

<b>HEALTH PLAN OF SAN JOAQUIN</b>		
<b>Subject: Mental Health</b>		
<b>Department:</b> Medical Management – Utilization		<b>Policy #: UM 49</b>
<b>Applies to:</b> Med-Cal		<b>Scope:</b> UM
<b>Effective Date:</b> 2/1/96	<b>Revised Date:</b> 9/06, 10/08	<b>Approved by:</b>  <i>Signature on File</i> Medical Director

**POLICY**

- A. The Health Plan of San Joaquin (HPSJ) will cover mental health conditions that are within the primary care physician’s scope of practice. Inpatient and outpatient mental health services beyond the scope of the Primary Care Physician (PCP) are “carved out” of the HPSJ Medi-Cal Managed Care contract. Services are covered under the Medi-Cal FFS program.
- B. PCP will provide outpatient mental health services, within the scope of practice of the PCP, and coordinate referrals for members requiring specialty and inpatient mental health services.
- C. HPSJ will arrange and coordinate all services identified as medically necessary, including referral of members requiring mental health services. HPSJ will assist members in locating available treatment service sites. To the extent that treatment sites are not available within HPSJ’s service area, the PCP will attempt placement outside of the area when such placement is deemed to be an urgent/emergent need or medically necessary.
- D. HPSJ will provide medical case management and cover and pay for all medically necessary Medi-Cal covered physical health care services not otherwise excluded by contract for an HPSJ member receiving specialty mental health services.

**PROCEDURE**

**A. Role of Primary Care Providers**

- 1. The HPSJ Primary Care Provider (PCP) is responsible for assessing the mental health needs of each of the PCP’s members. As part of the overall physical exam, which is to take place within 120 days of enrollment for adults, the PCP shall assess the member’s mental as well as physical health through review of the patient’s history as presented by the patient and as revealed in the medical records, through the patient’s interview process, and through the counseling process which the examination may reveal to be necessary.
- 2. As part of the EPSDT, pediatricians and other primary care physicians are responsible for assessing the mental health needs of all children under twenty-one (21) years of age. Any mental health care which is revealed to be needed through

this process will be referred to the appropriate mental health care provider (county outpatient department, child psychologist or psychiatrist).

3. In addition to a specific review of the member's mental health status as a part of the required examination, the PCP is responsible for being alert in all patient encounters and throughout the course of the member's care for any signs of mental health crisis or illness, such as severe depression. Should care be needed, that is outside the scope of the PCP's practice, the patient will be referred to the appropriate mental health care provider.
4. The PCP may prescribe psychotherapeutic drugs, with the exception of those listed as Exhibit A, Attachment 1-A, for a patient, while providing mental health services, or prescribing, within the scope of his practice. **Referral to Mental Health Providers**
5. In the event that either through the examination process or in the course of treatment for pregnancy or illness the PCP determines that the member may require any mental health treatment, the following procedures shall be followed:
  - a) The PCP shall call the Health Plan Utilization Management Department for referral to the San Joaquin County Mental Health Department for an assessment of the member's condition and mental health care needs.
  - b) If the patient appears to be in a crisis situation, the PCP shall made immediate referral (for the patient to be seen within 24 hours) to the County Mental Health crisis clinic and shall notify the Health Plan Utilization Management Department of the referral.
  - c) If the referral Mental Health provider determines that the member is in need of mental health services, the provider shall notify the Health Plan Utilization Management Department and the appropriate Medi-Cal or Short Doyle Medi-Cal office. The Health Plan shall notify the member's PCP who shall continue to be responsible for case management of the physical health of the member.
  - d) A Health Plan Case Manager shall assist in coordinating services between the member's PCP and the mental health provider and in providing medical case management.
  - e) All coordination of information and health care services shall be conducted in strict adherence to confidentiality laws and Health Plan confidentiality procedures.

#### **A. Payment Responsibilities**

1. Fee-for-service Medi-Cal or Short Doyle Medi-Cal shall be responsible for payment of medically necessary mental health services provided by the County Mental Health Department, the County Crisis Clinic, a private psychologist or psychiatrist. Such payment responsibility will include all medically necessary psychotherapeutic drugs prescribed by a mental health provider.

