

RESOLUTION

RECITALS

NOW THEREFORE, be it resolved by the Board of Supervisors of the County of Lake, State of California, that it finds, determines, and hereby declares that the foregoing recitals are true and correct and the Board of Supervisors hereby approves the Memorandum of Understanding between County of Lake and Partnership Health Plan of California and authorizes the Behavioral Health Services Administrator to sign said Memorandum of Understanding. A certified copy of this Resolution shall be delivered to the Lake County Auditor/Controller and two (2) certified copy of this Resolutions shall be delivered to Lake County Behavioral Health Services.

THIS RESOLUTION was passed and adopted by the Board of Supervisors of the County of Lake at a regular meeting thereof on the _____ day of _____ 2019, by the following vote:

AYES: _____ **NOES:** _____ **ABSENT OR NOT VOTING:** _____

COUNTY OF LAKE

By: _____
Chair, Board of Supervisors
Date: _____

ATTEST:
Carol J. Huchingson
Clerk of the Board of Supervisors

APPROVED AS TO FORM:
Anita L. Grant
County Counsel

By: _____
Date: _____

By: 
Date: 4-5-19

**MEMORANDUM OF UNDERSTANDING
BETWEEN LAKE COUNTY BEHAVIORAL HEALTH SERVICES (COUNTY)
AND
PARTNERSHIP HEALTH PLAN OF CALIFORNIA (PHC)**

This MEMORANDUM OF UNDERSTANDING (MOU) is made by and between LAKE County Behavioral Health Services (hereafter referred to as County) and PARTNERSHIP HEALTHPLAN OF CALIFORNIA (hereinafter referred to as PHC) in order to implement: (1) certain provisions of Title 9 of the California Code of Regulations, Chapter 11 (Medi-Cal Specialty Mental Health Services), (2) Welfare and Institutions Code Sections 14132.03 and 14189, and (3) California Department of Health Care Services (DHCS) All-Plan Letters 15-007, 17-018 and 18-015 and MHSUDS Information Notice 16-061.

The purpose of this Memorandum of Understanding is to describe the responsibilities of the County and of PHC in the delivery of behavioral health services to Medi-Cal beneficiaries who are served by both parties. It is the intention of both parties to coordinate the care administered by each agency in order to ensure that PHC beneficiaries receive high quality, appropriate care.

RESPONSIBILITY	LAKE COUNTY BEHAVIORAL HEALTH SERVICES	PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)
BASIC REQUIREMENTS	COUNTY shall ensure that policies and procedures address the management of the care of individuals served by both the COUNTY and PHC, including but not limited to the following: screening assessment and referrals, medical necessity determination, care coordination, and exchange of medical information.	PHC shall ensure that policies and procedures address the management of the care of individuals served by both the COUNTY and PHC, including but not limited to the following: screening, assessment and referrals; medical necessity determination; care coordination; and exchange of medical information.
ORGANIZATION OF MENTAL HEALTH MANAGEMENT	Not Applicable.	PHC has contracted with Beacon Health Options (BHO) to administer the Outpatient Mental Health Benefit as described in Attachment 1 to this MOU. BHO contracts with College Health IPA (CHIPA) to provide the provider network and utilization management services for the Outpatient Mental Health Benefit. For the purposes of this MOU, PHC is the primary contact with the COUNTY and may involve BHO or CHIPA representatives in meetings with the COUNTY, as necessary.
COVERED SERVICES AND POPULATIONS	With or without referral by PHC or BHO providers or PHC staff, the COUNTY will provide 24 hour a day, 7 days a week access to specialty mental health services for PHC beneficiaries who meet the criteria outlined in Title 9, Sections 1830.205 and 1830.210 of the California Code of Regulations, and under the COUNTY columns in Attachment 1 of this MOU. The toll-free, statewide number to access these services is 800-900-2017.	PHC will provide PHC beneficiaries with all covered health care services as specified in the PHC contract with DHCS and under the Medi-Cal column in Attachment 1 of this MOU. BHO may be reached 24/7 for covered outpatient mental health services at (855) 765-9703.

RESPONSIBILITY	LAKE COUNTY BEHAVIORAL HEALTH SERVICES	PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)
	<p>The parties acknowledge the shared responsibility, consistent with Title 9, for treatment of eating disorders that meet the COUNTY criteria for mental health services and the Plan's criteria for treatment of the beneficiary's physical health care needs.</p> <p>(Title 9 CCR Section 1830.205 (b) (3) (C))</p>	<p>For non-behavioral health care issues, PHC's toll-free, statewide number to access non-mental health services is (800) 863-4155.</p> <p>The parties acknowledge the shared responsibility, consistent with Title 9, for treatment of eating disorders that meet the COUNTY criteria for mental health services and the Plan's criteria for treatment of the beneficiary's physical health care needs.</p>
<p>OVERSIGHT RESPONSIBILITIES OF THE COUNTY AND PHC</p>	<p>The COUNTY will designate an oversight team responsible for:</p> <ul style="list-style-type: none"> • program oversight • quality improvement • problem and dispute resolution • ongoing management of the MOU <p>Additionally, the COUNTY will designate a multidisciplinary clinical team for oversight of clinical operations including:</p> <ul style="list-style-type: none"> • screening • assessment • referrals • case management • care coordination • exchange of medical information <p>The oversight team and multidisciplinary clinical team may be the same teams.</p>	<p>PHC will designate an oversight team responsible for:</p> <ul style="list-style-type: none"> • program oversight • quality improvement • problem and dispute resolution • ongoing management of the MOU <p>Additionally, PHC will designate a multidisciplinary clinical team for oversight of clinical operations including:</p> <ul style="list-style-type: none"> • screening • assessment • referrals • case management • care coordination • exchange of medical information <p>The oversight team and multidisciplinary clinical team may be the same teams.</p>
<p>SCREENING, ASSESSMENT AND REFERRAL</p>	<p>COUNTY agrees to the screening and assessment tools; examples provided in Attachments 2a-2c with current versions available on the Beacon website, https://www.beaconhealthoptions.com/providers/forms-and-resources/</p> <p>for use in determining if the PHC beneficiary's mental health needs should be addressed by the COUNTY or PHC. COUNTY agrees that the screening and assessment should be completed within 1 business day of the initial referral of the PHC beneficiary for services, or of the PHC beneficiary's initial request for services.</p>	<p>PHC and BHO agree to the screening and assessment tools; examples provided in Attachments 2a-2c with current versions available on the Beacon website, https://www.beaconhealthoptions.com/providers/forms-and-resources/</p> <p>for use in determining if the PHC beneficiary's mental health needs should be addressed by the COUNTY or PHC. PHC agrees that the screening and assessment should be completed within 1 business day of the initial referral of the PHC beneficiary for services, or of the PHC beneficiary's initial request for services.</p>

