

# DEPARTMENT OF MENTAL HEALTH

## POLICY / PROCEDURE



SUBJECT: <b>AMBULANCE/AMBULETTE SERVICES FOR SHORT-DOYLE PROGRAMS</b>	POLICY NO. <b>202.6</b>	EFFECTIVE DATE <b>4/1/91</b>	PAGE <b>1 of 9</b>
APPROVED BY: <b>Original Signed by: ROBERTO QUIROZ</b>  Director	SUPERSEDES <b>102.6</b>	ORIGINAL ISSUE DATE <b>8/1/83</b>	DISTRIBUTION LEVEL(S) 1,3

**PURPOSE:** 1.1 To establish Department of Mental Health (DMH) policy and guidelines for the use of ambulance/ambulette transportation, consistent with mental health service needs and guidelines for reimbursement under the Short-Doyle Program.

**POLICY:** 2.1 An ambulance/ambulette may be called to transport patients only in those situations that are reimbursable under the Cost Reporting/Data Collection Manual (CR/DC), Chapter II, Section 2.10, Allowable-Unallowable Costs, Paragraph 32, Transportation.

2.1.1 Section 2.1 is waived under circumstances where a DMH approved 5150 Mental Health Professional provides personal on-the-spot assessment of an individual's need for evaluation and treatment. For Fiscal Year 1990-1991, County overmatch funds will be used as alternative reimbursement for the transport of non-Short-Doyle patients who have been evaluated and require involuntary hospitalization.

2.2 DMH staff and other DMH authorized persons may only utilize Short-Doyle transportation as part of their provision of direct mental health service. The DMH III-R diagnostic category number must be included on all Transportation Orders (Exhibit I0 as the primary basis for decision to transport the client.

**PROCEDURE:** 3.1 Appropriate Use of Ambulance/Ambulette Service for Short-Doyle Programs

3.1.1 The CR/DC Manual Section cited in 2.1 above state that funding under the Short-Doyle system will pay for transportation only "...when a direct mental health service is being provided to transport clients to and from a licensed community health care facility (County hospitals and/or Short-Doyle mental health facility within the County)."

3.1.1.1 Transportation for medical emergencies or treatment are not reimbursable under Short-Doyle. When a patient requires transportation for both psychiatric and medical attention, under the law, a decision to reimburse will be based only on the psychiatric need to transport.

# DEPARTMENT OF MENTAL HEALTH

## POLICY / PROCEDURE



<b>SUBJECT:</b> <b>AMBULANCE/AMBULETTE SERVICE</b> <b>FOR SHORT-DOYLE PROGRAMS</b>	<b>POLICY NO.</b>  <b>202.6</b>	<b>EFFECTIVE</b> <b>DATE</b> <b>4/1/91</b>	<b>PAGE</b>  2 of 9
--	---------------------------------------	--	---------------------------

3.1.1.2 All persons being transported must be either an active participant in a Short-Doyle program or considered to be Short-Doyle eligible. A clinical record must be opened at the Short-Doyle agency which makes the referral.

3.1.1.3 Depending on the patient's physical and mental condition, the clinic may UMDAP the patient before or after transportation. Every effort should be made to determine if the patient is Medi-Cal eligible.

3.1.2 Transportation for patients required to make an appearance in Court or for any Court-related matter is not reimbursable under Short-Doyle [Section 5719(a) W&I Code].

3.1.3 Payment of ambulance/ambulette transport services for patients from non-Short-Doyle facilities to other treatment facilities, including County and State Hospitals, will not be authorized by the DMH. Patients who are in emergency rooms or other areas of private hospitals or agencies may, upon acceptance by the receiving Short-Doyle facility, be transferred to an available bed. However, the cost of that transport will not be accepted as a Short-Doyle cost by the DMH and must be absorbed by the sending agency.

3.1.4 This policy is not altered, even when DMH staff are involved, as in the instance when a Psychiatric Mobile Response Team (PRMT) has entered the emergency room of a private hospital.

3.1.5 Short-Doyle patients being sent from one Short-Doyle facility to another, including those patients being sent to/from mental health Short-Doyle contracted beds, will continue to be paid by Short-Doyle funds are absent.

3.1.6 All of Section 3.1 is to be followed as written with the exception of transportation ordered for patients evaluated by PMRT staff. PRMT staff may transport 5150 non-Short-Doyle patients from any location with the exception of hospital emergency rooms, Police/Sheriff stations and Crisis Residential Facilities.

