

DEPARTMENT: Human Services Dept. BY: Tom Archer
Alcohol and Drug Division

PHONE: 966-3609

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No x)

The California Managed Risk Medical Insurance Board (MRMIB) recently awarded contracts to Blue Cross, Blue Shield and Health Net to become one of the charter plan providers in the newly established Healthy Families Program (HFP) in California. The Healthy Families Program model contract requires all participating HFP Health Plan Providers to establish a Memorandum of Understanding with respective county Mental Health departments detailing how the local Mental Health department and plan providers will work together to serve Seriously Emotionally Disturbed Children. The MRMIB provided a model MOU acceptable to the MRMIB that designates how certain interactions will happen, e.g., referrals, while leaving the specific policies and procedures up to local Mental Health services and plan providers to develop. The County contracts with KingsView Corporation to provide County Mental Health services, including services to Seriously Emotionally Disturbed Children and KingsView accepts full responsibility for meeting the terms of these MOU's and future specific policies and procedures. It is recommended that your Board authorize the Mental Health Director to sign an MOU with the respective health plan providers to serve Seriously Emotionally Disturbed Children.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The California State Legislature enacted and the Governor approved the new California Healthy Families Program in September 1997 with a scheduled July 1, 1998 implementation date. The program was designed to provide health insurance for uninsured children ages 1-19 whose family income is between 100% and 200% of the Federal poverty level. The program is managed in California by the Managed Risk Medical Insurance Board and so far these insurance providers have been selected to serve Mariposa County. The legislation requires that Health Plan Providers develop protocols with County Mental Health programs for servicing Seriously Emotionally Disturbed Children.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not approve MOU and direct that changes to made before entering into an agreement with Health Plan providers.

COSTS: (x) Not Applicable		SPECIAL INSTRUCTIONS:
A. Budgeted current FY	\$ _____	List the attachments and number
B. Total anticipated costs	\$ _____	the pages consecutively:
C. Required additional funding	\$ _____	
D. Internal Transfers	\$ _____	<u>8</u> pg. MOU
SOURCE: () 4/5ths Vote Required		_____
A. Unanticipated revenues	\$ _____	_____
B. Reserve for contingencies	\$ _____	_____
C. Source description: _____		_____
Balance in Reserve for Contingencies,		_____
if approved: \$ _____		

CLERK'S USE ONLY:

Res. No.: 98-265

Vote - Ayes: 5

Absent:

- Approved Denied
- Minute Order Attached No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date:

ATTEST: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California

BY:
Deputy

Ord. No.

Noes:

Abstained:

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This item on agenda as:

- Recommended
- Not Recommended
- For Policy Determination
- Submitted with Comment
- Returned for Further Action

Comment:

A.O.

HEALTH PLAN-MENTAL HEALTH DEPARTMENT MOU

This Memorandum of Understanding is designed as a template, addressing the major policy issues in the interaction between Healthy Families Insurance Plans (Plans) and County Mental Health Departments (Departments). The intent is to include major issues, while leaving scope within the MOU for development of specific procedures and agreements. The MOU is also designed to allow for individual decisions for specific beneficiaries and their needs. These issues will be decided on an individual basis between the Plan, the Department and the beneficiary, as needed.

This MOU is intended to apply to Plans that do not contract with the County Department to provide the basic Healthy Families mental health benefit. When the County Department also contracts with the Plan to provide the basic mental health benefit, an alternate MOU may be used.

TITLE	PLAN	DEPARTMENT
<p>Referral Protocols</p>	<p>The Plan will obtain or arrange to obtain a mental health screening and assessment of any enrollee they suspect of being seriously emotionally disturbed. The Plan will then refer the child to the Department for evaluation if the Plan has reason to believe the following:</p> <ul style="list-style-type: none"> A. The child is seriously emotionally disturbed as defined in WIC 5600 3 (attached) B. The disorder cannot be effectively managed with relatively short-term therapy <p>The referral for an evaluation shall be in writing and may include a locally agreed-upon referral packet that includes material the Plan and Department believe will facilitate timely, thorough referrals.</p> <p>The Plan may identify procedures for referral from primary care physicians.</p>	<p>The Department will assess or arrange to assess children referred for a mental health evaluation and will determine if the child/youth is seriously emotionally disturbed as defined in Welfare and Institutions Code 5600.3. The report on the evaluation shall be in writing.</p> <p>Evaluations will be completed within five days from referral for children already receiving inpatient services, and no later than 30 days from referral in all other cases, provided that all necessary information is included in the referral.</p> <p>Counties will be liable for inpatient costs incurred by the Plan when the child's discharge is delayed by county failure to meet these timelines.</p> <p>The Department shall develop a procedure for identifying Plan beneficiaries already receiving SED services.</p>
<p>Consultation/ Care Coordination</p>	<p>Plan providers will be available to consult with the Department or its providers about beneficiaries that they both treat.</p>	<p>Department providers shall be available to consult with the Plan and its providers about beneficiaries they both treat.</p>
	<p>The Plan will develop a collaborative process to track and notify the Department when the 30 days inpatient benefit nears expiration. Specific timelines for notification will be arranged between the Plan and the Department.</p>	<p>Department crisis services providers will be available to the Plan and its providers to respond to urgent care needs.</p>

