



Policy Number:	99-07
Policy Name:	Referral Procedures (Clinical) - Unique Circumstances
Authority:	Divisional
Original Policy Date:	August 8, 1999 Effective Date: 08/08/99
Supersedes:	N/A
Policy Last Revised:	N/A
Attachments:	A. Request for Referral to Unique Clinical Service

BACKGROUND

The Mental Health Plan (MHP) is responsible for providing all medically necessary specialty mental health services for Plan beneficiaries. Further, it is the intent of San Mateo County Mental Health Services to make available medically necessary services for indigent consumers.

POLICY

- The MHP shall offer a comprehensive range of specialty mental health services, through county or contracted clinicians, agencies, and inpatient facilities, to meet the mental health needs of consumers.
- The MHP shall provide unique medically necessary services when customary clinical modalities are not appropriate or sufficient to meet the specialty mental health needs of a client.
- For the purposes of this policy and procedure, unique medically necessary services are defined as widely recognized therapeutic modalities (assessment or treatment) that can be provided by the MHP only by engaging the services of a therapist or program with special expertise in the field.

PROCEDURE/PROTOCOL

- Clients referred for unique services must have a current (i.e., no older than one year) comprehensive assessment and/or Physician’s Initial Note (PIN) in the chart.

Referrals must document:

- the course of prior clinical efforts to meet the specific identified treatment need;
- or, a specific clinical need identified on intake into inpatient or outpatient services for which the MHP has no local or customary treatment resource;



- and, consumer involvement in the development of the plan.
- Therapists wishing to refer a client for unique clinical services must consult with and receive the approval of their team (if appropriate) and Unit Chief. This consultation shall be documented in the client’s chart, with the Unit Chief’s recommendation.
- The therapist or Unit Chief shall consult with the ACCESS Team to be sure that the desired service is not already available through the broad array of services provided by the MHP.
- The Adult or Youth Services Manager may approve the treatment request, after the ACCESS consultation.
- The therapist or Unit Chief may appeal denied requests for unique services to the Medical Director (or his designee).
- The appropriate clinical manager shall coordinate efforts to obtain the unique medically necessary service.
- An approved treatment request shall be submitted to the Assistant Director of Mental Health Services for consent to enter into a vendor agreement or contract with a unique treatment provider.
- The MHP shall maintain a file documenting the provision of unique services to Plan beneficiaries.
- The provider of the service shall be expected to submit written assessment or treatment summaries to the referring therapist.
- Once the treatment plan is in place, the manager shall continue to track the course of treatment and facilitate adjustments to the plan or discharge from that service as indicated.

SIGNATURES

Approved: _____ *Signature on File*
 Beverly Abbott, Director
 Mental Health Services Division

Approved: _____ *Signature on File*
 Faith Richie, Assistant Director
 Mental Health Services Division

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description
03/2000	Tech Edit	Attachment A: Technical Edit