

**COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH**

POLICY NO. : 0406.101	POLICY TITLE: ACCESS TO SERVICES	EFFECTIVE DATE: 8/5/2005
PROGRAM:	BEHAVIORAL HEALTH ADULT SYSTEMS OF CARE	REVISION DATES: 3/25/14
AFFECTS:	ADULT BEHAVIORAL HEALTH OUTPATIENT PROGRAMS	REVIEW DATES: 10/5/05, 10/28/14, 1/17/18

POLICY All requests for services will be responded to in a timely manner in accordance with Managed Care guidelines.

DEFINITION(S) Emergent- This is a request that requires an immediate response
 Urgent- This is a request that requires a response within one hour
 Routine-This is a request that requires a response within five business days
 CSU-Crisis Stabilization Unit

PROCEDURE

1. When a beneficiary presents in person or calls Department of Health and Human Services - Behavioral Health, or the 1-888-849-5728 toll-free number, a [Request for Services \(RAS\)](#) is generated and completed by the receptionist who routes the request to the appropriate Access staff on the same day.
2. During regular business hours M-F 8:00 a.m.- 4:00 p.m. beneficiaries who self-identify as having an EMERGENT condition will be directed immediately to Same Day Services (SDS) for a crisis assessment to take place within 1 hour of the initial request.
3. Beneficiaries who self-identify as having an URGENT condition will be contacted by a Clinician within 1 hour of the initial request and a telephone consultation will take place. The clinician will complete a [Telephone Screening Assessment form](#) and determine the level of urgency of the request.
 - Level 1: Emergent
 - Level 2: Urgent
 - Level 3: Routine
4. After receiving a RAS for a non-emergent or non-urgent condition, the Clinician will conduct a telephone consultation with the beneficiary within 48 hours of the initial request using the [Telephone Screening Assessment form](#) and determine the level of urgency of the request.
5. If during the phone consultation, the Clinician determines that the beneficiary's need for services is at urgency Level 1, the Clinician will refer to SDS.
6. If during the phone consultation, the Clinician determines that the beneficiary's need for services is at:
 - Level 2 Urgent
 - Level 3 Routine

the clinician may schedule an assessment appointment at the earliest available time if the beneficiary meets criteria for specialty mental health services based on the findings of the telephone screening, (refer to procedures for referring to Beacon below) within one week for Level 2 and up to three weeks for Level 3.

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7. At the time of the assessment appointment, the Clinician will determine which outpatient services will best meet the needs of the beneficiary and a disposition plan will be recommended and referrals made. Disposition and referrals could include: ASOC Outpatient Services; other specialty programs within the ASOC (Alcohol & Other Drugs Program, Older Adult Services, Behavioral Health Services etc.) or non-specialty behavioral health services, community resources, or contracted preferred providers.

7.1.1. Beneficiaries requiring ASOC services will be scheduled at the earliest available time through the front desk or an [Intra-Agency Referral form](#) will be completed and submitted to the appropriate Program Manager for approval and assignment.

7.1.2. Beneficiaries who meet the criteria for non-specialty Behavioral Health services will receive referrals to meet their needs. The assessing clinician will complete this referral process in the following way:

- Obtain a release of information for Beacon Health Strategies
- Call **Beacon Health Strategies at 1-855-765-9703**
- You will hear a recorded phone tree
- If the client is with you-press the "Member" option. You will be connected to a live Beacon representative. Explain that you have a Partnership Health Plan Member (Medi-Cal beneficiary) with you and you would like to refer the Member to Beacon for mental health services.
- Fax initial 1096 Comprehensive Behavioral Health Assessment and the Beacon Adult Behavioral Health Screening form for Assessment and Treatment as Medically Necessary form to Beacon Health Strategies
- If the client is not with you and a 'warm hand off' is not possible, select the "Provider" option on the Beacon phone tree. You will be connected to a live Beacon representative. Fax the 1096 Comprehensive Behavioral Health Assessment with appropriate release to Beacon, along with the Beacon Adult Behavioral Health Screening form for Assessment and Treatment as Medically Necessary.
- Clients may self-refer to Beacon; primary care providers may refer a patient to Beacon and Counties may refer a client to Beacon at 1-855-765-9703.

7.1.3. Requests for services by beneficiaries not meeting Specialty Behavioral Health criteria will be denied and a [Notice of Action Form](#) will be issued if applicable.

8. In addition, Beneficiaries may access services by calling or walking in to Contract Organizational Providers (Humboldt Family Service Center, Remi Vista etc.). Steps 1 through 7 (above) will be followed.

FORM(S)/ ATTACHMENTS	Telephone Screening Assessment Form Intra Agency Referral Form Notice of Action Form Adult Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary (Beacon)
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REFERENCE	None
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