RESPONSIBILITY	LAKE COUNTY BEHAVIORAL HEALTH SERVICES	PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)
	<p>COUNTY agrees to accept referrals from Partnership or Beacon staff, providers, and from PHC beneficiaries' self-referrals for determination of medical necessity for specialty mental health services. COUNTY shall refer PHC beneficiaries to BHO or PHC when the service needed is one provided by BHO or PHC and when the COUNTY determines that the PHC beneficiary does not meet the specialty mental health medical necessity criteria.</p>	<p>PHC and BHO agree to accept referrals from COUNTY staff, providers, and from PHC beneficiaries' self-referrals for determination of medical necessity for PHC-covered mental health services. PHC and BHO shall refer PHC beneficiaries to COUNTY when the service needed is one provided by COUNTY and when BHO or PHC determines that the PHC beneficiary does not meet the specialty mental health medical necessity criteria.</p>
PHC BENEFICIARY AND PROVIDER EDUCATION	<p>The COUNTY will collaborate with PHC to meet the requirements for coordination of PHC beneficiary and provider information regarding access to PHC and COUNTY covered mental health services.</p>	<p>PHC will collaborate with the COUNTY to meet the requirements for coordination of PHC beneficiary and provider information regarding access to PHC and COUNTY covered mental health services.</p>
AFTER HOURS POLICIES AND PROCEDURES	<p>COUNTY policies will be provided to PHC that govern after-hours access for PHC beneficiaries and providers including 24/7 emergency access.</p>	<p>PHC policies will be provided to COUNTY that govern after-hours access for PHC beneficiaries and providers including 24/7 emergency access.</p>
CARE COORDINATION	<p>Consistent with Welfare and Institutions Code Section 5328, COUNTY will identify a point of contact from the COUNTY who will initiate, provide and maintain ongoing care coordination as mutually agreed upon in PHC's and the COUNTY's protocols.</p> <p>Care coordination will include:</p> <ol style="list-style-type: none"> 1. Coordination of care for inpatient mental health treatment provided by the COUNTY, including a notification process between the COUNTY and PHC within 24 hours of admission and discharge to arrange for appropriate follow-up services, and follow a process for reviewing and updating the care plan of PHC beneficiaries, as clinically indicated (i.e., following crisis intervention or hospitalization). The process includes triggers for updating care plans and coordinating with BHO providers; and 2. Transition of care for PHC beneficiaries transitioning to or from PHC to COUNTY services. <p>COUNTY and PHC will conduct regular meetings to review referral, care coordination and information exchange protocols and processes.</p>	<p>Consistent with Welfare and Institutions Code Section 5328, PHC will identify a point of contact who will initiate, provide and maintain ongoing care coordination as mutually agreed upon in PHC's and the COUNTY's protocols.</p> <p>Care coordination will include:</p> <ol style="list-style-type: none"> 1. Coordination of care for inpatient mental health treatment provided by the COUNTY, including a notification process between the COUNTY and PHC within 24 hours of admission and discharge to arrange for appropriate follow-up services, and follow a process for reviewing and updating the care plan of PHC beneficiaries, as clinically indicated (i.e., following crisis intervention or hospitalization). The process includes triggers for updating care plans and coordinating with BHO providers; and 2. Transition of care for PHC beneficiaries transitioning to or from PHC to COUNTY services. <p>PHC and COUNTY will conduct regular meetings to review referral, care coordination and information exchange protocols and processes.</p>

RESPONSIBILITY	LAKE COUNTY BEHAVIORAL HEALTH SERVICES	PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)
CONSULTATION	<p>COUNTY may provide clinical consultation at the discretion of the COUNTY provider, and training to PHC clinicians and/or PHC staff on various topics as requested and mutually agreed upon, including but not limited to the following:</p> <ul style="list-style-type: none"> • Recommended health care based treatment for diagnosed conditions; • Complex diagnostic assessment of mental disorders (e.g., multiple co-occurring diagnoses; atypical symptoms patterns); • Treatment of stabilized but serious and debilitating mental disorders; • Complex Psychotropic medications practices (medication interactions, polypharmacy, use of new Psychotropic medications); • Treatment of complicated sub-syndrome Psychiatric symptoms; • Treatment of Psychiatric symptoms precipitated by medications used to treat medical conditions; • Treatment of mental disorders that are the responsibility of PHC. <p>Clinical consultation and training may be arranged by the COUNTY Medical Director or Clinician Designee in collaboration and consultation with PHC's Clinical Behavioral Health Director or Clinician Designee, and may include conferencing in-person or by telephone as arranged between the parties.</p> <p>[Title 9 CCR Section 1810.370 (a) (2)] [Title 9 CCR Section 1810.415 (a)]</p>	<p>PHC, BHO and/or their providers may provide clinical consultation and training to COUNTY staff and/or its providers on various topics as requested and mutually agreed upon, including but not limited to the following:</p> <ul style="list-style-type: none"> • Acquiring access to covered PHC medical services; • Acquiring access to covered outpatient mental health services; • Treatment of physical symptoms precipitated by medications used to treat mental disorders; • Treatment of complicated sub-syndrome medical symptoms; • Complex medication interactions with medications prescribed by PCP not commonly used in psychiatric specialty practice. <p>Clinical consultation and training will be arranged in collaboration and consultation with the COUNTY Medical Director, or Clinical Designee, and may include written, telephone conferencing, or in-person settings as arranged between the parties.</p>
LABORATORY TESTING	<p>COUNTY's providers will utilize services of PHC's contracted laboratory providers as needed in connection with the administration and management of psychotropic medications.</p> <p>[Title 9 CCR Section 1810.370 (a) (4) (A)]</p>	<p>PHC will provide the COUNTY with information concerning the contracted laboratory. The COUNTY and its providers will be notified of any changes. Contracted labs may be found in PHC's Provider Directories, by county, at www.partnershiphp.org.</p>