2. The Health Plan shall be responsible for payment of all medically necessary psychotherapeutic drugs prescribed by the member's PCP and approved by the Medical Director. The services provided by the PCP, aside from the drugs, are to be included in the capitation rate paid the physician by the Health Plan.

#### **B. Dispute Resolution**

1. When HPSJ has a dispute with SJCMHP that cannot be resolved to the satisfaction of either party concerning the obligations of SJCMHP or HPSJ under their respective contracts with the State, the State Medi-Cal laws and regulations, HPSJ will submit a request for resolution to the State Department of Health Services.
2. A request for resolution by either department will be submitted to the respective department within 30 calendar days of the completion of the dispute resolution process between the parties as provided in the MOU.
3. Upon receipt of a request for resolution, the receiving department will notify the other department (MH) within 7 calendar days and request that documentation from MH be submitted within 21 calendar days documenting their dispute with HPSJ. The two department at the State will designate at least one or two individuals to review the dispute and make a joint recommendation.
4. The State will issue their decision within 90 calendar days from the receipt of the documentation requested from MH, or from the twenty-first calendar day after the request for documentation, whichever is earlier.
5. A dispute between the two department will not delay medically necessary specialty mental health, physical health services, prescription drugs, laboratory, radiological or radioisotope services, especially is delay will be detrimental to the members health.
6. Members may also utilize the HPSJ grievance process or a similar process offered by SJCMHP or to request a fair.

#### **C. Mental Health System Overview**

1. SJCMHS provides a comprehensive array of services through its network of directly-provided programs and contracted providers. The Mental Health Center is located at 1212 N. California Street, Stockton, California. Satellite clinics exist in Manteca, Tracy, and Lodi. Crisis evaluation and intervention is provided 24 hours per day at the Center. Inpatient care is provided through the Psychiatric Health Facility operated by SJCMHS and through contracts with psychiatric hospitals outside of the county. Outpatient care on an ongoing basis is provided to persons who comprise the target group; i.e., adults with severe mental illness and children with serious emotional disorder. A continuum of supportive community services, including a range of protective living arrangements, is provided to the most severely disabled persons. A special program for children provides intervention in the child's home, obviating the need for out-of-home placement in most instances.

2. All inpatient and specialty outpatient mental health services to Medi-Cal beneficiaries have been “carved out” of the Medi-Cal Managed Care Local Initiative and remain either in the county operated Short-Doyle/Medi-Cal (SD/MC) system or in the traditional fee-for-service Medi-Cal (FFS/MC) system. The exception is the outpatient mental health services provided to members within the PCP’s scope of practice and the psychotherapeutic drugs prescribed by the PCP.
3. Effective January 1, 1995, Medi-Cal managed care for psychiatric inpatient services was implemented state-wide with the local county mental health departments having primary responsibility. San Joaquin County Mental Health Services is responsible for the provision of medically necessary psychiatric inpatient services to all Medi-Cal beneficiaries from San Joaquin County irrespective of Medi-Cal aid category.

**D. Intake Criteria**

1. San Joaquin County Mental Health Services has intake criteria in four general areas: Crisis Intervention Services, Medi-Cal Psychiatric Inpatient Services, Adult Outpatient, and Children’s Outpatient.
2. Crisis Intervention Services
  - a) Crisis Intervention Services are available 24 hours per day at the Mental Health Center, 1212 N. California Street, Stockton, California. The Center has a specialized Crisis Intervention Services program that is open from 7:00 a.m. to 1:00 a.m., seven days a week. From 1:00 a.m. to 7:00 a.m., persons seeking crisis services may come to the night entrance of the Psychiatric Health Facility where they are monitored in a waiting room while a Crisis staff person is summoned by phone.
  - b) During normal 7:30 a.m. to 5:30 p.m. business hours, the phone number for Crisis Intervention Services is (209) 948-4484. Evenings, weekends, and holidays the phone number is (209) 948-7111.
  - c) Persons referred to Crisis Intervention Services are evaluated for possible admission to the Psychiatric Health Facility on the basis of three criteria:
    - Danger to self (suicide) as a result of a mental disorder.
    - Danger to others as a result of a mental disorder.
    - Gravely disabled (unable to provide food, clothing, or shelter) as a result of a mental disorder.
  - d) To the extent that the person who meets these criteria can be treated safely, appropriately, and effectively in a community alternative to inpatient care, the person is treated on an outpatient basis. Admission to the Psychiatric Health Facility is a measure that is taken only when effective treatment at a less intensive level of care is not possible.

