



# Monterey County Behavioral Health Policy and Procedure

<b>Policy Number</b>	459
<b>Policy Title</b>	Mental Health Linkage
<b>References</b>	MCHD-BHD/Central Coast Alliance For Health Mental Health Linkage Protocol Form:MCHD-BHD Referral Form MCHD-BHD Mental Health Linkage Log MCBH-BHD/CCAFH Mental Health Linkage Protocol (Attachment 3)
<b>Form</b>	None
<b>Effective</b>	July 1, 2001 Revised: April 16, 2003 Revised: April 3, 2006

## Policy

Medi-Cal beneficiaries shall have access to mental health services and physical-health services when needed. Services shall be readily available and accessible. Primary Care Physicians should have access to specialty mental health services as well as mental health plan providers have access to physical care providers. There are "levels of care" to guide access and utilization for Medi-Cal beneficiaries.

## PROCEDURE

### A. PHYSICIAN TELEPHONE CONSULT

1. Patient Service Representative (PSR), upon receipt of a telephone consult request for a psychiatrist, shall take the following information:
  - a. Primary Care Physician (PCP) name and telephone number
  - b. Client's name and telephone number
2. PSR will call one of three psychiatrists available during the call. The Child Psychiatrist will be called for clients less than 18 years of age.
3. Psychiatrist will attempt to call back and provide telephone consultation with the PCP in the same day the call is made but no more than 48 hours of the PCP call.
4. PSR will keep a log of all requests for phone or written consult consisting of the following information:
  - a. Client's name and telephone number
  - b. PCP name and telephone number
  - c. Date of call or receipt of referral form
  - d. Outcome of request, ex. Appointment given for \_\_\_\_\_
  - e. Type of consult request: (code number only)
    1. Physician Telephone Consult
    2. Psychiatrist Consult- Face to Face, Time Limited

- 29 3. On-going Psychiatric Management
- 30 4. Non-psychiatrist Mental Health Services

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32 B. PSYCHIATRIST CONSULT- FACE TO FACE, TIME LIMITED

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- 34 1. Consults for face-to-face evaluation must be in a written referral form (Attachment 1). Upon receipt by
  - 35 PSR of the written referral, PSR will schedule a face-to-face evaluation with the psychiatrist. PSR will
  - 36 request medical record information from PCP to include but not limited to diagnosis, medication(s)
  - 37 relevant progress notes, laboratory, other diagnostic work-up and specific questions or concerns as per
  - 38 Mental Health Linkage Protocol (Attachment 2).
  - 39 2. PSR will call the referring PCP and or client providing the date and time of the appointment.
  - 40 3. Psychiatrist upon completion of the evaluation (may take more than one visit) will write the evaluation
  - 41 and recommendation and reports back to the PCP. The PCP will provide follow-up.
  - 42 4. PSR will keep a log as in Procedure A4.
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44 C. ON-GOING PSYCHIATRIC MANAGEMENT

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- 46 1. Upon receipt of a written referral by the PSR, will schedule an intake appointment with the Access
  - 47 Team. PSR will call the referring PCP and or client and provide the date and time of the appointment.
  - 48 2. Access Team completes the evaluation, formulate the treatment plans and refer client for medication
  - 49 evaluation and or other specialty mental health services.
  - 50 3. Psychiatrist provides medication evaluation and medication support services. The psychiatrist will also
  - 51 write a brief consultation notes describing his or her treatment plans and reports it to the referring POP.
  - 52 4. Psychiatrist will refer back the client to his or her PCP when the client is stable on medication regime
  - 53 for a minimum of six months and only requires a pharmacotherapy service, and able to manage mental
  - 54 health treatment needs without requiring an on-going multi-disciplinary team based mental health
  - 55 services.
  - 56 5. Psychiatrist shall make a report of the summary of treatment provided and transition plan to include at
  - 57 a minimum:
    - 58 a. diagnosis
    - 59 b. medication (s) and dosage (s)
    - 60 c. recommended laboratory monitoring and frequency
    - 61 d. other information as determined on a case by case basis
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63 D. NON-PSYCHIATRIST MENTAL HEALTH SERVICES

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- 65 1. PSR, upon receipt of a completed written referral from the PCP, will schedule an intake evaluation
- 66 with the Access Team. PSR will log the referral as in A4.
- 67 2. PSR will call the referring PCP and or client and provide the appointment date and time.
- 68 3. Access team completes the evaluation, authorization and referral to a non-psychiatrist provider for
- 69 the mental health service.
- 70 4. PSR FAX the authorization and the evaluation to the mental health provider.
- 71 5. When client is stable and does not meet medical necessity criteria, will refer back the' client to
- 72 his/her PCP to resume the care in the medical setting. The mental health provider will make a report
- 73 of the summary of treatment provided and a transition plan to include at a minimum the diagnosis,
- 74 the outcome of the concern being referred to, and a recommended plan. The recommendation
- 75 should be determined on a case-by-case basis.

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In cases where the Primary Care Physician and the consulting psychiatrist, or vice versa, cannot agree on an acceptable or reasonable plan for the client's care, the physicians should consult with their respective Medical Directors who will consult together to work out differences that may be resolved at this level. The beneficiary, however, shall continue to receive the medically necessary services during the discussion and development of an appropriate plan.

**NOTE: All calls or referrals received in written form must be logged as per procedure A4.**