NEW MEGA REGS POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: MHD Beneficiary Request for 2nd Opinion
Assigned Policy Number: 11200.1

Mega Regs Policy Area(s): Mark All That Apply

☐ Plan Administration and Organization
☐ Scope of Services
☐ Financial Reporting Requirements
☐ Management Information Systems
☐ Quality Improvement System
☐ Utilization Management Program
☐ Access and Availability of Services
☐ Documentation Requirements
☐ Coordination and Continuity of Care
☐ Beneficiary Rights
☐ Beneficiary Problem Resolution
☐ Program Integrity
☐ Reporting Requirements

Submitted by: Victor Ibabao

Date: 3/29/2018

Policy developed by: Mary Harnish

Attach P&P Document For Review In this Section

II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: Date: 4/4/2018

County Counsel: Date: 4/11/2018

Section B: BHSD Executive Director

BHSD Executive Director: Date: 4/11/2018

Note - A copy of the Approved Mega Regs P&P Form will be emailed to: BHSD Compliance Unit
Title: BENEFICIARY REQUESTS FOR A SECOND OPINION FOR MEDICAL NECESSITY, MENTAL HEALTH SERVICES

REFERENCE:

- 42 C.F.R. 438.206(b)(3)
- Title 9, California Code of Regulations, Chapter 11, Article 4, Section 1810.405 Paragraph (e)
- BHSD Policy 12000 Beneficiary Problem Resolution Process

POLICY:

When appropriate, BHSD shall provide second opinions from a network provider, or arrange for the beneficiary to obtain a second opinion outside the network at no cost to the beneficiary.

At the request of a beneficiary, BHSD shall provide a Second Opinion by a licensed mental health professional when BHSD or its provider network determines that the beneficiary is not entitled to specialty mental health service due to not meeting the medical necessity criteria in Title 9, California Code of Regulations, Section 1830.205 (b)(1), (b)(2) or (b)(3)(C) or Section 1830.210(a).

The MHP requires a face-to-face encounter with the beneficiary for a Second Opinion. This process shall be at no cost to the beneficiary.
Policy & Procedure Number: BHSD # 11200.1

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

Title: BENEFICIARY REQUESTS FOR A SECOND OPINION FOR MEDICAL NECESSITY, MENTAL HEALTH SERVICES

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<th>RESPONSIBLE PARTY</th>
<th>ACTION REQUIRED</th>
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<td>Call Center</td>
<td>- When a beneficiary has appropriately requested a Second Opinion, it is the responsibility of the Call Center to arrange a referral to a Service Provider who will provide a reasonable unbiased and neutral Second Opinion.</td>
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<td>- The request for a Second Opinion is initiated when the beneficiary is requesting mental health services, but it has been determined that the beneficiary does not meet the medical necessity for specialty mental health services.</td>
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<td>- The service provider who has determined that the beneficiary does not meet medical necessity for specialty mental health services should provide the beneficiary with a Notice of Adverse Benefit</td>
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DEFINITIONS:

Beneficiary. A Medi-Cal recipient who is currently receiving services from BHSD or a BHSD contracted provider.

Provider. A person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi-Cal program as described in California Code of Regulations, title 9, Division 1, Chapters 10 or 11 and in Division 3, Subdivision 1 of Title 22, beginning with Section 50000. Provider includes but is not limited to licensed mental health professionals, clinics, hospital outpatient departments, certified day treatment facilities, certified residential treatment facilities, skilled nursing facilities, psychiatric health facilities, general acute care hospitals, and acute psychiatric hospitals. The MHP is a provider when direct services are provided to beneficiaries by employees of the Mental Health Plan.
Title: BENEFICIARY REQUESTS FOR A SECOND OPINION FOR MEDICAL NECESSITY, MENTAL HEALTH SERVICES

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<td>- If the beneficiary makes a request for a Second Opinion by informing the QI Coordinator, or the service provider who made the initial assessment, or any BHSD staff member, the request must be forwarded to the Call Center.</td>
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<td>- The Call Center determines which service provider will conduct the Second Opinion, and will make a reasonable effort to select a service provider to conduct a neutral and unbiased evaluation. The Second Opinion will not be provided by a psychiatric technician or a licensed vocational nurse.</td>
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<td>- The Second Opinion will be completed within 30 days by a licensed service provider, and will require a face-to-face evaluation in order to determine if the beneficiary meets the requirements of medical necessity. Once the evaluation is completed, the provider will notify the Call Center of the outcome.</td>
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<td>- If the provider completing the Second Opinion determines that the beneficiary does not meet medical necessity, the provider notifies beneficiary of the Complaint and Grievance Process in accordance to the BHSD Policy # 12000 Beneficiary Problem Resolution Process. The Call Center may provide anticipatory guidance.</td>
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<td>- If the provider completing the Second Opinion determines that the beneficiary does meet medical necessity, then the Call Center will provide the beneficiary with an appropriate referral and authorization for mental health services.</td>
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- The beneficiary makes a request for a Second Opinion by informing the service provider who made the initial assessment or directly through the Mental Health Call Center. If a beneficiary contacts the QA Department to file an Appeal based on a given Notice of Adverse Benefit Determination, (NOABD), the QI Coordinator will facilitate the Second Opinion process with the Call Center.
Policy & Procedure Number: BHSD # 11200.1

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**Title:** BENEFICIARY REQUESTS FOR A SECOND OPINION FOR MEDICAL NECESSITY, MENTAL HEALTH SERVICES

- The Call Center will maintain a log of all beneficiary requests for a Second Opinion and the resolutions of these requests through the Customer Contact Log.

**Attachments:**