



Health Care Agency Behavioral Health Services Policies and Procedures	Section Name:	Medi-Cal Managed Care
	Sub Section:	Access
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SIGNATURE		DATE APPROVED
Director of Operations Behavioral Health Services	<u>Signature on File</u>	<u>8/14/18</u>

SUBJECT: Out-of-Network Services for Drug Medi-Cal Organized Delivery System (DMC-ODS)

PURPOSE:

To establish a procedure for requesting and processing requests for out-of-network Drug Medi-Cal Organized Delivery System (DMC-ODS) services for Medi-Cal beneficiaries in the DMC-ODS plan.

POLICY:

Medi-Cal beneficiaries may be eligible to receive medically necessary Substance Use Disorder (SUD) services under the DMC-ODS from out-of-network providers in certain circumstances. It is the policy of Behavioral Health Services (BHS) that all out-of-network providers meet specified requirements, including but not limited to those required by the Department of Health Care Services (DHCS) for Medicaid Managed Care Plans.

SCOPE:

All Medi-Cal Managed Care beneficiaries receiving or requesting services from the DMC-ODS.

REFERENCES:

Intergovernmental Agreement between DHCS and the County of Orange

FORMS:

[Notice of Adverse Benefit Determination - NOABD](#)

DHCS Drug Medi-Cal Organized Delivery System Provider Form

DHCS Existing Provider Information Update/Change Form

DHCS Non-Drug Medi-Cal New provider information Form

PROCEDURE:

- I. Situations eligible for medically necessary out-of-network services:
 - A. American Indians

1. It is required that American Indians be permitted to receive DMC-ODS services from an Indian Health Care Provider (IHCP) from whom the beneficiary is eligible to receive services.
2. Indian Health Care Providers (IHCP) shall not be required to contract to become an in-network provider with County.
3. There are no Indian Health Care Providers (IHCP) in Orange County.
4. Orange County shall invite, but not require, any Indian Health Care Provider (IHCP) that may open in Orange County to join the DMC-ODS.
5. American Indians wishing to receive services from an Indian Health Care Provider (IHCP) may do so, whether or not that provider chooses to become part of the DMC-ODS network.

B. Alternate Access Standards

1. The DMC-ODS is required to provide services within established time and distance standards. When an area of the county does not fall within those standards, persons in the area that does not meet the standards may be approved (depending on any alternative standard that may be approved by DHCS) to receive out-of-network services from a non-network provider.

C. Direction by the Department of Health Care Services (DHCS)

1. Depending on the specific direction from DHCS that is in place at any given time, the requirement to allow out of network providers may apply to only a subset of the services provided by the DMC-ODS.
 - a) The Director of Authority and Quality Improvement Services may be consulted to determine what, if any, services fall into this out-of-network requirement at the time a request comes in.

II. Request Processing Procedures

A. Requesting Approval for Out-of-Network services:

1. Beneficiaries may request out-of-network services as follows:
 - a) For Children and Youth, call Children, Youth and Prevention Behavioral Health Services (CYPBH) Administration at (714) 834-5015. Requests that involve outpatient services will be processed by County monitoring staff. Requests that involve residential treatment will be processed and coordinated by the County's Residential Placement Coordinator (RPC).

b) For Adult and Older Adults, call Adult and Older Adult Behavioral Health Services (AOABH) Administration at (714) 834-4707. Requests that involve outpatient, Narcotic Treatment Program (NTP) and withdrawal management services will be processed by County monitoring staff. Requests that involve residential treatment will be processed and coordinated by the County's Residential Placement Coordinator (RPC).

B. Request Review Process:

1. Determine if the situation meets requirements for out-of-network services (see I A-C, above).
2. Determine if Medical Necessity for DMC-ODS at the requested Level Of Care (LOC) is met, based on clinical justification.
3. Identify a DMC-ODS certified provider in the surrounding counties who is able to provide services to the beneficiary to fulfill access standards until an "in-network" provider is available.
4. If no DMC-ODS certified provider is available, identify a non-DMC-ODS certified provider in the County who is able to provide services to the beneficiary to fulfill access standards, until an "in-network" or DMC-ODS certified provider has availability to provide services to the beneficiary.
5. Provide the prospective provider an information sheet which outlines the specific detailed provider requirements that apply.
6. Develop a letter/single case agreement to provide services for the beneficiary with the provider.

C. Guidelines for identifying and retaining out-of-network providers

1. The cost to beneficiaries shall not be greater than it would be if the services were furnished in-network, and out-of-network providers shall coordinate payment with the County only.
2. No providers shall be utilized that are located outside of the United States.

D. Monitoring Responsibility

1. Monitoring of out-of-network DMC-ODS providers in the surrounding counties shall remain the responsibility of the county/ies with which the provider holds a contract as network provider.
2. Monitoring that all requirements are met for non-DMC-ODS certified providers shall remain the responsibility of County monitoring staff responsible for coordinating access.

E. Denial or Modification of request to receive out-of-network services:

1. If a request for out-of-network services is denied or modified, an appropriate Notice of Adverse Benefit Determination (NOABD) is required. (See BHS P&P Notice of Adverse Benefit Determination.) If services by an alternative in-network provider are offered, this will be specified on the NOABD.

III. Interim or alternate services

A. Other appropriate services shall be offered to beneficiaries while arrangements are made to secure services in or out-of-network, including:

1. Residential placement requests:

- a) Beneficiaries may be offered appropriate outpatient or intensive outpatient services in combination with recovery residences, if eligible.

2. Outpatient requests:

- b) Beneficiaries may be offered case management and other appropriate supportive services.

B. It is the policy of BHS to process out-of-network service requests expeditiously to ensure proper access.

IV. Required Data Reporting

A. For out-of-County providers, DMC-ODS certified or not, complete the Drug Medi-Cal Organized Delivery System Provider Form and submit to DHCS at dhcsmpf@dhcs.ca.gov

B. For currently contracted in-County, non-DMC-ODS providers, complete the Existing Provider Information Update/Change Form and submit to DHCS at dhcsmpf@dhcs.ca.gov

C. For new in-County, non-DMC-ODS certified providers, complete the Non-Drug Medi-Cal New Provider Information Form and submit to DHCS at dhcsmpf@dhcs.ca.gov