



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration Behavioral Health	Clinic Services Emergency Medical Services Environmental Health/Animal Services	Public Health Public Administrator/Public Guardian
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Policy Number	421
Policy Title	Referrals to Adult-System-of-Care Programs
References	CCR, Title 9, Chapter 11, Section 1830.205 (b) (1) (A-R) (Attachment 1) Welfare and Institution Code (W & I) Section 14680 Welfare and Institution Code (W & I) Section 5777 and 14684 MCBH Policy 129 MCBH Compliance Plan
Forms	Avatar Waitlist and Referral Form ASOC Criteria (ref.) Workflow: Referrals from Access to ASOC
Effective	August 1, 1989 Revised: November 9, 1993 Revised: August 15, 1997 Revised: October 1, 2008 Revised: September 15, 2011 Revised: October 31, 2017

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2 Policy

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4 Monterey County Behavioral Health (MCBH) shall adhere to all regulations governing the delivery of
5 services for mental health and substance use disorder services. Medical necessity criteria must be met for
6 continued participation in specialty mental health services (SMHS).

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8 All individuals served in Adult-System-of-Care (ASOC) programs must meet the diagnostic and impairment
9 requirements to continue SMHS services. ASOC may accept referrals for entry into ASOC program if
10 medical necessity criteria is met per Title 9, Section 1830.205 (b) (1) (A-R) (attachment 1) and MCBH
11 ASOC admission eligibility is met (attachment 2). Refer to MCBH Policy 129 for additional details on
12 medication necessity criteria and documentation standards. MCBH ASOC programs will accept referrals
13 from Access programs based on referral workflow (Attachment 3)

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15 Procedure

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17 1. Initial calls or initial requests for services may come through Access programs. Individuals
18 requesting initial services will be referred to the Access Call Center's 24/7 toll-free telephone
19 number at (888) 258-6029 or will be referred to a walk clinic:

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- 21 • Salinas: 1441 Constitution Blvd., Building 400, Suite 200
- 22 • Marina: 299 12th Ave

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- Soledad: 359 Gabilan Drive
- King City: 200 Broadway Suite #70

2. Access clinician will evaluate and determine if individual's mental health needs meet criteria for specialty mental health services and identify level of care.
3. For referrals to ASOC, all necessary admission documentation will be completed prior to submitting the referral.
 - a. Referrals will be made within one-business day from the date of determination that medical necessity criteria is met
 - b. Referrals will be made using the "waitlist and referral" option in the electronic health record (Avatar)
 - c. An e-mail notification of referral will be sent to the ASOC program supervisor
4. ASOC program will review documentation and referral.
 - a. Consultation with the referring Access program will take place for any additional information that may be required prior to admission to the ASOC program

41 **Criteria for Specialty Mental Health Services**

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43 The beneficiary must meet criteria outlined in Subsections (1)-(3) below to be eligible for services.
44 In order to receive services, the primary diagnosis must be an "Included Diagnosis" with an ICD10
45 code set. The client may also receive services for an excluded diagnosis when the primary
46 diagnosis is in the inclusion list. For example, when a mental health diagnosis and a substance
47 use/abuse diagnosis are both present, the mental health diagnosis must be the "primary"
48 diagnosis.

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50 The client must meet Criteria A outlined below to be eligible for services. The diagnosis must
51 contain a DSM 5 diagnoses and ICD-10 code set.

- 52 • Pervasive Developmental Disorders, except Autistic Disorder which is excluded
- 53 • Attention Deficit & Disruptive Behavior Disorders
- 54 • Feeding & Eating Disorders of Infancy or Early Childhood
- 55 • Elimination Disorders
- 56 • Other Disorders of Infancy, Childhood or Adolescence
- 57 • Schizophrenia & other Psychotic Disorders, except psychotic disorders due to a
58 General Medical Condition
- 59 • Mood Disorders, except mood disorders due to a General Medical Condition
- 60 • Anxiety Disorders, except anxiety disorders due to a General Medical Condition
- 61 • Somatoform Disorders
- 62 • Factitious Disorders
- 63 • Dissociative Disorders
- 64 • Paraphilias
- 65 • Gender Identity Disorders
- 66 • Eating Disorders
- 67 • Impulse-Control Disorders, not elsewhere classified
- 68 • Adjustment Disorders
- 69 • Personality Disorders, excluding Antisocial Personality Disorder
- 70 • Medication-Induced Movement Disorders related to other included diagnoses

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72 Criteria B: The expectation is that the proposed intervention will:

- 73 1. Significantly diminish the impairment, or
- 74 2. Prevent significant deterioration in an important area of life functioning, or
- 75 3. Except as provided in Section 1830.210, allow the child to progress
76 developmentally as individually appropriate.
- 77 4. For a child who meets the criteria of Section 1830.210(1), meet the criteria
78 of Section 1830.210(b) and (c).

