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By: 
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POLICY TITLE Adult/Older Adult Outpatient Levels of Care Determination	Policy No: 401-1 Date of Original Approval: 7/6/2021 Date(s) of Revision(s):
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PURPOSE

This policy establishes a standardized method of determining the best matched level of care for each beneficiary for Alameda County Behavioral Health Care Services (ACBH)'s Adult/Older Adult System of Care (AOASOC) and the Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) Division.

AUTHORITY

- CMS Medicaid and CHIP Managed Care Final Rule
- Alameda County's MHP Contract #17-94572 with the California State Department of Health Care Services

SCOPE

Alameda County Behavioral Health Care Services ACCESS Division and providers in the Adult and Older Adult System of Care, including ACBH and contracted providers.

POLICY

The Adult and Older Adult System of Care and ACCESS staff will use the level of care determination tool to best match client care for adult and older adult outpatient mental health services.

PROCEDURE

- I. Determining Level of Care
 - a. ACCESS staff first determine if an individual seeking or being referred to Specialty Mental Health Services is eligible for those services within ACBH.
 - i. The "Adult and Older Adult Outpatient Services Guide" (Appendix A) specifies this screening process in detail and describes the primary levels of care within the AOASOC.
 - b. Once eligibility is confirmed, ACCESS staff conduct a clinical assessment and review of records.
 - c. This information is used to complete the Adult/Older Adult Outpatient Level of Care Determination Tool (Appendix B).

- d. The ACCESS staff use the outcome of this tool in conjunction with other clinical information to identify the best-matched level of care and specific outpatient program for the individual.
- e. The ACCESS staff completes a referral to that program and sends the referral packet to the Program Manager or identified intake individual.
- f. The program contacts the beneficiary and schedules an intake appointment in a timely manner consistent with ACBH's Policy & Procedure #100-2-3, Timely Access to Services Standards and Tracking Requirements.

NON-COMPLIANCE

Procedures to be completed in the event of a policy non-compliance:

- I. Where individuals do not abide by the procedures, the direct supervisor and Division Director will be notified and take corrective action, including reviewing the policy and or other disciplinary action.
- II. Definition of the non-compliance: Any failure to abide by the stated policy.
- III. Reports of non-compliance can be made in writing or verbally to supervisors, and staff shall not face retribution for reporting non-compliance.
- IV. Reports of non-compliance shall be communicated to supervisors and Division Director within 72 hours to ensure timely response and corrective action.
- V. Any communication that contains protected health information or otherwise confidential information should be sent through secure methods such as email with secure encryption.
- VI. Should an emergency situation arise where conformance with this policy is impractical, the supervisor(s) and Division Director will be notified immediately.

CONTACT

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Adult/Older Adult System of Care Director	12/2/2019	Katherine.Jones@acgov.org
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DISTRIBUTION

This policy will be distributed to the following:

- ACBH Staff

- ACBH County and Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Kate Jones
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Date of Revision:

Revise Author	Reason for Revise	Date of Approval by (Name)

DEFINITIONS

Term	Definition
ACBH	Alameda County Behavioral Health Care Services
ACCESS	Acute Crisis Care and Evaluation for Systemwide Services
AOASOC	Adult and Older Adult System of Care

APPENDICES

- Appendix A: Adult and Older Adult Outpatient Services Guide
- Appendix B: Adult/Older Adult Outpatient Level of Care Determination Tool

APPENDIX A

Adult and Older Adult Outpatient Services Guide

Who we are:

- Alameda County Behavioral Health Care Services (ACBH) and its partners provide a broad spectrum of services for children, youth, families, adults, and older adults for the prevention, early intervention and treatment of mental illness and substance use conditions. This document focuses on voluntary outpatient mental health services within the Adult and Older Adult System of Care (AOASOC).

Who we serve:

- Treatment services within the AOASOC are available for individuals 18 years of age and older living with a moderate to severe mental illness. In order to receive treatment services an individual must meet medical necessity¹ for Specialty Mental Health Services (SMHS) and be an Alameda County resident eligible for Medi-Cal or members of the Health Plan of Alameda County (Health PAC). We also support uninsured and undocumented residents of Alameda County. Individuals with a mild to moderate mental illness can access mental health services through their Medi-Cal Managed Care Plan, such as Alameda Alliance, Anthem Blue Cross or Kaiser.

How we determine best matched care:

- ACBH is committed to providing racially, culturally and linguistically appropriate services at the best matched, least restrictive level of care necessary to provide safe and effective treatment.
- Individuals new to ACBH services are initially assessed to determine if they meet medical necessity. After medical necessity has been met, a Clinical Review Specialist within the ACCESS unit works with the person and his/her/their supports if appropriate to identify biopsychosocial needs, strengths, and cultural factors relevant to their recovery process. The ACBH Adult/Older Adult Level of Care Determination Tool is completed during this process. This information is used to determine the most appropriate level of care and service provider.
- Individuals already receiving services through ACBH who request or demonstrate a need for a change in level of care undergo a similar process as outlined above.