- e) Crisis Intervention Services also screens persons for target group criteria which is discussed in detail below.

**E. Medi-Cal Psychiatric Inpatient Hospital Services.**

1. Effective January 1, 1995, San Joaquin County Mental Health Services became responsible for the psychiatric inpatient managed care for all Medi-Cal beneficiaries from San Joaquin County. The first phase of mental health managed care, known as Medi-Cal Psychiatric Inpatient Hospital Services Consolidation, places counties in the role of providing appropriate and adequate access to inpatient services to Medi-Cal beneficiaries. SJCMHS authorizes admissions and pays the match to the 50% federal share. Admission may be to a private psychiatric inpatient facility or to the Psychiatric Health Facility operated by SJCMHS
2. The following medical necessity guidelines for inpatient admission apply throughout the state. One of the following diagnoses in the DSM IV:
  - a) Pervasive Development Disorders.
  - b) Disruptive Behavior and Attention Deficit Disorders.
  - c) Feeding and Eating Disorders of Infancy or Early Childhood.
  - d) Tic Disorders.
  - e) Elimination Disorders.
  - f) Other Disorders of Infancy, Childhood, or Adolescence.
  - g) Cognitive Disorders (only Dementias with Delusions, or Depressed Mood).
  - h) Substance Induced Disorders (only with Psychotic, Mood, or Anxiety Disorder).
  - i) Schizophrenia and other Psychotic Disorders.
  - j) Mood Disorders.
  - k) Anxiety Disorders.
  - l) Somatoform Disorders.
  - m) Dissociative Disorders.
  - n) Eating Disorders.
  - o) Intermittent Explosive Disorders.
  - p) Pyromania.
  - q) Adjustment Disorders.
  - r) Cannot be safely treated at another level of care, and
  - s) Requires psychiatric inpatient hospital services due to the following indications:

- Has symptoms or behaviors due to a mental disorder that (one of the following):
- Represents a current danger to self or others or significant property destruction.
- Prevents the beneficiary from providing for, or utilizing food, clothing or shelter.
- Presents a severe risk to the beneficiary's physical health.
- Represents a recent, significant deterioration in ability to function.
- Or requires admission for treatment and/or observation for one of the following: Further psychiatric evaluation, medication treatment, specialized treatment.

**F. Outpatient Services**

1. The Welfare and Institutions Code specifies the adult and children's target groups that county mental health programs may serve on a long-term basis, that is, longer than sixty (60) days.
2. Target Group Criteria for Adults
3. The following criteria comply with the W&I Code and ensure that the long-term treatment efforts of SJCMHS are prioritized to serve serious mental disorder. Serious mental disorder is defined as:
  - a) Major Mental Illness which includes:
    - b) The Schizophrenias
    - c) The Delusional Disorder
    - d) Other Psychotic Disorder
    - e) Bipolar Disorders
    - f) Major Depression
    - g) Or, a high risk of needing psychiatric hospitalization due to a mental disorder.
  - h) Target Group Criteria for Children
  - i) Long-term outpatient treatment for children is based on the following criteria. Children must meet criteria a and b or a and c or d.
4. Diagnosis
  - a) DSM IV Axis I or II diagnosis except a primary diagnosis of Psychoactive Substance Use Disorder, Developmental Disorder or V Code. Organic Mental Disorders are included only while behaviors are a danger to self or others.

5. Functional Impairments/Symptoms, Must have 1 or 2:

- a) Must have substantial impairment in two of the following capacities to function (corresponding to expected developmental level).

Autonomous Functioning:

- Ability to take care of personal belongings.
- Ability to maintain an appropriate appearance in clothes and hygiene.
- Ability to perform toileting, eating, grooming behavior.
- Ability to exercise good judgment, generate alternatives, complete tasks, persevere, etc.
- Ability to inhibit impulses, delay gratification, tolerate nominal amount of frustration.