RESPONSIBILITY	LAKE COUNTY BEHAVIORAL HEALTH SERVICES	PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)
EMERGENCY ROOM SERVICE – IN AND OUT OF AREA	COUNTY will provide 24-hour consultation to consult with Emergency Room staff in the management of PHC beneficiaries experiencing a psychiatric emergency.	<p>PHC will pay for clinical laboratory tests required to administer and manage PHC beneficiaries' prescribed psychotropic medication by COUNTY providers for PHC beneficiaries.</p> <p>PHC will pay facility charges to hospital emergency rooms for psychiatric emergencies of PHC beneficiaries, unless the beneficiary is admitted to a psychiatric inpatient bed at the same facility, in which case there is no separate payment for emergency department (ED) facility.</p>
NURSING FACILITY SERVICES	<p>COUNTY will arrange and pay for locked long term treatment facilities, including mental health rehabilitation centers (MHRC), i.e., Institutions for Mental Disease (IMDs), for PHC beneficiaries who meet COUNTY medical necessity criteria and whom the COUNTY has determined require that level of intensive supportive treatment.</p> <p>COUNTY and PHC will work together to develop a process for reviewing the care of PHC beneficiaries who do not meet the COUNTY medical necessity criteria.</p> <ul style="list-style-type: none"> Those that are determined not to meet the COUNTY medical necessity criteria and who do meet PHC medical necessity criteria become the responsibility of the PHC for placement and payment. When the PHC beneficiary does not meet the criteria for either the COUNTY or the PHC, there will be a mutual plan developed in an effort to assure appropriate placement of the PHC beneficiary. 	<p>PHC will arrange and pay for nursing facilities service for PHC beneficiaries who do not meet the COUNTY's medical necessity criteria for IMD or MHRC services.</p> <p>PHC and COUNTY will work together to develop a process for reviewing PHC beneficiaries who do not meet the medical necessity criteria for current placement.</p> <ul style="list-style-type: none"> PHC will assume the responsibility of payment and placement of those who meet Nursing Facility medical necessity criteria.
INPATIENT PSYCHIATRIC HISTORY AND PHYSICALS	<p>COUNTY is responsible for specialty mental health services provided in psychiatric inpatient hospitals in accordance with Title 9, CCR, Section 1774.</p> <p>COUNTY will utilize PHC contracted providers when available to perform medical histories and physical examinations required for inpatient psychiatric hospital admissions for mental health services for PHC beneficiaries unless otherwise covered by the inpatient psychiatric hospital's per diem rate.</p>	<p>PHC will arrange and pay for professional services for medical histories, physical examinations, and non-mental health specialty consults required for hospital admissions or hospital treatment for mental health services to PHC beneficiaries.</p> <p>PHC reimburses for the pre-ECT evaluation for: medically necessary physical health services by non-mental health providers, labs & x-rays, anesthesia services at the time of</p>

RESPONSIBILITY	LAKE COUNTY BEHAVIORAL HEALTH SERVICES	PARTNERSHIP HEALTH PLAN OF CALIFORNIA (PHC)
	<p>With pre-authorization, the COUNTY pays for psychiatric professional services for Electroconvulsive Therapy (ECT) and facility charges if ECT is provided in a psychiatric facility.</p>	<p>ECT, and hospital charges if the service is performed in a non-psychiatric facility.</p>
<p>INFORMATION EXCHANGE</p>	<p>COUNTY and PHC will have policies that ensure timely sharing of information. The policies and procedures shall describe agreed upon roles and responsibilities for sharing protected health information (PHI) for the purposes of medical and behavioral health care coordination pursuant to Title 9, CCR, Section 1810.370(a)(3), and in compliance with HIPAA as well as other State and federal privacy laws. Such information may include, but is not limited to, PHC beneficiary demographic information, diagnosis, treatment plan, medications prescribed, laboratory results, referrals/discharges to/from inpatient and crisis services, and known changes in condition that may adversely impact the PHC beneficiary's health and/or welfare.</p> <p>[Title 9 CCR Section 1810.310 (a) (9)] [Title 9 CCR Section 1810.370(a)(3)] [Title 9 CCR Section 1810.415 (b)] (Welfare and Institutions Code Section 5328)</p>	<p>PHC and will have policies that ensure timely sharing of information. The policies and procedures shall describe agreed upon roles and responsibilities for sharing protected health information (PHI) for the purposes of medical and behavioral health care coordination pursuant to Title 9, CCR, Section 1810.370(a)(3), and in compliance with HIPAA as well as other State and federal privacy laws. Such information may include, but is not limited to, PHC beneficiary demographic information, diagnosis, treatment plan, medications prescribed, laboratory results, referrals/discharges to/from inpatient and crisis services, and known changes in condition that may adversely impact the PHC beneficiary's health and/or welfare.</p>
<p>APPEAL RESOLUTION PROCESS</p>	<p>COUNTY will ensure that PHC beneficiaries and providers are given an opportunity for reconsideration and an appeal for denied, reduced, or terminated services. COUNTY will ensure that PHC beneficiaries receiving specialty mental health services and/or prescribed psychiatric medications when medically safe will continue to receive those services while the dispute is being resolved.</p> <p>(Title 9 CCR Section 1850.205 et. Seq.) (Title 9 CCR Section 1850.305 et. Seq.)</p>	<p>PHC will ensure that PHC beneficiaries and providers are given an opportunity for reconsideration and an appeal for denied, reduced, or terminated services. PHC will ensure that medically necessary services and/or prescribed medications when medically safe continue to be provided to PHC beneficiaries receiving such services while the dispute is being resolved.</p> <p>BHO will ensure that PHC beneficiaries and providers are given an opportunity for reconsideration and an appeal for denied, reduced, or terminated outpatient mental health services. BHO will ensure that medically necessary services continue to be provided to PHC beneficiaries receiving such services while the dispute is being resolved.</p>

