
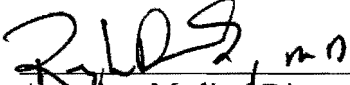

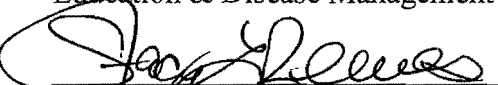



**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

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RESPONSIBLE DEPARTMENT HEAD: Chief Health Services Officer							
Review Date	08/97	06/98	07/00	09/00	02/01	05/2004	10/2005
Effective Date					02/01/01	06/01/04	03/31/06
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Review Date	06/2009	05/2010					
Effective Date	07/01/09	05/29/10					
Revision Number	2009-06	2010-05					

Approved		Date	5/29/10
	Chief Executive Officer		
Approved		Date	5/25/10
	Associate Medical Director		
Approved		Date	5/25/10
	Director of Quality Improvement, Health Education & Disease Management		
Approved		Date	5/25/10
	Director of Claims and Provider Relations		
Approved		Date	5-20-2010
	Chief Health Services Officer		

POLICY¹:

Kern Health Systems (KHS) will develop and implement procedures for the identification of members with developmental disabilities.²

KHS will refer to the Kern Early Start program those children between the ages of 0 and 36 months in need of early intervention services. KHS will collaborate with the Primary Care Practitioners (PCPs) to identify those members who are eligible for and/or in need of Early Start Services. KHS will collaborate with the Early Start Program to provide other services which are medically necessary and preventive.

KHS will coordinate with the Kern Regional Center (KRC) as appropriate.

This policy and procedure does not apply to those services provided under the Home and Community-Based Services (HCBS) waiver programs to persons with developmental disabilities.³ Information on

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HCBS programs is included in *KHS Policy and Procedure #3.11-I – Waiver Programs*.

PURPOSE:

To identify procedures to coordinate, track, and monitor services for members suspected and/or diagnosed with developmental disabilities with KRC and to collaborate with KRC and the member's PCP for other medically necessary and preventive services.

PROCEDURE:

1.0 PROGRAM DESCRIPTION

The Department of Developmental Services (DDS) under authorization of the Lanterman Developmental Disabilities Services Act, is responsible for a system of diagnosis, counseling, case management, and community support of persons with developmental disabilities such as mental retardation, cerebral palsy, and autism. These services are provided statewide by contract with 21 regional centers who rely on existing public and private community health care resources to deliver medically related services. In Kern County the contracted regional center is KRC.

KRC services also include those provided under the DDS Early Start Program. This program provides early intervention services to children between the ages of 0 and 36 months with a condition known to lead to developmental delay, those in whom a significant developmental delay is suspected, or whose early health history places them at risk for delay.⁴ Such services may include⁵:

- A. Assistive technology
- B. Audiology
- C. Family training, counseling, and home visits
- D. Health services
- E. Medical services for diagnostic/evaluation purposes only
- F. Nursing services
- G. Nutrition services
- H. Occupational therapy
- I. Physical therapy
- J. Psychological services
- K. Respite services
- L. Service coordination (case management)
- M. Social work services
- N. Special instruction
- O. Speech and language services
- P. Transportation and related costs
- Q. Vision services

The following conditions are appropriate for the early start program:

- A. Problems due to premature birth

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- B. Significant learning or muscle tone problems
- C. Identified conditions such as Down's syndrome or cerebral palsy
- D. History of serious illness with multiple admissions to the hospital
- E. Developmental delays in one or more areas such as walking or talking
- F. Born to parents needing assistance due to their own special needs

2.0 ACCESS

KHS contract providers refer members with developmental disabilities (including those potentially eligible for Early Start⁶) to KRC for evaluation and for access to those non-medical services provided through KRC such as, but not limited to, respite, out-of-home placement, and supportive living.⁷ PCPs must refer members within two (2) working days of determining the need for developmental services. No prior authorization is required from the Plan for non-medical services.

2.1 Referral Process

Referral to KRC by a KHS contract Provider involves notification of both KRC and KHS.

Contract providers may initiate referrals to KRC by any of the following methods:

- A. Contacting the KRC Intake Coordinator at phone number (661) 327-8531, ext. 220
- B. Submitting referrals to KRC
- C. Submitting referrals to KHS

For purposes of tracking and follow-up, contract providers should notify KHS of all referrals to KRC. This may be done either by telephone, in writing, or by faxing KHS copies of any referral forms submitted to KRC.

Referrals for Early Start services may also be faxed to one of the following primary service agencies:

- A. Kern County Superintendent of Schools – (661) 636-4817
- B. Bakersfield City School District- (661) 631-5850
- C. Sierra Sands Unified School District – (760) 446-7631

3.0 PROVISION OF SERVICES

KHS Utilization Management and Disease Management staff identify conditions appropriate for KRC services through the referral and authorization process, outpatient referral case management, inpatient case management and discharge planning, and disease management.

Upon identification, members are referred to KRC as outlined above in *Section 2.1*.

3.1 Kern Regional Center Services

KHS participates with KRC staff as necessary in the development of the individual developmental services plan required for all persons with developmental disabilities. This

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plan includes identification of all appropriate services, including medical care services, which need to be provided to the Member.⁸

3.1.1 Provider and Member Notification

Notice of Action documents are provided to members and Providers as outlined in *KHS Policy and Procedure #3.22-P: Referral and Authorization Process*.

