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**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

FROM: Department of Mental Health

SUBMITTAL DATE:

7/13/2014

SUBJECT: Amend and Approve the Memorandum of Understanding between Inland Empire Health Plan and the Department of Mental Health. (District: All) [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the Second Amendment to the Memorandum of Understanding (MOU) between Inland Empire Health Plan (IEHP) and the Department of Mental Health (DMH) for Medi-Cal and Medicare Dual Choice beneficiaries for FY 2014/2015;
2. Authorize the Chairman of the Board of Supervisors to sign the MOU; and
3. Authorize the Director of DMH to sign ministerial amendments and renewals for this MOU with IEHP for Medi-Cal and Medicare Dual Choice and Dual eligible mental health services through December 31, 2017.

BACKGROUND: On August 20, 2013 (3-55), the Board of Supervisors approved the first amendment to the MOU between the IEHP and DMH to create an all inclusive MOU that appropriately reflected both parties' agreement and understanding of the services to be rendered to both Medi-Cal and Medicare Dual Choice and Dual Eligible beneficiaries.

(Continued on page 2)

JW:EE

Jerry Wengerd

 Jerry Wengerd, Director
 Department of Mental Health

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS:

Budget Adjustment: NO
 For Fiscal Year: 14/15

C.E.O. RECOMMENDATION: APPROVE

County Executive Office Signature

BY: *Jennifer L. Sargent*

 Jennifer L. Sargent

MINUTES OF THE BOARD OF SUPERVISORS

FORM APPROVED COUNTY COUNSEL
 BY: *Leslie E. Murad II*
 LESLIE E. MURAD II
 DATE: 7/13/14
 MOU Departmental Concurrence

Positions Added
 Change Order

A-30
 4/5 Vote

Prev. Agn. Ref.: 08/20/13, 3-55

District: All

Agenda Number:

3-33

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

FORM 11: Amend and Approve the Memorandum of Understanding between Inland Empire Health Plan and the Department of Mental Health (District: All) [\$0]

DATE: July 29, 2014

PAGE: Page 2 of 2

BACKGROUND: (continued)

Pursuant to Senate Bill (SB) X1 1 (Hernandez, Chapter 4, Statutes of 2013), effective January 1, 2014, the State of California Department of Health Care Services (DHCS) expanded the array of Medi-Cal mental health services available to Medi-Cal beneficiaries with mild to moderate impairment of mental, emotional or behavioral functioning from any mental health condition. Medi-Cal Managed Care Health Plans (MCP) will provide these outpatient services. Medi-Cal specialty mental health services will continue to be provided by County Mental Health Plans (MHP). This second amendment addresses these changes.

The California Code of Regulations (CCR), Title 9, Chapter 11, Section 1810.370, requires MHPs to enter into MOU agreements with MCPs (physical health care) to ensure appropriate care for Medi-Cal and Medicare Dual Choice beneficiaries. These regulations stipulate that Medi-Cal and Medicare specialty mental health services shall be provided to Medi-Cal and Medicare beneficiaries through the MHP, which is administered by DMH.

Therefore, the DMH is requesting that the Board of Supervisors approve the second amendment to the MOU between IEHP and DMH to provide mental health services to Medi-Cal and Medicare Dual Choice and Dual Eligible beneficiaries.

Impact on Citizens and Businesses

These services are a component of the Department's system of care aimed at improving the health and safety of consumers and the community.

Additional Fiscal Information

The MOU between IEHP and DMH has a zero dollar amount (\$0) as specified in the agreement. However, IEHP will reimburse DMH at 100% of the Medi-Cal/Medicare allowable amount for all billable services and there are no County funds required.

SECOND AMENDMENT
TO THE MEMORANDUM OF UNDERSTANDING
BETWEEN
INLAND EMPIRE HEALTH PLAN
AND
COUNTY OF RIVERSIDE - DEPARTMENT OF MENTAL HEALTH
(MENTAL HEALTH SERVICES FOR MEDI-CAL, MEDICARE
DUALCHOICE, AND IEHP DUALCHOICE CAL MEDICONNECT PLAN
(MEDICARE – MEDICAID PLAN) MEMBERS)

WHEREAS, the Inland Empire Health Plan, a public entity of the State of California, hereinafter referred to as IEHP, and County of Riverside – Department of Mental Health, hereinafter referred to as RCMHP, agree to amend the Memorandum of Understanding (“Agreement”) between them dated **June 30, 2012**, to be effective as of April 1, 2014:

NOW THEREFORE, the parties agree as follows:

A. Section 6.0, (“TERM”), Paragraph 6.01 hereby extends the existing term as follows:

“In addition to the existing term, the term of this Agreement is extended from April 1, 2014 and shall continue in effect through December 31, 2017, unless terminated as stated above or as specified in Section 6 (“Termination”).”

B. The TABLE OF CONTENTS is hereby deleted in its entirety and replaced by the new a TABLE OF CONTENTS, attached hereto.

C. ATTACHMENT A, ACTIVITIES DESCRIPTION GRID, is hereby deleted in its entirety and replaced by the new ATTACHMENT A, ACTIVITIES DESCRIPTION GRID, attached hereto.

D. ATTACHMENT C, CCI MOU ATTACHMENT is hereby deleted in its entirety and replaced by the new ATTACHMENT C, CCI MOU ATTACHMENT, attached hereto. Any amendment or attachment to the MOU which contains conflicting language shall be interpreted as superseded by Attachment C.

- E. ATTACHMENT D - REFERRAL FORM FOR BEHAVIORAL/MENTAL HEALTH SERVICES is hereby added as ATTACHMENT D - REFERRAL FORM FOR BEHAVIORAL/MENTAL HEALTH SERVICES, attached hereto.
- F. ATTACHMENT E - COVERAGE AND POPULATION MATRIX is hereby added as ATTACHMENT E - COVERAGE AND POPULATION MATRIX, attached hereto.
- G. All other terms and conditions of said Agreement are to remain in full force and effect.

(THE BALANCE OF THIS PAGE IS LEFT INTENTIONALLY BLANK)

I. CERTIFICATION OF AUTHORITY TO EXECUTE THIS AMENDMENT

RCMHP certifies that the individual signing below has the authority to execute this AMENDMENT on behalf of RCMHP and may legally bind RCMHP to the terms and conditions of this AMENDMENT, and any attachments hereto.

IN WITNESS WHEREOF, the parties hereto have executed this Second Amendment to the Memorandum of Understanding as set forth below.

RIVERSIDE COUNTY

INLAND EMPIRE HEALTH PLAN

By: _____
Jerry A Wengerd, Director
RCMHP

By: Bradley P. Gilbert
Bradley P. Gilbert, MD
Chief Executive Officer

Date: _____

Date: 7/7/14

By: _____
Chairperson, Board of Supervisors

By: [Signature]
Chair, IEHP Governing Board

Date: _____

Date: 7-14-14

Attest: [Signature]
Secretary, IEHP Governing Board

Date: 7-14-14

Approved as to Form
PAMELA J. WALLS
County Counsel
[Signature]
Deputy County Counsel
Attorneys for Inland Empire Health Plan
Date: 7/14/14

MEMORANDUM OF UNDERSTANDING

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INTRODUCTION

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Exhibit V	RCMHP Consumer Notices/Grievances and Appeals
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IN WITNESS WHEREOF, the parties hereto have executed this MOU in Riverside, California.

