

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
SAN ANDREAS REGIONAL CENTER  
AND  
COUNTY OF MONTEREY HEALTH DEPARTMENT,  
BEHAVIORAL HEALTH BUREAU  
FISCAL YEAR 2024-25 THROUGH 2026-27**

The intention of this Memorandum of Understanding (“Memorandum”) between the San Andreas Regional Center, (hereinafter referred to as “SARC”) and County of Monterey Health Department Behavioral Health Bureau (hereinafter referred to as “County”) is to increase the leadership, communication, and organizational effectiveness between these agencies. This Memorandum is effective July 1, 2024 through June 30, 2027. It is our mutual desire to decrease costs and minimize the fiscal risk in serving persons who are dually diagnosed with a mental illness and a developmental disability. Our mutual goal is to increase continuity of services, optimize the utilization of those services and improve the quality of mental health outcomes for consumers who are dually diagnosed by building on the strengths of each organization.

**A. Purpose**

This Memorandum is intended to describe the protocol of assessment, treatment, and payment of inpatient psychiatric care at Natividad and outpatient follow up care provided by County for SARC consumers who are Monterey County Medi-Cal beneficiaries. In accordance with the principles of this Memorandum of Understanding, the parties mutually agree to the duties and responsibilities as outlined in Exhibit A.

**B. Meeting/Communications**

The County Service Managers will meet quarterly with SARC program managers to review the effectiveness of the referral and collaborative efforts between the agencies. The meetings are for the purpose of reviewing the effectiveness of the interagency collaboration, address any outstanding policy issues between the agencies and establish the direction and priorities for ongoing collaboration efforts between the two agencies.

**C. Exhibits:**

This Memorandum of Understanding consists of the following Exhibits and are incorporated herein by reference:

Exhibit A: Duties and Responsibilities

Exhibit B: Medical Necessity Criteria

Exhibit C: Definition of Terms

**D. Information about Contract Administrators**

The following names, titles, addresses, and telephone numbers are the pertinent information for the respective contract administrators for the parties.

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**By:**

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Javier Zaldivar, Executive Director  
San Andreas Regional Center

4/10/2024 | 2:34 PM PDT

Date

**COUNTY OF MONTEREY:**

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**By:**

Elsa M. Jimenez, Director of Health  
County of Monterey Health Department

Date

**COUNTY OF MONTEREY**

**Approved as to Legal Form:**

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*Shane Eben Strong*  
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Deputy County Counsel

4/15/2024 | 9:09 AM PDT

Date

**COUNTY OF MONTEREY**

**Approved as to Fiscal Provisions:**

DocuSigned by:  
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County Auditor-Controller

4/15/2024 | 4:04 PM PDT

Date

**EXHIBIT A: DUTIES AND RESPONSIBILITIES**

<b>REFERRAL, ELIGIBILITY, ASSESSMENT</b>	
<b>SARC</b>	<b>COUNTY</b>
<p>Anyone, including County consumers, who may have symptoms of a developmental disability, may call SARC and request an assessment for eligibility for SARC services. If the consumer meets the eligibility requirements, according to the Lanterman Developmental Disabilities Act, an Interdisciplinary Team Meeting (IDT), comprised of SARC and health professionals of at least one doctor, psychologist, and a service coordinator, will be scheduled. When the request for an eligibility assessment for a County consumer has been made, and the consumer has provided his/her consent, SARC will notify County so they can be included in the IDT. At the IDT, the SARC assessment will be discussed, and the intake process will begin. Upon determination of eligibility, consumer will receive SARC case management services immediately. The process for assessment and determination of eligibility by SARC will occur within the required timelines set by the Department of Developmental Disabilities (currently within 120 days of the first interview). Sufficient documentation of the existence of a developmental disability is required to be submitted to SARC by the consumer seeking SARC services for the intake and assessment process to be initiated.</p> <p>If the consumer does not meet the SARC eligibility criteria, the consumer will be offered the opportunity to attend an IDT where the denial will be discussed. The decision for denial, information about grievance and due process procedures will be provided in writing. The consumer may appeal the decision. With written permission from the consumer, a copy of the denial letter will be sent to MCBHDBH within three (3) business days.</p>	<p>Anyone, including SARC consumers, who are Monterey County Medi-Cal beneficiaries and have symptoms of mental illness may receive a psychosocial assessment, from a County clinician. If the consumer is found to have a mental illness which meets the severe State Medical Necessity Criteria (Exhibit B) and is a Monterey County Medi-Cal beneficiary, consumer will be treated for this mental disorder by County, which may include psychiatric services by a County Psychiatrist. If it is determined that the consumer does not meet the State's Medical Necessity Criteria, County will provide the consumer/conservator with a written denial of mental health services. With written permission from the consumer/conservator, County agrees to discuss the evaluation, their conclusions and recommendations for the consumer with the designated liaison of SARC (i.e., District Manager, SARC psychologists or SARC Service Coordinator).</p>
<b>ONGOING SERVICES</b>	
<b>SARC</b>	<b>COUNTY</b>
<p>SARC will obtain written consent from consumers as a release of information to be shared between County, SARC and the agency or physician providing mental health services. With written consent, SARC agrees to notify County of consumers simultaneously being served by both SARC and County, as well as any other</p>	<p>County will obtain written consent from consumers as a release of information to be shared between SARC, County, and the agency or physician providing mental health services. With written consent, County agrees to notify SARC of consumers simultaneously being served by both County and SARC, as well as any other mental</p>

<p>mental health service providers in Monterey County. To support SARC consumers who have challenges communicating with their County psychiatrist, SARC Service Coordinators and/or SARC vendor agency may accompany the SARC consumer to their appointment with the County psychiatrist, whenever possible and if agreed upon by the consumer. SARC Service Coordinators and/or SARC vendor agency may be requested (with consumer consent) to participate in case coordination meetings, particularly in complex cases.</p>	<p>health service providers in Monterey County. County may convene case coordination meetings to address complex consumer/family needs and SARC participation will be critical.</p>
<p><b>CRISIS SERVICES</b></p>	
<p><b>SARC</b></p>	<p><b>COUNTY</b></p>
<p>SARC will provide to the BH Community Crisis Team the SARC main telephone number (831-900-3636) for regular business and afterhours. Those numbers will be posted in the BH Community Crisis Team office. If a SARC Service Coordinator is concerned that a consumer may need emergency psychiatric intervention, they will discuss the problem with their manager immediately. The Service Coordinator will obtain written consent to release information from the consumer, parent, or conservator. The SARC Manager will provide the name of the consumer, age, legal status, medications, current treatment plan and any other information believed necessary. The SARC Service Coordinator will make arrangements with the family or care provider to help stabilize the crisis as much as possible. The Community Crisis Line of Monterey County 866-615-1060, answered 24/7 by Family Service Agency of the Central Coast Suicide Prevention Service, can be a resource for crisis phone support and can connect the caller to mobile crisis dispatch if appropriate for an in-person field response. When a SARC consumer is evaluated by the County BH Community Crisis Team and placed on an involuntary hold, the SARC Service Coordinator or District Manager will be notified when possible so SARC personnel can follow-up with the appropriate designated LPS facility (Natividad / CHOMP) for ongoing care coordination.</p>	<p>The Monterey County Behavioral Health Community Crisis Team operates independently and outside of Natividad Hospital. Community members, new clients, existing clients, and significant support persons can call the Community Crisis Line of Monterey County at 866-615-1060, answered 24/7 by Family Service Agency of the Central Coast Suicide Prevention Service, for crisis phone support. The Community Crisis Line can connect the caller to mobile crisis dispatch if appropriate to initiate an in-person field response. The BH Community Crisis Team will make every effort to provide informed consent and obtain a release of information for SARC with consent from the consumer or responsible party. If consent is provided, the SARC District Manager or On-Call Manager (if after regular business hours) will be called by the County BH Community Crisis Team member, alerting the manager that a SARC consumer has received BH crisis intervention services or has been placed on an involuntary hold and transported to a designated LPS facility (Natividad or CHOMP) for further evaluation and treatment. County BH staff does not provide the care or treatment at the designated facilities.</p>
<p><b>PSYCHIATRIC EMERGENCY/INPATIENT SERVICES</b></p>	
<p><b>SARC</b></p>	<p><b>COUNTY</b></p>
<p>In the event of a psychiatric emergency, SARC consumers will be taken to the Emergency Department at Natividad, Community Hospital of the Monterey Peninsula (CHOMP) if they reside on the Monterey Peninsula, or any emergency department facility for evaluation. Once SARC is notified of the psychiatric</p>	<p>The County BH Community Crisis Team does not provide the crisis or inpatient services at the LPS designated facilities. SARC will need to contact Natividad, CHOMP, and their respective inpatient units directly for ongoing care coordination. County BH is</p>

<p>emergency, a SARC District Manager or Service Coordinator will obtain a written consent to exchange information and will fax the completed form to the Emergency Department when notified during regular business hours. After business hours, the SARC On-Call Manager will obtain consent to release information from hospital staff.</p> <p>If emergency department psychiatric staff determine that the SARC consumer does not meet the State's Psychiatric Medical Necessity Criteria for inpatient services, the consumer will be released to the care of the responsible party. If the consumer requires more support/structure than the family or service provider can provide, the SARC Service Coordinator will assure the arrangements for the necessary community services and supports for the consumer are made in a timely manner. If a SARC individual meets the State's psychiatric medical necessity criteria for acute inpatient unit or medical necessity for acute pediatric inpatient stay, the SARC liaison is immediately contacted by the inpatient MHU with consent from the consumer or responsible party. After business hours, the SARC On-Call Manager will obtain and provide the consumer's residence, treating physician, current medications, diagnosis and legal status information to the inpatient MHU staff. The SARC Service Coordinator will provide to the MHU the Medi-Cal benefit information, including those SARC individuals living in Monterey County whose Medi-Cal benefits are from another county. The SARC District Manager, Service Coordinator, or psychologist will attend the MHU staffing meeting to discuss and confirm the consumer's status, diagnosis, medication regimen, treatment and discharge plans. When the consumer no longer meets the State psychiatric medical necessity criteria for acute inpatient hospitalization, a discharge plan will be determined. With written consent from the consumer/conservator, the SARC Service Coordinator will obtain a written discharge plan from the treating psychiatrist upon discharge. The discharge plan will include the consumer's diagnosis, medication (dosage, route and regimen), plan for ongoing care, subsequent treatment needs, and the agency responsible for those services. If the consumer was in residential placement and is unable to return to his/her board and care home, or consumer was living at home and is unable to return home, the SARC Service Coordinator will immediately initiate a search for an alternative appropriate residential placement.</p>	<p>not responsible for “administrative day” costs incurred during the hospital stay.</p>
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## **EXHIBIT B: MEDICAL NECESSITY CRITERIA**

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### **I. Medical Necessity Criteria for Reimbursement of Psychiatric Inpatient Hospital Services.**

A. For Medi-Cal reimbursement for an admission to a psychiatric inpatient hospital, the beneficiary shall meet medical necessity criteria set forth in 1. and 2. below:

1. One of the following diagnoses in the Diagnostic and Statistical Manual DSM V., or International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10):

- a. Autism, provided all criteria are met
- b. Disruptive Behavior and Attention Deficit Disorders
- c. Feeding and Eating Disorders of Infancy or Early Childhood
- d. Tic Disorders
- e. Elimination Disorders
- f. Other Disorders of Infancy, Childhood or Adolescence
- g. Cognitive Disorders (only Dementias with Delusions, or Depressed Mood)
- h. Substance Induced Disorders, only with Psychotic, Mood, or Anxiety Disorder
- i. Schizophrenia and Other Psychotic Disorders
- j. Mood Disorders
- k. Anxiety Disorders
- l. Somatoform Disorders
- m. Dissociative Disorders
- n. Eating Disorders
- o. Intermittent Explosive Disorders
- p. Pyromania
- q. Adjustment Disorders
- r. Personality Disorders

2. A beneficiary must have both a. and b.:

- a. Cannot be safely treated at a lower level of care; and
- b. Requires psychiatric inpatient hospital services, as the result of a mental disorder, due to the indications in either 1 or 2 below:
  1. Has symptoms or behaviors due to a mental disorder that (one of the following):
    - i. Represent a current danger to self or others, or significant property destruction.
    - ii. Prevent the beneficiary from providing for, or utilizing food, clothing or shelter.
    - iii. Present a severe risk to the beneficiary's physical health.

- iv. Represent a recent, significant deterioration in ability to function.
2. Require admission for the following:
    - i. Further psychiatric evaluation.
    - ii. Medication treatment.
    - iii. Other treatments that can reasonably be provided only if the patient is hospitalized.
- B. Continued stay services in a psychiatric inpatient hospital shall only be reimbursed when a beneficiary experiences one of the following:
1. Continued presence of indications which meet the medical necessity criteria as specified in A.
  2. Serious adverse reaction to medications, procedures or therapies requiring continued hospitalization
  3. Presence of new indications which meet medical necessity criteria as specified in A.
  4. Need for continued medical evaluation or treatment which can only be provided if the beneficiary remains in a psychiatric inpatient hospital.
- C. An acute patient shall be considered stable when no deterioration of the patient's condition is likely, within reasonable medical probability, to result from or occur during the trans patient from the hospital.

*NOTE: Authority cited: Section 14680, Welfare and Institutions Code.*

## **II. Medical Necessity Criteria for Reimbursement of Specialty Mental Health Services**

- A. The following medical necessity criteria determine Medi-Cal reimbursement for specialty mental health services that are the responsibility of the Mental Health Plan (MHP) under this Subchapter, except as specifically provided.
- B. The beneficiary must meet criteria outlined in Subsections 1 - 3 below to be eligible for services:
1. Have one of the following diagnoses in the Diagnostic and Statistical Manual of Mental Disorders, DSM V.
    - a. Pervasive Developmental Disorders, except Autistic Disorders
    - b. Disruptive Behavior and Attention Deficit Disorders
    - c. Feeding and Eating Disorders of Infancy and Early Childhood
    - d. Elimination Disorders
    - e. Other Disorders of Infancy, Childhood, or Adolescence
    - f. Schizophrenia and other Psychotic Disorders, except Psychotic Disorders due to a General Medical Condition
    - g. Mood Disorders, except Mood Disorders due to a General Medical Condition

- h. Anxiety Disorders, except Anxiety Disorders due to a General Medical Condition
  - i. Somatoform Disorders
  - j. Factitious Disorders
  - k. Dissociative Disorders
  - l. Paraphilias
  - m. Gender Identity Disorder
  - n. Eating Disorders
  - o. Impulse Control Disorders Not Elsewhere Classified
  - p. Adjustment Disorders
  - q. Personality Disorders, excluding Antisocial Personality Disorder
  - r. Medication-Induced Movement Disorders related to other included diagnoses.
2. Have at least one of the following impairments as a result of the mental disorder(s) listed in Subsection B. 1. above:
- a. A significant impairment in an important area of life functioning.
  - b. A reasonable probability of significant deterioration in an important area of life functioning.
  - c. Except as provided in Section 1830.210, a reasonable probability a child will not progress developmentally as individually appropriate. For the purpose of this Section, a child is a person under the age of 21 years.
3. Meet each of the intervention criteria listed below:
- a. The focus of the proposed intervention is to address the condition identified in Subsection B. 2. above.
  - b. The expectation is that the proposed intervention will:
    - i. Significantly diminish the impairment, or
    - ii. Prevent significant deterioration in an important area of life functioning, or
    - iii. Except as provided in Section 1830.210, allow the child to progress developmentally as individually appropriate.
    - iv. For a child who meets the criteria of Section 1830.210(1), meet the criteria of Section 1830.210(b) and (c).
  - c. The condition would not be responsive to physical health care-based treatment.
- C. When the requirements of this Section or Section 1830.210 are met, beneficiaries shall receive specialty mental health services for a diagnosis included in Subsection B. 1. even if a diagnosis that is not included in Subsection B. 1. is also present.

*Note: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777 and 14684, Welfare and Institutions Code.*



## **EXHIBIT C: DEFINITIONS OF TERMS**

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**"Adverse Decision"** means denial or termination of an MHP payment authorization by the MHP's Point of Authorization or by a Short-Doyle/Medi-Cal hospital's Utilization Review Committee which determines the MHP's authorization for payment.

**"Advocacy"** means the assurance and protection of the civil, legal, and service of rights of persons with developmental and mental disabilities.

**"Community Mental Health Service"** means a mental health program established by a county in accordance with the Bronzan-McCorquodale Act, Part 2 commencing with Section 5600 of Division 5 of the Welfare and Institutions Code.

**"Consumer"** means any individual believed to have a developmental disability, any individual believed to have a high risk of parenting an infant with a developmental disability, or any infant having a high risk of becoming developmentally disabled, who following intake and assessment by the regional center is found eligible for, and in need of, regional center and mental health services.

**"Continued Stay Services"** means psychiatric inpatient hospital services for beneficiaries which occur after admission.

**"County of origin"** for mental health service is the county in which the parent of an individual with a disability resides. If the individual is a ward or dependent of the court, an adoptee, or conservatee, the county of origin is the county where this status was first established by a local court. For the purposes of this program, the county of origin shall not change for individuals who are between the ages of 18 and 22.

**"Developmental Disability"** means a disability that is attributable to Intellectual Disability, cerebral palsy, epilepsy, autism, or other conditions similar to Intellectual Disability that require treatment similar to that required by individuals with mental retardation.

The Developmental Disability shall:

1. Originate before age 18.
2. Be likely to continue indefinitely.
3. Constitute a substantial handicap for the individual as defined in Title 17, Chapter 5, Subchapter 1, Article 1.

Developmental Disability shall NOT include handicapping conditions that are:

1. Solely psychiatric disorders where there is impaired intellectual or social functioning which originated as a result of the psychiatric disorder or treatment given for such a disorder. Such psychiatric disorders include psycho-social deprivation and/or psychosis, severe neurosis, or personality disorders, even where social and intellectual functioning have become seriously impaired as an integral manifestation of the disorder.

2. Solely learning disabilities. A learning disability is a condition that manifests as a significant discrepancy between estimated cognitive potential and actual level of education performance and which is not a result of generalized mental retardation, educational or psycho-social deprivation, psychiatric disorder, or sensory loss.
3. Solely physical in nature: These conditions include congenital anomalies or conditions acquired through disease, accident, or faulty development which are not associated with a neurological impairment that results in a need for treatment similar to that required for mental retardation.

**"Emergency Admission"** means an admission to a psychiatric inpatient hospital of a beneficiary due to an emergency psychiatric condition.

**"Generic Agency"** means any agency which has a legal responsibility to serve all members of the general public and which is receiving public funds for providing such services (see Welfare and Institutions Code, Section 4648 (a) (8)).

**"Host County"** means the county where the individual/pupil with a disability is living, when the individual is not living in the county of origin.

**"Medical Necessity"** means the criteria or medical condition standard for each particular condition which must be met for treatment services to be authorized and provided for the Medi-Cal beneficiary.

**"Medical Necessity Criteria for Mental Health Plan Reimbursement of Specialty Mental Health Services for Medi-Cal Beneficiaries."** (Non-Medi-Cal Beneficiaries refer to Welfare & Institutions Code, Section 5600). Definition outlined as provided in Exhibit A of this Memorandum of Understanding.

**"Mental Disorders"** means those conditions which are described in the Diagnostic and Statistical Manual of Mental Disorders, DSM V and meet the "Medical Necessity Criteria" as specified in the Medi-Cal Specialty Mental Health Services regulations (see Welfare and Institutions Code, Division 5, Section 5775) and listed below:

**"Mental Health Assessment"** is a service designed to provide formal documented evaluation or analysis of the nature of the pupil's emotional or behavioral disorder. It is conducted in accordance with the California Code of Regulations, Title 9, Section 543 (b), and Sections 56320 through 56329 of the Education Code by qualified mental health professionals employed by or under contract with the community mental health service.

**"Mental Health Services"** means mental health assessments and the following services when delineated on an IEP in accordance with Section 7572 (d) of the Government Code: psychotherapy as defined in Section 2903 of the Business and Professions Code provided to the pupil individually or in a group, collateral services, medication monitoring, intensive day

treatment, day rehabilitation, and case management. These services shall be provided directly or by contract at the discretion of the community mental health service of the county of origin.

**"Regional Center"** means a diagnostic, counseling, and service coordination center for persons with developmental disabilities and their families which is established and operated pursuant to Chapter 5 of Division 4.5 of the Welfare and Institutions Code.

**"Service Coordination"** means those activities necessary to implement an individual program plan, including, but not limited to, participation in the individual program plan process; securing, planning and assistance with acquisition through purchase or referral, services specified in the person's IEP; coordination of service and support programs, collection and distribution of information, measurement of progress toward objectives contained in the person's IEP, monitoring implementation of the plan to ascertain that objectives have been fulfilled and to assist in revising the plan as necessary (see Welfare and Institutions Code, Section 4647 (a).)