


No. UM-003	Behavioral Health Access, Triage and UM Decision Making	
Effective Date: 7/21/2020	POLICY AND PROCEDURE	
Committee Approval: 1/18/22		
Previous Versions: see revision history on last page		
DMHC TAG: Utilization Management NCQA Standard: NET 1, 2, 3, UM 4		

**BEHAVIORAL HEALTH ACCESS, TRIAGE AND UM DECISION MAKING POLICY**

Canopy Health is not delegated by the contracted health plans for behavioral health. Therefore, the contracted health plan is responsible for:

- Telephone intake system for members, which is staffed by trained personnel who are either individually licensed mental health professionals, or supervised by a licensed mental health professional, and which provides for appropriate crisis intervention and initial referrals to mental health providers;
- Policies and procedures and/or training that define protocols for initial referrals to mental health providers;
- Member access to a behavioral health delivery system through a centralized triage and referral system. Protocols for mental health triage and referral address the level of urgency and appropriate level of care relative to the member’s mental status and level of functioning; and
  - Established standards and goals for the timeliness of response to its triage and referral telephone lines and measures performance against those standards;
  - UM Decision making includes: written job descriptions with job descriptions for practitioners who review denials of care based on medical necessity, current clinical license to practice or an administrative license to review UM cases,

uses a physician or an appropriate behavioral healthcare practitioner, as needed, to review any behavioral healthcare denial of care based on medical necessity, adherence to NCQA and DMHC timeliness standards for UM decision making and denial notification;

- Canopy Health does not require prior authorization for the provision of emergency services and care to a patient with a psychiatric emergency.
- Canopy Health is not delegated to maintain the availability of, access to or the adequacy of behavioral healthcare and the behavioral healthcare network maintained by each contracted health plan.

#### Autism Spectrum Disorders (ASD)

- The Parent Health Plans provide coverage and authorize referral to behavioral health providers for behavioral health treatment to include applied behavioral analysis of enrollees with pervasive developmental disorder or autism.
- ASD-specific screenings should occur in all children at ages 18 months and 24 months during regular well-child visits at 9, 18, and 24 or 30 months.

**Source: SB946-CA HCS 1374.73 (a)(1), APL 14-011, APL 15-025 (aka SHP 121 2015), and Provider Update 17-596**

Additionally, Canopy Health complies with the California Mental Health Parity Law, via its upstream health plans, that specifies that certain mental health conditions are covered under the same terms and conditions that apply to medical conditions.

The mental health conditions that must be covered include serious emotional disturbances of a child and the following nine severe mental illnesses:

- Major depressive disorders
- Bipolar (manic-depressive) disorder
- Panic disorder
- Anorexia nervosa
- Bulimia nervosa

- Obsessive-compulsive disorder
- Autism or Pervasive Developmental Disorder
- Schizophrenia
- Schizoaffective disorder

### Revision History:

Version Date	Edited By	Reason for Change
7/19/16	M. Durbin	Creation date
10/9/17	M. Durbin	Updates based on MWE DMHC P&P filing re: updating language in the first paragraph to reflect CH is not delegated for behavioral health functions
7/30/18	R. Scott	Updated to include required coverage for Autism Spectrum Disorder.
6/1/20	R. Scott	Specified required Mental Health parity conditions.