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Local Mental Health Plan

Medi-Cal fee-for-service inpatient hospital Provider Manual

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Welcome

Welcome. This is the Provider Manual for Medi-Cal Fee-For-Service (FFS) acute psychiatric inpatient providers contracting with the Los Angeles County Department of Mental Health (LACDMH). This Provider Manual provides information explaining the processes involved in partnering with the LACDMH for the delivery of quality, cost-effective mental health care.

On January 1, 1995, under a State mandate, LACDMH began implementing Phase I of the Medi-Cal Fee-For-Service Inpatient Services. The Phase I Consolidation resulted in significant changes to the delivery of, and reimbursement for, inpatient mental health services provided by Medi-Cal FFS acute psychiatric inpatient providers to Medi-Cal eligible beneficiaries of Los Angeles County. Information regarding the Medi-Cal Fee-For-Service inpatient reimbursement authorization procedures for Los Angeles County are described in this manual.

Thank you for your interest and, if appropriate, participation in the Medi-Cal FFS Consolidation of acute psychiatric inpatient services in Los Angeles County. If you have any questions, requests or comments regarding this manual please contact the LACDMH's Treatment Authorization Unit at (213) 739-7300.

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SECTION: I
INTRODUCTION

INTRODUCTION

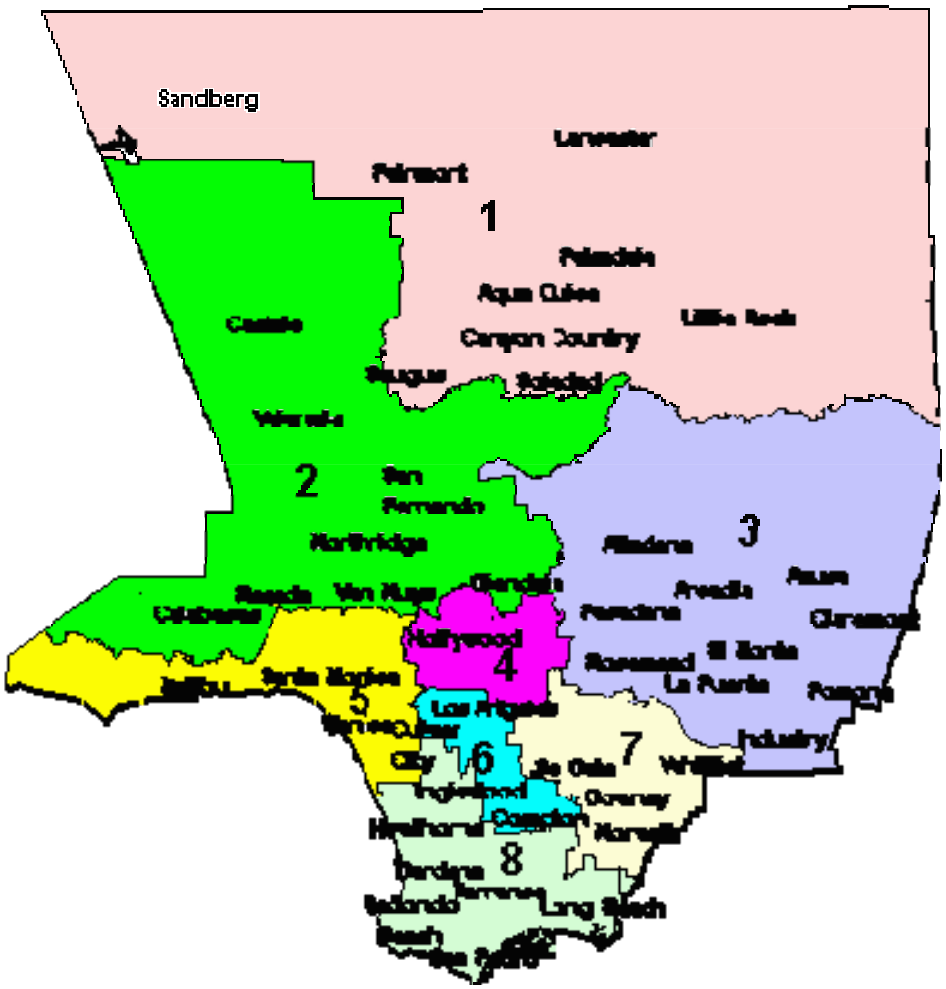
The Los Angeles County Department of Mental Health (LACDMH) is the State of California's Local Mental Health Plan (LMHP) for the County of Los Angeles. The LMHP is responsible for administering all Medicaid/Medi-Cal and State grant funds for mental health services through a well-managed system that is designed to ensure available, accessible, and quality mental health care for eligible Medi-Cal beneficiaries.

It is estimated that Los Angeles County is the county of residency to approximately one-third (1/3) of all Medi-Cal beneficiaries in the State of California. The county where Medi-Cal beneficiary eligibility is established is determined by the Department of Public Social Services. Due to the magnitude of acute psychiatric inpatient services provided to the residents of Los Angeles County, the State of California Department of Mental Health approved the process of retrospective reviews of requests for authorizing reimbursement for Medi-Cal acute psychiatric inpatient services provided to Medi-Cal eligible beneficiaries of Los Angeles County.

The Treatment Authorization Request Unit, within the LACDMH's Office of the Medical Director (OMD), is the program responsible for implementing and operating the State managed care plan, i.e., Inpatient Psychiatric Hospital Consolidation Plan. Under the State's managed care plan, the LMHP is responsible for authorizing reimbursement for Medi-Cal acute inpatient psychiatric services provided to Los Angeles County Medi-Cal beneficiaries. As noted earlier, information regarding the Medi-Cal Fee-For-Service inpatient reimbursement authorization procedures for Los Angeles County is described in this manual.

LACDMH Service Areas

The Los Angeles County Department of Mental Health is organized into eight (8) geographic Service Areas. To identify mental health providers in your service area, go to http://dmh.lacounty.gov/ Click Services, Click Provider and Contractor Information, and Click for an interactive map with service providers by service area.



SECTION: II
LACDMH
CONTRACT

Contracting with the County

State of California certified Medi-Cal FFS acute psychiatric inpatient facilities located within Los Angeles County are encouraged to contract with the *County of Los Angeles Department of Mental Health* (LACDMH). Although it is not essential to contract with DMH to be reimbursed for Medi-Cal acute psychiatric inpatient mental health services, contracting promotes a seamless system of care for Medi-Cal beneficiaries residing in Los Angeles County.

This manual, and all subsequent Provider Alerts, provides specific information regarding the requirements and process for contracting with LACDMH and instructions concerning requesting reimbursement for Medi-Cal FFS Acute Psychiatric inpatient services.

Contracting Process

- Obtain from and submit a completed Los Angeles County Department of Mental Health Medi-Cal FFS Acute Psychiatric Inpatient Contract Package to, the LACDMH *Contracts Development and Administration Division* (CDAD).

- Submit a signed contract, completed Contract Package and required documents for approval/adoption by the Los Angeles County Board of Supervisors. Contingent upon the requisite approvals, contract providers will receive a fully executed contract agreement.

- Schedule orientation and training for contract providers to facilitate integration and incorporation of the contract provider into the Los Angeles County Department of Mental Health (LACDMH) system of care.

Contract Required Notifications

It is essential that contract providers immediately inform the LACDMH's Contracts Development Administration Division (CDAD) of the following:

- Any/all changes affecting the provider's ability to provide contracted services
- Changes in ownership
- Mergers
- Financial viability
- Insurance
- Permits
- Licenses
- Staffing Pattern
- Other dated material and changes that are required from the contract package

Failure to formally inform, in writing, the LACDMH's Contracts Development Administration Division (CDAD), in a timely manner, of any/all conditions affecting the contract provider's ability to provide services may constitute a material breach of contract. Contract providers must submit all official correspondence and notices to the following:

LACDMH Contract Officer
DMH Contracts Development Administrative Division
550 S. Vermont Ave. 5th floor, Room 500
Los Angeles, CA 90020

SECTION: III
SINGLE POINT OF CONTACT

Single Point of Contact (SPOC)

All Fee-For-Service (FFS) Medi-Cal acute psychiatric inpatient providers/hospitals submitting inpatient Treatment Authorization Requests (TARs) to the Los Angeles County Department of Mental Health must designate a Single Point of Contact (SPOC). The SPOC is the person authorized by the provider to discuss or obtain any/all information concerning a specific TAR and/or Medi-Cal beneficiary.

This restriction on accessing information applies only to information regarding a specific Medi-Cal beneficiary to ensure compliance with laws and regulations concerning patient confidentiality. Access is not restricted regarding Medi-Cal information only if unrelated to a specific Medi-Cal beneficiary.

All official correspondence addressed to the TAR Unit must be submitted by the provider's designated SPOC and will be acted upon only if submitted in writing to the TAR Unit for matters such as, but not limited to, the following:

- TAR Inquiry, Corrections and Resubmissions
- Compliance Unit
- First Level Appeal
- Second Level Appeal

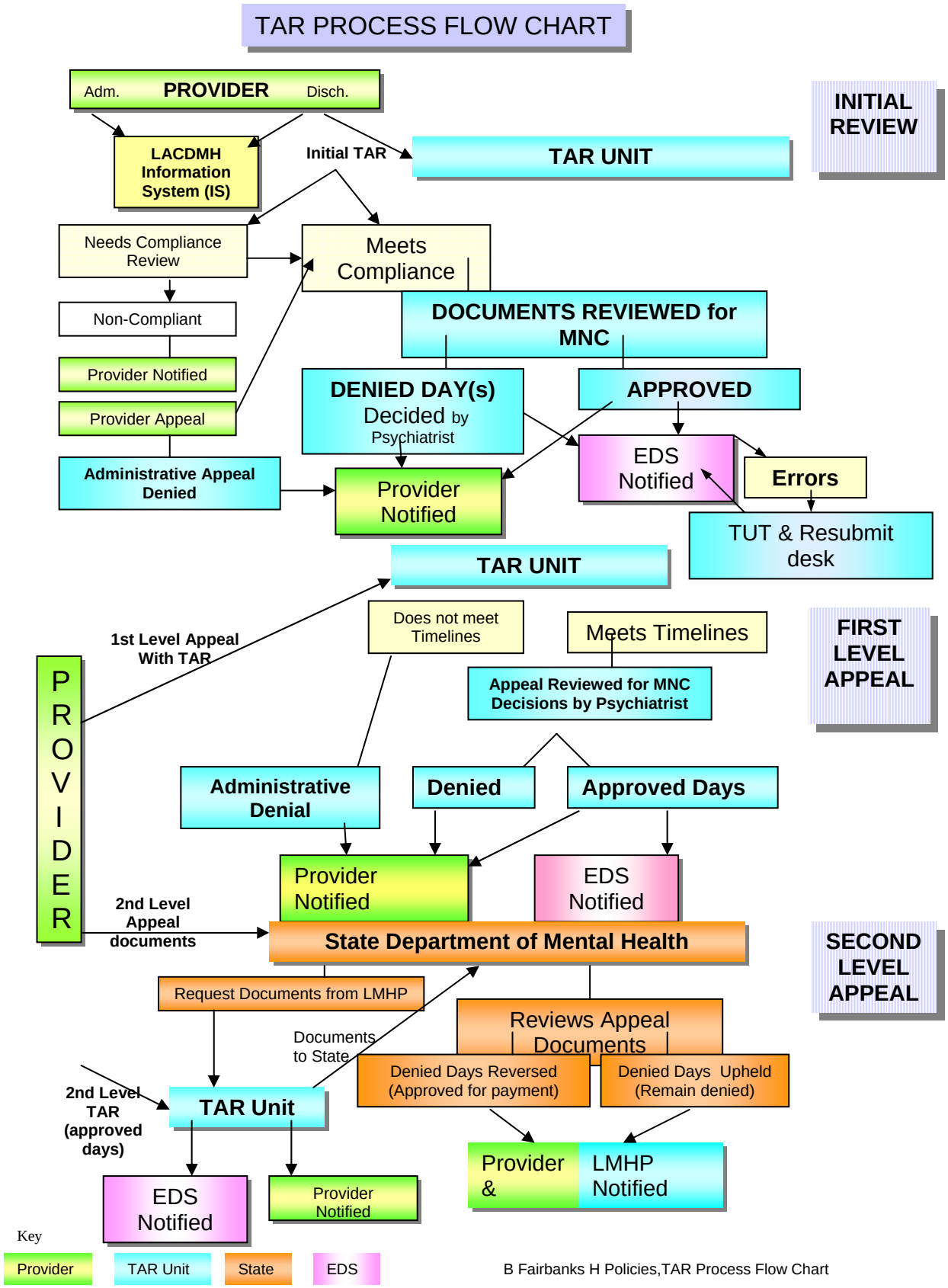
Change of Single Point of Contact (SPOC)

Providers may change their designated SPOC at any time by notifying the TAR Unit in writing, on the provider's letterhead, with the full name, mailing address, email address, telephone number and fax number of the new SPOC.

Provider Alerts

The TAR Unit will issue LACDMH Provider Alerts to contract providers via the SPOC to disseminate information regarding clinical, administrative or financial policies and procedures. Any changes described in the provider Alerts have the authority of policy and are binding to the LACDMH provider's contract agreement with DMH.

SECTION: IV
TAR PROCESS FLOW CHART



B Fairbanks H Policies,TAR Process Flow Chart

KEY TO TAR PROCESS FLOW CHART

TAR: Treatment Authorization Request. A TAR is a State Form (18-3), each with a unique number, used statewide for authorization of inpatient psychiatric hospital days.

PROVIDER: Hospital providing acute inpatient psychiatric services.

IS: *Integrated System* – the LAC/DMH Information System (IS). Charts not entered in the Information System (IS) cannot be processed in the DMH TAR Unit's unique electronic data collection system, previously known as STAR.

- Contract providers have access to the LAC/DMH Information System (IS) and are responsible for entering data on their clients into the system.
- Since *non-contract providers* cannot access the Information System (IS), the TAR unit staff enters the episode data into the Information System (IS) when the TAR & chart arrive to be reviewed.

COMPLIANCE: Compliance with 1) State timeline regulations and/or 2) County contract agreements as specified below.

- **State:** 14-day timeline for submission of an initial TAR or 60-day timeline (from date of discovery of Medi-Cal eligibility) for submission of a *retroactive* TAR.
- **County contract:** Specified data to be entered into the Data Collection and Reporting System.

MNC: Medical Necessity Criteria as specified in State regulations – Title 9, Chapter 11 of the California Welfare and Institutions Code.

LMHP/TAR UNIT: Local Mental Health Plan is the term used by the State to refer to the counties or other entities responsible for authorization of payment for Medi-Cal psychiatric inpatient services. In this instance LMHP is LACDMH and referred to in the chart as the *TAR Unit*.

APPEALS: The provider sends a letter requesting a first or second level appeal of TARs denied for failure to meet MNC or State timelines. *Note: At the second level, chart documents are sent to the State with the appeal letter but not a new TAR. A State decision letter is sent to the provider. If the State reverses denied days (approves those days), the provider submits a TAR, with a copy of the State letter, to the TAR Unit.*

EDS: Electronic Data Systems in Sacramento, CA acts as the State's financial intermediary. This agency is contracted by the State to process payment of the approved days. Payment can only be issued for those TARs in the EDS Master File. *Note: The initial review TAR is always sent to EDS (approved days and denied days) – this establishes the episode in EDS. However, first and second level appeal TARs are only sent to EDS if there are approved days. Approved days, on appeal, are previously denied days that have been reversed by the LMHP or the State.*

SECTION: V
TIMELINES

Timelines for Initial Submission of a TAR

Provider has
14 days after discharge
to submit TAR & documents
to the LMHP

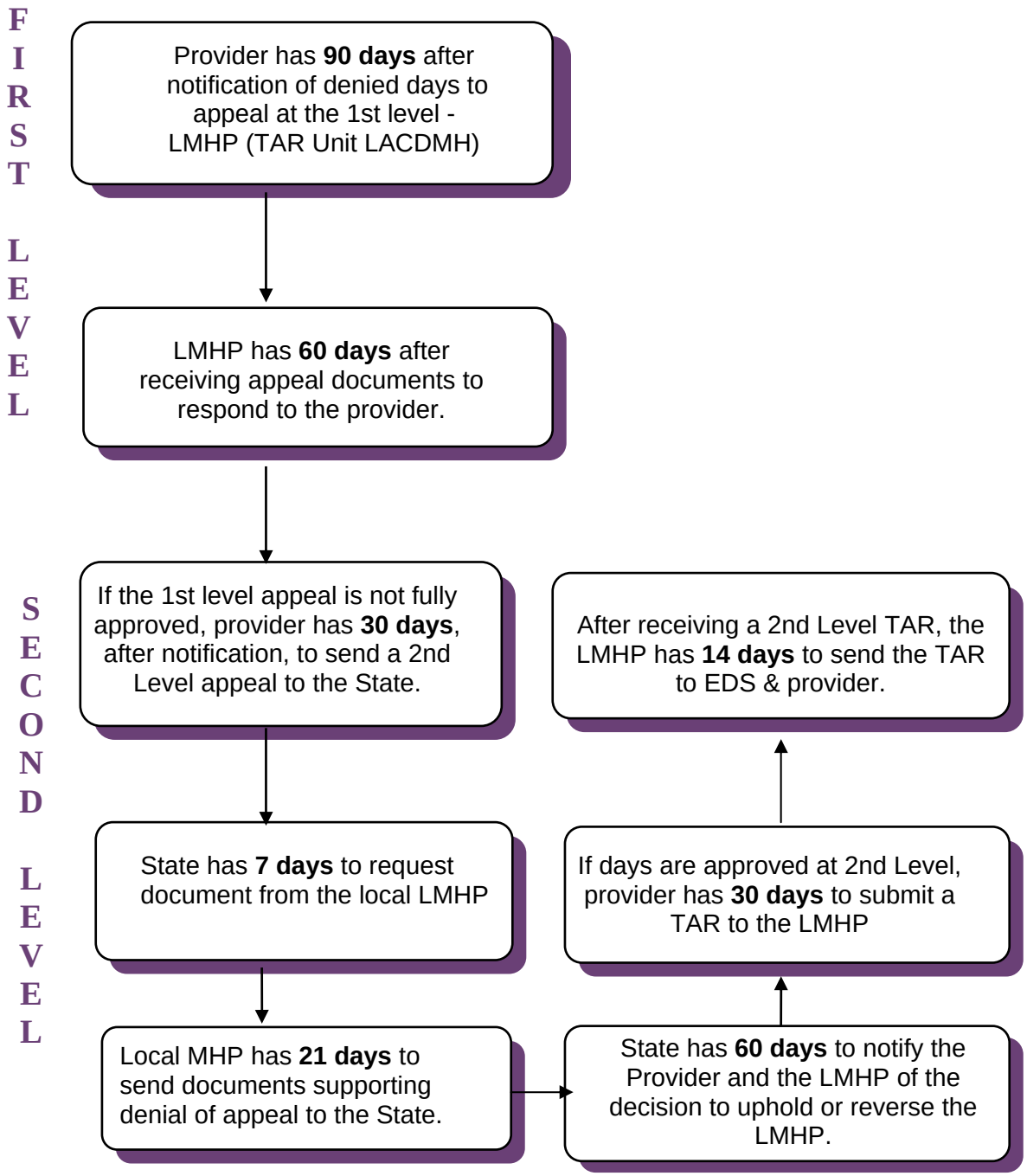
↓

LMHP has **14 days** after
receipt of the TAR
to send the reviewed and completed
TAR to EDS and the provider

Timelines for a Retroactive TAR

Submit a retroactive TAR within
60 days of:
- Discovery of Medi-Cal eligibility
or from a third party Payer -
- Notice of Partial Payment **or**
- Exhaustion of Benefits (EOB)

TAR APPEAL TIMELINES



appltmln.ppt

SECTION: VI INSTRUCTIONS FOR COMPLETING A TAR

INSTRUCTIONS FOR COMPLETING A TAR

The following section is to be completed by the hospital provider

HOSPITAL USE:

Box 6 –Leave blank
Box 7 - Date of admission
Box 8 – Leave blank
Box 9 -Place an "X" on all TARs
Box 10 - Provider NPI number *Verbal Control* – Leave Blank
Provider Phone No., Name and Address – 9 digit zip code.
Box 11 – Patient's Social Security Number or Medi-Cal ID number.

Above Box #11, place the Medi-Cal *County Code* and *Aid Code* numbers
Box 12 - Blank
Box 13 - M or F

Box 14 - Date of Birth MM/DD/YYYY and Age (check accuracy with DOB).

Box 15 - Medicare Status: 0 = No Medicare 1= Medicare, Part A only

2 = Medicare, Part B only 3 = Medicare, Part A & B

Box 16 - Other Coverage. "X" if patient has other insurance.

Box 17 - Number of days requested on this TAR.

- The day of admission is counted but **not** the discharge day.
- If other insurance has been billed, include only the Medi-Cal billable days.
- The maximum number of days is limited to 99 days per TAR.

Box 18 -Type of days: "0" – acute. "2" – administrative.
Box 19 -Enter an **"X"** ONLY if the TAR is being submitted as a **Retro TAR**/ If not, leave blank

Box 20 - Date of discharge.
Box 21 - Admitting diagnostic code. It must match the written diagnosis.
Box 22 - Discharge diagnostic code. It must match the written diagnosis

Patient's Authorized Representative – If known, enter the name and address of the patient's authorized legal representative, payee or conservator - parent's name if patient is a minor.
Describe Current Condition Requiring Hospitalization – Complete this section as instructed on the TAR. Use this space to indicate specific dates requested when submitting multiple TARs, *Admin Day* TARs and Appeal TARs
Planned Procedures – Complete as instructed. On Appeal TARs, leave this section blank.

Signature of Provider & Date: To be signed and dated by hospital representative.
Signature of Physician & Date: Signed and dated by the attending physician or psychologist who has admitting privileges.
For County Use Only: Do not write in this section.

Sample Mental Health Stay in a Hospital TAR form (SDMH 18-3)

<u>To Order</u>: Providers can request TAR forms from Electronic Data Systems' (EDS), by contacting its Medi-Cal Telephone Service Center at (800) 541-5555.

REQUEST FOR MENTAL HEALTH STAY IN HOSPITAL

COUNTY USE ONLY

SERVICE CATEGORY

COUNTY OF CALIFORNIA DEPARTMENT OF MENTAL HEALTH SERVICES

1. CLAIMS CONTROL NUMBER F.I. USE ONLY

F. I. USE ONLY 2 3 4 5

CONFIDENTIAL PATIENT INFORMATION

County Code and Aid Code go here

HOSPITAL USE

ADMIT TAR NUMBER (ORIGINAL AUTHORIZATION NUMBER) 6 | ADMIT DATE 7 | AUTH. EXP. 8 | EMER. ADMIT 9

PROVIDER NUMBER 10 | PROVIDER PHONE NO. ( ) - | VERBAL CONTROL

PROVIDER NAME

PROVIDER STREET/MAILING ADDRESS

PROVIDER CITY, STATE AND ZIP CODE

8-3- 1960

PATIENT MEDI-CAL ID NO. 11 | PEND 12 | SEX 13 | DATE OF BIRTH 14 | AGE

PATIENT NAME

MEDICARE STATUS 15 | OTHER COV. 16

NUMBER OF DAYS REQUESTED 17 | TYPE OF DAYS 18 | RETRO ACTIVE 19 | DISCHARGE DATE 20

ADMITTING DIAGNOSIS DESCRIPTION

ADMITTING ICD9-CM 21

FOR PHYSICIAN- PLEASE PROVIDE SUFFICIENT ESSENTIAL DETAIL TO PERMIT A REASONABLE EVALUATION OF THE LENGTH AND LEVEL OF CARE REQUESTED.

CURRENT DIAGNOSIS

CURRENT ICD9-CM 22

PATIENT'S AUTHORIZED REPRESENTATIVE (IF ANY) ENTER NAME AND ADDRESS

DESCRIBE CURRENT CONDITION REQUIRING HOSPITALIZATION

WHAT PLANNED PROCEDURES WILL REQUIRE THIS HOSPITALIZATION, INCLUDE DATES WHEN POSSIBLE

HOSPITAL: TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT

SIGNATURE OF PROVIDER / / DATE

TYPE OF PRINT NAME OF RESPONSIBLE PHYSICIAN

SIGNATURE OF RESPONSIBLE PHYSICIAN X / / DATE

COUNTY MEDI-CAL CONSULTANT-VALIDATING INFORMATION AND EXPLANATION

FOR COUNTY USE ONLY

28 DENIED

29 DEFERRED

30 31 32 33 34 35

DAYS OF THIS HOSPITALIZATION ARE DENIED

APPROVED AS REQUESTED 23

APPROVED AS MODIFIED 25

24 FROM

26 THRU

27 MCMTT ADMIT SUB ADMIT REL S.G. ADMIT PLACEMENT

JACKSON VS FANG PARAGRAPH CODE

36 37 38 42

39 40 41 DATES OF DAYS DENIED

RETROACTIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION 51003(E)

COURT REVIEWS

REVIEW COMMENTS INDICATOR

COUNTY MEDI-CAL CONSULTANT

BY

43 | DATE 44

92 TAR CONTROL NUMBER [redacted]

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE IDENTIFICATION CARD IS CURRENT BEFORE RENDERING SERVICE.

SEND TO COUNTY MENTAL HEALTH DEPT. - F.I. COPY

18-3 (11/94)

SECTION: VII
SUBMISSION OF A TAR

SUBMISSION OF A TAR

A request for Medi-Cal psychiatric inpatient mental health reimbursement must be submitted on an **original** State Department of Mental Health (SDMH form 18-3 form). That form is commonly referred to as the TAR. Providers can order TAR forms by calling SDMH's fiscal intermediary – Electronic Data Systems (EDS) at (800) 541-5555.

LACDMH conducts **retrospective reviews**. A TAR is to be submitted only after a Medi-Cal beneficiary is discharged from the hospital. When the authorization review is complete, the provider and EDS will be notified of the decision within 14 days following the date of the TAR submission to the LMHP.

Authorization of Medi-Cal reimbursement is conditional on the following:

- The beneficiary was Medi-Cal eligible for Los Angeles County during the month(s) of service.
- The service was provided by a State approved FFS Medi-Cal inpatient provider.
- A timely submission of *a Treatment Authorization Request* (TAR) with an accompanying documentation of Medical Necessity Criteria (MNC). See timeline flow chart.
- Contract providers have entered the episode data into the LACDMH Information System.

Determine Medi-Cal Eligibility

- **Verify Medi-Cal eligibility (POS, AVES or Eligibility Response).**
  - Submit proof of eligibility with the TAR.
  - Write the County and Aid Codes on the TAR, above box #11.
- Submit a TAR only if the beneficiary is eligible for L.A. County (#19) Medi-Cal during the month(s) of service.
- When there is other coverage (Medicare/private insurance) in addition to Medi-Cal, the other coverage must be billed first.
- If Medi-Cal billable days remain after receipt of a partial payment or *Notice of Exhaustion of Benefits* (EOB) from Medi-Care or other insurance carrier, submit a TAR. Please see the following section on *Submission of a Retroactive TAR.*

Los Angeles County Department of Mental Health Information System

All contract providers must enter patient episode data into the LACDMH Data Collection and Reporting System according to established policies and procedures.

Enter the following data:

- Within 24 hours of admission, enter the episode information.
- Prior to submission of a TAR, enter:
  - Discharge information, including date of discharge and
  - Discharge diagnosis.
- Print the *episode screen* showing the correct admitting and discharge dates. Submit this printout with the TAR and chart documents as well as the open episode and closed episode forms.

Note: If there is no recorded **Medi-Cal** eligibility or pending eligibility, do not enter data into the LACDMH Information System (IS).

AFTERCARE PLAN

The Los Angeles County Department of Mental Health (LACDMH) continues to develop quality assurance efforts to ensure comprehensive quality of care services for plan beneficiaries. Continuity of care is essential for the successful transition of a beneficiary from inpatient hospitalization to a lower level of care. In conjunction with the discharge of a Medi-Cal beneficiary, the in-patient provider must prepare a written aftercare plan to be submitted to the appropriate LACDMH Single Fixed Point of Responsibility. A copy of the aftercare plan must also be included with the TAR documents.

INITIAL TAR

Within 14 days from the date of discharge, **submit the following:**

A) Original TAR – (see Instructions for completing TAR form 18-3)

1) **If requesting both acute and admin days**, submit separate TARs.
   (a) Code box #18 with an '0' for *acute days* and a '2' for *admin days*.
   (b) Request the correct number of days (box #17) for each TAR.
   (c) Specify which dates are being requested (in *Current Condition* section).

. **Note**: The *admission* and *discharge* dates will be the same for all TARs in an episode. See *Administrative Day TAR.*

2) The maximum number of days that can be requested on a TAR is 99. When the days in an episode reach 100, a second TAR must be submitted. See #1c above.
3) **A TAR must be correct and complete in order to be processed**. Check the TAR for missing or incorrect data (e.g. number of days requested, admit and discharge dates, type of days, DSM-IV codes, and signatures and dates).
4) When **multiple TARs** are submitted, number the TARs (e.g.1 of 3 etc.). in the space to the right of the heading *Confidential Patient Information.*

B) Aftercare Plan, with the TAR (but not stapled to it), shall include the following:

1) Date & time of follow-up appointment (or reason why one could not be scheduled).
2) Name of contact person.
3) Name of facilities where the Aftercare Plan was faxed.

C) Proof of Medi-Cal eligibility. – POS, AVES or Eligibility Response

D) Print-out of the LACDMH data system *Episode Screen.*

E) Chart documents/notes to support:

1) Medical necessity criteria for *acute days* requested.
2) Placement activity for *administrative days* requested.

Submit TARs and documents to:

TAR Unit
LAC Department of Mental Health
550 S. Vermont Avenue, 7th Floor, Room 701
Los Angeles, CA 90020

RETROACTIVE TAR

A retroactive TAR may be submitted for the following reasons:

1) In case of a natural disaster or circumstances beyond the control of the provider, which has been reported to an appropriate law enforcement or fire agency. (See Title 9, Chapter 11, 1820.215).
2) Medi-Cal eligibility inquiry during hospital stay shows *no eligibility*. The finding may be: *No matching records found*. Print *inquiry*
3) Denial of payment (exhaustion of benefits) or a partial payment from a third party payer (Medi-Care or other insurance).

TARs that meet retroactive criteria must be submitted within 60 days of the following:

1) **Date of discovery of Medi-Cal eligibility.**
2) **Date *Remittance Advice Statement* (RA) showing partial payment or *Notice of Exhaustion of Benefits* (EOB) was received from third party.**

Please note: TARs are to be submitted only after having billed any other insurance carrier including Medicare. This includes those situations where it is apparent that some days will have to be billed to Medi-Cal.

Submission of a retroactive TAR:

1) Enter the episode into the LACDMH data system.
2) Mark box 19 with an "X" to indicate retroactive status.
3) Submit either (a) or (b) with the TAR:
   (a) Proof of Medi-Cal eligibility
   (b) A copy of the RA or EOB.
4) Follow instructions for *Submitting a TAR for Payment Authorization*.

   Note: The run date on the proof of eligibility or date stamp on the RA or EOB (reflecting date of receipt) will determine the start of the 60-day timeline for submission of a retroactive TAR.

Please note: TARs will not meet retroactive criteria if at any time during the hospital stay (including the day of discharge) there is discovery of Medi-Cal eligibility or discovery that third party benefits expired or did not exist. If this is the case, these TARs are not to be treated as retroactive.

