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# Quality Assurance Bulletin

June 12, 2014

No. 14-02

Program Support Bureau

County of Los Angeles - Department of Mental Health

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## Policy 104.09, Organizational Providers Manual Updates, Inactivation of SFPR/Coordination Page/Discharge Summary

The Quality Assurance (QA) Division has revised and renamed DMH Policy 104.9. The updated policy, now designated 104.09: Clinical Documentation for All Payer Sources, incorporates new DMH and State requirements, including those associated with the latest State DHCS Contract with the Department. Concurrently, Chapters One (Service, Documentation and Reimbursement Basics) and Two (Regulations and Requirements for Services Based on Minutes of Staff Time (Mode 15)) of the Organizational Providers Manual have been revised to reflect the changes in the Policy and minimize redundancy between the two documents. The updated Organizational Providers Manual is located at: [http://file.lacounty.gov/dmh/cms1\\_159846.pdf](http://file.lacounty.gov/dmh/cms1_159846.pdf).

The following DMH policies are also in the process of being revised: 202.31 (Roles and Responsibilities in the Care of Clients) and 104.05 (Closing of Service Episodes). While in the process of updating these policies, effective immediately, the following elements are no longer required:

- **Single Fixed Point of Responsibility (SFPR)** – All formal requirements related to the SFPR have been terminated. There is no longer a requirement to update and enter the SFPR field into the Integrated System (IS). In the new Integrated Behavioral Health Information System (IBHIS), this field does not exist.
- **Coordination Page as part of the CCCP** – The Coordination Page and all requirements related to it are no longer required. Staff must continue to coordinate services when a client is being seen at multiple sites but there is no formal required process for this. New requirements related to the coordination of care are being developed in response to the Affordable Care Act (ACA).
- **Discharge Summary** – The Discharge Summary form is no longer required. However, per the Organizational Providers Manual, there must be documentation in the progress notes of the following elements when a client is terminated per DMH Policy 202.30 (Mutual and Unilateral Termination of Mental Health Services):
  1. A brief treatment summary
  2. A status update on the client's progress toward their treatment plan objectives
  3. Referrals provided (if applicable)
  4. Reason for termination of services
  5. Follow-up plans (if applicable)
  6. Other pertinent information such as whether medications were provided upon termination

*Note: If these elements are completed as part of a collaborative process with the client during a face-to-face service, the appropriate procedure code that describes the service (e.g. 90832, H2015, H0032) may be billed. If the client is not involved in the completion of the above elements, the activity is not billable.*

Please see [Clinical Records Bulletin Edition 2014-01](#) for additional information and effective dates related to the above noted revisions. If Contracted agencies or Directly-Operated programs have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

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