79 Criteria C: The condition would *not* be responsive to physical health care based
80 treatment.

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Criteria for ASOC Eligibility

85 Inclusion Criteria:

87 Criteria 1: One (1) or > from Criteria A above indicates that the individual requires ASOC level of care.

- 88 • Multiple psychiatric hospitalizations within the past 6 months
- 89 • Primary diagnoses* of schizophrenia, schizoaffective disorder, bipolar I, major depressive disorder, severe, with or without psychotic features, associated with severe functional impairment
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- 92 • Multiple suicide attempts (not gestures) within the past year
- 93 • ASOC individual within the past 2 years
- 94 • ASOC individual prior to 2 years ago now being discharged or discharged within the past 3 months from a psychiatric hospital
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- 96 • History of LPS conservatorship
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98 *The primary diagnoses listed are the most common diagnoses affecting the ASOC target population; this is not an exhaustive list; any individual who has an included diagnoses for specialty mental health services and has the associated severe and chronic functional impairment may be sent to ASOC.

Criteria 2: if individual does not meet any criteria 1, please assess for criteria 2 below. Four (4) or > from criteria 2 also indicates that individual requires ASOC level of care.

- Suicide attempt (not gesture) within the past year
- Psychiatric hospitalization with the past year
- Current active suicidality with specific plan, intent
- Homelessness secondary to a primary psychiatric diagnosis
- Unemployment secondary to a primary psychiatric diagnosis
- Recurrent, problematic pattern of substance use (including alcohol) secondary to a primary psychiatric diagnosis
- Inability to maintain and/or absence of social support system

113 Exclusion Criteria

114 One (1) or > from exclusion criteria below:

- Primary substance abuse diagnosis (co-primary substance abuse and sustained psychotic syndromes lasting more than one month that are caused by substance abuse are not exclusions)
- Would meet criteria population for a specialty program, such as TAY, PREP, VA, or has private pay/CHOMP

**Please note: these criteria are intended as guidelines; clinical judgment should always be the most important deciding factor for each individual case; a subgroup of cases that meet criteria may not be appropriate for referral to ASOC and other cases that do not meet criteria may be appropriate for referral. Clinicians should consult with their Supervisors, when clinical judgment differs from the criteria above.

128 Attachment 3

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WORKFLOW: REFERRALS FROM ACCESS TO ASOC

131 Access staff completes the assessment and Onset to Services. The suggested level of care (LOC), service
132 type and duration, client general goals and barriers are written in clinical summary. ACCESS supervisors
133 will review assessment for compliance and LOC needs.

134 Mild to Moderate clients without severe functional impairment will be kept in ACCESS or referred to an
135 appropriate contract agency within 1 business day of the assessment being completed.

136 Severely Mentally Ill (SMI) clients and clients with functional impairment who meet ASOC criteria will be
137 referred to ASOC within 1 business day of the assessment being completed.

138 ACCESS supervisor will send client to ASOC supervisor via Waitlist and Referral function in Avatar. Text
139 box on avatar Referral form will include the following information about the client:

- 140 • Gender, age, culture, language or other relevant CSI data
- 141 • Diagnosis and functioning
- 142 • support for recommending system of care (assessment tools, history of services, significant factors
143 affecting functioning, client readiness for services)
- 144 • List recommended services/interventions including type, frequency and length of service and why
145 this client's needs fit ASOC

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147 ACCESS supervisor will also send a concurrent email reminder to the receiving supervisor to inform him/her
148 a referral has been sent

149 ASOC supervisor will review the case in Avatar and consult with ACCESS supervisor regarding any
150 unanswered questions or concerns about LOC need.

151 When there is a difference of opinion about LOC need, ASOC and ACCESS supervisors will resolve this
152 issue within 48 hours or two business days.

153 When the difference of opinion cannot be resolved after discussion, ASOC supervisor will communicate via
154 email with Deputy Director for ASOC and ACCESS Manager, with a cc to the ACCESS supervisor stating
155 they need a final decision at the Deputy level

156 Deputies will review the case in Avatar, consult with Medical Director, discuss and come to a final decision
157 within one business day.

158 Deputies will inform the two ACCESS and ASOC supervisors of the decision and why.

159 After a final decision, the transferring team will keep the case open for three business days to ensure client
160 receives interim monitoring. Receiving team will open the case no later than the third business day.

161 Deputies will use client examples whenever possible in team meetings with managers and supervisors as a
162 teaching tool to continue to clarify appropriate transfers and continue to standardize the transfer process.

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