**ACTIVITIES DESCRIPTION GRID
INDEX**

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	Riverside County Mental Health Plan (RCMHP)	Inland Empire Health Plan (IEHP)
<p>1. Care Manager Liaison</p>	<p>RCMHP will provide workspace, equipment and technical assistance to support IEHP care manager liaison in the execution of his/her responsibilities.</p> <p>RCMHP will assign a management level staff member to serve as the primary onsite supervisor responsible for:</p> <ol style="list-style-type: none"> a. Evaluating and approving candidates presented by IEHP to serve as the onsite liaison at RCMHP. b. Overseeing and providing support for the day-to-day activities of the IEHP care manager liaison; c. Collaborating with IEHP designated supervisor relative to evaluation of the care manager liaison's performance; d. Providing orientation training to IEHP care manager liaison as it relates to RCMHP; and e. Representing RCMHP's interest in the interpretation of RCMHP and IEHP policies, procedures and referral processes as they apply to IEHP Members who may also meet RCMHP eligibility criteria. 	<p>IEHP will present liaison candidates to RCMHP for approval. In collaboration with RCMHP, IEHP will assign a care manager liaison for onsite location at RCMHP to:</p> <ol style="list-style-type: none"> a. Serve to represent IEHP's interest in the interpretation of RCMHP and IEHP policies, procedures and referral processes as they apply to IEHP Members who may also meet RCMHP's eligibility criteria; b. Provide coordination of care for IEHP Members eligible for RCMHP and other related community resources; c. Serve as a resource person and trainer to Members, RCMHP and IEHP staff, other community agencies and health care providers; d. Arrange case conferences in response to service and benefit questions arising out of either agency; e. Assist with the collection analysis of data and preparing case management reports; f. Assist with tracking continuity of care for identified IEHP/RCMHP Members; and g. Participate in both RCMHP and IEHP staff meetings, and in external meetings with other health service providers as assigned. <p>IEHP will assign its Clinical Director of Behavioral Health to serve as IEHP's primary supervisor for all performance of the care manager liaison.</p>
<p>2. IEHP Secure Website for Coordination of Care</p>	<p>Through the IEHP Secure Website, RCMHP shall have secure access to Electronic Health Histories and may use Coordination of Care Web Forms (Exhibit II) to coordinate care and share pertinent prescription, lab and clinical data with other authorized providers with client consent as it applies to all CCI Members. An electronic interface will be established to exchange data.</p>	<p>IEHP will maintain a secure website as a means for Providers to coordinate care. IEHP will provide RCMHP clinic sites, clinicians and administrative support staff with secure access and training on accessing Electronic Health Histories through the IEHP Secure Website, and offer the use of Coordination of Care Web Forms (Exhibit II) to share pertinent prescription, lab and clinical data with other authorized providers.</p>
<p>3. Services Provided</p>	<p>The scope of services provided by RCMHP under the terms of this agreement shall equal the services identified as Mental</p>	<p>IEHP will provide Medi-Cal beneficiaries outpatient mental health services within the scope of primary care, as provided by IEHP's</p>

	<p>Riverside County Mental Health Plan (RCMHP)</p> <p>Health (MHP) responsibilities in MMCD Policy Letter No. 00-01 REV (Attached as Exhibit D).</p> <p>RCMHP will authorize outpatient and inpatient specialty mental health services to Medi-Cal beneficiaries enrolled in IEHP pursuant to this agreement and to State and Federal regulations. Services will be provided with or without referral by IEHP.</p> <p>RCMHP will be responsible to provide emergency mental health services 24-hours a day, 7-days a week and non-emergency specialty mental health services during regular business hours, meeting the criteria outlined in State regulations (California Code of Regulations, Title 9, Chapter II, Article 2, Section 1820.205, 1830.205, 1830.210), as applicable.</p> <p>A Member may receive specialty mental health services for an included diagnosis when an excluded diagnosis is also present, as defined by State law and regulations.</p> <p>EPSDT beneficiaries with an included diagnosis and a substance related disorder may receive specialty mental health services directed at the substance use component. The intervention must be consistent with, and necessary to, the attainment of the specialty mental health treatment goals.</p>	<p>Inland Empire Health Plan (IEHP)</p> <p>contract with the State Department of Health Care Services (DHCS) and further defined in MMCD Policy Letter No. 00-01 REV (Attached as Exhibit D).</p> <p>Access to physical health care services and outpatient primary care mental health services will be made available 24-hours a day, 7-days a week.</p> <p>IEHP and RCMHP recognize that a Primary Care Physician's (PCP) ability to treat mental disorders may vary according to each provider's training and scope of practice.</p> <p>When possible, within the scope of primary care, and in the interest of providing comprehensive health care services, IEHP physicians will address the following conditions as they arise in the course of treatment of physical illness:</p> <ol style="list-style-type: none"> 1. Psychological factors affecting a physical condition/illness; 2. Psychological symptoms precipitated by physical conditions/illnesses; and 3. Psychological conditions precipitated by non-physical conditions. <p>As appropriate, IEHP and the provider will work with RCMHP to assure Members receive appropriate referrals for excluded diagnoses.</p> <p>As part of ongoing training operations with RCMHP, IEHP will provide RCMHP with annual updates to IEHPs policies and procedures. This would include operational and/or benefit changes/information as part of the quarterly JOMs.</p> <p>IEHP and/or one of its delegated entities will arrange and pay for appropriate medical assessments of Members to identify co-morbid physical and mental health conditions.</p> <p>The PCP or appropriate medical specialist will identify and treat those general medical conditions that are causing or exacerbating psychological symptoms or refer the Member for specialty physical</p>
<p>4. Diagnostic Evaluation and Triage</p>	<p>RCMHP will provide evaluation, triage and when authorized, specialty mental health services to IEHP Members whose psychological conditions would not be responsive to mental health or physical health care by the PCP.</p> <p>RCMHP's Access Unit (CARES) will evaluate a Member's symptoms, level of impairment and focus of intervention to</p>	

	<p>Riverside County Mental Health Plan (RCMHP)</p> <p>determine if a Member meets medical necessity criteria for specialty mental health services.</p> <p>When medical necessity criteria are met, RCMHP authorizes services and provides Member with a choice of providers.</p> <p>When medical necessity criteria are not met, CARES staff will refer Member back to IEHP case management, and/or refer to community service as appropriate.</p> <p>Individual mental health providers may arrange for records transfer by direct communication with the referring physician or may request records through IEHP case management.</p> <p>RCMHP will accept Medi-Cal referrals from IEHP staff, providers and IEHP Members (self-referral) for determination of medical necessity and provide appropriate mental health specialty evaluation services.</p>	<p>Inland Empire Health Plan (IEHP)</p> <p>health care for such treatment.</p>
<p>5. Referrals (Referral algorithm attached as Attachment B)</p>	<p>When all medical necessity criteria are met, RCMHP Access Unit (CARES) will arrange for the provisions of specialty mental health services by a RCMHP provider. With Member consent, RCMHP will exchange relevant information with IEHP, via a secure website, when requests for mental health services are received for the Member through self-referral or through any other outside agency (including schools, court of law, correctional facilities, etc.) For coordination of care purposes, IEHP will share this information with the Member's PCP. With a Member's written consent or as otherwise permitted by State and Federal law, the identification of a patient/IEHP Member as well as clinical and other pertinent information will be shared between RCMHP and IEHP providers to ensure coordination of care. RCMHP may utilize the Coordination of Care Web Forms (Exhibit II) for this purpose as it applies to all CCI Members. An electronic interface will be established to exchange data.</p> <p>When RCMHP medical necessity criteria are not met, RCMHP will refer Members back to IEHP or will refer the</p>	<p>IEHP will provide RCMHP clinic sites, clinicians and administrative support staff with secure access and training on the IEHP Secure Website, and provide the use of Coordination of Care Web Forms (Exhibit II) to share pertinent clinical data with other authorized providers.</p>

