

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE****NUMBER: 3125****VERSION: 2****SUBJECT/TITLE: LINKED AND CARVED-OUT SERVICES**

POLICY: *Olive View-UCLA Medical Center (OVMC)* providers and/or service coordinators shall ensure that members who are suspected of having or may need carved-out and “linked” services (Early Start, CCS, Alcohol /Substance Abuse, HIV, Mental Health and Dental) are appropriately identified and referred to the applicable program and/or service.

PURPOSE: To describe the process for identifying and referring members who have emerging or eligible carved-out and “linked” conditions to local programs or services.

DEPARTMENTS: AMBULATORY CARE

DEFINITIONS: **Carved-out and “linked:”** Services are not covered services under the Medi-Cal program, but described in the contract as related social, educational, and other services needed by the member.

Early Start Services: An early intervention service federally mandated by the individuals with Disabilities Education Act. A statewide interagency system of coordinated early intervention services for infants and toddlers (from birth to 36 months of age) with or at risk of disabilities or development delay and their families.

Specialty Mental Health Services: Rehabilitative services, which includes mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and psychiatric health facility services (Psychiatric Inpatient Hospital Services, Targeted Case Management, Psychiatric Services, Psychologist Services, EPSDT, Supplemental Specialty Mental Health Services).

Alcohol and Substance Abuse Treatment Services: Service available under the Drug Medi-Cal program as defined in Title 22, CCR, Section 51341.1 and outpatient heroin detoxification services defined in Title 22, CCR, Section 51328.

CCS: (California Children Services) – is a statewide program that treats children under 21 years of age with certain physical limitations and chronic health conditions or diseases.

CCS Eligible Condition: Only certain conditions are covered by CCS. In general CCS covers medical conditions that are physically disabling or require medical surgical, or rehabilitative services. There are certain criteria that determines if a child’s medical condition is CCS eligible.

Care Coordination: Care coordination is a process that links children with special health care needs and their families to services and resources in a coordinated effort to maximize the potential of the children and provide them with optimal health care.

AIDS Beneficiary: A member for whom a diagnosis of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) has been made by a treating physician, based on the definition most recently published in the Mortality and Morbidity Report from the Centers for Disease Control and Prevention (CDC).

AIDS Diagnosis: A clinical diagnosis of AIDS that meets the most recent communicable disease surveillance case definition of AIDS established by the CDC, United States Department of Health and Human Services, and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements, in effect for the month in which the clinical diagnosis is made

Home and Community Based Services (HCBS) Waiver Program: HCBS waivers are creative alternatives, allowed under federal law, for states participating in Medicaid (Medi-Cal in California), to be implemented in the home or community for certain Medi-Cal beneficiaries to avoid hospitalization or nursing facility placement. The HIV/AIDS waiver provides alternative services to individuals with AIDS or who are HIV+ symptomatic and are at-risk of institutionalization.

HIV/AIDS HCBS Waiver Services: Five alternative services provided to individuals with AIDS or who are HIV+ symptomatic and are at-risk of institutionalization (private duty nursing, personal care, respite care, enteral nutrition).

Denti-Cal: Medi-Cal Dental Program, a carved out service benefits to selected Medi-Cal members.

PROCEDURE:

1. Eligibility for Early Start Services:

- A. OVMC providers and service coordinators will identify members from birth to 36 months who may be eligible to receive services and will be referred to the local Early Start program. These children would include those with a condition known to lead to developmental delay, those in whom a significant development disability is suspected, or whose early health history places them at risk for delay. (See MCS-UM policy #.0025) for conditions.
- B. OVMC shall collaborate with the local Regional Center or local Early Start program in determining the medically necessary diagnostic and preventive services and treatment plans for Members participating in the Early Start program. We will provide care coordination services to the Member to ensure the provision of all medically necessary covered diagnostic, preventive and treatment service identified in the individually family service plan developed by the Early Start program, with Primary Care Provider participation. Members shall be provided with the 1-800-228-4584 number to CCS for more information if services are indicated.

2. Specialty Mental Health Services:

A. OVMC shall develop and implement policies and procedures to ensure PCP's carry out their responsibility for the provision of services to members with mental health needs.

1) OVMC Primary Care Providers (PCP) are responsible for:

- a. Providing basic outpatient mental health services, within their scope of practice and training.
- b. Ensuring appropriate referral of Members to and coordination of care with LAC/DMH for assessment and treatment of mental health conditions, outside the scope of their practice and training.
- c. Identification and referral of Members in need of outpatient specialty or inpatient mental health services. Refer member to:
 - o The LAC/DMH or call the toll free 24-hour, 7-days, 800-854-771 Access number to refer Member to the LAC/DMH, OR,
 - o An appropriate Medi-Cal Fee-For-Service mental health provider or to a resource in the community that provides assistance in identifying providers willing to accept Medi-Cal beneficiaries or other appropriate local provider or provider organization, if a Member's mental health diagnosis is not covered by the local MHP.

B. Disputes between DHS/MCS and the local Medi-Cal Mental Health Plan (LMMHP) regarding this section shall be resolved pursuant to Title 9, CCR, Section 1850.505. Disputes shall not delay medically necessary specialty mental health services, physical health care services, or related prescription drugs and laboratory, radiological, or radioisotope services to members

3. Alcohol and Substance Abuse Treatment Services

A. OVMC PCP shall carry out their responsibility for the provision of services to member's alcohol and substance abuse problems.

1) PCP's are responsible for identifying a Member's need for alcohol and/or drug treatment. This includes identification of the following:

- o Chronic, crisis, or new presentation of alcohol or drugs in the general membership population
- o Adolescent alcohol or substance abuse
- o Alcohol or substance abuse by pregnant women
- o Candidates for heroin detoxification and
- o A Member's self-identification as an alcohol or drug abuser in need of help.