1) Enter the episode in the LAC data system immediately upon discovery of Medi-Cal eligibility.
2) Submit the TAR within 14 days after the patient is discharged.

ADMINISTRATIVE DAY

- **Administrative Day Definition** *(Title 9. Ch.11. 1810.202)*

When a beneficiary "who has been admitted to a hospital for acute inpatient psychiatric services, and the hospital stay must be continued due to a temporary lack of residential placement options," administrative day services may be requested.

GENERAL GUIDELINES:

- **Prior Approval of at least one acute day** *[(Section 1820.220(j) (5) (A)]*
  - Medical necessity criteria met for at least one acute day of the hospitalization.
  - Payment by Medicare for an acute day meets this criteria *[(Section 1820.220 (j) (5) (C)]*
  - Interrupted inpatient stay, such as a temporary transfer to another facility for treatment of a medical condition, also meets the criteria if the psychiatric inpatient stay includes an approved acute day.
- **Lack of Placement Options or Need For Placement Activity**
  - Document why a*dministrative days* are needed, or what prompted the placement activity. Clearly state the situation and include sufficient details to justify keeping the patient in the hospital for placement purposes.
- **Frequency of Documentation**
  - Five contacts weekly are required in the State Regulations with the stipulation that in no case shall there be less than one contact, per week, to a non-acute residential facility. *[(Section 1820.220 (j) (5) (B) (1)]*. Each contact is to be recorded and dated by the staff member who is involved in the placement activity (social worker, case manager, nurse, etc). Summary notes are not sufficient.
  - The type of placement being sought often determines the frequency of contacts.
  - If the plan is for **board and care placement**, more contacts with various facilities are needed since these facilities are numerous, allowing for placement to occur sooner. It would not be acceptable for a patient to be kept in the hospital to wait for an opening at a specific board and care facility when placement could be found elsewhere.
  - **Institution for Mental Diseases (IMD) placement,** identified by the Public Guardian's office, may require a lengthy wait for a vacancy. In such situations, once the placement is identified, there must be at least one contact a week to the facility to establish that the patient is still on the waiting list and to determine an estimated date that a bed will become available. The requirement for weekly contact with the facility may be satisfied with weekly documented contact with the gatekeeper's office for IMD placement.

- **Requirements for Documentation**

  - Label the chart note to identify it as a note documenting discharge planning and/or placement activity (e.g. "Discharge Planning," "Case Management," "Social Services").
  - When documenting the contact with a facility, include the following:
    - Date the contact was made
    - Name of the person and facility contacted
    - Facility response regarding available beds etc.
    - Signature of the staff person making the contact. *[(Section 1820.220 (j) (5) (B) (2)].*
  - If there is another agency seeking placement, such as Dept. of Children's Services or Regional Center, weekly contact with that agency fulfills the requirement for a facility contact. Documentation should include: the agency involved, the contact person, the agency's plan for placement and the approximate date that placement will occur.
  - Document other links made as part of the placement endeavor such as those made to a conservator or other community agency (e.g. probation or parole department).

- **Administrative Day Restrictions**

  1) Must have at least one approved *acute day* before any *admin day* can be approved *(See general guidelines above).*

  2) Medi-Cal Fee-For-Service hospitals – For a Regional Center Beneficiary, there is a limit of 4 *admin days* per episode. For the one exception to this policy, please see Section VII, page 7-7 regarding the Harbor Regional Center.
  3) Los Angeles County Department of Health Service Project – limit 5 *admin days* per hospital stay.

- **Administrative Days for Regional Center Clients**

  - Pursuant to a Memorandum of Understanding (MOU) between the State's Local Mental Health Plan (LMHP) and six (6) State Regional Centers (Lanterman, Westside, South Central, San Gabriel, North Los Angeles, and East Los Angeles) located within Los Angeles County, the LMHP will be financially responsible only for the acute psychiatric inpatient days approved and the first four (4) approved administrative days for each acute psychiatric inpatient episode.

  - The respective Regional Center will be financially responsible for all subsequent administrative days for their clients. Upon admission of a Regional Center Medi-Cal beneficiary to inpatient psychiatric services, the hospital/provider is required to contact the appropriate local Regional Center to begin placement efforts and to obtain a written pre-authorization for any prospective reimbursement for administrative days.

  - The Regional Center pre-authorization applies only to payment for a*dministrative days* in excess of the first four (4) approved days covered by the MOU.

- The provider will also submit a written reimbursement claim/bill to the respective Regional Center for administrative days starting with day five (5) when the Medi-Cal beneficiary no longer meets the medical necessity criteria for acute psychiatric inpatient services and when more than four (4) administrative days are utilized.
- **The LMHP will not authorize reimbursement for any *administrative days* when the beneficiary is a client of Los Angeles County Harbor Regional Center. This center elected not to be a party to the MOU and subsequent Addendums.**
- At the time of a 1st Level Appeal, if the provider changes a TAR from acute to administrative days, the LMHP will be financially responsible for only the first four(4) Administrative Days for Regional Center clients covered by the MOU.

SECTION: VIII
APPEALS

FIRST LEVEL APPEAL

Guidelines for First Level Appeal

A First Level Appeal may be submitted to LACDMH TAR Unit when requested days on the Initial Review TAR are denied. Information in this section applies to appeals based on medical necessity criteria (MNC) only. Appeals pertaining to timeline denials are to be submitted to the Compliance Unit, (see Compliance Section II).

TIMELINE

- All appeal documents must be submitted within 90 days of the initial TAR denial notification date. This is the date the initial TAR was faxed to the provider. See Appeal Timeline Flow Chart. (Section V).

SUBMIT THE FOLLOWING:

- **An Appeal letter**
  - To justify MNC, send a letter signed by the treating physician addressing the medical necessity criteria for each day being appealed. This letter can be in narrative form or it can be a summary. It may refer to other documentation in the chart (e.g., nurses' notes) but must definitively support the medical necessity criteria as outlined by the State Department of Mental Health.

- **The appeal documents can also include**:
  - Chart pages which were missing from the chart sent for initial review
  - Clarification of illegible notes. Print or type the exact notes before resubmitting.
  - Chart pages on which the missing patient identification has been added.

- **A copy of the initial TAR containing the denied days.**

- **A new TAR for the days being appealed**.
  - This expedites processing an approved appeal TAR.
  - This TAR should have the same admission and discharge dates as the initial TAR. In box 17, indicate the number of acute or administrative days being appealed. In box 18, indicate the type of day, using "0" for acute days and "2" for administrative days. List the actual dates being appealed in the "*Describe Current Condition*" section of the TAR.
    IMPORTANT: If the appealed days are not consecutive (e.g., days appealed are: 8/4 & 8/5, and 8/9 & 8/10, a new TAR will be needed for each group of days being appealed). In the example given, two new TARs would be needed. The TAR (18-3) is designed for a request of consecutive days only.

Please Note: It is not necessary to send another copy of the chart with the first level appeal. All charts with denied days remain on file at LACDMH.

- **Change in level of care**. At the filing of the first-level appeal with the Los Angeles County Department of Mental Health, the provider has the option of requesting a change in the level of care. Days which were requested as acute days initially may be appealed as administrative days and conversely, administrative days may be appealed as acute days. In both cases, the corresponding criteria must be met for the days requested. However, this level of care is binding – no change will be accepted at Second Level Appeal.

- **Reminder**: If there were no acute days approved on initial review, at least one of the appealed days must be requested as an acute day. One approved acute day is required before administrative days can be approved. Should both *acute* and *admin* days be appealed, a TAR for each type of day must be sent

Send appeal documents to:

TAR Unit /Appeals Section
Los Angeles Department of Mental Health
550 S. Vermont Avenue, 7th Floor, Room 701
Los Angeles, CA 90020

INQUIRY

The TAR Unit has 60 days to respond to a first level appeal. If the provider has not received a decision within the 60-day time period, we recommend that the provider immediately send an inquiry to determine the status of the appeal including whether or not it was received. This inquiry could be sent as early as 30 days after the first-level appeal was sent, as frequently the appeals are completed significantly earlier than the 60 days allowed. It is crucial to inquire about the appeal as soon as possible after the TAR Unit's 60-day timeline ends because that date starts the 30 day timeline for the provider to appeal to the State. (see Chapter 11, Section 1850.305 (3) (e) (2)).

SECOND LEVEL APPEAL

Appeals to the State must be sent within 30 days after notification of the 1st level appeal decision. See the flow chart for appeal timelines**.**

State address to submit 2nd Level Appeals:

Department of Mental Health
Medi-Cal Oversight
1600 9th Street, Room 410
Sacramento, CA 95814
Attn: Bobbie Chevis
TAR 2nd Level Appeals

State contact for 2nd Level Inquiries:

2nd Level TAR Appeals
Phone: (916) 651-3838
Fax: (916) 651-3921

SECTION: IX
COMPLIANCE

COMPLIANCE

Inpatient Treatment Authorization Requests (TARs) submitted for Medi-Cal payment authorization must be in compliance with State regulatory timelines as well as State instructions for completing the TAR (State form 18-3-07). Incomplete or incorrect TARs cannot be processed for reimbursement authorization. TARs not meeting State timelines will be denied authorization for hospital payment.

1) TAR Error (provider correction needed)

Incomplete TARs include the following:

a. Missing physician or provider signature and/or date.
b. Incomplete or incorrect information in the TAR fields.
c. Discrepancy between dates of service and days requested.
   Note: the day of discharge is not counted.
d. Incomplete or incorrect diagnostic code.

Provider will be notified of the error by a *Regular Return Letter*.

Provider Response

a. Corrections are to be made by the provider.
b. Return all documents to the TAR Unit Compliance Section of LACDMH within 30 days.

After all corrections have been completed the TAR and chart will be processed for payment authorization review.

2) Inappropriate Submission of TAR

a. Medi-Cal eligibility not with LA County.
b. Patient remains hospitalized (not discharged).
c. Duplicate TAR (TAR for this episode previously submitted to LACDMH).

These TARs and documents will be returned to the inpatient provider.

3) State Regulatory Timeline Compliance

1. **Timeline Criteria:**
   a. The State 14-day timeline not met for Initial Review. Documents must be sent to the LMHP within 14 days of discharge.
   b. The State 60-day timeline for retroactive TAR not met. The 60-day timeline starts with discovery of Medi-Cal eligibility, or notification from Medicare or other insurance carrier of partial payment and/or exhaustion of benefits.

2. **Timeline Denial**
   a. Authorization for payment to the hospital is denied when State timelines are not met.
   b. A denial letter, for failure to meet State Timelines, will be sent to the provider from the Compliance Section of the TAR Unit.

3. **Appeal for Timeline Denial**
   a. Within 90 days, the provider can appeal the *State Timeline* denial.
   b. Submit an explanation for failure to meet State timelines and provide documents to verify the reason for lateness (e.g. proof of mailing within the timelines and/or courier records.)
   c. If it is a retroactive TAR, include notification from other insurance carriers. A retroactive TAR requires proof of Medi-Cal eligibility and/or Medi-Cal remittance statements including dates of discovery. (See *RETROACTIVE TAR.)*

   Send the timeline appeal to:

   TAR Unit
   Attention: Compliance Section
   Los Angeles County Department of Mental Health
   550 South Vermont Ave., 7th Floor
   Los Angeles, CA 90020

Note: All correspondence from the TAR Unit to inpatient providers will be sent to the providers' designated Single Point of Contact (SPOC).

CLAIMS OVER ONE YEAR OLD

Per: UB-92 Submission and Timeliness Instruction – Pg 2 .

> EDS reviews all original claims delayed over one year from the month of service due to court decisions, fair hearing decisions, county administrative errors in determining recipient's eligibility, reversal of decisions on appealed TARs, Medicare/other health coverage delays or other circumstances beyond the provider's control. Claims submitted more than 12 months from the month of service must always use late billing code "X8".

These claims must be submitted to the following special address:

EDS Over-one-year Claims Unit
P.O. Box 13029
Sacramento, CA 95813-4029

Note: When appropriate the LACDMH TAR Unit will validate circumstances resulting in late claims.

SECTION: X
INQUIRY, TUT, AND RESUBMIT

INQUIRY, TUT AND RESUBMIT

All requests regarding TARs, including inquiries, resubmissions or TAR Update Transmittal (TUTs), must be submitted in writing and mailed or faxed to the TAR Unit Inquiry Desk. Always include a copy of the TAR(s) in question.

Send to the Inquiry, Correction and Resubmit desk any of the following requests:

- Status of a TAR
- Requests for a TAR Update Transmittal (TUT). TUTs are used to correct errors on TARs already on the EDS Master File.
- Requests for resubmission of a TAR to EDS

Requests must be as follows:

- Written on hospital letterhead
- Submitted by the Single Point of Contact (SPOC)
- Include the patient's name, dates of service and the 6-digit TAR number.
- **Attach a copy of the TAR in question.**

When requesting a TUT to correct for errors on the EDS TAR Master File, clearly state the correction to be made and include the *box number* on the TAR (e.g. "Correct box # 24 from 12-3-01 to 12-3-00" or "Correct the spelling of beneficiary's name and provide the correct spelling of the name ").

A response from LACDMH TAR Unit can be expected within two weeks of receipt.

MAIL TO: Treatment Authorization Unit
Attention: TAR Inquiry, Correction and Resubmit Desk
Los Angeles County Department of Mental Health
550 South Vermont Ave., 7th Floor
Los Angeles, CA 90020

FAX TO: Treatment Authorization Unit
Attention: TAR Inquiry, Correction and Resubmit Desk
(213) 739-0128, 487-7483 or 427-6164

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All requests for a TUT or a Resubmit of a TAR must be submitted to EDS by the Local Mental Health Plan (LMHP). Documents are sent to EDS via FedEx and copies of these documents are faxed to the provider.

SECTION: XI
MEDICAL NECESSITY CRITERIA

TITLE 9, CALIFORNIA CODE OF REGULATIONS

CHAPTER 11. Medi-Cal Specialty Mental Health Services
1820.205. Medical Necessity Criteria for Reimbursement of Psychiatric Inpatient Hospital Services.

(a) For Medi-Cal reimbursement for an admission to a hospital for psychiatric inpatient hospital services, the beneficiary shall meet medical necessity criteria set forth in (1) and (2) below:

(1) One of the following diagnoses in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association:

(A) Pervasive Developmental Disorders
(B) Disruptive Behavior and Attention Deficit Disorders
(C) Feeding and Eating Disorders of Infancy or Early Childhood
(D) Tic Disorders
(E) Elimination Disorders
(F) Other Disorders of Infancy, Childhood, or Adolescence
(G) Cognitive Disorders (only Dementias with Delusions, or Depressed Mood)
(H) Substance Induced Disorders, only with Psychotic, Mood, or Anxiety Disorder
(I) Schizophrenia and Other Psychotic Disorders
(J) Mood Disorders
(K) Anxiety Disorders
(L) Somatoform Disorders
(M) Dissociative Disorders
(N) Eating Disorders
(O) Intermittent Explosive Disorder
(P) Pyromania
(Q) Adjustment Disorders
(R) Personality Disorders

(2) A beneficiary must have both (A) and (B)

(A) Cannot be safely treated at a lower level of care; and
(B) Requires psychiatric inpatient hospital services, as the result of a mental disorder, due to the indications in either 1 or 2 below:

1. Has symptoms or behaviors due to a mental disorder that (one of the following):
   a. Represent a current danger to self or others, or significant property destruction.

b. Prevent the beneficiary from providing for, or utilizing, food, clothing or shelter.
c. Present a severe risk to the beneficiary's physical health.
d. Represent a recent, significant deterioration in ability to function.

2. Require admission for one of the following:
   a. Further psychiatric evaluation.
   b. Medication treatment.
   c. Other treatment that can reasonably be provided only if the patient is hospitalized.

(b) Continued stay services in a psychiatric inpatient hospital shall only be reimbursed when a beneficiary experiences one of the following:

(1) Continued presence of indications which meet the medical necessity criteria as specified in (a).

(2) Serious adverse reaction to medications, procedures or therapies requiring continued hospitalization.

(3) Presence of new indications which meet medical necessity criteria specified in (a).

(4) Need for continued medical evaluation or treatment that can only be provided if the beneficiary remains in a psychiatric inpatient hospital.

LACDMH Review of Medical Necessity Criteria (MNC)

The Medi-Cal Fee for Service Acute Mental Health Inpatient Consolidation Program defines reimbursable acute inpatient psychiatric services in Title 9, California Code of Regulations (CCR), Chapter 11, Section 1820.205. To qualify as reimbursable, each day of service must be appropriately provided and adequately documented when provided to a Medi-Cal beneficiary who, as a result of mental illness is a danger to himself, others, gravely disabled and inappropriate to treat at a lower level of care.

The TAR Unit functions to review psychiatric inpatient provider requests for Medi-Cal reimbursement by determining whether such criteria have been satisfied by the documentation submitted with the TAR.

The basic issue is whether or not hospitalization is required for each day of the hospital stay or whether less restrictive care would suffice. Medi-Cal will only pay for inpatient care when the necessity for that level of care is documented in the chart. There is also a specific listing of diagnoses qualifying for payment.

Specifically excluded are mental states that are the direct effect of a medical illness.

The Los Angeles County Department of Mental Health conducts a retrospective review of requests for Medi-Cal reimbursement for acute psychiatric hospitalizations. We do not provide pre-admission nor concurrent authorizations.

Charts sent to LACDMH TAR Unit are initially assigned on a random basis for review by our review staff. No staff reviewer is assigned to a specific provider or group of providers. Reviewers examine a chart to determine whether, for each day of hospitalization, documentation exists to justify inpatient care per State regulations (Title IX CCR Chap. 11, Sect 1820.205). Reviewers do not interpret documentation, choice of therapeutic modality, efficiency of treatment or even the optimal nature of inpatient care. They only determine documentation of medical necessity. State regulations, Title IX CCR, Chapter 11, stipulate that while approval of an application for payment may be rendered by a licensed mental health professional other than a physician, a decision to reject a request for payment, in part or whole, must be made by a psychiatric physician.

State Medi-Cal Policy Statement 1-89 issued April 12, 1994

Medi-Cal statutes and regulations give the Department of Health Services authority to examine medical records to assure the level of care requested for reimbursement is substantiated. A patient undergoing acute care is expected to need the supervision of a physician each day she/he is hospitalized.

The Medi-Cal program policy regarding coverage of inpatient services is to require documentation of the medical necessity for acute level of care for each 24-hour day authorized. By definition, acute hospital services, including specific physician services, function 24 hours per day, 7 days per week, in order to meet the medical needs of the patients. Physician observation of the patient's status, along with the physician's intervention based on this observation, analysis of the medical record documentation, and interaction with the rest of the health care team is essential in order that appropriate and necessary care will be provided to the patient and to assure the earliest appropriate discharge. This does not mean that the attending physician must visit the patient every day, but when he/she is not available, it is reasonable to assume that a house staff physician, a consultant, or one covering the attending physician's service will assess the acuteness of the patient's status and document his/her assessment.

The question of the need for acute hospitalization on a day when the patient's psychiatrist elects not to see the patient is multi-factorial. It should be noted that authorization for reimbursement is not based solely on the physician's visit. The patient's symptoms are also taken into consideration, as well as any interventions rendered that would necessitate an acute level of care. For mental illness cases where the hospital bylaws permit an attending psychologist, his/her daily visits with documentation of the patient's condition are acceptable to assist in determination of medical necessity of acute care. Visits by any other non-physician practitioners with staff privileges should be documented as well.

SECTION: XII
NOTICE OF ACTION

TAR DENIAL – NOTICE OF ACTION (NOA-C)

In the event inpatient TAR reimbursement is denied, entirely or partially, both the Medi-Cal beneficiary and the provider requesting reimbursement will be notified of such denial via a timely Notice of Action-C (NOA-C). The NOA-C will provide information regarding the State-mandated procedures for appealing the decision to deny reimbursement.

A *Notice of Action* is a required document that is given to Medi-Cal beneficiaries informing them of denials, terminations, reductions or modifications of requested mental health services from the LMHP and their right to appeal (See document at end of this section). The Notice of Action begins the ninety (90) day period that beneficiaries have to file for State Fair Hearings regarding the decisions indicated on the *Notice of Action*.

The Notice of Action-C issuance is the responsibility of the LMHP

LMHP will do the following:

1. Send the original NOA-C to the beneficiary at his/her last known mailing address as noted in the service provider's documents accompanying the Treatment Authorization Request.

2. Send a copy of the NOA-C to the service provider requesting reimbursement for the inpatient acute psychiatric services.

3. Send a copy of the NOA-C to: Los Angeles County
   Department of Mental Health
   Patients Rights Unit

4. Retain a copy of the NOA-C

Medi-Cal Specialty Mental Health Services Program
NOTICE OF ACTION
(Post-Service Denial of Payment)

Date:

To:_____, Medi-Cal Number_____

The mental health plan for Los Angeles County has ☒ denied ☐ changed your Provider's request for payment of the following service(s):

_____

The request was made by: (Provider name)_____

The original request from your Provider was dated _____ and your Provider says that you received the service on the following date or dates:

THIS IS NOT A BILL. YOU WILL NOT HAVE TO PAY FOR THE SERVICE OR SERVICES DESCRIBED ON THIS FORM.

The mental health plan took action based on information from your Provider for the reason check below:

☐ Your mental health condition as described to us by your Provider did not meet the medical necessity criteria for psychiatric inpatient hospital services or related professional services (Title 9, California Code of Regulations (CCR), Section 1820.205).

☐ Your mental health condition as described to us by your Provider did not meet the medical necessity criteria for specialty mental health services other than psychiatric inpatient hospital services for the following reason (Title 9, CCR, Section 1830.205):_____

☐ The service provided is not covered by the mental health plan (Title 9, CCR, Section 1810.345).

☐ The mental health plan requested additional information from your Provider that the plan needs to approve payment of the service you received. To date, the information has not been received.

☐ Other

If you don't agree with the plan's decision, you may:

You may file an appeal with your mental health plan. To do this, you may call and talk to a representative of your mental health plan at (213) 738-4949 or write to: Patients' Rights Office, Los Angeles County – Department of Mental Health, 550 S. Vermont Ave., Los Angeles, CA 90020 or follow the directions in the information brochure the mental health plan has given to you. You must file an appeal within 90 days of the date of this notice.

If you are unhappy with the outcome of your appeal, you may request a state hearing. The other side of this notice explains how to request a hearing. The state hearing will decide if the plan should pay your Provider for the service that you already received. Whatever the appeal or state hearing decision, you will not have to pay for the service.

NOA-C Post-Service (revised 6-1-05)

YOUR HEARING RIGHTS

You only have 90 days to ask for a hearing. The 90 days started:
1. the day after we personally gave you this notice; **OR**
2. the day after the postmark date of this notice, **OR**
3. if you have filed a grievance, 90 days after the postmark date of a decision denying your grievance.

To Keep Your Same Services While You Wait for A Hearing

- You must ask for a hearing within 10 days from the date this notice was mailed or personally given to you or before the effective date of the change, whichever is later.
- Your Medi-Cal mental health services will stay the same until your hearing or until your provider says you no longer need the services, whichever happens frst.

State Regulations Available
State regulations, including those covering state hearings, are available at your local county welfare office.

To Get Help
You may get free legal help at your local legal aid office or other groups. You can ask about your hearing rights or free legal aid from the Public Inquiry and Response Unit:

Call toll free: 1-800-952-5253
If you are deaf and use TDD, call 1-800-952-8349

Authorized Representative
You can represent yourself at the state hearing. You can also be represented by a friend, an attorney or anyone else you choose. You must arrange for this representative yourself.

Grievance
You may also ask about your hearing rights and your rights to file a grievance with the mental health plan at the number on the front side of this form. If you file a grievance with the mental health plan and are unhappy with the result of the grievance, you will have 90 days to request a state hearing. The 90 days begins after the date the mental health plan sends you its decision on the grievance.

Information Practices Act Notice (California Civil Code Section 1798, et. seq.) The information you are asked to write in on this form is needed to process your hearing request. Processing may be delayed if the information is not complete. A case file will be set up by the State Hearings Division of the Department of Social Services. You have the right to examine the materials that make up the record for decision and may locate this record by contacting the Public Inquiry and Response Unit (phone number shown above). Any information you provide may be shared with the mental health plan, the State Departments of Health Services and Mental Health and with the U.S. Department of Health and Human Services (Authority: Welfare and Institutions Code, Section 14100.2)

HOW TO ASK FOR A STATE HEAR1NG

The best way to **ask for a hearing is to fill out this page.** Make a copy of **the front and back for your records. Then, send this page to:**

State Hearings Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430

Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call 1-800-952-8349.

HEARING REQUEST

I want a hearing because of a Medi-Cal related action by the Mental Health Plan of _____ County.

Here's why: _____

☐ Check here and add a page if you need more space.

My name: (print) _____

My Social Security Number: _____

My Address:(print) _____

My phone number: (_____) _____

My signature: _____

Date: _____

I need an interpreter at no cost to me. My language or dialect is: _____

I want the person named below to represent me at this hearing. I give my permission for this person to see my records and to come to the hearing for me.

Name _____

Address _____

Phone number _____

DMH NOA-BACK (7-3-98)

SECTION: XIII RESOURCE INFORMATION

Contact Information

- ACCESS Center, telephone number (800) 854-7771, is for public information regarding mental health services throughout Los Angeles County. ACCESS is available 24 hrs, 7-days, including holidays, and is capable of answering calls in languages such as English, Spanish, Mandarin (Chinese), and other languages available from translators.

- California State Department of Mental Health:

  Medi-Cal Mental Health Branch
  1600 9th Street
  Sacramento, CA 95814
  Phone: (916) 651-9370
  Fax: (916) 654-5591

- Los Angeles County Department of Mental Health Contract Development and Administration Division (CDAD):

  Chief, CDAD
  550 S. Vermont Avenue, 5th Floor
  Los Angeles, California 90020
  Phone: (213) 738-4684

- Treatment Authorization Unit:

  550 S. Vermont Avenue, Room 701
  Los Angeles, California 90020
  Tel: (213) 739-7300
  Fax: (213) 487-7483/ (213) 427-6164
  Email: TAR Unit@dmh.lacounty.gov

- California State Department of Mental Health's fiscal intermediary, EDS's Medi-Cal Telephone Service Center for requesting Mental Health Stay in a Hospital TAR forms (SDMH 18-3) is (800) 541-5555.

- California State Department of Mental Health's website for Medi-Cal provider enrollment information and application forms is as follows: www.medi-cal.ca.gov

- 1st Level TAR Appeals:
    - 1st Level Appeal Section of the TAR Unit
      550 S. Vermont Avenue, Room 701
      Los Angeles, CA 90020
      Fax # (213) 487-7483 or (213) 427-6164
      Telephone # (213) 739-7300 or (213) 639-6344.

- 2nd Level TAR Appeals:
    - 2nd Level TAR Appeals
      Phone: (916) 651-3838
      FAX: (916) 651-3921

SECTION: XIV PROVIDER SITE REVIEW

PROVIDER SITE REVIEW

The *Local Mental Health Plan* requires that each Contract provider maintains:

- Compliance with the contract between the provider and the DMH.
- A safe facility, and when applicable, store and dispense medications in compliance with state and federal laws and regulations.
- Compliance with documentation standards, maintenance of records, and ability standards as required by the DMH.

The services of providers will be reviewed on a regular basis to determine compliance with various regulatory standards.

SECTION: XV
REPORTING ADVERSE OUTCOMES

REPORTING ADVERSE OUTCOMES

All contracted providers must report adverse outcomes to the LACDMH. Such adverse outcomes include any event which threatens or causes actual damage to the health, welfare and/or safety of beneficiaries, staff or the community, including but not limited to, the following:

- Death (unknown cause, suspected or known medical cause or suspected or known suicide:;
- Suicide attempt requiring emergency medical treatment;
- Client sustained intentional injury requiring emergency medical treatment;
- Injury to others caused by a client and requiring emergency medical treatment;
- Homicide by a client;
- Alleged client abuse;
- Adverse medication events including medication errors; and
- Possible malpractice.

Upon determining that an adverse outcome has occurred, inpatient contractors must submit an Adverse Outcome Report to the Lanterman Petris Short (LPS) Designation Coordinator**,** and include the incident(s) in the **MONTHLY DATA REPORT FOR LAC DMH LPS DESIGNATION**.

Reporting of adverse outcomes must be called in immediately to the LPS Designation Coordinator at **(213) 639-6315** during normal business hours, or the ACCESS Center at (800) 854-7771 after hours.

ALL Adverse Outcome Reports should be sent within 72 hours of the occurrence of an adverse outcome to:

LPS Designation Coordinator
Office of the Medical Director
County of Los Angeles Department of Mental Health
550 South Vermont Avenue, 6th Floor
Los Angeles, CA 90020

FAX, as well as send within **24 hours** of the adverse outcome, all Adverse Outcome reports containing time-sensitive information to:

LPS Designation Coordinator
Office of the Medical Director
FAX (213) 738-4646

Before the Adverse Outcome Report is faxed, a telephone call shall be made to the Office of the Medical Director notifying the secretary that the material will be transmitted.

Questions regarding mental health inpatient adverse outcome issues should be directed to the LACDMH LPS Designation Coordinator, 10th floor by telephone at (213) 639-6315 or email at mczubiak@dmh.lacounty.gov.

SECTION: XVI Integrated System (IS) / DATA COLLECTION & REPORTING SYSTEM REQUIREMENTS

DATA COLLECTION & REPORTING REQUIREMENTS

The collection of beneficiary and service utilization data by Medi-Cal Fee-For-Service (FFS) network providers is a mandatory requirement of the LACDMH contract. Federal (*Health Care Financing Administration*), State of California (*Departments of Health Services and Mental Health*), and County (*Department of Mental Health*) all mandate reporting of beneficiary-based information regarding the individuals served by county mental health plans.

All Medi-Cal FFS network providers are required to collect beneficiary-based information and report this data to the *County of Los Angeles Department of Mental Health Local Mental Health Plan* (LMHP) when:

- Registering a beneficiary
- Submitting claims

Beneficiary-based registration data will be entered into the *LACDMH's Data Collection and Reporting system* (IS) pursuant to all applicable requirements and procedures.

The Department is currently communicating Integrated System (IS, the current name of the LACDMH's Data Collection and Reporting System) related issues such as system events, system outages, or policy and procedure changes to its providers via LACDMH's Data Collection and Reporting System (IS) Alerts. In order to receive such announcements, you must subscribe to LACDMH's Data Collection and Reporting System Alert. Please do so as soon as possible by going to the following link, http://dmh.lacounty.gov/hipaa/index.html, then enter your name and e-mail address, and click on the "submit" button. You will then receive an e-mail asking you to click on a link to confirm your subscription.