	Riverside County Mental Health Plan (RCMHP)	Inland Empire Health Plan (IEHP)
	<p>Member to a community service. When requested by the Member, provider, IEHP or PCP, evaluation results, diagnosis, need for services, and recommendations to treat the Member's symptoms will be forwarded to the PCP (as signed release of information or other laws allow).</p> <p>When a mental health provider determines a Member's mental illness would be responsive to physical health care he/she may make a direct referral by contacting the primary care physician identified on the Member's health Plan card. He/she may use the IEHP Mental Health Coordination of Care Web Forms (Exhibit II) to arrange for a referral through IEHP case management.</p>	
<p>6. Service Authorizations</p>	<p>RCMHP will authorize evaluation and/or treatment services by mental health specialists, who are employed by, credentialed by and/or contracted with RCMHP, for services that meet medical necessity criteria. This will be done through the RCMHP Access Unit (CARES).</p> <p>RCMHP will not authorize services for which IEHP is responsible.</p> <p>IEHP case management staff will be available to assist network IPAs and RCMHP in coordinating care, including service authorizations.</p>	<p>IEHP and/or one of its delegated entities will authorize medical assessment and/or treatment services by providers who are credentialed by IEHP and contracted with an IEHP IPA.</p> <p>IEHP and/or one of its delegated IPAs will authorize all inpatient and outpatient medical assessment, consultation, and/or treatment services required for IEHP Members, and coordinate with RCMHP for those Members receiving care from RCMHP.</p> <p>IEHP will not authorize services for which RCMHP is responsible.</p> <p>IEHP case management staff will be available to assist network IPAs and RCMHP in coordinating care and obtaining appropriate service authorizations.</p>
<p>7. EPSDT Supplemental Services</p>	<p>RCMHP will utilize medical necessity criteria established for EPSDT supplemental services to determine if a child (under the age of 21) is eligible for EPSDT supplemental services. If these criteria are met, RCMHP is responsible for arranging EPSDT supplemental services provided by specialty mental health professionals. RCMHP is responsible for paying for EPSDT supplemental services which are part of the Member's specialty mental health treatment.</p> <p>For a description of EPSDT Supplemental Services, see Exhibit III, "MMCD Letter No. 96-074" and Exhibit IV, "Title 22, CCR Sections 51184, 51242, 51304, 51340,</p>	<p>When RCMHP determines that EPSDT supplemental services criteria are not met, IEHP may refer the child to the PCP for treatment of conditions within the PCP's scope of practice.</p> <p>IEHP case management assists RCMHP and Members by providing links to known community providers of supplemental services (e.g., support groups).</p>

	Riverside County Mental Health Plan (RCMHP)	Inland Empire Health Plan (IEHP)
8. Psychotropic Medications and Formulary	<p>51340.1, and 51532.”</p> <p>RCMHP will submit a credentialing application for specialty mental health physicians who will be prescribing medications to IEHP Members.</p> <p>RCMHP may utilize the Coordination of Care Web Forms (Exhibit II) to notify IEHP of the medications prescribed for Members as it applies to all CCI Members. RCMHP will also have access to the prescription history, labs and other clinical information available through the IEHP Secure Website. An electronic interface will be established to exchange data.</p> <p>RCMHP providers will prescribe, as medically appropriate, psychotropic medications for IEHP Members under treatment, and monitor the effects and side effects of such medications.</p> <p>IEHP Members may use any Medi-Cal pharmacy to access carved-out psychotropic medications. IEHP network pharmacies get an automatic online message to bill Medi-Cal Fee-For-Service (FFS) when claims are entered for these medications.</p> <p>IEHP Members are instructed to use contracted pharmacies to access all prescribed medications.</p> <p>(The list of carved-out psychotropic medications is attached as Exhibit I, Enclosure 2.)</p>	<p>Prior authorization for prescribed formulary medication is provided as part of the online adjudication process used by IEHP pharmacies. Prior authorization exceptions will be reconciled by the individual pharmacy working with the IEHP pharmacy department and the RCMHP provider.</p> <p>When an IEHP provider is managing a Member’s mental health condition, said providers will monitor the effects and side effects of psychotropic medications.</p> <p>Notice of actions, denials or deferrals shall be forwarded to the Supervisor of the RCMHP Access Unit.</p> <p>IEHP provides Members with a Provider Directory, which lists contracted pharmacies. This Directory is updated bi-annually. Members are also encouraged to call the IEHP Member Services Department for the most recent changes to IEHP’s contracted pharmacy network.</p> <p>IEHP will pay for psychotropic medications prescribed by RCMHP and IEHP providers and not included in the carved-out Psychotropic Formulary.</p> <p>IEHP providers will prescribe medically necessary medications for the treatment of physical conditions and mental health conditions treated through primary care and IEHP will pay for these medications.</p> <p>IEHP will provide RCMHP prescription history through the IEHP Secure Website, and offer the use of Coordination of Care Web Forms (Exhibit II) for coordination of prescription medications with the Member’s PCP.</p>
9. Laboratory Services, Radiological and Radioisotope Services	<p>RCMHP providers may use an RCMHP contracted laboratory or may contract individually with a licensed laboratory.</p>	<p>IEHP will pay for medically necessary laboratory, radiological, and radioisotope services required for the diagnosis, treatment, or evaluation of a Member’s mental health/substance abuse condition, in accordance with Title 22, CCR, Section 51311.</p>

	Riverside County Mental Health Plan (RCMHP)	Inland Empire Health Plan (IEHP)
	<p>IEHP will provide access to laboratory services in accordance with mutually accepted protocols and medical necessity standards. Protocols will reflect IEHP's responsibility for payment of laboratory services that are necessary for the diagnosis and treatment of the IEHP Member's mental health/substance abuse conditions, and for laboratory services that are needed to monitor the health of Members for side effects resulting from medications prescribed to treat a mental health diagnosis.</p> <p>RCMHP providers will be informed of the process for submitting claims. This information will be disseminated to RCMHP providers primarily through provision of a Provider Manual and through provider meetings conducted by RCMHP staff. Secondly, targeted outreach will be extended to interested providers in the form of written communication and/or office visits to present a review of the authorization and claims process.</p> <p>RCMHP is not responsible for the costs of medically necessary radiologic and/or radioisotope services, treatment, or evaluation of a Member's mental health condition.</p>	<p>Laboratory services covered by IEHP include services needed to diagnose and treat mental health/substance abuse conditions; and to monitor the health of Members for side effects resulting from medications prescribed to treat a mental health diagnosis.</p> <p>The IEHP case management/mental health specialist will work directly with RCMHP providers, the PCP and RCMHP Central Access Unit to coordinate these services.</p> <p>IEHP will provide RCMHP clinic sites, clinicians and administrative support staff with secure access and training on accessing lab results through the IEHP Secure Website, and offer the use of Coordination of Care Web Forms (Exhibit II) for coordination of lab findings with the Member's PCP.</p>
<p>10. Emergency Room Services – In and Out of Area</p>		<p>IEHP and/or its delegate shall cover and pay for in and out of area facility charges resulting from the emergency services and care of a Plan Member whose condition meets MHP medical necessity criteria when such services and care do not result in the admission of the Member for psychiatric inpatient hospital services or when such services result in an admission of the Member for psychiatric inpatient hospital services at a different facility.</p> <p>IEHP and/or its delegate shall cover and pay for all in and out of area professional services including the professional services of a mental health specialist, when required for the emergency services and care of a Member whose condition meets MHP medical necessity criteria.</p> <p>Payment responsibility for charges resulting from the emergency services and care of a Plan Member with an excluded diagnosis or for a Plan Member whose condition does not meet MHP medical</p>

