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

I. P&P INFORMATION

Assigned Policy Name: SUTS Beneficiary Request for 2nd Opinion

Assigned Policy Number: 11200.2

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

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

Submitted by: victor Ibabao  Date: 3/29/2018

Policy developed by: Tianna Nelson

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 Request for a Second Opinion for Medical Necessity for Substance Use Treatment Services

<table>
<thead>
<tr>
<th>Approved/Issue Date:</th>
<th>Behavioral Health Services Director:</th>
</tr>
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<tbody>
<tr>
<td>Last Review/Revision Date:</td>
<td>Next Review Date:</td>
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**REFERENCE:**

42 CFR 438.206 (b) (3)
42 CFR 438.210

**POLICY:**

Per 42 CFR 438.206 (b) (3), at the request of a beneficiary, Behavioral Health Services Department (BHSD) shall provide for a second opinion by a licensed professional of the healing arts (LPHA) either employed by or contracted with BHSD, when BHSD or one of its providers determine that the medical necessity criteria as described in 42 CFR 438.210 have not been met [specifically, criteria from the Diagnostic Statistical Manual Version 5 (DSM 5) and American Society of Addiction Medicine (ASAM)].

If a beneficiary does not meet the criteria as outlined in the DSM 5 and ASAM, the beneficiary is not entitled to services from BHSD. BHSD shall determine to whom the second opinion request is assigned, and the second opinion must be rendered in a face-to-face encounter. The second opinion process shall be at no cost to the beneficiary.

**DEFINITIONS:**

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

**Grievance.** An expression of dissatisfaction about any matter other than adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the beneficiary’s rights regardless of whether remedial action is requested. Grievance includes a beneficiary’s right to dispute an extension of time proposed by BHSD to make an authorization decision. (42 C.F.R. § 438.400)
Title: Beneficiary Request for a Second Opinion for Medical Necessity for Substance Use Treatment Services

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.

PROCEDURE

<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Action Required</th>
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<tbody>
<tr>
<td>Beneficiary</td>
<td>The request for a second opinion is initiated when the beneficiary is requesting substance use treatment services but has been denied those services due to a determination that the beneficiary did not meet medical necessity for those services. The beneficiary may request a second opinion by contacting BHSD beneficiary line at (408) 792-5666.</td>
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<td>Service Provider</td>
<td>The service provider, who has determined that the beneficiary does not meet medical necessity, is responsible for informing the beneficiary of their right to a second opinion and offering the beneficiary the BHSD beneficiary line at (408) 792-5666. The service provider is also responsible for providing the beneficiary with a Notice of Adverse Benefit Determination – Denial form, according to the Problem Resolution Process Policy [BHSD # 12000]. The service provider who determined that medical necessity has not been met is also responsible for linking the beneficiary to the BHSD should the beneficiary need that guidance.</td>
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</table>
Title: Beneficiary Request for a Second Opinion for Medical Necessity for Substance Use Treatment Services

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<tr>
<th>Quality Improvement and Data Support (QIDS)</th>
<th>At the requested by the beneficiary, BHSD must provide for a second opinion form a qualified health care professional within the network, or arrange for the ability of the beneficiary to obtain one outside of the network at no cost to the beneficiary.</th>
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<tr>
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<td>It is the responsibility of the BHSD Quality Improvement and Data Support (QIDS) Division to arrange a referral to a service provider appropriate to the beneficiary’s needs for evaluation and second opinion.</td>
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<td>BHSD QIDS staff will coordinate linkage to another service provider within 48 hours.</td>
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<td>BHSD QIDS will inform the SUTS Clinical Standards Coordinator (CSC) of all beneficiary requests for a Second Opinion, and the CSC will maintain a log of all second opinions and their resolutions.</td>
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<td>Licensed Practitioner of the Healing Arts (LPHA)</td>
<td>An LPHA at the assigned provider will offer an unbiased and neutral second opinion.</td>
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<td>The second opinion will be completed by an LPHA of the assigned service provider within 5 days of receiving the second opinion request. Once the evaluation is completed, the service provider will notify BHSD QIDS staff of the outcome.</td>
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<td>If the LPHA completing the second opinion also determines that medical necessity has not been met, then the provider issues a Notice of Adverse Benefit Determination – Denial. The LPHA must also inform the beneficiary of the right to file a complaint or grievance by way of the Problem Resolution Process.</td>
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<td>If the LPHA completing the second opinion determines that the beneficiary does meet medical necessity, then the provider is to inform BHSD QIDS staff and coordinate care with the QIDS staff to refer the beneficiary to the appropriate level of care service provider.</td>
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Policy & Procedure Number: BHSD # 11200.2

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

**Title:** Beneficiary Request for a Second Opinion for Medical Necessity for Substance Use Treatment Services

**Attachments:**