



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

I. P&P INFORMATION

Assigned Policy Name: out of Plan Services

Assigned Policy Number: 2300

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 plan 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 # 2300

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

Title: Out of Plan Services

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

<p><u>REFERENCE:</u></p> <ul style="list-style-type: none"> • 42 CFR § 438.206(b)(4)-(5). Availability of Services. • 42 CFR § 438.210 (a)(1)-(5). Coverage and Authorization of Services. • 9 CCR § 1830.220. Authorization of Out-of-Plan Services. • 9 CCR § 1810.365. Beneficiary Billing. • 9 CCR § 1810.405. Access Standards for Specialty Mental Health Services. • All County Letter (ACL) No. 17-77 Implementation of Presumptive Transfer for Foster Children Placed Out of County. • MHSUDS Information Notice No. 18-011 Federal Network Adequacy Standards for Mental health Plans (MHPS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties • BHSD #7100 Network Adequacy and Timely Access • BHSD #3200 Emergency and Post Stabilization Services

<p><u>POLICY:</u></p> <p>BHSD is responsible for providing or arranging medically necessary behavioral health services for beneficiaries outside their county of origin for emergency and post stabilization services. If BHSD is unable to provide outpatient medically necessary covered services to a beneficiary it will provide timely and adequate out of plan services for as long as BHSD is unable to provide these services. BHSD will arrange for medically necessary behavioral health services for children in foster care residing outside their county of origin. BHSD will provide medically necessary behavioral health services to foster care children placed in Santa Clara County.</p>
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DEFINITIONS:

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

Emergency. A Condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel or a public safety agency (Health & Safety Code § 1797.07).

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.



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<u>PROCEDURE</u>	
Responsible Party	Action Required
BHSD	<ol style="list-style-type: none"> 1. Will provide or authorize out of plan services in the following circumstances: <ol style="list-style-type: none"> a. When a beneficiary with an emergency psychiatric condition is admitted for emergency psychiatric inpatient hospital services the hospital is not required to obtain payment authorization for emergency admission, voluntary or involuntary. b. When a beneficiary is out of county and develops an urgent condition and there are no providers contracting with BHSD reasonably available to the beneficiary based on the BHSD's evaluation of the needs of the beneficiary. c. When there are no providers contracting with BHSD reasonably available to the beneficiary based on the BHSD's evaluation of the needs of the beneficiary, the geographic availability of providers, and community standards for availability of providers in the county in which the beneficiary resides. d. When the beneficiary is placed out of county by: <ol style="list-style-type: none"> i. The Foster Care Program ii. A Lanterman-Petris-Short (LPS) or Probate Conservator or other legal involuntary placement.
	<ol style="list-style-type: none"> 1. Will notify county Single Point of Contact within three business days of a presumptive transfer decision of a youth beneficiary to an out of plan county for referral For Santa Clara County, the Single Point of Contact is: presumptivetransfer@hhs.sccgov.org 2. Send state standardized forms and arrange to send the most recent behavioral health records to county of residence: <ul style="list-style-type: none"> • MH 5125: Service Authorization Request • MH 5120: Client Assessment • MH 5121: Client Assessment Update • MH 5122: Client Plan • MH 5123: Progress Notes Day Rehabilitation Services



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	<ul style="list-style-type: none"> • MH 5124: Progress Notes Day Treatment Intensive Services • MH 5126: Organizational Provider Agreement for Foster Children Placed Out of County
Presumptive Transfer Coordinator	<ol style="list-style-type: none"> 1. Submits a Service Authorization Request (SAR) and cover letter to the placing county requesting 12 month authorization for all services on an as needed basis. 2. Refers youth beneficiary to an appropriate treatment provider. 3. Forwards referral letter and signed SAR to the provider. 4. Maintains SAR records.
Out of Plan Provider	<ol style="list-style-type: none"> 1. If applicable, BHSD will establish agreements with Out of Plan providers to ensure Out of Plan provider adheres to timely access standards. 2. When a beneficiary with an emergency psychiatric condition is admitted for psychiatric health facility services the provider or affiliate will not submit a claim to, demand or otherwise collection reimbursement for emergency services from the beneficiary. 3. For inpatient psychiatric services, the out of plan provider will notify BHSD within ten calendar days of the time of presentation for emergency services, or within the timelines specified within the BHSD contract, if applicable. <p style="text-align: center;"> Inpatient Utilization Review Coordinator Phone: (408) 885-4867 Fax: (408) 279-0806 828 S. Bascom Avenue, Suite 200 San Jose, CA 95128 </p>



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Outpatient Provider	<ol style="list-style-type: none">1. Ensures Medi-Cal eligibility is monitored monthly.2. Works with BHSD and county of origin to monitor and obtain reauthorization of services as medically necessary using the SAR.
Attachments:	