REPLACES:

SECTION: 31-903 PAGE NO.: 1 ISSUED/REVISED: 10/19/18	MENTAL HEALTH SERVICES AUTHORIZATION CRITERIA AND PAYMENTS	SECTION: 31-903 PAGE NO.: 1 EFFECTIVE: 03/01/10

I. POLICY

This policy outlines the state and federal requirements regarding the County's responsibility to support Children & Family Services (CFS) involved families who may need necessary mental health services. Case plans should focus on the issues that have put the child at risk and the activities and services that will help improve or correct those conditions. Mental health services should only be authorized if directly addressing issues for which CFS is involved, though both children and parents may benefit from mental health services. Consider all avenues currently being provided or available to address needs before authorizing mental health services.
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II. MENTAL HEALTH AUTHORIZATION CRITERIA

A. Mental Health Services for Children in the CFS Case Plan

1. The age and development of the child should be considered before referring a child for therapy and when developing a family's case plan.

2. Therapy focus should be time-specific, goal oriented, identified in advance and not open-ended or non-specific in nature.

3. The type and length of services should be considered because it may vary with insurance carriers and coverage types.

4. Victim of Crimes (VOC) may cover mental health services for children who qualify. Consider VOC benefits when the child returns to the home, and Medi-Cal or other insurance may not be available.

B. Mental Health Services for Parents in the CFS Case Plan

1. Children & Family Services will make Mental Health service referrals for parents when Court-ordered and/or necessary to support the case plan.

2. The CFS Social Worker should refer parents to individual or family therapy to determine and assess the parent's rehabilitation needs and if it meets medical necessity guidelines. Medicare defines "medical necessity" as services or items reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

3. If a specific mental health contractor is court-ordered, include a copy of the court order in the authorization packet.

4. Non-Court Ordered Mental Health Services:
To qualify for Medi-Cal, the CFS case plan must meet medical necessity. The family must provide informed consent. For questions regarding medical necessity or inquiries such as, 'undiagnosed, but clear mental health indicators refer to the regional Mental Health Liaison.'

5. Court-Ordered Mental Health Services - Does Not Meet Medi-Cal Medical Necessity:

    1. Utilize a CFS-contracted mental health services provider, or
    2. Utilize the ADM 335 process

C. Mental Health Services for Parents with Severe and Persistent Mental Illness (e.g., schizophrenia, bipolar disorder, or other psychotic disorder)

1. If a parent has Medi-Cal or is uninsured with severe mental health issues, s/he should be referred to the regional Mental Health Liaison for access to psychiatric services.
2. If a parent has private insurance, s/he should receive services through the insurance carrier's health plan.

D. Mental Health Services for Non-Minor Dependents (NMDs)

NMDs may be referred to the Mental Health Access Line (1-888-678-7277) or to the regional Mental Health Liaison.

a. East: (925) 522-7623
b. Central: (925) 521-5727
c. West: (510) 231-8109

III. PROCESSING MENTAL HEALTH SERVICE PAYMENTS

In general, if mental health services for the parent are not Court-ordered, CFS is not responsible for paying for non-Court ordered services. Children/youth in foster care are presumptively eligible for Medi-Cal. However, if the child(ren) and parents have private insurance, low fee services, or other available resources, such as VOC funding, these resources should be utilized instead. County General Funds may be used for mental health services for the parent(s) when all other resources have been exhausted.

There are three ways to process mental health services payments:

1. Private Pay

   The private health plan of the child's parent or guardian, if available, should be used to access mental health services. Billing issues are handled directly between the family and private provider. Medi-Cal authorizations will be obtained to pay for mental health services for children when:

   a. There is no other insurance coverage.
   b. There is private insurance, but the carrier has issued a denial-of-services letter.
   c. There is private insurance, but the requested mental health service is not covered by the private insurance carrier (e.g., day treatment or wraparound).

2. Medi-Cal Eligible Children & Parents

   Authorizations and referrals for mental health services follow existing procedures to obtain names of providers from the Care Management Unit (CMU) via the Mental Health Liaison. **Referrals to provide services for Medi-Cal eligible clients must be made to existing providers with established contracts.**

3. Non-Medi-Cal Eligible Children & Parents and/or Services

   Includes those who are uninsured; do not meet criteria for mental health services through VOC or other county operated services; and, cannot use fee or low fee services in the community.

   The referral process is the same as for Medi-Cal providers; however, do not refer clients to providers until a contract with CFS is in place.

   a. The Mental Health Liaison will obtain names of providers who have current contracts with CFS for non-Medi-Cal eligible mental health services.
   b. In all instances, Social Worker's must justify use of non-contract providers.
   c. All requests must be approved by a Division Manager prior to authorizing services.

The ADM 335 Process:

Used only in situations that do not meet Medi-Cal or non- Medi-Cal eligibility criteria. Payments through the ADM 335 may be required for contract providers for services not covered under the contract i.e., not covered by Medi-Cal. Authorizations and expenditures for adult mental health services paid through the ADM 335 are available for a limited time - Up to six (6) months from authorization, subject to renewal. A Division Manager must approve and track payments. The ADM 335 process is not used to pay for services provided by CFS mental health contracted providers.

IV. REFERENCES

- ACL NO. 13-20, Release of the Core Practice Model Guide and Description of the Intensive Care Coordination and Intensive Home-Based Services
- ACL NO. 15-11, Recording Mental Health Screening, Referral and Intervention Information in CWS/CMS
- ACL NO.13-73/MHSD IN 13-19, Providing Services to the Katie A. Subclass.
- ACL NO. 14-79, Continuation of Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Within a Core Practice Model (CPM) Approach Post Court Jurisdiction
- ADM 335 – CWS Services Funded Activity Payment Authorization
- ADM 335A – Desk Guide
- DM 31-465, Administration Service Payments
- Desk Guide: Mental Health Services Authorization Criteria and Payments – Roles & Responsibilities

CONTACT PERSON: Persons with questions concerning this department manual section may contact the Program Analyst.