### 3.2 Requesting Ambulance/Ambulette Service

# DEPARTMENT OF MENTAL HEALTH

## POLICY / PROCEDURE



<b>SUBJECT:</b> <b>AMBULANCE/AMBULETTE SERVICE</b> <b>FOR SHORT-DOYLE PROGRAMS</b>	<b>POLICY NO.</b> <b>202.6</b>	<b>EFFECTIVE DATE</b> <b>4/1/91</b>	<b>PAGE</b> <b>3 of 9</b>
--	-----------------------------------	--	------------------------------

- 3.2.1 DMH personnel assigned to make emergency evaluations of patients in the field or at facility sites shall use their clinical judgment in determining the most appropriate mode of transportation for those patients in need of transportation services.
- 3.2.2 Mental health professionals conducting the patient assessment are responsible for ordering transportation.
- 3.2.3 The individual ordering the transportation must select the least costly but most appropriate and expeditious means of transporting the client.
- 3.2.4 Efforts should be made in advance to schedule patients needing transportation when such trips are frequent and predictable so as to allow more than one patient to be transported at the same time.
- 3.2.5 Only those companies with a current and valid contract with the DMH for transportation service may be used.
- 3.2.6 DMH employees are to share patient information with the transportation personnel, especially regarding the patient's legal status, pertinent medical problems and behavior. This includes the routing documents accompanying the patient. The envelope containing patient information will not be sealed when given to transportation personnel.
- 3.2.7 Transportation personnel should not be expected to subdue patients. DMH staff who are trained and/or law enforcement personnel will be primarily responsible for restraining patients.
- 3.2.8 Appropriate Use of Attendants  
  
For the safety of the patient and transporters, an attendant shall always be present when transporting patients to facilities for the purposes of evaluation and treatment. Female patients MUST be accompanied by a female attendant.
- 3.2.9 Appropriate Use of Restraints
  - 3.2.9.1 An ambulance/ambulette shall be equipped with restraints and their use shall be determined by clinical necessity upon orders of the physician authorizing transportation. The name and/or signature of the physician authorizing restraints will be documented on the Transportation Order.

# DEPARTMENT OF MENTAL HEALTH

## POLICY / PROCEDURE



SUBJECT: <b>AMBULANCE/AMBULETTE SERVICE FOR SHORT-DOYLE PROGRAMS</b>	POLICY NO. <b>202.6</b>	EFFECTIVE DATE <b>4/1/91</b>	PAGE 4 of 9
---	----------------------------	------------------------------------	----------------

3.2.9.2 Ambulance/ambulette operators shall be informed whenever the patient is dangerous.

3.2.9.3 County vehicles shall not be used to transport patients for whom restraints are clinically indicated.

### 3.2.10 Patient's Personal Property

3.2.10.1 The personal valuables of the patient shall be protected and accounted for by County staff, transportation personnel and the receiving facility.

3.2.10.2 DMH staff will itemize patient's valuables on the Patient Property Receipt form (Exhibit 4) at the time of transport.

3.2.10.3 Ambulance/ambulette staff will sign off on the form acknowledging receipt of patient property. Ambulance/ambulette staff will have staff at the receiving facility acknowledge receipt of patient property on the Property Receipt form and maintain a copy for their records. The receiving facility will also maintain a file copy.

3.2.19.4 Patient's property will be contained in a sealed envelope after both DMH staff and transportation personnel have itemized and recorded the patient's property on the Patient Property Receipt. The Patient Property Receipt will be attached to the envelope before transport.

3.2.10.5 Patients will be requested to sign the Patient's Property Receipt form acknowledging accurate itemization and receipt of their belongings by transportation personnel. If patients refuse or are unable to sign the Patient's Property Receipt, their refusal/inability will be documented on the form and witnessed by DMH staff.

3.2.10.6 Ambulance/ambulette companies are not required to transport an unreasonable amount of personal property. Therefore, valuables, patient's belongings or a money amount that is in excess of what transportation personnel are willing to transport are the responsibility of DMH staff to transport to the facility at which the patient is being detained. Patient's property which is transported by DMH staff will be

# DEPARTMENT OF MENTAL HEALTH

## POLICY / PROCEDURE



SUBJECT: <b>AMBULANCE/AMBULETTE SERVICE FOR SHORT-DOYLE PROGRAMS</b>	POLICY NO. <b>202.6</b>	EFFECTIVE DATE <b>4/1/91</b>	PAGE 5 of 9
---	----------------------------	------------------------------------	----------------

documented on a separate Patient's Property Receipt.