	Riverside County Mental Health Plan (RCMHP)	Inland Empire Health Plan (IEHP)
		necessity criteria will be assigned as follows: IEHP and/or its delegate shall cover and pay for in and out of area facility charges and the medical professional services required for the emergency services and care of a Plan Member with an excluded diagnosis or a Plan Member whose condition does not meet MHP medical necessity criteria and such services and care do not result in the admission of the Member for psychiatric inpatient hospital services.
* Note	Payment for the professional services of mental health specialist required for the emergency service and care of a Plan Member with an excluded diagnosis is the responsibility of the Medi-Cal FFS system.	Payment for the professional services of a mental health specialist required for the emergency service and care of a Plan Member with an excluded diagnosis is the responsibility of the Medi-Cal FFS system.
11. Psychiatric Nursing Facility Services	RCMHP will authorize and provide all medically necessary specialty mental health services for IEHP Members required in psychiatric Nursing Facility settings.	IEHP will be responsible for all medically necessary non-specialty professional and medical services not included under the IMD daily rate in psychiatric Nursing Facility setting. IEHP responsibility for long term care is limited to the month of admission plus the following month, provided disenrollment to Medi-Cal FFS is approved by DHCS (see Exhibit I, page 16, MMCD Policy Letter No. 00-01 REV).
12. Medical Transportation (Note: Medical Transportation Services are defined in Title 22, CCR, Section 51151.)	RCMHP is responsible for the transportation costs when RCMHP is responsible for the costs of hospitalization and when the MHP's purpose for the medical transportation service is to transport a Plan Member receiving psychiatric inpatient hospital services from a hospital to another hospital.	IEHP will be responsible for the emergency and non-emergency ambulance, litter van, and wheelchair van medical transportation services described in Title 22, CCR, Division 3, Subdivision 1, Chapter 3, Section 51323, which are necessary to provide IEHP Members with access to Medi-Cal covered services including mental health services. IEHP will be responsible for emergency medical transportation services to the nearest facility capable of meeting the needs of the patient. IEHP will be responsible for medically necessary transfers between inpatient hospital services and psychiatric inpatient hospital services to address Plan Member mental health condition. IEHP will not be responsible for medical transportation services when the transportation is required to transfer a Member from one psychiatric inpatient hospital to another psychiatric inpatient

Riverside County Department of Mental Health
Mental Health Services for Medi-Cal, Medicare DualChoice & IEHP Dualchoice Members
ATTACHMENT A (Page 13)

	Riverside County Mental Health Plan (RCMHP)	Inland Empire Health Plan (IEHP)
13. Home Health Agency Services	If RCMHP determines an IEHP Member requires medically necessary specialty mental health services as part of home health care, RCMHP will arrange for these services.	A homebound Plan Member is one who is essentially confined to home due to illness or injury, and if ambulatory or otherwise mobile, is unable to be absent from his home except on an infrequent basis or for period for relatively short durations (Title 22, CCR, Section 51146). IEHP or its delegate will cover and pay for home health agency services as described in Title 22, CCR, Section 51337 prescribed by an IEHP Plan provider when medically necessary to meet the needs of homebound Plan Members. IEHP is not obligated to provide home health agency services that would not otherwise be authorized by the Medi-Cal program or when specialty mental health services as provided under Section 1810.247 are prescribed by a psychiatrist and provided at the home of the beneficiary.
14. Services for Developmentally Disabled Members	RCMHP will refer Members with developmental disabilities to Regional Centers for services such as respite care, out-of-home placement, supportive living services, etc. if such services are needed. When appropriate, RCMHP will inform IEHP, its delegated entity, and the PCP of such referrals. RCMHP will provide the medically necessary specialty mental health services for developmentally disabled members who have a coexisting qualifying BH condition.	IEHP PCPs will refer Members with developmental disabilities including intellectual disabilities, autism, and mental diagnosis due to medical conditions when specialty mental health criteria is not met, to Regional Centers for non-medical services such as respite care, out-of-home placement, supportive living services, etc. if such services are needed.
15. Covered Physical Health Care Services and Specialty Mental Health Services (Inpatient)	RCMHP is responsible for hospital-based ancillary services as outlined in Attachment C. Note: Physical health care for the purpose of this section is defined in MMCD Policy Letter No. 00-01 REV, page 7 & 8, attached as Exhibit I.	IEHP will provide all medically necessary professional services to meet the physical health care needs of IEHP Members admitted to a general acute care hospital psychiatric ward or to a freestanding licensed psychiatric inpatient hospital. The initial health history and physical assessment will be performed and dictated within 24 hours of admission to the psychiatric unit. Plan responsibilities are further described in MMCD Policy Letter

Riverside County Department of Mental Health
Mental Health Services for Medi-Cal, Medicare DualChoice & IEHP Dualchoice Members
ATTACHMENT A (Page 14)

	Riverside County Mental Health Plan (RCMHP)	Inland Empire Health Plan (IEHP)
16. Financial Considerations	RCMHP will be reimbursed by IEHP for authorized mental health services.	No. 00-01 REV, pages 7, 8 23, and 24 (Exhibit I). Services and prescription medications that are the responsibility of IEHP (as specified in this Agreement) will be paid by IEHP, except for those medications carved-out by DHCS. See Exhibit I, Enclosure 2 for a list of carved-out medications.
17. Specialty Mental Health Service Providers	RCMHP will directly employ or contract with credentialed specialty mental health professionals who have sufficient capacity and willingness to serve IEHP Members who meet medical necessity criteria and are referred by the RCMHP Access Unit. Specialty Mental Health Service Providers are further defined in MMCD Policy Letter No. 00-01 REV, page 18, attached as Exhibit I.	IEHP will inform IEHP Members of their mental health benefits and the manner in which services are accessed. See MMCD Policy No. 00-01, Rev, page 17, 18 and 19, attached as Exhibit I.
18. Confidentiality of Medical Records Information	MHP will arrange for appropriate management of a Member's care, including the exchange of copies or summaries of medical records, with the Member's other health care providers or providers of specialty mental health services. MHP will maintain the confidentiality of medical records in accordance with applicable State and federal laws and regulations. (Title 9). RCMHP may make available to IEHP non-identifying patient information and quarterly or annual aggregate reports for purposes of review, evaluation and accountability.	IEHP will maintain confidentiality of medical records in accordance with all applicable federal and state laws and regulation and contract requirements. IEHP providers will obtain written authorization from patients and/or the patient's conservator, where a conservator of the person has been appointed, to be referred to RCMHP, for release of relevant records and related case discussions regarding medical conditions and any current medications prescribed by IEHP providers. IEHP may make available to RCMHP non-identifying patient information and quarterly or annual aggregate reports for purposes of review, evaluation and accountability. IEHP and RCMHP will cooperate to develop specific protocols dealing with the sharing of information regarding substance abuse and HIV status.
19. Clinical Consultation and Training	The RCMHP will include consultation on medications to IEHP Members whose mental illness is being treated by RCMHP when requested by IEHP. Clinical consultation between the RCMHP and IEHP will include consultation on a beneficiary's physical health	IEHP will provide clinical consultation and training to the RCMHP or other providers on physical health care conditions and on medications prescribed through IEHP providers, when requested by RCMHP. IEHP will provide clinical consultation to the RCMHP or other

