# Fee For Service Medi-Cal
# Mild-Moderate-Severe Process – Effective September 1, 2016
# Frequently Asked Questions

1. Does the new Mild-Moderate- Severe Process affect me?

The new process affects all Fee For Services Medi-Cal Providers who render outpatient psychotherapy services regardless of the license type. For example if you are a Psychiatrist, Psychiatric Nurse Practitioner or Psychologist who renders medication management services or psych testing then you will not be affected.

2. Can I continue to see my current Medi-Cal Beneficiaries/Clients?

Yes, all current authorizations will be valid through the number of sessions that were approved OR until the expiration of the authorization. When a new authorization is needed, submit the request for additional sessions on the new Outpatient Authorization Request (OAR) Form.

3. If my current client is not determined to be "Severe" will my request for authorization automatically be denied?

No, requests for additional authorization will be handled on a case by case basis. It is not the intention of the Mental Health Plan to disrupt established services. The Utilization Management team will contact you if they have questions regarding your request for additional sessions.

4. So, does this process mainly affect new Medi-Cal Beneficiaries/Clients?

Yes, when a Medi-Cal Beneficiary/Client contacts you to establish new services you will need to determine the severity level to be Severe in order to receive authorization past the Initial Assessment. The Initial Assessment does NOT require pre-authorization and will be paid for as long as the client's Medi-Cal eligibility is current and there is a Title 9 covered diagnosis.

5. Has the process for verifying the Beneficiary/Client's Medi-Cal eligibility changed?

No, the process for verifying the Beneficiary/Client's Medi-Cal eligibility has not changed. The process for verifying Medi-Cal eligibility is outlined in the "FFS Provider Operations Handbook", available on our Optum Public Sector website. Optum assists MFTs and LPCCs to verify Medi-Cal eligibility through the Provider Line, option 2 or by a form available on our Optum Public Sector website. All other disciplines are expected to verify Medi-Cal through the state website for eligibility (more information available in the Provider Operations Handbook.)

6. Is there a form for the Initial Assessment and another one for Continuing Authorization Request?

No, there is only one (1) Outpatient Authorization Request (OAR) Form. There are check boxes that you will mark to identify whether the form is being submitted as an Initial Authorization Request or a Continuing Authorization Request.

7. What is your definition of a new client versus a continuing client?

A new client is someone you have never treated before or a previous client that has not been seen by you in six (6) months or more. A continuing client is someone you are currently authorized to treat.

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8. What do I do when I complete the Assessment and the Beneficiary/Client is determined to be "Mild to Moderate"?

When a Client is determined to be "Mild to Moderate" he/she should be referred to the appropriate San Diego Medi-Cal Managed Care plan for psychotherapy services.

9. Do all San Diego County Medi-Cal Beneficiaries/Clients have Managed Care Plans?

No, in rare circumstances a Beneficiary/Client may not have a Managed Care Plan and in these cases the County will assume responsibility. When this happens as a San Diego Fee For Service Medi-Cal Provider you may treat this beneficiary regardless of the level of severity. Please indicate that the client has no Managed Care Plan in the applicable field on the Outpatient Authorization Request Form and once Optum has verified the information the request will be processed as appropriate.

10. What should I do if the Beneficiary/Client doesn't know his/her Managed Care Plan?

The Beneficiary/Client's Managed Care Plan will be included on the information you receive when verify his/her Medi-Cal eligibility. If you need assistance you can call Optum at 800-798-2254 Option 4.

11. Who are the Medi-Cal Managed Care Plans in San Diego that are rendering services for the "Mild to Moderate" Medi-Cal Beneficiaries?

There are currently five Medi-Cal Managed Care Plans in San Diego County: Care 1st, Community Health Group, Health Net, Kaiser, and Molina. There is a possibility that Aetna and United Healthcare Community Plan will also become Managed Care Plans sometime in 2017.

12. How do I refer a Beneficiary/Client to their Managed Care Plan?

A list of the contact numbers for each plan can be found on the Optum website at www.optumsandigo.com under the Fee For Service Quick Reference Tab. You may also find the number on the back of the Beneficiaries/Clients Medi-Cal ID Card. You can contact the Managed Care Plan to assist in the referral or the client may contact them. Please refer them specifically to the phone number listed for the Behavioral Health Services division.