3.2.11 Prior authorization to transport patients outside the County (except to State Hospitals) must be obtained from the Office of the Medical Director.

### 3.3 Completion of the Transportation Order

- 3.3.1 The Transportation Order (Exhibit 1) must be completed in full by the mental health professional conducting the assessment and ordering the transportation.
- 3.3.2 The Transportation Order forms should be numbered manually and in sequential order with clinic initials preceding the numbers. This information should be entered in the Ambulance Invoice # section at the top right corner of the Transportation Form. It is the responsibility of the clinic to number the forms and account for all numbers.
- 3.3.3 The DSM III-R diagnostic category number is to be included on all Transportation Orders as the primary basis for the decision to transport the client.
- 3.3.4 The Order must provide the name and telephone number of the duty physician at the receiving Designated Facility or from a physician at the receiving clinic who agreed to accept the patient.
- 3.3.5 The Transportation Order must include the patient's address in addition to the full names and addresses of both destination and departure points for the transportation.
- 3.3.6 When completing Section F of the Transportation Order, information must show patient's behavior as creating an emergency. Check all categories that apply.
- 3.3.7 Any third party payor information is to be entered into Section E on the Transportation Order.
- 3.3.8 The patient's MIS number must be documented on the Transportation Order before sending the appropriate copy to the Accounting Division.
- 3.3.9 Distribution of Completed Forms

# DEPARTMENT OF MENTAL HEALTH

## POLICY / PROCEDURE



SUBJECT: <b>AMBULANCE/AMBULETTE SERVICE FOR SHORT-DOYLE PROGRAMS</b>	POLICY NO. <b>202.6</b>	EFFECTIVE DATE <b>4/1/91</b>	PAGE 6 of 9
---	----------------------------	------------------------------------	----------------

- Original to Transportation Company
- Copy to Patient's Record
- Copy to DMH Accounting Division
- Copy to Quality Assurance Bureau
- Copy to Transportation Company with physician's signature if not obtained at the time of transport.

### 3.4 Approval, Certification and Audit

3.4.1 All Transportation Orders must have the signed authorization of the staff physician of the DMH functional unit ordering the transportation (Section 51323, Title 22). If such permission is not obtainable prior to the transportation, transportation may proceed on the certification of the mental health professional making the assessment.

3.4.1.1 The authorization signature of the staff physician must be obtained within five (5) working days from the date of transportation. A copy of the Transportation Order, with the authorized signature of the staff physician, will be sent to the Transportation Company.

3.4.2 The person authorizing transportation must certify that the use of ambulance/ambulette transportation meets the criteria set forth in this policy. The signed certification shall appear on the Transportation Order.

3.4.3 A copy of the signed and authorized Transportation Order shall be included in the clinical record at the Short-Doyle agency authorizing transportation.

3.4.4 Transportation Orders shall be subject to quarterly audit by the DMH Quality Assurance Bureau.

3.4.4.1 Both the medical record and the UMDAP may be subject, upon demand, to verification by the DMH Quality Assurance Bureau to ensure that the patient was an appropriate referral for transportation.

3.4.4.2 Failure to certify, failure to obtain the authorization of the DMH staff physician, or improper certification is cause for employee disciplinary action. It shall be referenced in the Employee's Performance Evaluation.

3.4.4.3 Inappropriate referrals will result in an audit exception and loss

# DEPARTMENT OF MENTAL HEALTH

## POLICY / PROCEDURE



SUBJECT: <b>AMBULANCE/AMBULETTE SERVICE FOR SHORT-DOYLE PROGRAMS</b>	POLICY NO. <b>202.6</b>	EFFECTIVE DATE <b>4/1/91</b>	PAGE 7 of 9
---	----------------------------	------------------------------------	----------------

of reimbursement. Audit exceptions and losses of reimbursement shall be charged against the budget of the responsible service clinic or contract agency to which the signatory certifying transportation is attached (see Exhibit 1).

### 3.4.5 DMH Operated Facilities

3.4.5.1 The Clinic Manager of each directly-operated DMH facility is responsible for ensuring that all staff at his/her facility are familiar with the policy governing Short-Doyle Transportation. Losses due to failure to comply with these regulations shall be charged against the responsible Service Clinic to which the signatory certifying transportation is attached (See 3.4.4.3.)

### 3.4.5.2 Monthly Transportation Log

The Clinic Manager or designee will review all Transportation Orders initiated for his/her facility under the Short-Doyle system. Upon review, each approved Order will be entered onto the Monthly Transportation Log (Exhibit 3). The Monthly Transportation Logs will be subject to internal audit by the DMH Quality Assurance Bureau.

