



County of San Bernardino Department of Behavioral Health

INFORMATION NOTICE 14-05

Date May 29, 2014

To Department of Behavioral Health (DBH) Billing Staff, Contract Agencies, and Fee-For-Service Providers

From CaSonya Thomas, MPA, CHC, Director 

Subject Medi-Cal Expansion – Determining Tier III Service Eligibility

Introduction In accordance with State and Federal law, Medi-Cal Expansion became effective January 1, 2014, and implements major changes to Behavioral Health and Substance Use benefits. The Department of Behavioral Health (DBH) is mandated to provide certain behavioral health benefits for clients with Medi-Cal as their insurance.

Benefit and Insurance Plan Overview Medi-Cal beneficiaries now have three Tiers of Mental Health Benefits, Tier I, Tier II, and Tier III.

Tier I and Tier II Behavioral Health Services are the responsibility of the Medi-Cal Managed Care Plans. In our County there are four plans:

- IEHP
- IEHP Kaiser
- Molina Healthcare
- Health Net Managed Health Network (MHN)

Tier III is what has characteristically been known as Specialty Mental Health Services. While there has been no change in the benefits offered as Specialty Mental Health Benefits, the name has been changed to include Tier III. This means Specialty Mental Health Services will be called Tier III Services as of January 1, 2014.

While DBH is not responsible for providing Tier I and Tier II services, DBH is responsible for referring new and currently open clients within the DBH system to the Medi-Cal Managed Care Plans for Tier I and Tier II services. The Department of Behavioral Health is responsible for and will continue to provide Tier III Services.

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**Assessment for
Tier III Services**

Please see the attached Guidelines for Assessment of Tier III Services (Adult Intake Criteria). These guidelines will assist in determining eligibility for Tier III Services. Please be advised that medical necessity criteria for services has not changed and is required for ongoing Tier III Services. Information for medical necessity criteria can be found in the Outpatient Chart Manual located:

INTRANET: <http://countyline/dbh/Document%20Links/OCM%2012-1220.pdf>

or

INTERNET: http://www.sbcounty.gov/dbh/OutpatientChartManual/OCM_12-1220.pdf

**Referral to Tier
I and Tier II for
New Clients**

For beneficiaries requesting services that do not meet Tier III criteria and for whom there is not an open episode for, providers shall:

- Obtain consent from the client to share his/her assessment information with his/her Medi-Cal Managed Care Plan.
- Complete a Tier I, II Mental Health Plan (MHP) to Medi-Cal Plan (MCP) [Referral Form](#) and fax along with the assessment information to the following plan fax numbers:
 - IEHP (909) 890-5763
 - IEHP Kaiser (909) 609-2906
 - Molina Healthcare (562) 499-6105
 - Health Net Managed Health Network (MHN) (562) 499-6105

In order to facilitate a warm handoff, it is most preferred that contact be made with a client's Medi-Cal Managed Care Plan while the client is in your office. Referral phone numbers are as follows:

- IEHP (800) 440-4347
 - IEHP Kaiser (800) 464-4000
 - Molina Healthcare (888) 665-4621
 - Health Net (MHN) (888) 665-4621
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**Referral to Tier
I and Tier II for
Existing Clients**

Referrals for existing clients (open cases) must be discussed in an Interdisciplinary Team (ICT) meeting. For referral information regarding open cases, please see your supervisor for guidance. Referrals for open cases cannot be made without approval from the ICT.

Contract agencies with questions regarding referrals for open cases, are encouraged to contact the applicable Program Manager.

DBH Fee-For-Service (FFS) providers are encouraged to contact the Access Unit supervisor at (909) 381-2420.

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Guidelines for Adult Intake Criteria



The following is to be used to help create uniform criteria for clinicians to follow in determining which adult clients are accepted into the DBH clinics and which are to be referred out to contract providers, fee for service providers, or other resources.

