



## ADDENDUM

February 4, 2016

***\*\* Addendum to Unaccompanied Children (UAC) letter dated November 12, 2015). Additional information provided in italic print and underlined for your reference.***

Dear Behavioral Health Care CSOC Providers:

The following is clarification of the procedures for BHCS providers to deliver services to unaccompanied children. As mentioned in the previous UAC letter dated November 12, 2015, BHCS has a "No Wrong Door" fund for school and community-based providers to bill for providing trauma-informed behavioral health care services to unaccompanied youth who meet medical necessity. The previous UAC letter notified BHCS contracted providers with school-based programs of the addition of unaccompanied youth to their target child population.

BHCS requested providers to begin service delivery immediately. BHCS is initially reimbursing providers for these UAC services out of existing contract allocations. The use of special **\*\*referral codes** described below will enable BHCS to identify the funds set aside for this purpose.

### **Protocol for Serving Unaccompanied Youth**

- Client is referred for services to BHCS provider
- Provider follows normal protocol for opening cases in INSYST
  - a. In the **\*\*Referral From** field of the client **\*\*episode opening** screen in INSYST, providers **MUST INDICATE** that the client is an unaccompanied minor by **\*\*entering the new referral code= UMINOR** in the field in order for services to be reimbursed. (Note: For "unaccompanied youth" with an existing episode, providers should enter the code UMINOR in the "Referral Source" field of the client episode maintenance screen in INSYST.)
- Services available to this population of youth can include all services within the provider's contract with an emphasis on case management, family engagement, brief therapy and group treatment.
- Clients needing psychiatric evaluation, support and medication can be referred through ACCESS: (510-346-1000)
- When your client is no longer in need of services, or does not participate in treatment for 30 days, **\*\*the client episode should be closed.**
- With appropriate signed consents, providers can talk to minor's attorney.
- Providers will refer youth to one of the 27 School Health Centers whose staff will ensure, to the extent possible, that UAC health needs are addressed.
- Partnerships with other community programs serving this population are encouraged.
- BHCS recognizes that there are additional undocumented youth in need of services who will not fall under the criteria of Unaccompanied Youth. School sites without a CCM should triage for immediate crisis and provide services as needed. Youth who need ongoing services or are not actively in crisis should be referred to BHCS ACCESS.



- a. In the **\*\*Referral From\*\*** field of the client **\*\*episode opening screen** in INSYST, providers **MUST** enter the new referral code **YUNINS** for these undocumented youth. (Note: For “undocumented youth” with an existing episode, providers should enter the code **YUNINS** in the “Referral Source” field of the client episode maintenance screen in INSYST.)
- Oftentimes unaccompanied youth may be Medi-Cal eligible. However, due to their legal status they may only be eligible for restricted benefits limiting them to Emergency and/or Pregnancy related Mental Health services only, depending on their specific Medi-Cal Aid Code. Please make sure to verify eligibility for all clients at intake and on a monthly basis at a minimum to determine this information.

- a. If you provide services to a youth with restricted Medi-Cal benefits for pregnancy related services and the youth is pregnant and/or post-partum (60 days), indicate a “Y” in the “Client Pregnant” field on the Service entry screen in InSyst. If you provide services to a youth with restricted Medi-Cal benefits for emergency related services and the service you provided meets the definition of an emergency (\*See definition below), indicate a “Y” in the “Emergency” field on the Service entry screen in InSyst. This will allow the service(s) to claim to Medi-Cal with an indicator reflecting the service(s) meets the allowable restriction for reimbursement. BHCS will utilize the Medi-Cal reimbursement as the funding source.

NOTE: If you failed to enter the appropriate indicator “Y” = Client Pregnant or Emergency when entering the service for clients with restricted aid code eligibility you may receive a Medi-Cal denial via the BHCS345(Medi-Cal Denial) report... When responding to the denial, please indicate “Client Pregnant = Yes”, if the client was pregnant and/or post-partum (60) days at the time of service. OR indicate “Emergency = Yes”, if the service meets the definition of an emergency. This will inform BHCS to resubmit the claim to Medi-Cal with the correct indicator and that Medi-Cal is the appropriate funding source for reimbursement.

- b. If you provide services to a youth with restricted Medi-Cal benefits and the youth is NOT pregnant and/or post-partum (60 days) Or the service(s) does NOT meet the definition of an emergency (\*See definition below), indicate an “N” in the “Client Pregnant” and “Emergency” fields on the Service entry screen in InSyst. The service(s) will claim to Medi-Cal reflecting the service did NOT meet the allowable restriction(s) for reimbursement and will most likely be denied, in such cases, BHCS will utilize other funding sources as previously mentioned.

You will most likely receive a Medi-Cal denial via the BHCS345(Medi-Cal Denial) report for the service(s) indicating the service(s) was denied due to restricted aid code eligibility. When responding to the denial, please indicate “Restriction does not apply to service. Service reimbursed under UAC funds.”, if the service(s) did not meet the restriction. This will inform BHCS of what action to take regarding the Medi-Cal denial and what funding source should be used for reimbursement. At this point please make sure that the appropriate referral code has been entered on the client episode as indicated in this letter.

*\* Definition of Emergency: The patient requires immediate medical/mental health intervention as a result of severe, life threatening, or potentially disabling conditions. Note: There is no requirement that a service must be provided in a hospital setting to meet the definition of an emergency.*

Thank you for your continued support of Alameda County’s vulnerable youth population.

Sincerely,

  
Rebecca Gebhart, Acting Agency Director HCSA

  
Jeff Rackmil, LCSW, Director, BHCS CSOC

  
Manuel J. Jimenez, JR., MA, MFT, Director, BHCS