



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT MENTAL HEALTH PLAN CLAIM CERTIFICATION	POLICY NO. 401.10	EFFECTIVE DATE 03/01/04	PAGE 1 of 4
APPROVED BY: Director	SUPERSEDES	ORIGINAL ISSUE DATE	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To implement new State regulations regarding the certification of claims.
- 1.2 To provide guidelines to ensure that all claims for mental health services submitted to the State of California for reimbursement under the Short-Doyle/Medi-Cal claiming system are accurate, complete and truthful and comply with all applicable State and Federal statutory and regulatory requirements.

POLICY

- 2.1 The Director of the Department of Mental Health (DMH) or designee shall certify, to the best of his/her knowledge and belief, that all claims submitted for reimbursement under Short-Doyle/ Medi-Cal are accurate, complete and truthful and in accordance will all applicable State and Federal statutory and regulatory requirements.
 - 2.1.1 A Mental Health Claim Certification form (MH1982A – Attachment I) shall be submitted to the State of California by DMH concurrent with the submission of any claim for reimbursement.
- 2.2 The Director of Financial Services for DMH shall certify that there are eligible local match funds to satisfy the requirements for Federal financial participation pursuant to Title XIX of the Social Security Act.
- 2.3 All DMH Program Managers who submit or oversee the submission of claims for reimbursement under Short-Doyle/Medi-Cal to the State Department of Mental Health will be responsible to certify to the best of their knowledge and belief that all claims submitted for reimbursement are accurate, complete and truthful and in accordance with all applicable State and Federal statutory and regulatory requirements.
 - 2.3.1 The specific mechanisms chosen by Program Managers to ensure program compliance will be at the discretion of the Program Manager, providing that certain minimum standards are met. Specific requirements for certification are addressed in Section 3.
- 2.4 All DMH employees who provide services that are reimbursable under the Short-Doyle/Medi-Cal system shall, to the best of their knowledge and belief, certify the accuracy completeness, truthfulness and presence of specific elements of State and Federal statutory and regulatory



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requirements, prior to submission of information for the purpose of claiming, as specified in Section 3.

- 2.5 District Chiefs and Deputy Directors shall be responsible to monitor compliance with this policy and procedure and ensure that appropriate mechanisms have been instituted and maintained at the program level to ensure compliance with all applicable State and Federal statutory and regulatory requirements.
- 2.6 DMH employees are responsible to notify their immediate manager in any and all situations/events in which reason exists to believe that any or all elements of compliance certification with State and Federal statutory and regulatory requirements are invalid.
 - 2.6.1 DMH employees may provide notification to higher level managers, following the principles of chain-of-command, in instances where their immediate manager is either inaccessible or, in the employee’s best judgment, would not be the appropriate individual for purposes of reporting.
 - 2.6.1.1 In the event notification of this nature occurs, management is to follow their reporting chain of command, up to and including notification to the Director or designee. Immediate exploratory steps will be initiated by the Deputy Director to verify the report of invalid claims certification. Upon confirmation of invalid claims certification, corrective action plans will be mandated; monitoring compliance with corrective action plans will be the responsibility of the Deputy Directors.
- 2.7 The Director of Financial Services for DMH is responsible to certify to the best of his/her knowledge and belief that all claims have eligible local match sufficient to comply with Federal regulations and in accordance with Title XIX of the Social Security Act.

DEFINITIONS

- 3.1 Specific requirements for claim certification, based upon the California Code of Regulations, Title 9, Division 1, Chapter 11, Subchapter 4, Article 1, Section 1840.112(b) are as follows:
 - 3.1.1 An assessment of the beneficiary was conducted in compliance with the requirements established in the Mental Health Plan (MHP) contract with the State Department of Mental Health.
 - 3.1.2 The beneficiary was eligible to receive Medi-Cal services at the time the services were provided to the beneficiary.



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- 3.1.3 The services actually included in the claim were provided to the beneficiary.
- 3.1.4 Medical necessity was established for the beneficiary as defined under this chapter for the service or services provided, for the timeframe in which the services were provided.
- 3.1.5 A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the MHP contract with the State Department of Mental Health.
- 3.1.6 For each beneficiary with day rehabilitation, day treatment intensive or Early & Periodic Screening, Diagnosis & Treatment (EPSDT) supplemental specialty mental health services included in the claim, all requirements for MHP payment authorization in the MHP contract for day rehabilitation, day treatment intensive and EPSDT supplemental specialty mental health services were met and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in the MHP contract with the State Department of Mental Health.

PROCEDURE

- 4.1 DMH shall submit to the State Department of Mental Health a Mental Health Claim Certification form (MH1982A) with each submission of claims for reimbursement under Short-Doyle/Medi-Cal.
- 4.2 Program Managers will submit certification of compliance with MHP claiming rules and regulations to the Director of the County of Los Angeles DMH or his/her designee on a monthly basis that all claims submitted to the DMH Integrated System are fully compliant with the requirements set forth in this policy and Federal regulations. The Program Manager MHP Claim Certification form (Attachment II) is to be used for this purpose.
 - 4.2.1 Following Program Manager certification, the Program Manager will forward a copy of the completed certification form (Attachment II) to his/her respective District Chief for signature.
 - 4.2.2 Following the District Chief signature, the District Chief will forward a copy of the MHP Claim Certification to the appropriate Deputy Director for signature. A copy of the completed MHP Claim Certification Form, bearing the signatures of the Program Manager, District Chief and Deputy Director, will be forwarded to the Director of DMH or designee.
- 4.3 DMH employees providing mental health services reimbursable under Short-Doyle/Medi-Cal will submit a certification of compliance (Attachment III) to their Program Manager.



