


BHS Policies and Procedures	
	City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES
1380 Howard Street, 5 th Floor San Francisco, CA 94103 (628) 754-9500 FAX (628) 754-9585	
Policy or Procedure Title: Verification of Service Delivery	
Issued By: <div style="border: 1px solid black; border-radius: 10px; padding: 2px; display: inline-block;"> DocuSigned by: <i>imo momoh</i> 360E6E598F1D468... </div> Imo Momoh Director of Managed Care Effective Date: June 11, 2025	Manual Number: 2.03-27 References: MHP Contract No. 22-20129 -Exhibit A, Attachment 13

Technical Revision. Last reviewed March 23, 2026.

Equity Statement: Behavioral Health Services (BHS) is committed to prioritizing intersectionality, including race, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to become an anti-racist and trauma informed organization. We are committed to ensuring that every policy and procedure leads with an equity lens. We are dedicated to ensuring that our providers are equipped to respond to our members’ diverse needs and lived experiences.

Purpose:

Department of Health Care Services (DHCS) and Short-Doyle/Medi-Cal (SDMC) Program requires the services provided to Medi-Cal members be verified. This is in accordance with Title 42, CFR, section 455.1(a)(2) and with the Social Security Act, Sections 1902 (a)(4), 1903 (i)(2), and 1909.

Scope:

This applies to all Specialty Mental Health Services (SMHS) and Substance Use Services (SUS) programs and providers who render services to Medi-Cal members.

Policy:

Verification of service delivery is achieved in the following methods:

Specialty Mental Health Services (SMHS): The monthly service verification statements are to be sent to Medi-Cal members and their responsible parties. These billing statements delineate all services that were billed by the San Francisco Mental Health Plan (SFMHP) providers. BHS generates a report for encounters on a monthly basis, and using a sampling methodology, written service verification communications are generated for members. Statements are sent out by mailing vendor.

Substance Use Services (SUS): In accordance with Privacy and Confidentiality rules (Title 42, CFR), monthly service verification statements are to be sent to Medi-Cal members who receive services from BHS providers. Statements are sent out by mailing vendor.

Dispute Resolution Procedure:

Service Verification statements include Service Date, Service Description, Program and Rendering Provider Name information. If providers or Medi-Cal members encounter any discrepancy between services listed and services received, they should contact (628) 754-9310.

Definitions:

Behavioral Health Services (BHS) Provider: Any Department of Public Health (DPH) employee or contracted provider (e.g., community-based organizations) employed to provide behavioral health services in the City and County of San Francisco.

Contact Person(s):

BHS Billing Director, SFBHS_BillingQuestions@sfdph.org

Distribution:

BHS Policies and Procedure are distributed by BHS Quality Management and Regulatory Affairs.

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