TITLE	PLAN	DEPARTMENT
<p>Consultation, Case Coordination Continued</p>	<p>The Plan will notify the Department when any child previously determined to be seriously emotionally disturbed or likely to be determined seriously emotionally disturbed is admitted for inpatient care. This notification is for coordination purposes and is not a referral.</p> <p>Procedures for accessing consultative services will be developed and may include general consultation on mental health and specialty mental health issues. Consultation may also include consultation on the need for physical health care evaluation and treatment.</p>	<p>The Department will be involved in discharge planning for seriously emotionally disturbed children, at the request of the Plan.</p> <p>Procedures for accessing consultative services will be developed and may include general consultation on mental health and specialty mental health issues. Consultation may also include consultation on the need for physical health care evaluation and treatment.</p>
<p>Medical Records/ Exchange of Information</p>	<p>When the Plan determines that a referral is likely, the Plan will request formal consent from the parent or guardian of a subscriber or from a subscriber under defined conditions of emancipation to share information with the Department as a part of the referral. The information to be shared will include:</p> <ul style="list-style-type: none"> A. Medical and mental health conditions diagnosed by the Plan; B. Current medications prescribed by Plan providers C. All pertinent medical history <p>Treatment may be provided in emergencies as authorized in law.</p>	<p>The Department shall request formal consent from the parent or guardian of a subscriber or from a subscriber under defined conditions of emancipation who has been referred for evaluation or accepted for treatment to share relevant information with the Plan provider, including:</p> <ul style="list-style-type: none"> A. The beneficiary's mental health condition B. Current medications prescribed by the Department or its providers C. All pertinent medical history <p>Treatment may be provided in emergencies as authorized by law.</p>

TITLE	PLAN	DEPARTMENT
<p>Medical Records/ Exchange of Information, Continued</p>	<p>The Plan will share all information in accordance with federal and state regulations regarding confidentiality. The Plan will develop specific protocols dealing with sharing of information and substance abuse and HIV status.</p> <p>Methodologies for meeting all confidentiality laws and providing for medical information sharing between the primary care physician and the mental health practitioner to assure coordination and continuity of care will be collaboratively developed between the Plan and the Department.</p>	<p>The Department will share all information in accordance with federal and state regulations regarding confidentiality. The Department will develop specific protocols dealing with sharing of information and substance abuse and HIV status.</p> <p>Methodologies for meeting all confidentiality laws and providing for medical information sharing between the primary care physician and the mental health practitioner to assure coordination and continuity of care will be collaboratively developed between the Plan and the Department.</p>
<p>Provider Education</p>	<p>The Plan will work collaboratively with the Department to provide education and training to Department staff and providers regarding the Plan system, including authorization and referral processes and services provided.</p>	<p>The Plan will work collaboratively with the Department to provide education and training to Department staff and providers regarding the Plan system, including authorization and referral processes and services provided</p>
<p>Plan Benefits for Seriously Emotionally Disturbed Children</p>	<p>Children being treated by the Department will retain eligibility for Plan benefits, including:</p> <p>A. Inpatient treatment of an acute phase of a mental health condition in a participating hospital for up to 30 days per benefit year as per benefits under this Plan, including professional and ancillary services associated with inpatient days.</p>	<p>Children accepted for treatment by the Department as seriously emotionally disturbed will be eligible for:</p> <p>A. Medically necessary outpatient services for treatment of the child's serious emotional disturbance.</p> <p>B. Medically necessary outpatient medication and laboratory services that are part of the child's outpatient treatment Plan with the Department.</p> <p>D. Inpatient services including professional and ancillary services associated with inpatient days, when Plan inpatient benefits are exhausted and such services met Short-Doyle Medi-Cal medical necessity.</p>