Integrated System (IS) Training Manual

IS Training Manual is available and attached at the end of the Provider Manual. The link to the IS System is https://dmhisintra.co.la.ca.us/Home/Public/Login.aspx

Open Episode Form and Close Episode Form

For IS Data Entry, the Open Episode Form and the Close Episode Form should be filled out by the clinical staff for the Data Entry staff to input the episode/admission into the IS System. The Open Episode Form and the Close Episode Form should be submitted with the TAR form. The forms are available at the end of this section. The Forms can also be accessed online as follows:

Open Episode Form:
http://dmh.lacounty.gov/hipaa/downloads/OPENINPATIENTEPISODERevised_06062008ET.pdf (attachment I)

Close Episode Form:
http://dmh.lacounty.gov/hipaa/downloads/CLOSE_INPATIENT_EPISODE_Revised06062008ET.pdf (attachment II)

The IS Codes Manual:
There are various codes for the Open/Close Episode forms to be completed. The codes are available in the IS Training Manual. You can also access IS Codes Manual online at http://dmh.lacounty.gov/hipaa/documents/CODESMANUAL-IS2_Version_3.9.pdf

Dual Diagnosis Code Decision Tree
At the end of this section is a copy of the Dual Diagnosis Code Decision Tree (attachment IV) and the Dual Diagnosis Codes (attachment III) for Substance Abuse. The Decision Tree can be used to determine the Dual Diagnosis code to be filled in the form. This code should not be left blank. If there is no use of or history of psychoactive substances that interferes with the mental disorder and adaptive functioning, then "30xNO" should be used.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

CONFIDENTIAL CLIENT INFORMATION SEE CALIFORNIA WELFARE AND INSTITUTION CODE 5328

Open Inpatient Episode

Inpatient

CLIENT I.D.# _____

Last Name: _____

First Name: _____ Middle: _____

Admit Date: _____ Procedure Code: _____

Referral In Code: _____

Referral In Reporting Unit: _____

Intent of Service: ☐ Assessment ☐ Improvement ☐ Maintenance

Primary Problem Area: _____

Ward No: _____ Patient File #: _____

Legal Status: _____ Dev. Dis: Yes ☐ No ☐

Treatment Authorization for Minor: _____

Other Factors: Physical? Yes ☐ No ☐ DD? Yes ☐ No ☐ Dual Diagnosis _____

Admission Necessity Code: _____

DIAGNOSIS

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V
			☐ 1. Primary Support Group	GAF/CGAS
			☐ 2. Social Environment	
			☐ 3. Educational	
			☐ 4. Occupational	
			☐ 5. Housing	
			☐ 6. Economic	
			☐ 7. Access to Health Care	
			☐ 8. Interaction with Legal System	
Primary:			☐ 9. Other Psychological/Environmental	
Secondary:			☐ 10. Inadequate Information	

Provider Name: _____ Provider Number: _____

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

CONFIDENTIAL CLIENT INFORMATION SEE CALIFORNIA WELFARE AND INSTITUTION CODE 5328

Close Inpatient Episode

Inpatient			**CLIENT I.D.#**
Last Name:			
First Name:		Middle:	
Discharge Date:		Discharge Time:	
Other Factors:	Physical? Yes ☐ No ☐	DD? Yes ☐ No ☐	Dual?: Yes ☐ No ☐
Referral Out Code:			
Referral Out Provider:			
Patient Status Code:			

DIAGNOSIS

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V
			☐ 1. Primary Support Group	GAF/CGAS
			☐ 2. Social Environment	
			☐ 3. Educational	
			☐ 4. Occupational	
			☐ 5. Housing	
			☐ 6. Economic	
			☐ 7. Access to Health Care	
			☐ 8. Interaction with Legal System	
Primary:			☐ 9. Other Psychological/Environmental	
Secondary:			☐ 10. Inadequate Information	

Provider Name: _____ Provider Number: _____

DUAL DIAGNOSES CODES FOR SUBSTANCE ABUSE

NOTE:
Report at admission, annually thereafter, and at discharge.

"DUAL" Codes		Dual Diagnosis Description	DSM IV Codes Reference	
30xAL	30uAL	Alcohol	303.00	Alcohol Intoxification
			303.90	Alcohol Dependence (Includes remission)
			305.0	Alcohol Abuse
30xAM	30uAM	Amphetamine	292.89	Amphetamine or other similarly acting Sympathomimetic intoxication or
			305.70	Abuse or
			304.40	Dependence (includes remission)
30xMJ	30uMJ	Cannabis	292.89	Cannabis (Marijuana or Hashish) Intoxication Or
			305.20	Abuse or
			304.30	Independence (includes remission)
30xCO	30uCO	Cocaine	292.89	Cocaine Intoxication
			305.60	Cocaine Abuse
			304.20	Cocaine Dependence (includes remission)
30xHA	30uHA	Hallucinogen	292.89	Hallucinogen, Phencyclidine (PCP) or Similarly acting Arcyclohexylamine Intoxication or
			305.30	Abuse or
			304.50	Dependence (includes remission)
30xIN	30uIN	Inhalants	292.89	Inhalant Intoxication or
			305.90	Abuse or
			304.60	Dependence (includes remission)
30xSO	30uSO	Sedatives	292.89	Sedative, Hypnotic or Anxiolytic Intoxication Opioids Or

DUAL DIAGNOSES CODES FOR SUBSTANCE ABUSE (con't)

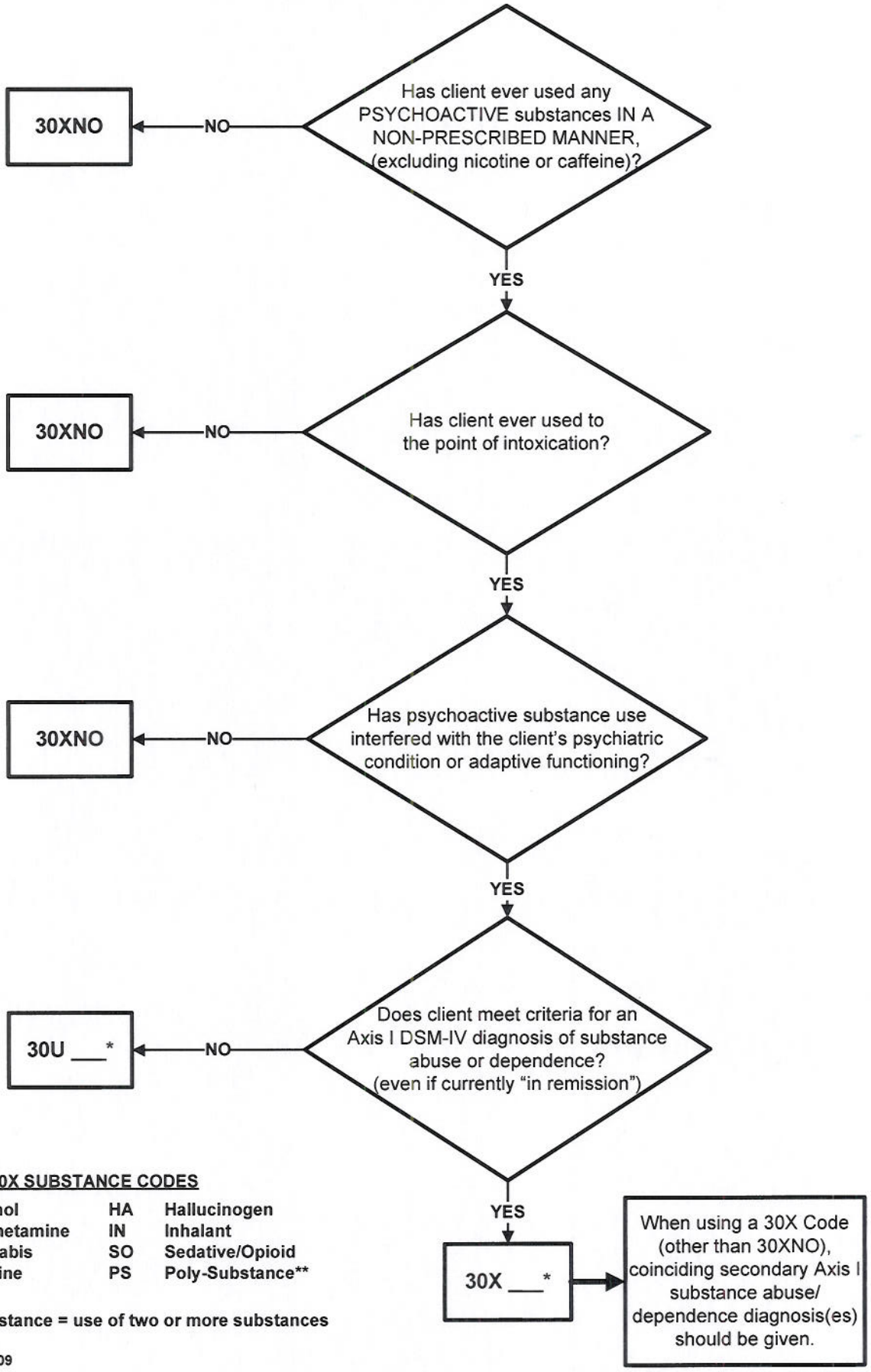
"DUAL" Codes		Dual Diagnosis Description	DSM IV Codes Reference
			305.40 Abuse or 304.10 Dependence (includes remission) 292.89 Opiod Intoxication or 305.50 Abuse or 304.00 Dependence (includes remission)
30xPS	30uPS	Poly-substance Use	304.80 Poly-substance Dependence (includes remission)
30xNO		No use of or history of psychoactive substances that interferes with the mental disorder and adaptive functioning.	
99999		Unknown	

NOTE:

X Codes: ***The Dual Diagnosis codes under (x) are to be used for clients who meet the DSM IV criteria for psychoactive substance intoxication, abuse, and dependence (includes remission).***

U Codes: ***The Dual Diagnosis codes under (u) are to be used to report clients with psychoactive substance use which interferes with their mental disorder and adaptive functioning.***

DUAL DIAGNOSIS CODE DECISION TREE (9-25-09)



*** 30U and 30X SUBSTANCE CODES**

AL	**Alcohol**	**HA**	**Hallucinogen**
AM	**Amphetamine**	**IN**	**Inhalant**
MJ	**Cannabis**	**SO**	**Sedative/Opioid**
CO	**Cocaine**	**PS**	**Poly-Substance****

**** Poly-Substance = use of two or more substances**

Rev. 9-25-2009

SECTION: XVII DEFINITIONS, ABBREVIATIONS AND PROGRAM TERMS

GLOSSARY OF TERMS

- **Beneficiary:** The person receiving services; synonymous with consumer, or patient.

- **Chief Information Officer Bureau (CIOB):** The Los Angeles County Department of Mental Health's bureau responsible for maintaining automated data collection and reporting system, i.e., the LACDMH Data Collection and Reporting System**.**

- **Client Identification Number (CIN)**: Medi-Cal beneficiaries are assigned the client identification number by the Department of Public Social Services (DPSS).

- **Integrated System, or Information System**; the **LACDMH Data Collection and Reporting System, and the LACDMH Information System (IS)** are used interchangeably when referring to the Los Angeles County Department of Mental Health's (LACDMH) computer system storing all client and program service information pertinent to all facets of its services and operations. All patient information stored into the LACDMH Data System and Reporting System must be in strict compliance with rules, procedures and protocols promulgated by the LACDMH's Chief Office of Information Bureau in order to protect patient confidentiality and in compliance with all Federal, State, County and professional regulations, rules, procedures and protocols.

- **Local Mental Health Plan (LMHP)**: Agency designated by the State Department of Mental Health (SDMH) responsible for implementation and management of the Medi-Cal Consolidation Program, e.g., Los Angeles County Department of Mental Health (LACDMH)..

- **Medicare:** A Federal Health Insurance Program for people who have attained the age of 65 or over, or have received SSD for two years or more.

- **NPI:** National Provider Identifier

- **EDS TAR Master File**: Electronic data file maintained by SDMH's fiscal intermediary recording all relevant TAR information, e.g., beneficiary identification, dates of service, number of days approved for reimbursement, etc.

- **TAR Update Transmittal (TUT)**: Form completed and submitted by the LMHP to correct information recorded on the EDS TAR Master File.

- **Single Point of Contact (SPOC)**: See Section III

SECTION: XVIII FREQUENTLY ASKED QUESTIONS

Q&A

- What is the address, telephone and fax numbers for the Los Angeles County Department of Mental Health's Treatment Authorization Unit? **The TAR Unit contact information is as follows:**

  550 S. Vermont Avenue, Room 701
  Los Angeles, California 90020
  Tel: (213) 739-7300
  Fax: (213) 487-7483/ (213) 427-6164
  Email: TARUnit@dmh.lacounty.gov

- How does a provider get information about a specific TAR? **Any inquiry regarding a specific TAR must be submitted only by the provider's designated Single Point of Contact (SPOC) in writing; then mailed, delivered or faxed to the TAR Unit.**

- How does a provider change their designated Single Point of Contact (SPOC**)? At any time, and as often as necessary, a provider may change their SPOC by submitting a written notification to the TAR Unit on the provider's letterhead stationary, providing the name, mailing address, telephone and fax number of their SPOC. Please allow at least one (1) business day for the TAR Unit to update their files.**

- Where can someone get information about mental health outpatient and inpatient services in Los Angeles County? **Phone the Los Angeles County Department of Mental Health ACCESS Center Hotline at (800) 854-7771. The ACCESS Center is staffed 7-days a week-24hours per day.**

- Does the Local Mental Health Plan (LMHP), i.e., the Los Angeles County Department of Mental Health (LACDMH), arrange and reimburse for transporting (e.g., via ambulance) a Medi-Cal beneficiary? **No.**

- What can be done about a TAR not included in the EDS TAR Master File? **Refer to Section X, page 1-1.**

- What can be done to correct erroneous TAR information on the EDS TAR Master File? **Refer to Section X, page 1-1.**

- Where do providers get TAR (SDMH 18-3 3/07) forms? **SDMH fiscal intermediary, i.e., Electronic Data Systems (EDS), provides Mental Health Stay in a Hospital TAR forms. Each TAR is uniquely numbered and must not be duplicated. Copies of TARs cannot be processed by the TAR Unit. Request Mental Health Stay in a Hospital TAR forms by telephoning EDS at (800) 541-5555.**

- What is the SDMH website for Medi-Cal provider enrollment information and application forms? **SDMH's website for provider enrollment information and application forms is www.medi-cal.ca.gov.**

SECTION: XIX IMPORTANT TELEPHONE NUMBERS

IMPORTANT PHONE NUMBERS

Treatment Authorization Unit	LACDMH	(213) 739-7300 (Voice) (213) 487-7483 (Fax) (213) 427-6164 (Fax)
1st Level TAR Appeals Section	LACDMH	(213) 739-7300 (213) 639-6344
2nd Level TAR Appeals	State DMH	(916) 651-3838 Fax (916) 651-3921
EDS Medi-Cal Processing Service Center	State DMH	(800) 541-5555
California State Dept. of Mental Health	State DMH	(916) 651-9370
Access Center	LACDMH	(800) 854-7771
Patient's Rights Bureau	LACDMH	(213) 738-4673
Lanterman-Petris-Short (LPS) Designation Coordinator	LACDMH	(213) 639-6315
Contract Development and Administration Division	LACDMH	(213) 738-4684
Chief Information Office Bureau Helpdesk	LACDMH	(213) 351-1335

SECTION: XX
ALERTS

IS Training Manual for Psychiatric FFS Hospital

June 2010

First Edition

Published by
Office of the Medical Director
Managed Care Division

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IS Data Entry

How to create an Episode in the IS 10

How to Add a New Client 38

If you need a complete Integrated Systems Codes Manual, please use this link.
http://dmh.lacounty.gov/hipaa/downloads/CODES_MANUAL_IS1_Version_3.4.pdf.

Integrated System (IS) Website:
http://dmh.lacounty.gov/hipaa/index.html
Integrated System (IS):
https://dmhisintra.co.la.ca.us/Home/Public/Login.aspx

Open Episode and Close Episode Form

Please note that the County has provided the Open Episode and Close Episode Form (After Page 2) for the clinical staff in the hospital to complete.

After the forms are completed by the clinical staff at the hospital, the Open and Close Episode form will be used by the data entry/clerical staff to input into the Integrated System (IS).

We are including the Integrated System (IS) Codes after the Open/Close Episode Form.

The Forms can also be access online as follows:

Open Episode Form:
http://dmh.lacounty.gov/hipaa/downloads/OPENINPATIENTEPISODERevised_06062008ET.pdf

Close Episode Form:
http://dmh.lacounty.gov/hipaa/downloads/CLOSE_INPATIENT_EPISODE_Revised06062008ET.pdf

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

CONFIDENTIAL CLIENT INFORMATION SEE CALIFORNIA WELFARE AND INSTITUTION CODE 5328

Open Inpatient Episode

Inpatient

CLIENT I.D.#

Last Name:

First Name: Middle:

Admit Date: Procedure Code:

Referral In Code:

Referral In Reporting Unit:

Intent of Service: ☐ Assessment ☐ Improvement ☐ Maintenance

Primary Problem Area:

Ward No: Patient File #:

Legal Status: Dev. Dis: Yes ☐ No ☐

Treatment Authorization for Minor:

Other Factors: Physical? Yes ☐ No ☐ DD? Yes ☐ No ☐ Dual Diagnosis

Admission Necessity Code:

DIAGNOSIS

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V
			☐ 1. Primary Support Group	GAF/CGAS
			☐ 2. Social Environment	
			☐ 3. Educational	
			☐ 4. Occupational	
			☐ 5. Housing	
			☐ 6. Economic	
			☐ 7. Access to Health Care	
			☐ 8. Interaction with Legal System	
Primary:			☐ 9. Other Psychological/Environmental	
Secondary:			☐ 10. Inadequate Information	

Provider Name: Provider Number:

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

CONFIDENTIAL CLIENT INFORMATION SEE CALIFORNIA WELFARE AND INSTITUTION CODE 5328

Close Inpatient Episode

Inpatient				**CLIENT I.D.#**	
Last Name:					
First Name:			Middle:		
Discharge Date:		Discharge Time:			
Other Factors:	Physical? Yes ☐ No ☐	DD? Yes ☐ No ☐	Dual?: Yes ☐ No ☐		
Referral Out Code:					
Referral Out Provider:					
Patient Status Code:					

DIAGNOSIS

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V
			☐ 1. Primary Support Group	GAF/CGAS
			☐ 2. Social Environment	
			☐ 3. Educational	
			☐ 4. Occupational	
			☐ 5. Housing	
			☐ 6. Economic	
			☐ 7. Access to Health Care	
			☐ 8. Interaction with Legal System	
Primary:			☐ 9. Other Psychological/Environmental	
Secondary:			☐ 10. Inadequate Information	

Provider Name: _____ Provider Number: _____

Referral In Codes

See codes on Referral In Codes on the next page. There are 2 pages and you can also find the codes on page 103-104 of IS Codes Manual.

REFERRAL IN CODES

County Mental Health Facilities

INPATIENT/RESIDENTIAL (Revised June 2006)

Code	Description
10	State Hospital (LPS Program)
12	County operated Inpatient
13	County contracted Inpatient
20	Psychiatric Diversion Program (PDP)
25	County operated Residential
27	County contracted Residential

OUTPATIENT

Code	Description
*11	Project ABC
15	State operated
16	County operated
17	County contracted
19	Tri-Cities Programs
74	FFS Network Provider
76	Linkage Agency

PARTIAL DAY CARE

Code	Description
21	County operated
22	County contracted
24	Tri-Cities Programs

OTHER

Code	Description
26	Case Management
28	Community Outreach

** This code is only applicable to Project ABC providers.*

REFERRAL IN CODES *(con't.)*

Non-County Mental Health Facilities

INPATIENT/RESIDENTIAL (Revised July 2005)

Code	Description
29	State Hospital (Non-LPS Program)

Code	Description
30	Psychiatric service of a general hospital
32	Psychiatric service of a military or veterans hospital
33	Private psychiatric hospital
34	LA Care
35	Foundation Health
36	Other residential facility for treatment of mental illness

OUTPATIENT

Code	Description
40	Private mental health professional
42	Private psychiatric clinic/counseling service
43	Military or veterans outpatient psychiatric service
49	Self-help association

REHABILITATION/PARTIAL DAY CARE

Code	Description
53	Military or veterans rehabilitation center
54	Other day treatment/rehabilitation center day training, sheltered workshop for mentally ill

OTHER

Code	Description
56	Suicide prevention and other telephone hotlines

PROGRAM AREA

Code	Program Area
06	Child Abuse/Neglect
02	Children's Services other than Abuse, Neglect, School
05	Community/Domestic Violence
36	Community Linkage/Monitoring Linkages
12	Disaster Response
42	Drop-In-Center
39	Education (Client/Family/Significant Other Classes)
33	Engaging Clients & Families (Significant Others/Guardians)
32	Enriched Residential Services
10	Geriatric Services
28	Homeless Mentally Ill
14	Housing/Community Care
34	Identifying Needed Services in Community & Mapping Available Services
26	Information/Referral Only
13	Job Development/Mentally Disabled
03	Law Enforcement/Justice System
19	Minority Mental Health Issues
21	Occupational Health
04	Other Health/Human Services
09	Parent Training
41	Peer Support
35	Recruiting, Engaging & Working with Community Based Agencies
18	Refugee/Immigration Problems
31	Residential & Bridging Services
22	Resource Development - Financial
23	Resource Development - Programs
01	School Problems
37	Self Help/Advocacy Activities
24	Service Utilization Mental Health
07	Sexual Abuse Rape Adult
25	Socialization
17	Stigma/Community Acceptance
20	Stress
27	Substance Abuse
43	Suicide Prevention
40	Training (Staff Classes)
38	Vocational Activities
29	Welfare to Work

REFERRAL IN CODES (con't.)

Auxiliary and Generic 24-hour Health Services, non-County

Code	Description
59	Board and care, nursing, or convalescent home
60	Non-psychiatric service of private general hospital
61	Non-psychiatric service of general hospital
62	Non-psychiatric service of military, veterans' hospital
63	Drug/alcohol abuse detoxification facility or recovery home

OUTPATIENT/PARTIAL DAY (non-County)

Code	Description
50	Regional screening center for developmental disabilities
51	Other agency serving the developmentally disabled
52	Drug/alcohol outpatient clinic, partial day detoxification program, outreach program
65	Private physician or medical clinic
66	County health services medical clinic
69	Other medical outpatient service

Social Agencies (non-County)

Code	Description
64	County Department of Children' s Services
67	County Department of Public Social Services
68	County Department of Probation
70	Courts
71	Jail, Correctional Institution (except Probation Department)
72	School/College
73	Vocational Rehabilitation Department
75	Cal Works
80	Police/Sheriff
81	Attorney, Legal Aid
82	Public Defender
83	Employment Service
84	Public Guardian
85	Religious Organization, Clergy
86	Information and Referral Agency
87	Other Social Agency

Referral Out Codes

See codes on Referral Out Codes on the next page. There are 4 pages and you can also find the cod on page 109-112 of IS Codes Manual.

REFERRAL IN CODES *(con't.)*

Other Referral Sources

Code	Description
01	Self
91	Family
92	Friends
93	Identification as a "highest utilizer" on a client listing provided by administrative headquarters
94	Compromised Immune System (CIS)

Miscellaneous Referral-Out

Code	Description
95	Other
99	Unknown

REFERRAL OUT CODES

County Mental Health Facilities

INPATIENT/RESIDENTIAL (Revised September 2006)

Code	Description
10	State Hospital (LPS Program)
12	County operated Inpatient
13	County contracted Inpatient
25	County operated Residential
27	County contracted Residential

OUTPATIENT

Code	Description
15	State operated
16	County operated
17	County contracted
19	Tri-Cities Programs
74	FFS Network Provider
76	Linkage Agency

PARTIAL DAY CARE

Code	Description
21	County operated
22	County contracted
24	Tri-Cities Programs

OTHER (Revised September 2006)

Code	Description
26	Case Management

REFERRAL OUT CODES (con't.)

Non-County Mental Health Facilities

INPATIENT/RESIDENTIAL (Revised September 2006)

Code	Description
29	State Hospital (Non-LPS Program)

Code	Description
30	Psychiatric service of a general hospital
32	Psychiatric service of a military or veterans hospital
33	Private psychiatric hospital
36	Other residential facility for treatment of mental illness

OUTPATIENT

Code	Description
40	Private mental health professional
44	Private psychiatric clinic/counseling service
45	Military or veterans outpatient psychiatric service
49	Self-help association

REHABILITATION/PARTIAL DAY CARE

Code	Description
53	Military or veterans rehabilitation center
54	Other day treatment/rehabilitation center day training, sheltered workshop for mentally ill

REFERRAL OUT CODES (con't.)

Auxiliary and Generic 24-hour Health Services, non-County

Code	Description
59	Board and care, nursing, or convalescent home
60	Non-psychiatric service of private general hospital
61	Non-psychiatric service of general hospital
62	Non-psychiatric service of military, veterans' hospital
63	Drug/alcohol abuse detoxification facility or recovery home

OUTPATIENT/PARTIAL DAY (non-County)

Code	Description
50	Regional screening center for developmental disabilities
51	Other agency serving the developmentally disabled
52	Drug/alcohol outpatient clinic, partial day detoxification program, outreach program
65	Private physician or medical clinic
66	County health services medical clinic
69	Other medical outpatient service

Social Agencies (non-County)

Code	Description
64	County Department of Children' s Services
67	County Department of Public Social Services
68	County Department of Probation
70	Courts
71	Jail, Correctional Institution (except Probation Department)
72	School/College
73	Vocational Rehabilitation Department
80	Police/Sheriff
81	Attorney, Legal Aid
82	Public Defender
83	Employment Service
84	Public Guardian
85	Religious Organization, Clergy
86	Information and Referral Agency
87	Other Social Agency

Primary Problem Area Codes

See codes on Primary Problem Area on the next page. There are 2 pages and you can also find the codes on page 103-104 of IS Codes Manual.

OPERATIONS CODES

Code	Description of Operation
DMH	Department of Mental Health
DHS	Department of Health Services
FFS	Fee-For-Service
NGA	Non-Governmental Agency
OPA	Other Public Agency
NA	Not Applicable

PATIENT STATUS CODE

Indicates the status of the client as of the ending date of service.

VALID CODES:

Code		Description
A	=	Still a patient or expected to return
B	=	Discharged to home, self care, foster care, shelter care
C	=	Discharged/transferred to Residential/Board and Care (not locked, supervised living, no treatment)
D	=	Discharged/transferred to Community Residential Treatment (not locked, custodial)
E	=	Discharged/transferred to Community Treatment Facility (locked, no nursing care)
F	=	Discharged/transferred to Skilled Nursing Facility/Intermediate Care Facility (unlocked or locked)
G	=	Discharged/transferred to Acute Care Hospital or Psychiatric Health Facility (PHF)
H	=	Discharged/transferred to State Hospital
I	=	Discharged/transferred to Jail
J	=	Unplanned discharge
K	=	Expired
L	=	Other
U	=	Unknown Not Reported

NOTE: ***The above codes are only applicable to Inpatient Episodes.***

Legal Status Codes

See codes on Legal Status on the next page. There are 9pages and you can also find the codes on page 86-93 of IS Codes Manual.

LEGAL STATUS

Code	Description
0702.3	Minor not guilty by reason of insanity. Court ordered evaluation. (W & I)
0717.0	Juvenile Court placement. (W & I)
1001.2	Admission by court to DD services only for non-LPS State Hospital. (PC)
1026.0	Adult not guilty by reason of insanity. (PC)
1026.2	Restoration of sanity. Application for release from treatment. A code used for discharge. (PC)
1026.3	Placed on outpatient status pursuant to 1026.2. (PC)
1026.4	Escape on 1026; to be imprisoned; discharge code. (PC)
1201.0	Found insane before judgment and admitted to State Hospital. (PC)
1364.0	Convicted sex offender/Department of Corrections; sex offense against person under age 14. Code for admission/discharge from State Hospital. (PC)
1368.0	Court determination of mental competence to stand trial (to be used with reference code 80). (PC)
1369.0	Trial on issue of mental competence for DD. Court ordered hold. Evaluation to determine competency to stand trial. (PC)
1370.0	Incompetent to stand trial (Title 18). Resolution of competency. Committed or dismissed. (PC)
1370.1	DD placement for non-LPS treatment. Incompetent to stand trial. (PC)
1370.3	Placement of 1370.0 on outpatient status from State Hospital (Title 15, Sec. 1600). (PC)

LEGAL STATUS (con't.)

Code	Description
1370.4	Conditions for court ordered conservator/outpatient supervisor proceedings prior to 1370.3. (PC)
1370.7	Court ordered treatment incompetent mentally disordered. (PC1370.a.1)
1370.8	Court ordered evaluation prior to PC 1370.a.1 above. (PC 1370.a.2)
1370.9	Court ordered transfer of incompetent MD defendant to local program. (PC 1370.a.3)
1372.1	Competency regained. Defendant returned to court. Code used for discharge. (PC 1372.c)
1372.5	Recommitted by court. Extended incompetent to stand trial of MD defendant. (PC 1372.e)
1374.0	Competency of 1370.3 regained. A discharge code; defendant returned to court pursuant to 1372. (PC)
1600.0	Outpatient treatment of judicially committed. (PC 1026.0)
1601.0	Court granted or denied outpatient status pursuant to 1600. (PC)
1602.0	Forensic evaluation of 1601.0 MDO for outpatient. (PC)
603.0	Placement of PC 1601.0 on outpatient status. (PC)
1604.2	Recommendation for outpatient status of PC 1602 or PC 1603. (PC1604.b)
1604.3	To outpatient status on court approval. (PC 1604.d)
1606.0	Annual review MDO on outpatient status. (PC)
1607.0	Regained competency/no longer 1370, 1026, 6316, MDSO, or 2964. (PC)

LEGAL STATUS (con't.)

Code	Description
1608.0	Request for revocation of 1604.d above. (PC)
1609.0	Reconfinement on 1604d/11602 or1026.2. (PC)
1610.0	Temporary admission pursuant to PC 1608 or PC 1609, pending court revocation of PC1026, MDSO, or 1370. (PC)
1611.0	Temporary admission of MD PC 1026 on parole. (PC - Repealed in 1984)
1612.0	Same as 1026.2. A discharge code - restrictions on release for treatment. (PC)
1614.0	Same as former PC 1026.1, PC 1374, and W & I 6325.1a. Person ordered to undergo outpatient treatment. (PC)
1615.0	Conditional Release Program (CONREP) for W & I 5709.8 for judicially committed patients. (PC)
1753.0	Youth Authority Observation (YOA). (W & I)
1756.0	Youth Authority Certification (YAC) for State Hospital Admission and discharge. (W & I)
2684.0	Department of Corrections prisoner certification for DD/MD treatment in State Hospital. (PC)
2692.0	Housing/care/treatment of inmates with AIDS. (PC)
2960.0	Dept. of Corrections prisoner evaluation and provision for appropriate mental treatment. (PC)
2962.0	Mentally Disordered (MD) parolees referred from Department of Corrections. (PC)
2964.0	MD parolees rehospitalized from outpatient. (PC)

LEGAL STATUS (con't.)

Code	Description
2968.0	Parolees' mental disorder in remission and treatment discontinued. (PC)
2970.0	Former parolees referred from Superior Court for continued involuntary treatment for one year. (PC)
2972.0	Recommitted parolee under PC 2962 or PC 2970. (PC)
2974.0	MD inmate/parolee commitment to State Hospital. (PC)
3701.0 3702.0 3703.0	Insane prisoner under death penalty. (PC)
4011.6	MI jail prisoner transfer for involuntary admissions (72-hr eval). And for return to penal facility. (PC)
4011.8	MI jail prisoner transfer for voluntary admission to 72-hr facility. And for return to jail. (PC)
4653.0	DD admitted to non-LPS State Hospital. Upon discharge, referral to regional center. (W & I)
4800.0	DD (non LPS) administrative hold on judicial review by writ of habeas corpus. (W & I)
4803.0	DD (non LPS) Regional Center certification and recommendation for community care facility. (W & I)
4825.0	DD (non LPS) voluntary adult. May leave hospital at any time. (W & I)
5008.2	Murphy's MD conservator ship - incompetent to stand trial, felon, violent - relative to 5350.0. (W & I)
050.0	Court ordered observation. Same as 5554 and 5206.0. Repealed in 1967. (W & I)
5128.0	Civil commitment of MI. See 8050-8053. Repealed in 1967. (W & I)

LEGAL STATUS (con't.)

