

## **COUNTY OF YOLO**

### HEALTH AND HUMAN SERVICES AGENCY

#### POLICIES AND PROCEDURES

#### **SECTION 5, CHAPTER 1, POLICY 004**

## SHORT-DOYLE FUNDING AUTHORIZATION FOR INPATIENT PSYCHIATRIC HOSPITALIZATIONS OF YOLO COUNTY RESIDENTS

- A. PURPOSE: To outline the Short-Doyle/Medi-Cal claims process that allows the Mental Health Plan (MHP) to obtain reimbursement of funds for medically necessary specialty mental health services (SMHS) provided to Yolo County Medi-Cal or Medi-Cal eligible beneficiaries.
- **B. FORMS REQUIRED/ATTACHMENTS:** 
  - a. Attachment A Short-Doyle Funding Authorization Letter
- C. DEFINITIONS: N/A
- D. POLICY: Only designated staff of Yolo County Health and Human Services Agency (HHSA) may authorize Short-Doyle funding to acute 24-hour psychiatric inpatient facilities when Yolo County residents are transferred for mental health evaluation and treatment. This may occur when a free-standing 24-hour acute psychiatric inpatient facility admits a Yolo County Medi-Cal beneficiary between the ages of 22 to 64 years, or a Yolo County resident without current insurance who is Medi-Cal eligible.

#### E. PROCEDURE

- 1. The following HHSA staff may authorize Short-Doyle payment to acute 24-hour psychiatric inpatient care facilities for Yolo County beneficiaries or uninsured residents:
  - a. Crisis Clinician
  - b. Clinical Supervisor
  - c. Clinical Manager
  - d. Medical Director
  - e. Mental Health Director
  - f. Branch or Deputy Director
- 2. A Short-Doyle authorization letter will be provided to the requesting facility by completing and faxing the Short-Doyle Funding Authorization Letter (Attachment A).
- 3. When a designated staff authorizes Short-Doyle funding, he/she must notify the Clinical Manager, Quality Management (QM) unit, and fiscal/billing department within one working day of the authorization, with the following information:

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- a. Name of client
- b. Legal status of admission
- c. Authorization date
- d. Name of hospital
- e. Contact person at hospital
- f. Staff providing the authorization

Notification may be made verbally, by encrypted email, or by fax.

- 4. All hard copies of Short-Doyle authorization letters shall be retained with a Medi-Cal swipe (or face sheet confirming county residency if no Medi-Cal) and fax confirmation sheet, in a binder or locked file cabinet, secured in the Crisis office.
- 5. Short-Doyle funding authorization will be guaranteed for up to the first 72 hours of admission. Continued stay beyond 72 hours requires authorization from a HHSA Clinical Manager or QM unit. Concurrent discussion will ensure per contract requirement, or daily, after the initial 72 hours. In all cases, medical necessity must be met for each day of service for final payment to be rendered.
- 6. If a Yolo County client or resident is admitted with private insurance or Medicare that terms (runs out of psychiatric inpatient days) and becomes Medi-Cal as the primary payer, Short-Doyle funding authorization may be given by designated staff for up to 72 hours from effective date of Medi-Cal, or in the event of insurance loss with no other payment sources identified, and a Yolo County resident. Authorization for continued stay beyond 72 hours will proceed as outlined in 5 above.

#### F. REFERNCES:

Department of Health Care Services (DHCS). Mental Health Services Division (MHSD) Medi-Cal Billing Manual. California: DHCS, October 2013.

Approved by:

Karen Larsen, Director

Yolo County Health and Human Services Agency

Date

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## HEALTH AND HUMAN SERVICES AGENCY

#### POLICIES AND PROCEDURES

### SECTION 5, CHAPTER 1, POLICY 004-A

#### ATTACHMENT A - SHORT-DOYLE FUNDING AUTHORIZATION LETTER

Client Name:	Date of Birth:	Age:
Was placed on a 5150 hold in:	County, on:(D	at:at:
To:(Hospital)	(Contact Person)	(Phone Number)
If no other payment sources have been identi guarantees payment for the admission, mental client for up to 72 hours.		= *
Prior authorization is not required for emergency be obtained prior to the end of 72 hours. Sho residents who are uninsured or Medi-Cal bene provided medical necessity is met for each day of the existing agreed upon reimbursement rate or a costs will be reimbursed at the current negotiate	rt-Doyle funds will only be ficiaries receiving services f service. Payment for hosp the current negotiated Cour	e approved for Yolo County in a non-Medi-Cal hospital, ital services will be based on
For any assistance regarding this authorization, p	lease contact County Crisis	Clinician at: (530) 666-8630.
For continued hospital stay beyond 72 hours, faconcurrent discussion notes to the TARs contact		•
In order for payments to be processed, hospit practitioner IDs with Yolo County. For additional Quality Management at (530) 666-8630 or HHSA	I information, if not alread	ly registered, please contact
Yolo County Authorizing Personnel (Print Name)	Signature	Date

For any questions, please contact the Yolo County Mental Health Access Line at (888) 965-6647, or TDD: (800) 735-2929.

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