Functioning in the Community:

- Basic skills in approaching others, engaging interaction, sustaining cooperative behavior, ability to understand situations.
- Chooses appropriate friends; e.g., those who nurture, follow rules, and are productive vs. those who use drugs and violate laws.
- Ability to occupy his/her time productively; i.e., in ways that do not harm self, others, or community.
- Ability to use resources including using telephone, transporting him/her self, knowing where to go, who to ask.

Functioning in Family or Family Equivalent.

- Ability to form attachments/accept nurturing.
- Ability to communicate needs/express feelings.
- Adherence to limits/ability to accept guidance.
- Problem solving with others.
- Ability to understand others' needs and place values on these needs.

Functioning in School/Work.

- Basic skills in learning, problem solving, performing tasks commensurate with level of intelligence, presence of learning disabilities, etc.
- Ability to function within class structure including motivation, pride in achievement, cooperativeness, etc.
- Socially appropriate behavior while performing tasks and in school socializing.

6. Symptoms. Must have one of the following:

- a) Psychotic Symptoms.
- b) Suicidal Risk.
- c) Violence; at risk of causing injury to person or significant damage to property, secondary to mental illness.
- d) History. Without treatment, there is imminent risk of the decompensate to functional impairments/symptoms in Section b above.
- e) Special Education eligible under Chapter 26.5 of the California Education Code (AB3632).

**G. Referral Guidelines for Primary Care Physicians**

1. PCPs appropriately provide significant amounts of mental health care that fall within their scope of practice. Members requiring specialty mental health services will be referred to the appropriate fee-for-service Medi-Cal provider or to San Joaquin County Mental Health Services. The following guidelines may be utilized to determine when specialty mental health services are required:
2. Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence.
3. PCPs have a unique role in the early identification of disorders that appear in infancy, childhood, or adolescence. Many of these disorders respond well to the PCP interventions, and a failure to respond to treatment may be an indication for referral for specialty mental health services. Of particular importance is Attention-Deficit/Hyperactivity Disorder. In most instances, this disorder can be adequately addressed by the PCP. Only when the inattention or hyperactivity-impulsivity fail to respond to treatment and cause significant disruption in the performance of childhood roles should a referral to specialty mental health service to made. (Follow guidelines under Sections 4.6.5, 4.6.6 and 4.6.7 if childhood diagnoses fall in these categories).
4. Delirium, Dementia, and Amnestic and other Cognitive Disorders.
5. The prominent disturbance of these disorders is a clinically significant deficit in cognition or memory that represents a significant change from a previous level of functioning. The etiology is either a general medical condition or a substance, or a combination of these two factors. The PCP is in an excellent position to address the medical aspects of these disorders and to provide treatment. Rarely are specialty mental health services needed for these disorders.
6. Mental disorders Due to a General Medical Condition
7. A mental disorder due to a general medical condition is characterized by the presence of mental symptoms that are judged to be the direct physiological consequence of a general medical condition. The goal of identifying and treating the underlying medical condition is paramount. If the psychiatric disturbance does not clear and is severe (such as in Sections 4.6.5, 4.6.6, and 4.6.7), specialty referral should be made and collaboration emphasized.
8. Substance Related Disorders.

- a) The substance related disorders include disorders related to the taking of a drug of abuse (including alcohol), to the side effects of a medication, and to toxin exposure. Specialty mental health services are seldom appropriate for substance related disorders. These can usually be treated directly by the PCP. Non-medical substance abuse counseling programs may be especially effective in addressing substance abuse issues. AA, NA, and various Medi-Cal eligible inpatient and outpatient programs can be utilized when response to office-based counseling is poor.
9. Schizophrenia and Other Psychotic Disorders.
- a) These disorders are characterized by having psychotic symptoms as the defining feature. In almost all instances, psychotic disorders should be referred to specialty mental health services. The PCP may provide treatment for substance induced psychotic disorders if the psychotic symptoms are mild.
10. Mood Disorders
- a) The mood disorders have a disturbance in mood as the predominant feature. Many Major Depressions and all Bipolar Disorders should be referred to specialty mental health services. Dysthymic Disorders (a chronically depressed mood that occurs for most of the day more days than not for at least 2 years) are frequently and appropriately treated by PCPs, although a referral to specialty mental health services may be appropriate if a course leading to Major Depression is suspected. PCPs can treat Major Depression with support and medication, if the patient is cooperative and does not have suicidal or homicidal ideation or has not had severe role dysfunction.
11. Anxiety Disorders
- a) It is appropriate for PCPs to initiate treatment for anxiety disorders. However, if severe impairment in role functioning persists after treatment or if suicidal and/or homicidal ideation/risk is present, referral to specialty mental health services is appropriate.
12. Somatoform Disorders
- a) The presence of physical symptoms that suggest a general medical condition, but are not fully explained by a general medical condition, frequently require a team effort with specialty mental health services providing consultation to the PCP. These conditions often respond poorly to specialty care, and a patient approach by the primary care provider with appropriate counseling, advice, and medication leads to the best outcome (especially avoiding unnecessary medical tests).
13. Dissociative Disorders
- a) Dissociative disorders, consisting of a disruption of consciousness, memory, identity, or perception of the environment, may require a referral

