3.6.2 All Emergency Outreach Bureau (EOB) field response operations
- 3.6.3 Urgent Care Center (UCC), Emergency Rooms (ER), other emergency only services
- 3.6.4 Juvenile Justice Programs
- 3.6.5 Jail Mental Health Programs
- 3.6.6 Office of the Public Guardian
- 3.6.7 Assessment only programs (such as Multidisciplinary Assessment Teams [MAT] or AB3632)
- 3.6.8 Linkage only programs (such as Specialized Foster Care Co-Located)

- 3.7 The SFPR is the first point of contact for receiving and making an appropriate disposition to all Service Coordination inquiries regarding a specific client whether by answering the inquiry themselves or directing the inquiry to a person who is able to knowledgably respond.

- 3.8 The SFPR for a client is responsible for:
 - 3.8.1 Facilitating the coordination of services for a client upon recommendation by members of the treating staff at all Agencies in which the client is being seen;
 - 3.8.2 Providing Care Coordination Oversight as defined above in 2.7;
 - 3.8.3 Completing the Coordination Plan for the Client, if required per LACDMH Policy No. 401.03, and maintaining all information regarding what services the client is receiving throughout the LACDMH System of Care;
 - 3.8.4 Ensuring that the Primary Contact at each Billing Provider with an open episode are given a current copy of the Coordination Plan, if required per Policy 401.03, showing all services; and



SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
ROLES AND RESPONSIBILITIES IN THE CARE OF CLIENTS	302.03	06/10/2011	5 of 10

- 3.8.5 Contacting all other Primary Contacts at Billing Providers with an open episode upon the annual cycle month at the SFPR’s Billing Provider to ensure services continue to be appropriate and non-duplicative.
- 3.9 If the SFPR is unavailable for ANY reason and the inquiry is deemed urgent, the responsibility defaults to his/her Supervisor. Should the Supervisor also be unavailable, the responsibility to respond should follow the chain of command. It is imperative that all appropriate inquiries be responded to in a timely manner.
- 3.10 For those programs with an open episode in which an SFPR is not required to be entered in the electronic data system as defined in 3.6, SFPR responsibility defaults to the Head of Service or his/her designee for the program that is delivering the service.
- 3.11 When a Billing Provider in which the SFPR is located closes the episode, the SFPR assignment shall be terminated by clearing the SFPR field in the electronic data system and arranging for the transfer of SFPR if services are being provided at a Provider that is required to have an SFPR (per section 3.6).
 - 3.11.1 If an SFPR has not been cleared and the episode is closed or has been inactive for 150 days or is associated with a Provider site excluded from SFPR requirements (see section 3.6), Chief Information Office Bureau (CIOB) may remove the SFPR.
- 3.12 The SFPR may be any staff appropriately designated by the Program Manager as long as they, or in their absence a designee, can fulfill the policy obligations identified in section 3.8 of this Policy.
 - 3.12.1 If the SFPR is not an Authorized Mental Health Discipline (AMHD), the SFPR must consult with an AMHD familiar with the client on any questions regarding whether or not clinical services are appropriate for the client.
- 3.13 An Intensive Service Provider shall be the SFPR as long as they can fulfill the requirements identified in section 3.7 of this Policy.



SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
ROLES AND RESPONSIBILITIES IN THE CARE OF CLIENTS	302.03	06/10/2011	6 of 10

3.13.1 The provision of Medication Support Services does not in itself qualify a Billing Provider as an Intensive Service Provider and does not mean that the Billing Provider’s Primary Contact must become the SFPR.

PRIMARY CONTACT

3.14 For Directly-Operated Programs, the Primary Contact for a client is responsible for:

3.14.1 Discussing service needs with the client and documenting in accord with LACDMH Policy No. 401.03;

3.14.2 Prompting staff working with a client when the Client Care Plan is due;

3.14.3 Contacting the SFPR to Coordinate services upon admission to the Program, if the client is being seen elsewhere;

3.14.4 Contacting previous Providers for client information when previous closed episodes exist and it would be appropriate to review the information; and

3.14.5 Closing the client’s episode per LACDMH Policy No. 312.02 (See Reference 1).

3.15 Contract Providers must have procedures in place to address who has the responsibilities identified in 3.14.

3.16 The Primary Contact may be the same staff person as the SFPR.

3.17 The Primary Contact may be any appropriately designated staff by the Program Manager.

3.17.1 If the Primary Contact is not an Authorized Mental Health Discipline (AMHD), the Primary Contact must consult with an AMHD familiar with the client on any questions regarding clinical symptoms/behaviors of a client.



SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
ROLES AND RESPONSIBILITIES IN THE CARE OF CLIENTS	302.03	06/10/2011	7 of 10

RENDERING PROVIDER

3.18 Each Rendering Provider is responsible for:

- 3.18.1 Ensuring services provided are in accord with LACDMH Policy No. 401.03.
- 3.18.2 Ensuring there is an objective on the client’s Client Care Plan related to the service provided, except for Assessment services and one-time only types of services.

PROCEDURE

4.1 Assigning an SFPR

4.1.1 A new client with no open episode and no identified SFPR:

4.1.1.1 The Billing Provider where client is seeking services shall identify an SFPR in the electronic data system within two months of the first claimed service unless the Billing Provider is exempt from entering SFPR (refer to section 3.6).

4.1.2 A new client with an open episode and no identified SFPR:

4.1.2.1 The Primary Contact where client is seeking additional services should initiate a contact with the Primary Contact at the existing Billing Provider to discuss client services and negotiate which Billing Provider will become the SFPR.

4.1.2.2 The Billing Provider that is agreed upon to become the SFPR shall:

- immediately identify itself as the SFPR in the electronic data system;
- ensure the other Billing Provider and its services are entered on the Coordination Plan; and



SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
ROLES AND RESPONSIBILITIES IN THE CARE OF CLIENTS	302.03	06/10/2011	9 of 10

of the SFPR is deemed appropriate, the “Transfer of SFPR” form shall be completed by the existing SFPR.

4.2 Transferring an SFPR

4.2.1 The “Transfer of SFPR” Form must be completed for all inter-agency transfers of SFPR (See Attachment 1).

4.2.1.1 For Directly-Operated, the “Transfer of SFPR” form must also be completed for all intra-agency transfers of SFPR.

4.2.2 The existing Billing Provider shall delete itself from the SFPR field of the electronic data systems.

4.2.3 The new Billing Provider shall then immediately identify itself in the SFPR field of the electronic data system.

4.2.4 Any time an SFPR is transferred, the new SFPR shall ensure that any Billing Provider who is approved to continue services is entered on the Coordination Plan and the existing Primary Contact at the Billing Provider has a copy of the revised Coordination Plan.

4.2.5 Should the existing SFPR fail to take any of the transfer actions noted in this policy after two (2) requests, the new SFPR shall complete and send the “Transfer of SFPR memo” (see Attachment 2) to that Billing Provider’s District Chief for follow-up action.

4.2.6 The memo must be copied to the District Chief of the requesting Billing Provider.

ATTACHMENTS (Hyperlinked)

1. [MH 530 - Transfer of Single Fixed Point of Responsibility](#)
2. [MH 664 - Transfer of SFPR memo](#)

REFERENCES



**LAC
DMH**
LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH

**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
ROLES AND RESPONSIBILITIES IN THE CARE OF CLIENTS	302.03	06/10/2011	10 of 10

1. LACDMH Policy No. 312.02, Closing of Service Episodes
2. LACDMH Policy No. 401.03. Clinical Documentation for All Payer Sources

RESPONSIBLE PARTY

LACDMH Program Support Office, Quality Assurance Division