

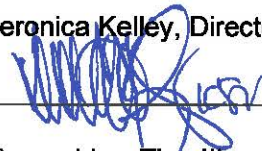
**San Bernardino County  
Department of Behavioral Health**

**Tier Transition Protocol**

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**Effective Date** 06/26/2017  
**Approval Date** 06/26/2017

Veronica Kelley, Director



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**Background** The Department of Behavioral Health (DBH) provides Tier III services, also known as Specialty Mental Health Services (SMHS), to Medi-Cal beneficiaries who meet medical necessity criteria in accordance with State and Federal law. It is the responsibility of DBH to transition currently open clients, which no longer meet medical necessity for SMHS, to the respective Medi-Cal Managed Care Plan (MCP) for Tier I and/or Tier II services.

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**Purpose** To outline the DBH process for transitioning existing Tier III clients to Tier II or Tier I services and provide guidelines for appropriate assessment and coordination to lower levels of care.

**Note:** This protocol does not apply to beneficiaries residing in MCP geographically excluded zip codes or beneficiaries with unassigned Medi-Cal.

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**Definitions** **Managed Care Plan (MCP):** For Medi-Cal beneficiaries that do not meet medical necessity criteria, there are four "Managed Care Plans" in San Bernardino county that provide Tier II and Tier I behavioral health services – Inland Empire Health Plan (IEHP), IEHP Kaiser, Molina Healthcare, Health Net Managed Health Network (MHN).

**Mental Health Plan (MHP):** The designated mental health service provider for a specific area/county. The Department of Behavioral Health is the assigned MHP for San Bernardino County.

**Tier I and Tier II Services:** Mild to moderate behavioral health services that do not qualify under medical necessity criteria and are provided by Medi-Cal Managed Care Plans.

**Tier III Services:** Also known as Specialty Mental Health Services, which are offered to Medi-Cal beneficiaries with severe/persistent mental illness that causes significant functional impairment.

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**Guidelines for Transitioning to Tier I or Tier II** A current DBH beneficiary who has been stable for at least 12 months shall be considered a candidate to be transitioned to a lower level of care and referred to a MCP.

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# San Bernardino County Department of Behavioral Health

## Tier Transition Protocol, Continued

**Guidelines for  
Transitioning to  
Tier I or Tier II,  
continued**

Evidence of stability must include all of the following:

- No inpatient psychiatric hospitalizations
- No incidents of utilizing DBH crisis services
- No encounters with Law Enforcement or visits to Hospital Emergency Departments due to psychiatric crises
- No significant impairment in the areas of functioning –
  - Health/Self-Care/Housing
  - Occupation/Education
  - Legal
  - Managing Finances
  - Interpersonal/Social

If a current beneficiary shows evidence of stability as described above, the following actions are to be taken by DBH or contract providers:

Action	Description
Initiate client transition process	<ul style="list-style-type: none"> <li>• DBH or contract provider must ensure documentation, during the provision of care, is in the client's chart indicating eligibility to transition to a lower level of care.</li> <li>• Complete the QM018: <a href="#">Referral Summary for Referral to Managed Care Plan (MCP)</a> form to document beneficiary no longer meets medical necessity criteria for Tier III services and file in current medical chart. See Attachment I QM018-1: <a href="#">Completing the Referral Summary for Referral to Managed Care Plan (MCP)</a> for guidance in completing the Referral Summary form.</li> <li>• All evidence of stability, as described herein and in the QM018: <a href="#">Referral Summary for Referral to Managed Care Plan (MCP)</a> form, must be present for the past twelve (12) months in order to proceed with referral to MCP.</li> </ul> <p><b>Note:</b> If beneficiary is in DBH-related housing, provider must discuss status with supervisor before a referral is made. Changes in service provider may jeopardize beneficiary's housing.</p>

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# San Bernardino County Department of Behavioral Health

