

 <p style="text-align: center;"><b>County of Sacramento Department of Health and Human Services Division of Behavioral Health Services Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	Mental Health Services
	Policy Number	03-08
	Effective Date	09-01-17
	Revision Date	10-02-20
Title:	Functional Area:	
<b>Bi-Directional Managed Care Plan Referral Process</b>	<b>Clinical Services</b>	
Approved By: <i>Signed version available upon request</i>		
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**Background/Context:**

Sacramento County Mental Health Plan (MHP) accepts referrals from Managed Care Plans (MCP) with an executed Memorandum of Understanding (MOU) in place with Sacramento County Behavioral Health Services for determination of medical necessity for specialty mental health services. The MHP provides specialty mental health services to beneficiaries who meet medical necessity criteria. Medical necessity for specialty mental health services is defined in accordance with [PP-BHS-QM-01-07 Determination for Medical Necessity and Target Population](#).

The MHP is responsible for serving adult Medi-Cal MCP members with serious impairment in mental, emotional, or behavioral functioning that meet the medical necessity criteria and youth eligible under the Early and Periodic Screening, Diagnosis, and Treatment ([EPSDT](#)) benefit.

The MCP is responsible for serving adult members with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from any mental health condition defined by the current *Diagnostic and Statistical Manual (DSM)* that is also covered according to [California Code of Regulations, Title 9](#) and youth who do not meet criteria for specialty mental health services under the Early and Periodic Screening, Diagnosis, and Treatment ([EPSDT](#)) benefit.

**Definitions:**

Adult – A person over 18 years of age

MCP – Medi-Cal Managed Care Plan with a current executed Memorandum of Understanding (MOU) with Sacramento County Behavioral Health Services

Member – Medi-Cal MCP beneficiaries

Youth – A person under 21 years of age

**Purpose:**

To outline the bi-directional referral process between the MHP and the MCP for shared members.

**Details:**

The definition of mild, moderate, and severe impairment as it relates to the level of care determination for the MCP and MHP is determined through the use of the Sacramento County Adult and Youth Medi-Cal Mental Health Screening Tool.

**A. Referral Process from the MCP to the MHP (not including Kaiser Permanente):**

1. The MCP provider is responsible for the following:
  - a. Complete a mental health assessment.
  - b. Complete the Sacramento County Adult Medi-Cal Mental Health Screening Tool, indicating that the adult member's functioning meets the definition of "Severe Impairment" or the youth member is determined to qualify for specialty mental health services under the EPSDT benefit.
  - c. Confirm that the member appears to meet medical necessity for specialty mental services as defined in accordance with [PP-BHS-QM-01-07 Determination for Medical Necessity and Target Population](#).
  - d. Confirm member agreement for services to be provided through the MHP.

- e. Send the following completed documents to the Sacramento County Mental Health Access Team:
  - i. [Sacramento County Bi-Directional Medi-Cal Transition of Care Request for Adult Members](#) or [Sacramento County Bi-Directional Medi-Cal Transition of Care Request for Youth Members](#) (depending on member age)
  - ii. [Adult Medi-Cal Mental Health Screening Tool \(for adult members only\)](#).
  - iii. Biopsychosocial assessment used to assist in making the level of care decision.

B. Referral Process from Kaiser Permanente (Kaiser) Medi-Cal MCP to the MHP:

- 1. The Kaiser provider is responsible for the following:
  - a. Complete a mental health assessment.
  - b. Confirm that the member meets medical necessity for specialty mental services as defined in accordance with [PP-BHS-QM-01-07 Determination for Medical Necessity and Target Population](#).
  - c. Confirm the member's level of care requires County specialty mental health services of community-based rehabilitation and/or targeted case management.
  - d. Confirm member agreement for services to be provided through the MHP.
  - e. For a youth member, Kaiser provider will complete the following documentation and send to the Sacramento County Mental Health Access Team:
    - i. Sacramento County Mental Health [Access Team Service Request](#).
    - ii. Biopsychosocial assessment used to assist in making the level of care determination.
  - f. For an adult member, Kaiser provider will complete the following documentation and sent to the Sacramento County Intensive Placement Team:

- i. [Level of Care Utilization System \(LOCUS\) Request.](#)
- ii. Biopsychosocial assessment used to assist in making the level of care decision.

C. Referral Process from the MHP to the MCP (not including Kaiser):

1. The MHP provider is responsible for the following steps:
  - a. MHP core assessment.
  - b. Sacramento County Adult Medi-Cal Mental Health Screening Tool is completed indicating that the adult member's functioning meets the definition of "Mild" or "Moderate" impairment or the youth member no longer meets medical necessity under the EPSDT benefit.
  - c. Confirm member agreement for services to be provided through the MCP.
  - d. Send the following completed documents to the respective MCP:
    - i. [Sacramento County Bi-Directional Medi-Cal Transition of Care Request for Adult Members](#) or [Sacramento County Bi-Directional Medi-Cal Transition of Care Request for Youth Members](#) (depending on member age)
    - ii. MHP Core assessment used to assist in completing the Medi-Cal Mental Health Screening Tool.
2. The referring MHP provider will continue to provide services to the member and coordinate the transition of care with the receiving MCP provider until able to confirm the member has attended an initial appointment and the receiving provider indicates they have everything they need from the MHP provider.

D. Referral Process from the MHP to Kaiser:

1. The MHP provider is responsible for the following:
  - a. MHP core assessment.
  - b. Confirm the member's level of care no longer requires County specialty mental health services of community-based rehabilitation and/or targeted case management.

- c. Confirm member agreement for services to be provided through the Kaiser.
  - d. Assist Kaiser Medi-Cal MCP members in contacting North or South Kaiser Permanente Psychiatry Triage to access services.
2. The referring MHP provider will continue to provide services to the member and coordinate the transition of care with the receiving MCP provider until able to confirm the member has attended an initial appointment and the receiving provider indicate they have everything they need from the MHP provider.

**Reference(s)/Attachments:**

- [California Code of Regulations, Title 9](#)
- [MHSUDS 16-061](#)
- [Sacramento County Adult Medi-Cal Mental Health Screening Tool and Bi-Directional Medi-Cal Transition of Care Request](#)
- [Sacramento County Bi-Directional Medi-Cal Transition of Care Request for Youth Members](#)
- [Sacramento County Access Team Service Request](#)
- [Level of Care System \(LOCUS\) Request](#)

**Related Policies:**

- [PP-BHS-QM-01-07 Determination for Medical Necessity and Target Population Policy](#)
- PP-BHS-Access-02-02 Access Team Services Policy

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