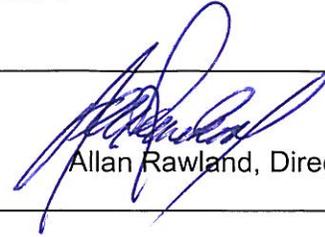


**County of San Bernardino
Department of Behavioral Health**

Healthy Family SED Services Procedure

Effective Date 02/01/09
Approval Date 02/04/09


Allan Rawland, Director

Procedure for processing self referrals

If a Healthy Families client presents at a DBH clinic, please follow the procedure below. If a client presents at a Contract clinic, please check your contract for funds availability. If not contracted for Healthy Families program, refer client to the Access Unit at **(909) 381-2420, (888) 743-1478, or (888) 743-1481 [TDD]**.

- An assessment should be done by a clinician to determine if the client meets SED criteria.
- The [Healthy Families Response Form](#) should be completed as detailed below in instructions for completing form.
- Fax the Healthy Families Response Form to the Access Unit at **(909) 386-0775**.
- The Access Unit will inform the Healthy Families health plan that the client is self referred.

If the client meets SED criteria, the clinic will provide the required services. If the client does not meet SED criteria, the client will be referred back to the Healthy Families health plan.

Procedure for processing faxed referrals

Below are the actions to be taken upon receipt of a referral form from a Healthy Families health plan:

Step	Action
1.	<p>Upon receipt of a faxed referral form from a Healthy Families health plan, the <u>Access Unit</u> will:</p> <ul style="list-style-type: none"> • Determine whether the referral is for Inpatient or Outpatient services. • Fax the referral and response forms to the DBH or contract clinic that is contracted to provide Healthy Families services closest to where the client resides. This will be done during normal working hours, within 24 hours after receiving the referral form from the HMO. • Contact the clinic to confirm receipt of the Healthy Families faxed referral.

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Healthy Family SED Services Procedure, Continued

Procedure for processing faxed referrals (continued)

Step	Action
2.	<p>If the referral is for Outpatient services, the DBH/Contract Clinic has 25 days to respond to the <u>Access Unit</u> with a determination as to whether the client meets SED criteria and if DBH will be providing services to the client.</p> <p>If the referral is for Inpatient services, the DBH/Contract Clinic has 4 days to respond to the <u>Access Unit</u>.</p> <p>Note: The client may have already been discharged by the time the clinic receives the referral. If the client is discharged, the clinic is to notify the <u>Access Unit</u> so that the health plan can be informed that the referral is now being treated as an outpatient referral and the due date will be changed to reflect a 25 day due date rather than 4 days.</p>
3.	<p>Upon receipt of the referral, the outpatient clinic is to make contact with the parent or guardian to schedule an appointment for an assessment. If the client is Inpatient, the clinic must:</p> <ul style="list-style-type: none"> • See the client at the hospital or • Assess for SED via a phone call to the hospital. <p>A licensed clinician must sign off the assessment, if a pre-licensed clinician completes it.</p> <p>Note: When processing an Inpatient referral, the inpatient SED assessment may be done via a phone call to the hospital if the clinic does not have the staff available to go to the hospital to assess the client. However, a face-to-face assessment is ideal to determine “medical necessity”. (The health plan usually provides a contact at the hospital on the referral form).</p> <ul style="list-style-type: none"> • The clinician should attempt to reach the client/guardian twice a week during the 25 days allowed to process the referral.

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Healthy Family SED Services Procedure, Continued

Procedure for processing faxed referrals (continued)

Step	Action
4.	Once the child has been assessed, the clinic is to complete the Healthy Families Response Form provided with the referral and fax it to the <u>Access Unit</u> at (909) 386-0775 . The <u>Access Unit</u> is responsible for informing the health plan that the child was assessed and a determination made.

Completing Response Form

The clinic must complete the [Healthy Families Response Form](#) as follows:

If...	Then...
the client meets SED criteria	<p>the following must be included:</p> <ul style="list-style-type: none"> • Client's name, date of birth and Social Security number/ID# • The name of the Healthy Families health plan • Enrollee Eligibility box must have a check in the Meets Criteria box and a diagnosis • If the clinic indicates that the beneficiary meets the SED criteria, Section 4 needs to establish the eligibility by the appropriate check marks in the appropriate categories • The clinic clinician must check the following in Section 5:Disposition: A-No; B-No; C-Yes; D-No • Section 6 needs to be completed, signed and dated by a licensed clinical staff

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Healthy Family SED Services Procedure, Continued

Completing Response Form (continued)

If...	Then...
<p>the client does not meet SED criteria</p>	<p>the following must be included:</p> <ul style="list-style-type: none"> • Client's name, date of birth and Social Security number/ID# • The name of the Healthy Families health plan • Enrollee Eligibility box must have a check in the Does Not Meet Criteria box. No diagnosis is required • If the clinic indicates that the beneficiary does not meet the SED criteria, Section 4 does not need to be completed • The clinic clinician must check the following in section 5: • Disposition: A-Yes; B-Yes; C-No;D-NO • Section 6 needs to be completed, signed and dated by a licensed clinical staff
<p>the client/ guardian refused DBH services</p>	<p>the following must be included:</p> <ul style="list-style-type: none"> • Client's name, date of birth and Social Security number/ID# • The name of the Healthy Families health plan • The Enrollee Eligibility box should be left blank • Section 4 should be left blank • The clinic clinician must check the following in Section 5: Disposition: A-Yes; B-Yes; C-No; D-No. • Under "Additional Comments", clinician must document date and conversation with parent or guardian, in which they, the client's parent/guardian, declined DBH Services. • Section 6 needs to be completed, signed and dated by a licensed clinical staff • The <u>Access Unit</u>, upon receipt of the completed response form, will write, "Case is considered closed by San Bernardino County DBH" on the bottom of the response form and sign the statement before the form is faxed to the health plan.

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Healthy Family SED Services Procedure, Continued

Completing Response Form (continued)

If...	Then...
<p>the clinic does not make contact with the client/guardian</p>	<p>the following must be included:</p> <ul style="list-style-type: none"> • Client's name, date of birth and Social Security number/ID# • The name of the Healthy Families health plan • The Enrollee Eligibility box should be left blank • The clinic clinician must check the following in Section 5: • Disposition: A-Yes; B-Yes; C-No; D-No • Section 6 needs to be completed, signed and dated by a licensed clinical staff • Under "Additional Comments" in Section 5, all attempts to reach the client should be documented to show DBH due diligence in attempting to reach the client. Remember, the clinician should attempt to reach the client/guardian twice a week during the 25 days allowed to process the referral. • The <u>Access Unit</u>, upon receipt of the completed response form, will write "Case is considered closed by County of San Bernardino DBH" on the bottom of the response form and sign the statement before the form is faxed to the health plan.

Reference

[DBH SPM CHD0309: Healthy Families SED Services Policy](#)