¹ See the next page for a definition of 'medical necessity'.

The interdisciplinary workgroup who developed this document would like to address the importance of language and the impact language has on all people and especially stigmatized groups including individuals living with mental health needs. We have strived to use person centered and strengths based language in this document and at the same time acknowledge that the language of community behavioral health care is rapidly evolving. What may be considered appropriate at one time or by one person may be found marginalizing at another time or by another person. We invite feedback on this topic in order to continue our efforts in becoming a more inclusive and equitable community.

Adult/older adult outpatient services:

- ACBH is committed to offering a continuum of care in which beneficiaries may enter into services that best suit their mental health treatment needs. Each type of service is designed to facilitate a person's mental health recovery and transition to a less intensive treatment level as their mental health condition improves.
- Mental illnesses can also be cyclical in nature and there are times when individuals may need an increase in intensity of care due to increased symptoms and related difficulties.
- If an individual is not satisfied with the level of care determination received, they can discuss this with the ACCESS staff and supervisor. Individuals also have the right to file a grievance or appeal to the Consumer Assistance office by calling 1-800-779-0787 or by sending a letter to: Consumer Assistance 2000 Embarcadero Ste 400 Oakland, CA 95606.

What is Medical Necessity and Why is it Important?

One of the conditions necessary for receiving Specialty Mental health services through ACBH is something called ‘medical necessity.’ This means a mental health professional will talk with the individual seeking mental health services to decide if there is a medical need for SMHS services and if they can be helped by those services.

What are the Medical Necessity Criteria for Coverage of Specialty Mental Health Outpatient Services?

There are four conditions ACBH looks for to decide if services are a ‘medical necessity’ for Specialty Mental Health Services for adults. These four conditions are determined through an assessment with an ACBH mental health professional.

1. An individual must have a primary diagnosis that is on the Department of Health Care Services’ Included List of Diagnoses.

AND

2. The adult must have at least one of the following problems as a result of the diagnosis:
 - a. A significant difficulty in an important area of life functioning² **OR**
 - b. A probability of significant deterioration in an important area of life functioning

AND

3. The expectation is that the proposed treatment will:
 - a. Significantly reduce the difficulty in an important area of life functioning **OR**
 - b. Prevent significant deterioration in an important area of life-functioning

AND

4. The condition would not be responsive to physical health care treatment

² “An important area of life functioning” includes but is not limited to maintaining one’s housing, physical health, relationships, employment/education, and safety. It is important to note that the “significant difficulty in an important area of life functioning” must be caused by the symptoms of the mental illness. For example, an individual may hear derogatory voices (auditory hallucinations) and believe it is their neighbor talking to them. This person may become angry at the neighbor and yell at them or threaten them to the extent that it leads to an eviction. This would be considered a “significant difficulty in an area of life functioning” that is caused by the symptoms of the mental illness.

Adult/Older Adult Outpatient Treatment Services

ACBH Therapy Services

Outpatient therapy programs provide services to adults and older adults living with a serious mental health condition. Individuals meet with a therapist in order to gain support in managing symptoms and increasing wellness. These programs offer individual, group, and family therapy.

Individuals in this level of care often:

- Are able to independently make and attend office based appointments
- May or may not be concurrently seeing a psychiatric prescriber for medication services
- Are able to maintain engagement with their provider with minimal care coordination services
- May or may not have a history of psychiatric hospitalizations and use of crisis services

ACBH Medication Services

Outpatient medication management programs provide medication evaluations and ongoing management of psychiatric medications. Individuals typically see an office based psychiatric prescriber, such as a psychiatrist or psychiatric nurse practitioner, on a regular basis which is determined by the person's need. The frequency of appointments can change based on the individual's response to the medications and their effectiveness over time. Most individuals have an appointment with their psychiatric prescriber once a month.

Individuals in this level of care often:

- Have had previous primary care-based psychiatric medication interventions that were not effective
- Have a complex psychiatric medication regimen
- Are able to make and attend office based appointments independently or with the assistance of natural supports
- May or may not concurrently participate in therapy services
- May or may not have a history of psychiatric hospitalizations and use of crisis services
- Are able to follow up with their provider with a low level of care coordination and other support services

ACBH Service Teams:

Service Teams provide outpatient mental health, psychiatric and care management services to individuals living with a serious mental health condition. Individuals meet with their assigned mental health professionals either in the office or in the field to collaboratively develop and work on treatment goals. Service Team staff members support each person in strengthening their support system and building wellness management tools in order to progress in their recovery and when appropriate transition to less intensive services.