	Riverside County Mental Health Plan (RCMHP)	Inland Empire Health Plan (IEHP)
	condition.	providers of mental health services on a Member's physical health condition. Such consultation will include consultation by IEHP to the RCMHP on medications prescribed by IEHP for a Plan Member whose mental illness is being treated by the RCMHP.
20. Provider Training	RCMHP conducts annual provider meetings. During these meetings multiple topics are covered, including coordination of care issues for Medi-Cal Managed Care patients. RCMHP regularly supplements the annual meetings with targeted written communication to providers as needed. RCMHP will assist IEHP in training IEHP providers about mental health specialty services provided through RCMHP and the coordination of care. RCMHP will assist in mental health training for IEHP PCPS as requested.	IEHP will train their providers on mental health specialty services provided through RCMHP and on coordinating care with RCMHP. Coordination of Care is covered during the annual "IEHP University" provider training. Annual training is supplemented by quarterly provider newsletters and quarterly continuing education classes (CEU) which selectively include mental health topics. IEHP will assist RCMHP in training RCMHP providers and coordinating care with IEHP as requested.
21. Quality Assurance/Quality Improvement (Including Grievances and Complaints)	Conforming to the standards of Federal, State, and County guidelines on Quality Assurance, RCMHP will operate a Quality Assurance/Quality Improvement program, which includes the interface with IEHP and the coordination of care with their providers. Member and provider complaint and grievance process will be part of the Quality Assurance/Quality Improvement program. Access to services will be included as part of the Quality Assurance/Quality Improvement Program. RCMHP will involve IEHP in relevant aspects of its Quality Assurance/Quality Improvement program. Grievances involving carved-out mental health services will be processed internally by RCMHP. RCMHP will involve IEHP in relevant aspects of its Quality Assurance/Quality Improvement program, including grievance and complaint resolution, whenever there appear to be overlapping issues. RCMHP will have a system of sharing information with IEHP on the dispensation of Fair Hearing cases.	IEHP will operate a Quality Assurance/Quality Improvement program, which includes the interface with RCMHP and the coordination of care with its providers. Member and provider grievance and complaint processes will be part of the Quality Assurance/Quality Improvement program. As part of this process, upon receiving RCMHP's report on the resolution of grievances, IEHP will report the resolution to the State. IEHP will have a system of sharing information with RCMHP on the dispensation of Fair Hearing cases. For a brief description of the grievance process, see Exhibit VI, "IEHP's Grievance Resolution Process." IEHP will involve RCMHP in relevant aspects of its Quality Assurance/Quality Improvement program.

	Riverside County Mental Health Plan (RCMHP)	Inland Empire Health Plan (IEHP)
<p>22. Organizational Dispute Resolution</p>	<p>For a description of RCMHP Grievance Policy see Exhibit V, "RCMHP's Grievance Policy."</p> <p>RCMHP will coordinate with IEHP on dispute resolutions and agrees to participate in a dispute resolution process in accordance to Title 9, CCR, Section 1850.505 to include:</p> <p>First Level Review</p> <ul style="list-style-type: none"> • The process will be initiated within 45 calendar days from the disputed event. • RCMHP will appoint a representative to attempt to reach and implement resolution decisions. • The representative of RCMHP will arrive at a proposed resolution jointly with the IEHP representative within 10 business days of initiation • If the representatives of RCMHP and IEHP are unable to reach a joint decision or if the proposed resolution is not acceptable to both Plans, a second level review may be initiated by either Plan. <p>Second Level Review</p> <ul style="list-style-type: none"> • The second level review must be initiated within 10 business days of the first level decision. • RCMHP will use its Director or Director's designee as a second level reviewer. • The second level reviewer will attempt to reach a joint resolution with IEHP within 10 business days of initiation. • If the second level reviewers cannot reach a joint decision or if the decision is not acceptable to both Plans, a third party review may be initiated by either Plan. <p>Third Party Review</p> <p>If the local dispute resolution process is not able to resolve the dispute, either Plan may request dispute resolution by forwarding to the Department of Health Care Services.</p> <p>RCMHP agrees to provide specialty mental health services to</p>	<p>IEHP will coordinate with RCMHP on dispute resolutions and agrees to participate in a dispute resolution process in accordance to Title 9, CCR, Section 1850.505 to include:</p> <p>First Level Review</p> <ul style="list-style-type: none"> • The process will be initiated within 45 calendar days from the disputed event. • IEHP will appoint a representative to attempt to reach and implement resolution decisions. • The representative of IEHP will arrive at a proposed resolution jointly with the RCMHP representative within 10 business days of initiation. • If the representatives of IEHP and RCMHP are unable to reach a joint decision or if the decision is not acceptable to both Plans, a second level review may be initiated by either Plan. <p>Second Level Review</p> <ul style="list-style-type: none"> • The second level review must be initiated within 10 business days of the first level decision. • IEHP will use its CEO or CEO's designee as a second level reviewer. • The second level reviewer will attempt to reach a joint resolution with RCMHP within 10 business days of initiation. • If the second level reviewers cannot reach a joint decision or if the decision is not acceptable to both Plans, a third party review may be initiated by either Plan. <p>Third Party Review</p> <p>If the local dispute resolution process is not able to resolve the dispute, either Plan may request dispute resolution by forwarding to the Department of Health Care Services.</p> <p>IEHP agrees to provide medically necessary services to the beneficiary during the dispute resolution process in accordance with</p> <p>RCDMH (MH Services for Medi-Cal & Medicare) – 2014 Amendment #2</p>

	Riverside County Mental Health Plan (RCMHP)	Inland Empire Health Plan (IEHP)
<p>23. Coordination of the Expanded Medi-Cal Mental Health Services</p>	<p>the beneficiary during the dispute resolution process in accordance with current regulations.</p> <p>RCMHP will be responsible for conducting a multidisciplinary clinical team oversight process for clinical operations to include: screening, assessment, referrals, care management, care coordination, and exchange of medical information.</p> <p>Coordination of care for inpatient mental health treatment is to be provided by RCMHP, including a notification process between RCMHP and IEHP within 24 hours of admission and discharge to arrange for appropriate follow-up services. RCMHP will coordinate with IEHP to update Member care plans.</p> <p>RCMHP will provide coordination of care for inpatient mental health treatment and will notify IEHP within 24 hours of admission and discharge to arrange for appropriate follow-up services. RCMHP will have a process for updating the Member's care plan and coordinating with outpatient mental health providers. Members who are assessed for specialty mental health services and do not meet criteria will be transitioned appropriately to IEHP.</p> <p>As part of quarterly JOMs, RCMHP will review referral, care coordination and information exchange protocols and processes and monitor Member engagement and utilization. RCMHP will also review referral and care coordination processes to improve quality of care.</p> <p>RCMHP will share reports summarizing quality findings during this review process to improve quality of care, as determined in collaboration with DHCS. These reports will address the systematic strengths and barriers to effective</p>	<p>current regulations.</p> <p>IEHP will be responsible for participating in a multidisciplinary clinical team oversight process for clinical operations to include: screening, assessment, referrals, care management, care coordination, and exchange of medical information.</p> <p>IEHP will accept referrals from RCMHP staff, providers, and members' self-referral for assessment, makes a determination of medical necessity for outpatient services, and provides referrals within IEHP's mental health provider network. See Attachment D, Referral Form for Behavioral/Mental Health Services for details.</p> <p>This screening assessment tool is subject to revision by IEHP upon notification to RCMHP.</p> <p>Members transitioning from inpatient mental health treatment to outpatient treatment will remain in treatment within RCMHP unless coordination of care between IEHP Care Management and RCMHP agree that the member no longer meets Specialty Mental Health Criteria and is appropriate for transition to the IEHP outpatient provider network. IEHP will have a process for updating the Member's care plan and coordinating with outpatient mental health providers. Members who are assessed for specialty mental health services and meet criteria will be transitioned appropriately to RCMHP.</p> <p>As part of quarterly JOMs, IEHP will review referral, care coordination and information exchange protocols and processes and monitor Member engagement and utilization. IEHP will also review referral and care coordination processes to improve quality of care.</p> <p>IEHP will share reports summarizing quality findings during this review process to improve quality of care, as determined in collaboration with DHCS. These reports will address the systematic strengths and barriers to effective collaboration between RCMHP</p>