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- 4.3.1 DMH employees shall attach the MHP Claim Certification form (Attachment III) to the Units of Service log for each Units of Service log submitted for the purpose of data entry.
- 4.3.2 DMH employees may use Attachment III in cases where their program utilizes the Units of Service Log.
- 4.3.3 Programs who use methods other than the Units of Service log to facilitate entry of data for purposes of reimbursement shall develop a similar method to obtain individual provider certification using the same language contained in Attachment III. In such cases, certification is to accompany submission of information for the purpose of reimbursement under Short-Doyle/Medi-Cal.

AUTHORITY

California Code of Regulations, Title 9, Division 1, Chapter 11, Subchapter 4, Article 1, Section 1840.112
 United States Code, Title 42, Code of Federal Regulations, Sections 438.604, 438.606, and 438.608

REFERENCES

State Department of Mental Health Notice 03.03, Change in Requirements for Certification of Medi-Cal Claims

ATTACHMENTS

- Attachment I State of California – Health and Human Services Agency, Short-Doyle/Medi-Cal Monthly Claim for Reimbursement Treatment Cost
- Attachment II Mental Health Clinical/Clinic Program Manager Certification
- Attachment III Individual Provider Certification

REVIEW DATE

This policy shall be reviewed two (2) years from the date of the original issuance.

SHORT-DOYLE/MEDI-CAL MONTHLY CLAIM FOR
REIMBURSEMENT-TREATMENT COST
MH1982 A (Rev. 07/03)

DMH ACCOUNTING ONLY

Batch ID					
Date Received					

Date	County Code	County
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Fiscal Year (yy/yy)	Claim Service Period (mm/yy)
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		TOTAL
Total Number of Claim Lines: _____	1 Total Expenditures	\$ _____
	2 Less Revenues	_____
	3 Subtotal	_____
	4 Less Local H & W Trust Fund (Variable %)	_____
	5 Federal Financial Participation (Variable %)	\$ _____

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code; that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code; and that to the best of my knowledge and belief this claim is in all respects true, correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The County shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representatives. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (1) year old to their nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

I HEREBY CERTIFY under penalty of perjury to the following: An assessment of the beneficiary was conducted in compliance with the requirements established in the Mental Health Plan (MHP) contract with the California Department of Mental Health (DMH). The beneficiary was eligible to receive Medi-Cal services at the time the services were provided to the beneficiary. The services included in the claim were actually provided to the beneficiary. Medical necessity was established for the beneficiary as defined under Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the MHP contract with the DMH. For each beneficiary with day rehabilitation, day treatment intensive, or EPSDT supplemental specialty mental health services included in the claim, all requirements for MHP payment authorization in the MHP contract for day rehabilitation, day treatment intensive, and EPSDT supplemental specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in the MHP contract with the DMH.

Date: _____ Signature: _____
Local Mental Health Director

Executed at _____, California

I CERTIFY under penalty of perjury that I am a duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to the Title XIX of the Social Security Act.

Date: _____ Signature: _____

Title: _____ Executed at _____, California
(County Auditor-Controller, City Finance Officer,
or Local Mental Health Accounting Officer)

Please fax the completed form to the Department of Mental Health (DMH), Information Technology (IT) Production Support at (916) 654-3007. The original form is for your files. If you have any questions, please call DMH Information Technology help line at (916) 654-3117.

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH PLAN CLAIM CERTIFICATION FOR PROGRAM MANAGERS

I, _____ (print name) _____, hereby certify that all claims submitted for reimbursement under Short-Doyle/Medi-Cal are accurate, complete and truthful and in compliance with all State and Federal statutory and regulatory requirements, specifically:

- An assessment of the beneficiary was conducted in compliance with the requirements established in the MHP contract with the Department.
• The beneficiary was eligible to receive Medi-Cal service(s) at the time the services were provided to the beneficiary.
• The services included in the claim were actually provided to the beneficiary.
• Medical necessity was established for the beneficiary for the service(s), for the timeframe in which the service(s) were provided.
• A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the MHP contract with the Department.
• For each beneficiary with day rehabilitation, day treatment intensive or EPSDT supplemental specialty mental health services included in the claim, all requirements for MHP payment authorization in the MHP contract for day rehabilitation, day treatment intensive and EPSDT supplemental specialty mental health service(s) were met, and any reviews for such service(s) were conducted prior to the initial authorization and any re-authorization periods as established in the MHP contract with the Department.

By signing my name below, I certify that all claims submitted from _____ (Name of Program) _____ for the month/year of _____ are in full compliance with the requirements listed above. I further certify that all claims submitted for reimbursement are supported by documentation. I agree that I will notify my appropriate chain of command supervisor in the event that I have any reason to believe that the grounds for certification of claims are no longer valid.

Program Manager Signature

Date

As the individuals responsible for the oversight of the above named program, to the best of our knowledge and belief, processes are in place in the above referenced program that are designed to monitor and ensure compliance with Short-Doyle/Medi-Cal claiming requirements.

District Chief Signature/Date

Deputy Director Signature/Date

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH PLAN CLAIM CERTIFICATION
FOR INDIVIDUAL PROVIDERS

I, _____ (print name) _____, attest that I have provided the mental health services recorded on the accompanying Units of Service log and that all information is accurate, complete and truthful to the best of my knowledge. I further attest that the services provided by me, as reflected on the Units of Service log, were reasonable and medically necessary for the client and were consistent with the client's treatment plan. Claims for services submitted as a result of this Units of Service log are supported by documentation.

Signature

Date