3.2 Other Services

KHS contract providers provide screening, preventive, medically necessary and therapeutic services covered by KHS to members with developmental disabilities when those services are not covered by KRC. KHS contract providers are responsible for determination of medical necessity and coordination of all medical services rendered to the KHS members. PCPs must submit a referral to KHS for those services requiring authorization from KHS.

4.0 COORDINATION OF CARE

KHS collaborates with KRC to identify individuals receiving KRC services in order to ensure coordinated service delivery and efficient and effective joint case management.⁹

KHS provides case management and care coordination to the member to encourage and facilitate the provision of all medically necessary covered diagnostic, preventive and treatment services identified in the individual family service plan developed by the Early Start program, with Primary Care Provider participation.¹⁰

A Memorandum of Understanding (MOU) is maintained with KRC for the coordination of services.¹¹

4.1 KHS Responsibilities

The KHS Chief Health Services Officer is the KHS liaison to KRC and through the terms and processes of the MOU assures that KHS members with developmental disabilities are referred within two (2) working days of determining the need for developmental services¹².

The KHS Utilization Management Department collects data on referrals to KRC, tracks referrals, and initiates and coordinates necessary follow-up activities for members. A KHS UM Case Manager will be available to assist KRC staff when medical management becomes necessary. A KHS UM Case Manager will coordinate the medical care between KRC, the member's PCP, and specialist when indicated.

4.2 PCP Responsibilities

Providers are responsible for identifying conditions eligible for KRC Services through IHAs, CHDP, Staying Healthy, Periodicity table physical assessments, or at any time during routine or follow-up care. Upon identification of qualifying conditions, providers are responsible for submitting a referral to KRC or the appropriate primary service agency

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and documenting the referral in either the progress note, *PM 160 (CHDP) form*, or the *Staying Healthy Assessment* form.

¹³The PCP must track referrals and follow up with the member's care. To assist PCP's with this process, KHS provides the PCP with a quarterly list of open authorizations. The PCP should review and investigate open authorizations and follow up with the member as necessary.

5.0 TRACKING AND MONITORING

Follow up on open authorizations for KRC services are accomplished in accordance with KHS Policy and Procedure #3.22-P: *Referral and Authorization Process*.

PCP preventive care follow-up and documentation is monitored by the QI Department through chart review and Quality focus reviews.¹⁴ QI staff select a sample of members identified as receiving and/or authorized for KRC services to include with the QI chart review to monitor and follow up on KRC services as well as monitor the provision of primary care interventions and other medically necessary covered services unrelated to the developmental disabilities.¹⁵

6.0 REPORTING

Reporting of KRC monitoring activities is the responsibility of the Director of Quality Improvement. Reports are submitted as outlined in the following table.

Reported To	Report	Due Date
CEO, Associate Medical Director, Director of Claims and Provider Relations and Chief Health Services Officer.	Results of overall chart audits and any related Corrective Action Plans through the QI/UM Committee.	Quarterly

7.0 PROVIDER AND MEMBER EDUCATION

KHS contract providers and members are informed of Early Start services through provider and member newsletters. KHS contracted Providers are educated regarding case management and coordination of care through Provider Orientations and in-service meetings along with focus reviews.¹⁶

A copy of this policy and procedure is distributed to all contracted providers as part of the *Provider Manual*.

8.0 REIMBURSEMENT

KHS does not reimburse KRC for non-medical services.

9.0 CHROMOSOMAL STUDIES

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Kern Health Systems covers chromosomal studies when medically indicated.

¹ **Revision 2010-05:** Reviewed by KHS Chief Health Services Officer. No revisions needed. **Revision 2009-06:** Routine review by UM Supervisor. **Revision 2006-02:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). **Revision 2004-05:** Revised to include information on Early Intervention Services. DHS/DMHC Medical Review Audit (YE Oct03) Finding 2.2.4. **Revision 2001-02:** Revisions due to DHS/DMHC Medical Review Audit (YE08/31/00).

² 2004 DHS Contract Exhibit A – Attachment 11 (9)(A)

³ 2004 DHS Contract Exhibit A – Attachment 11(9)(C)

⁴ 2004 DHS Contract Exhibit A – Attachment 11 (10)

⁵ Early Start Website (www.dds.ca.gov/EarlyStart)

⁶ DHS Contract A-11 (10)

⁷ 2004 DHS Contract Exhibit A – Attachment 11(9)(B) and (10)

⁸ 2004 DHS Contract Exhibit A – Attachment 11(9)(B) and (10) --- Early Start Services are included in general KRC services.

⁹ 2004 DHS Contract Exhibit A – Attachment 11(4)

¹⁰ DHS Contract A-11 (10)

¹¹ 2004 DHS Contract Exhibit A – Attachment 11(9)(D)

¹² CFR, Section 303.321, MMCD 97-02 page 3

¹³ Process as described in 2004 CAP Response to Medical Review Audit of 11/2002 to 10/2003.

¹⁴ Process as described in 2004 CAP Response to Medical Review Audit of 11/2002 to 10/2003.

¹⁵ Process as described in 2004 CAP Response to Medical Review Audit of 11/2002 to 10/2003.

¹⁶ Process as described in 2004 CAP Response to Medical Review Audit of 11/2002 to 10/2003.