to specialty mental health services depending on the severity of the impairment to the individual and the impact on functioning in significant life roles.

14. Sexual and Gender Identify Disorders
  - a) Many sexual and gender identify disorders can be adequately addressed by the PCP, especially those related to a general medical condition. The PCPs can be extremely helpful if they allow clients to discuss sexual dysfunctions and offer anxiety-reducing advice. Refractory sexual and gender identify disorders may benefit from referral to specialty mental health services.
15. The majority of eating disorders can be appropriately and adequately addressed by the PCP. In especially intractable cases, a referral to specialty mental health services, in which the PCP and the psychiatrist or psychologist become a team in the provision of integrated services to the patient is important.
16. Sleep Disorders
  - a) It is appropriate for PCPs to treat sleep disorders. Only in the most severe cases, in which there is limited treatment response or the condition is related to a more severe disorder (i.e., Sections 4.6.5, 4.6.6, and 4.6.7), is referral to specialty mental health services necessary.
17. Impulse Control Disorders
  - a) Depending on the severity and disruption to the performance of life roles, it may be appropriate for the PCP to refer impulse control disorders to specialty mental health services.
18. Adjustment Disorders
  - a) The development of clinically significant emotional or behavioral symptoms in response to an identifiable psychosocial stressor are frequently identified and appropriately addressed by PCPs. Only when an adjustment disorder is severe, seriously disrupts role functioning, is associated with suicidal or homicidal ideation/risk, and fails to respond to treatment is a referral to specialty mental health services necessary.
19. Personality Disorders
  - a) A personality disorder is an enduring pattern of behavior that deviates markedly from societal expectations, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment. It is appropriate for the PCP to refer especially severe personality disorders (e.g., Borderline or Schizotypal Personality Disorders) to specialty mental health services. Most personality disorders are well ingrained and difficult to change unless a significant crisis exists.

## **H. Provider List**

1. The following services are provided by Mental Health Services either through county programs by contract.

**a) Services for Children**

- Children's Services, 511 E. Magnolia Street, Stockton, CA 95202. Crisis: Monday-Friday, 8:30 a.m. through 5:00 p.m. children and their families in crisis may be seen at Children's Outpatient Services. Screening and referrals are performed and ongoing treatment may be provided when appropriate.
- Latino Outreach Program. Through the Council for the Spanish Speaking, culturally competent services for the Latino population for children and families are provided. These services link closely with Children's Outpatient Services to provide language and culturally sensitive treatment.
- Regional Youth Services (Contract). The 24-hour residential treatment program is specifically designed to prevent hospitalization of severely emotionally disturbed children and adolescents. The program provides comprehensive treatment continuum, including residential care, day treatment and school based services. Psychiatric care is provided as part of the treatment.
- Inpatient Children's Services. Services for children are provided through contract with Stanislaus Behavioral Health Center or Sutter Center for Psychiatry in Sacramento. These services are provided upon referral by mental health staff who make an initial screening for appropriateness. Mental Health Services assures the discharge planning that takes place that is required to properly treat the child when they return to the community. Alternatives to the inpatient treatment of children are available through crisis residential beds and intensive care management.

