7.2.2 DIRECT SERVICES

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References: BHIN 24-020

Policy Owner: Behavioral Health Quality Assurance and Program Improvement (QAPI), Mental Health Plan (MHP), Quality Assurance Manager

Director Signature: **Signature on File**

I. Policy Statement

This policy sets forth expectations for Sonoma County Mental Health Plan (MHP) direct service providers regarding the direct service percentage standard required by the California Department of Health Care Services (DHCS) Network Adequacy regulations. Identified standards and processes are consistent with the Sonoma County MHP service agreement with DHCS, applicable DHCS Information Notices, as well as applicable state and federal regulations.

II. Scope

This policy applies to all DHS-BHD Covered Persons who provide Direct Services, including employees (full-time, part-time, extra-help), unpaid interns, paid interns, temporary agency workers, registered volunteers, and all individual providers contractually designated as covered persons. Covered Persons do not include Community Based Organization (CBO) staff.

III. Definitions

A. Direct Service: All activities, tasks, or services that are directly for client benefit, as captured in progress notes or Mental Health Medi-Cal Administrative Activities (MHMAA) time coding.

B. Direct Service Provider: Any staff member providing Direct Services under the Sonoma County MHP.

C. Mental Health Medi-Cal Administrative Activities (MHMAA): The Sonoma County MHP may claim federal reimbursement for the cost of administrative activities that support the Medi-Cal program. These activities include, but are not limited to, outreach, eligibility intake, and mobile crisis services for non-open cases.

D. Pronoun Usage: Throughout this policy, the singular "they/their" is used as a gender-neutral pronoun to promote clarity, readability, and inclusivity.

IV. Policy

A. Sonoma County DHS-BHD, MHP is dedicated in its effort to excel at providing quality services for the benefit of all its consumers and their families. DHS-BHD has established direct service standards for all staff providing mental health services to our consumers. These standards have been created so that all employees can be fully informed as to the level of direct service they are expected to meet, and on what basis their quantity of work will be evaluated.

B. Revenue generating activities are an important source of income for our organization. This income, along with other sources of income, such as grants, allows our organization to offer a broad range of services to our clients.

C. It is recognized that portions of tasks are non-billable and certain positions require more time focused on non-billable services. Those periods of time are taken into account, as well as the orientation and on-going training of personnel.

D. The standard level of direct service for all mental health clinical staff is no less than sixty percent (60%). This means that a minimum of 60% of work hours must be spent on tasks and services that are directly for client benefit, captured in progress notes or MHMAA codes.

E. Therefore, up to forty percent (40%), of work hours may be spent on non-direct service activities, such as meetings, committee participation, and training activities.

F. These percentages are based on actual work hours available. Time away from work such as holidays, sick or vacation leave, and leave without pay, will first be deducted (or backed out) from total work hours before direct service is calculated.

G. All positions in Behavioral Health require that some amount of time is spent on non-billable activities. In most positions only typical time missed, such as sick, vacation time will be deducted before direct service calculations are made. Usual work activities or responsibilities such as meetings, administrative tasks and other non-billable activities that are considered normal aspects of Behavioral Health positions are contained in the forty percent non-direct service time.

H. Fluctuations in direct service levels do occur from week-to-week, and month-to-month. Changes such as new schedules, temporary and unpredictable changes in client participation, or shifts in staff responsibilities may affect direct service on a short-term basis. Therefore, supervisors will also review and assess overall direct service levels by evaluating direct service on a quarterly basis, in addition to reviewing and assessing direct service based only on monthly reports of direct service levels. In this way, normal fluctuations will "even out" over time, giving both supervisors and staff a clearer, more accurate view of overall direct service. It is expected that newly hired staff will not initially meet the direct service standards, as a significant amount of their time in their first months will be devoted to training.

I. The above standards are based upon the California DHCS Network Adequacy regulatory expectations. Specifically, DHCS assumed that each full-time equivalent (FTE) provider can work a maximum of 2,080 hours (or 124,800 minutes) per year (assumptions: 52 weeks × 40 hours per week). DHCS assumes a 60% direct service rate (i.e., time spent on direct billable services), to determine the total direct service minutes (i.e., 74,880) per State Fiscal Year (SFY) for each FTE Specialty Mental Health Service (SMHS) provider. The 60% direct service rate was established by DHCS after convening internal and external stakeholder meetings which confirmed that on average, most providers spend about 60% of their time providing treatment services directly, while the remaining 40% is spent on administrative or other non-service-related professional activities (e.g., attending conferences, participating in professional events, etc.).

V. Procedures

A. Recording Direct Service Time

1. For Outpatient Programs:

    a. Direct Service is calculated based on information contained in the Electronic Heath Record system. Direct services are entered through the progress note function and include all clinical service codes and non-billable service codes.

2. For the Crisis Stabilization Unit (CSU) and Mobile Support Call Center or Field Teams:

    a. Direct Service is calculated based on information contained in the timecard. All work time on a CSU shift is considered to be direct service time. All work time on a Mobile Support Call Center shift or a Mobile Support Field Team shift is considered to be direct service time, toward rendering the community-wide Mobile Crisis benefit.

3. For Outreach, Eligibility, or Screening Programs:

    a. Direct Service is calculated based on information contained in the timecard. Outreach, eligibility, and screening activities are entered as MHMAA codes.

4. For other forensic-related or crisis related programs, see Attachment #1 Direct Service Category Program List for the list of programs:

    a. Direct Service is calculated based on information contained in the Electronic Health Record system (when applicable), and information contained in the timecard. Direct services in the Electronic Health Record are entered through the progress note function and include all service codes and non-billable service codes. Outreach, crisis, and case-management for non-open clients are entered as MHMAA codes.

B. Calculating Direct Service Percentage

1. The monthly Direct Service percentage is calculated by dividing the total direct service time in the month by the available work time for the month (adjusted for FTE and benefit time taken during the month), and then converting to percentage. The equation for this calculation is as follows:

    a. (Direct Service Time) / ((Total Available Work Time * FTE) - (Benefit Time Taken)) * 100%.

C. Monitoring Direct Service Percentage

1. Managers will review Direct Service percentages, using a three-month review period in the calculation, with the following frequency:

    a. Staff averaging 60% or higher in Direct Service percentage will be monitored on a quarterly basis.

    b. Staff averaging less than the 60% Direct Service percentage threshold will be monitored on a monthly basis.

2. Managers are expected to provide support, coaching, and problem-solving to assist staff in developing the tools needed to meet the 60% targeted threshold.

VI. Forms

None

VII. Attachments

Attachment 1: Direct Service Category Program List