



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
MANUEL J. JIMÉNEZ, JR, MA, MFT, DIRECTOR

2000 Embarcadero Cove, Suite 400
Oakland, CA 94606
(510) 567-8100 FAX (510) 533-5018

May 20, 2016

Dear Provider,

Alameda County Behavioral Health Care Services (ACBHCS) is pleased to announce the long-awaited redesign of our Outpatient Network Specialty Mental Health Services with increases in provider reimbursement rates effective July 1, 2016. Providers will receive a new contract with the new rate sheet before the effective date. An example of the rate increase is Individual Therapy currently reimbursed at \$43.20 will be reimbursed at \$73.00 beginning July 1, 2016 dates of service. Most other billable services will be increased at a comparable rate.

Authorizations issued prior to July 1, 2016 will remain in effect until their expiration date. All services delivered July 1, 2016 forward will be reimbursed at the new rates. In the event that currently authorized clients require additional services which meet medical necessity, the full new package of services will apply.

Under the Affordable Care Act, consumers who demonstrate functional impairments in the moderate-to-severe range due to their mental health condition are eligible for Specialty Mental Health Services (SMHS) as described in Managed Care MediCal regulations.* To help ensure a streamlined, mutually beneficial, and communicative process, the following requirements will be effective July 1, 2016:

1. All requests for adult outpatient services must be referred through ACCESS. Requests for non-EPSTD Children's services and all psychological testing must also be referred through ACCESS. (Note: none of these Level III Redesign changes apply to EPDST services.)
2. In order to improve timeliness of connection to services, providers are expected to outreach to prospective clients to schedule appointments upon receipt of ACCESS referral letters.
3. Providers are expected to carry a minimum caseload of three (3) SMHS clients (some exceptions apply.)
4. Providers are expected to attend a minimum of one ACBHCS clinical documentation training every 3 years, as well as any additional ACBHCS required trainings. The expectation is for providers to keep up to date with all current policies, procedures and regulations.
5. Because our beneficiaries typically benefit from connection to additional community resources, providers are expected to use the new "Brokerage/linkage" billable service for assisting clients in connecting with community resources such as primary care physician, housing resources and social services.



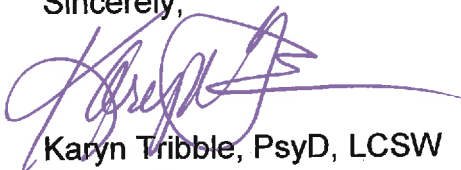
The redesigned package of billable services includes our considerable efforts to align ACBHCS with the best practices associated with a capitated managed care environment, Quality Assurance oversight, and Medi-Cal compliance regulations insuring a wider breadth of services for our clients. As such, brief therapy modalities are advised. Please review the new "Package of Services" information sheet enclosed.

As of July 1, 2016 the old Request for Extended Services (RES) and Request for Concurrent Review (RCR) forms will no longer be accepted. These forms are to be replaced by the new Request for Continued Services (RCS) form which will be posted on the provider website. New documentation guidelines will be posted in the Quality Assurance Manual on the Provider Website; new trainings for providers will be announced soon. Please check for updates posted at <http://www.acbhcs.org/providers>.

We regretfully understand if you feel this redesign is not suited to your practice as a result of such changes as increases in the number of Medi-Cal clients required, additional documentation requirements, and other changes which may impact your practice. If this is the case, please feel free to contact the Network Office at 510-383-2874 to request withdrawal from the Network.

Thank you for your continued dedication and service to our beneficiaries.

Sincerely,



Karyn Tribble, PsyD, LCSW
Deputy Director
Acting BHCS Director

Attachments: 2

- Outpatient Network Specialty Mental Health Services Package of Services
- Alameda County Mental Health Plan Specialty Mental Health Services Managed Care Network Provider Attestation

*California Code of Regulations, Title 9, Division 1 – Department of Mental Health; Chapter 11 Medi-Cal Specialty Mental Health Services, Sections 1810.100 through 1850.535