RESPONSIBILITY	LAKE COUNTY BEHAVIORAL HEALTH SERVICES	PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)
GRIEVANCES AND COMPLAINTS	<p>COUNTY has established a process for PHC beneficiaries and providers to register grievances regarding any aspect of the specialty mental health care they receive or fail to receive from the COUNTY.</p> <p>COUNTY brochures and grievance forms are available at all services sites.</p> <p>COUNTY and PHC will coordinate resolution activities where both plans are involved.</p> <p>(Title 9 CCR Section 1850.205 et. Seq.) (Title 9 CCR Section 1850.305 et. Seq.)</p>	<p>PHC and BHO have an established process for PHC beneficiaries and providers to register complaints regarding any aspect of the health care they receive or fail to receive from PHC, or any aspect of the outpatient mental health care they receive or fail to receive from BHO.</p> <p>PHC grievance packets are available at PHC or may be obtained by calling 800-863-4155.</p> <p>BHO packets are available from BHO by calling (855) 765-9703.</p> <p>PHC or BHO and COUNTY will coordinate resolution activities where both plans are involved.</p>
DISPUTE RESOLUTION	<p>Disagreements and disputes will be brought to a meeting of the COUNTY and PHC liaisons and Clinical Director or Agency Designee for resolution. COUNTY staff will make a good faith effort to agree to resolutions that are in the best interest of PHC beneficiaries and are agreeable to all parties involved.</p> <p>COUNTY agrees to follow dispute resolution procedures as required in Title 9 CCR Section 1850.505 as noted in Attachment 3.</p> <p>PHC beneficiaries will continue to receive medically necessary services while the disagreement or dispute is being resolved in accordance with Title 9, Section 1850.525.</p>	<p>Disagreements and disputes will be brought to a meeting of the PHC and COUNTY liaisons and Clinical Directors for resolution. PHC staff will make a good faith effort to agree to resolutions that are in the best interest of PHC beneficiaries and are agreeable to all parties involved.</p> <p>PHC agrees to follow dispute resolution procedures as required in Title 9 CCR Section 1850.505 as noted in Attachment 3.</p> <p>PHC beneficiaries will continue to receive medically necessary services while the disagreement or dispute is being resolved.</p>
REPORTING AND QUALITY IMPROVEMENT REQUIREMENTS	<p>COUNTY will work with PHC to monitor the measures outlined in Attachment 4, and to jointly address quality improvement requirements for mental health services, including:</p> <ul style="list-style-type: none"> Regular meetings to review the referral and care coordination process and to monitor PHC beneficiary engagement and utilization; At least semi-annual review of referral and care coordination processes to improve quality of care and 	<p>PHC will work with COUNTY to monitor the measures outlined in Attachment 4, and to jointly address quality improvement requirements for mental health services/ of access, appropriateness of referrals, cross-system referrals, continuity and coordination of care, utilization of resources, satisfaction, adherence to protocols and guidelines, and outcomes of treatment, including measures to track program compliance and success towards projected outcomes.</p>

RESPONSIBILITY	LAKE COUNTY BEHAVIORAL HEALTH SERVICES	PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)
	<p>summarize quality findings (in collaboration with DHCS). These summary reports shall be completed at least semi-annually and address the systemic strengths and barriers to effective collaboration between PHC and COUNTY.</p> <ul style="list-style-type: none"> • Reports that track cross-system referrals, PHC beneficiary engagement, and service utilization to be determined in collaboration with DHCS, including but not limited to the number of disputes between the COUNTY and PHC; 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 PHC beneficiaries receiving such services from PHC and the COUNTY, as well as quality strategies to address duplication of services. • Performance measures and quality improvement initiative to be determined in collaboration with DHCS. 	<p>COUNTY and PHC will meet at least semi-annually to review the quality of the program and summarize their findings in reports that include the tracking of cross system referrals, PHC beneficiary engagement and service utilization and other identified performance measures and quality strategies. The meetings may be by phone, video, or in person.</p>
RESPONSIBILITY	LAKE COUNTY BEHAVIORAL HEALTH SERVICES	PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)
PARTY		<p>PHC will ensure continued compliance with 42 CFR §428.910(b), ensuring that treatment limitations for mental health benefits are not more restrictive than the predominant treatment limitations applied to medical or surgical benefits. Neither a referral from a PCP or a prior authorization is required for a PHC beneficiary to seek an initial mental health assessment from a PHC network mental health provider.</p>
REFERRALS FOR SUBSTANCE USE SERVICES	<p>COUNTY will provide PHC with information on how beneficiaries can be referred for substance use services provide or managed by the County, pursuant to 22 CCR Sections 51341.1 and 51328.</p>	<p>PHC shall identify individuals requiring alcohol or substance use disorder treatment services and arrange for their referral to COUNTY in the manner identified by the County.</p>