## Tier Transition Protocol, Continued

Guidelines for  
Transitioning to  
Tier I or Tier II,  
continued

Action	Description
Engage beneficiary in referral process	<ul style="list-style-type: none"> <li>• All decisions should be discussed with the beneficiary and noted in his/her chart.</li> <li>• All referrals must have the treating psychiatrist's approval, if applicable.</li> <li>• If beneficiary disagrees with the referral due to a differing opinion on level of stability, provider should approach this as a clinical termination issue.               <ul style="list-style-type: none"> <li>○ If, after sessions addressing clinical termination, the beneficiary continues to disagree, a second opinion must be offered.</li> <li>○ If the beneficiary receives a second opinion, and that assessment determines medical necessity criteria is still met, beneficiary will be provided continued care through the MHP which may include a transition to care through a DBH Fee-for-Service provider.</li> <li>○ If the second opinion is consistent with the original assessment, and the beneficiary still disagrees, then an <a href="#">NOA (A)</a> is to be issued. The beneficiary will be referred to his/her MCP.</li> <li>○ If <a href="#">NOA (A)</a> is issued, the beneficiary must be informed of the appeal process. See <a href="#">Beneficiary Grievance and Appeal Policy and Procedure</a>.</li> </ul> </li> </ul>
Proceed with referral to MCP	<p>Obtain/complete and compile the following forms to forward to the MCP liaison:</p> <ul style="list-style-type: none"> <li>• QM018: <a href="#">Referral Summary for Referral to Managed Care Plan (MCP) form</a></li> <li>• Signed <a href="#">Authorization for Release of Protected Health Information (PHI)</a> to release PHI to MCP</li> <li>• CLP044: <a href="#">Interdisciplinary Care Team (ICT) Referral Form</a></li> <li>• Outpatient medication record for past twelve (12) months, if applicable.</li> <li>• Alert Sheet</li> <li>• Three most recent psychiatrist notes, if applicable.</li> </ul>

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# San Bernardino County Department of Behavioral Health

## Tier Transition Protocol, Continued

**Guidelines for  
Transitioning to  
Tier I or Tier II,  
continued**

Action	Description
Complete referral process	<ul style="list-style-type: none"> <li>• Program Manager, or designee, must forward complete packet to the appropriate MCP liaison.</li> <li>• A copy of the QM018: <a href="#">Referral Summary for Referral to Managed Care Plan (MCP)</a> form will be sent to Quality Management Division (QMD) (<a href="mailto:DBHQualityManagementDivision@dbh.sbcounty.gov">DBHQualityManagementDivision@dbh.sbcounty.gov</a>) on the same day of submission to the MCP for tracking/monitoring.</li> <li>• DBH must continue services until beneficiary has engaged in services with his/her MCP.</li> <li>• DBH Managed Care Coordination Unit/QMD will track all referrals for disposition on a monthly basis and notify referring clinic of status.</li> </ul>
Final referral notification	Clinic Supervisor must ensure a letter confirming transition plan is sent to the client. (See Attachment II QM020: <a href="#">Tier Transition Letter</a> for Sample letters – English Spanish).
MCP referral disagreement	If the MCP is in disagreement with the referral, the referral must be discussed at the next ICT meeting.

**Continuing Tier III Services**

DBH Clinic or contract provider must continue to provide services until the clinic has verified that the beneficiary has been successfully engaged in services with MCP Provider. Please obtain direction from clinic/supervisor on the verification process.

**Related Policy or Procedure**

DBH Information Notice:

- Information Notice 14-05: [Medi-Cal Expansion-Determining Tier III Service Eligibility](#)

DBH Standard Practice Manual:

- QM6007: [NOAs Issued By The MHP Policy](#)
- QM6007-1: [NOAs Issued By The MHP Procedure](#)
- QM6029: [Beneficiary Grievance and Appeal Policy](#)
- QM6029-1: [Beneficiary Grievance and Appeal Procedure](#)