

	<b>County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</b>	Policy Issuer (Unit/Program)	Access
		Policy Number	02-05
		Effective Date	05/01/08
		Revision Date	01/29/21
<b>Title:</b> <b>Out of County Service Requests</b>		<b>Functional Area:</b> <b>Services</b>	
<b>Approved By:</b>  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Melissa Jacobs, LCSW  Division Manager </div> <div style="text-align: center;"> Kelli Weaver, LCSW  Division Manager </div> </div>			

**Background/Context:**

Sacramento County provides mental health services to:

- Sacramento County Medi-Cal beneficiaries aged 0 to 21 who are dependents of Child Protective Services (CPS) or Probation, or Adoption Assistance Program (AAP) recipients who reside in other counties.
- Medi-Cal beneficiaries of other counties who reside in Sacramento County.

Prior assessment for speciality mental health services is required by the Sacramento County Mental Health Plan to assure medical necessity including functional impairment, verification of beneficiary status, and proof of Medi-Cal eligibility. Mental health treatment and services that are rendered without prior assessment as delineated in the Sacramento County Mental Health Plan, risk non-payment and/or disallowance.

**Purpose:**

The purpose of this policy and procedure is to outline the procedures for assessing for speciality mental health services for:

- Sacramento County beneficiaries (0 to 21) who reside in another county due to placement or adoption,
- Medi-Cal beneficiaries of other counties who reside in Sacramento County.

**Definitions:**

**County of origin** - the county where legal jurisdiction has been established and/or that has financial responsibility for the child or youth. Operationally defined as the county of responsibility for Medi-Cal as listed within the Medi-Cal Eligibility Data System. (MEDS Lite)

**Sacramento County Resident** – Sacramento County Medi-Cal beneficiary resides in Sacramento County

**Out of County Residents** – Medi-Cal beneficiaries of other counties who reside in Sacramento County.

**SB785 Definition-** When Sacramento County Medi-Cal beneficiaries with a Kin Gap or Adoption (AAP) aid code have mental health needs; Sacramento County MHP is responsible for ensuring a child's mental health needs are met when placed out of county.

**AB1299 Definition-** When a Sacramento County Medi-Cal beneficiary with a Dependency or Former Foster aid code and have mental health need; Sacramento County MHP is responsible for ensuring a child's mental health needs are met when placed out of county and when a Notice of Waiver is submitted by a Sacramento County placing agency.

**Details:**

Applies to Age 0-21 accessing the Children's system

**A. Sacramento County Beneficiary Residing Out-of-County**

When a service request is received by the Sacramento County Mental Health Access Team for a child who is a beneficiary with Aid to Adoption (AAP) or a Kin Gap and is living out of county and residence has been verified, and beneficiary has an eligible aid-code, the Access Team clinicians shall:

- Contact the family/caregiver and give them the phone number to the Access Team in their county of residence.
- Complete a over the phone screening and safety assessment and link to the mental health plan if mental health medical necessity is met.
- Fax a signed Service Authorization Request (SAR) and the Access Service Request form to the county of residence Access Team.

When a service request is received by the Sacramento County Mental Health Access Team for a child our youth who is a Dependent or Former Foster Youth living out of county and residence has been verified, and beneficiary has an eligible aid-code, the Access Team clinicians shall:

- Contact the family/caregiver and complete a over the phone screening and safety assessment and link to the mental health plan if mental health medical necessity is met and with contract monitor approval if received.
- Notify the placing agency (CPS or Probation) to provide disposition of the service request and notify that a Notice of Presumptive Transfer or Waiver has not been received.

For mental health services in Short Term Residential Treatment Program (STRTP) placements for a Sacramento County Medi-Cal Beneficiary, Sacramento County may establish payment for mental health services through a SB785 contract or through the AB 1299 process.

**B. Medi-Cal beneficiaries of other county who reside in Sacramento County.**

When a service request is received for an child with Aid to Adoption (AAP) or Kin Gap Medi-Cal from another county but living in Sacramento County and residence has been verified and beneficiary has an eligible aid-code, the Access clinician shall:

- Contact the family/caregiver and complete a over the phone screening and safety assessment and link to the mental health plan if mental health medical necessity is met.
- Fax a signed Service Authorization Request (SAR) and the Access Service Request form to the county of beneficairy Access Team.

When a service request is received by the Access Team for a Dependent or Former Foster Youth living within Sacramento County and residence has been verified, and beneficiary has an eligible aid-code, the Access Team clinicians shall:

- Contact the family/caregiver and complete a over the phone screening and safety assessment and link to the mental health plan if mental health medical necessity is met.
- Notify the placing agency (CPS or Probation) to provide disposition of the service request and notify that a Notice of Presumptive Transfer or Waiver has not been received.

When the county of origin does not authorize services with the Sacramento County Mental Health Provider, the Access clinician shall inform the referring party that Sacramento County cannot provide mental health services for this client and refer them to county of origin's Access Team.

**C. Out of County Medi-Cal Residing in Sacramento County**

(All individuals accessing mental health services)

When a service request is received and the individual has eligible out-of-county Medi-Cal, the service request will be processed in accordance with standard procedure. The Individual/Family and Service Provider will be informed that Medi-Cal needs to be transferred to Sacramento County within one month.

**Related Policies:**

PP-BHS-Access-02-04 Authorization Requests

PP-BHS-QM-10-23-Out-of-County, Documentation-and-Billing-Procedure

**Distribution:**

<b>Enter X</b>	<b>DL Name</b>	<b>Enter X</b>	<b>DL Name</b>
X	Mental Health Staff	X	MHP Contracted Providers

**Contact Information:**

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