Code	Description
5150.0	2-hr MD detention. Act of taking into custody/placing into treatment at 72-hr facility. (W & I)
5151.0	72-hr MD detention and treatment - actually only defines the 72-hr period. (W & I)
5152.0	Release from 72-hr detention and referral to care/treatment on voluntary basis or conservator appointed. (W & I)
5170.0	72-hr detention of MD inebriate. (W & I)
5171.0	Same as 5150.0 only for inebriate. (W & I)
5172.0	Same as 5152.0 only for inebriate. (W & I)
5172.1	Voluntary 72-hr MD inebriate.
5200.0	Court ordered 72-hr evaluation of MD. (W &I)
5206.0	Court ordered 72-hr evaluation by petition. Old W & I 5050.0. (W &I)
5208.0	Serving of petition and order for 72-hour evaluation. (W & I)
5213.0	Same as 5151.0 - defines 72-hour. (W & I)
5225.0	Court ordered eval of MD Alcohol/Drug. (W & I)
5230.0	Same as 5170.0 (impairment by chronic alcoholism) (W & I)
5250.0	14-day certification for treatment for mental disorder or chronic alcoholism. (W & I)
5250.1	Unconditional release from 14-day intensive treatment. (W & I)
5256.5	Termination of involuntary detention for mental disorder or chronic alcoholism. (W & I)
5256.6	14-day certification - same as 5250.0. (W & I)

LEGAL STATUS (con't.)

Code	Description
5257.0	Termination of involuntary MD or chronic alcoholism commitment. (W & I)
5260.0	Added 14 days for suicidal persons. (W & I)
5270.1	Gravely disable. 30 day extension of involuntary psychiatric treatment beyond 14 day certification. (W5270.15)
5300.0	Added 180 days for persons who are serious threat of physical harm to others. (W & I)
5301.0	Petition for post-certification. (W & I)
5303.0	Due process and trial pursuant to 5301. (W & I)
5304.0	Added 180 day post-certification after petition trial. (W & I)
5305.0	Placed on outpatient status pursuant to 5300.0. (W &I)
5308.0	Temporary admission post certification. Revocation of outpatient status under W&I 5306.5 or 5307, confined to State Hospital or treatment facility. (W & I)
5309.0	Release from involuntary hospital treatment. (W&I)
5352.0	Recommend and petition for conservator ship. (W & I)
5352.1	Court established temporary conservatorship not to exceed 30 days pursuant to 5354. (W & I)
5352.3	3 day extension of 14 day certification pending temporary conservatorship (see 5352.1). (W &I)
5353.0	Temporary conservator ship pending determination of conservatorship. (W & I)
5358.0	Rules governing conservatee's placement in treatment. (W & I)
5358.5	Conservatee taken into custody by conservator. (W & I)

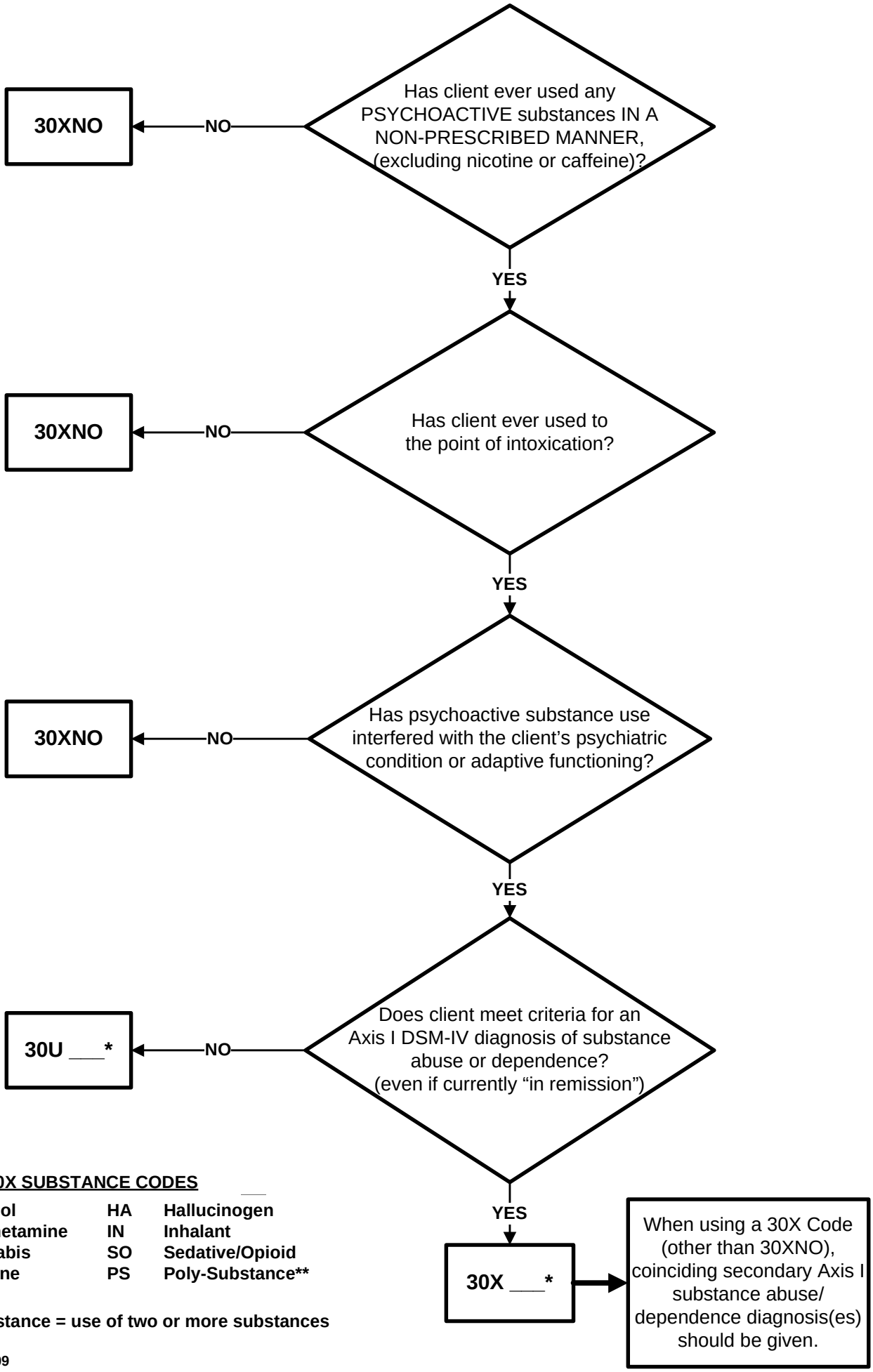
LEGAL STATUS (con't.)

Code	Description
5359.0	Alternative placement for conservatee. (W & I)
5361.0	Termination and reappointment of conservator. (W & I)
5366.1	Detention for 72-hr evaluation pursuant to 5150 detention for 180 days evaluation and pursuant to 6000 to 6019. (W & I)
5585.5	72-hr involuntary commitment of minors for eval and treatment of dangerous MDs who refuse voluntary treatment. (W5585.5)
6000.0	VOLUNTARY admission of MD. (W & I)
6316.0	MDSO treatment and observation. (W & I)
6316.1	MDSO maximum confinement equal maximum prison term possible for the felony or misdemeanor. (W & I)
6316.2	MDSO return to court. Confinement longer than 6316.1. (W & I)
6316.3	Court ordered transfer of MDSO between State and County. (W & I)
6325.0	Certification as to recovery (or not) of MDSO on outpatient status. Return to court. (W & I)
6325.1	MDSO temporary State Hospital admission. (W & I)
6325.8	Recovery of 6325. (W & I 6325.a)
6325.9	Still a danger of 6325. (W & I 6325.b)
6327.0	Court ordered hearing. Disposition of MDSO under treatment. Return to court or recommitment to treatment. (W & I)
6500.0	Dangerous MR committed by court. (W & I)
6500.1	Same as 6500.0 and renumbered as such in 1978. (W & I)

Dual Diagnosis Code Decision Tree

Please see Dual Diagnosis Code Decision Tree on the next page. This is used by the clinician to determine the Dual Diagnosis Code.

DUAL DIAGNOSIS CODE DECISION TREE (9-25-09)



*** 30U and 30X SUBSTANCE CODES**

AL	**Alcohol**	**HA**	**Hallucinogen**
AM	**Amphetamine**	**IN**	**Inhalant**
MJ	**Cannabis**	**SO**	**Sedative/Opioid**
CO	**Cocaine**	**PS**	**Poly-Substance****

**** Poly-Substance = use of two or more substances**

Rev. 9-25-2009

Dual Diagnosis Codes for Substance Abuse

See codes on Dual Diagnosis on the next page. There are 2 pages and you can also find the codes on page 73-74 of IS Codes Manual.

DUAL DIAGNOSES CODES FOR SUBSTANCE ABUSE

NOTE:
Report at admission, annually thereafter, and at discharge.

"DUAL" Codes		Dual Diagnosis Description	DSM IV Codes Reference	
30xAL	30uAL	Alcohol	303.00	Alcohol Intoxification
			303.90	Alcohol Dependence (Includes remission)
			305.0	Alcohol Abuse
30xAM	30uAM	Amphetamine	292.89	Amphetamine or other similarly acting Sympathomimetic intoxication or
			305.70	Abuse or
			304.40	Dependence (includes remission)
30xMJ	30uMJ	Cannabis	292.89	Cannabis (Marijuana or Hashish) Intoxication Or
			305.20	Abuse or
			304.30	Independence (includes remission)
30xCO	30uCO	Cocaine	292.89	Cocaine Intoxication
			305.60	Cocaine Abuse
			304.20	Cocaine Dependence (includes remission)
30xHA	30uHA	Hallucinogen	292.89	Hallucinogen, Phencyclidine (PCP) or Similarly acting Arcyclohexylamine Intoxication or
			305.30	Abuse or
			304.50	Dependence (includes remission)
30xIN	30uIN	Inhalants	292.89	Inhalant Intoxication or
			305.90	Abuse or
			304.60	Dependence (includes remission)
30xSO	30uSO	Sedatives	292.89	Sedative, Hypnotic or Anxiolytic Intoxication Opioids Or

DUAL DIAGNOSES CODES FOR SUBSTANCE ABUSE (con't)

"DUAL" Codes		Dual Diagnosis Description	DSM IV Codes Reference
			305.40 Abuse or 304.10 Dependence (includes remission) 292.89 Opiod Intoxication or 305.50 Abuse or 304.00 Dependence (includes remission)
30xPS	30uPS	Poly-substance Use	304.80 Poly-substance Dependence (includes remission)
30xNO		No use of or history of psychoactive substances that interferes with the mental disorder and adaptive functioning.	
99999		Unknown	

NOTE:

X Codes: ***The Dual Diagnosis codes under (x) are to be used for clients who meet the DSM IV criteria for psychoactive substance intoxication, abuse, and dependence (includes remission).***

U Codes: ***The Dual Diagnosis codes under (u) are to be used to report clients with psychoactive substance use which interferes with their mental disorder and adaptive functioning.***

Admission Necessity Codes

See codes on Admission Necessity on the next page. There are 1 page and you can also find the codes on page 3 of IS Codes Manual.

ADMISSION NECESSITY CODE

Identifies the type or reason for the client's admission into an acute care hospital.

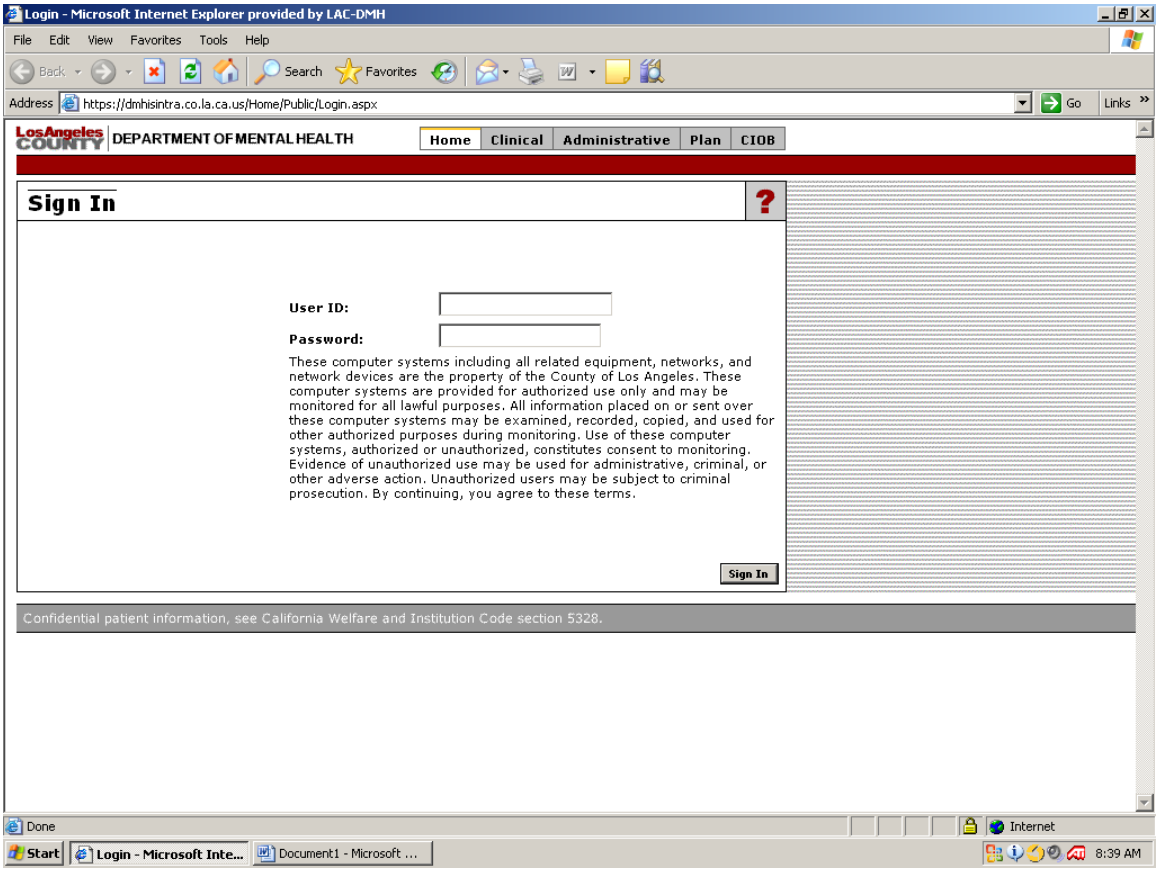
Code	Type
1	Emergency
2	Planned (Prior Authorization)
9	Unknown Not Reported

NOTE:
The above codes are only applicable to Inpatient Episodes.

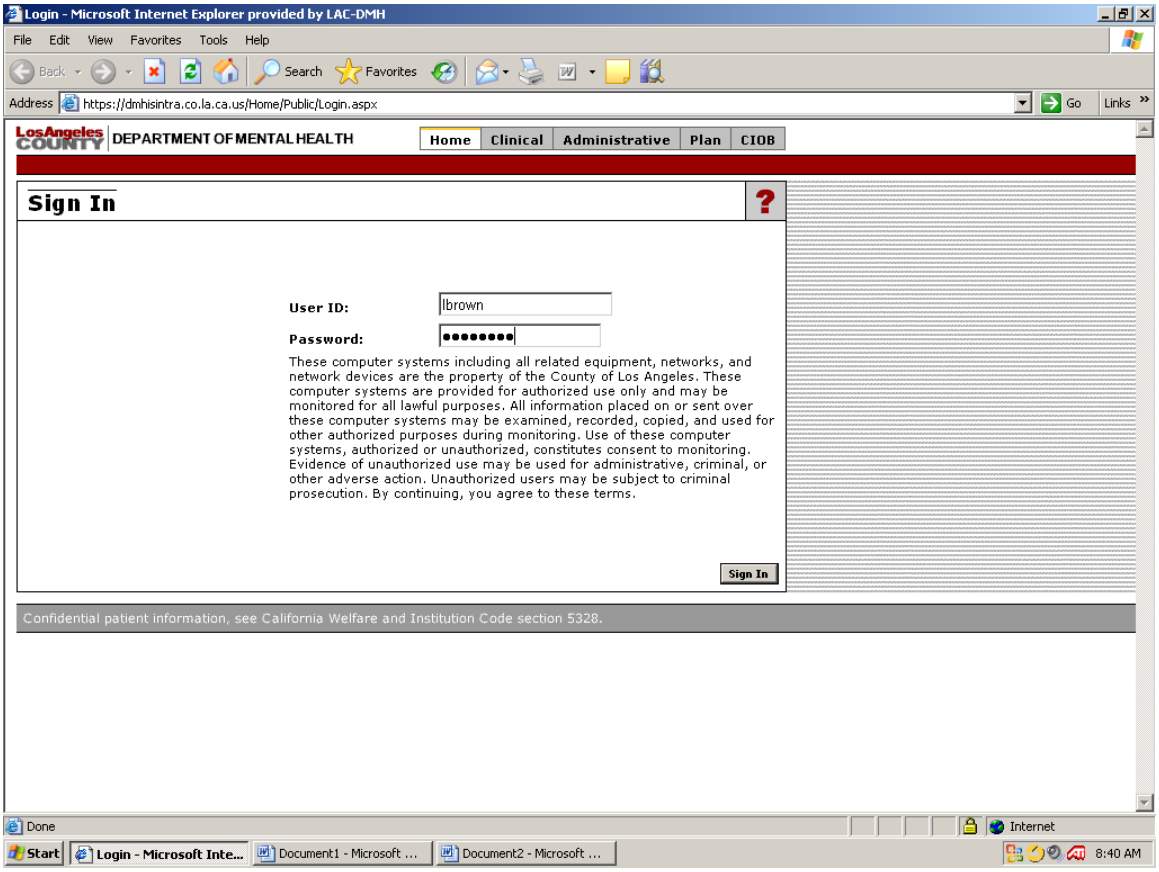
AGENCY OF PRIMARY RESPONSIBILITY (APR)

Code	Agency of Primary Responsibility
1	Department of Children's Services: Dependent and/or under Supervision of DCS (including Family Preservation)
2	Department of Probation: Ward
3	Department of Children's Services: Dependent and/or under DCS Supervision; and School District: SEP eligible
4	Department of Probation: Ward; and School District: SEP eligible
5	School District: SEP eligible
6	School District: SED on IEP (not SEP)
7	None

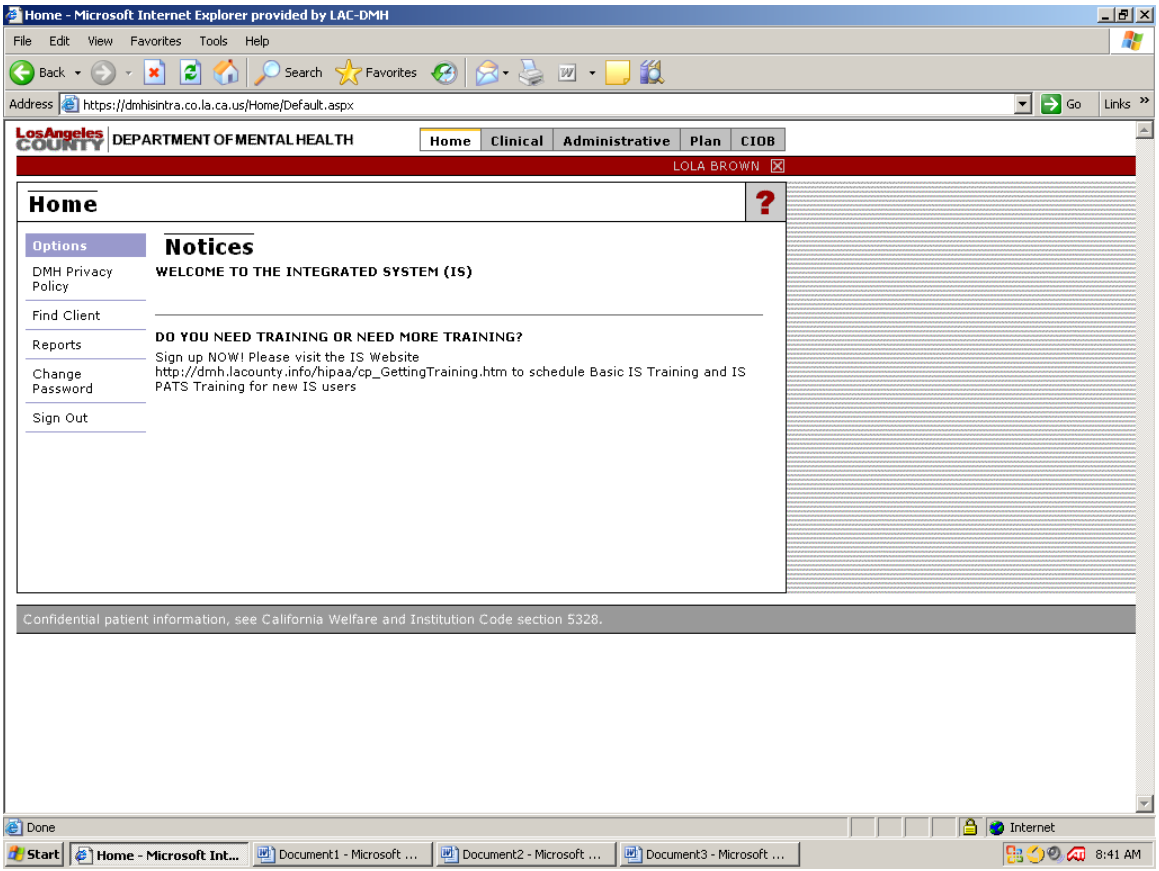
How to create an Episode in the IS



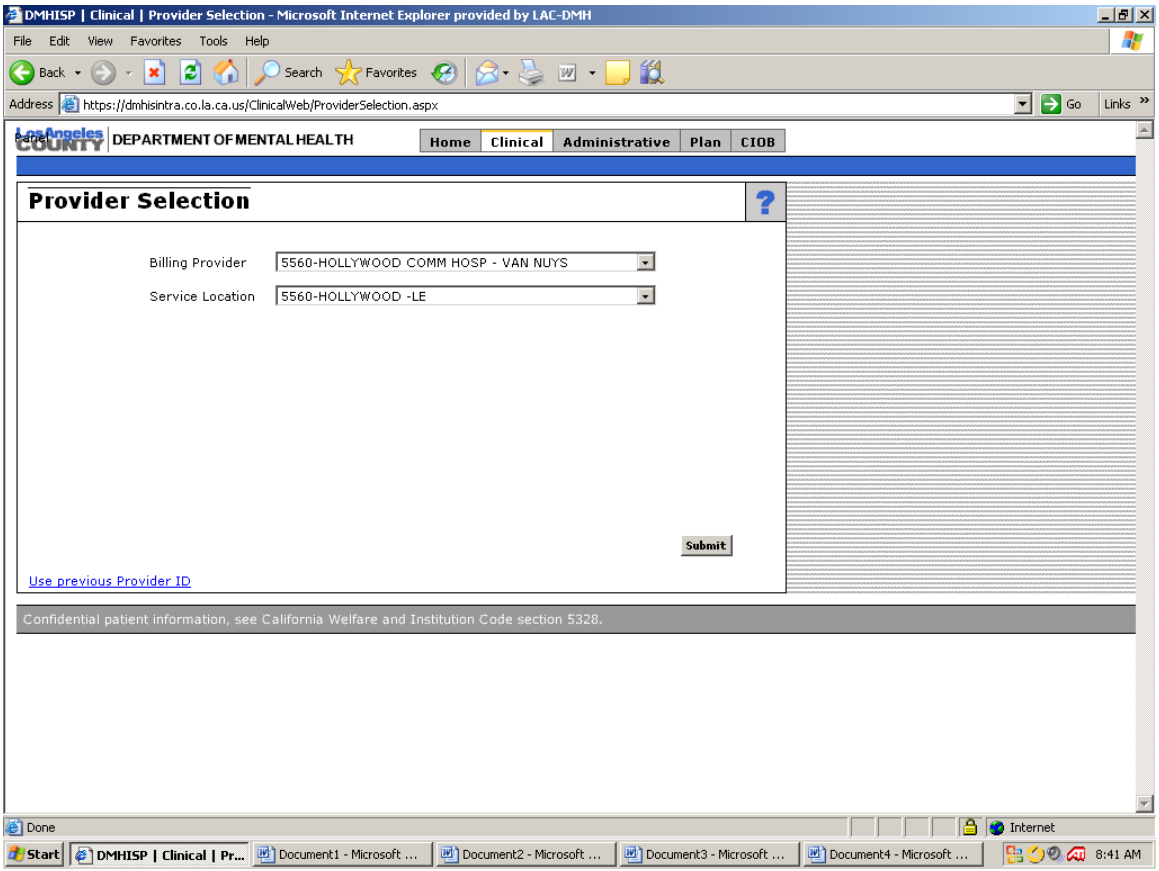
1. Log on by entering your
USER ID (Your name) and *PASSWORD*.



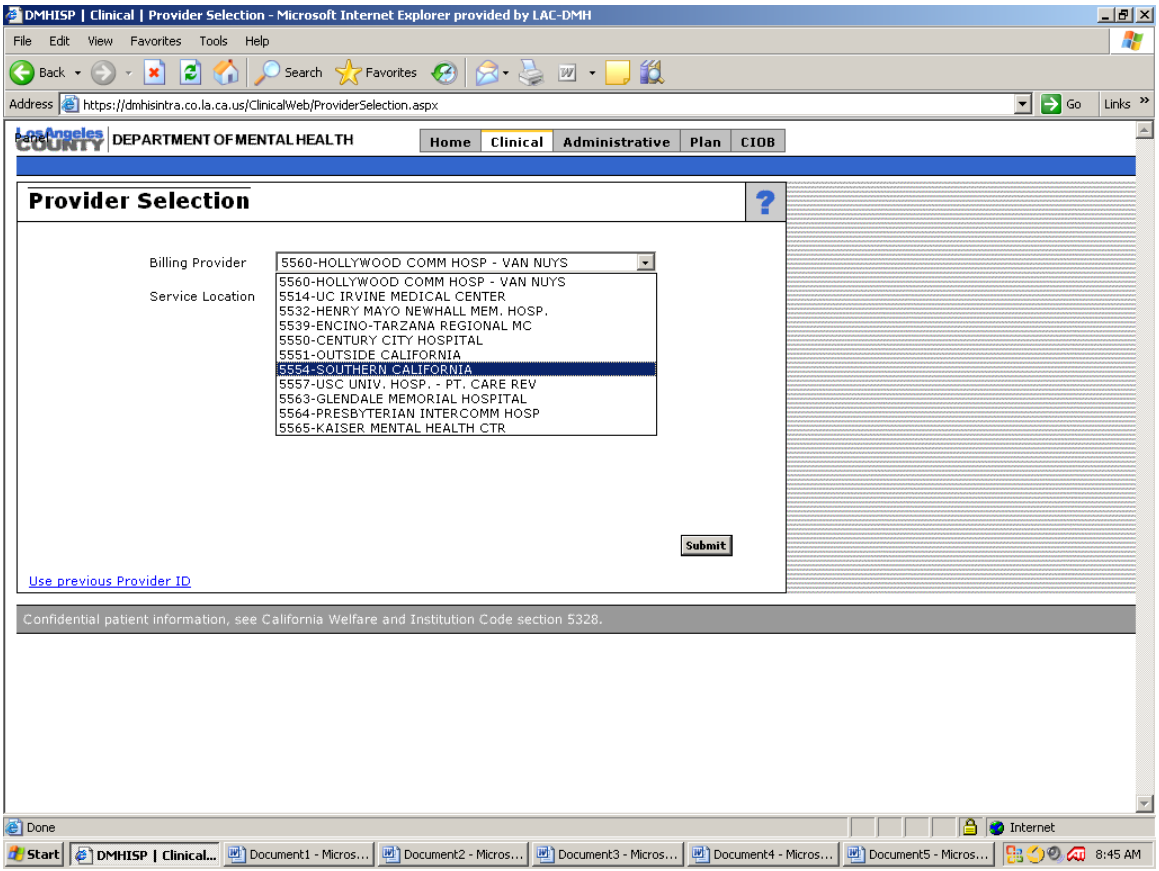
2. After logging in press ***SIGN IN***.



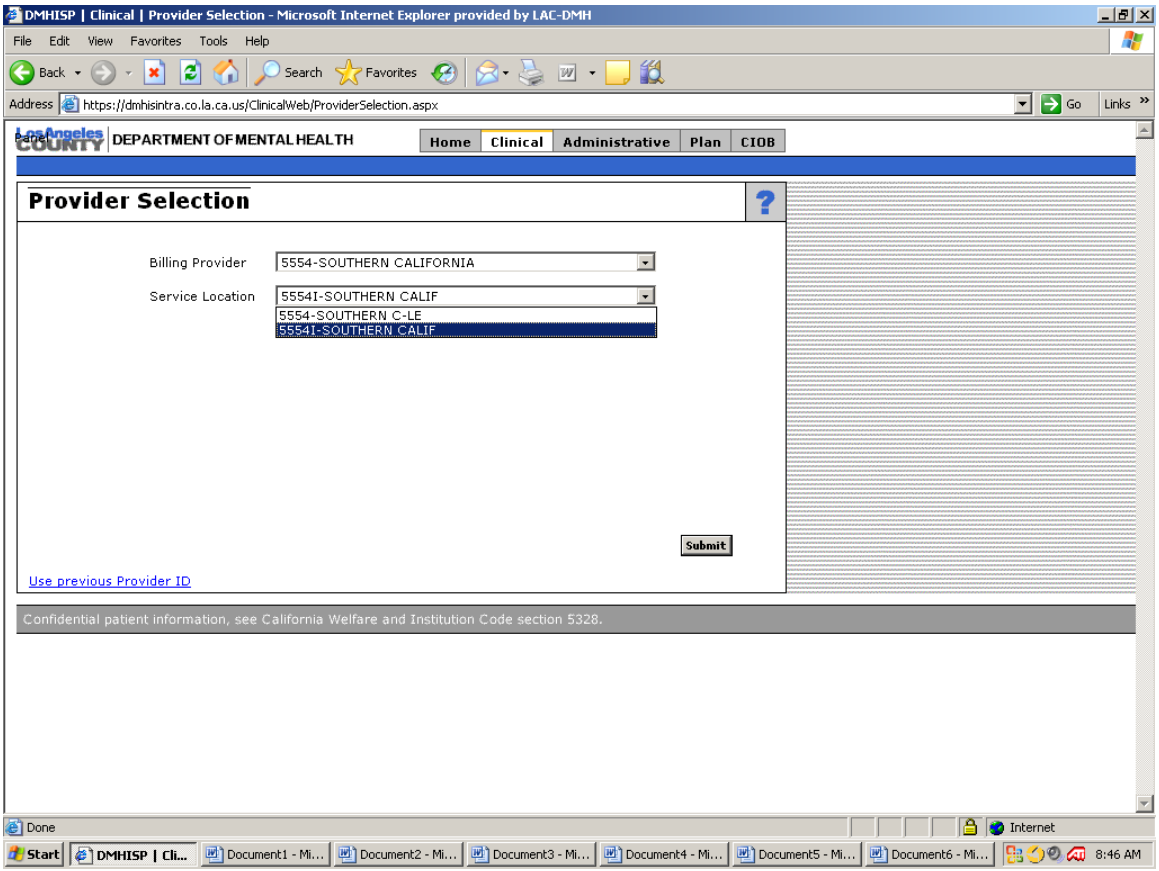
3. **Home** screen: Click at the top of the page on *CLINICAL*.