B. PCPC's will evaluate the possibility of alcohol and/or substance abuse through SBRIT screening tool.

C. Referral for treatment: when substance use is recognized as a potential

condition, the PCP shall coordinate the provision of services by referring the Member to a treatment facility serving the geographic area.

- D. Coordination and Follow-Up Care: once a Member is referred to, screened and accepted for alcohol and/or drug treatment, the PCP is responsible for coordinating care and providing follow-up care.
- PCP's shall continue the provision of primary care and other services unrelated to the alcohol and substance abuse treatment and coordinate services with the treatment program.
 - Service coordinators may be utilized to assist with coordinating the member's care.
 - Coordination includes – tracking the Member's progress through detoxification, treatment and follow-up in both outpatient and inpatient settings. (See MCS-UM Policy #.0009)

4. California Children's Services (CCS)

- A. Upon adequate diagnostic evidence that a Medic-Cal Member under 21 years of age may have a CCS eligible condition, OVMC shall refer the member to the local CCS office for determination of eligibility
- OVMC providers shall perform a baseline health assessment and diagnostic evaluation which provides the sufficient clinical detail to establish, or raise a reasonable suspicion the Member has a CCS eligible condition.
 - Initiate timely referral of CCS-eligible member to the local CCS program (via phone, same day mail, or fax) within 24 hours of identification and include submission of supporting medical documentation sufficient to allow for eligibility determination by the CCS program.
 - We shall complete the CCS referral tracking log and submit to Managed Care Services (MCS) for submission to the Health Plan on a monthly bases.
 - Ensure that OVMC providers will continue to provide all Medically Necessary Covered Services to the Member until CCS eligibility is confirmed.
 - Ensure that, once eligibility for the CCS program is established for a Member, *OMC* shall continue to provide all medically necessary covered Services that are not authorized by CCS and shall ensure the coordination of services and joint case management between its Primary Care: Providers, the CCS specialty providers, and the local CCS program.
 - If CCS program does not approve eligibility, *OVMC* remains responsible for the provision of all Medically Necessary Covered Services to the Member. If the local CCS program denies authorization for any service, *OVMC* remains responsible for obtaining the service, if it is medically necessary and paying for the service if it has been provided.

5. **Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Home and Community Based Services Waiver Program**
 - A. OVMC Positive Health Clinic identifies members who may be eligible and refer the HIV/AIDS Home and Community Based Services Waiver Program and facilitate referrals of these Members to the HIV/AIDS Home and Community Based Services Waiver Program.
 - B. Medi-Cal beneficiaries enrolled in Medi-Cal managed care health plans who are subsequently diagnosed with HIV/AIDS, according to the definition most recently published in the Mortality and Morbidity report from the Centers for Disease Control and Prevention, may participate in the HIV/AIDS Home and Community Based Services Waiver Program without having to disenroll from Managed Care Services Division managed care plan.
 - C. Members of Medi-Cal managed care plans must meet the eligibility requirements of the HIV/AIDS Home and Community Based Services Waiver Program and enrollment is dependent on available space. Persons already enrolled in the HIV/AIDS Home and Community Based Services Waiver Program may voluntarily enroll in a Medi-Cal Managed Care Health Plan.

6. **Medi-Cal Waiver Program**
 - A. OVMC providers shall ensure identification and referral of members to waiver programs.
 - B. Members must be Medi-Cal eligible to receive waiver services.
 - C. OVMC providers shall identify potential members who may meet the criteria and benefit from a waiver program as follows:
 - In-home Medical Care Waiver
 - Nursing Facility (NF) Subacute Waiver
 - Nursing A/B Waiver
 - Home and Community Based Services (HCBS) Waiver
 - D. OVMC providers shall continue to provide medically necessary covered services to members who do not meet waiver program criteria or if placement is not available.
 - E. Referrals of these members shall be made by calling the Medical Care Coordination and Case Management Section of DHCS (See MCS-UM Policy #.0018).

7. **Dental Services**
 - A. OVMC covers and ensures that dental screening for all members are included as part of the initial health assessment, periodic, and other preventive health care visits and provide referral to Medi-Cal Dental Program (For Medi-Cal members) for treatment in accordance with the most current.
 - Child Health and Disability Program (CHDP) American Academy of Pediatrics (AAP) guidelines

- Guide to Clinical Preventive Services published by the U.S. Preventive Services Task Force (USPSTF) for adult members age twenty-one (21) and older.
- B. Documentation of the dental assessment shall be made in the Member’s medical record, including fluoride application for Medi-Cal members younger than 6 years of age. (Documentation could be made on the CHDP Confidential Screening/Billing Report PM 160).
- C. PCP’s are encouraged to schedule visits for members that include fluoride application, up to three times in a 12 month period.
- D. General Anesthesia (See MCS-UM Policy# .0008)

REFERENCE/ Title 17, CCR, Section 52000 through 52175
AUTHORITY: Title 22, CCR, Section 51341.1
 Title 22, CCR, Section 51328
 Title 9, CCR, Sections, 1850.505, 850.525 and 1850.535
 LA Care UM Policy #5010, Alcohol and Drug Treatment Services
 LA Care UM Policy #5042, HIV/AIDS Home and Community Based Services
 LA Care UM Procedure #5048.10 Waiver Programs
 LA Care UM Procedure #5048.7, Dental Screening & Referral & Treatment
 MCS-UM Policy# .0007, .0025, .0009, .0014, .0019, .0018, .0008

Approved by: Judith Maass (Chief Executive Officer), Shannon Thyne (Chief Medical Officer)		Date: 06/29/2017
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