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	<p>Riverside County Mental Health Plan (RCMHP) collaboration between RCMHP and IEHP.</p> <p>Reports will track cross-system referrals, beneficiary engagement, and service utilization to be determined in collaboration with DHCS which includes the number of disputes between IEHP and RCMHP, the dispositions/outcomes of those disputes, the number of grievances related to referrals and network access and the dispositions/outcomes of those grievances. Reports shall also address utilization of mental health services by members from RCMHP as well as quality strategies to address duplication of services.</p>	<p>Inland Empire Health Plan (IEHP) and IEHP.</p> <p>Reports will track cross-system referrals, beneficiary engagement, and service utilization to be determined in collaboration with DHCS which includes the number of disputes between RCMHP and IEHP, the dispositions/outcomes of those disputes, the number of grievances related to referrals and network access and the dispositions/outcomes of those grievances. Reports shall also address utilization of mental health services by Members from IEHP as well as quality strategies to address duplication of services.</p> <p>Effective January 1, 2014, IEHP will also provide the following outpatient mental health benefits to Members with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from any mental health condition defined by the current Diagnostic and Statistical Manual as set forth in MMCD All Plan Letter 13-021 including:</p> <ul style="list-style-type: none"> • Individual and group mental health evaluation and treatment (psychotherapy); • Psychological testing, when clinically indicated to evaluate a mental health condition; • Outpatient services for the purposes of monitoring drug therapy; • Psychiatric consultation; and <p>Outpatient laboratory, drugs, supplies, and supplements, excluding medications listed in Attachment 2 of MMCD All Plan Letter 13-021.</p>
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ATTACHMENT C

CCI MOU ATTACHMENT

1. PARTIES

This (or addendum to existing MOU) is entered into by and between the INLAND EMPIRE HEALTH PLAN hereinafter referred to as "PLAN", and the RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT responsible for the provision of Medi-Cal specialty mental health and/or Drug Medi-Cal services (if separate) hereinafter referred to as "COUNTY."

2. TERMS

This memorandum shall commence on April 1, 2014 and shall continue through December, 31 2017.

3. TASKS, RESPONSIBILITIES AND/OR OBLIGATIONS

A. Roles and Responsibilities

1. Covered Services are listed in the most recent version of the "Behavioral Health Benefits in the Duals Demonstration" matrix developed by DHCS. PARTIES may include this matrix as an attachment to this MOU addendum.
2. Determination of Medical Necessity
 - a. The PLAN and COUNTY will follow the medical necessity criteria for Medi-Cal specialty mental health 1915(b) waiver services described in Title 9, California Code of Regulations (CCR), Sections 1820.205, 1830.205, and 1830.210.
 - b. To determine medical necessity for Drug Medi-Cal Substance Abuse Services, the PARTIES will follow Title 22, California Code of Regulations Section 51303. Services shall be prescribed by a physician, and are subject to utilization controls, as set forth in Title 22 Section 51159.
3. Assessment Process

The PLAN and COUNTY shall develop and agree to written policies and procedures regarding agreed-upon screening and assessment processes that comply with all federal and state requirements including the Care Coordination Standards and Behavioral Health Coordination Standards.

4. Referrals

- a. The PLAN and COUNTY shall develop and agree to written policies and procedures regarding referral processes, including the following:
 - i. The COUNTY will accept referrals from PLAN staff, providers and members' self-referral for determination of medical necessity.
 - ii. The PLAN will accept referrals from the COUNTY when the service needed is one provided by the PLAN and not the COUNTY and the beneficiary does not meet the Medi-Cal specialty mental health and/or Drug Medi-Cal medical necessity criteria.

5. Authorization of Services

The PLAN will work with the COUNTY to determine if authorization of Medicare-covered behavioral health services is required. Any Medicare treatment authorization decisions will be made as expeditiously and as timely as the beneficiary's condition requires.

6. Provider Credentialing

The COUNTY will provide verification of professional licensure, the National Provider Identifier (NPI), and other information as needed to confirm COUNTY and its contractors are Medicare eligible and certified providers eligible providers.

7. Payment Mechanism

The reimbursement mechanism between COUNTY and PLAN shall be determined locally and agreed upon by both parties, as specified in this MOU addendum and subject to federal timeliness and other requirements.

The PLAN shall reimburse the COUNTY for Medicare-covered mental health services rendered by the COUNTY.

The COUNTY will recover the federal Medi-Cal reimbursement for Medi-Cal specialty mental health services after receiving the PLAN'S payment consistent with the provisions of the demonstration and the current Medi-Cal specialty mental health 1915(b) waiver and California' Medicaid State Plan.

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The PLAN shall provide information necessary for coordination of benefits in order for the COUNTY to obtain appropriate reimbursement under the Medi-Cal program.

8. Rates

The PLAN shall provide the COUNTY with payment for authorized medically necessary rendered services covered by Medicare at the most current published Medicare rates. For services that IEHP specifically authorizes, services provided by Licensed Marriage and Family Therapists (LMFTs) will be at the same rates as Licensed Clinical Social Workers (LCSWs).

9. Dispute Resolution Process

The PLAN and COUNTY agree to follow the resolution of dispute process in accordance to Title 9, Section 1850.505, and the contract between the PLAN and the State Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid Services (CMS).

10. Telephone Access

The PLAN is responsible for maintaining a telephone line to answer Member inquiries about services. The COUNTY is responsible for maintaining a 24-7 crisis line with a live person available to assess the need for urgent or emergency services.

B. Information Exchange

1. COUNTY and PLAN will develop and agree to Information sharing policies and procedures that include milestones over the three years and agreed upon roles and responsibilities for sharing personal health information (PHI) for the purposes of medical and behavioral health care coordination pursuant to Title 9, CCR, Section 1810.370(a)(3) and other pertinent state and federal laws and regulations, including the Health Insurance Portability and Accountability Act and 42 CFR part 2, governing the confidentiality of mental health , alcohol and drug treatment information. These policies and procedures shall be attached to the MOU by 12/31/13.
2. The PLAN will create a list of demonstration enrollees who are receiving Medi-Cal specialty mental health and/or Drug Medi-Cal services to track their care coordination and service delivery to the extent possible under state and federal privacy laws.

C. Care Coordination

The PLAN and COUNTY will develop and agree to policies and procedures for coordinating medical and behavioral health care for beneficiaries enrolled in the PLAN and receiving Medi-Cal specialty mental health or Drug Medi-Cal services through the COUNTY that may include the following. These policies and procedures shall be attached to the MOU by 4/30/2014.

1. An identified point of contact from each PARTY who will initiate and maintain ongoing care coordination, including agreement on who has primary responsibility for care planning.
2. COUNTY will participate in Interdisciplinary Care Teams (ICTs) for members receiving county-administered services and identified as needing an ICT, in accordance with a beneficiary's decisions about appropriate involvement of providers and caregivers on the ICT.
3. The COUNTY would request participation from the PLAN in developing behavioral health care plans.
4. The PLAN will have a process for reviewing and updating the care plan as clinically indicated, such as following a hospitalization, significant change in health or wellbeing, change in level of care or request for change of providers, and for coordinating with the COUNTY behavioral health providers, when necessary.
5. The PLAN will have regular meetings (at least quarterly) to review the care coordination process, such as the effectiveness of exchange of patient health information.
6. The PLAN will coordinated with the COUNTY to perform on an annual review, analysis and evaluation of the effectiveness of the care management program to identify actions to implement and improve the quality of care and delivery of services.