4. **Provider Selection:** Click on your *BILLING PROVIDER* and *SERVICE LOCATION* and then hit SUBMIT.

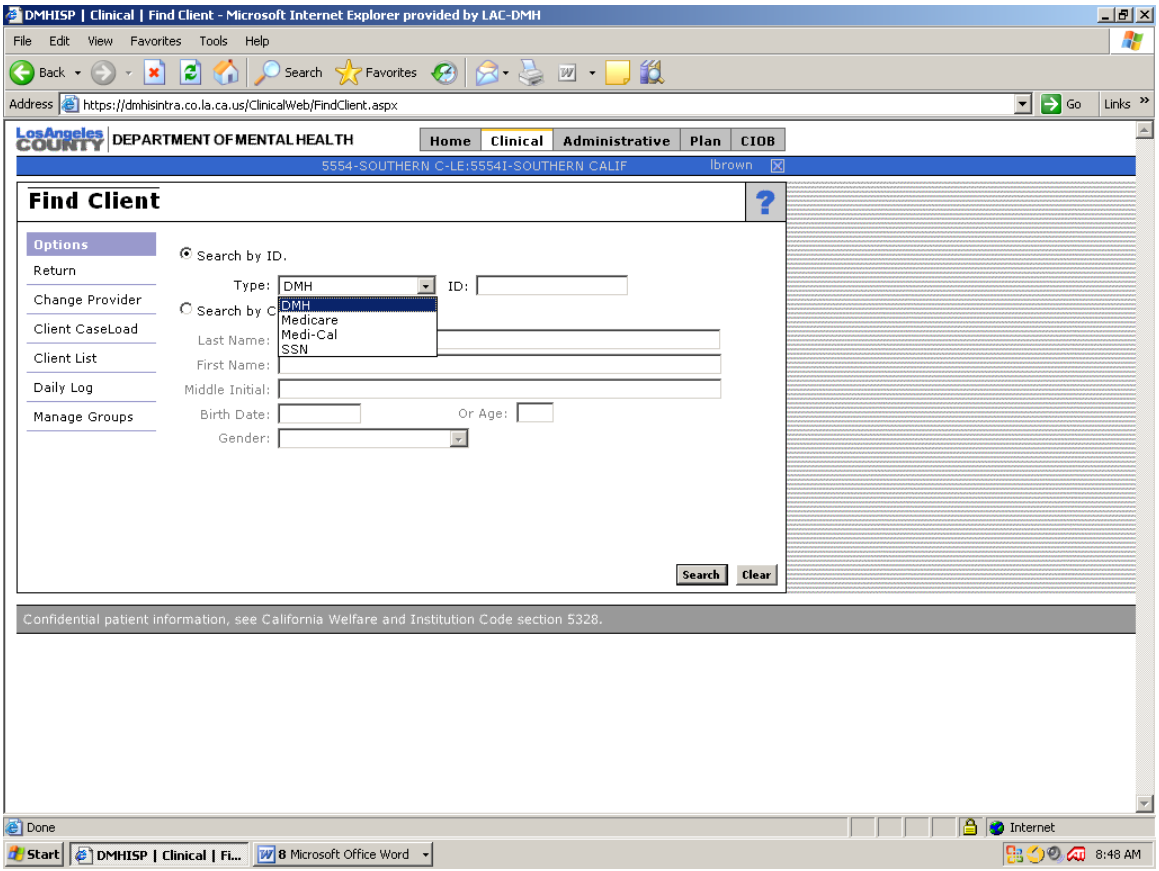


4a. **Provider Selection:** By using the drop down arrow you can view the different *Billing Providers*.



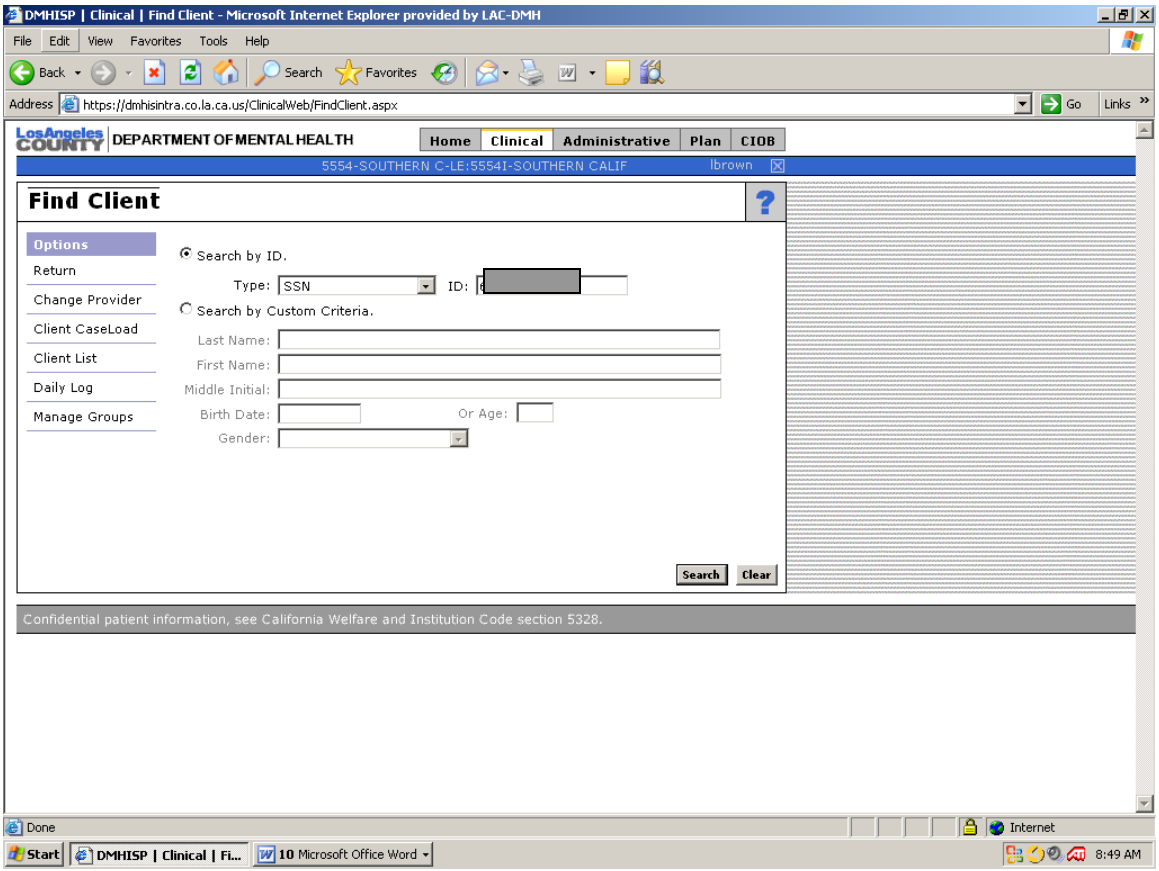
4b. **Provider Selection:** By using the drop down arrow you can view the different *Service Locations*. (Service Provider is 4 numeric numbers and 1 alphabetic letter, *Ex. 5554A*)

After you have selected your Billing Provider and Service Location hit **Submit**.

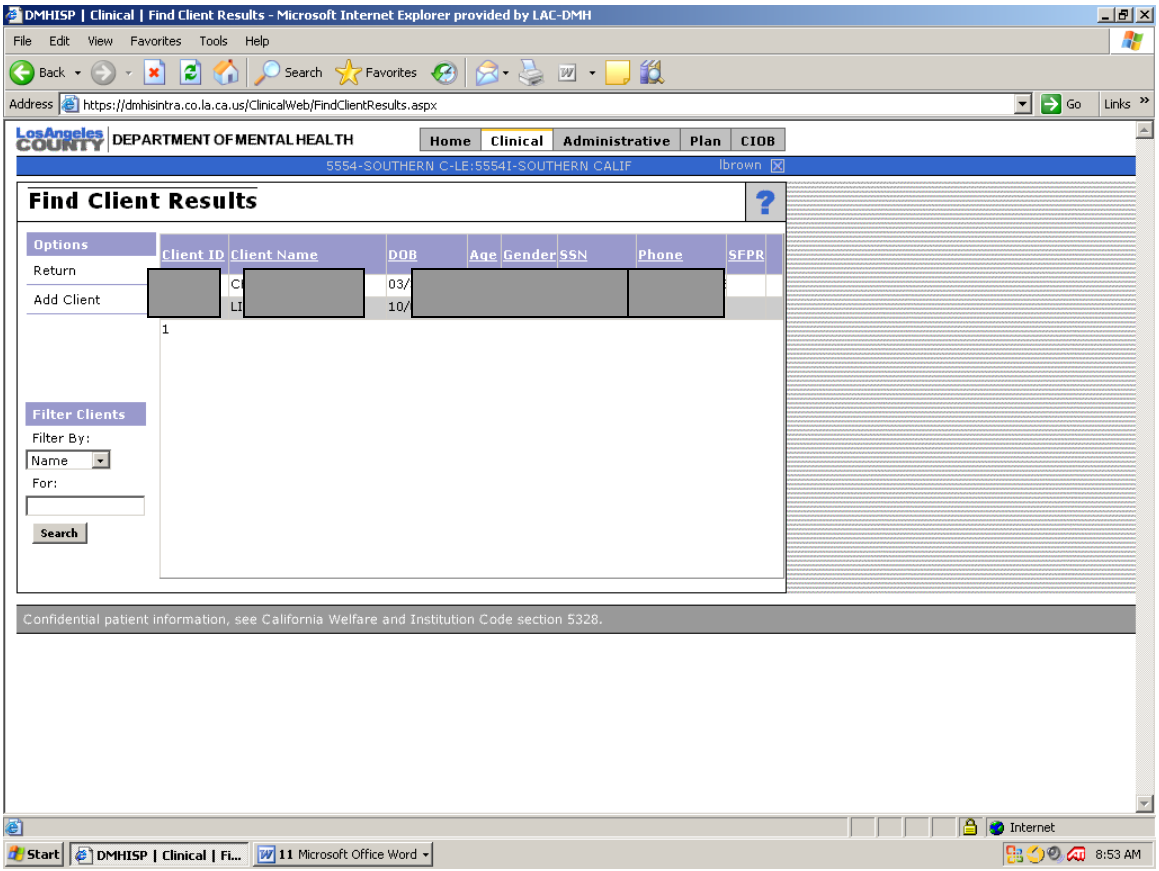


5. Under the **Find Client** screen, you can search by ID or by Customer Criteria.

If you search the Client by using the **TYPE** drop down, you can search client by **DMH**, **MEDICARE**, **MEDI_CAL** or **SSN**.

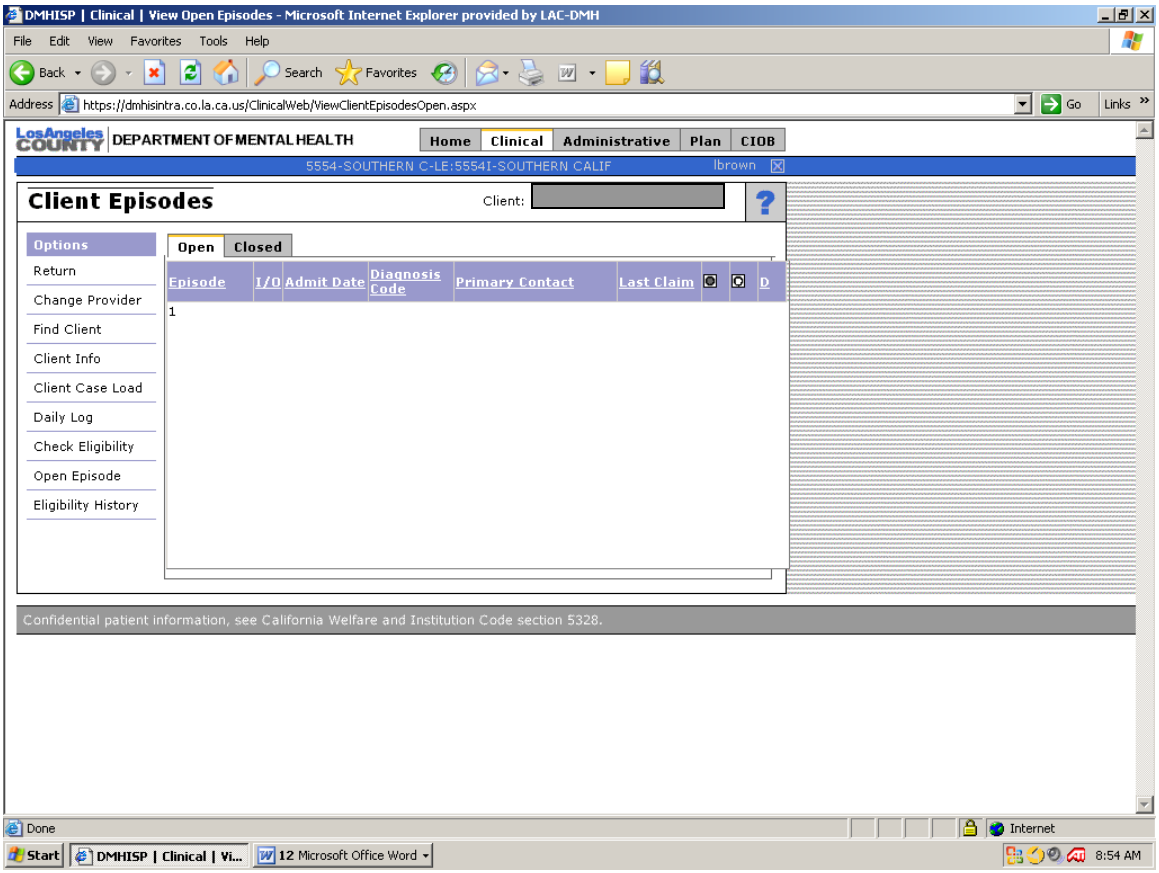


6. **Find Client** screen: Client search by SSN…enter Client's Social Society Number then click **SEARCH**.
In our example, we have chosen to search by the client's SSN.



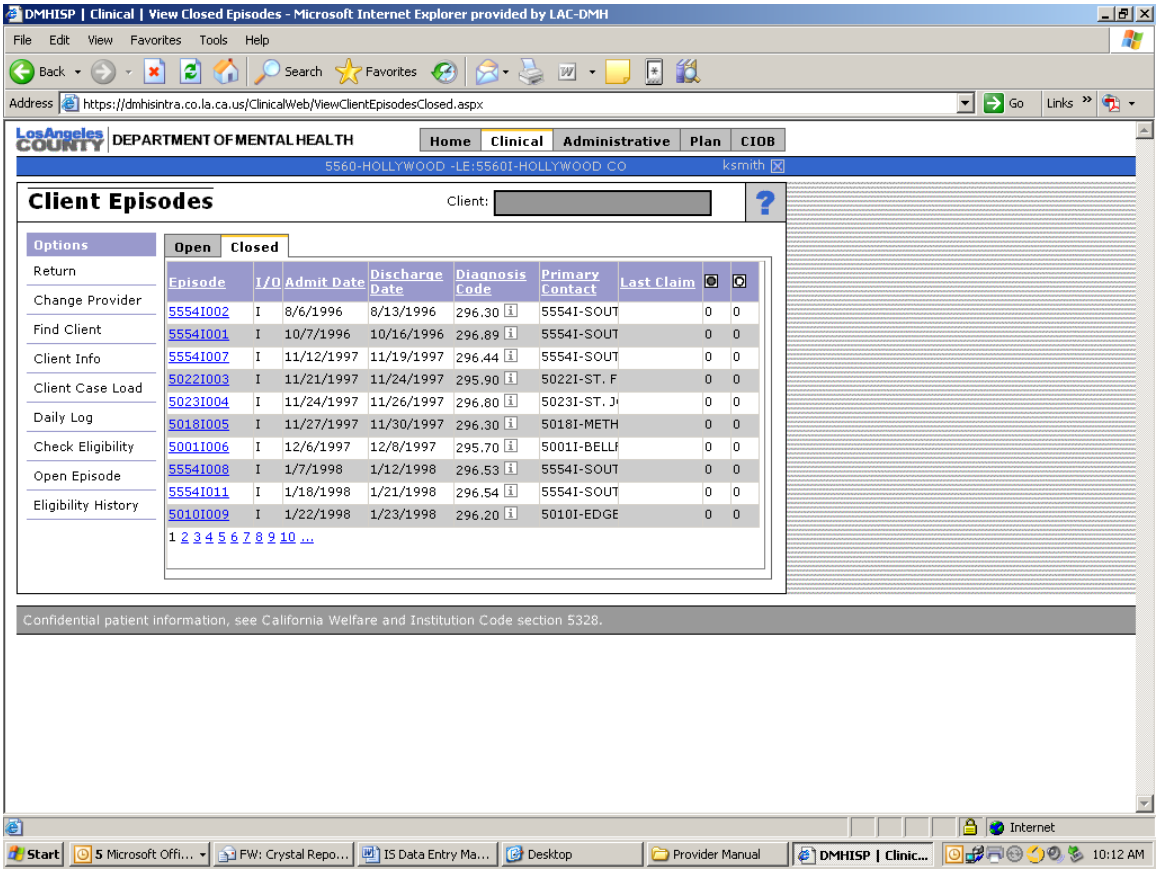
7. **Find Client Results** Screen: **Click** on the actual client that matches your TAR.

Note: If the client has two or more client IDs with the same information, choose the lower Client ID number.



8. **Client Episodes** screen: **Click** on **Closed** to check in Close Episode tab to ensure that the episode has not already been created.

Click on **Open** *EPISODE*.

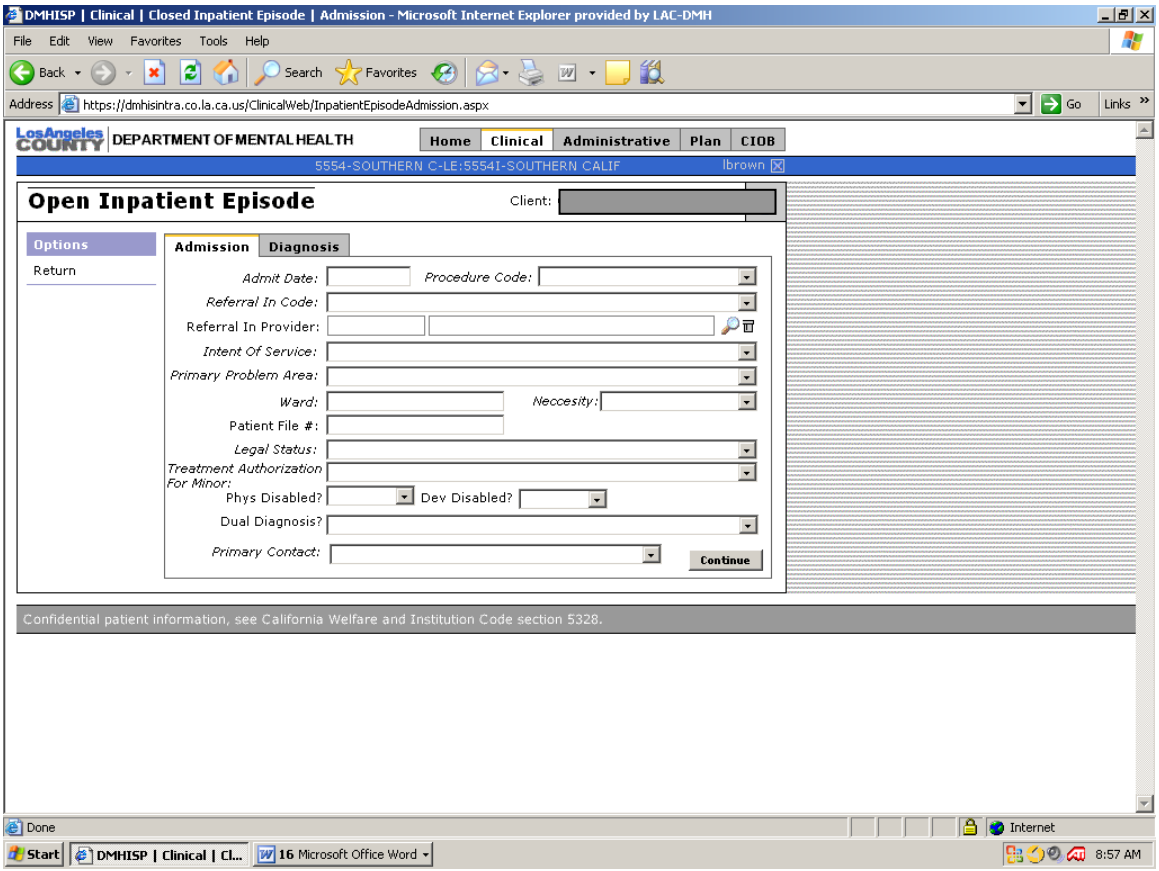


9. **Client Episodes** screen (Sort by Admit Date): Check the Admit Date column to see if the episode is created.

You can sort the Admit Date Column so the most recent admit date are sorted to the top. **Click** on the Admit Date column. Once you checked that the episode has not been created, go to the next step and create an episode.

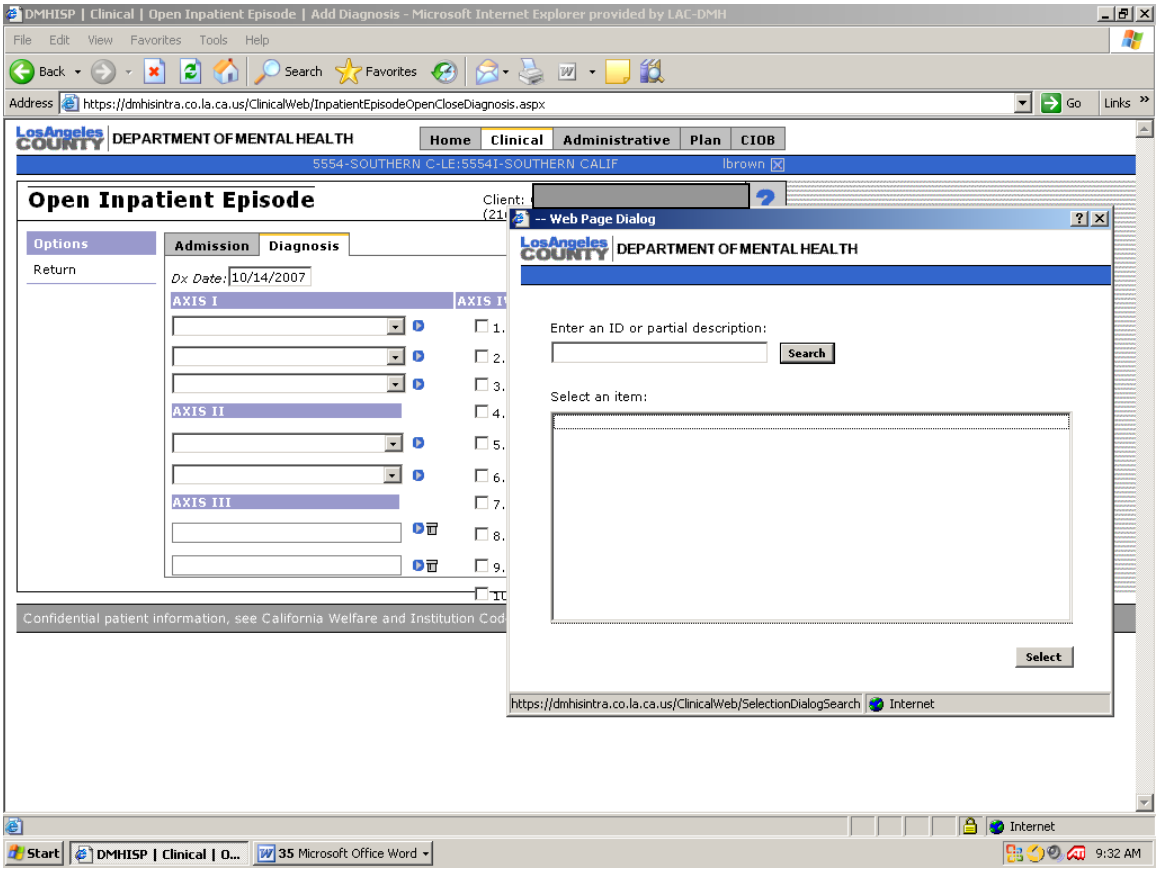
10. **Client Episodes** screen (Create an Episode):

Create an episode by clicking on the **OPEN EPISODE** on the Options in the left column.



11. **Open Inpatient Episode** (Input the Client information)
Using the Open Episode Form, start inputting everything on the page and use the drop down arrows for further details. When completed click continue

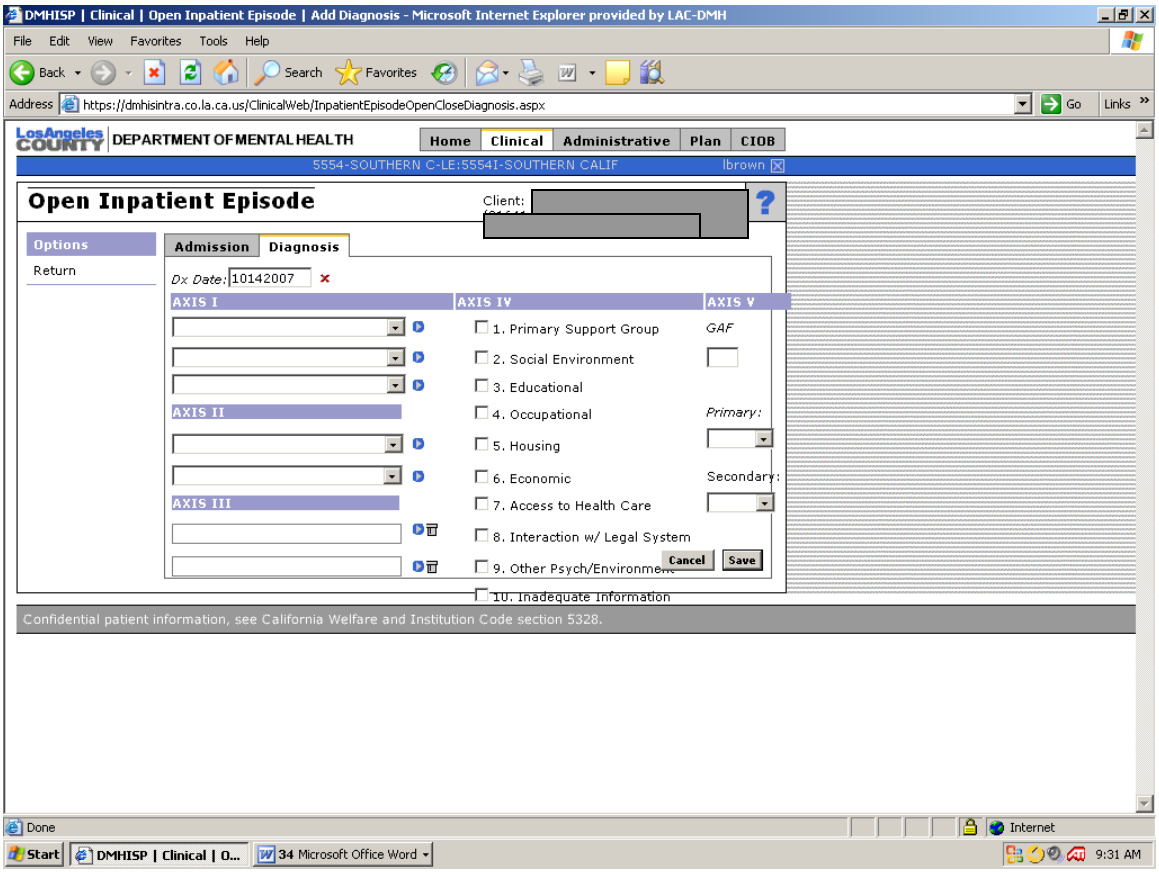
- Admit Date: (Required)
- Procedure Code: (Required)
- Referral In Code: (Required- please fill this in as to how the client was referred, ” refer to the Referral In Code after page 2)
- Referral In Provider: (provider that referred the patient if any)
- Intent of Service: check a selection
- Primary Problem Area: (Required- i.e., “mentally ill”, please refer to the Primary Promblem Area codes after page 2)
- Patient File #: (Required – Example “ this is the same as the TAR number”)
- Ward:
- Admission Necessity Code: (Example “ Emergency”- please refer to the Dual Diagnosis codes after page 2)
- Legal Status: (Required- please refer to the Legal Status codes after page 2)
- Treatment Authorization for Minor:
- Phy Disabled: (Required)
- Dev Disabled: (Required)
- Dual Diagnosis: (Required – please refer to the Dual Diagnosis codes after page 2)
- Primary Contact: (Required)



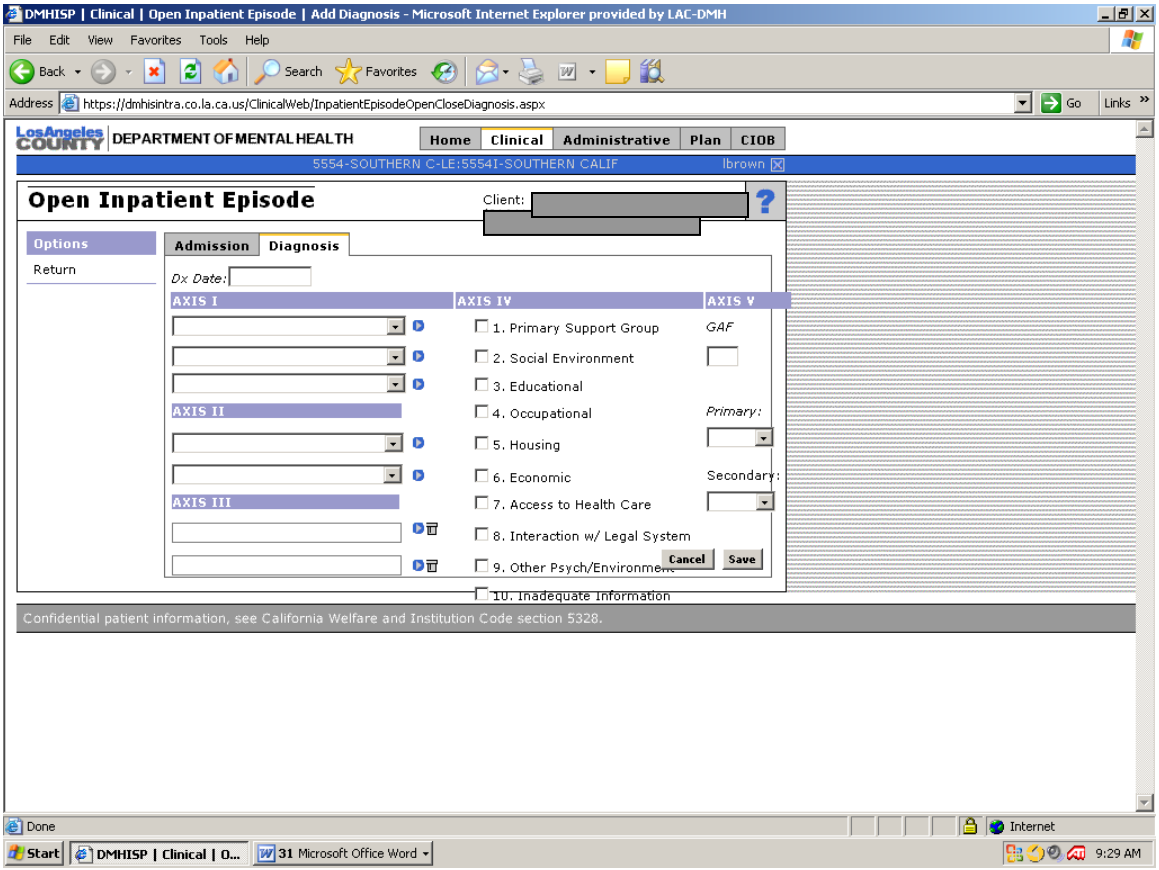
15. **Open Inpatient Episode:** Under ***Dx Date*:** Input the Admit Date with slashes (10/14/2007).

