



POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: Substance Use Treatment Services (SUTS) Beneficiary Refund Policy

Assigned Policy Number: BHSD 3401

Policy Area(s): Mark All That Apply

- | | |
|--|--|
| <input type="checkbox"/> Plan Administration and Organization | <input type="checkbox"/> Provider Network |
| <input type="checkbox"/> Scope of Services | <input type="checkbox"/> Documentation Requirements |
| <input checked="" type="checkbox"/> Financial Reporting Requirements | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems | <input type="checkbox"/> Beneficiary Rights |
| <input type="checkbox"/> Quality Improvement System | <input type="checkbox"/> Beneficiary Problem Resolution |
| <input type="checkbox"/> Utilization Management Program | <input type="checkbox"/> Program Integrity |
| <input type="checkbox"/> Access and Availability of Services | <input type="checkbox"/> Reporting Requirements |

Submitted by: victor Ibabao Date: 9/23/2019

Policy developed by: Leilani villanueva and BHSD SUTS Team

Attach P&P Document For Review In this Section [Include Paperclip Icon Here]



II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: DocuSigned by: victoria plan Date: 9/23/2019

County Counsel: 3527B4B4F12742C... DocuSigned by: Emily Fedman Date: 9/23/2019

Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys Date: 9/25/2019

Note - A copy of the Approved P&P Form will be emailed to: BHSD Compliance Unit



Policy & Procedure Number: BHSD # 3401

- BHSD County Staff**
- Contract Providers**
- Specialty Mental Health**
- Specialty Substance Use Treatment Services**

Title: Substance Use Treatment Services (SUTS) Beneficiary Refund Policy

Approved/Issue Date:	Behavioral Health Services Director:	
Last Review/Revision Date:	Next Review Date:	Inactive Date:

REFERENCE:

Department Health Care Services (DHCS) Standard Agreement Amendment, Substance Use Disorder Prevention and Treatment Block Grant Services (SABG), Exhibit A, Attachment I A1, Part I, Documents Incorporated by Reference: Document 1P: Department of Health Care Services (DHCS) Alcohol and/or Other Drug Program Certification Standards

POLICY: Background

To be in compliance with substance use treatment standards.

Departmental Policy:
 It is the Behavioral Health Services Department (BHSD) policy to ensure clients are aware of a refund policy at the time of admission.

The beneficiary is made aware of the refund process at admission. A signed acknowledgement will serve as acknowledgement of the refund process.

Refund criteria include but are not limited:

- The facility license is suspended or revoked
- The beneficiary did not receive the service(s) paid for
- The beneficiary overpaid for service(s)
- The beneficiary has Medi-Cal for Date of Service (DOS)
- The beneficiary has Private Insurance for DOS



Policy & Procedure Number: BHSD # 3401

<input checked="" type="checkbox"/>	BHSD County Staff
<input type="checkbox"/>	Contract Providers
<input type="checkbox"/>	Specialty Mental Health
<input checked="" type="checkbox"/>	Specialty Substance Use Treatment Services

Title: Substance Use Treatment Services (SUTS) Beneficiary Refund Policy

Responsible Party	Action Required
BHSD SUTS Program staff	<ol style="list-style-type: none"> 1. Either at the request of the beneficiary and/or program staff, the Request for Refund Form is completed based on the refund criteria. 2. Program staff will send the completed Request for Refund Form to the SUTS Health Services Office Supervisor (HSOS) for review. 3. The HSOS will approve the refund and submit to Patient Business Services (PBS) for reimbursement to beneficiary.
Attachments	<p>Request for Refund Form</p> <p>Beneficiary Refund Policy Acknowledgement Form</p>