



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

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### POLICIES AND PROCEDURES

#### SECTION 5, CHAPTER 10, POLICY 006

### TRANSFERRING PATIENTS TO LOWER LEVEL OF CARE PROVIDER

#### A. PURPOSE:

Yolo County is a Specialty Mental Health Services (SMHS) Provider, providing mental health services to those with moderate to severe mental illness who meet SMHS Medical Necessity and Functional Impairment criteria. Residents of Yolo County with Mental Health issues may at times be in need of SMHS, and at other times, may be experiencing more stability, thus may benefit from being served by a lower level of care provider who provides services to those experiencing mild to moderate symptoms. Yolo County has developed the following policy to facilitate and coordinate transfer to lower level of care providers.

#### B. FORMS REQUIRED/ATTACHMENTS: N/A

#### C. DEFINITIONS:

1. Specialty Mental Health Services (SMHS) shall include services as defined by [Title 9 C.C.R. §1810.247](#).
2. Medical Necessity Criteria for SMHS shall be defined in accordance to [Title 9 C.C.R. §1830.205](#).
3. Functional Impairments shall be defined by Title 9 C.C.R. §1830.205 (b)(2).

#### D. POLICY:

1. Clients who meet medical necessity and functional impairment criteria shall be considered for a transfer to a lower level of care, if Client is very stable, and does not present with high risk of mental health decompensation as a result of transition to a lower level of care. The following criteria shall be considered and should be documented as evidence of their eligibility to transfer to a lower level of care provider:
  - a. No Psychiatric hospitalizations in the past two (2) years
  - b. No crisis contacts (Safe Harbor or Mental Health Crisis Worker) in the past year
  - c. No major medication changes in past 12 months
  - d. No more than 4 psychiatric medications
  - e. No more than one medication from each medication class
  - f. Client on antipsychotics and long-acting injectable medications may be eligible as long as there are no changes to their medication in the past 2 years
  - g. Client is able to engage in treatment and follow treatment guidelines independently
  - h. The psychiatrist and a clinician both agree the Client will most likely remain stable at a lower level of care.
2. Clients may be referred for care at a number of outside clinics, to include: a Partnership Health Care Provider (North American Mental Health or Beacon), or a Primary Care Provider such as CommuniCare Health Centers (CCHC), or Dignity Healthcare.

3. When a Client does not meet medical necessity (they do not have a covered diagnosis) and/or do not meet functional impairment criteria (no functional impairment and no risk of functional impairment), they are not eligible for Medi-Cal reimbursable services through the Mental Health Plan. The team will work with the Client to navigate to the appropriate level of care at the soonest point of entry.

**E. PROCEDURE:**

1. Psychiatrist or clinician believes Client is an appropriate candidate for a Level of Care (LOC) Step Down and notifies the Client's Care Team.
  - a. Discussion with Care Team
    - i. Within ten (10) business days, the clinician, psychiatrist, and case manager (if applicable) shall confirm a step down decision to include completion of documentation.
    - ii. If the team agrees that all criteria in D.1. are met, then a step down shall be initiated.
    - iii. If the team does not agree, then a consultation with the Medical Director will occur for final decision upon discussion with involved parties within five (5) business days. The consultation notes shall be documented.
2. The Psychiatrist shall discuss potential step down with Client at next visit.
3. If the Client agrees, then the psychiatrist will communicate the final determination with care team clinician and the clinician's supervisor as the clinician will be responsible for completing the LOC step down process, while the supervisor will be responsible for tracking and ensuring appropriate documentation to meet timeliness requirements for authorization decisions within fourteen (14) calendar in accordance to 42 C.F.R. 438 requirements.
  - a. Clinician shall meet with Client, obtain release of information (ROI), contact the appropriate LOC provider (North American Mental Health, Beacon, CCHC, Dignity Healthcare or other) to connect Client for step down, shall ensure an appointment with the provider is scheduled, and shall communicate the necessary clinical and contact information to provider.
  - b. Upon scheduling of appointment, the clinician will inform the Care Team and the supervisor that step a, above, has occurred and that the Client plans to follow through on their established appointment with the mild-moderate care provider.
  - c. Client sees new provider at scheduled appointment.
  - d. Clinician shall follow-up with the new provider to verify the Client made their appointment.
  - e. Upon confirmation that the Client made their appointment, the clinician shall communicate with the Care Team and supervisor that the LOC step down with mild-moderate provider has been established.
  - f. Electronic Health Record (Avatar) Episode is closed by Clinician upon confirmation of successful linkage to mild-moderate provider.
4. Upon confirmation that the Client does not meet medical necessity and/or functional impairment and must be stepped down, clinicians shall notify Quality Management for issuing of a Notice of Adverse Benefits Determination (NOABD) letter within timeliness requirements upon final determination.
  - a. *MHSUDS Information Notice 18-010E: Timing of Notices*

- i. *For decisions resulting in denial, delay, or modification of all or part of the requested specialty mental health and/or DMC-ODS services, within two business days of the decision.*
  - ii. *For termination, suspension, or reduction of a previously authorized specialty mental health and/or DMC-ODS service, at least 10 days before the date of action, except as permitted under 42 CFR §§ 431.213 and 431.214.*
- 5. A progress note shall document the actions taken for a step down and shall include, but are not limited to, the following elements:
  - a. Observes stability in Client and communicates such to the Client
  - b. Informs Client of intent to proceed with LOC step down for his/her ongoing care to an outside clinic
  - c. Client confirms Clinician that contact information is current and updated
  - d. Clinician follows up with new provider to verify the Client made their appointment
  - e. Clinician documents Client discharge from services and closes out episode in Avatar.
- 6. Sample Template of Progress Note documenting LOC transition to Lower Level of Care Provider:

*Client has had no hospitalizations for over 2 years, no crisis contacts for the past 1+ year, and no medication changes for the past 1+ year. The Client is on 4 or fewer medications and no more than one medication from each class. The Client is/is not on long acting injectable and this has not changed for 1+ year.*

*Discussed with Client their mental health stability and intent to transfer Client to a lower level of care provider:*

*( ) North American Mental Health ( ) Dignity Healthcare ( ) CommuniCare ( ) Beacon.*

*The Client was informed about the process of transfer, including option of returning to this clinic if unable to establish care with alternative provider or worsening of symptoms.*

*Clinical and relevant information communicated to Care Team Clinician and Supervisor who will facilitate transfer. Care team to confirm Client contact information to facilitate transfer to Mild/Moderate provider.*

*Client established at Lower Level of Care Provider:*

*Received confirmation on [insert date] that Client established care with lower level of care provider:*

*( ) North American Mental Health ( ) Dignity Healthcare ( ) CommuniCare  
( ) Beacon*

*Verified by: [Clinician's Name and Date]*

#### **F. REFERENCES:**

1. Title 9 C.C.R. §1810.247
2. Title 9 C.C.R. §1830.205

Approved by:



Karen Larsen, Director  
Yolo County Health and Human Services Agency

9/4/18

Date