These criteria allow the identification of individuals with severe/persistent mental illness which causes significant functional impairment (Tier III). Additionally, these criteria allow for the determination if a client would benefit from treatment in a lower level of care (Tier II & I). The determination is made based on any of the following items:

- Based on the DLA 20, the client is assessed for MHSA level of Care 3 or 4.
- Have a GAF score 50 or below.
- Is currently at risk of violence or suicide.
- Is experiencing psychotic features not secondary to substance use.
- As a result of their mental disorders, they have a significant impairment in one or more areas of functioning
 - Health/Self-care/Housing
 - Occupation/Education
 - Legal
 - Managing Money
 - Interpersonal/Social

These impairments are a direct result of their existing mental health condition. Examples of what types of impairments meet criteria in each category are, but not limited to:

Health/Self-Care/Housing – Significant Functional Impairments Resulting from a Mental Disorder	
Criteria	Training Examples
Psychiatric Hospitalizations	1. Review for a Psychiatric Hospital admission, not drug related <ul style="list-style-type: none"> a. Hospitalized within the last 60 days b. Three or more hospitalizations within the past year c. State Hospital admissions
CCRT, Diversion, Law Enforcement safety checks, ER Hospitals, Psychiatric Diversion, and CWIC.	1. Multiple use emergency services and not inappropriate use of these services (e.g. CWIC use for medication refills) <ul style="list-style-type: none"> a. HX of suicide attempts, suicidal ideation, grave disability b. Active suicidal ideation (no plan or intent) c. Constant thoughts of death d. Non-compliant with Psychiatric medications e. Not capable of managing medications without assistance f. 5150 without hospital admission g. Victim of domestic violence; remains in unsafe relationships and living situations

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Health/Self-Care/Housing – Significant Functional Impairments Resulting from a Mental Disorder (continued)	
Criteria	Training Examples
Physical Health	<ol style="list-style-type: none"> Untended wounds or untreated medical conditions Poor nutrition <ol style="list-style-type: none"> Hospitalized within the last 60 days Three or more hospitalizations with the past year State Hospital admissions Not compliant with PCP medications (e.g. delusional based) Not capable of managing medications without assistance
High risk behaviors, self-harm (not suicidal)	<ol style="list-style-type: none"> Cutting or burning (non-cosmetic) self without suicidal ideation Engages in dangerous and high risk behaviors with intentional disregard for safety
Activities of Daily Living Deficits	<ol style="list-style-type: none"> Clothing soiled, dirty and/or not appropriate to conditions Not seeking shelter or refusing shelter when it is available/offered during extreme weather Extremely poor hygiene and grooming
Housing Instability	<ol style="list-style-type: none"> At risk of homelessness Couch surfing, no permanent residence Substandard living conditions Multiple placement failures

Occupational & Academic – Significant Functional Impairments Resulting from a Mental Disorder	
Criteria	Training Examples
Unemployed, at-risk of being unemployed, or cannot fulfill mandated requirements for assistance programs	<ol style="list-style-type: none"> Excessive absenteeism, late, quits, can't find a job, conflicts with staff and customers, fired, angry behavior to the point of threatening or harming people Cannot gain and maintain substantial gainful activity, Poor or inappropriate boundaries Mood Disorders, paranoia, delusions, hallucinations that impair the ability to work Unable to maintain required Enrichment Activities for housing requirements etc.
Education	<ol style="list-style-type: none"> Similar to occupational issues. Failing grades, suspensions, at risk of expulsions, expulsions, or college dropout - not due to delinquent, criminal, or drug behaviors Mood Disorders, paranoia, delusions, hallucinations that impair the ability to function at school

Legal – Significant Functional Impairments Resulting from a Mental Disorder	
Criteria	Training Examples
Forensic Psychiatric Hospitalizations	<ol style="list-style-type: none"> Patton or Atascadero State Hospitals admissions
Received Mental Health services in jail or prison	<ol style="list-style-type: none"> Severe and Persistently Mentally Ill criteria (SPMI) Referred from Forensic Outpatient programs
LPS Conservatees	<ol style="list-style-type: none"> Public Guardian assigned Family member or private conservator
Arrested for assault/battery	<ol style="list-style-type: none"> While in acute psychiatric phase

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Legal – Significant Functional Impairments Resulting from a Mental Disorder (continued)	
Criteria	Training Examples
Arrested for petty crimes	1. Vagrancy, loitering, pan handling, disrupting the peace, minor assaults, or resisting arrest
Restraining orders against client	1. Meets SPMI criteria 2. For treatment and not for Court Ordered Evaluation
CPS or APS involvement	1. Meets SPMI criteria 2. For treatment and not for Court Ordered Evaluation
Court Ordered	1. Meets SPMI criteria 2. For treatment and not for Court Ordered Evaluation

