

What are the steps involved in starting-up services at a new mental health program/site approved by BHCS?

** Providers should be informing their BHCS Contract Managers of a requested new site within their existing allocation at least 60-90 days prior to the anticipated start date of services at a new site via the Request for Program Change Request Form, which is available online at: <http://www.acbhcs.org/providers/network/cbos.htm>. New sites are subject to approval by BHCS, and services cannot start at an approved site until certain minimum requirements, such as fire clearance, are in place. Providers should contact their BHCS Contract Managers if there are any additional questions about what is needed for the start-up of mental health services for a specific new program/site approved by BHCS. **

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
1. Apply for any specialized permit, certification and/or licensure which is required for service delivery, outside of Medi-Cal Certification	<ul style="list-style-type: none"> Specialized new programs/sites, such as residential, crisis residential and/or outpatient services in a group home setting 			Provider	<ul style="list-style-type: none"> These are generally permits, certifications and/or licensure from other bodies, including but not limited to local jurisdictions, Community Care Licensing (CCL) and the Department of Health Care Services (DHCS) The applications for these specialized permits, certifications and/or licensures can take some time (around six months for some), so it is helpful to plan for and submit these applications early in the process if they are a requirement for service delivery
2. Secure Fire Clearance and send to BHCS Network Office, and also to BHCS QA for programs which will be billing to Medi-Cal	<ul style="list-style-type: none"> All new programs/sites which bill to Medi-Cal Most other new programs/sites which provide direct onsite services to clients 			Provider	<ul style="list-style-type: none"> Timeline for scheduling fire clearance can vary by jurisdiction, but it can be several months For school sites, specify that you are requesting fire clearance for an individual clinical space or classroom versus the whole school At a given location, the fire clearance must specify all suite numbers, classrooms and addresses where service delivery will occur A new fire clearance will generally be needed before moving to a new suite number or classroom, even if it is within the same building or on the same school campus When items are out of compliance, fire jurisdiction or fire inspection company may invoke a plan of correction and need to come back, extending the timeline Fire clearance must be signed, dated, include the site address and meet local fire jurisdiction requirements to be valid - Fire clearance is different than a fire sprinkler check, and a fire sprinkler check will not suffice for the purposes of fire clearance There is a nominal cost for fire clearance, generally between \$80-100
3. Apply for new organizational National Provider Identifier (NPI) Number or a change of address for an existing NPI, and report to BHCS Network Office and QA	Providers which have no existing NPI at this site, and will be adding a new program/site which will enter services into a BHCS-approved data entry and claiming system			Provider	<ul style="list-style-type: none"> Timeline can vary from 72 hours to 45 days Applying electronically on the NPPES website (https://nppes.cms.hhs.gov/NPPES/Welcome.do) is recommended as this can sometimes be faster Record and secure your NPPES username, password and security questions as this can be important in the future Customer Service can reset your password if needed More information available here: http://www.acbhcs.org/providers//npi/npi.htm Providers should only apply for change of address for an existing NPI if all programs/RUs at one site are moving to a new site (i.e., a complete move)

4. Negotiate new or updated contract	All new programs/sites			<ul style="list-style-type: none"> BHCS Network Office Provider 	<ul style="list-style-type: none"> BHCS Network Office Contract Managers will work with internal BHCS partners to send draft Exhibit A Language for provider to respond to, and Budget Template for provider to complete Discussion and negotiation will need to occur for any areas where the expectations are unclear or where a difference of opinion exists in what a particular expectation should be More information about standard Exhibits and contracting is available at: http://www.acbhcs.org/providers/network/cbos.htm
5. Complete training on programmatic and fiscal contractual requirements	Providers which have not had a similar type of contracted program with BHCS, or may benefit from additional training in this area			Provider	<ul style="list-style-type: none"> Should generally occur prior to finalizing the contract, but timing can be later for some topics Contact your BHCS Contract Managers to request training, and please identify the specific types of areas you would like training around (i.e., budget; invoicing; better understanding specific Exhibit A requirements; better understanding other standard programmatic, fiscal and operating requirements in contract Exhibits outside of the Exhibit A and Budget; etc.)
6. Contact BHCS QA for Site Certification Visit and collaborate with QA on any identified follow-up items	New programs/sites which will be billing to Medi-Cal			Provider	<ul style="list-style-type: none"> Timeline can vary from 4-8 weeks QA will not schedule site visit until they have received fire clearance; policies, procedures and other requested material; and site is operational or prepared to begin providing services More information available here, under Item 16: Medi-Cal Site Certification: http://www.acbhcs.org/providers/QA/qa_manual.htm
7. Issuance of BHCS Site Certification Letter to Provider and BHCS Network Office	New programs/sites which will be billing to Medi-Cal			BHCS QA	<ul style="list-style-type: none"> Timeline can vary from 2-8 weeks For new sites, the timeline will depend on how long it takes for the California Department of Health Care Services (DHCS) to assign a Provider Number once BHCS Provider Relations requests the Provider Number from DHCS QA will not issue Site Certification Letter until they have NPI and confirmation that all corrective action items have been addressed
8. Request of new Reporting Unit (RU) or change of address to an existing RU ¹	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved data entry and claiming system			BHCS Network Office	<ul style="list-style-type: none"> Timeline can vary from 14-45 days Process cannot be initiated prior to receipt of the Medi-Cal Site Certification for new programs/sites which will be billing to Medi-Cal Needs to be routed through multiple BHCS Units for approval and set-up
9. Notification of set-up of new RU or change of address to an existing RU	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved data entry and claiming system			BHCS Provider Relations	<ul style="list-style-type: none"> Provider will receive email notification from BHCS Provider Relations Provider should contact BHCS Network Office Fiscal Contract Manager for questions around assigned procedure codes which can be billed through new RU Provider should contact BHCS QA for questions about appropriate use of assigned procedure codes for service delivery and documentation