### 3.4.6 DMH Contract Facilities

The gatekeeper for Countywide hospital bed control will be responsible for the authorization of transportation for inpatient residential centers.

### 3.5 Billings

3.5.1 Efforts should be made to arrange for alternate means of paying for the transportation such as Medi-Cal and/or private insurance before considering Short-Doyle.

3.5.2 LAC/DMH will assume responsibility for reimbursing Ambulance/Ambulette costs for all non-Medi-Cal and/or non-third party payor patients.

3.5.3 Each ambulance/ambulette company which is a certified Medi-Cal provider shall bill "fee-for-service" Medi-Cal when the patient transported is identified as a Medi-Cal beneficiary.

# DEPARTMENT OF MENTAL HEALTH

## POLICY / PROCEDURE



<b>SUBJECT:</b> <b>AMBULANCE/AMBULETTE SERVICE</b> <b>FOR SHORT-DOYLE PROGRAMS</b>	<b>POLICY NO.</b>  <b>202.6</b>	<b>EFFECTIVE</b> <b>DATE</b> <b>4/1/91</b>	<b>PAGE</b>  8 of 9
--	---------------------------------------	--	---------------------------

- 3.5.4 The work day following a patient transport, clinics are responsible for initiating an MIS search in all cases where Medi-Cal eligibility was not established in order to determine the Medi-Cal status.
- 3.5.5 If the patient is determined to have a current Medi-Cal number (but Medi-Cal card, copy of card, or P.O.E. IS NOT AVAILABLE within the first three working days of the following month), the following MUST be done:
- 3.5.5.1 At the time of submitting the Patient Transportation Order form to the Accounting Division, verification of absence of Medi-Cal must be completed and attached to those Orders where P.O.E. could not be obtained (Exhibit 2).
- 3.5.6 If the patient is determined to have a current Medi-Cal number, (and Medi-Cal card, copy of the card, or P.O.E. IS NOT AVAILABLE within the first three working days of the following month) the following MUST be done:
- 3.5.6.1 Upon receipt of P.O.E., notify the ambulance/ambulette company by phone of the Medi-Cal eligibility, following up the phone contact by forwarding a copy of the Medi-Cal Card, P.O.E. and pertinent patient information.
- 3.5.7 P.O.E.'s that are received after the first three working days of the month following a patient's transportation will be forwarded to the ambulance/ambulette company to allow for their billing correction. The DMH Accounting Division must be notified in writing of the late submission of the P.O.E. and pertinent patient information.
- 3.5.8 Private Insurance (Third Party Payor)
- 3.5.8.1 Information regarding private insurance should be provided to the ambulance/ambulette company.
- 3.5.8.2 No Short-Doyle ambulance/ambulette billing shall occur until third-party payor has been attempted.
- 3.5.8.3 In the event the private insurance refuses to cover the cost of the ambulance/ambulette after the request, charges will be transferred to Short-Doyle.

# DEPARTMENT OF MENTAL HEALTH

## POLICY / PROCEDURE



<b>SUBJECT:</b> <b>AMBULANCE/AMBULETTE SERVICE</b> <b>FOR SHORT-DOYLE PROGRAMS</b>	<b>POLICY NO.</b> <b>202.6</b>	<b>EFFECTIVE</b> <b>DATE</b> <b>4/1/91</b>	<b>PAGE</b> <b>9 of 9</b>
--	-----------------------------------	--	------------------------------

Welfare and Institutions Code, Sections 5719 (a); 562 (a)

**ATTACHMENTS:** Patient Transportation Order  
Verification of Absence of Medi-Cal  
Transportation Request Log  
Patient Property Receipt

DATE: \_\_\_\_\_  
AMBULANCE \_\_\_\_\_  
AMBULETTE \_\_\_\_\_

EXTRA ATTENDANT  
YES \_\_\_\_\_ NO \_\_\_\_\_

AUTHORIZED WAITING TIME  
# OF QUARTER HOURS: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ D.O.B.: \_\_\_\_\_ SS#: \_\_\_\_\_ MIS#: \_\_\_\_\_ / \_\_\_\_\_ LEGAL STATUS: VOL \_\_\_\_\_ INVOL: \_\_\_\_\_

LOCATION OF ORIGIN OF TRIP (NAME AND ADDRESS)

DESTINATION OF TRIP (NAME AND ADDRESS)