D. Shared Accountability

Shared Accountability between the PLAN and COUNTY aims to promote care coordination. Shared accountability builds on the performance-based withhold of 1%, 2%, and 3% in the capitation rates respectively for years one, two and three of the demonstration. By meeting specified quality measures, the PLAN can earn back the withheld capitation revenue by meeting specified quality objectives. Under this Shared Accountability strategy, one withhold measure each year will be tied to behavioral health coordination with the COUNTY.

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1. The PLAN and COUNTY agree to the Shared Accountability Performance Metrics, as specified in the three-way contracts between CMS, DHCS and the PLAN. These measures will be updated upon confirmation, but generally include:
 - a. Year 1 (4/1/14 - 12/31/15):
 - ii. Execution of the MOU or MOU amendment prior to the launch of the demonstration;
 - iii. Evidence of revised written policies and procedures for assessments, referrals, coordinated care planning, and information exchange to reflect inclusion of behavioral health coordination in the demonstration. Information sharing policies and procedures should include milestones for increased sharing over the three years, and also include a process for identifying and tracking of demonstration enrollees who receive behavioral health services through the COUNTY.
 - iv. [TBD] percent of demonstration enrollees identified as receiving Medi-Cal specialty mental health and/or Drug Medi-Cal services who have individual care plans that include evidence of collaboration with the primary behavioral health provider at the county, indicating that care is being coordinated between the PARTIES.
 - b. Year 2 (1/1/16-12/31/16): [TBD] percent reduction from the baseline in emergency department (ED) visits for beneficiaries with serious mental illness or indication of need for substance use treatment. (Further development of exact specifications for the measure will be reflected in three-way contracts).
 - c. Year 3 (1/1/17-12/31/17): [TBD] percent reduction (greater than Year 2) from the baseline in ED visits for beneficiaries with serious mental illness or indication of need for substance use treatment.
2. The PLAN and COUNTY agree that if the specified shared accountability measure is met in each year, the PLAN will provide an incentive payment to the COUNTY under mutually agreeable terms. This payment will be structured in a way so it does not offset the county's Certified Public Expenditure (CPE).

1. Provider and Member Education

The PLAN and COUNTY will develop, in coordination with one another, education materials and programs for their members and providers about the availability of behavioral health services, including roles and responsibilities in the demonstration and care coordination policies and procedures. At a minimum, education will include initial and regularly scheduled provider trainings (at least annually), and a provider manual that includes information regarding access to services, the beneficiary problem resolution processes, authorization process, provider cultural and linguistic

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requirements, regulatory and contractual requirements, and other activities and services needed to assist beneficiaries in optimizing their health status, including assistance with self-management skills or techniques, health education and other modalities to improve health status.

Behavioral Health Benefits in the Duals Demonstration

Coverage Responsibility Matrix

Updated February 27, 2013

Health Plans will be responsible for providing enrollees access to all medically necessary behavioral health (mental health and substance abuse treatment) services currently covered by Medicare and Medicaid.

While all Medicare-covered behavioral health services will be the responsibility of the health plans under the demonstration, Medi-Cal specialty mental health services that are not covered by Medicare and Drug Medi-Cal benefits will not be included in the capitated payment made to the participating health plans (i.e. they will be “carved out”). Demonstration plans will coordinate with county agencies to ensure enrollees have seamless access to these services.

Below are two tables (Coverage Matrix 1+2) that list the available mental health and substance use benefits and describe whether Medicare or Medi-Cal is the primary payer, and therefore whether the health plan or county will be primarily financially responsible for the services.

To determine responsibility for covering Medi-Cal specialty mental health services, health plans and counties will follow the medical necessity criteria for specialty mental health services available per California’s 1915(b) waiver and State Plan Amendments for targeted case management and expanded services under the Rehabilitation Option, described in Title 9, California Code of Regulations (CCR), Sections 1820.205, 1830.205, and 1830.210.

To determine medical necessity for Drug Medi-Cal Substance Abuse Services, health plans and counties will follow Title 22, California Code of Regulations Section 51303. Services shall be prescribed by a physician, and are subject to utilization controls, as set forth in Title 22 Section 51159.

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Coverage Matrix 1: Mental Health Benefits

Inpatient Services			
	Type of Service	Benefit Coverage	Primary financial responsibility under the Demonstration
Psychiatric inpatient care in a general acute hospital	Facility Charge	Medicare <i>Subject to coverage limitations *</i>	Health Plan
	Psychiatric professional services		
	Medical, pharmacy, ancillary services		
Inpatient care in free-standing psychiatric hospitals (16 beds or fewer)	Facility Charge	Medicare <i>Subject to coverage limitations and depends on facility and license type *</i>	Health Plan
	Psychiatric professional services		
	Medical, pharmacy, ancillary services		
Psychiatric health facilities (PHFs) (16 beds or fewer)	Facility Charge <i>(Most are not Medicare certified)</i>	Medi-Cal	County
	Psychiatric professional services	Medicare	Health Plan
	Medical, pharmacy, ancillary services	Medicare	Health Plan
Emergency Department	Facility Charges	Medicare	Health Plan
	Psychiatric professional services		
	Medical, pharmacy, ancillary services		
Long-Term Care			
Skilled Nursing Facility	Facility Charges	Medicare/ Medi-Cal+	Health Plan
	Psychiatric professional services	Medicare	Health Plan
	Medical, pharmacy, ancillary services	Medicare	Health Plan
SNF-STP (fewer than 50% beds)	Facility Charges	Medicare/Medi-Cal+	Health Plan
	Psychiatric professional services	Medicare	Health Plan
	Medical, pharmacy, ancillary services	Medicare	Health Plan

* County Mental Health Plans (MHPs) are responsible for the balance of inpatient psychiatric care that is not covered by Medicare for those beneficiaries who meet the medical necessity criteria for specialty mental health services. This includes any deductibles and copayments, and any services beyond the 190-day lifetime limit in a freestanding psychiatric hospital. Additionally, the County MHP is responsible for local hospital administrative days. These are days, as determined by the county, that a patient's stay in the hospital is beyond the need for acute care and there is a lack of beds available at an appropriate lower level of care.

+ A facility must be Medicare certified and the beneficiary must meet medical necessity criteria for Medicare coverage. Medicare pays up to 100 days after placement following acute hospital stay. For long-term care placement, Medi-Cal fee-for-service pays for these costs today.

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Institutes for Mental Disease			
	Long-term care	Benefit Coverage	Primary financial responsibility under the Demonstration
SNF-IMD, locked community-based facility for long-term care (more than 50% of beds are for psychiatric care)[§]	Facility Charges ages 22-64 <i>Subject to IMD Exclusion*</i>	Not covered by Medicare or Medi-Cal+	County
	Facility Charge ages 65 and older	Medi-Cal	Health Plan
	Psychiatric professional services	Medicare	Health Plan
	Medical, pharmacy, ancillary services (some of these services may be included in the per diem reimbursements)	Medicare	Health Plan
Mental health rehabilitation centers (MHRCs) (IMD)	Facility Charges	Not covered by Medicare or Medi-Cal	County
	Psychiatric professional services	Medicare	Health Plan
	Medical, pharmacy, ancillary services (some of these services may be included in the per diem reimbursements)	Medicare	Health Plan
Psychiatric health facilities (PHFs) with more than 16 beds	Facility Charges ages 22-64 <i>Subject to IMD Exclusion*</i>	County	County
	Facility Charge ages 65 and older (<i>most are not Medicare certified</i>)	Medi-Cal*	County
	Psychiatric professional services	Medicare	Health Plan
	Medical, pharmacy, ancillary services (some of these services may be included in the per diem reimbursements)	Medicare	Health Plan
Free-standing psychiatric hospital with 16 or more beds	Facility Charges ages 22-64 <i>Subject to IMD Exclusion*</i>	Medicare*	Health plan
	Facility Charge ages 65 and older	Medicare	Health Plan
	Psychiatric professional services	Medicare	Health Plan
	Medical, pharmacy, ancillary services (some of these services may be included in the per diem reimbursements)	Medicare	Health Plan

* Medicare coverage for Institutions for Mental Diseases (IMDs) depends on the facility type, licensure and number of beds. IMDs include skilled nursing facilities (SNFs) with special treatment programs (STPs) with more than 50% of beds designated for primary psychiatric diagnosis, free standing acute psychiatric hospitals with more than 16 beds, psychiatric health facilities (PHFs) with more than 16 beds, mental health rehabilitation centers (MHRCs), and State hospitals. For those facilities that are Medicare reimbursable, once a beneficiary has exhausted his Medicare psychiatric hospital coverage then Medi-Cal is the secondary payer. The Medi-Cal coverage would be subject to the IMD exclusion. Federal law prohibits Medicaid Federal Financial Participation (FFP) payment for beneficiaries age 22 to 64 placed in IMDs. This is known as the "IMD exclusion" and is described in DMH Letters 02-06 and 10-02.