Note: Information only. If you do not include slashes in a date, an error message will appear. Sample screen in the next page.

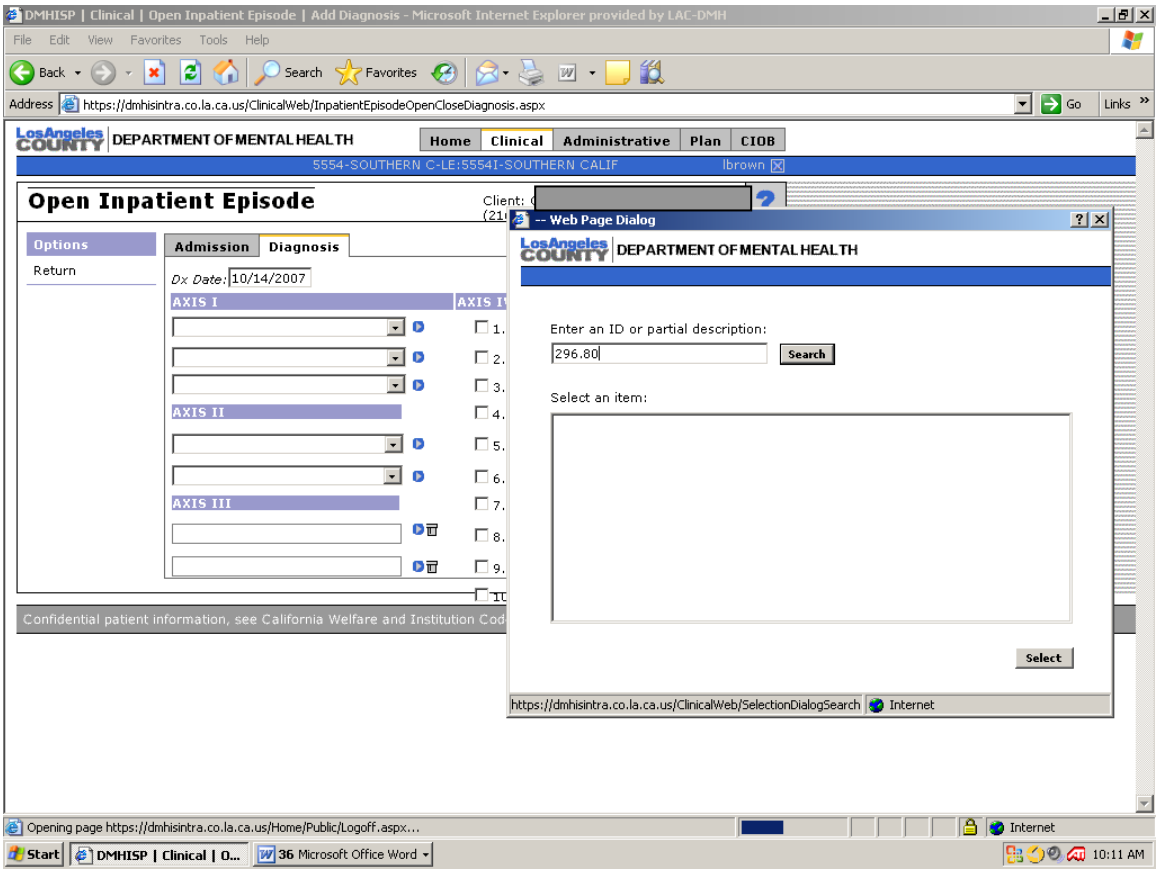
16. **Note**: Information only. If you do not include slashes in a date, an error message will appear.



If any data is entered incorrectly, (wrong date format or wrong data in any other fields) a **RED "X"** will appear and you will not be able to continue until a correction is made.

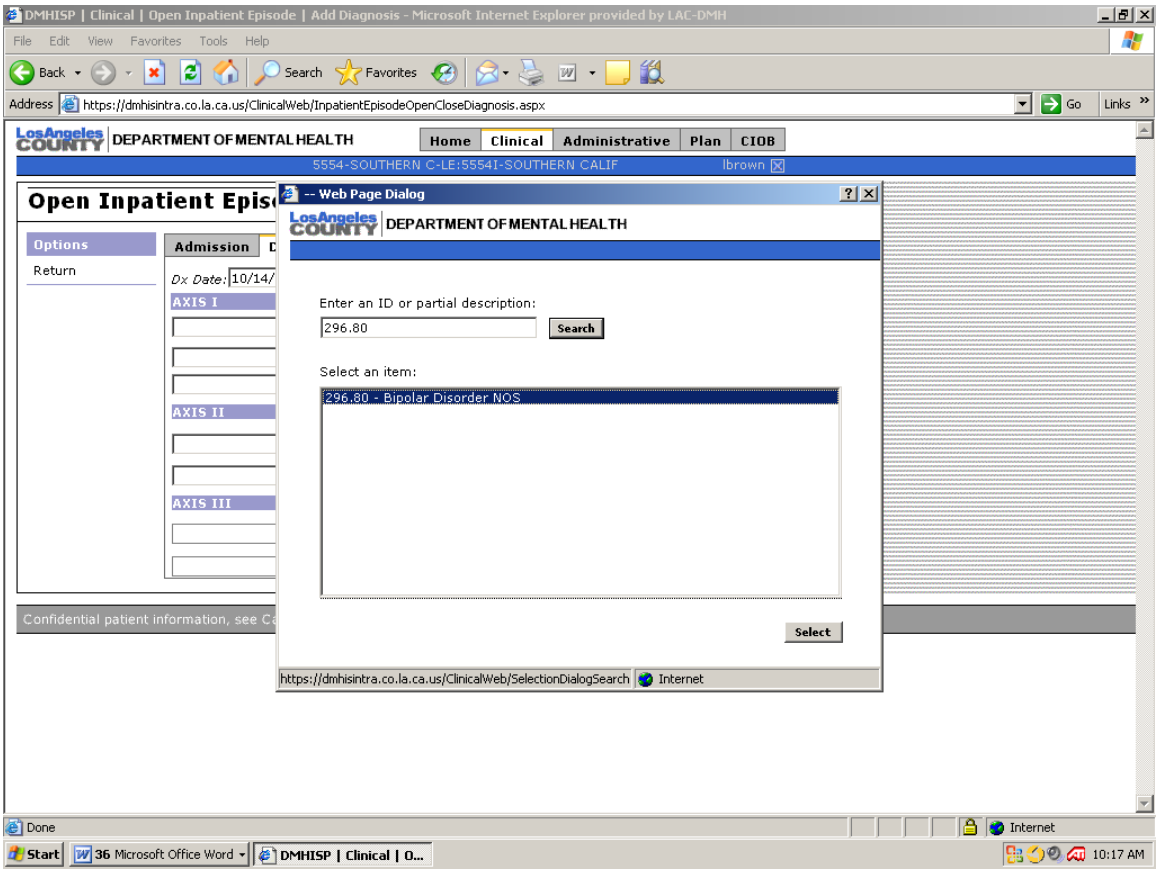


17. **Open Inpatient Episode (AXIS I):** Under **AXIS I**, click on the blue arrow.

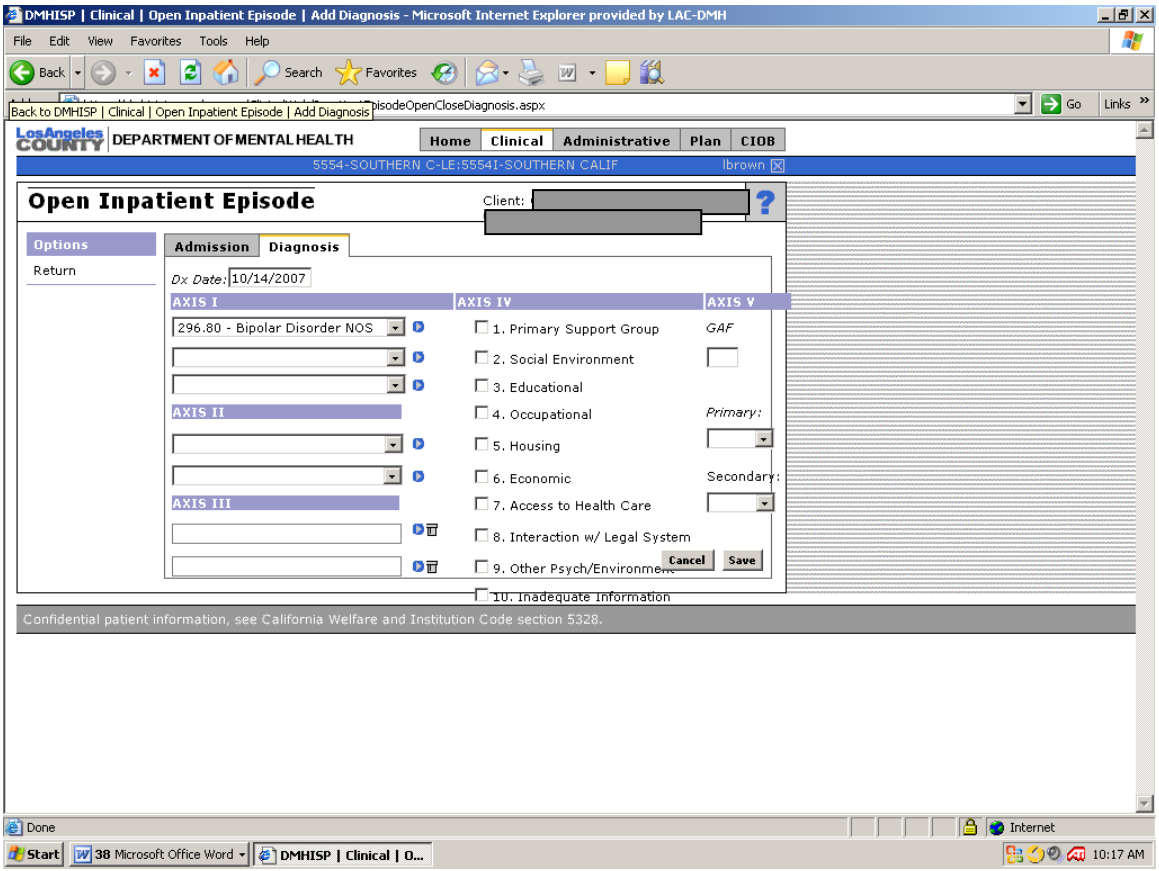


18. **Open Inpatient Episode (AXIS I):** Input the Admitting diagnosis code on TAR Form, box #21.

19. Then hit **SEARCH**.

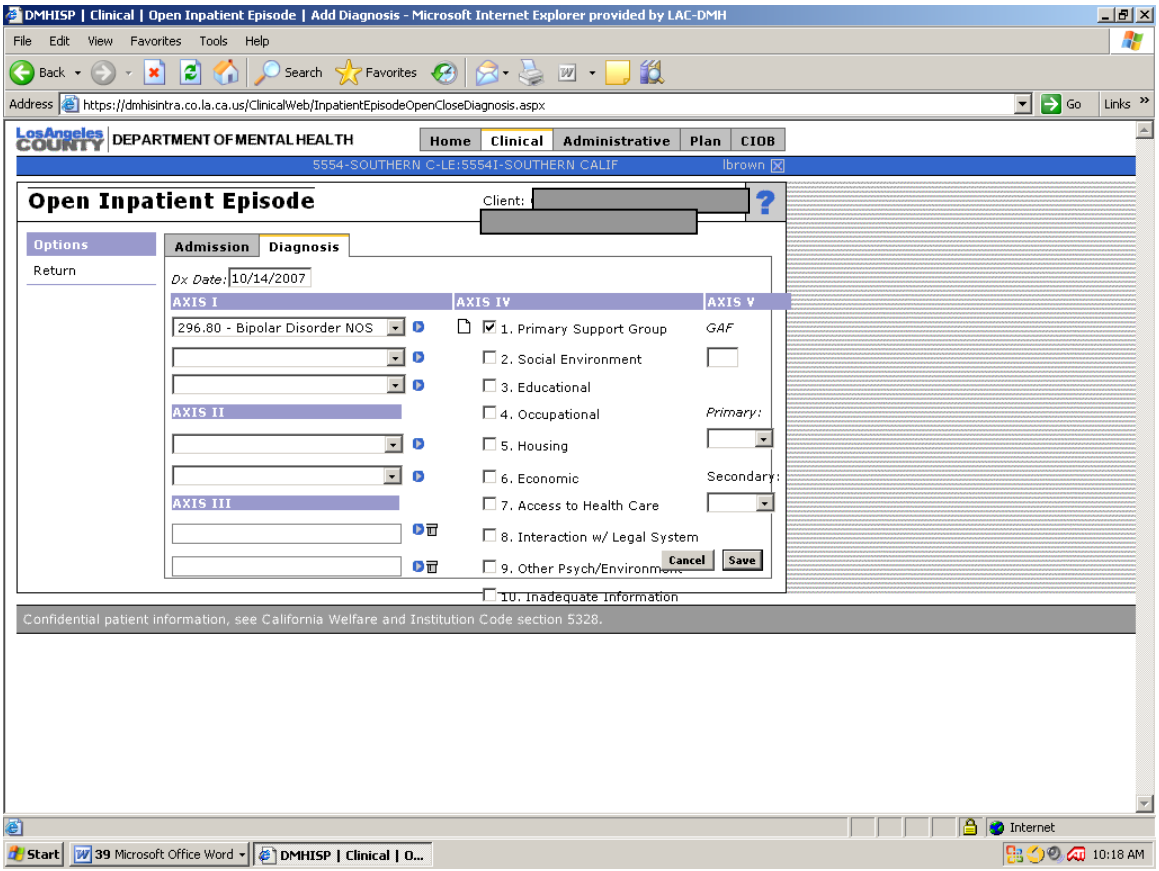


20. **Open Inpatient Episode (AXIS I) Select an item:**
Then highlight and hit **SELECT**.



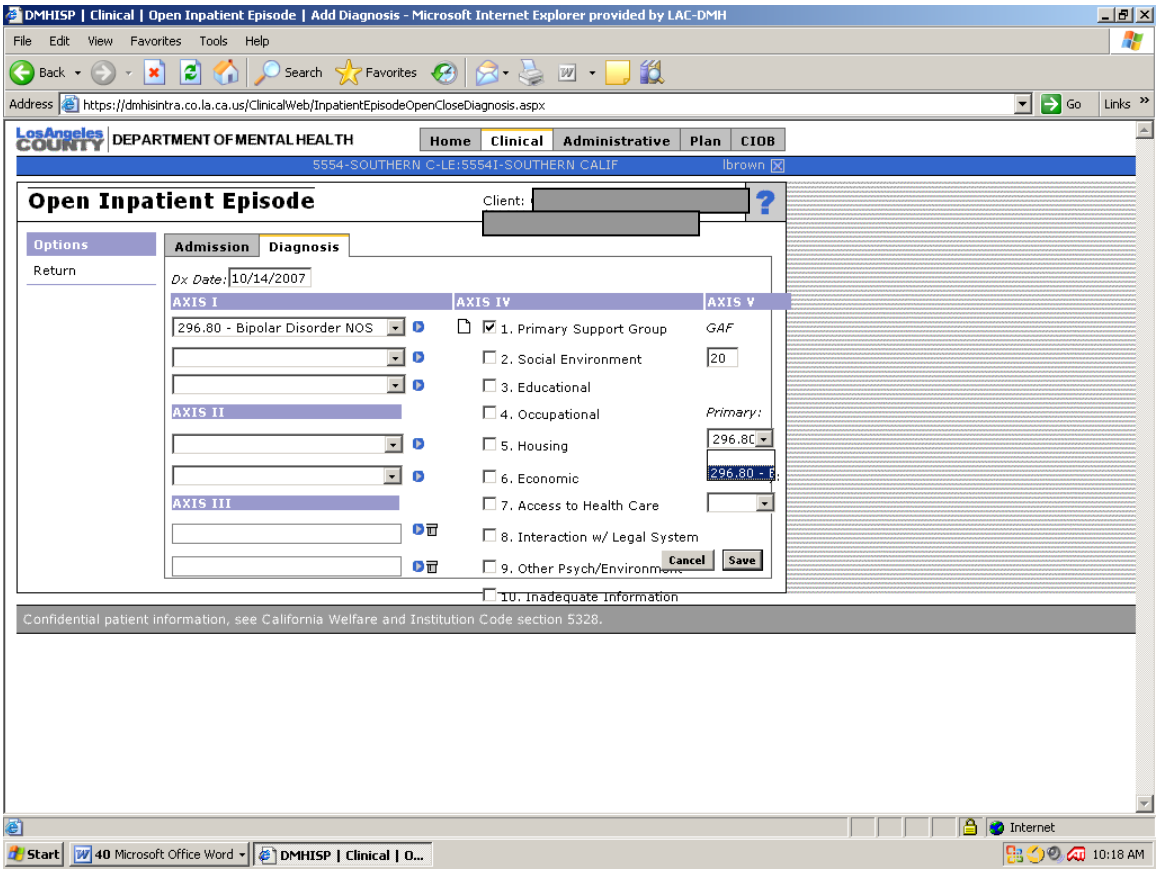
21. **Open Inpatient Episode (AXIS I):** The information is populated into the **AXIS I**.

Fill in other AXIS code if any.



22. **Open Inpatient Episode (AXIS IV):**

AXIS IV, Click on **1** or any other numbers that applies.



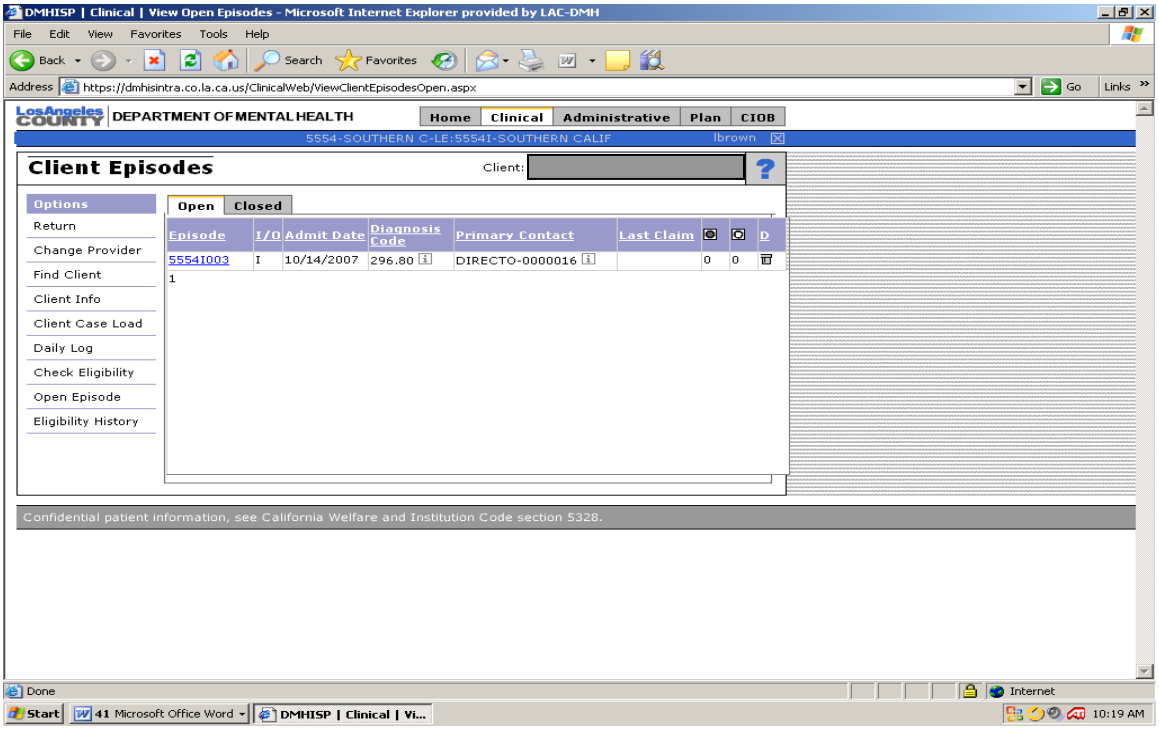
23. Open Inpatient Episode (AXIS V) GAF:

Input *GAF* (which is found in the chart). If not available on the chart use the standard *GAF*, which is 20.

24. Open Inpatient Episode (AXIS V) Primary:

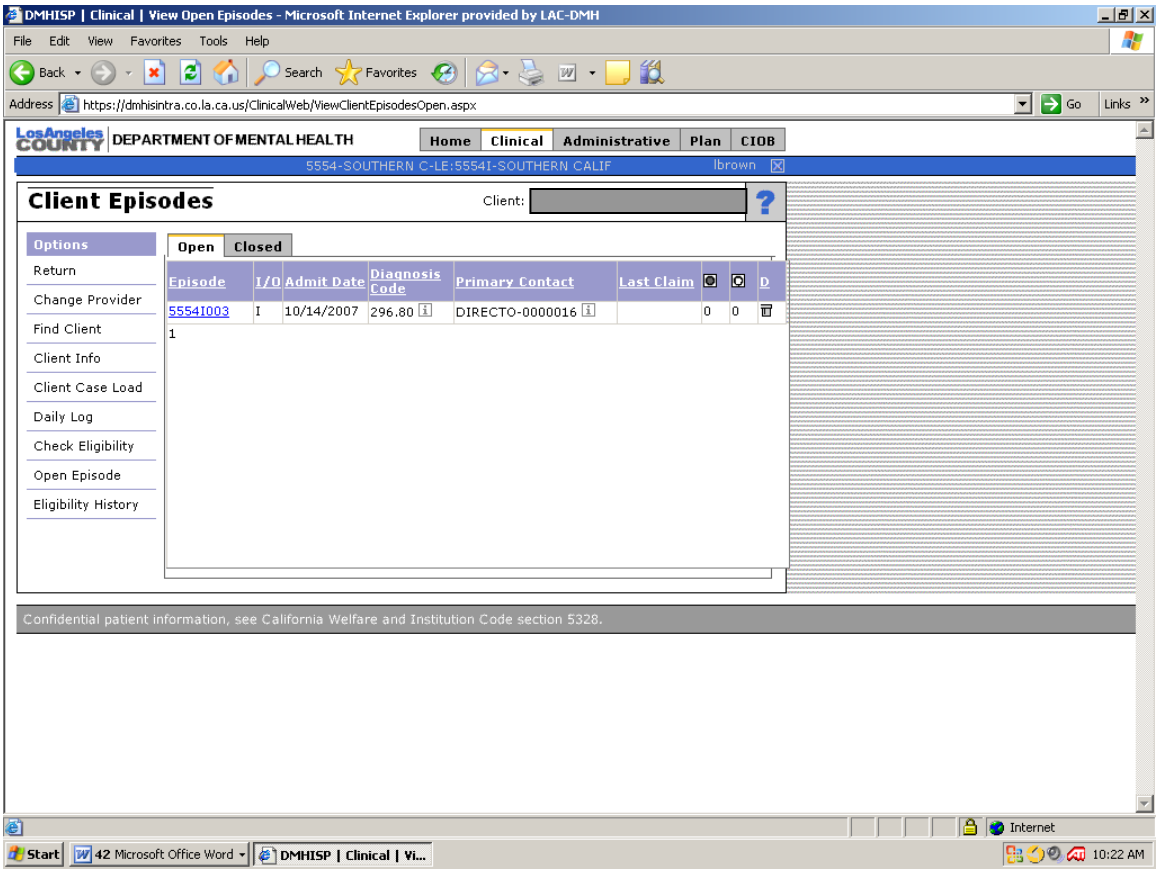
Under *PRIMARY*: Click down arrow and select the diagnosis code.

Hit **SAVE**.

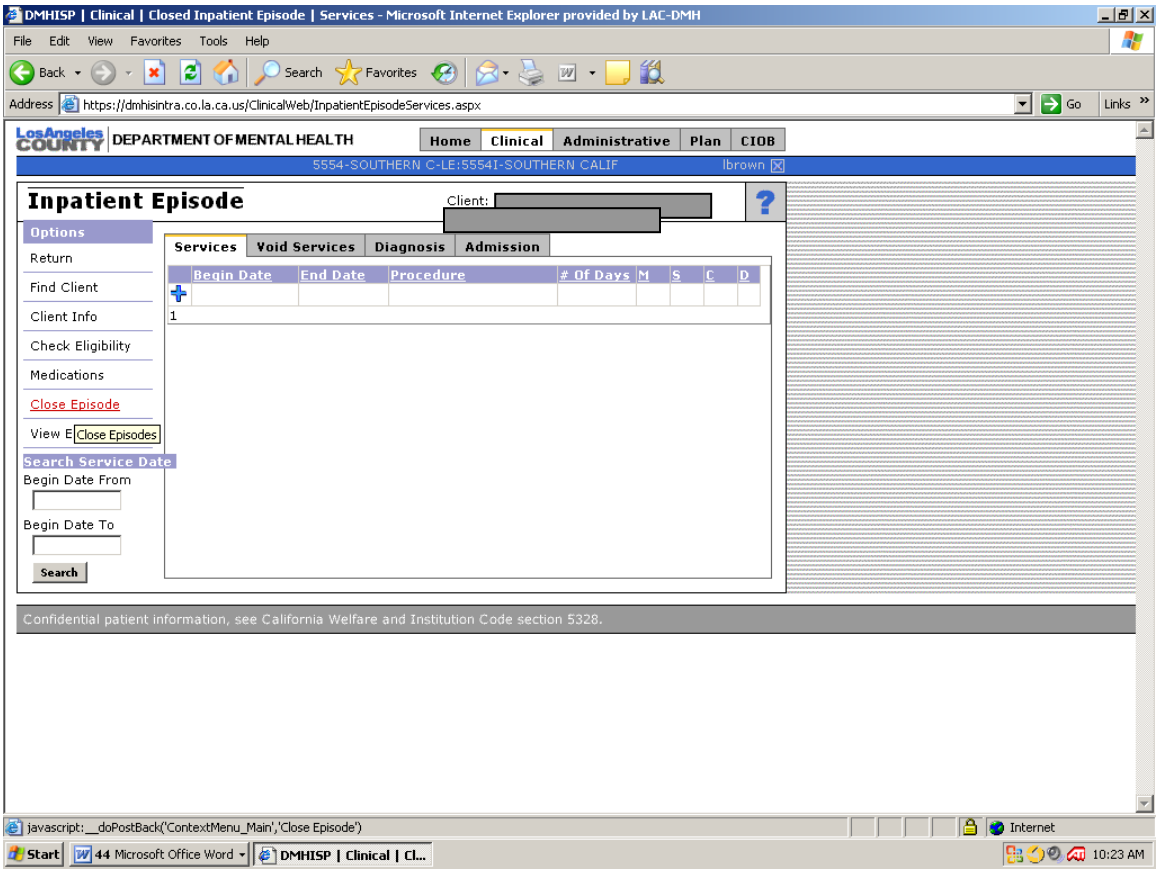


25. **Client Episode:**

At this point check the ADMIT DATE against the TAR Form to ensure accuracy. If the ADMIT DATE is incorrect, hit the TRASH CAN to delete and create an episode.

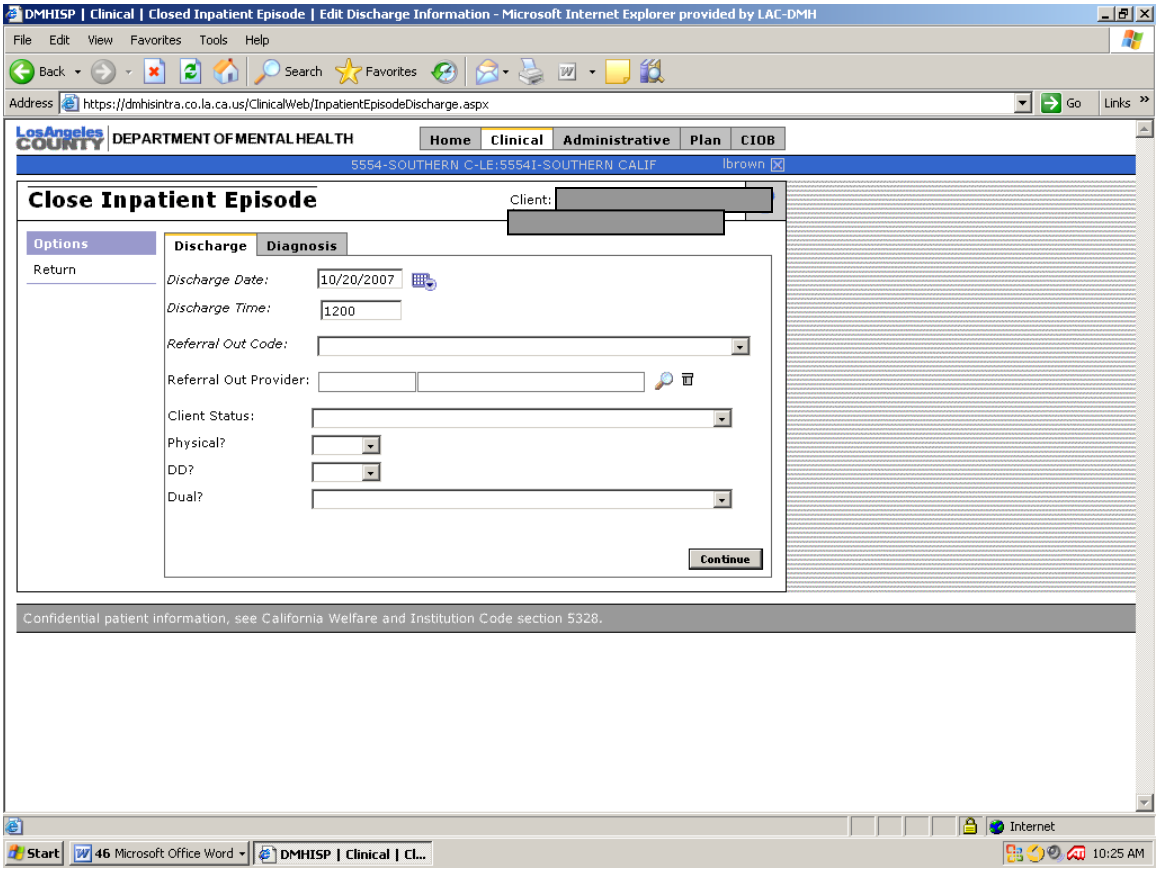


26. **Client Episode:** Highlight on the episode admit ID # and click EPISODE.



