



# Monterey County Behavioral Health Policy and Procedure

<b>Policy Number</b>	447
<b>Policy Title</b>	Reassessment Of Clinical Service Needs
<b>References</b>	None
<b>Form</b>	None
<b>Effective</b>	December 1, 1997

## Policy

The following procedure has been established to ensure that the beneficiary's needs are successfully and most appropriately met within the established program.

There may be occasion where a beneficiary who has previously accessed services, finds there is a need for additional services. The following procedure will be in effect should this occur.

## Procedure

1. The beneficiary should contact the Access Team. If the beneficiary has been treated by a network provider within the past six months and is requesting services, the Access Team will refer them back to the previous provider.
2. If the beneficiary is requesting services for a different problem, requesting to see another provider, or has not been treated by a network provider within six months, the Assessment Team will conduct a reassessment.
3. If the Access Team determines that therapeutic services are necessary, the Access Team will refer the beneficiary to the appropriate provider.