



ADMINISTRATIVE/FISCAL/CLINICAL/PHF POLICY AND PROCEDURES

COUNTY OF SANTA BARBARA
ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

Section - QUALITY ASSURANCE	Effective: 6/4/2008
Policy - #40 HEALTHY FAMILIES SED SERVICES	Revised: 5/19/2010
Director's Approval <u>Ann Detrick</u>	Date <u>5/26/10</u>
Deputy Director's Approval <u>[Signature]</u>	Date <u>5/20/10</u>
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POLICY:

It is the policy of the Santa Barbara County Mental Health Plan (SBC MHP) to provide appropriate mental health services to all children enrolled in a Healthy Families Plan (HFP) who qualify for the Severely Emotionally Disturbed benefit, in compliance with DMH Information Notices 98-14, 98-16, 99-12, and 07-01, as well as 22 CFR §2699.6700(a)(10).

DEFINITIONS:

For purposes of the P&P, the following definitions are used:

- A. **Healthy Families Plan (HFP)** means a Healthy Families health plan offered by CenCal Health through which mental health services are offered.
- B. **SED** means that a child is determined by the SBC MHP to meet the criteria for Serious Emotional Disturbances (SED) as defined in California Health and Safety Code §1374.72, or that an adult is determined to meet the criteria for a Serious Mental Disorder pursuant to California Welfare & Institutions Code §5600.3.
- C. **Clinician** is an individual employed by the MHP or an organizational provider contracted with the MPH who meets one or more of the criteria below:
 1. Holds a valid California license as an MD, DO, NP, PA, Psychologist, LCSW, MFT, or LPCC.
 2. Holds a valid California license as an RN and earned a Master's degree, and is listed as a Psychiatric/Mental Health Nurse (PMH) by the Board of Registered Nursing.
 3. Holds a valid California registration as an ASW or IMF.
 4. Holds a valid waiver from DMH to perform the duties of a Psychologist.

BACKGROUND:

Basic Mental Health Benefit

Any child who is enrolled in a Santa Barbara County HFP can access outpatient or inpatient care through PacifiCare Behavioral Health of California (PBHC). PBHC will authorize services through the PBHC network of qualified behavioral health providers.

For most services, enrollees must obtain a pre-authorization from PBHC prior to their first counseling visit or other outpatient service.

Enrollees may obtain a referral for services by calling PBHC at (800) 999-9585.

Healthy Families

Healthy Families is a voluntary, State and federally subsidized insurance program which offers benefits for children under the age of 19 who are not eligible for no-cost Medi-Cal, and who do not have other health insurance coverage. Several Healthy Family Plans (HFP's) are available in Santa Barbara County, coordinated by CenCal Health.

HFP enrollees are eligible for Outpatient Mental Health benefits, which include:

- Treatment for members who have experienced family dysfunction or trauma, including child abuse and neglect, domestic violence, substance abuse in the family, divorce, or bereavement;
- Involvement of family members in the treatment to the extent the provider determines it is appropriate for the health and recovery of the member;
- Treatment for severe mental illness (SMI), including but not limited to autism, anorexia nervosa, bulimia, bipolar disorder, obsessive-compulsive disorder, and schizophrenia.

The outpatient mental health benefit available through the HFP is limited to 20 visits per benefit year, except for the treatment of severe mental illness. In addition, HFP coverage includes up to 30 days of inpatient psychiatric hospitalization per year.

SED Benefit

An additional part of the HFP benefit package is mental health services to enrollees determined to meet SED criteria. Once an enrollee is designated SED by an ADMHS clinician, the full range of medically necessary services available through the Medi-Cal Rehabilitation Option and Targeted Case Management programs will be provided to the extent resources are available. The service requirements and quality management requirements for Medi-Cal specialty mental health services apply to the SED benefit under Healthy Families. Any provider enrolled to provide Medi-Cal specialty mental health services through SBC MHP is enrolled for the SED benefit under HFI.

