



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

### I. P&P INFORMATION

Assigned Policy Name: Limitation on Moral or Religious Grounds

Assigned Policy Number: 2100

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

- |   |  |
|---|--|
| <input type="checkbox"/> Plan Administration and Organization | <input type="checkbox"/> Provider Network                    |
| <input checked="" type="checkbox"/> Scope of Services         | <input type="checkbox"/> Documentation Requirements          |
| <input type="checkbox"/> Financial Reporting Requirements     | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems       | <input type="checkbox"/> Beneficiary Rights                  |
| <input type="checkbox"/> Quality Improvement System           | <input type="checkbox"/> Beneficiary Problem Resolution      |
| <input type="checkbox"/> Utilization Management Program       | <input type="checkbox"/> Program Integrity                   |
| <input type="checkbox"/> Access and Availability of Services  | <input type="checkbox"/> Reporting Requirements              |

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

Policy developed by: Sheryl Hogan

Attach P&P Document For Review In this Section



### II. APPROVAL

#### Section A: HHS Compliance and County Counsel

HHS Compliance: DocuSigned by: Victoria Phan Date: 4/2/2018

County Counsel: 3527B4B4F12742C... DocuSigned by: Lorraine Van Kirk Date: 4/3/2018

#### Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys Date: 4/5/2018

Note - A copy of the Approved Mega Regs P&P Form will be emailed to: BHSD Compliance Unit



**Policy & Procedure Number: BHSD # 2100**

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <b>BHSD County Staff</b>                          |
| <input checked="" type="checkbox"/> | <b>Contract Providers</b>                         |
| <input checked="" type="checkbox"/> | <b>Specialty Mental Health</b>                    |
| <input checked="" type="checkbox"/> | <b>Specialty Substance Use Treatment Services</b> |

**Title: LIMITATION ON MORAL OR RELIGIOUS GROUNDS**

<b>Approved/Issue Date:</b>	<b>Behavioral Health Services Director:</b>	
<b>Last Review/Revision Date:</b>	<b>Next Review Date:</b>	<b>Inactive Date:</b>

**REFERENCE:**

- 42 CFR § 438.10 (e), (g). Information Requirements.
- 42 CFR § 438.52. Choice of MCO's, PIHPs, PAHPs, PCCMs and PCCM entities.
- 42 CFR § 438.100 (b). Enrollee Rights.
- 42 CFR § 438.102 (a)-(b). Provider-enrollee Communications.

**POLICY:**

Providers will not be required to deliver, reimburse for, or offer coverage of a counseling or referral service if the provider objects to the service on moral or religious grounds. Beneficiaries will know which providers have objections based on religious or moral grounds prior to referral or change.

**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.



**Policy & Procedure Number: BHSD # 2100**

<input checked="" type="checkbox"/>	<b>BHSD County Staff</b>
<input checked="" type="checkbox"/>	<b>Contract Providers</b>
<input checked="" type="checkbox"/>	<b>Specialty Mental Health</b>
<input checked="" type="checkbox"/>	<b>Specialty Substance Use Treatment Services</b>

**Title: LIMITATION ON MORAL OR RELIGIOUS GROUNDS**

<b><u>PROCEDURE</u></b>	
<b>Responsible Party</b>	<b>Action Required</b>
<b>Enrollees and Potential Enrollees</b>	May contact the state to request information on how and where to obtain such services if BHSD chooses not to furnish the services because of moral or religious objections.
<b>BHSD</b>	<ol style="list-style-type: none"> <li>1. Reimburses for counseling and referral services based on moral or religious grounds.</li> <li>2. Notifies beneficiaries about providers that may not provide services based on moral or religious grounds at least 30 days prior to the effective date of the change.</li> <li>3. Notifies enrollees at least 30 days in advance of BHSD implementing any new policy to discontinue the provision and reimbursement of counseling or referral services based on moral or religious grounds.</li> <li>4. Furnishes the state with information on services it does not cover based on moral or religious grounds whenever it adopts this type of policy.</li> </ol>
<b>Providers</b>	<ol style="list-style-type: none"> <li>1. Prior to entering into a contract, providers will submit documentation to the BHSD about any services they do not cover because of moral or religious objections.</li> <li>2. Providers will submit information to beneficiaries about any services they do not cover because of moral or religious objections.</li> <li>3. Submit updates to BHSD annually or when there is a change in the services not covered due to moral or religious grounds.</li> </ol>
<b>Attachments:</b>	