PATIENT'S HOME ADDRESS

TYPE OF FACILITY: (Check) County Hospital \_\_\_\_\_ VA Hospital \_\_\_\_\_  
State Hospital \_\_\_\_\_ Private Hospital \_\_\_\_\_ SNF/IMD \_\_\_\_\_  
Other: (Define) \_\_\_\_\_

PREARRANGEMENTS MADE WITH (NAME): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ACCEPTING PHYSICIAN (NAME): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ACCEPTING FACILITY (NAME): \_\_\_\_\_

COMPANY 1	TIME OF CALL	AM	ESTIMATED RESPONSE TIME	ACTUAL RESPONSE TIME
	_____	PM	_____ MIN	_____ MIN
COMPANY 2	TIME OF CALL	AM	ESTIMATED RESPONSE TIME	ACTUAL RESPONSE TIME
	_____	PM	_____ MIN	_____ MIN
COMPANY 3	TIME OF CALL	AM	ESTIMATED RESPONSE TIME	ACTUAL RESPONSE TIME
	_____	PM	_____ MIN	_____ MIN

THIRD PARTY PAYOR: INSURANCE: YES \_\_\_\_\_ NO \_\_\_\_\_  
INSURANCE CO. NAME: \_\_\_\_\_

MEDI/CAL: YES \_\_\_\_\_ NO \_\_\_\_\_ NOT AVAIL: \_\_\_\_\_

ID#: \_\_\_\_\_

ID#: \_\_\_\_\_

DSM III-R DIAGNOSIS: \_\_\_\_\_

DIAGNOSIS #: \_\_\_\_\_

ELOPEMENT RISK: YES \_\_\_\_\_ NO \_\_\_\_\_

SUICIDAL: YES \_\_\_\_\_ NO \_\_\_\_\_

ACTING OUT: YES \_\_\_\_\_ NO \_\_\_\_\_

DANGEROUS: YES \_\_\_\_\_ NO \_\_\_\_\_

MEDICAL CONDITION? YES \_\_\_\_\_ NO \_\_\_\_\_  
(IF YES, DESCRIBE)

TREATED? YES \_\_\_\_\_ NO \_\_\_\_\_  
(IF YES, DESCRIBE)

OTHER PATIENT'S RELATED TRIP NUMBERS: \_\_\_\_\_

TRANSPORTED: YES \_\_\_\_\_ NO \_\_\_\_\_ NONE \_\_\_\_\_

SHORT - DOYLE CERTIFICATION: I hereby certify:

- That ambulance transportation is authorized as a direct mental health service to transport the patient to and/or from a licensed community health care facility and/or Short - Doyle mental health facility within the county.
- That the patient does/does not appear to be eligible for Medi/Cal transportation.
- That there is an open Short - Doyle Clinical record at: \_\_\_\_\_
- That the DSM III-R Diagnosis is the primary basis for the decision to transport.

SIGNATED SIGNATORY AND TITLE: \_\_\_\_\_

CONTROL UNIT #: \_\_\_\_\_

PHYSICIAN REVIEW: DATE: \_\_\_\_\_

CONCUR AND AUTHORIZE: \_\_\_\_\_

DO NOT CONCUR: \_\_\_\_\_

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
VERIFICATION OF ABSENCE OF MEDI-CAL

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
M.I.S. Number

Date of Service: \_\_\_\_\_

DEPARTMENT OF MENTAL HEALTH IS NOT ABLE TO SECURE THE  
DOCUMENTATION NECESSARY TO PROCESS THE CLAIM FOR MEDI-CAL.

Staff Person: \_\_\_\_\_

Clinic Manager: \_\_\_\_\_

Date: \_\_\_\_\_



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
PATIENT PROPERTY RECEIPT

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date

Money:

Credit Cards:

\$1 X \_\_\_\_\_ = \_\_\_\_\_

\$5 X \_\_\_\_\_ = \_\_\_\_\_

\$10 X \_\_\_\_\_ = \_\_\_\_\_

\$20 X \_\_\_\_\_ = \_\_\_\_\_

\$ \_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

Coins \_\_\_\_\_ = \_\_\_\_\_

Total \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Jewelry: \_\_\_\_\_  
\_\_\_\_\_

How is the property being transported to hospital? \_\_\_\_\_

Miscellaneous Articles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Sending Facility Staff Signature: \_\_\_\_\_

Ambulance Staff Signature: \_\_\_\_\_

Hospital Staff Signature: \_\_\_\_\_  
(Receiving Facility)

Patient's Destination: \_\_\_\_\_