SAN MATEO COUNTY
MENTAL HEALTH SERVICES DIVISION

DATE: November 19, 1996

MENTAL HEALTH POLICY NO.: 96-12

SUBJECT: Medical Necessity – Adults Receiving System of Care Services – Procedure for Reassessment

AUTHORITY: Divisional; Federal Managed Care Waiver; Rehabilitation Option for Medicaid Finance

SUPERSEDES: New Policy

PURPOSE:

To establish a standard procedure for clinical assessment of an adult client currently receiving system of care services when his/her ongoing medical necessity for service is questioned.

EXCLUSIONS

This policy does not define initial standards for determining medical/service necessity; neither does it define procedures for case closure and/or referral out for clients who were opened for initial or extended evaluation and then found not to meet medical necessity. It does not speak to a mutual decision by therapist/team and client to discontinue services or transfer services to another mental health provider.

POLICY

1. This policy addresses the following general situation:

    - Client has been open to services for longer than one year.
    - Client wishes to continue services.
    - A request to evaluate ongoing medical/service necessity has been initiated by:
        - the sole treating therapist;
        - a treatment/rehabilitation services team (the team must document agreement with a request to evaluate a client initiated by a single team member);
        - regional unit chief or medical director;

- director of a community mental health agency; or
- an adult services or quality improvement manager.

2. A decision to deny medical necessity and terminate services requires agreement by two psychiatrists, each of whom shall provide the client with a separate face-to-face evaluation.
   - When a psychiatrist is the initiating therapist, one additional face-to-face evaluation by another psychiatrist shall occur.

3. Formal requests to evaluate ongoing medical/service necessity shall be forwarded to the unit chief or the agency director of the unit/provider where the client is receiving services. That supervisor shall coordinate the review process so that it occurs in a timely manner.
   - Mental Health regional treatment teams shall cooperate with requests by agencies for a first or second medical opinion.
   - Whenever possible, the second opinion shall be that of a psychiatrist not servicing on the same treatment team as the first evaluator.
   - Team deliberations, date of referral to the unit chief/agency director, and all medical evaluations shall be properly documented in the client record. This documentation shall be in sufficient detail to give an objective understanding of the course of events and the clinical findings.

4. A finding by the first psychiatrist that the client meets criteria for ongoing treatment/service causes this review process to cease. The finding of medical/service necessity should be documented.
   - In the rare circumstance that a referring therapist or team believes the first evaluation was in serious error, an appeal may be filed with the medical director serving the catchment area in which the client is treated.
   - The medical director shall schedule a second evaluation with a regional psychiatrist.
   - The client shall continue to receive services during the assessment period.

5. Where the medical/service necessity decision remains unclear, the benefit of the doubt lies with the client; the client shall continue to receive appropriate services.
   - The client shall not be referred again for evaluation for one year.

6. When a Medi-Cal beneficiary is no longer found to meet medical/service necessity, the client must be given written information including a notice of termination of service, and information about grievance and appeal procedures.

7. Mental Health Services providers shall make every effort to have this process be a positive experience for the client. Referrals as appropriate, to non-mental health providers and other resources shall be offered to the client.

Approved:_____

Gale Bataille, Director
Mental Health Services Division