4/10/98

TITLE	PLAN	DEPARTMENT
<p>Plan Benefits for Seriously Emotionally Disturbed Children, Continued</p>	<p>The Plan will provide inpatient services within the following parameters. The Plan will:</p> <ul style="list-style-type: none">A. When considering admission of SED children to an inpatient facility, utilize inpatient benefit approval criteria that are the same as Plan processes for inpatient benefit approval for non-SED HF children.B. Determine with the Department how ongoing care for SED children can be coordinated when inpatient services are required.C. The Plan, in consultation with the Department, will determine when non-inpatient care may be substituted for inpatient benefits to shorten inpatient stays.	<p>The Department will:</p> <ul style="list-style-type: none">A. Consult with the Plan as they determine when non-inpatient care may be substituted for inpatient benefits to shorten inpatient stays.B. When the Department is responsible for inpatient care, it will utilize the Short-Doyle Medi-Cal medical necessity and emergency admissions criteria for emergency admissions to an acute psychiatric hospital. (Attached)

<p>PROBLEM RESOLUTION</p>	<p>Assign appropriate health plan management/liaison staff to participate with the local CCS program management and professional staff in the resolution of individual subscriber issues, as they are identified.</p> <p>Assign appropriate health plan management/liaison staff to participate in, at a minimum, quarterly meetings to identify and resolve operational and administrative issues, including coordination, communication, referral, training, billing, provision of appropriate services and authorization of services.</p> <p>Refer issue to the appropriate CMS Regional Office if problem cannot be resolved locally.</p>	<p>Assign appropriate CS program management and professional/liaison staff to participate with health plan management staff in the resolution of individual subscriber issues, as they are identified.</p> <p>Assign appropriate CS program/liaison staff to participate in, at a minimum, quarterly meetings with health plan management/liaison staff to identify and resolve operational and administrative issues, including coordination, communication, referral, training, billing, provision of appropriate services and authorization of services.</p> <p>Refer issue to CMS Regional Office if problem cannot be resolved locally.</p>
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Signatures of the undersigned indicate intent to develop policies and procedures that will successfully develop the local CCS & Healthy Families Program interface.

 Administrator of CCS program
 Plan Designee

04/10/98

TITLE	PLAN	DEPARTMENT
<p>Dispute Resolution Process</p>	<p>The Plan and Department will develop a specific dispute resolution process that conforms to the following principles:</p> <ul style="list-style-type: none"> A. Disputes are resolved at the local level. B. An arbitration feature is included. C. The Plan and the Department have knowledge of each other's beneficiary complaint process. D. Timelines are consistent with Department of Corporations guidelines. 	
	<p>In the case of a dispute between the Plan and the Department involving a service, the Plan has responsibility to authorize, (i.e., inpatient with lab, prescription and professional services up to 30 days) the Department will provide benefits to the extent that the Department finds them medically necessary until the dispute is resolved.</p> <p>In the case of a dispute between the Plan and the Department involving a service the department has responsibility to authorize (i.e., outpatient benefits with lab, pharmacy and professional services when a child has been determined to be seriously emotionally disturbed by the Department), the Plan will provide benefits to the extent that the Plan finds them medically necessary and within the Plan's benefit structure until the dispute is resolved.</p> <p>In the case of a dispute between the Plan and the Department involving the determination by the Department that the child is not seriously emotionally disturbed, the Plan will provide the benefits to the extent that the Plan finds them medically necessary and within the Plan's benefit structure until the dispute is resolved.</p> <p>In the case of a dispute between the Plan and the Department involving the discharge of a child by the Plan from acute inpatient psychiatric services, the Department will provide benefits to the extent that the Department finds them medically necessary until the dispute is resolved.</p>	
<p>Liaison Function</p>	<p>The Plan will designate a mental health liaison to work with the Department on any issue relevant to this MOU.</p>	<p>The Department will designate a mental health liaison to work with the Plan on any issue relevant to this MOU.</p>
<p>Monitoring</p>	<p>Conduct periodic reviews, updates and renegotiations of the agreement as needed.</p>	<p>Conduct periodic reviews, updates and renegotiations of the agreement as needed.</p>

Signatures of the undersigned indicate intent to develop policies and procedures that will successfully develop the local MHS and Healthy Families Program Interface.

Administrator of MHS program

Cheryl Spickard, MEMIP Product Coord.
04/10/98