

Eligibility and Referral Procedures for Specialty Behavioral
Health Care Services within HealthPAC

This information is intended to:

- Help you and your staff identify patients with Specialty Behavioral Health Care Service needs
- Help you and your staff make referrals for patients with Specialty Behavioral Health Care Service needs

What are Specialty Behavioral Health Care Services?

Specialty Behavioral Health Care Services are designed for mental health and substance use conditions that cannot be adequately addressed within the Primary Care setting.

Typically, what is the difference between clients who are better served in Primary Care Clinics vs. clients that are better served in Specialty Behavioral Health Care Services?

Clients who are better served in *Primary Care settings* typically have mild to moderate mental health symptoms which at times may interfere with their activities of daily life. There is no suicide risk, risk of violence or safety concerns. There is no history of multiple inpatient hospitalizations or psychiatric emergency visits in the past year. Clients are able to generally understand and follow their treatment plan and keep scheduled outpatient health care appointments.

Clients who are better served in *Specialty Behavioral Health Care* typically have a presentation of mental illness ranging from moderate to severe, with or without a co-occurring substance use disorder (SUD). There is usually a history of episodic use of acute psychiatric services that require stabilization with psychiatric medication. Clients in need of specialty services have significant functional impairments in their daily lives. To qualify for specialty behavioral health care services, clients must meet established eligibility criteria.

What services does Specialty Behavioral Health Care include?

The level of specialty behavioral health care service depends on the determined need. Services generally include medication initiation and stabilization, individual counseling, check-ins, problem solving assistance, crisis intervention, and co-occurring disorder services. Long-term and time-limited case management services are provided to individuals that demonstrate the need for this level of care.



HealthPAC

Health Program of Alameda County

What is the referral process for patients with Specialty Behavioral Health Care needs?

For patients you believe may meet the criteria for Specialty Behavioral Health Care Services, a referral to Alameda County Behavioral Health Care Services (ACBHCS) ACCESS Program should be initiated.

Step 1: Determine if the patient has a diagnosis that meets the “Medical Necessity for Specialty Mental Health Services” criteria outlined in the attached document and if he/she has a functional impairment in an important area of life functioning as a result of the mental disorder(s).

Step 2: Perform an Initial Risk Assessment

Fill out the attached HealthPAC Initial Risk Assessment based on a face-to-face encounter with the patient. Be sure to include the diagnosis and impairment criteria that meets medical necessity for specialty mental health services.

Step 3: Fill out the HealthPAC Primary Care to Specialty Behavioral Health Referral Form

Be sure to include your fax number on this form. This will make it possible for ACCESS to contact you with the final disposition.

Step 4: Complete the “Specialty Behavioral Health Referral – Patient Health Summary Form” or attach a similar health and medication summary sheet.

Include physical and mental health condition and medications on this form.

Step 5: Fax all three of these documents to ACCESS at (510) 346-1083

Note that ACCESS will not contact your client after receiving the form from you. ACCESS will process the request and notify the referring provider of the status of the referral. The referring provider is expected to contact the consumer with the referral information. Questions regarding a referral should be *directed to ACCESS at 1-800-491-9099.*



HealthPAC

Health Program of Alameda County

Medical Necessity for Specialty Mental Health Services

Must have all, A, B, and C:

A. Diagnoses

Must have one of the following included DSM IV-TR diagnoses, which will be the focus of the intervention being provided:

Included Diagnoses:

- Pervasive Developmental Disorders, except Autistic Disorder which is excluded.
- Attention Deficit and Disruptive Behavior Disorders
- Feeding & Eating Disorders of Infancy or Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia & Other Psychotic Disorders .
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality Disorder
- Medication-Induced Movement Disorders

Excluded Diagnoses:

- Mental Retardation
- Learning Disorders
- Motor Skills Disorder
- Communication Disorders
- Autistic Disorder (Other Pervasive Developmental Disorders are included.)
- Tic Disorders
- Delirium, Dementia and Amnestic and other Cognitive Disorders
- Mental Disorders due to a General Medical Condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorder
- Other conditions, including V-codes, that may be a focus of Clinical Attention. (Except medication induced movement disorders which are included.)

A beneficiary may receive services for an included diagnosis when an excluded diagnosis is also present.

B. Impairment Criteria

Must have one of the following as a result of the mental disorder(s) identified in the diagnostic ("A") criteria:
Must have one of the following:

1. A significant impairment in an important area of life functioning, or
2. A probability of significant deterioration in an important area of life functioning

C. Intervention Related Criteria

Must have all, 1, 2, and 3 below:

1. The focus of proposed intervention is to address the condition identified in impairment criteria "B" above, and
2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning.
3. The condition would not be responsive to physical healthcare based treatment.