

## BHS Policies and Procedures



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

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### POLICY/PROCEDURE REGARDING: **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**

Manual Number: 3.04-08

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Director of Behavioral Health Services

References: CFR Title 42,  
§ 438.206(b)(3); CCR Title 9,  
§§ 1810.405(e), 1830.205(b)(1),  
(b)(2) and (b)(3)(C), and  
1830.210(a); CCR Title 22  
§ 51340.

Effective Date: July 17, 2018

**Substantive Revision. Replaces Policy 3.04-08 dated February 18, 2016.**

#### **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.

#### **Definition of Medical Necessity**

***Specialty Mental Health Services (SMHS)*** - Meeting medical necessity criteria for SMHS includes the following:

- the beneficiary ***age 21 and over*** must have-
  - an included ICD diagnosis in accordance with the MHP contract; AND
  - at least one of the following problems as a result of the included diagnosis: significant impairment in an important area of life functioning OR a probability of significant deterioration in an important area of life functioning; AND
  - the expectation that the proposed treatment to address the included diagnosis will do at least one of the following: significantly diminish the impairment OR prevent significant deterioration in an important area of life functioning; AND
  - the condition would not be responsive to physical health care based treatment.
  
- the beneficiary ***under age 21*** must have-
  - an included ICD diagnosis in accordance with the MHP contract; AND
  - except as provided in CCR § 1830.210, a reasonable probability that the beneficiary will not progress developmentally as individually appropriate as a result of the included diagnosis; AND

- except as provided in CCR § 1830.210, the expectation that the proposed treatment to address the included diagnosis will allow the beneficiary to progress developmentally as individually appropriate; AND
- the condition would not be responsive to physical health care based treatment.

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

- the beneficiary ***age 21 and over*** must have-
  - a DSM diagnosis for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders; AND
  - the beneficiary shall meet the American Society of Addiction Medicine (ASAM) definition of medical necessity for services based on the ASAM Criteria.
- the beneficiary ***under age 21*** must be-
  - assessed to be at-risk for developing a Substance Use Disorder (SUD); AND
  - the beneficiary shall meet the American Society of Addiction Medicine (ASAM) definition of medical necessity for services based on the ASAM 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 (see policy 3.06-01).

### **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, 1<sup>st</sup> 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.

**Contact Person:**

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

**Distribution:**

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