¹ A RU is a unique BHCS program identifier at a specific site used to enter services/billing data
At: P:\CROSS COORDINATION TEAM\Projects

10. Complete Initial Data Collection Training with BHCS Provider Relations	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved data entry and claiming system, and have not had experience in this area or may benefit from additional training			Provider	<ul style="list-style-type: none"> • Should occur just before the start of services • BHCS Provider Relations will contact the identified provider liaison to set-up • Prior to the training, BHCS Provider Relations will need the provider to submit a list of staff to be trained and the role of each of these staff within the larger process (i.e., supervisors, clinical managers, intake/registration staff, and data entry staff) • This will include information on a number of topics including how to collect initial data via paper forms and how to bill for other health insurance
11. Complete Clinical Documentation Training with BHCS QA	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> • Clinical documentation train-the-trainer trainings are offered throughout the year and are for providers lead QA staff and Executive Managers (at least two per organization) • Provider should check training schedule at http://www.acbhcs.org/providers/QA/Training.htm and be trained prior to providing services • More information available here: http://www.acbhcs.org/providers/QA/ga_manual.htm
12. Complete initial training on entering data into the electronic data entry and billing system with BHCS Information Systems (IS)	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved data entry and claiming system, and have not had experience in this area or may benefit from additional training			Provider	<ul style="list-style-type: none"> • This is set-up by BHCS after the required Initial Data Collection Training when the requests are submitted for BHCS system user authorization and staff identification numbers • More information available here: http://www.acbhcs.org/providers/Insyst/Insyst.htm • New program/site should have one week of service data to enter at the time of the training
13. Complete initial training on Medi-Cal eligibility with BHCS Provider Relations	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> • This should occur within 1-2 weeks after the required Initial Data Collection Training • This is set-up by BHCS after the required Initial Data Collection Training • This is also called the Health Information Technician (HIT) Training
14. Complete Medicare enrollment	New programs/sites which will be billing to Medi-Cal and serve adults over age 21 years and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> • This should be completed within one month of the start of services • Enroll with Medicare at: https://www.cms.gov/ • Provider Relations plays point on this on behalf of BHCS • Submit 7P10 to BHCS Provider Relations to start this process
15. Complete training on billing to other health insurance from BHCS Provider Relations	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> • This should be completed within one month of the start of services • This is set-up by BHCS after the required Initial Data Collection Training

16. Participate in BHCS Continuous Quality Review Team (CQRT)/Authorization process	New providers or existing providers with new programs which will be billing to Medi-Cal			<ul style="list-style-type: none"> • Provider • BHCS QA 	<ul style="list-style-type: none"> • Contact QA 1-2 months prior to start up for TA and to schedule first CQRT meeting • If new to documenting to Medi-Cal standard, providers participate in BHCS CQRT/Authorization process (approx. 3 hours monthly) for a minimum one-year period AND until provider demonstrates proficiency in clinical documentation and the authorization process • If provider has experience documenting to Medi-Cal standards, the BHCS QA Office, after an assessment, may excuse the provider from participating in BHCS' CQRT or may require participation until proficiency is demonstrated.
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Who should I contact for questions/further information?

BHCS Unit	Topic	Who to Contact
IS	Entry of services into a BHCS-approved data entry and claiming system	Help desk, at: 510-567-8181 or HIS@acbhcs.org
Network Office	Contract Negotiation/Contracting/Set-Up of New RUs	Assigned Contract Managers, specified online at: http://www.acbhcs.org/providers/network/docs/Contract_Management_Teams_List.pdf
Provider Relations	Initial Data Collection Training/Medi-Cal Eligibility/Medicare Enrollment/ Billing to Other Health Insurance	Contact main number, at 1-800-878-1313 to be routed appropriately
QA	Fire Clearance/Site Certification	QA Site Certification Team, at: SiteCertification@acgov.org
	Other QA/Documentation Questions	Assigned TA Contact, specified online at: http://www.acbhcs.org/providers/QA/QA.htm