RESPONSIBILITY	LAKE COUNTY BEHAVIORAL HEALTH SERVICES	PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)
TRANSPORTATION	<p>Non-Medical Transport: PHC will arrange and pay for transportation services relating to County administered Medi-Cal services for PHC beneficiaries who meet the attestation requirements of PHC.</p> <p>Non-Emergency Medical Transportation: consistent with California Code of Regulations Section 1810.355, the COUNTY is responsible for non-emergency medical transportation to transport a PHC beneficiary from a psychiatric inpatient facility to another psychiatric inpatient facility, or to another type of 24 hour psychiatric care facility because the services in the facility to which the PHC beneficiary is being transported will result in lower costs to the Mental Health Plan.</p> <p>PHC will arrange and pay for all other non-emergency medical transportation services for PHC beneficiaries who meet the attestation requirements of the Plan.</p> <p>Emergency Medical Transportation: PHC maintains the responsibility to pay for emergency transportation services</p>	<p>Non-Medical Transport: PHC will arrange and pay for transportation services relating to County administered Medi-Cal services for PHC beneficiaries who meet the attestation requirements of PHC.</p> <p>Non-Emergency Medical Transportation: consistent with California Code of Regulations Section 1810.355, the COUNTY is responsible for non-emergency medical transportation to transport a PHC beneficiary from a psychiatric inpatient facility to another psychiatric inpatient facility, or to another type of 24 hour psychiatric care facility because the services in the facility to which the PHC beneficiary is being transported will result in lower costs to the Mental Health Plan.</p> <p>PHC will arrange and pay for all other non-emergency medical transportation services for PHC beneficiaries who meet the attestation requirements of the Plan.</p> <p>Emergency Medical Transportation: PHC maintains the responsibility to pay for emergency transportation services</p>

PARTNERSHIP HEALTH PLAN OF CALIFORNIA (PHC)

Term: This MOU is in effect from the last date of signature below and shall remain in full force and effect until terminated by mutual agreement by all parties.

Counterparts: This MOU may be executed by electronic signature or in one or more counterparts, each of which shall be deemed an original, but all of which, together, shall constitute one agreement.

LAKE County Behavioral Health Services

Name, Title

Date _____

Name, Title

Date _____

APPROVE AS TO FORM:

County Counsel

Date _____

Partnership HealthPlan of California

Elizabeth Gibboney, Chief Executive Officer

Date _____

Robert Moore, MD, MPH, MBA, Chief Medical Officer

Date _____

Peggy Hoover, RN, Senior Director of Health Services

Date _____

Attachment 1 Mental Health Services Description Chart for Medi-Cal Managed Care Members			
DIMENSION	Medi-Cal ¹	MHP ² OUTPATIENT	MHP INPATIENT
ELIGIBILITY	<p>Mild to Moderate Impairment in Functioning</p> <p>A member is covered by the MCP for services if he or she is diagnosed with a mental health disorder as defined by the current DSM³ resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning:</p> <ul style="list-style-type: none"> Primary care providers identify the need for a mental health screening and refer to a specialist within their network. Upon assessment, the mental health specialists can assess the mental health disorder and the level of impairment and refer members that meet medical necessity criteria to the MHP for a Specialty Mental Health Services (SMHS) assessment. When a member's condition improves under SMHS and the mental health providers in the MCP and MHP coordinate care, the member may return to the MH provider in the MCP network. <p><i>Note: Conditions that the current DSM identifies as relational problems are not covered, i.e. couples counseling or family counseling.</i></p>	<p>Significant Impairment in Functioning</p> <p>A member is eligible for services if he or she meets all of the following medical necessity criteria:</p> <ol style="list-style-type: none"> Has an included mental health diagnosis;⁴ Has a significant impairment in an important area of life function, or a reasonable probability of significant deterioration in an important area of life function, or a reasonable probability of not progressing developmentally as individually appropriate; The focus of the proposed treatment is to address the impairment(s) described in #2; The expectation that the proposed treatment will significantly diminish the impairment, prevent significant deterioration in an important area of life function, and The condition would not be responsive to physical health care-based treatment. <p><i>Note: For members under age 21 who meet criteria for EPSTD specialty mental health services, the criteria allow for a range of impairment levels⁴ and include treatment that allows the child to progress developmentally as individually appropriate.</i></p>	<p>Emergency and Inpatient</p> <p>A member is eligible for services if he or she meets the following medical necessity criteria:</p> <ol style="list-style-type: none"> An included diagnosis; Cannot be safely treated at a lower level of care; Requires inpatient hospital services due to one of the following which is the result of an included mental disorder: <ol style="list-style-type: none"> Symptoms or behaviors which represent a current danger to self or others, or significant property destruction; Symptoms or behaviors which prevent the beneficiary from providing for, or utilizing, food, clothing, or shelter; Symptoms or behaviors which present a severe risk to the beneficiary's physical health; Symptoms or behaviors which represent a recent, significant deterioration in ability to function; Psychiatric evaluation or treatment which can only be performed in an acute psychiatric inpatient setting or through urgent or emergency intervention provided in the community or clinic; and Serious adverse reactions to medications, procedures or therapies requiring continued hospitalization.