+ A facility must be Medicare certified and the beneficiary must meet medical necessity criteria for Medicare coverage. Medicare pays up to 100 days after placement following acute hospital stay. For long-term care placement, Medi-Cal fee-for-service pays for these costs today.

[§] Patients placed in locked mental health treatment facilities must be conserved by the court under the grave disability provisions of the LPS Act

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Outpatient Mental Health Services			
		Primary Financial Responsibility	
Type of Service	Benefit Coverage	Patient meets criteria for MHP specialty mental health services[^]	Patient does <u>NOT</u> meet criteria for MHP specialty mental health services
Pharmacy	Medicare	Health Plan	Health Plan
Partial hospitalization / Intensive Outpatient Programs	Medicare	Health Plan	Health Plan
Outpatient services within the scope of primary care	Medicare	Health Plan	Health Plan
Psychiatric testing/ assessment	Medicare	Health Plan	Health Plan
Mental health services [§] (Individual and group therapy, assessment, collateral)	Medicare	Health plan	Health Plan
Mental health services [§] (Rehabilitation and care plan development)	Medi-Cal	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Medication support services [§] (Prescribing, administering, and dispensing; evaluation of the need for medication; and evaluation of clinical effectiveness of side effects)	Medicare	Health plan	Health Plan
Medication support services [§] (instruction in the use, risks and benefits of and alternatives for medication; and plan development)	Medi-Cal	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Day treatment intensive	Medi-Cal	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Day rehabilitation	Medi-Cal	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Crisis intervention	Medi-Cal	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Crisis stabilization	Medi-Cal	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Adult Residential treatment services	Medi-Cal	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Crisis residential treatment services	Medi-Cal	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Targeted Case Management	Medi-Cal	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria

[^] 1915b waiver and State Plan Amendments for targeted case management and expanded services under the rehabilitation option

[§] Medicare and Medi-Cal coverage must be coordinated subject to federal and state reimbursement requirements. For further details on the services within these categories that are claimable to Medicare and Medi-Cal please see the following:

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Coverage Matrix 2: Substance Use Disorder Benefit

	Type of Service	Benefit Coverage	Demonstration Responsibility
Inpatient Acute and Acute Psychiatric Hospitals	Detoxification	Medicare	Health Plan
	Treatment of Drug Abuse ¹ (Medicare Benefit Policy Manual, Chapter 6 §20, and Chapter 16 §90)	Medicare	Health Plan
Outpatient	Alcohol Misuse Counseling: one alcohol misuse screening (SBIRT) per year. Up to four counseling sessions may be covered if positive screening results. Must be delivered in a primary care setting. ²	Medicare	Health Plan
	Group or individual counseling by a qualified clinician	Medicare	Health Plan
	Subacute detoxification in residential addiction program outpatient	Medicare	Health Plan
	Alcohol and/or drug services in intensive outpatient treatment center	Medicare	Health Plan
	Extended Release Naltrexone (vivitrol) treatment	Medicare	Health Plan
	Methadone maintenance therapy	Drug Medi-Cal	County Drug & Alcohol ³
	Day care rehabilitation	Drug Medi-Cal	County Drug & Alcohol
	Outpatient individual and group counseling (<i>coverage limitations</i>) ⁴	Drug Medi-Cal	County Drug & Alcohol
	Perinatal residential services	Drug Medi-Cal	County Drug & Alcohol

¹ Medicare inpatient detoxification and/or rehabilitation for drug substance abuse when it is medically necessary. Coverage is also available for treatment services provided in the hospital outpatient department to patients who, for example, have been discharged for the treatment of drug substance abuse or who require treatment but do not require the availability and intensity of services found only in the inpatient hospital setting. The coverage available for these services is subject to the same rules generally applicable to the coverage of outpatient hospital services. [Click here to learn more.](#)

² Medicare coverage explanation: [Click here to learn more.](#)

³ In San Diego and Orange Counties, county alcohol and drug do not provide these services. Providers have direct contracts with the State.

⁴ Title 22, Section 51341.1 limits DMC individual counseling to the intake, crisis intervention, collateral services and treatment and discharge planning.

Riverside County Department of Mental Health
Mental Health Services for Medi-Cal/Medicare DualChoice Members
ATTACHMENT D

ATTACHMENT D

PLACEHOLDER FOR REFERRAL FORM FOR BEHAVIORAL/MENTAL HEALTH
SERVICES

ATTACHMENT E
 COVERAGE & POPULATION MATRIX

Medi-Cal MHSUD Delivery System



IEHP Responsibility	Riverside County MHD	County Alcohol and Other Drug Programs (AOD)
<p>Target Population: Children and adults in Managed Care Plans who meet medical necessity or EPSDT for Mental Health Services</p>	<p>Target Population: Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental Health Services</p>	<p>Target Population: Children and adults who meet medical necessity or EPSDT criteria for Drug/Medi-Cal Substance Use Disorder Services</p>
<p>MCP services to be carved-in effective 1/1/14*</p> <ul style="list-style-type: none"> ✓ Individual/group mental health evaluation and treatment (psychotherapy) ✓ Psychological testing when clinically indicated to evaluate a mental health condition ✓ Psychiatric consultation for medication management ✓ Outpatient laboratory, supplies and supplements ✓ Screening and Brief Intervention (SBI) (new service not currently offered) ✓ Drugs, excluding anti-psychotic drugs (which are covered by Medi-Cal FFS) 	<p>Outpatient Services</p> <ul style="list-style-type: none"> ✓ Mental Health Services (assessments plan development, therapy, rehabilitation and collateral) ✓ Medication Support ✓ Day Treatment Services and Day Rehabilitation ✓ Crisis Intervention and Crisis Stabilization ✓ Targeted Case Management ✓ Therapeutic Behavior Services <p>Residential Services</p> <ul style="list-style-type: none"> ✓ Adult Residential Treatment Services ✓ Crisis Residential Treatment Services <p>Inpatient Services</p> <ul style="list-style-type: none"> ✓ Acute Psychiatric Inpatient Hospital Services ✓ Psychiatric Inpatient Hospital Professional Services ✓ Psychiatric Health Facility services 	<p>Outpatient Services</p> <ul style="list-style-type: none"> ✓ Outpatient Drug Free ✓ Intensive Outpatient (newly expanded to additional populations) ✓ Residential Services (newly expanded to additional populations) ✓ Narcotic Treatment Program ✓ Naltrexone <p>New Services</p> <ul style="list-style-type: none"> ✓ Voluntary Inpatient Detoxification Services ✓ Administrative Linkage to County AOD still being discussed)

* MCP carved-in services, except for SBI, are currently offered through Medi-Cal FFS