When an enrollee has been determined to be SED, the responsibility for mental health services is as follows:

- The health plan remains responsible for all components of the annual 30-day psychiatric inpatient hospitalization benefit. Health plans will authorize services, select providers, and negotiate rates and payment arrangements for these services.
- SBC MHP is responsible for medically necessary inpatient mental health services that exceed the annual thirty-day limit. In addition, to the extent resources are available, the MHP is responsible for all medically necessary treatment, including medications and laboratory services, provided on an outpatient basis for the SED condition. These services are provided with no share of cost.
- Once a child has been determined to be SED under this program, the HFP is not responsible for providing the 20 outpatient visits benefit.

Definition of SED

For a minor child, SED refers to any diagnosable mental disorder which results in behavior inappropriate to the child's age according to expected developmental norms. A child is considered SED if his or her inappropriate behavior does not result from substance abuse or a developmental disorder, and the child meets the following criteria:

1. Has substantial difficulties in at least two of the following areas:
 - i. self-care
 - ii. school functioning
 - iii. family relationships
 - iv. ability to function in the community
2. One of the following occurs:
 - a. The child is at risk of removal from the home or has already been removed;
 - b. The mental health condition has been present for more than 6 months or is likely to continue for more than 1 year if not treated.
 - c. Shows displays psychotic behavior, risk of suicide, or risk of violence due to a covered mental disorder.

In addition, an HFP enrollee is considered to be SED if he or she has been identified as Emotionally Disturbed through an IEP developed by a local school district or SELPA.

An adult HFP enrollee is eligible for the SED benefit if the enrollee meets the criteria for serious mental disorder. "Serious mental disorder" means a mental disorder identified in the most recent edition of the DSM (other than a substance use disorder, developmental disorder, or traumatic brain injury) that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.

Assessing for SED

SBC MHP is responsible for assessing whether or not an HFP enrollee is SED. Assessment may occur as a result of a referral from a health plan or plan providers, from a self referral, or from a referral from other community resources such as schools or child welfare agencies. Additionally, children who are currently receiving services through an ADMHS clinic, or children age 5 or younger who are receiving services through a contracted CBO, can be assessed for SED without a referral.

PROCEDURE:

A. Basic Mental Health Benefit

1. Any child who is enrolled in a Santa Barbara County HFP can access outpatient or inpatient care through PacificCare Behavioral Health of California (PBHC). PBHC will authorize services through the PBHC network of qualified behavioral health providers.
2. For most services, enrollees must obtain a pre-authorization from PBHC prior to their first counseling visit or other outpatient service.
3. Enrollees may obtain a referral for services by calling PBHC at (800) 999-9585.
4. Any enrollee who experiences difficulties with the referral process should contact CenCal Health for assistance.

B. SED Evaluation: Written Referral from Healthy Families Plans or Providers

1. Any referral from a Healthy Families Plan, PBHC, or an affiliated healthcare or mental health provider is forwarded to Quality Assurance as soon as possible.
2. QA logs the referral, and a Clinician at QA reviews the referral within 5 business days of receipt.
 - a. If the referral includes sufficient information to determine that a child is SED, QA informs the HFP by faxing a completed SED Response Form, and authorizes an ADMHS Clinic (for enrollees over age 5) or CBO (for enrollees age 5 and younger) to provide services.
 - b. If the HFP enrollee is an inpatient in a psychiatric hospital or other locked facility at the time of referral, QA and the Hospital Liaison will ensure that the assessment process is completed and the Health Plan is notified of the result within 5 days, if the enrollee continues to be a patient in the hospital during that period of time.
 - c. If the referral does not include sufficient information to determine that an outpatient client is SED, QA forwards a request for SED assessment to the appropriate clinic, or to an appropriate CBO if the child is 5 years of age or under.