Individuals in this level of care often:

- Have been in a psychiatric hospital or jail, crisis stabilization unit, or used mobile crisis services in past two years or have consistently needed a high level of support from service providers to prevent hospitalizations and use of crisis services
- Work with a team of staff members that may include a psychiatric prescriber to manage the symptoms of their mental illness
- Need care coordination and support to stay connected with their psychiatric and medical providers
- Need support to obtain and maintain their insurance benefits and income and other practical needs of living in the community
- Benefit from psychosocial rehabilitation to better access the community and increase their ability to manage mental health needs more independently and with natural supports
- Need to see their service providers approximately two to four times per month in order to manage their mental health needs successfully in the community

ACBH Full Service Partnerships:

Full Service Partnerships (FSPs) are transdisciplinary teams that provide intensive community based services to support individuals living with serious mental health condition. Adult and Older Adult FSPs maintain fidelity to the Assertive Community Treatment (ACT) model with low client to staff ratios and provide services through a team approach. FSPs aim to support individuals in building the skills and supports needed to progress in their recovery and when ready transition to a lower level of care.

Individuals in this level of care often have similar needs as described in the Service Team description above and may also:

- Require a high level of outreach to locate, build trust and engage in services
- Have multiple and lengthy inpatient psychiatric hospitalizations and/or incarcerations related to difficulties associated with their mental illness within the last 12 months
- Have a co-occurring mental health diagnosis, substance use disorder, and/or major medical condition(s)
- Need to meet with their providers frequently, from multiples times a week to four times a month, in order to increase their safety and avoid future hospitalizations and/or incarcerations
- Need mobile mental health and psychiatric medication services in the community where they are physically located
- Need urgent access at all hours to their mental health providers to maintain their ability to successfully live in the community
- Need a high level of care coordination to maintain engagement in services

Other Services within ACBH AOASOC

In addition to the services described above, ACBH also offers other types of outpatient care in an effort to be accessible and responsive to the diverse communities within Alameda County. Other services include:

- Short term care coordination focused on individuals who need assistance on a time limited basis
- Behavioral health treatment focused on individuals reentering the community after release from jail and prison
- Linkage services focused on connecting people in need to an ongoing outpatient provider

APPENDIX B

Adult/Older Adult Outpatient Level of Care Determination Tool

ACCESS staff complete this tool after determining the individual meets medical necessity for specialty mental health services. For program acceptance, the criteria below will be weighed in conjunction with a clinical assessment and review of records.

Consumer Name and PSP#:

ACCESS Clinician and Date:

	Therapy Services <u>Requires:</u> 1 Yes in A 1 Yes in B	Medication Services <u>Requires:</u> 1 Yes in A 1 Yes in B	Service Teams <u>Requires:</u> 2 Yes in A 1 Yes in B 1 Yes in C	Full Service Partnerships <u>Requires:</u> 2 Yes in A 1 Yes in B 1 yes in C
A. Assessing Needs	Is the individual able to independently or with help from natural supports schedule and attend office appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the individual able to independently or with help from natural supports schedule and attend office appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the individual been in inpatient, jail or crisis services due to mental illness in the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the individual had consistently high levels of support to prevent the use of inpatient, jail, or crisis services in recent past? <input type="checkbox"/> Yes <input type="checkbox"/> No Will individual benefit from psychiatric rehabilitation to increase safety, functioning in community, ADLs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the individual been in AOT or had multiple inpatient, jail or crisis services due to mental illness in past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the individual have complex needs requiring support with more than 3 systems (legal, benefits, substance use, medical, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the individual need a provider who can offer mobile MH services in the community where they are physically located? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Assessing Engagement	Is the individual interested in seeking therapy with a mental health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the individual able to maintain engagement with office-based provider w/ a low level of care coord? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the individual need care coord to maintain engagement w/ psych & medical providers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the individual need a high level of outreach to locate, build trust and engage in services? <input type="checkbox"/> Yes <input type="checkbox"/> No
C. Frequency of Treatment Needs			Does the individual need to meet with treatment team staff at least 2x/month in order	Does the individual need to meet with treatment team staff at least 4x/month up to

			to maintain stability in community? <input type="checkbox"/> Yes <input type="checkbox"/> No	several times a week to maintain stability in community? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Level of care determination: Therapy Medication Service Team FSP Other (write in):
Referred to: Beacon MCP Anthem MCP Kaiser MCP

Note to reviewer: If it is determined that the individual does not meet criteria to be assigned to an adult outpatient level of care, please include a reference of this tool and an explanation of the clinical reason(s) the individual did not meet criteria in the NOABD.