



# Out of Network Access Procedure

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**Purpose** To provide procedural guidance to Department of Behavioral Health (DBH) staff, contract agencies and Fee For Service (FFS) providers regarding the approval and payment for out of network services provided to clients upon the clients' request, or when DBH is mandated to provide out of network Behavioral Health (BH) Services. This includes Specialty Mental Health Services (SMHS) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services.

**Out of Network Services Requests** Under specific circumstances, DBH may approve its SMHS and/or DMC-ODS clients to receive BH services from a provider, group of providers, or entity that does not have a network provider agreement or contract with DBH.

- Examples of these circumstances, include, but are not limited to, the following:
- DHCS directive
  - Indian Health
  - Alternative access

See the QM6044 Out of Network Policy for more information.

Clients, their authorized representatives, or their current provider may submit a request for out of network services with their current SMHS or DMC-ODS provider/clinic or by calling the DBH Access Unit at 888-743-1478 (TTY 711) to make the request.

In accordance with the Department of Health Care Services (DHCS), the request may be in person, in writing or by telephone; however, DBH cannot require the request be submitted electronically or in writing by the client. Therefore, for tracking purposes, DBH is requesting clinics and providers complete the form on behalf of clients or assist the clients with completion which may include providing oral interpretation and auxiliary aids and services in completing the requested (not required) Out of Network Services Request form (QM039).

**Out of Network Services Request Form Submission** DBH clinics, contract agencies and FFS Providers shall upon receipt of the form submit to the DBH mailbox: DBH-OutofNetwork@dbh.sbcounty.gov.

Upon receipt of the request form, DBH's Quality Management (QM) division shall send the client written acknowledgement regarding receipt of the request. QM shall log the request and begin to process the request.

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## Out of Network Access Procedure, Continued

**Reimbursement  
for Out of  
Network  
Services**

The reimbursement procedures for out of network services shall be as follows:

Out of Network Services	Reimbursement Procedure
<ul style="list-style-type: none"> <li>• Department of Health Care Services Directive;</li> <li>• Alternative Access, or</li> <li>• Indian Health Care Provider</li> </ul>	<p>Payment for out of network services will be processed by DBH Fiscal staff as follows:</p> <ul style="list-style-type: none"> <li>• QM staff contacts the provider to obtain invoice and supporting documents;               <ul style="list-style-type: none"> <li>○ Reviews for approval or requests additional information;</li> </ul> </li> <li>• QM staff provides written notification to Fiscal staff to process payment to an out of network provider;</li> <li>• Fiscal staff will process payment upon receipt of approved documents, and</li> <li>• When the out of network provider is not a Medi-Cal provider, it shall receive its published encounter rate, or in the absence of a published encounter rate, the reimbursement shall be at the rate for services provided under the State Plan's FFS payment.</li> </ul>
Out of Network Services	Reimbursement Procedure
<p>Courtesy Dosing</p>	<ul style="list-style-type: none"> <li>• Claims for courtesy dosing services by DBH contracted OTP/NTP clinics are paid through the contract</li> <li>• Claims for courtesy dosing services by non-contracted OTP/NTP clinics are reimbursed as follows:               <ul style="list-style-type: none"> <li>○ The receiving clinic submits claims for courtesy dosing services to the client's home clinic, and</li> <li>○ The home clinic submits the claims to DHCS through the DBH Behavioral Health Management Information System.</li> </ul> </li> </ul>

DBH shall coordinate with out of network providers for payment purposes and ensure the cost to the client is no greater than it would be if the services were furnished within DBH's provider network.

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## Out of Network Access Procedure, Continued

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### Retroactive Approval of Out of Network Services

DBH QM shall retroactively approve requests for out of network services and reimburse out of network providers for services that were provided if the request meets the requirements described above, and the services that are the subject of the request meet the following requirements:

- Services occurred after the client's enrollment into the County Mental Health Plan or DMC-ODS, and
- Dates of services are within thirty (30) calendar days of the first service for which the provider is requesting retroactive reimbursement.

Retroactive reimbursement requests shall be submitted in writing within thirty (30) calendar days of the first service to which the request applies.

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### Related Policy or Procedure

[DBH Standard Practice Manual and Departmental Forms:](#)

- Out of Network Services Request form (QM039)
  - Timely Access Policy (QM6041-1)
  - Timely Access Procedure (QM6041-1)
  - Network Adequacy Monitoring Policy (QM6043)
  - Network Adequacy Monitoring Procedure (QM6043-1)
  - Out of Network Access Policy (QM6044)
  - Continuity of Care Procedure (QM6044-2)
  - Transition of Care Procedure (QM6044-3)
  - Service Availability Policy (QM6046)
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### Reference(s)

- California Department of Health Care Services Mental Health and Substance Use Disorder Services Information Notice No. 21-023
  - [DBHMailbox-OutofNetwork@dbh.sbcounty.gov](mailto:DBHMailbox-OutofNetwork@dbh.sbcounty.gov)
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