¹ Medi-Cal Managed Care Plan

² County Mental Health Plan Medi-Cal Specialty Mental Health Services

³ Current policy is based on DSM IV and will be updated to DSM 5 in the future

⁴ As specified in regulations Title IX, Sections 1820.205 and 1830.205 for adults and 1830.210 for those under age 21

DIMENSION	Medi-Cal ⁵	MHP ⁶ OUTPATIENT	MHP INPATIENT
SERVICES	<p>Mental health services when provided by licensed mental health care professionals (as defined in the Medi-Cal provider bulletin) acting within the scope of their license:</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 medication therapy • Outpatient laboratory, medications, supplies, and supplements • Psychiatric consultation 	<p>Medi-Cal Specialty Mental Health Services:</p> <ul style="list-style-type: none"> • Mental Health Services <ul style="list-style-type: none"> ◦ Assessment ◦ Plan development ◦ Therapy ◦ Rehabilitation ◦ Collateral • Medication Support Services • Day Treatment Intensive • Day Rehabilitation • Crisis Residential • Adult Crisis Residential • Crisis Intervention • Crisis Stabilization • Targeted Case Management 	<ul style="list-style-type: none"> • Acute psychiatric inpatient hospital services • Psychiatric Health Facility Services • Psychiatric Inpatient Hospital Professional Services if the beneficiary is in fee-for-service hospital

⁵ Medi-Cal Managed Care Plan

⁶ County Mental Health Plan Medi-Cal Specialty Mental Health Services

Adult Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary

MEMBER INFO

Patient Name: _____ Date of Birth: ____/____/____ ☐ M ☐ F
 Medi-Cal # (CIN): _____ Current Eligibility: _____ Language/cultural requirements: _____
 Address: _____ City: _____ Zip: _____ Phone: (____) _____
 Caregiver/Guardian: _____ Phone: (____) _____
 Behavioral Health Diagnosis 1) _____ 2) _____
 Documents Included: ☐ **Required consent completed** ☐ MD notes ☐ H&P ☐ Assessment ☐ Other: _____
 Primary Care Provider: _____ Phone: (____) _____
 Referring Provider Name: _____ Phone: (____) _____
 Referring/Treating Provider Type ☐ PCP ☐ MFT/LCSW ☐ ARNP ☐ Psychiatrist ☐ Other _____
 Requested service ☐ Outpatient therapy ☐ Medication management ☐ Assessment for Specialty Mental Health Services

List A: Provisional Diagnosis/Diagnosis, if known	List B: Functional impairment in life domain below <u>resulting from</u> the mental disorder	List C: Probability of deterioration/Risk factors linked to mental disorder	List D: Substance Use Disorder
<input type="checkbox"/> Schizophrenia/psychotic disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Impulse control disorder <input type="checkbox"/> Adjustment disorder <input type="checkbox"/> Personality disorder (except Antisocial Personality Disorder) <input type="checkbox"/> Eating disorder <input type="checkbox"/> Pervasive Development Disorder (except Autism) <input type="checkbox"/> Disruptive Behavior/Attention Deficit D/O <input type="checkbox"/> Feeding and eating D/O, Elimination D/O <input type="checkbox"/> Other disorders of infancy, childhood, adolescence <input type="checkbox"/> Somatoform disorders <input type="checkbox"/> Factitious Disorders <input type="checkbox"/> Dissociative Disorders <input type="checkbox"/> Paraphilias <input type="checkbox"/> Gender Identity Disorder	<input type="checkbox"/> Independent living skills (e.g. notable difficulty cooking, cleaning, self-management) <input type="checkbox"/> Social Relations (current interference that affects current relationships) <input type="checkbox"/> Physical condition (chronic medical condition) <input type="checkbox"/> Vocational/Employment (disruptive behavioral problems with work performance) <input type="checkbox"/> Sexuality (significant problems/high risk behavior) <input type="checkbox"/> Self-care (moderate to severe disruption in multiple self-care skills) <input type="checkbox"/> Decision making (unable to think through problems and anticipate consequences) <input type="checkbox"/> Legal (serious current or pending difficulties with risk of incarceration) <input type="checkbox"/> Residential instability (unable to maintain housing in last 6 months /homelessness in past 30 days) <input type="checkbox"/> WHODAS Score _____	<input type="checkbox"/> Psychiatric hospitalization in past 6 months (1 or more) <input type="checkbox"/> Criminal behavior (severe level of criminal activity; engaged in violent crime in the past 6 months) <input type="checkbox"/> Suicidal/Violent Behaviors current or in the last 6 months. <input type="checkbox"/> Transitional Age Youth with acute psychotic episode <input type="checkbox"/> Self-injurious behaviors that required medical attention in last 6 months <input type="checkbox"/> Sexual aggression with acute risk of re-offending	<input type="checkbox"/> Drug abuse or alcohol addiction <input type="checkbox"/> Failed SBI(screening & brief intervention at primary care)

Referral Algorithm		
1	Remains in PCP care/ Therapy only with Beacon	<input type="checkbox"/> Diagnosis with none in List B or C
2	Refer to Beacon Health Options (eFax 855.371-2279)	<input type="checkbox"/> Uncertain diagnosis or diagnosis not in List A <input type="checkbox"/> Mild - Moderate impairment in List B and none in list C
3	Refer to County Mental Health Plan for assessment	<input type="checkbox"/> Diagnosis in List A and 1+ Significant impairment in List B <input type="checkbox"/> Diagnosis in List A and 1+ in List C
4	Refer to County Alcohol & Drug Program	<input type="checkbox"/> 1 from list D

Additional Relevant Clinical Information (medications, psychiatric/substance abuse history):

For Receiving Clinician Use ONLY

Assigned Case Manager/MD/Therapist Name: _____ Phone: (____) _____
 Date communicated assessment outcome with referral source: _____

Child 0-5 Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary

MEMBER INFO

Patient Name: _____ Date of Birth: ____/____/____ ☐ M ☐ F
 Medi-Cal # [CIN]: _____ Current Eligibility: _____ Language/Cultural requirements: _____
 Address: _____ City: _____ Zip: _____ Phone: (____) _____
 Caregiver/Guardian: _____ Phone: (____) _____
 Behavioral Health Diagnosis 1) _____ 2) _____ 3) _____
 Documents Included: ☐ **Required consent completed** ☐ MD notes ☐ H&P ☐ Assessment ☐ Other: _____
 Primary Care Provider _____ Phone: (____) _____
 Referring Provider Name: _____ Phone: (____) _____

