



Quality Assurance Bulletin

January 7, 2016 No. 16-01

Program Support Bureau

County of Los Angeles - Department of Mental Health

Robin Kay, PhD., Acting Director

VERIFICATION OF SERVICES

Pursuant to Title 42, Section 455.1(a)(2) of the Code of Federal Regulations, Los Angeles County Department of Mental Health (LACDMH), acting as the mental health plan (MHP) for Medi-Cal services, must “have a method to verify whether services reimbursed by Medicaid were actually furnished to beneficiaries”. This Bulletin is to notify all providers who serve Medi-Cal beneficiaries that the Quality Assurance (QA) Division will be implementing a new process, Service Verification Notification (SVN), to satisfy this requirement.

What is the Service Verification Notification and how does it work?

The Service Verification Notification (see attachment 1) will be in the form of a letter that will be sent out to a random selection of Medi-Cal beneficiaries identifying all services provided to the beneficiaries by LACDMH providers (directly-operated and contracted) for a given three (3) month period. The SVN letter will be sent out the first week of the month and will cover the three month period ending one month prior to the sent date (e.g. letters sent in January will cover the previous September through November). Over the course of a year, the SVN will be sent to a minimum of 10% of beneficiaries actively seen within LACDMH.

As part of the SVN letter, beneficiaries are asked to review the list of services and contact the QA Division should they have any questions or concerns regarding the listed services. The QA Division will log all calls received and determine the appropriate disposition and course of action for the call (e.g. provide additional explanation regarding the letter to the beneficiary, contact the service provider for follow-up with the beneficiary, notify the DMH Patient’s Rights Office or Compliance Division).

When will this begin?

On January 11, 2016, the QA Division will begin a SVN pilot program with fifty (50) selected beneficiaries. Over the next several months the process will be modified as necessary. Full implementation is expected by July 1, 2016.

Please contact your SA QA Liaison if you have any questions regarding this Bulletin.

c: Executive Management Team
District Chiefs
Program Heads
Department QA staff
QA Service Area Liaisons

Judith Weigand, Compliance Program Office
Kwan Liu & Judy Porter Wherry, Central Business Office
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Run Date: x/x/xxxx

Client ID#: xxxxxxxx

Service Period: x/x/xxxx-x/x/xxxx

-----CONFIDENTIAL-----

Service Verification Statement

This is NOT a Bill

Dear xxxxxx,

You are receiving this statement as part of our efforts to ensure Medi-Cal beneficiaries received appropriate services from Los Angeles County Department of Mental Health (LACDMH) directly-operated and contracted providers. According to our records, the following services were provided during the three (3) month period from 01/01/2015 to 03/30/2015:

Date of Service	Service Description	Provider/Clinic	Practitioner Name
01/05/2015	ASSESSMENT- PSYCH DIAG INT	Test	Test, Test1
02/15/2015	CRISIS INTERVENTION	Test	Test, Test1
02/16/2015	GROUP REHAB	Test	Test, Test1
02/20/2015	CRISIS INTERVENTION	Test	Test, Test1

Please review this list and notify us if you have any questions or concerns. You may contact the Quality Assurance Division, Program Support Bureau, at (213) 251-6885. If you think the list above is accurate, you do not need to do anything. These services will be billed to Medi-Cal, and/or another funding source, as appropriate. If you are required to pay a monthly Medi-Cal Share-of-Cost, you may receive a separate statement for the amount due. Please note that some services listed above may have been provided to assist your treatment without you being present. Additional explanation of selected service description terms is provided on the back of this notice.

Thank you for assisting us at LACDMH in our continuing effort to improve the quality of our services.

LACDMH Selected Service Description Terms

Service Description Term	Explanation
CI	Stands for “Crisis Intervention”
Client	The primary person (including a child) receiving our services.
Collateral	A service to a significant support person for a client to assist in the treatment of the client.
Dup59 or Dup76	Used when providing multiple services on the same day that appear to be duplicates but are actually different services.
E&M	Stands for “Evaluation and Management” which is a medication evaluation and/or prescription service by a physician or nurse practitioner
ICC	Stands for “Intensive Care Coordination” which is a Targeted Case Management service for children involved in the foster care system.
IHBS	Stands for “Intensive Home Based Services” which is a specific Rehabilitation and Collateral service for children involved in the foster care system.
MHS	Stands for “Mental Health Services”
MSS	Stands for “Medication Support Services”
Non-Billable to Medi-Cal	A service that is not reimbursable by Medi-Cal but may be reimbursable by another payer source.
Plan Development	A service related to developing and approving a client’s treatment plan and monitoring progress toward treatment goals.
Psych Test	Stands for “Psychological Testing”
Rehab	Stands for “Rehabilitation” which is a service for restoring, improving or preserving the functional, social, communication or daily living skills of a client.
Targeted Case Management	Assisting a client to access needed community services such as medical, educational, social or vocational services.
TBS	Stands for “Therapeutic Behavior Services” which is an individualized service to help a client with his/her behavior.
TCM	Stands for “Targeted Case Management”
Telepsych	Stands for “Telepsychiatry” which is a method of providing services using a video camera for communication between the client and his/her treatment provider.