- i. The clinic or CBO schedules an assessment no later than 30 days after receipt of the referral by QA. If the clinic or CBO is unable to contact the parent or guardian within 15 days of receiving the referral, QA is notified and notifies the referral source by fax.
3. A Clinician at the clinic or CBO makes a recommendation regarding SED status, which is faxed to QA along with any substantiating documentation.
4. QA reviews the recommendation, makes an official determination of SED status, and completes a Healthy Families Mental Health Response Form, which is faxed to the HFP.
 - a. If the client is determined to meet SED criteria, QA will authorize services through the clinic or a CBO within 5 business days of receiving the Mental Health Response Form.
 - b. If the client is not SED, QA will refer the client back to their HFP.
5. QA maintains a copy of the Mental Health Response Form in the client's file.

C. SED Evaluation: Referral from Other Sources

1. Any referral from another source, including a self-referral or referral from a parent or guardian, may be made to an ADMHS clinic, Quality Assurance, or a contracted CBO.
2. The agency or program which receives a referral logs the date the referral is received.
3. A CBO which receives a referral for a child 5 years of age or younger may choose to forward the referral to QA or may choose to complete an SED Initial Assessment form.
4. A clinic which receives a referral completes an SED Initial Assessment form, or forward the referral to QA if the enrollee is 5 years of age or younger.
5. Completed SED Initial Assessment forms are forwarded to QA. Each SED Initial Assessment form must be accompanied by a valid consent to release information to the child's HFP.
6. Within 5 business days of receiving an Initial Assessment form, a QA Clinician reviews the form and determines if there is sufficient evidence to determine SED status.
 - a. If the enrollee is determined to be SED, QA completes a Healthy Families Mental Health Response Form, faxes the form to the HFP, and authorizes services through the appropriate clinic or CBO.
 - b. If the enrollee is determined not to be SED, QA completes a Healthy Families Mental Health Response Form and faxes the form to the HFP as well as any Clinic or CBO which performed an assessment.

- c. If the information available is not sufficient to determine SED status, QA requests further assessment by the appropriate ADMHS clinic or CBO.
 - i. A CBO may refuse an assessment request by notifying QA in writing within 5 business days of receiving the request. In that case, QA will refer the child to another CBO or to the appropriate ADMHS clinic within 5 business days of notification.
 - ii. The clinic or CBO schedules an assessment no later than 30 days after receipt of the request. If the clinic is unable to contact the parent or guardian within 15 days of receiving the referral, QA is notified and notifies the HFP by fax.
 - iii. A Clinician at the clinic or CBO makes a recommendation regarding SED status, which is faxed to QA along with any substantiating documentation. If the Response Form indicates that the enrollee is SED, QA informs the Health Plan and authorizes services through the appropriate clinic or a CBO within 5 business days of receiving the Response Form. If the client is not SED, QA notifies the referring party.
7. QA maintains a copy of the Mental Health Response Form in the child's file.

D. Service Authorization

1. To be reimbursable, all services for Healthy Families SED enrollees must be authorized in advance by an ADMHS program (Clinic for children over age 5, Quality Assurance for children age 5 and younger).
2. Authorizations must specify the clinic or other provider authorized to provide each type of service, the maximum frequency of services, the maximum units of service, and the period during which the authorization is valid.
3. If an enrollee, parent/guardian, or provider believes that there is medical necessity for a change in authorized services or a re-authorization of services, a written request must be made to the authorizing ADMHS program.
 - a. If the authorizing ADMHS program determines that additional information is required to determine medical necessity, the program will notify the provider and/or other requesting party within 10 business days.
 - b. When the authorizing ADMHS program has sufficient information for a decision, the program will decide what services are medically necessary and notify the provider and enrollee within 10 business days.

E. Appeals

1. An HFP enrollee or representative may appeal a finding that the enrollee is not SED through the appeal process described on Form NOA-A.
2. An HFP enrollee or representative may appeal a decision to change or deny a request for services through the appeal process described on Form NOA-B.

3. A provider may request resolution of a problem or appeal a finding or decision through the process described in Policy & Procedure 25, "Provider Problem Resolution Process."

Assistance:

Reference:

Replaces: