

**Title 9 – Rehabilitative and Developmental Services
Chapter 11 – Medi-Cal Specialty Mental Health Services**

§ 1810.370. MOUs with Medi-Cal Managed Care Plans.

(a) The MHP shall enter into an MOU with any Medi-Cal Managed Care Plan that enrolls beneficiaries covered by the MHP. The MOU shall, at a minimum, address the following:

(1) Referral protocols between plans, including:

(A) How the MHP will provide a referral to the Medi-Cal managed care plan when the MHP determines that the beneficiary's mental illness would be responsive to physical health care based treatment and

(B) How the Medi-Cal managed care plan will provide a referral when the Medi-Cal managed care plan determines specialty mental health services covered by the MHP may be required.

(2) The availability of clinical consultation, including consultation on medications, to the Medi-Cal managed care plan for beneficiaries whose mental illness is being treated by the Medi-Cal managed care plan.

(3) Management of a beneficiary's care, including procedures for the exchange of medical information. The procedures shall ensure that the confidentiality of medical records is maintained in accordance with State and federal laws and regulations governing the confidentiality of personal or medical information, including mental health information, relating to beneficiaries.

(4) Procedures for providing beneficiaries with services necessary to the treatment of mental illnesses covered by the MHP when those necessary services are covered by the Medi-Cal managed care plan. The procedures shall address, but are not limited to:

(A) Prescription drugs and laboratory services covered by the Medi-Cal managed care plan and prescribed through the MHP. Prescription drug and laboratory service procedures shall include:

1. The MHP's obligation to provide the names and qualifications of the MHP's prescribing physicians to the Medi-Cal managed care plan, if the Medi-Cal managed care plan covers prescription drugs.

2. The Medi-Cal managed care plan's obligation to provide the Medi-Cal managed care plan's procedures for obtaining authorization of prescribed drugs and laboratory services and a list of available pharmacies and laboratories to the MHP, if the Medi-Cal managed care plan covers these services.

3. The MHP's obligation to designate a process or entity to receive notices of actions, denials, or deferrals from the Medi-Cal managed care plan and to provide any additional information requested in the deferral notice as necessary for a medical necessity determination by the Medi-Cal managed care plan.

4. The MHP's obligation to respond by the close of the business day following the day the deferral notice is received by the MHP.

(B) Emergency room facility and related services other than specialty mental health services, home health agency services as described in Title 22, Section 51337, non-emergency medical transportation, and services to treat the physical health care needs of beneficiaries who are receiving psychiatric inpatient hospital services, including the history and physical required upon admission.

(C) Direct transfers between psychiatric inpatient hospital services and inpatient hospital services required to address a beneficiary's medical problems based on changes in the beneficiary' mental health or medical condition.

(5) A process for resolving disputes between the MHP and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services, including specialty mental health services and prescription drugs, while the dispute is being resolved. When the dispute involves the Medi-Cal managed care plan continuing to provide services to a beneficiary the Medi-Cal managed care plan believes requires specialty mental health services from the MHP, the MHP shall identify and provide the Medi-Cal managed care plan with the name and telephone number of a psychiatrist or other qualified licensed mental health professional available to provide clinical consultation, including consultation on medications to the Medi-Cal managed care plan provider responsible for the beneficiary's care.

(b) If the MHP does not enter into an MOU with the Medi-Cal managed care plan, the MHP shall not be out of compliance with this Section provided the MHP establishes to the satisfaction of the Department that it has made good faith efforts to enter into an MOU.

§ 1810.415. Coordination of Physical and Mental Health Care.

(a) The MHP shall make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving specialty mental health services from the MHP.

(b) The MHP shall arrange appropriate management of a beneficiary's care, including the exchange of medical information, with a beneficiary's other health care providers or providers of specialty mental health services. The MHP shall maintain the confidentiality of medical records in accordance with State and federal laws and regulations governing the confidentiality of personal or medical information, including mental health information, relating to beneficiaries.

(c) The MHP shall coordinate with pharmacies and Medi-Cal managed care plans as appropriate to assist beneficiaries to receive prescription drugs and laboratory services prescribed through the MHP, including ensuring that any medical justification of the services required for approval of payment to the pharmacy or laboratory is provided to the authorizing entity in accordance with the authorizing entity's procedures.

(d) When the MHP determines that the beneficiary's diagnosis is not included in Section 1830.205(b)(1) or is included but would be responsive to physical health care based treatment, the MHP of the beneficiary shall refer the beneficiary to:

(1) A provider outside the MHP, which may include:

(A) Whenever possible, a provider with whom the beneficiary already has a patient-provider relationship;

(B) The Medi-Cal managed care plan in which the beneficiary is enrolled;

(C) A provider in the area who has indicated to the MHP a willingness to accept MHP referrals, including federally qualified health centers, rural health clinics, and Indian health clinics; or

(2) An entity that provides assistance in identifying providers willing to accept Medi-Cal beneficiaries, which may include, where appropriate:

(A) The health care options program described in Section 14016.5 of the Welfare and Institutions Code;

(B) The local Child Health and Disability Prevention program as described in Title 17, Section 6800 et seq.;

(C) Provider organizations;

(D) Other community resources available in the county of the MHP.