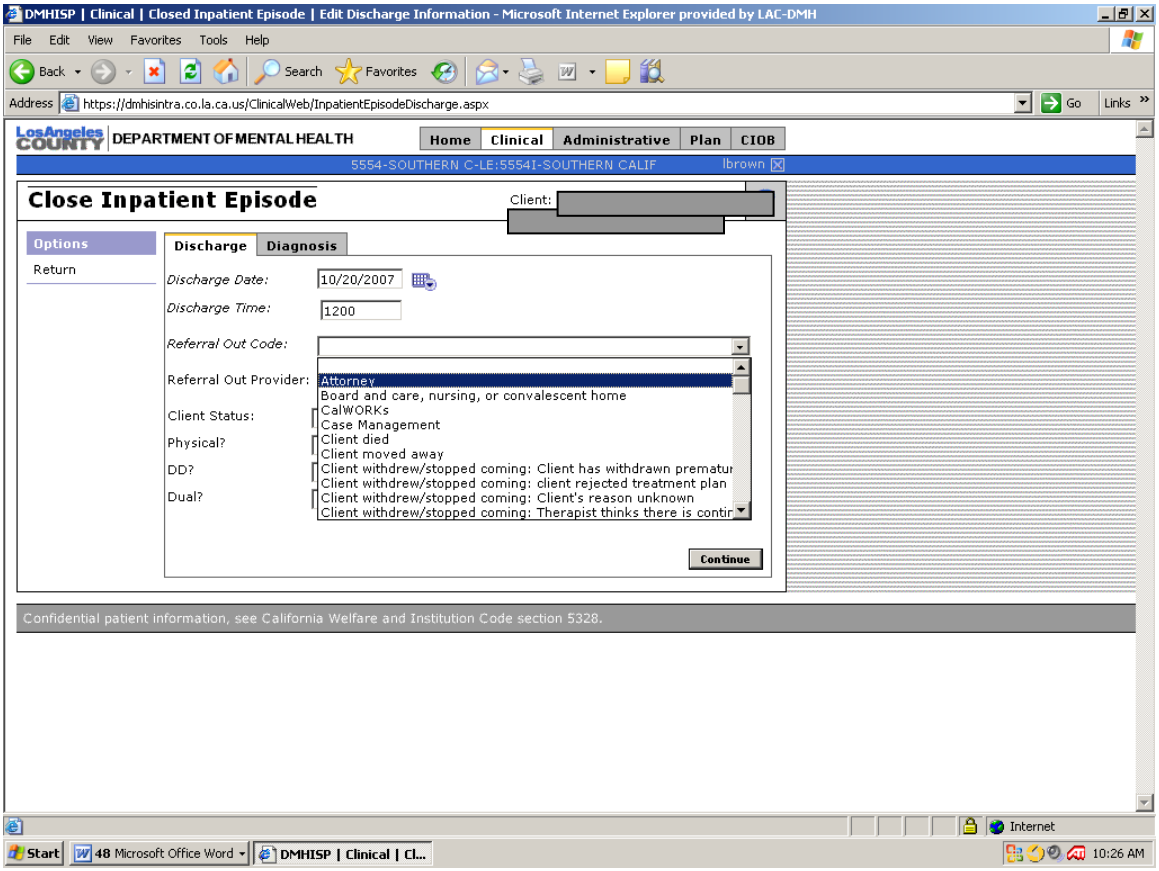
27. Inpatient Episode (Options):

Highlight and click on closed episode.



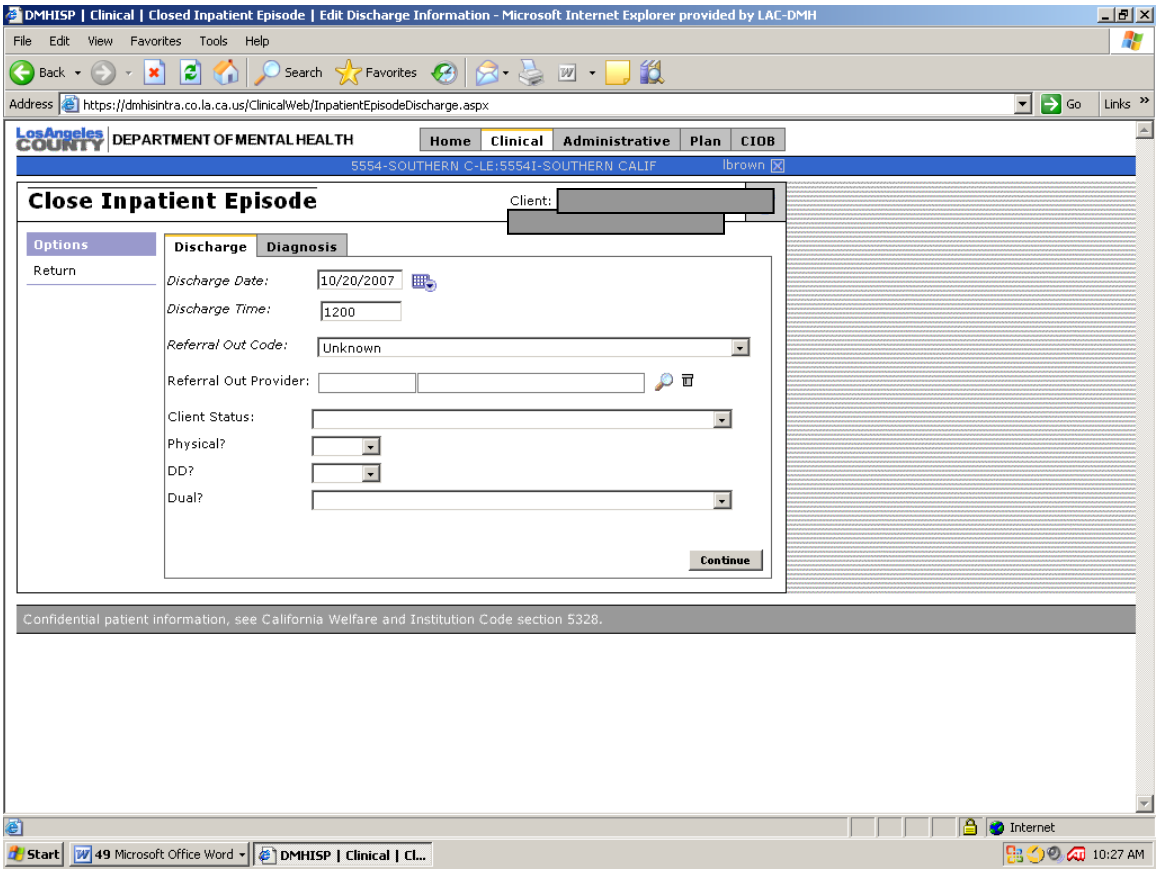
28. Close Inpatient Episode: Enter the discharge date found on the Close Episode Form or on TAR (Box #. 20).

29. Close Inpatient Episode: Enter the discharge time on the Close Episode Form or find it in the chart.

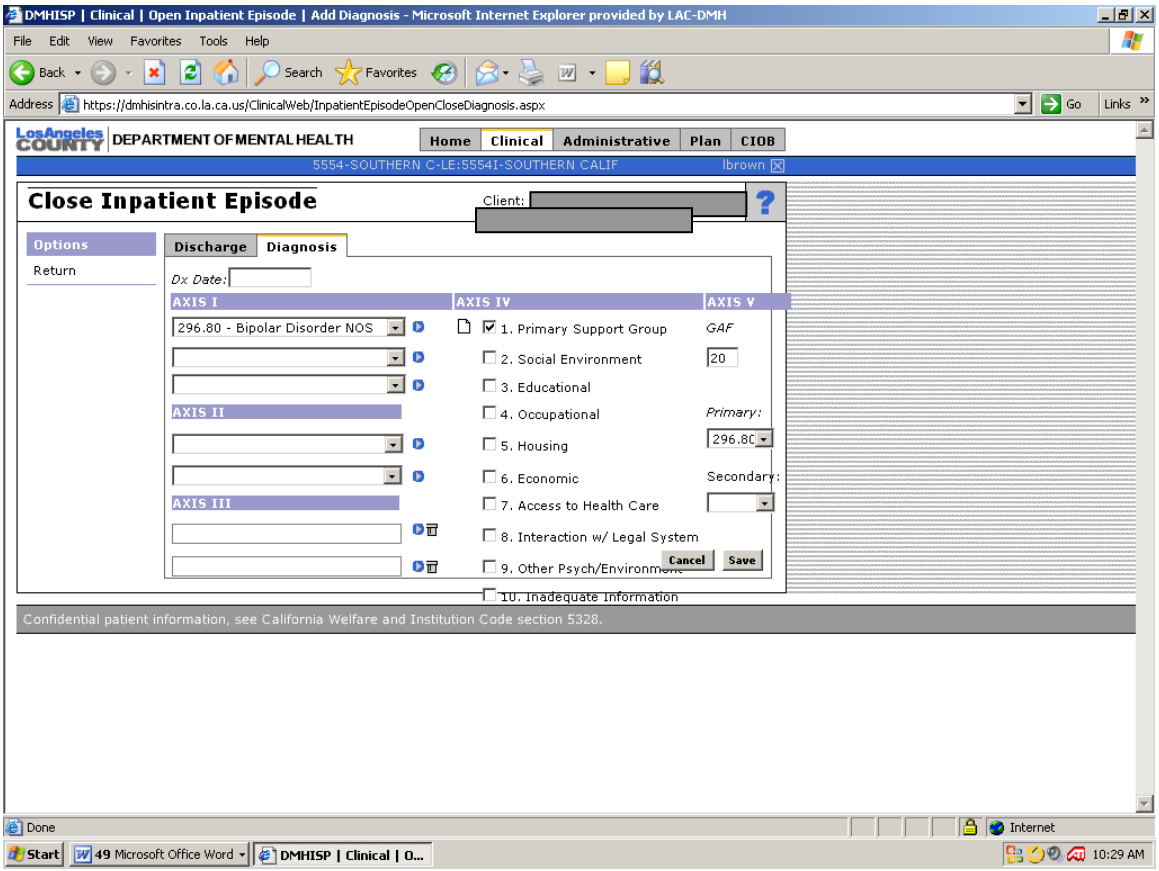


30. **Close Inpatient Episode:**

Referral Out Code is obtained from the Close Episode Form or from the chart (look for the discharge plan to determine the Referreal Out Code).

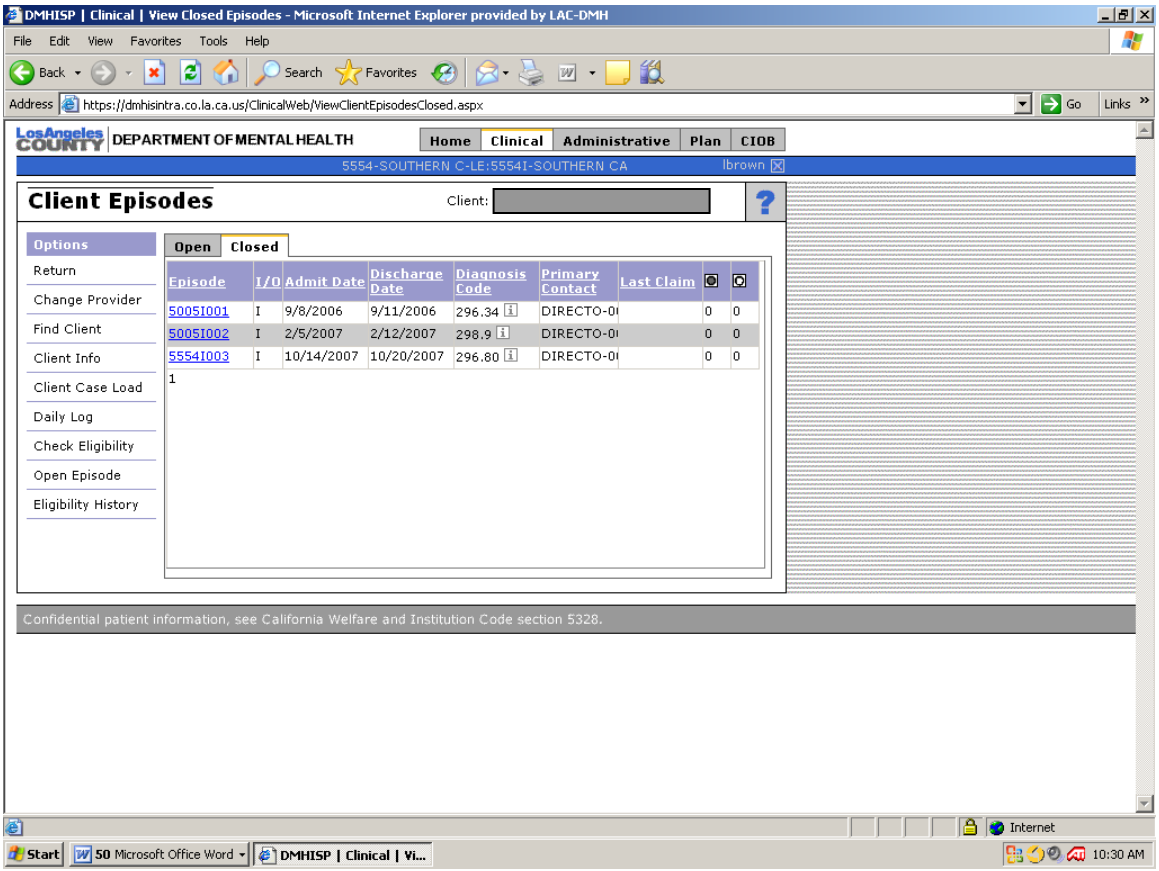


31. **Close Inpatient Episode:** Only fill in the fields that are in *italic* ….double check the discharge date for accuracy.
Then hit **CONTINUE**.



32. **Close Inpatient Episode:**

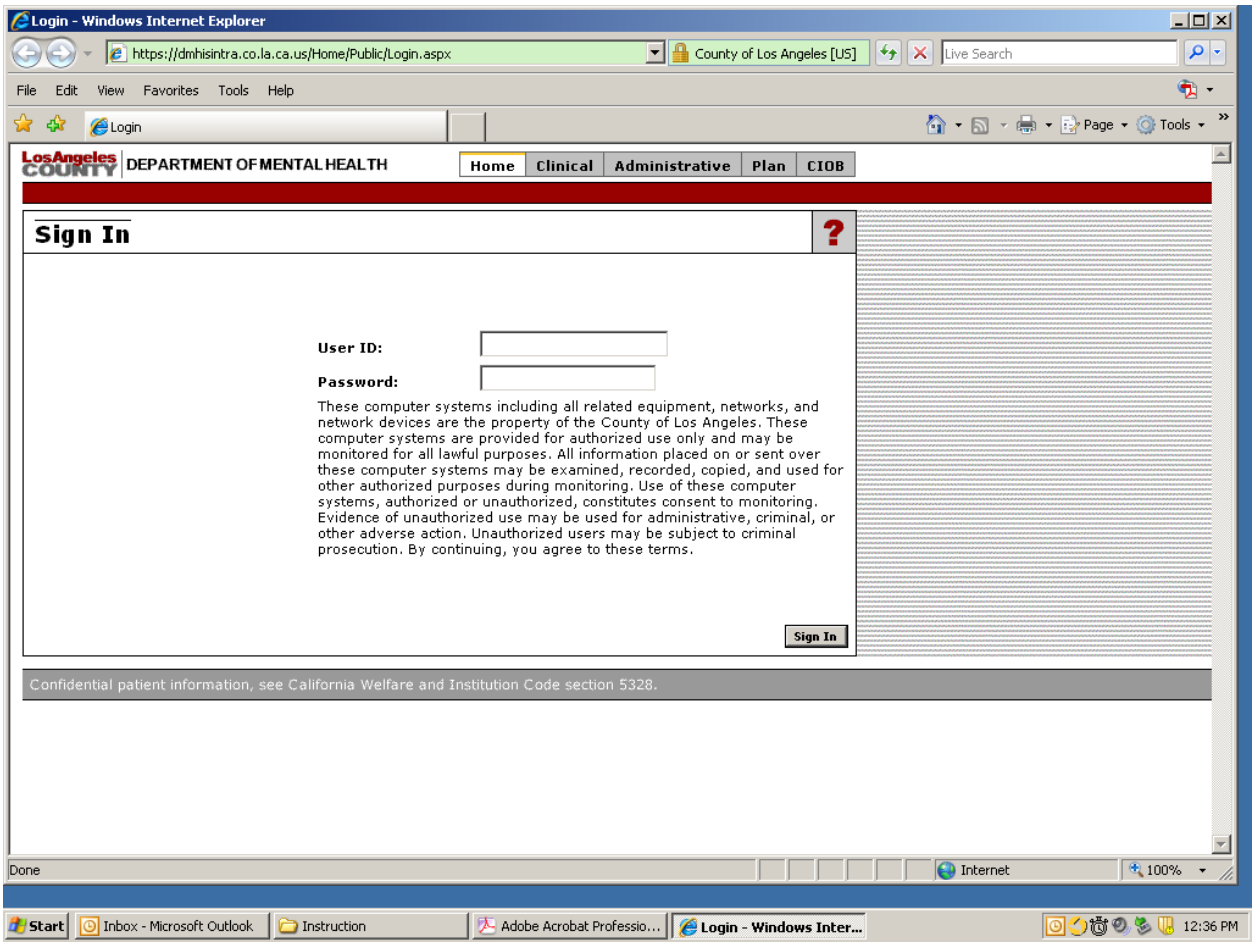
The program will prompt back to the previous screen which is the Close Inpatient Episode Screen to re-enter again the discharge date. Then hit **SAVE**.



33. **Client Episodes (Closed):** To check if the episode is entered in IS. Hit ***CLOSED*** at the top of the screen. If it is entered in IS, it will appear. Click on *ADMIT DATE* column to sort the newest episode.

To continue creating another episode, click on Find Client.

How to Add a New Client


Login - Windows Internet Explorer
https://dmhisintra.co.la.ca.us/Home/Public/Login.aspx
County of Los Angeles [US]
Live Search
File Edit View Favorites Tools Help
Login
Page Tools
LosAngeles COUNTY
DEPARTMENT OF MENTAL HEALTH
Home
Clinical
Administrative
Plan
CIOB
Sign In
User ID:
Password:
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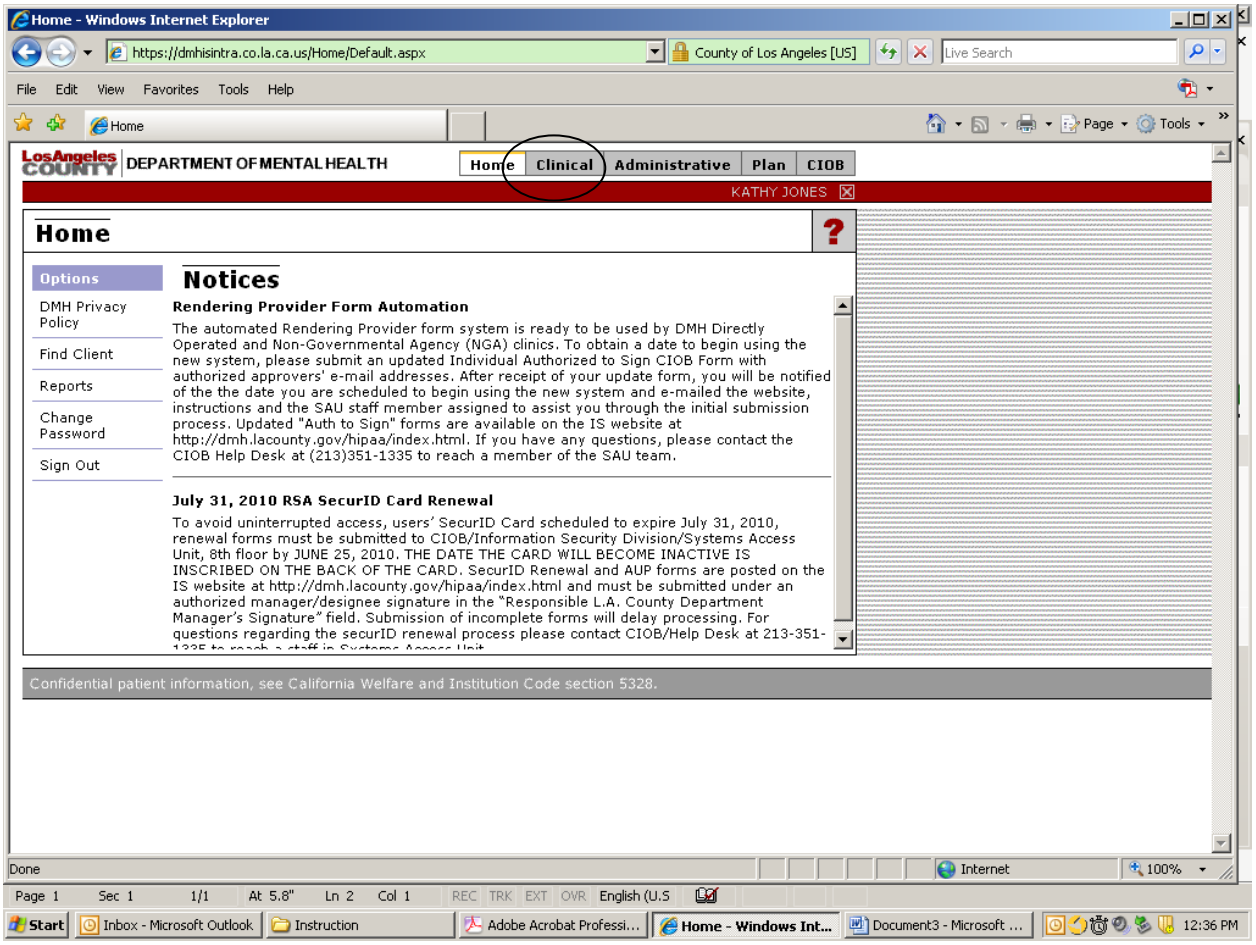
Sign In
Confidential patient information, see California Welfare and Institution Code section 5328.
Done
Internet
100%
Start
Inbox - Microsoft Outlook
Instruction
Adobe Acrobat Professio...
Login - Windows Inter...
12:36 PM


Home - Windows Internet Explorer
https://dmhisintra.co.la.ca.us/Home/Default.aspx
County of Los Angeles [US]
Live Search
File Edit View Favorites Tools Help
Home
Page Tools
LosAngeles COUNTY DEPARTMENT OF MENTAL HEALTH
Home Clinical Administrative Plan CIOB
KATHY JONES
Home
Options
DMH Privacy Policy
Find Client
Reports
Change Password
Sign Out
Notices
Rendering Provider Form Automation
The automated Rendering Provider form system is ready to be used by DMH Directly Operated and Non-Governmental Agency (NGA) clinics. To obtain a date to begin using the new system, please submit an updated Individual Authorized to Sign CIOB Form with authorized approvers' e-mail addresses. After receipt of your update form, you will be notified of the the date you are scheduled to begin using the new system and e-mailed the website, instructions and the SAU staff member assigned to assist you through the initial submission process. Updated "Auth to Sign" forms are available on the IS website at http://dmh.lacounty.gov/hipaa/index.html. If you have any questions, please contact the CIOB Help Desk at (213)351-1335 to reach a member of the SAU team.
July 31, 2010 RSA SecurID Card Renewal
To avoid uninterrupted access, users' SecurID Card scheduled to expire July 31, 2010, renewal forms must be submitted to CIOB/Information Security Division/Systems Access Unit, 8th floor by JUNE 25, 2010. THE DATE THE CARD WILL BECOME INACTIVE IS INSCRIBED ON THE BACK OF THE CARD. SecurID Renewal and AUP forms are posted on the IS website at http://dmh.lacounty.gov/hipaa/index.html and must be submitted under an authorized manager/designee signature in the "Responsible L.A. County Department Manager's Signature" field. Submission of incomplete forms will delay processing. For questions regarding the securID renewal process please contact CIOB/Help Desk at 213-351-
Confidential patient information, see California Welfare and Institution Code section 5328.
Done
Internet
100%
Page 1 Sec 1 1/1 At 5.8" Ln 2 Col 1 REC TRK EXT OVR English (U.S
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Inbox - Microsoft Outlook
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Adobe Acrobat Professi...
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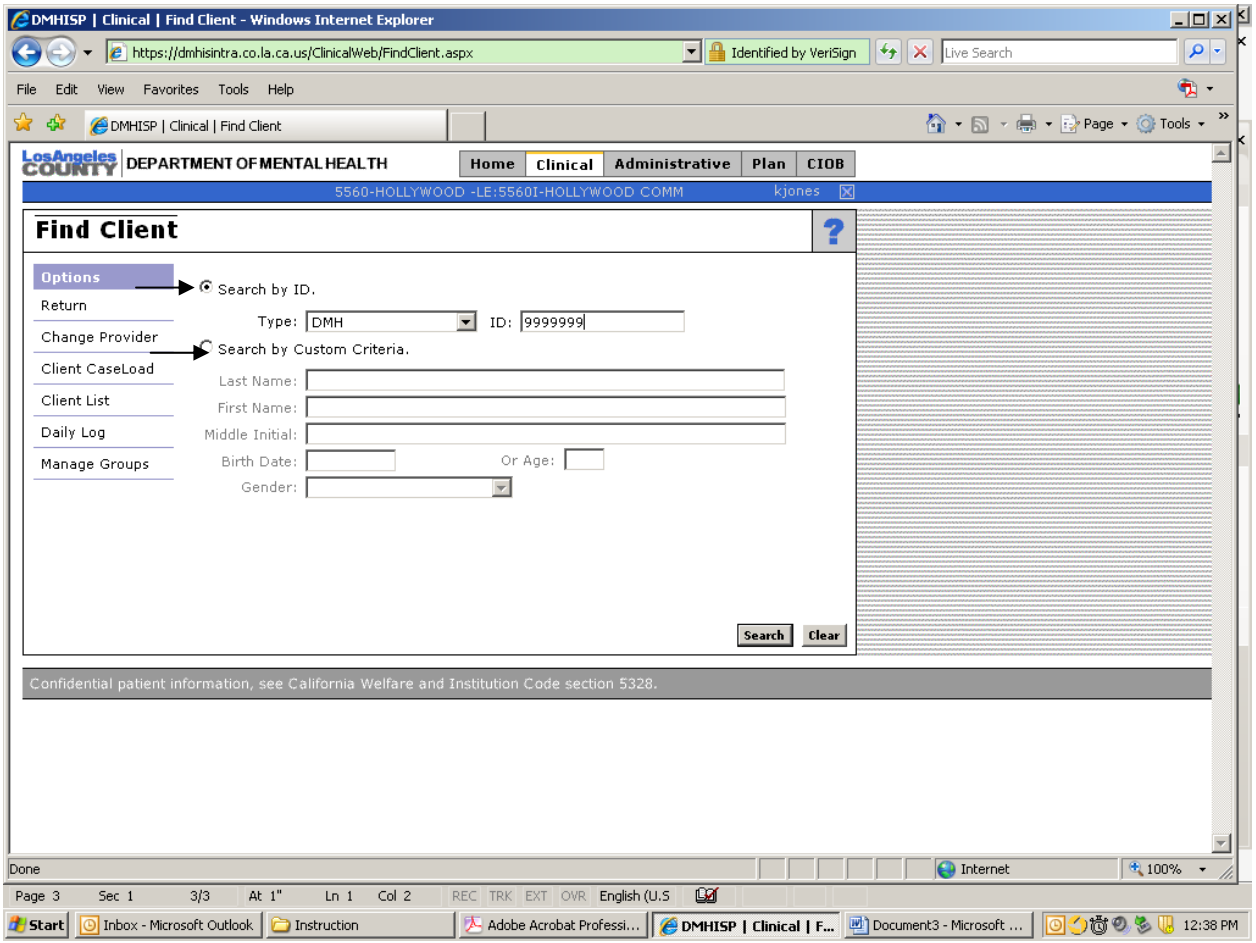
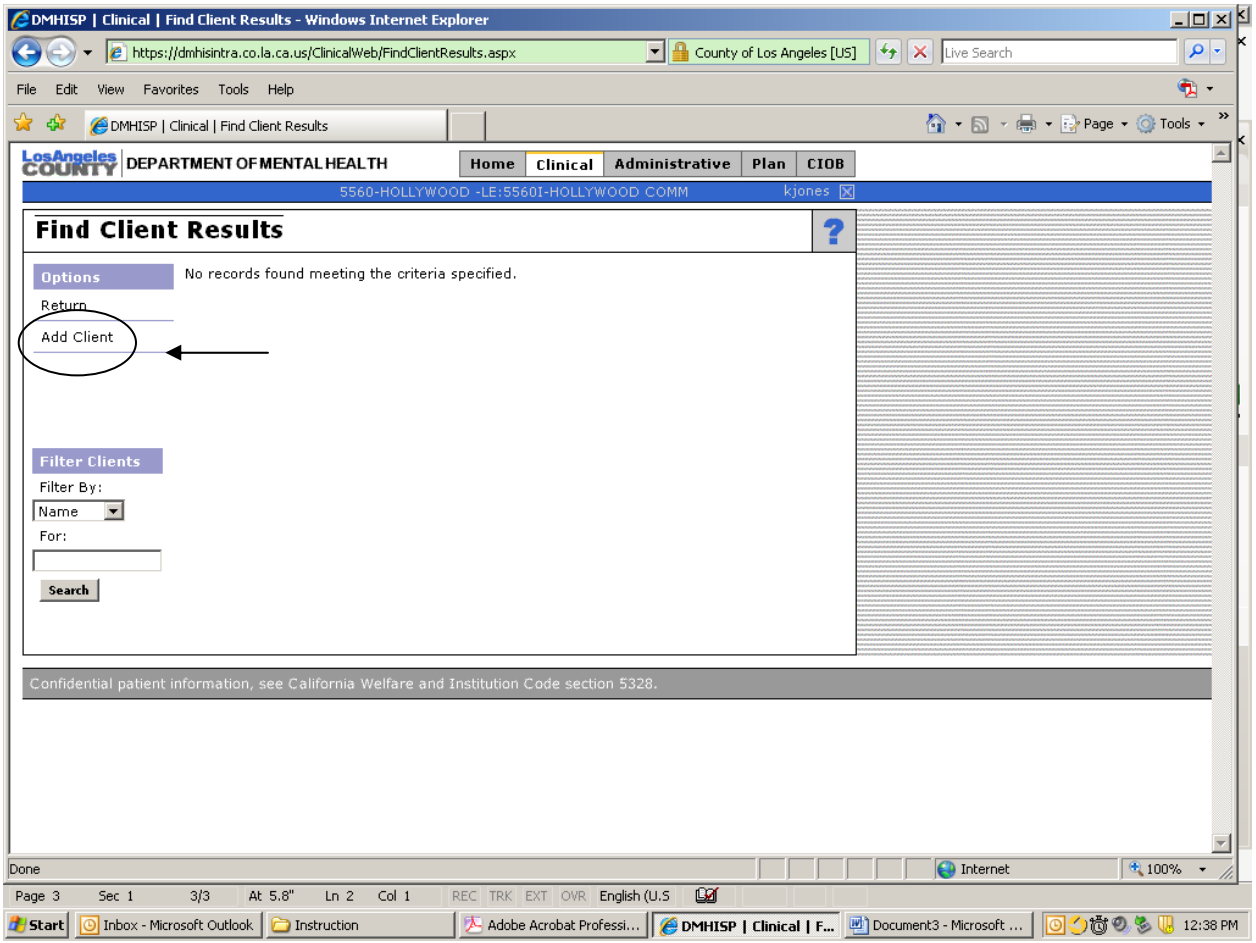


Search by DMH ID, SSN, or Medi-Cal ID. Also, a search can be performed with Custom Criteria. It is recommended that a search is performed in both search areas to ensure the client has not been enrolled previously.



Since client was not found, select "Add Client."

