

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Access
	Policy Number	02-07
	Effective Date	4/16/15
	Revision Date	01/29/21
Title: Provision of Second Opinions	Functional Area: Services	
Approved By: Melissa Jacobs, LCSW Division Manager	Kelli Weaver, LCSW Division Manager	

Background/Context:

There are two types of second opinions individuals may request:

- A. Individuals are denied services based medical necessity criteria for Medi-Cal funding or core target population criteria for alternative funding after completing a service needs screening and a NOABD has been issued.
- B. Client/caregiver wants clarification regarding diagnosis, psychotropic drug prescriptions or level of service and is already linked to a primary mental health provider within the mental health plan.

Purpose:

The purpose of this policy and procedure is to provide the process for obtaining a second opinion.

Definitions:

Medical Necessity: The criteria that identifies service need based on inclusion of specific behaviors, symptoms, and conditions and proposed treatment associated with mental illness. Determination of medical necessity requires inclusion of a covered diagnosis; an established level of impairment; an expectation that specialty mental health treatment is necessary to address the condition; and the condition would not be responsive to physical health care based treatment. Medical necessity is defined by the California Code of Regulations and is contained in a variety of State Department of Health Care Services (DHCS) notices and letters delineating requirements for county mental health services.

Notice of Adverse Beneficiary Determination (NOABD): are written notifications required by the State Department of Health Care Services (DHCS) and the California Code of Regulations (CCR) Title 9 § 1850.210, Title 22§ 51014.1 and Code of Regulations (CFR) Title 42, Part 438, Subpart F. The notifications advise Medi-Cal recipients (hereafter referred to as Member) of their rights and informs them when the Sacramento Mental Health Plan (MHP) denies mental health services following assessment, denies or changes a provider’s request for authorization of payment of services that have not been delivered, denies authorization for payment to a provider who has already provided

services, when the MHP fails to resolve a grievance or appeal on time or does not provide timely services.

Details:

Two types of second opinions are addressed here: 1) second opinion related to denial of services and 2) second opinion related to diagnosis, psychotropic medication, and/or level of service.

Denial of Services

The following steps shall be taken when an individual requests a second opinion based on denial of services:

- A. Access Team Clinician reviews all NOABDs/denials of service.
- B. The Access Team Program Coordinator will then review the Notices of Adverse Beneficiary Determination or denial of service for appropriateness when the individual requests a second opinion.
- C. If the Access Team Program Coordinator determines that the criteria for the funding available to the individual is met, services will be authorized.
- D. If the Access Team Program Coordinator determines that the criteria for the funding available to the individual has not been met, the Notice of Adverse Beneficiary Determination or denial will remain in effect.
- E. If the individual or caregiver chooses to have the Notice of Adverse Beneficiary Determination or denial of service reviewed again, the Access Team will refer to Sacramento County Quality Management Team for Member Rights and Problem Resolution Services (916) 875-6069.
- F. If Member Services determines the individual meets the criteria for the available funding, services will be authorized.
- G. If Member Services determines the criteria for the funding available to the individual has not been met, services will be denied. The individual will then be given the opportunity to pursue the grievance process.

Diagnosis, Medication and Level of Service

For individuals served in the children's system of care through the Sacramento County Mental Health Plan.

- A. All diagnosis and psychotropic drug medication second opinion requests are given a two (2) month authorization to a service provider.
- B. Access receives a written assessment from the service provider by the end of the two month authorization.

For individuals served in the adult system of care through the Sacramento County Mental Health Plan.

- A. The Access Team will offer a two (2) month authorization to a service provider after the beneficiary has received a Notice of Adverse Beneficiary Determination from the Sacramento County Mental Health Access Team.
- B. Sacramento County Quality Management Team for Member Rights and Problem Resolution Services may submit an electronic service request to Access when there are changes to be made to mental health services.

References and Attachments:

CCR Title 9 Section 1830.205

Related Policies:

PP-BHS-QM-03-01 Problem Resolution

PP-BHS-QM-02-01 Notices of Action

PP-BHS-Access-02-06 Notices of Action

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