



# Monterey County Behavioral Health Policy and Procedure

<b>Policy Number</b>	494
<b>Policy Title</b>	Service Verification
<b>References</b>	None
<b>Form</b>	Attachment 1 (Service Verification Report-Avatar Form 737) Attachment 2 (Satisfaction Survey) Attachment 3 (Script)
<b>Effective</b>	June 10, 2013

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## Policy

In response to a State mandate to verify claimed mental health services, Quality Improvement (QI) staff will be conducting telephone surveys of beneficiaries who received services within the past 7 days of the survey date. A random sample of 1% of all services rendered and billed (including those billed by contract providers) in a given day will trigger a service verification telephone survey within 7 days of the service. Surveys will emphasize the service verification first and foremost per the State mandate. Clients or their parent/guardian will be provided an opportunity to give additional feedback related to services if desired. Additionally, if a client refuses to participate in a survey another beneficiary who was seen by the same provider will be contacted. If the next client contacted refuses to participate, the process will repeat until a client participates in the survey or the selection of clients seen by that provider is exhausted.

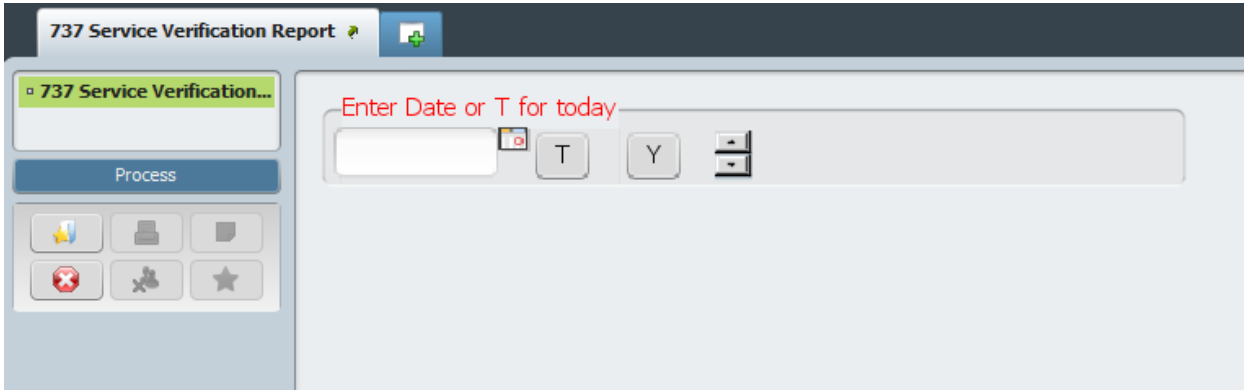
## Procedure

1. QI staff will log in to Avatar and pull up the Service Verification Report (#737—See Attachment 1) and will then enter the date that is being surveyed. This report will provide a random sample of 1% of all services rendered and billed (including those billed by contract providers) in a given day.
2. QI staff will also open the “Satisfaction Survey” form (See Attachment 2) on Avatar. This is where the survey questions are located and where the client answers/feedback will be logged.
3. QI staff will use a “script” (See attachment 3) when conducting the survey with the client (or parent/guardian if applicable) to guide the survey.

29 4. The answers/feedback will be logged on the "Satisfaction Survey" form on Avatar and  
30 the information will be submitted via the "Submit" button on the top left portion of the  
31 "Satisfaction Survey" screen.

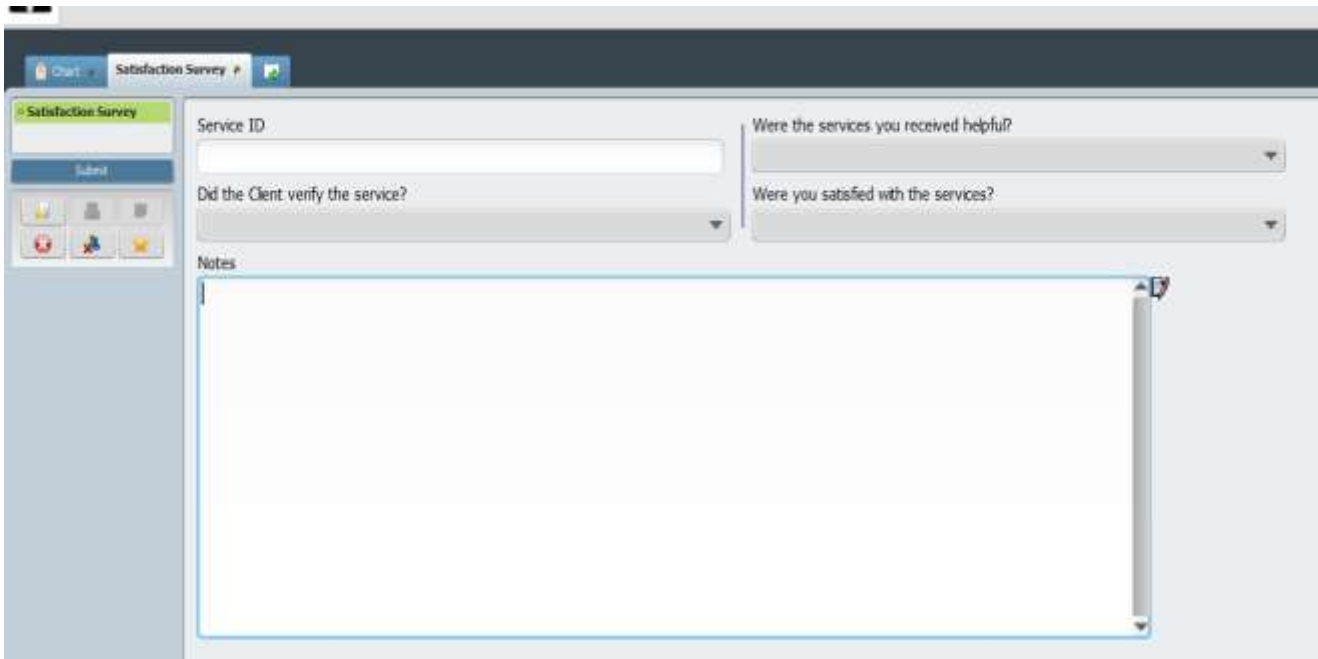
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### Attachment 1



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### Attachment 2



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**SCRIPT FOR SERVICE VERIFICATION TELEPHONE SURVEY**

“Hello, my name is \_\_\_\_\_ and I am calling from Monterey County Behavioral Health. Would you be willing to answer 3 quick questions about the services that you (or your child) received within the past week? Any information you share with me today will be completely confidential. You will also have the chance to provide additional feedback if you wish to do so.”

(Refer to questions on report)

“Thank you very much for taking the time to provide feedback. Do you have any additional comments you would like to provide? Thank you again for your time.”