

SAN MATEO COUNTY
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: July 11, 2007

BHRS POLICY NO.: 07-02

SUBJECT: Outpatient Services to Beneficiaries of Other Counties

AUTHORITY: DMH Information Notice: 06-18; Local

SUPERSEDES: New Policy; Technical changes made February 2010

PURPOSE

- To define a consistent procedure governing authorization and claiming for outpatient services provided by the San Mateo County Mental Health Plan (MHP) to Medi-Cal beneficiaries of other counties.
- To enhance collaboration with other counties in providing services for their clients who may require treatment in San Mateo County.

BACKGROUND

Under the statewide Federal CMS (Centers for Medicaid and Medicare Services) Managed Care Waiver, the County of Beneficiary is responsible to provide all medically necessary services for its Medi-Cal beneficiaries. Many counties have agreed to the principle that they will reimburse other counties providing outpatient services for their beneficiaries, if those services have been authorized. Care provided by the MHP is paid (approximately) at 50% by the County of Beneficiary and the remaining 50% is recouped through claiming the Federal share of Medi-Cal. This percentage may vary from year to year.

In order to maximize the retrieval of costs incurred by San Mateo County Behavioral Health and Recovery Services, the following procedure is established for clients whose Medi-Cal benefits reside with another county.

DEFINITION

County of Beneficiary - the county within which the beneficiary has established eligibility for Medi-Cal.

POLICY/PROCEDURE

The following procedure will be initiated in a collaborative and expeditious manner so that needed services can be provided as soon as is possible to all authorized clients who meet medical necessity standards.

A. Children and Youth

- The ACCESS Team is the primary gatekeeper for admission into all outpatient mental health services for beneficiaries of other counties.
- In most circumstances, another county's Mental Health Plan will contact BHRS requesting help in obtaining and/or providing mental health services for its beneficiary.
- Medi-Cal beneficiaries with Aid to Adoptive Children aid codes (03, 04, and 4A) do not require pre-authorization; no contract with the County of Beneficiary is necessary and no billing to that County will occur. (See additional information in Section B.)
- All other admissions require pre-authorization by the County of Beneficiary.
- Negotiation with the County of Beneficiary may involve a youth clinical manager or an ACCESS Team staff member. If a clinical manager (or delegate) is communicating with the County of Beneficiary, ACCESS must be made aware of the situation and any agreements for service that are established.
- All communication with the County of Beneficiary will include the possibility that an initial assessment will be needed prior to a final decision about clinical responsibility for services.
- Occasionally, a referral or request for services may come from other sources such as the family of a child, the beneficiary, a hospital discharge team, etc.
 - The above procedure shall also guide our response in these situations.
 - The ACCESS Team maintains a current list of the key referral numbers for other counties and can assist the youth manager in contacting appropriate staff in the County of Beneficiary.
- Every beneficiary referred for services must receive a documented screening and/or assessment in a timely manner.
 - The youth manager may request that a clinical team provide the written assessment, or it may be performed by the ACCESS Team.
 - A team requested to provide an assessment to evaluate system of care medical necessity shall schedule this as soon as possible, as they would for any other assessment for a San Mateo County beneficiary.

- If the screening/assessment indicates that service by an individual or organizational network provider is likely to be the appropriate level of care, the referring county should be given a list of network providers. The County of Beneficiary will be responsible for the referral and payment authorization to the private provider. No further MHP involvement is expected.
 - A list of current providers is available at every BHRS clinic; it may also be obtained by contacting the Provider Relations Specialist (Brad Johnson x2893).
 - If the County of Beneficiary is requesting Therapeutic Behavioral Services, that county should be given contact information and will need to make its own arrangements with our TBS contract provider.

- If the screening and/or clinical assessment indicates that system of care services are appropriate for the referred beneficiary, the youth manager or the ACCESS Team point of contact will communicate this to the referring county.

- Payment negotiations will take place immediately. This usually will include writing a one-time purchase agreement or contract with the County of Beneficiary.
 - BHRS Contract staff should be consulted during the writing of the agreement, to assure proper management of the financial guaranty. Completed contracts or purchase agreements will be maintained by contract staff.
 - A copy of the completed contract or purchasing agreement will be given to the Administrative Services Manager, with a notation that this is a contract concerning services to an out-of-county client.
 - BHRS Fiscal Services will bill the County of Beneficiary monthly.
 - The contracting process should include identification of the individual or team who will be the primary contact for clinical and authorization purposes.
 - The referring county will usually authorize an initial assessment and then ongoing services within a specified time frame. It is the responsibility of the treating team to monitor time-lines for reauthorization. The County of Beneficiary should be contacted prior to the end of the authorized time period to request additional authorized services.