The MHP of the beneficiary shall not be required to ensure the beneficiary's access to physical health care based treatment or to ensure the beneficiary's access to treatment from licensed mental health professionals for diagnoses not covered in Section 1830.205(b)(1). When the situation generating a referral under this Subsection meets the criteria established in Section 1850.210(i), a notice of action will be provided in accordance with that Section.

§ 1850.505. Requests for Resolution.

(a) Except as provided in Subsection (c), when an MHP has a dispute with a Medi-Cal Managed Care Plan that cannot be resolved to the satisfaction of the MHP concerning the obligations of the MHP or the Medi-Cal Managed Care Plan under their respective contracts with the State, State Medi-Cal laws and regulations, or an MOU as described in Section 1810.370, the MHP may submit a request for resolution to the Department.

(b) Except as provided in Subsection (c), when a Medi-Cal Managed Care plan has a dispute with an MHP that cannot be resolved to the satisfaction of the Medi-Cal Managed Care Plan concerning the obligations of the MHP or the Medi-Cal Managed Care Plan under their respective contracts with the State, State Medi-Cal laws and regulations, or an MOU as described in Section 1810.370, the Medi-Cal Managed Care Plan may submit a request for resolution to the State Department of Health Services.

(c) If the MHP and the Medi-Cal managed care plan have agreed in the MOU entered into pursuant to Section 1810.370 to binding arbitration as the means for resolving disputes, the MHP and the Medi-Cal managed care plan may not request resolution of the dispute under this Section.

(d) If the MHP and the Medi-Cal Managed Care Plan have an MOU pursuant to Section 1810.370, a request for resolution by either department shall be submitted to the respective

department within 15 calendar days of the completion of the dispute resolution process between the parties as provided in the MOU. If there is no MOU, a request for resolution shall be submitted to the respective department within 30 calendar days after the event giving rise to 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.
 - (4) Documentation regarding the issue.
- (e) Upon receipt of a request for resolution, the department receiving the request shall notify the other department and the other party within seven calendar days. The notice to the other party shall include a copy of the request and will ask for a statement of the party's position on the dispute, any relevant documentation supporting its position, and any dispute of the rate of payment for services included by the other party in its request.
- (f) The other party shall submit the requested documentation within 21 calendar days from notification of the party from whom documentation is being requested by the party that received the initial request for resolution or the departments shall decide the dispute based solely on the documentation filed by the initiating party.

§ 1850.515. Departments' Responsibility for Review of Disputes.

- (a) The two departments shall each designate at least one and no more than two individuals to review the dispute and make a joint recommendation to directors of the departments or their designees.
- (b) The recommendation shall be based on a review of the submitted documentation in relation to the statutory, regulatory and contractual obligations of the MHP and the Medi-Cal Managed Care Plan.
- (c) The individuals reviewing the dispute may, at their discretion, allow representatives of both the MHP and the Medi-Cal Managed Care Plan an opportunity to present oral argument.

§ 1850.525. Provision of Medically Necessary Services Pending Resolution of Dispute.

A dispute between an MHP and a Medi-Cal Managed Care Plan shall not delay medically necessary specialty mental health services, physical health care services, or related prescription drugs and laboratory, radiological, or radioisotope services to beneficiaries. Until the dispute is resolved, the following shall apply:

- (a) The parties may agree to an arrangement satisfactory to both parties regarding how the services under dispute will be provided; or
- (b) When the dispute concerns the Medi-Cal Managed Care Plan's contention that the MHP is required to deliver specialty mental health services to a beneficiary either because the

beneficiary's condition would not be responsive to physical health care based treatment or because the MHP has incorrectly determined the beneficiary's diagnosis to be a diagnosis not covered by the MHP, the Medi-Cal Managed Care Plan shall manage the care of the beneficiary under the terms of its contract with the State until the dispute is resolved. The MHP shall identify and provide the Medi-Cal managed care plan with the name and telephone number of a psychiatrist or other qualified licensed mental health professional available to provide clinical consultation, including consultation on medications to the Medi-Cal managed care plan provider responsible for the beneficiary's care.

(c) When the dispute concerns the MHP's contention that the Medi-Cal Managed Care Plan is required to deliver physical health care based treatment of a mental illness, or to deliver prescription drugs or laboratory, radiological, or radioisotope services required to diagnose or treat the mental illness, the MHP shall be responsible for providing or arranging and paying for those services to the beneficiary until the dispute is resolved.