**b) Services for Adults**

- Brief Treatment Services, 1212 N. California St., Stockton, CA 95202. 24-hour Crisis Services provides an on-site and emergency rooms by licensed staff. This service is available on a walk-in basis, Monday-Friday, 7:30 a.m. until 1:00 a.m. After 1:00 a.m., it is available by telephone at 948-7111 and asking for the Crisis Worker.
- Basic outpatient services for the mentally ill, including evaluation, medications, individual and group therapy, nursing services. Referrals are accepted from the Crisis Services after the crisis screening.

- Coordinated Care Services, 1212 N. California St., Stockton, CA 95202. Rehabilitation team approach to care for the seriously mentally ill. This includes psychiatric psychological social work, nursing, and case management services provided in a coordinated, comprehensive way for the person with major mental impairments. Referrals for coordinated care services must come through the brief treatment service after an evaluation. Coordinated care services can run the gamut from referral to an inpatient acute psych unit to persons who are living independently and attending day programs or vocational training. Other services available are socialization, vocational training, and volunteer services.
- Trans-cultural Clinic. Trans-cultural Clinic is a specialized mental health service for the Southeast Asian population which provides culturally competent services on an outpatient basis. Psychiatry, social work, nursing, case management services are all provided at one site. They work closely with the SEARCH program which is a substance abuse treatment program for Southeast Asians. Referral to community mental health programs is available also.
- Inpatient Services, 1212 N. California Street, Stockton, CA 95202. Acute inpatient services in a locked facility for those determined to be unable to be treated outside of a locked facility. These acute services are provided on a legal basis through Welfare and Institutions Code 5150 which provides for a 72-hour detention and a fourteen day certification in some cases. The services are provided by a team of a psychiatrist, social workers, registered nurses, psychiatric technicians, rehabilitation therapists, and aides. The 40-bed facility is located on the grounds of the Mental Health Center. A post-hospital facility located on the grounds of the Stockton Developmental Center allows patients to be discharged into an outpatient setting prior to discharge home or to other facilities. The average length of stay is seven days. The Psychiatric Health Facility is not a medical facility in that it does not provide skilled nursing care of medical problems. Mentally ill patients with severe physical problems are referred to San Joaquin General Hospital
- Pharmacy, 1212 N. California Street, Stockton, CA 95202. Full pharmacy services for psychotropic medications and controlled substances as prescribed by psychiatrists and physicians of Mental Health Services. The pharmacy is located on the grounds of the Mental Health Center and provides daily dosing services as well as weekly medication compliance programs. The pharmacy also provides medication regime reviews and quality assurance services.

- Lodi Mental Health Services. Outpatient services in Lodi are provided by psychiatrist, social workers and case managers. Services for both adults and children are available as appropriate.
  - Manteca Children’s Services. Tracy Children’s Services. Services for children and their families are provided in Manteca and Tracy through a contract provider: Valley Community Counseling Services. These services include screening, diagnostic workups, medication and individual and group therapy.
- c) **Services for Older Adults** (65 years of age and older).
- Mobile Evaluation Team, 511 E. Magnolia Street, Stockton, CA 95202. The Mobile Evaluation Team (MET) is a team of psychiatric staff who are trained to provide services in the patients’ homes or other facilities. MET will respond to skilled nursing facilities or private residences to evaluate the older adult for possible admission to acute inpatient services. If appropriate, treatment will be provided on site without admission.
  - Medication Clinic, 511 E. Magnolia Street, Stockton, CA 95202. A psychiatrist offers medication clinic services for evaluation and on-going treatment for mental disorders. Nursing staff provides support and is available to offer injections as well as counseling around side effects and other medication issues.
  - Case Management Services, 511 E. Magnolia Street, Stockton, CA 95202. When necessary, case managers are available to assist the older adult in problem solving, placements in skilled nursing facilities or board and care homes, financial assistance for those who need it and other life problems.
  - Transitional Care Facility. A temporary board and care placement for older adults who need a supervised setting for a short period of time. This facility is a non-medical facility and is able to take only ambulatory patients.

**REFERENCE**

- A. DHS Contract Exhibit A, Attachment 11, section 5
- B. MMCD Policy Letter 00-01, revised
- C. MOU between San Joaquin County Mental Health and Health Plan of San Joaquin
- D. Title 22, Sections 51323; 53851; 53844
- E. Title 9, Section 1850.505 Dispute resolution

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