

**SANTA CRUZ COUNTY
Behavioral Health Services**

POLICIES AND PROCEDURE MANUAL

**Subject: BHS Beneficiary Right to a
Second Opinion**

Policy Number: 3226

Date Effective: 11/13/20

Pages: 3

Prior Version: 12/1/2018

**Responsible for Updating:
Quality Improvement**

Approval:


Behavioral Health Director

11-20-2020
Date

BACKGROUND:

Santa Cruz County Behavioral Health Services (BHS), which comprises of Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) network providers, follows state requirements which allow a beneficiary to request a second opinion if they disagree with a decision made by the Plan.

SCOPE:

Providers who render MHP and DMC-ODS services shall adhere to this policy and ensure beneficiaries are aware of their right to request a second opinion free of charge.

PURPOSE:

To ensure that a beneficiary's right to request a second option is implemented, at not charge, when the initial decision indicates the service request did not meet medical necessity criteria.

POLICY:

Medi-Cal beneficiaries have the right to request a second opinion when the Mental Health Plan (MHP) or Drug Medi-Cal Organized Delivery System (DMC-ODS) assesses them and determines that they do not meet medical necessity criteria for specialty mental health or substance use disorder services. MHP and/or DMC-ODS network providers shall inform beneficiaries of this right and shall provide this service without charge to the beneficiary.

DEFINITIONS:

1. NOABD-Delivery System:

Notice of Adverse Benefit Determination– Delivery System: A written notification provided when a beneficiary does not meet medical necessity criteria for Specialty Mental Health Services or DMC-ODS Services.

2. MHP:

Mental Health Plan: Santa Cruz County Mental Health services and its authorized representatives, including the Access Panel Providers.

3. DMC-ODS:

County Drug Medi-Cal Organized Delivery System services and its Contract Providers.

PROCEDURES:

1. NOABD Delivery System Notification:

When a MHP or the DMC-ODS network provider determines that the medical necessity criteria have not been met and the beneficiary is not entitled to any specialty mental health services or substance use disorder services, a NOABD-Delivery System (see Policy 3223) must be given to the beneficiary (or authorized representative) on the day of the decision or mailed within 2 business days of the MHP or DMC-ODS decision. The NOABD-Delivery System specifies:

- a. The reason the medical necessity criteria was not met;
- b. Options for obtaining care outside the MHP or the DMC-ODS, if applicable.
- c. Specific rights to:
 - 1) Request a second opinion at no cost &
 - 2) File an Appeal.

2. Beneficiary Contact

The NOABD- Delivery System informs the beneficiary (or guardian of a beneficiary that is a minor not requesting sensitive mental health services) that they may call or write to a named representative of the Mental Health Plan or the DMC-ODS, usually the Quality Improvement (QI) Director.

3. Second Assessment / Opinion

- a. The QI Director, or delegate, will arrange for a "qualified health care professional" to conduct the second assessment.
- b. The staff conducting the second assessment will:
 - 1) Be within the same scope of practice as the initial person assessing the beneficiary, at a minimum.
 - 2) Not have been involved in any previous level of review or decision making.
 - 3) Have the appropriate clinical expertise in treating the beneficiary's condition.

4. Quality Improvement (QI) Review

QI Director, or delegate, will review the second opinion and the results of the second opinion assessment to determine if medical necessity criteria met for service enrollment determination.

- a. If the beneficiary meets medical necessity criteria than an appointment will be offered to the beneficiary within 10 working days of the second option decision.
- b. Within 2 business days of the decision, beneficiary will be notified of the decision in writing and a copy of the second option findings will be mailed to the beneficiary.

5. Right to Appeal

If the beneficiary is not satisfied with the results of the second opinion, he/she may file an appeal (see policy 3224: Beneficiary Grievance and Appeal Process).

PRIOR VERSIONS: December 1, 2018, July 1, 2017, September 26, 2016, March 30, 2015 and May 14, 2005

REFERENCES: California Code of Regulations, Title 9, Chapter 11, Section 1850.205, Title 9, 1810.405; CFR, Title 42, 438.206 (b) (3); MHP and DMC-ODS Contract