B. Special Procedures for Medi-Cal beneficiaries with Aid to Adoptive Children aid codes (03, 04, and 4A)

- As previously noted, beneficiaries with these aid codes do not require pre-authorization; no contract with the County of Beneficiary is necessary and no billing to that County will occur.
- However – the County of Beneficiary (not the receiving county) retains the responsibility to assure the provision of necessary treatment for its beneficiaries.
- If the initial contact with San Mateo County is by a family member, care-giver or other involved party, the youth manager or ACCESS Team staff member may facilitate linking the youth to services by contacting the County of Beneficiary directly.
- All provisions in this policy, other than those concerning pre-authorization and contracting, pertain to Medi-Cal beneficiaries with the referenced Aid Codes.

C. Adults and Older Adults

- The ACCESS Team is the primary gatekeeper for admission into all outpatient mental health services.

- Occasionally, another county's Mental Health Plan will contact BHRS requesting help in obtaining and/or providing behavioral health services for its beneficiary, while that client is temporarily residing in San Mateo County.
 - Emergency admissions do not require pre-authorization. All other admissions require pre-authorization by the County of Beneficiary.
 - Negotiation with the County of Beneficiary may involve an adult clinical manager or an ACCESS Team staff member. If a clinical manager (or delegate) is communicating with the County of Beneficiary, ACCESS must be made aware of the situation and any agreements for service that are established.
 - All communication with the County of Beneficiary will include the possibility that an initial assessment will be needed prior to a final decision about clinical responsibility for services.
 - If the screening/assessment indicates that service by an individual or organizational network provider is likely to be the appropriate level of care, the referring county should be given a list of network providers. The County of Beneficiary will be responsible for the referral and payment authorization to the private provider. No further MHP involvement is expected. A list of current providers is available at every mental health clinic; it may also be obtained by contacting the Provider Relations Specialist (Brad Johnson x2893).
 - If the screening and/or clinical assessment indicates that system of care services are appropriate for the referred beneficiary, the adult manager or the ACCESS Team point of contact will communicate this to the referring county.
 - Payment negotiations will take place immediately. This usually will include writing a one-time purchase agreement or contract with the County of Beneficiary.
 - BHRS Contract staff should be consulted during the writing of the agreement, to assure proper management of the financial guaranty. Completed contracts or purchase agreements will be maintained by contract staff.
 - A copy of the completed contract or purchasing agreement will be given to the Administrative Services Manager, with a notation that this is a contract concerning services to an out-of-county client.
 - The contracting process should include identification of the individual or team who will be the primary contact for clinical and authorization purposes.
 - The beneficiary will be opened by the assigned clinical team.
 - BHRS Fiscal Services will bill the County of Beneficiary monthly.
 - Requests by the County of Beneficiary for clinical information will be responded to by the treating team, in accordance with established HIPAA compliance practice.
 - Requests by the County of Beneficiary for chart information for billing purposes will be responded to by Patient Billing.

- More often, an adult consumer (or family member of an adult) will request services directly, either through the ACCESS team or by walking into a behavioral health clinic.

- The consumer will be welcomed and rapidly triaged to determine if emergency services are required.
- The client’s Medi-Cal eligibility and County of Beneficiary will be determined.
- The beneficiary’s intention to move to San Mateo County or return to the County of Beneficiary will be determined. Clients preferring to be treated in the County of Beneficiary will be helped to communicate with the MHP of that county and will be given reasonable assistance in returning home.
- For beneficiaries expressing a desire to be treated in San Mateo County, a determination of feasibility will be made based on criteria such as current address, intention to change address to San Mateo County, etc.
- Clients who qualify for services in San Mateo County and who meet medical necessity criteria for system of care services will be opened to San Mateo County BHRS following usual procedures at ACCESS or after a direct regional assessment.
- Beneficiaries who can best be treated by a provider in the outpatient network may be referred (through ACCESS) once Medi-Cal County of Beneficiary has been changed to San Mateo County.
- Clients will receive immediate assistance in changing their Medi-Cal eligibility from the County of Beneficiary to San Mateo County.

Approved: Signature on file with BHRS Administration
 Louise Rogers, Director
 Behavioral Health and Recovery Services

Reviewed: _____

