

BHS Policies and Procedures



City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

1380 Howard Street, 5th Floor
San Francisco, CA 94103
(415) 255-3400
FAX (415) 255-3567

POLICY/PROCEDURE: Request for Second Opinion by Medi-Cal Beneficiaries Due to Not Meeting Medical Necessity for Specialty Mental Health Services or Drug Medi-Cal Organized Delivery System Services

Issued By: Marlo Simmons, MPH
Deputy Director, Behavioral Health Services

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References: CFR Title 42,
§ 438.206(b)(3); CCR Title 9,
§ 1810.405(e); WIC §§ 14059.5,
14184.401, 14184.402; DHCS
BHIN No: 21-073, 21-075; BHS
policies 3.03-19, 3.04-09.

Substantive Revision. Replaces Policy 3.04-08 dated July 17, 2018.

Equity Statement: The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing Intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, clients, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, leads with an equity and anti-racist lens. Our policies will provide the highest quality of care for our diverse clients. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our clients' needs and lived experiences.

Purpose:

The purpose of this policy is to establish procedures to ensure a timely and effective response to a beneficiary's request for a second opinion when a decision has been made by San Francisco Behavioral Health Services (BHS) or its providers to deny a requested specialty mental health service (SMHS) or Drug Medi-Cal Organized Delivery System (DMC-ODS) service due to not meeting medical necessity criteria.

Scope:

San Francisco Behavioral Health Services supports the resolution of issues at the program where services are being requested or received. Every effort should be made by providers to resolve beneficiary concerns as quickly and simply as possible, including issues concerning medical necessity and access to

care; however, it is the policy of BHS that a Medi-Cal beneficiary may request a second opinion when a decision has been made to deny SMHS or DMC-ODS services for not meeting medical necessity. Invoking this process is always at the beneficiary's discretion. This policy is implemented consistent with laws and regulations regarding client confidentiality.

Procedure:

When a Medi-Cal beneficiary is assessed by BHS or its providers, and it is determined that the beneficiary does not meet medical necessity criteria for SMHS or DMC-ODS services as defined above, the beneficiary may request a second opinion by calling 1-888-246-3333 or writing to: Officer of the Day, Behavioral Health Access Center, 1380 Howard Street, 1st Floor, San Francisco, CA 94103.

For requests for second opinions pertaining to SMHS, the second opinion will be an independent assessment by a licensed mental health professional (other than a psychiatric technician or a licensed vocational nurse) employed by, contracting with, or otherwise made available by BHS, and who is not already providing services to the beneficiary. Behavioral Health Access Center will provide the independent assessor at no cost to the beneficiary.

For requests for second opinions pertaining to DMC-ODS, the second opinion will be an independent assessment by a Licensed Practitioner of the Healing Arts (LPHA) within the county network, or one outside the network, at no additional cost to the beneficiary, and who is not already providing services to the beneficiary. The LPHA will have appropriate expertise in assessing and addressing the beneficiary's behavioral health, including thorough knowledge of both Substance-Related & Addictive Disorders and the ASAM Criteria.

Behavioral Health Access Center will determine if the second opinion requires a face-to-face encounter with the beneficiary. If a face-to-face encounter is warranted, Behavioral Health Access Center will facilitate communication between the professional providing the second opinion and the beneficiary regarding the arrangements for the second opinion.

The second opinion shall be rendered within the extended timeframes established for standard authorization decisions as indicated. The independent assessor shall provide the outcome of the second opinion in writing to Behavioral Health Access Center. Behavioral Health Access Center will make reasonable efforts to inform the beneficiary of the outcome by telephone within 2 business days of the decision and within 14 days in writing.

Behavioral Health Access Center shall retain all documentation concerning the second opinion and maintain a log of all such requests. The log shall contain the name of the beneficiary, the date of the request, and the outcome of the request.

Definition(s):

See Attachment 1 for definitions of medical necessity for Specialty Mental Health Services and for Drug Medi-Cal Organized Delivery System.

Contact Person:

Director, Behavioral Health Access Center, 415-255-3737

Attachment(s):

Attachment 1 – Definitions of Medical Necessity for Specialty Mental Health Services and Drug Medi-Cal Organized Delivery System

Distribution:

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Attachment 1

Definitions of Medical Necessity for Specialty Mental Health Services and Drug Medi-Cal Organized Delivery System

Specialty Mental Health Services (SMHS) - Meeting medical necessity criteria for SMHS, except for psychiatric inpatient hospital and psychiatric health facility services, includes the following:

Beneficiaries 21 years and older: The county mental health plan shall provide covered specialty mental health services for beneficiaries who meet **both of the following** criteria, (1) and (2) below:

- (1) The beneficiary has **one or both** of the following:
 - a) Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.
 - b) A reasonable probability of significant deterioration in an important area of life functioning.

AND

- (2) The beneficiary's condition as described in paragraph (1) is due to **either of the following**:
 - a) A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
 - b) A suspected mental disorder that has not yet been diagnosed.

Beneficiaries under the age of 21: The county mental health plan shall provide all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code. Covered specialty mental health services shall be provided to enrolled beneficiaries who meet **either of the following** criteria, (1) or (2) below:

- (1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by DHCS, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

OR

- (2) The beneficiary meets **both of the following** requirements in a) and b) below:
 - a) The beneficiary has **at least one** of the following:
 - i. A significant impairment.
 - ii. A reasonable probability of significant deterioration in an important area of life functioning.
 - iii. A reasonable probability of not progressing developmentally as appropriate.
 - iv. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

AND

- b) The beneficiary's condition as described above is due to **one of the**

following:

- i. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
- ii. A suspected mental health disorder that has not yet been diagnosed.
- iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

If a beneficiary under age 21 meets the criteria as described in (1) above, the beneficiary meets criteria to access specialty mental health services; it is not necessary to establish that the beneficiary also meets the criteria in (2) above.

(See BHS policy 3.04-09 - Implementing Non-Hospital/Outpatient Specialty Mental Health Services' Medical Necessity Criteria to Ensure Access to Care for Medi-Cal Beneficiaries).

Drug Medi-Cal Organized Delivery System (DMC-ODS) - Meeting medical necessity criteria for DMS-ODS after assessment includes the following:

Beneficiaries 21 years and older: To qualify for DMC-ODS services after the initial assessment process, beneficiaries 21 years of age or older must meet **one of the following** criteria:

- (1) Have at least one diagnosis from the DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders.

OR

- (2) Have had at least one diagnosis from the DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders, prior to being incarcerated or during incarceration, determined by substance use history.

Beneficiaries under the age of 21: Beneficiaries under age 21 qualify to receive all medically necessary DMC-ODS services as required pursuant to Section 1396d(r) of Title 42 of the United States Code. Federal EPSDT statutes and regulations require States to furnish all Medicaid-coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, regardless of whether those services are covered in the state's Medicaid State Plan. Consistent with federal guidance, services need not be curative or completely restorative to ameliorate a mental health condition, including substance misuse and SUDs. Services that sustain, support, improve, or make more tolerable substance misuse or a SUD are considered to ameliorate the condition and are thus covered as EPSDT services.

(See BHS policy 3.03-19 – SF Drug Medi-Cal Organized Delivery System Requirements for Years 2022-2026).