Outpatient Network Specialty Mental Health Services Package of Services

Effective 7/1/16

Initial/Annual Package of Services: – 6 month time span

- 2 Sessions – Assessment / Treatment Plan
 - Assessment must be completed within 30 days; treatment plan must be for six month period, completed prior to the 3rd session and within 60 days of initial session. Providers may not provide treatment services before both the assessment and treatment plan are completed.
- Attestation (Attachment 2) must be submitted to Utilization Management/Authorization Services (UM)) prior to 3rd session and within 60 days of initial visit. FAX to 510-567-8148.
- 20 Therapy sessions - Individual, Family &/or Group Therapy
 - Individual (60 minutes); Family Therapy (60 or 90 min); Group Therapy (90 min)
- 2 hours - Brokerage/Linkage (30 and 60 minutes)
- 2 hours – Collateral (10 and 45 minutes)
- 26 total services within the 6 month span

Extension Package: (when client continues to meet medical necessity) 6 month time span

- 1 Session - Assessment / Treatment Plan
 - New/updated treatment plan must be completed prior to providing therapy under the extension package
- 20 Therapy sessions - Individual, Family &/or Group
 - Individual (60 minutes); Family Therapy (60 min) Group Therapy (90 min)
- 3 hours - Brokerage/Linkage (30 and 60 minutes)
- 2 hours – Collateral (10 and 45 minutes)
- 26 total services within the 6 month span

Please Note:

- Clients in crisis may be authorized for a brief period of 2x/week therapy to stabilize the crisis. Contact the UM Daily Coordinator at 510-567-8141.
- When interpreter services need to be utilized for therapy, ACCESS/UM may authorize 90 minute sessions upon provider's request.
- Only one unique service code may be billed on the same day.
- Treatment plan needs to be framed as achievable in 20 therapy sessions or less.
- After the initial authorization period, any additional service requests will require a Request for Continued Services (RCS) form to be completed. Forms will be posted on the Provider Website <http://www.acbhcs.org/providers>.

**ALAMEDA COUNTY MENTAL HEALTH PLAN
SPECIALTY MENTAL HEALTH SERVICES
MANAGED CARE NETWORK PROVIDER ATTESTATION**

Fax to Utilization Management (UM) Program: (510) 567-8148. Questions, call UM: (510) 567-8141

CLIENT NAME:	DOB:	CIN OR SSN:
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Submit prior to 3rd session and within 60 days of initial visit. **Providers cannot provide treatment services before the treatment plan is completed. Provider must initial each statement.*

PROVIDER INITIALS	PROVIDER CERTIFICATION
	I hereby certify that medical necessity has been met for Specialty Mental Health Services (SMHS) as specified by the CA Department of Health Care Services (DHCS) (see reverse side of this form) and the Alameda County Mental Health Plan (MHP) moderate-to-severe criteria per the ACBHCS screening tool.
	I certify that I have completed a full Assessment (Dated: _____) and Treatment Plan (Dated: _____), which meet the published QA standards, prior to delivering my first treatment service. These services are only Medi-Cal reimbursable when there is a completed treatment plan.
	I certify that my Treatment Plan documents the need for specific services provided.
	I agree to submit my Assessment and Treatment Plan for Utilization Review within a specified timeframe when requested by the Utilization Management Program.
	I acknowledge that I am subject to review or audit of my records and agree to keep up to date records.
	I certify that every claimed service has an individual progress note.
	I certify that services were medically indicated and necessary to the health of the client and were personally rendered by me or for an organization only, an employee under my direct supervision.
	I certify that all information provided is true, accurate, and complete. I understand that payment claims will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

PROVIDER/CLINICIAN INFORMATION		
Clinician's printed name	Signature with discipline (e.g. PhD, LCSW, MFT, MD)	Date

FOR LEVEL III ORGANIZATION USE ONLY		
Organization Name		
If Clinician is not licensed, Licensed Supervisor's Information is required on the line below:		
Lic. Supervisor's printed name	Signature with discipline (e.g. PhD, LCSW, MFT, MD)	Date

STATE DEPARTMENT OF MENTAL HEALTH MEDICAL MANAGED CARE
**Medical Necessity for Specialty Mental Health Services
that are the Responsibility of the Mental Health Plan**

Must have all, A, B, and C:

A. Diagnoses

Must have one of the following DSM IV 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 Amnesic 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, 1, 2, or 3:

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, or
3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder which can be corrected or ameliorated (current DHS EPSDT regulations also apply).

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, and/or for children it is probable the child will progress developmentally as individually appropriate (or if covered by EPSDT can be corrected or ameliorated), and
3. The condition would not be responsive to physical healthcare based treatment.

EPSDT beneficiaries with an included diagnosis and a substance related disorder may receive specialty mental health services directed at the substance use component. The intervention must be consistent with, and necessary to the attainment of, the specialty MH treatment goals.