Referring/Treating Provider Type: ☐ PCP ☐ MFT/LCSW ☐ ARNP ☐ Psychiatrist ☐ Other _____
 Requested service: ☐ Outpatient therapy ☐ Medication management ☐ Assessment for Specialty Mental Health Services

List A: Provisional Diagnosis	List B: Functional impairment in life domain <u>resulting from</u> mental disorder	List C: Probability of deterioration/risk factors linked to mental disorder
<input type="checkbox"/> Schizophrenia/psychotic disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Impulse control disorder <input type="checkbox"/> Adjustment disorder <input type="checkbox"/> Personality disorder (except Antisocial Personality disorder) <input type="checkbox"/> Eating disorder <input type="checkbox"/> Pervasive Development Disorder (except Autism) <input type="checkbox"/> Disruptive Behavior/Attention Deficit D/O <input type="checkbox"/> Feeding and eating D/O, Elimination D/O <input type="checkbox"/> Other disorders of infancy, childhood, adolescence <input type="checkbox"/> Somatoform disorders <input type="checkbox"/> Factitious Disorders <input type="checkbox"/> Dissociative Disorders <input type="checkbox"/> Paraphilias <input type="checkbox"/> Gender Identity Disorder	<input type="checkbox"/> Family/Social Relations (frequent arguing, difficulty maintaining positive relationships) <input type="checkbox"/> Living Situation (moderate problems maintaining behavior, creating problems for other residents. Parent concerned w/ irritability) <input type="checkbox"/> Preschool/ Daycare – (difficulty maintaining behavior in this setting, creating significant problems for others). <input type="checkbox"/> Recreational – (resists play, shows little enjoyment or interest in activities within or outside the home and can only be engaged in play with ongoing adult interaction) <input type="checkbox"/> Physical/medical condition (medical condition that notably impacts activities and requires ongoing medical intervention) <input type="checkbox"/> Communication (limited receptive and expressive communication skills) <input type="checkbox"/> Relationship Permanence (experienced instability through factors such as divorce, moving, removal from home, and death). <input type="checkbox"/> Sleep – child must be 12 mos. or older (difficulty falling asleep, night waking, nightmares on a regular basis) <input type="checkbox"/> Motor – (fine or gross motor skill delays)	<input type="checkbox"/> Birth Weight (considerably underweight eg. 2.2-3.3 lbs) <input type="checkbox"/> Pica – child eats unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days. <input type="checkbox"/> Prenatal Care - Biological mother had poor prenatal care <input type="checkbox"/> Labor and Delivery - Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother <input type="checkbox"/> Substance Exposure - exposed to significant alcohol or drugs/ tobacco in utero. <input type="checkbox"/> Parent/Sibling Problems - child has a sibling who is experiencing a significant developmental or behavioral problem. <input type="checkbox"/> Maternal Availability - significantly less emotionally and physically available to child in 12 weeks following birth <input type="checkbox"/> Abuse/Neglect – parental history of this behavior without treatment <input type="checkbox"/> Self-harm - Moderate level of self harm behavior such as head banging not impacted by caregiver and interferes with child's functioning <input type="checkbox"/> Aggressive Behavior - clear evidence of aggressive behavior towards animals or others. <input type="checkbox"/> Social Behavior - Causing problems in child's life; child is intentionally getting in trouble in school or at home

Referral Algorithm		
1	Remains in PCP care/ Therapy only with Beacon	<input type="checkbox"/> Diagnosis with none in List B or C <input type="checkbox"/> Mild impairment in List B and none in List C
2	Refer to Beacon Health Options (eFax 855.371-2279)	<input type="checkbox"/> Uncertain diagnosis or diagnosis not in List A <input type="checkbox"/> Moderate impairment in List B and none in List C
3	Refer to County Mental Health Plan for assessment	<input type="checkbox"/> Diagnosis in List A and 1+ Significant impairment in List B <input type="checkbox"/> Diagnosis in List A and 1+ in List C
4	Refer to County Alcohol & Drug Program	<input type="checkbox"/> 1 from List D

Additional Relevant Clinical Information (medications, psychiatric/substance abuse history):

For Receiving Clinician Use ONLY

Assigned Case Manager/MD/Therapist Name: _____ Phone: (____) _____
 Date communicated assessment outcome with referral source: _____

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Child 6-17 Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary

MEMBER INFO

Patient Name: _____ Date of Birth: ____/____/____ ☐ M ☐ F
 Medi-Cal # (CIN): _____ Current Eligibility: _____ Language/Cultural requirements: _____
 Address: _____ City: _____ Zip: _____ Phone: (____) _____
 Caregiver/Guardian: _____ Phone: (____) _____
 Behavioral Health Diagnosis 1) _____ 2) _____ 3) _____
 Documents Included: ☐ **Required consent completed** ☐ MD notes ☐ H&P ☐ Assessment ☐ Other: _____
 Primary Care Provider _____ Phone: (____) _____
Referring Provider Name: _____ Phone: (____) _____
 Referring/Treating Provider Type: ☐ PCP ☐ MFT/LC5W ☐ ARNP ☐ Psychiatrist ☐ Other _____
 Requested service: ☐ Outpatient therapy ☐ Medication management ☐ Assessment for Specialty Mental Health Services