13. What services do the Managed Care Plans provide?

The Managed Care Plan covers the beneficiaries' medical needs and mild to moderate outpatient behavioral health needs and Applied Behavioral Analysis Treatment for beneficiaries under the age of 21.

14. Should I become a provider on one of the San Diego Managed Care Plans?

Each Managed Care Plan has their own requirements and process for joining their individual panels. You are encouraged to contact the plans to determine if joining would be appropriate for you.

15. When my Initial Outpatient Authorization Request is approved how long will it take? And how many sessions will be provided?

A Utilization Management Team Member will provide a verbal confirmation of the authorization decision within 4 business days; increments will be given at a maximum of 12 sessions when authorized.

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16. What is the turnaround time for Continuing Authorization Requests?

Decisions will be provided within 14 calendar days and the increment will be given at a maximum of 12 sessions.

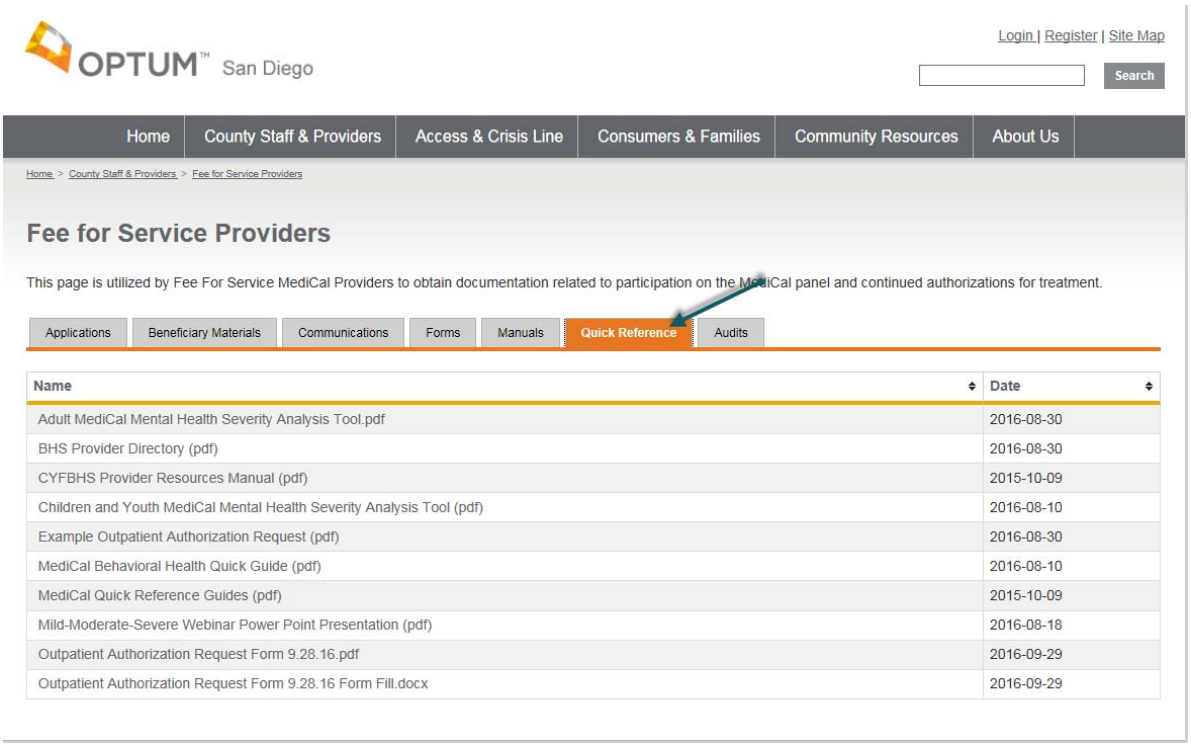
17. Now that the population I am treating is "Severe" do I still follow the Short-Term Model?

The philosophy of short-term therapy has been phased out for the FFS Provider Network, with an emphasis towards best practice, evidence-based treatment for the specific mental health condition of the client. The role of the provider is to stabilize the client by utilizing goal focused treatment targeting the specific mental health condition.

18. Where can I find the tools to appropriately assess the severity level of my clients?

The Severity Assessment tools can be found on the Optum website at www.optumsandiego.com :

- Select "County and Staff Providers"
- Then, select "Fee For Services Providers"
- Click on Quick Reference




For additional questions and assistance please contact the Utilization Management Team at 800-798-2254 Option 4.