Financial/Managing Money – Significant Functional Impairments Resulting from a Mental Disorder	
Criteria	Training Examples
Inability to Manage Money	1. LPS Conservatees as stated above 2. Has payee, non-conservator 3. Does not spend money to meet basic needs and not related to substance abuse, gambling, other addictive process
Impulsive/Compulsive money handling	1. Gives money away 2. Wasteful spending on others 3. Manipulated by others into making purchases 4. During manic or psychotic phase, max's out credit cards 5. Makes useless purchases at the expense of basic necessities

Interpersonal/Social – Significant Functional Impairments Resulting from a Mental Disorder	
Criteria	Training Examples
Hostile/Aggressive	1. Violent thoughts and feelings towards others (assess for plan, means, intent) 2. History of aggression against family members and neighbors with or without criminal or legal action 3. Arguing with random people (e.g. in the grocery store or at bus stops) 4. Aggressive impulses resulting in injury or property destruction
Relationship Failures	1. Failure to establish and maintain relationships 2. Families will not allow them into their homes 3. Constant conflict with family members 4. Estranged from family members 5. Poor or lacking interpersonal boundaries
Isolative/Avoidant/Fearful	1. Decreased socialization or isolation 2. Only goes out for basic necessities and won't speak to anyone 3. Few or no voluntary social activities
Poor impulse control	1. Promiscuity 2. Poor verbal boundaries/barriers

The assessing clinician should consider both the reported symptoms and functional impairments together as a whole, rather than singling out one impairment or symptom. Again this is to help in distinguishing which of the moderate level clients are at risk of getting worse versus those which are more stable, and more likely to maintain or have a decrease in impairment/symptoms.

County of San Bernardino Department of Behavioral Health Guidelines for Adult Intake Criteria



Examples of some Included Diagnostic Categories

Below are listed some of the different categories of disorders in the DSM IV, breaking down how the different diagnoses may be viewed.

NOTE: Those diagnoses marked with an asterisk (*) are considered to be moderate and should be looked at carefully as they may or may not meet criteria based on their functional impairment.

<p>Schizophrenia and other psychotic disorders</p> <ul style="list-style-type: none"> • Schizophrenia – All Types • 295.40 Schizophrenia form disorder • 295.70 Schizoaffective disorder* (not to be confused with symptoms that may result from drug use) • 297.1 Delusional disorder – All Types* • 298.8 Brief psychotic disorder* • 298.9 Psychotic disorder NOS*
<p>Mood disorders</p> <ul style="list-style-type: none"> • Major depressive disorder, single or recurrent <ul style="list-style-type: none"> ○ 296.X2 Moderate* ○ 296.X3 Severe without psychotic features ○ 296.X4 Severe with psychotic features • Bipolar I disorder, most recent episode depressed, manic, mixed or unspecified <ul style="list-style-type: none"> ○ 296.X2 Moderate* ○ 296.X3 Severe without psychotic features ○ 296.X4 Severe with psychotic features • 296.89 Bipolar II disorder • 296.80 Bipolar disorder, NOS*
<p>Anxiety disorders</p> <ul style="list-style-type: none"> • Panic disorder <ul style="list-style-type: none"> ○ 300.21 With agoraphobia ○ 300.01 Without agoraphobia* • 300.3 Obsessive-compulsive disorder • 309.81 Posttraumatic stress disorder • 308.3 Acute stress disorder (expectation of PTSD developing)*
<p>Dissociative disorders</p> <ul style="list-style-type: none"> • 300.14 Dissociative identity disorder (consider referral to specialist in this disorder)
<p>Eating disorders</p> <ul style="list-style-type: none"> • 307.1 Anorexia nervosa • 307.51 Bulimia nervosa

Excluded Diagnostic or Non-Tier III Categories

The following excluded categories of disorders, when given as the primary diagnosis, should be referred out to a primary care provider, Tier II provider or other service provider.

- Delirium, dementia, and amnesic and other cognitive disorders
- Mental disorders due to a general medical condition not elsewhere classified
- Substance-related disorders
- Sleep disorders
- Antisocial Personality disorder
- 995.2 through 995.83 and all V-codes