

SECTION XX – OUT-OF-COUNTY SERVICES

Out-of-county services are provided to a Los Angeles County Medi-Cal beneficiary outside the geographic boundaries of Los Angeles County by a provider who is not contracted with the Local Mental Health Plan (LMHP).

It is the policy of the LMHP to ensure timely and effective clinical treatment regardless of a Medi-Cal beneficiary's county of residence. Only licensed specialty mental health providers who have met the requirements established by the LMHP will be reimbursed for specialty mental health services provided to Los Angeles County Medi-Cal beneficiaries outside the geographical boundaries of Los Angeles County.

Emergency, crisis, and urgent care specialty mental health services may be provided to a Los Angeles County Medi-Cal beneficiary outside the geographic boundaries of Los Angeles County by an out-of-county Medi-Cal provider without prior authorization from the LMHP.

AUTHORIZATION OF ROUTINE SERVICES

CHILDREN AND ADOLESCENTS AND NON- MINOR DEPENDENTS

Out-of-county providers contracted with the LMHP in the county in which the youth is placed that do not have a contract with LA County Department of Mental Health are able to provide routine specialty mental health services to Los Angeles County Medi-Cal beneficiaries under 21 years of age, who are placed in kinship care or with an adoptive family. The out-of-county providers are required to submit a Service Authorization Request (SAR) through the *Senate Bill 785 (SB 785) process prior to delivering the service(s). The SAR can be submitted to the Continuum of Care Reform (CCR) Division, Interagency Case Management Unit (ICMU) via secure email at: OutofCountyProviders@dmh.lacounty.gov

Assembly Bill 1299 (AB 1299) establishes policy guidance of Presumptive Transfer, or Waiver of Presumptive Transfer, when a child in foster care is placed outside their county of original jurisdiction.

The Presumptive Transfer applies when the responsibility for the provision of, or arrangement and payment for Specialty Mental Health Services (SMHS) transfers to the Mental Health Plan in the child's new county of residence. Presumptive Transfer allows for the timely service delivery of mental health services to meet each child's individual needs. The Presumptive Transfer process is initiated and carried out by one of the placing agencies, Child Welfare or Probation. The placing agency is required to notify the Mental Health Plan in the new county of residence via email when a child has been approved for Presumptive Transfer.

The Waiver of Presumptive Transfer, made in conjunction with the Child and Family Team, applies when the responsibility for the provision of, or arrangement and payment for Specialty Mental Health Services (SMHS) remains with the original county of jurisdiction. The original county of jurisdiction must ensure that the child/youth receives the appropriate, medically necessary specialty mental health services. The Waiver of Presumptive Transfer is initiated and carried out by the placing agency. The placing agency is required to notify the Mental Health Plan in the new county of residence via email and the Mental Health Plan of the county of original jurisdiction when a child has been approved for the Waiver of Presumptive Transfer.

For any other out-of-county services to children less than 18 years of age, contact the LMHP CCR Division, ICMU at (213) 739-2357.

ADULTS

Out-of-county routine services to Los Angeles County Medi-Cal beneficiaries, 18 years of age and older, are subject to the authorization requirements of the LMHP Central Authorization Unit (CAU). Pre-authorization is required **before** the service is delivered in order for a provider to receive reimbursement. The CAU can be reached by calling (213) 943-8633 or by faxing to (213) 947-1149.

Once contacted, the CAU will give the Out-of-County Providers the Out-of-County Mental Health Provider Application for Credentialing Reciprocity form to be completed and send back to the CAU. The CAU will send a letter to the County of the Providers to verify that the Providers are credentialed with the LMHP of the County. Once the credentialing process is completed, the CAU will send a letter to the Out-of-County Providers that the provider is approved with the number of sessions approved and the reimbursement rate.

The CAU must make authorization decisions in a timely fashion, appropriate for the nature of the beneficiary's condition, and not to exceed five (5) business days from the receipt of the request for authorization. For cases in which a provider indicates, or the CAU determines, this standard timeframe could seriously jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, the CAU must make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours after receipt of the request for service. The MHP may extend the timeline regarding an extension under two conditions: The beneficiary requests the extension or the MHP demonstrates, to the satisfaction of DHCS upon request, that there is a need for additional information and how the delay is in the beneficiary's best interest (Reference Title 42, CFR, Section 438.408 (c) (1) (i). In no event shall the event extend beyond the 14 calendar day extension.

Decisions to approve, modify, delay, or deny provider requests for authorization prior to the provision of services to beneficiaries must be communicated initially by telephone to the requesting provider within 24 hours of the decision, followed by a fax of the NOABD. Decisions resulting in denial or delay of all or part of the requested service shall be communicated to the beneficiary and the requesting provider, in writing and must be mailed with a returned receipt to the beneficiary and the requesting provider within two (2) business days of the decision.

When the Out-Of-County request is approved by the CAU, the decision must be communicated to the requesting provider initially by telephone within 24 hours of the decision, followed by a fax. The CAU will send a letter to the Out-of-County Providers that the provider is approved with the number of sessions approved and the reimbursement rate.

When the Out-of-County services are denied or modified the provider will be notified initially by a telephone call within 24 hours, followed by a fax of the Notice of Adverse Benefit Determination (NOABD). In addition, a written NOABD notice will be mailed with a return receipt within two business days of the adverse benefit notice for psychological testing to the provider and the beneficiary. The NOABD letter must include the enclosures: *NOABD Your Rights*, *Nondiscrimination Notice*, and *Language Assistance*. These enclosures are required to ensure that the beneficiary is informed of civil rights laws and the right to appeal a NOABD.

When psychological testing services are delayed, the provider and beneficiaries will be notified initially by telephone within 24 hours of the decision, followed by a fax of the NOABD letter. In addition, a written NOABD notice will be mailed with a returned receipt within two business days of the adverse benefit notice for psychological testing to the provider and the beneficiary. The Provider and beneficiaries will be mailed with a return receipt within two business days of a written Notice of Adverse Benefit Determination Authorization Delay, which is a "Pending" status in IBHIS/ Provider Connect. This is when a decision about the Out-of-County request has not been made because there is a need for additional information and the delay is in the beneficiary's best interest. *The NOABD Authorization Delay* notice is for the delay in processing the request for services in a timely manner, including the reason for the delay. In no event shall the event extend beyond the 14 calendar day extension. The CAU shall include with the *NOABD Authorization Delay* notice the enclosure: "NOABD Your Rights" notice, which tells the requesting provider and beneficiary about the right to an appeal and timelines to follow to file an appeal if the beneficiary disagrees with the extension regarding the *NOABD Authorization Delay*.

SERVICES PROVIDED TO OUT OF COUNTY MEDI-CAL BENEFICIARIES WITHIN LOS ANGELES COUNTY

All Medi-Cal beneficiaries will receive emergency, crisis, and urgent specialty mental health services regardless of their county of residence. LMHP network providers are to contact the respective county of the Medi-Cal beneficiary to receive authorization for routine mental health services for children and adolescents who are not Los Angeles County beneficiaries. LMHP network providers are to contact the respective county of the Medi-Cal beneficiary for authorization to provide routine mental health service to adult Medi-Cal beneficiaries (Refer to Figure A- Out-of-County Flow Chart on the next page).