DMHISP | Clinical | Client | Identification - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx

DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

5560-HOLLYWOOD -LE:5560I-HOLLYWOOD COMM kjones

Client Information

Options: Return, Change Provider, Find Client, Daily Log, View Episodes, Check Eligibility, Enroll Client, Eligibility History

Identification | Contacts | Financial | Other | Groups | XRef | MCal Benefits

Name Last: DOE First: JANE Middle: S

AKA Last: First: Middle:

SSN: 999999999 MM Name: LOC:

Gender: DOB: Age

Primary Lang: Pref Lang:

Marital Status: Education:

Ethnicity: APR:

Origin: Tribe:

Employment:

Handicap:

Living Arrngmnt:

Conservatorship: Veteran

Date Of Death: English Speaking:

1-Extreme Risk
2-High Risk/Not En
3-High Risk/Engage
4-Poorly Cop/N
5-Poorly Cop/E
6-Coping/Rehabilit
7-Early Recovery
8-Advance Recove
II-Brief
III-Intensive
I-Stable/Maintenan
IV-Identified ISR
V-Enrolled ISR

Cancel | Continue

Confidential patient information, see California Welfare and Institution Code section 5328.

DMHISP | Clinical | Client | Identification - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx

DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

5560-HOLLYWOOD -LE:5560I-HOLLYWOOD COMM kjones

Client Information

Options: Return, Change Provider, Find Client, Daily Log, View Episodes, Check Eligibility, Enroll Client, Eligibility History

Identification | Contacts | Financial | Other | Groups | XRef | MCal Benefits

Name Last: DOE First: JANE Middle: S

AKA Last: First: Middle:

SSN: 999999999 MM Name: LOC:

Gender: DOB: 01/01/0001 Age: 0

Primary Lang: Pref Lang:

Marital Status: Education:

Ethnicity: APR:

Origin: Tribe:

Employment:

Handicap:

Living Arrngmnt:

Conservatorship: Veteran:

Date Of Death: English Speaking:

Cancel | Continue

Confidential patient information, see California Welfare and Institution Code section 5328.

DMHISP | Clinical | Client | Identification - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx

DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

5560-HOLLYWOOD -LE:5560I-HOLLYWOOD COMM kjones

Client Information

Options: Return, Change Provider, Find Client, Daily Log, View Episodes, Check Eligibility, Enroll Client, Eligibility History

Identification | Contacts | Financial | Other | Groups | XRef | MCal Benefits

Name Last: DOE First: JANE Middle: S

AKA Last: First: Middle:

SSN: 999999999 MM Name: LOC:

Gender: DOB: 01/01/0001 Age: 0

Primary Lang: Pref Lang:

Marital Status: Education:

Ethnicity: APR:

Origin: Tribe:

Employment:

Handicap:

Living Arrngmnt:

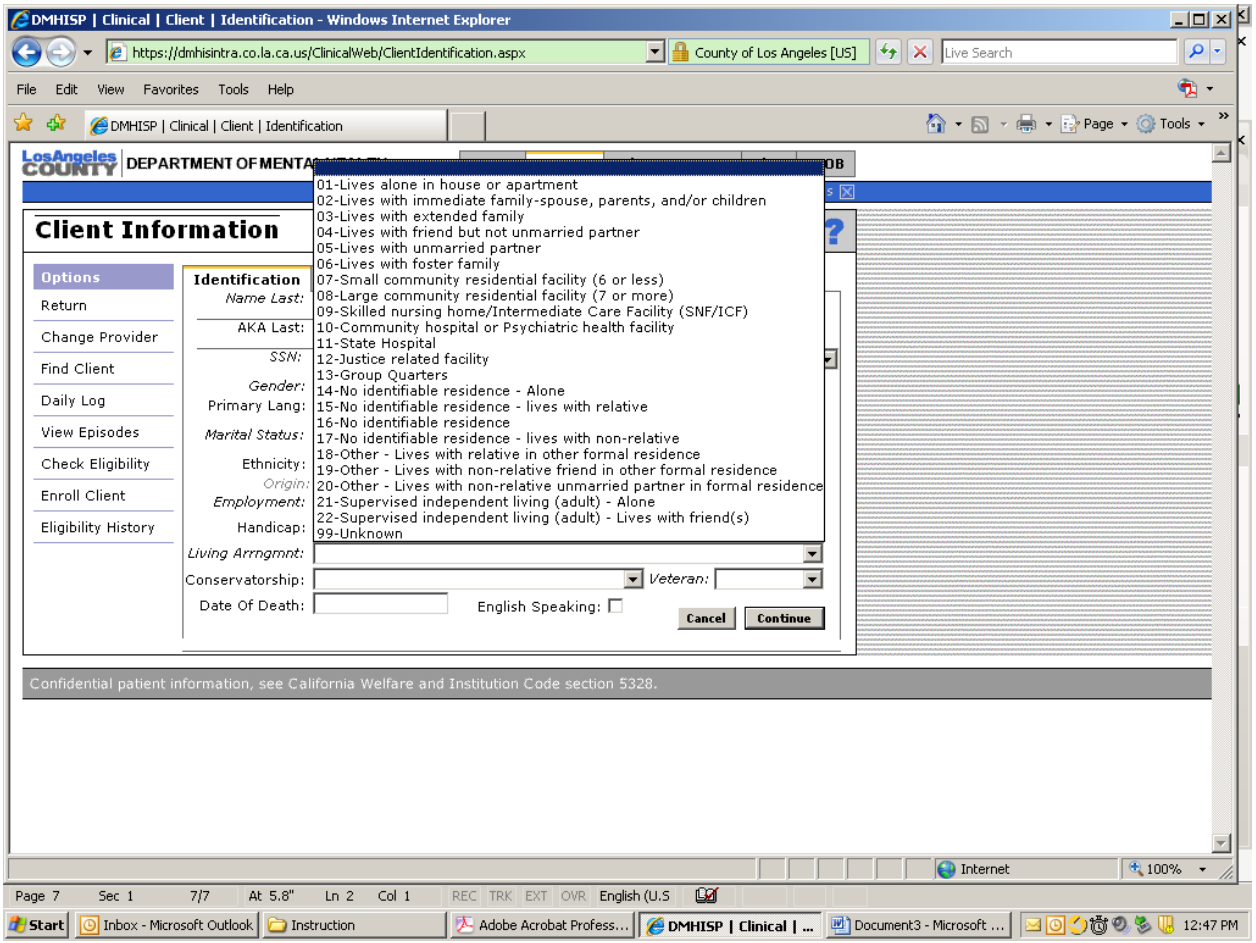
Conservatorship: Veteran:

Date Of Death:

Cancel | Continue

A-Temporary Conservatorship
B-Laterman-Petris-Short
C-Murphy
D-Probate
E-PC 2974
F-Representative Payee Without Conservatorsh
G-Juvenile Court, Department of Court
H-Juvenile Court, Ward - Status Offender
I-Juvenile Court, Ward - Juvenile Offender
J-Not Applicable
U-Unknown/Not Reported

Confidential patient information, see Cal 8.


DMHISP | Clinical | Client | Identification - Windows Internet Explorer
https://dmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx
County of Los Angeles [US]
Live Search
File Edit View Favorites Tools Help
DMHISP | Clinical | Client | Identification
Page Tools
LosAngeles COUNTY DEPARTMENT OF MENTA
Client Information
Options
Return
Change Provider
Find Client
Daily Log
View Episodes
Check Eligibility
Enroll Client
Eligibility History
Identification
Name Last:
AKA Last:
SSN:
Gender:
Primary Lang:
Marital Status:
Ethnicity:
Origin:
Employment:
Handicap:
Living Arrngmnt:
Conservatorship:
Veteran:
Date Of Death:
English Speaking:
Cancel
Continue
01-Lives alone in house or apartment
02-Lives with immediate family-spouse, parents, and/or children
03-Lives with extended family
04-Lives with friend but not unmarried partner
05-Lives with unmarried partner
06-Lives with foster family
07-Small community residential facility (6 or less)
08-Large community residential facility (7 or more)
09-Skilled nursing home/Intermediate Care Facility (SNF/ICF)
10-Community hospital or Psychiatric health facility
11-State Hospital
12-Justice related facility
13-Group Quarters
14-No identifiable residence - Alone
15-No identifiable residence - lives with relative
16-No identifiable residence
17-No identifiable residence - lives with non-relative
18-Other - Lives with relative in other formal residence
19-Other - Lives with non-relative friend in other formal residence
20-Other - Lives with non-relative unmarried partner in formal residence
21-Supervised independent living (adult) - Alone
22-Supervised independent living (adult) - Lives with friend(s)
99-Unknown
Confidential patient information, see California Welfare and Institution Code section 5328.
Internet
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DMHISP | Clinical | Client | Identification - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx

DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

5560-HOLLYWOOD -LE:5560I-HOLLYWOOD COMM kjones

Client Information

Options: Return, Change Provider, Find Client, Daily Log, View Episodes, Check Eligibility, Enroll Client, Eligibility History

Identification | Contacts | Financial | Other | Groups | XRef | MCal Benefits

Name Last: DOE First: JANE Middle: S

AKA Last: First: Middle:

SSN: 999999999 MM Name: LOC:

Gender: DOB: 01/01/0001 Age: 0

Primary Lang: Pref Lang:

Marital Status: Education:

Ethnicity: APR:

Origin: Tribe:

Employment:

Handicap:

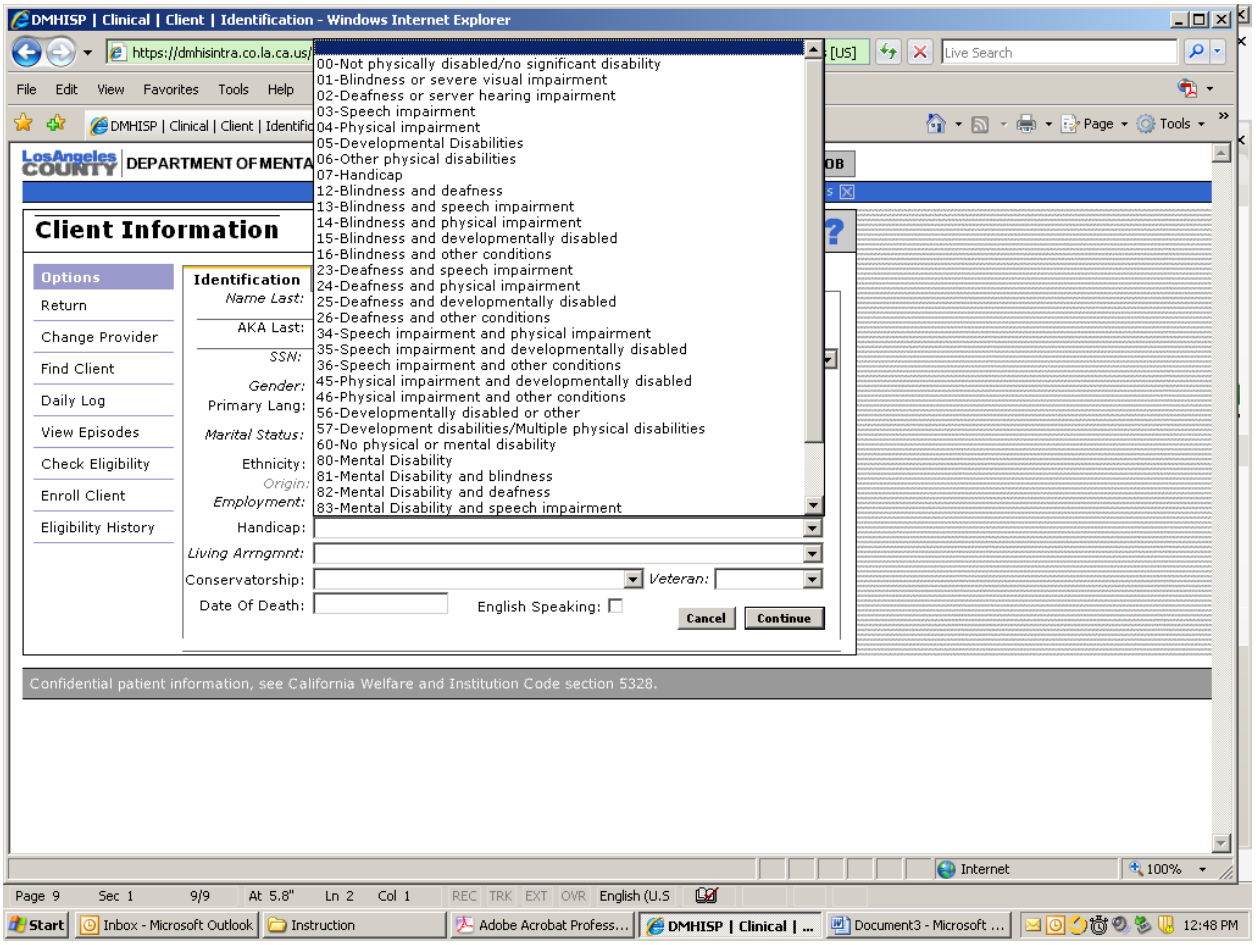
Living Arrngmnt:

Conservatorship:

Date Of Death:

CW-CalWORKS (Welfare to Work)
FC-Full time competitive employment (salaried)
FN-Full-time noncompetitive employment (sheltered workshop)
GW-Grow (General Relief Opportunity For Work
HM-Homemaker
OT-Other
PC-Part-time competitive employment (salaried)
PN-Part-time noncompetitive employment (sheltered workshop)
RT-Retired
ST-Student
UE-Unemployed
UN-Unknown

Confidential patient information, see Cal


DMHISP | Clinical | Client | Identification - Windows Internet Explorer
Client Information
Options
Return
Change Provider
Find Client
Daily Log
View Episodes
Check Eligibility
Enroll Client
Eligibility History
Identification
Name Last:
AKA Last:
SSN:
Gender:
Primary Lang:
Marital Status:
Ethnicity:
Origin:
Employment:
Handicap:
Living Arrngmnt:
Conservatorship:
Veteran:
Date Of Death:
English Speaking:
Cancel
Continue
00-Not physically disabled/no significant disability
01-Blindness or severe visual impairment
02-Deafness or server hearing impairment
03-Speech impairment
04-Physical impairment
05-Developmental Disabilities
06-Other physical disabilities
07-Handicap
12-Blindness and deafness
13-Blindness and speech impairment
14-Blindness and physical impairment
15-Blindness and developmentally disabled
16-Blindness and other conditions
23-Deafness and speech impairment
24-Deafness and physical impairment
25-Deafness and developmentally disabled
26-Deafness and other conditions
34-Speech impairment and physical impairment
35-Speech impairment and developmentally disabled
36-Speech impairment and other conditions
45-Physical impairment and developmentally disabled
46-Physical impairment and other conditions
56-Developmentally disabled or other
57-Development disabilities/Multiple physical disabilities
60-No physical or mental disability
80-Mental Disability
81-Mental Disability and blindness
82-Mental Disability and deafness
83-Mental Disability and speech impairment
Confidential patient information, see California Welfare and Institution Code section 5328.

DMHISP | Clinical | Client | Identification - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx

DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

5560-HOLLYWOOD -LE:5560I-HOLLYWOOD COMM kjones

Client Information

Options: Return, Change Provider, Find Client, Daily Log, View Episodes, Check Eligibility, Enroll Client, Eligibility History

Identification | Contacts | Financial | Other | Groups | XRef | MCal Benefits

Name Last: DOE First: JANE Middle: S

AKA Last: First: Middle:

SSN: 999999999 MM Name: LOC:

Gender: DOB: 01/01/0001 Age: 0

Primary Lang: 01-English Pref Lang: 03-Mandarin

Marital Status: 02-Married Education: 12-Twelfth Grade

Ethnicity: 05-Chinese APR:

Origin: Tribe:

Employment:

Handicap:

Living Arrngmnt:

Conservatorship:

Date Of Death: English Speaking:

Dept. of Children's Srvs: Fam. P
Dept. of Children's Srvs: SEP
Dept. of Probation: Ward
Dept.of Probation: Ward and Sch
None
School District: SED on IEP
School District: SEP

Cancel | Continue

Confidential patient information, see California Welfare and Institution Code section 5328.

DMHISP | Clinical | Client | Identification - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx

DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

5560-HOLLYWOOD -LE:5560I-HOLLYWOOD COMM kjones

Client Information

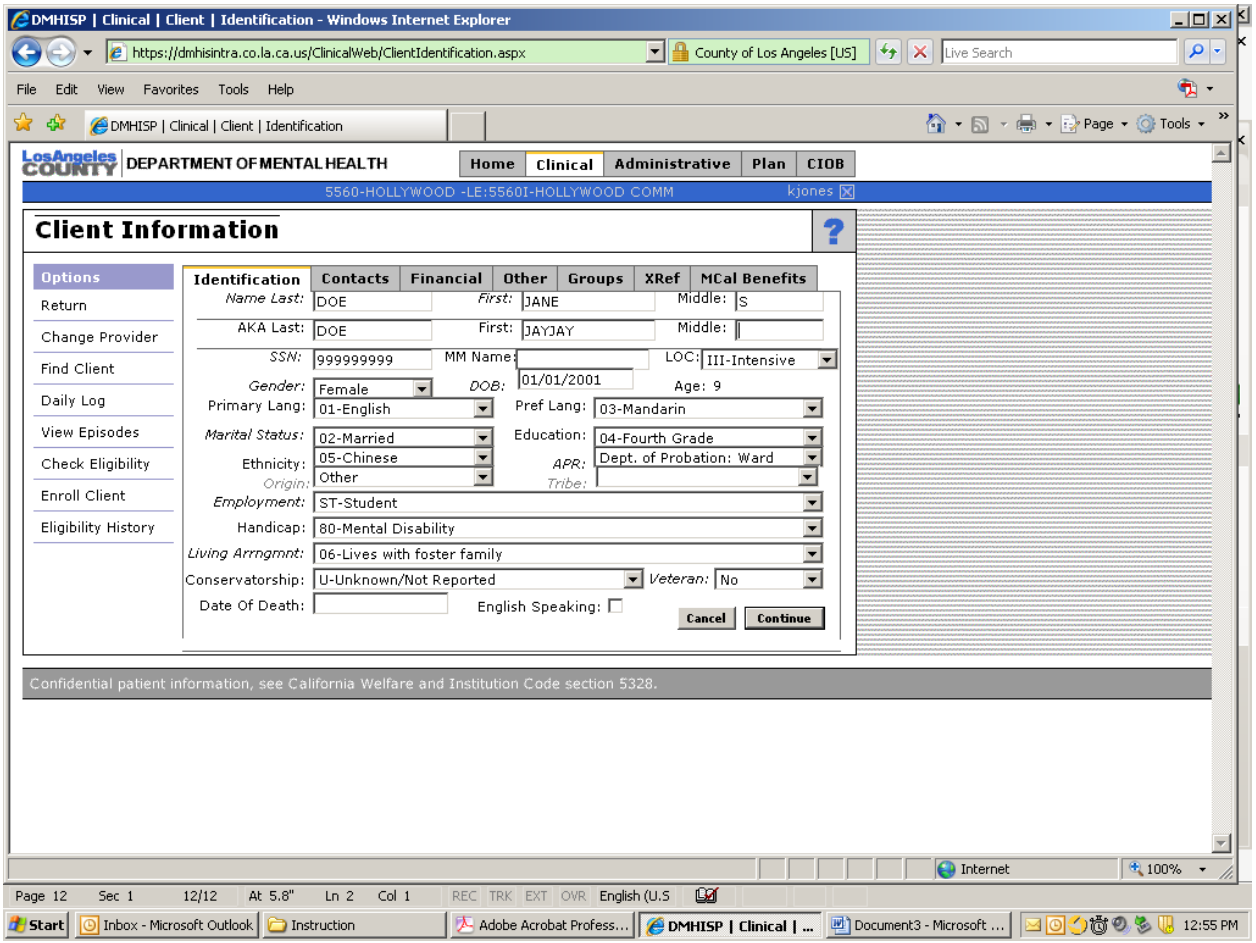
Options: Return, Change Provider, Find Client, Daily Log, View Episodes, Check Eligibility, Enroll Client, Eligibility History

Identification | Contacts | Financial | Other | Groups | XRef | MCal Benefits

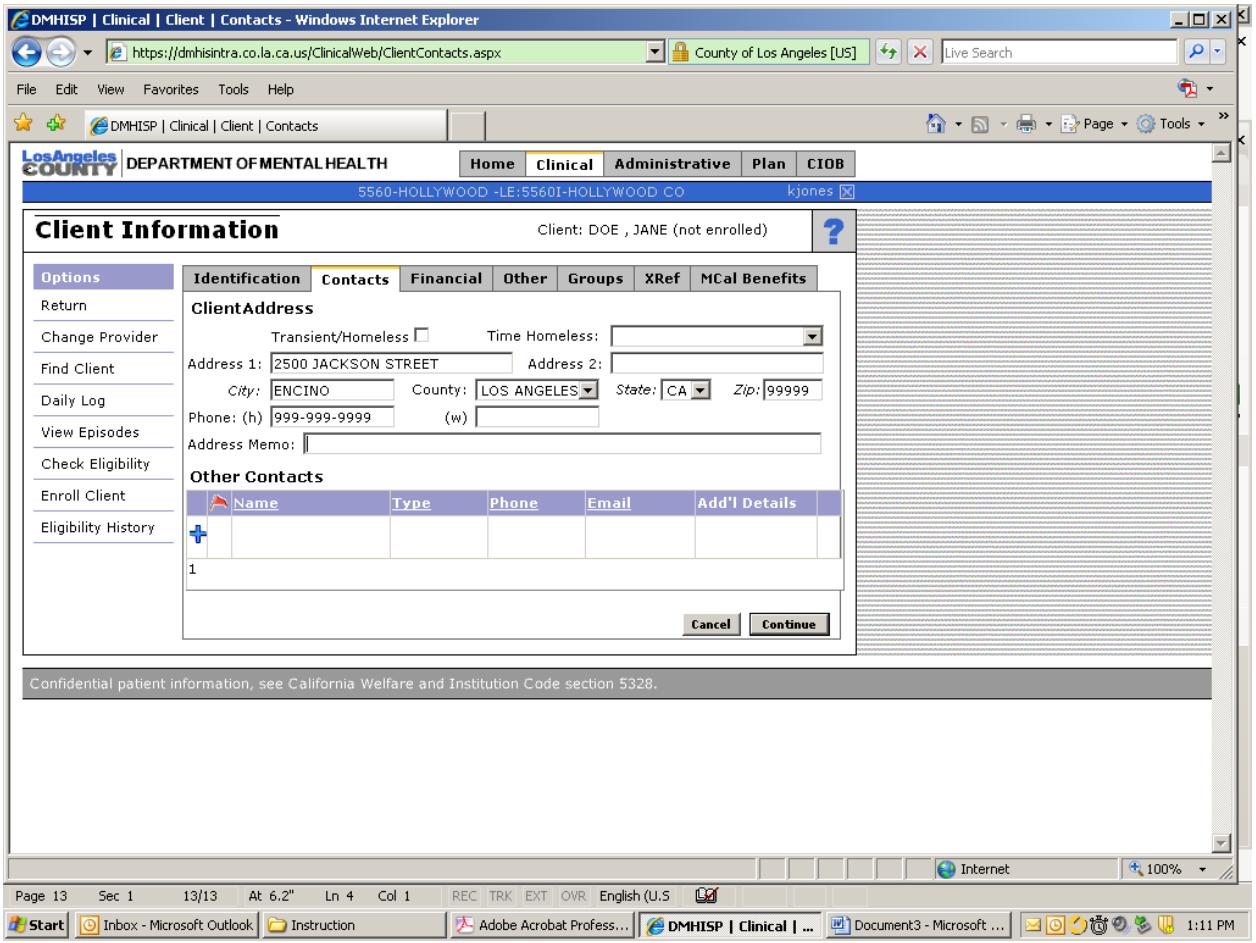
Name Last: DOE First: JANE Middle: S
AKA Last: First: Middle:
SSN: 999999999 MM Name: LOC: III-Intensive
Gender: DOB: 01/01/2001 Age: 9
Primary Lang: 01-English Pref Lang: 03-Mandarin
Marital Status: 02-Married Education: 04-Fourth Grade
Ethnicity: 05-Chinese APR: Dept. of Probation: Ward
Origin: Other Tribe:
Employment: ST-Student
Handicap: 80-Mental Disability
Living Arrngmnt: 06-Lives with foster family
Conservatorship: U-Unknown/Not Reported Veteran: No
Date Of Death: English Speaking: ☐

Cancel | Continue

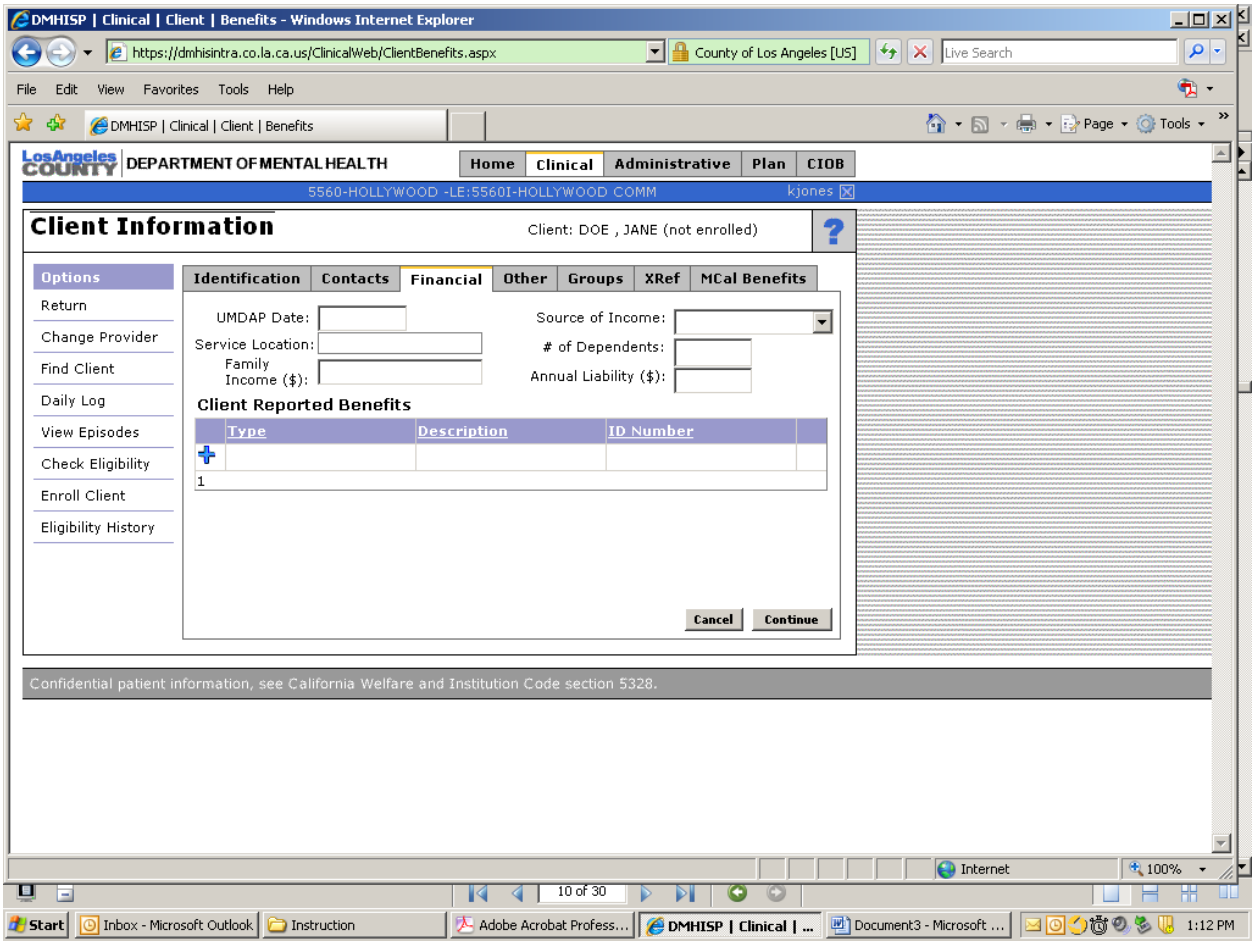
Confidential patient information, see California Welfare and Institution Code section 5328.



Enter as much confirmed client information as possible. Select the respective drop-down buttons identified above and select the appropriate choice.



Select the "+" sign if there are other contacts and add the requested data.



Provider is expected to complete as much of the information requested above as they have available.

DMHISP | Clinical | Client | Other - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/ClinicalWeb/ClientOther.aspx

DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

5560-HOLLYWOOD -LE:5560I-HOLLYWOOD C kjones

Client Information Client: DOE , JANE (not enrolled)

Options: Return, Change Provider, Find Client, Daily Log, View Episodes, Check Eligibility, Enroll Client, Eligibility History

Identification | Contacts | Financial | Other | Groups | XRef | MCal Benefits

SFPR
Provider
Special Program

Birth Information
Last Name: DOE First: JANE Middle: S
County: LOS ANGELES State: CA Country: United States
Mother's First Name:

Like Clients

Client ID	Client Name	DOB	SSN
1			

Save Cancel

Confidential patient information, see California Welfare and Institution Code section 5328.

DMHISP | Clinical | Client | Identification - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx

DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

5560-HOLLYWOOD -LE:5560I-HOLLYWOOD COMM kjones

Client Information Client: DOE , JANE (not enrolled)

Options: Return, Change Provider, Find Client, Daily Log, View Episodes, Check Eligibility, Enroll Client, Eligibility History

Identification | Contacts | Financial | Other | Groups | XRef | MCal Benefits

Name Last: DOE First: JANE Middle: S
AKA Last: DOE First: JAYJAY Middle:
SSN: 999999999 MM Name: LOC: III-Intensive
Gender: Female DOB: 01/01/2001 Age: 9
Primary Lang: 01-English Pref Lang: 03-Mandarin
Marital Status: 02-Married Education: 04-Fourth Grade
Ethnicity: 05-Chinese APR: Dept. of Probation: Ward
Origin: Tribe:
Employment: ST-Student
Handicap: 80-Mental Disability
Living Arrngmnt: 06-Lives with foster family
Conservatorship: U-Unknown/Not Reported Veteran: No
Date Of Death: English Speaking: ☐
Cancel | Continue

Confidential patient information, see California Welfare and Institution Code section 5328.

DMHISP | Clinical | Client | Identification - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx

LosAngeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

5560-HOLLYWOOD -LE:5560I-HOLLYWOOD COMM kjones

Client Information Client: DOE , JANE (not enrolled)

Options: Return, Change Provider, Find Client, Daily Log, View Episodes, Check Eligibility, Enroll Client, Eligibility History

Identification | Contacts | Financial | Other | Groups | XRef | MCal Benefits

Name Last: DOE First: JANE Middle: S
AKA Last: DOE First: JAYJAY Middle:
SSN: 999999999 MM Name: LOC: III-Intensive
Gender: Female DOB: 01/01/2001 Age: 9
Primary Lang: 01-English Pref Lang: 03-Mandarin
Marital Status: 02-Married Education: 04-Fourth Grade
Ethnicity: 05-Chinese APR: Dept. of Probation: Ward
Origin: Tribe:
Employment: ST-Student
Handicap: 80-Mental Disability
Living Arrngmnt: 06-Lives with foster family
Conservatorship: U-Unknown/Not Reported Veteran: No
Date Of Death: English Speaking: ☐

Cancel | Continue

Windows Internet Explorer

Client was successfully enrolled. DMHID 2435852

OK

Confidential patient information, see

Waiting for https://dmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx...