

**MEMORANDUM OF UNDERSTANDING
BETWEEN
SAN ANDREAS REGIONAL CENTER
AND
MONTEREY COUNTY HEALTH DEPARTMENT,
BEHAVIORAL HEALTH BUREAU**

Fiscal Year 2013-14

The intention of this memorandum between the San Andreas Regional Center (SARC) and Monterey County Health Department Behavioral Health Bureau (MCHDBHB) is to increase the leadership, communication and organizational effectiveness between these agencies. It is our mutual desire to decrease costs and minimize 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.

This memorandum is intended to describe the protocol of assessment, treatment and payment of inpatient psychiatric care at Natividad Medical Center and, inpatient and outpatient follow up care provided by MCHDBHB for SARC consumers who have Medi-Cal.

1. San Andreas Regional Center consumers who are Monterey County Medi-Cal beneficiaries and have symptoms of mental illness will receive a psychiatric assessment from a MCHDBHB clinician. If the consumer is found to have a mental illness which meets the State's Medical Necessity Criteria (Exhibit A) and is a Monterey County Medi-Cal beneficiary, he/she will be treated for this mental disorder by MCHDBHB. If it is determined that the consumer does not meet the State's Medical Necessity Criteria, MCHDBHB will provide the consumer/conservator with a written denial of mental health services. With written permission from the consumer/conservator, MCHDBHB agrees to discuss the evaluation, their conclusions and recommendations for the consumer with the designated liaison of SARC (District Manager, SARC psychologists or SARC service coordinator). A copy of the written denial will be sent to SARC within three working days.
2. Anyone, including MCHDBHB clients, who may have symptoms of a developmental disability, may call SARC and request an assessment for eligibility for SARC services. If the person meets the eligibility requirements, according to the Lanterman Developmental Disabilities Act, an Interdisciplinary Team Meeting (IDT) will be scheduled. At the IDT the assessment will be discussed and the individual will begin receiving case management services immediately.

If the individual does not meet the eligibility criteria, they will be invited to an Interdisciplinary Team Meeting where the denial will be discussed. The decision for denial, information about grievance and due process procedures will be provided in writing. The individual may appeal the decision. With written permission from the individual a copy of the denial letter will be sent to MCHDBHB within three (3) working days. The process for referral, assessment, notification of eligibility and due process will occur within the required time lines set by the Department of Developmental Disabilities (currently within 120 days of the first interview).

3. SARC will obtain written consent from their consumers as a release of information to be shared between MCHDBHB, SARC and the agency or physician providing mental health services. With written consent, SARC agrees to identify to MCHDBHB consumers currently being served by MCHDBHB and other mental health service providers in Monterey County.
4. In the event of a psychiatric emergency, SARC consumers will be taken to the emergency room at Natividad Medical Center, or if they reside on the Monterey Peninsula they should go to Community Hospital of the Monterey Peninsula (CHOMP) for evaluation. The SARC liaison (District Manager or On-Call Manager) will be notified immediately. SARC District Manager or On-Call Manager will obtain a consent to exchange information and fax to the inpatient unit.
5. If Natividad Medical Center's (NMC) psychiatric staff determine that the 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 liaison will be contacted immediately. The SARC liaison will assure the arrangements for the necessary community services and supports for the consumer are made in a timely manner.
6. If a SARC consumer meets the State's psychiatric medical necessity criteria for acute inpatient unit, NMC-Mental Health Unit (MHU) will contact the SARC liaison (with consent from consumer or responsible party) immediately. After business hours, the On-Duty Manager of SARC will be called. SARC will obtain and provide the consumer's residence, treating physician, current medications, diagnosis and legal status available to the NMC staff. The SARC liaison will provide the Medi-Cal benefit information, including those SARC consumers living in Monterey County whose Medi-Cal benefits are from another county.
7. NMC-MHU agrees to contact SARC District Manager or Service Coordinator to provide the Inpatient Unit's staffing meeting date and time. The District Manager, SARC psychologist or service coordinator will attend the Inpatient Unit's staffing meeting to discuss and confirm the consumer's status, diagnosis, medication regimen, treatment and discharge plans. With written consent from the consumer/conservator, the treating psychiatrist will provide a written discharge plan to the SARC service coordinator upon discharge. The discharge plan will include: the consumer's diagnosis, medication (dosage, route and regimen) and plan for on going care. The discharge plan will include subsequent treatment needs and the agency responsible for those services.
8. When the consumer no longer meets the State psychiatric medical necessity criteria for acute inpatient hospitalization, a discharge has been determined. If Consumer was in residential placement and is unable to return to his/her board and care home, SARC will immediately initiate a search for an alternative appropriate residential placement. If SARC is unable to locate an appropriate community placement, the consumer will be placed on "administrative day" status pending placement. SARC shall reimburse NMC for the cost of any administrative days at the "administrative day rate" established by the State Department of Mental Health.
9. MCHDBHB program managers will meet quarterly with SARC program managers to review the effectiveness of the referral and collaborative efforts between the agencies. The quarterly meetings will also consist of reviewing the training plan provided to community service providers including day programs, residential facilities and intermediate care facilities, and include crisis

prevention regarding effective services to consumers who are dually diagnosed. 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.

10. This Memorandum of Understanding consists of three (3) pages and the following exhibits:

- Exhibit A: Medical Necessity Criteria
- Exhibit B: Definition of Terms
- Exhibit C: Crisis Services

11. Information about Contract Administrators.

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

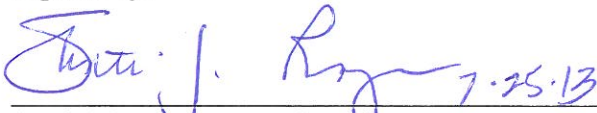
Contract Administrator for
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(408) 374-9960
Fax No.: (408) 376-0586

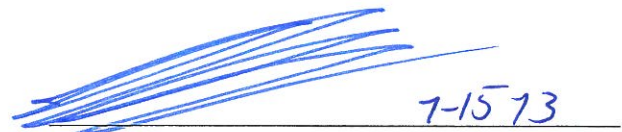
Contract Administrator for
MONTEREY COUNTY:

Wayne W. Clark, Ph.D.
Behavioral Health Director
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Signed By:



Santi J. Rogers, Executive Director Date
San Andreas Regional Center



Ray Bullick, Director Date
Monterey County Health Department

MONTEREY COUNTY

CONTRACTS/PURCHASING


Mike Derr, Contracts/Purchasing Officer Date

Approved as to Legal Form:



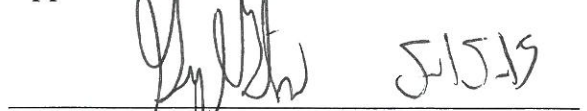
Stacy-L. Saetta, Deputy County Counsel Date
Anne Brauer

Approved as to Content:



Wayne Clark, Ph.D. Date
Behavioral Health Director

Approved as to Fiscal Provisions:



Gary Giboney, Date
Chief Deputy Auditor-Controller

EXHIBIT A

MEDICAL NECESSITY CRITERIA

Memorandum of Understanding between San Andreas Regional Center and Monterey County Health Department, Behavioral Health Bureau

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, Fourth Edition, published by the American Psychiatric Association:
- a. Pervasive Developmental Disorders, including Autism, provided all criteria
 - 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 Dementia's 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):
- a. Represent a current danger to self or others, or significant property destruction.
 - b. Prevent the beneficiary from providing for, or utilizing food, clothing or shelter.
 - c. Present a severe risk to the beneficiary's physical health.
 - d. Represent a recent, significant deterioration in ability to function

2. Require admission for the following:
 - a. Further psychiatric evaluation.
 - b. Medication treatment.
 - c. Other treatments that can reasonably to 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.

EXHIBIT B

DEFINITION OF TERMS

Memorandum of Understanding between San Andreas Regional Center and Monterey County Health Department, Behavioral Health Bureau

"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 person believed to have a developmental disability, any person 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 a pupil with a disability resides. If the pupil 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 pupils who are between the ages of 18 and 22.

"Developmental Disability" means a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or other conditions similar to mental retardation 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 pupil with a disability is living when the pupil 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, Fourth Edition 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).)

EXHIBIT-C

CRISIS SERVICES

Memorandum of Understanding between San Andreas Regional Center and Monterey County Health Department, Behavioral Health Bureau

The SARC TELEPHONE number will be posted at both hospitals and in their referral information log.

The SARC District Manager or On-Call Manager (if after regular working hours) will be called by the MCHDBHB Crisis Team member or hospital social worker immediately, alerting the manager that a SARC consumer is being assessed for acute psychiatric needs. The MCHDBHB Crisis Team member or hospital social worker will advise SARC (with consent from the consumer or responsible party) whether the consumer will be admitted to the inpatient psychiatric unit or be discharged because they do not meet medical necessity for acute inpatient services.

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 a consent to release information from the client, 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 manager will fill out the "Hot Sheet" and fax it to MCHDBHB Crisis Team member or hospital social worker immediately.

The SARC service coordinator will make arrangements with the family or care provider to help stabilize the crisis as much as possible.

When the SARC consumer is evaluated by the MCHDBHB Crisis Team and/or admitted to the inpatient unit, the service coordinator or district manager will be notified immediately in order to attend the staffing for that consumer the following work day after admission. SARC will continue to provide the primary social work/discharge planning services for the consumer while they are receiving psychiatric services.