List A: Provisional Diagnosis/Diagnosis, if known	List B: Functional impairment in life domain <u>resulting from</u> mental disorder	List C: Probability of deterioration/Risk factors linked to mental disorder	List D: SUD
<input type="checkbox"/> Schizophrenia/psychotic disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Impulse control disorder <input type="checkbox"/> Adjustment disorder <input type="checkbox"/> Personality disorder (except Antisocial Personality disorder) <input type="checkbox"/> Eating disorder <input type="checkbox"/> Pervasive Development Disorder (except Autism) <input type="checkbox"/> Disruptive Behavior/Attention Deficit D/O <input type="checkbox"/> Feeding and eating D/O, Elimination D/O <input type="checkbox"/> Other disorders of infancy, childhood, adolescence <input type="checkbox"/> Somatoform disorders <input type="checkbox"/> Factitious Disorders <input type="checkbox"/> Dissociative Disorders <input type="checkbox"/> Paraphilias <input type="checkbox"/> Gender Identity Disorder	<input type="checkbox"/> Sexuality (significant problems/high risk behavior) <input type="checkbox"/> Self care/Independent living skills (e.g. notable difficulty with self care/self-management) <input type="checkbox"/> Family/Social Relations (frequent arguing, difficulty maintaining positive relationships) <input type="checkbox"/> Physical/Medical condition (medical condition that notably impacts activities) <input type="checkbox"/> Job Functioning/Vocational (problems developing voc and pre-voc skills) <input type="checkbox"/> Communication (limited receptive and expressive communication skills) <input type="checkbox"/> Judgment (makes decisions that may be harmful to development or well being) <input type="checkbox"/> Legal (current or pending involvement) <input type="checkbox"/> Living Situation (moderate problems with maintaining behavior creating problems for other residents) <input type="checkbox"/> School (moderate problems of attendance, behavior, achievement, disruptive, receiving sanctions) <input type="checkbox"/> Sleep (seldom obtains full night sleep)	<input type="checkbox"/> Suicidal/Violent Behaviors (recent ideation or gesture) <input type="checkbox"/> Self-mutilation <input type="checkbox"/> Other self harm (engaged in behavior that places him/her in danger of self harm (reckless, intentional risk taking) <input type="checkbox"/> Sexual aggression (engaged in aggressive behavior in the past year) <input type="checkbox"/> Psychiatric hospitalization in past 6 months (1 or more) <input type="checkbox"/> Delinquency (recent acts: vandalism, shoplifting, etc.) <input type="checkbox"/> Acute psychotic episode <input type="checkbox"/> Fire setting: recent (in the past 6 months) or repeated fire setting behavior) <input type="checkbox"/> Social Behavior – intentionally engaging in problematic social behaviors causing problems in child's life <input type="checkbox"/> Bullying (bullied others individually or led a group) <input type="checkbox"/> Runaway behavior or ideation (recent) <input type="checkbox"/> Risk to not meet developmental milestones	<input type="checkbox"/> Drug abuse or alcohol addiction <input type="checkbox"/> Failed SBI (screening & brief intervention at primary care)

Referral Algorithm

1	Remains in PCP care/ Therapy only with Beacon	<input type="checkbox"/> Diagnosis with none in List B or C
2	Refer to Beacon Health Options (eFax 855.371-2279)	<input type="checkbox"/> Uncertain diagnosis or diagnosis not in List A <input type="checkbox"/> Mild – Moderate impairment in List B and none in list C
3	Refer to County Mental Health Plan for assessment	<input type="checkbox"/> Diagnosis in List A and 1+ Significant impairment in List B <input type="checkbox"/> Diagnosis in List A and 1+ in List C
4	Refer to County Alcohol & Drug Program	<input type="checkbox"/> 1 from list D

Additional Relevant Clinical Information (medications, psychiatric/substance abuse history):

For Receiving Clinician Use ONLY

Assigned Case Manager/MD/Therapist Name: _____ Phone: (____) _____
 Date communicated assessment outcome with referral source: _____

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ATTACHMENT 3

DISPUTE RESOLUTION

If a dispute occurs between the COUNTY and PHC, and this MOU has been executed, both parties will participate in a dispute resolution process that includes:

Provision of Services During Dispute Resolution Process

- Both plans agree to provide services to the beneficiary during the dispute resolution process in accordance with current regulations.

A. First Level Review

1. The resolution process must be initiated within 45 days of the disputed event.
2. Each plan will appoint a representative to reach and implement resolution decisions.
3. The representatives together will arrive at a proposed resolution of the dispute within 10 business days.
4. If the representatives are unable to reach a joint decision or the proposed resolution is not acceptable to both plans, a second level review may be initiated by either plan.

B. Second Level Review

1. The second level review must be initiated within 10 business days after a first level decision.
2. Each plan will use its Director, or the Director's designee as a 2nd level reviewer.
3. The second level reviewers will reach a joint resolution within 10 business days.
4. 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.

C. Third Party Review by California Department of Health Care Services (DHCS)**

If the local dispute resolution process is not able to resolve the dispute, either party may request dispute resolution with DHCS. A request by either party shall be submitted to DHCS within 15 calendar days of the completion of the dispute. The request for resolution shall contain the following information:

1. A summary of the issue and a statement of the desired remedy, including any disputed services that have been or are expected to be delivered to the beneficiary and the expected rate of payment for each type of service;
2. History of attempts to resolve the issue;
3. Justification for the desired remedy; and
4. Documentation regarding the issue.

References

DHCS COHS Boilerplate Contract, Exhibit A, Attachment 10, Section 10.7.D
Title 9 CCR Section 1850.505, 1850.515, 1850.525, 1850.535

ATTACHMENT 4

REPORTING AND QUALITY IMPROVEMENT MEASURES

I. Access

- A. Number of PHC beneficiaries seen in the reporting period:
 - 1. Age range (0-20; 21-64; 65+)
 - 2. Gender
- B. Key changes in provider network

II. Referrals

- A. Step ups to county
- B. Step downs to Beacon/PCPs
- C. Other referrals

III. Satisfaction Survey Information (as available)

IV. Other Measures