


County of Marin <b>Behavioral Health and Recovery Services (BHRS)</b>	POLICY NO. BHRS-45
	Next Review Date: December 2024
<b>POLICY:</b>	Date Approved: December 2021
<b><u>OUT OF NETWORK ACCESS</u></b>	 By: _____ Jei Africa, PsyD Director of Behavioral Health and Recovery Services
<b>UPDATED POLICY</b>	

**POLICY: OUT OF NETWORK ACCESS**

**I. PURPOSE:**

This policy is to describe processes for out of network services for County of Marin beneficiaries.

**II. REFERENCES:**

Code of Federal Regulations (CFR) Title 42 §438.14 (b) (4); 438.206 (b)(4)  
California Department of Health Care Services (DHCS) Information Notice 18-011  
BHRS-31 Service Authorization for Specialty Mental Health Services  
BHRS-26 Substance Use Services Medical Necessity  
BHRS-83 Selective Provider Contracting

**III. POLICY:**

It is the policy of the Behavioral Health and Recovery Services (BHRS) Mental Health Plan (MHP) and Drug/Medi-Cal Organized Delivery System (DMC-ODS) to ensure appropriate services to beneficiaries that meet medical necessity. If the provider network is unable to provide necessary services, covered under the contract, to a particular enrollee, the MHP and/or DMC-ODS must adequately and timely cover these services out of network for the enrollee, for as long as the MHP and/or the DMC-ODS provider network is unable to provide them. Out of network providers are required to coordinate with the MHP and/or the DMC-ODS for payment and must ensure that the cost to the enrollee is no greater than it would be if the services were furnished within the network. For further detail on DMC-ODS services, refer to Policy BHRS-83 Selective Provider Contracting.

Medically necessary services are authorized as described in the BHRS Policy and Procedure BHRS-26 for Substance Use Services and BHRS Policy and Procedure BHRS-31 Service Authorization, specifically using the same protocol as in the “Initial Service Authorization” section.

If an individual is eligible for American Indian Health Services (IHS), and there are no American Indian Health Care Providers (IHCP) within the county, the MHP and DMC-ODS permits out-of-network services from an IHCP.

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**IV. AUTHORITY/RESPONSIBILITY:**

Quality Management  
Program Managers/Supervisors  
Access Team Supervisor  
Contract Managers

**V. PROCEDURE:**

- A. Requests for out-of-network access shall go through the Access Team, or designee, for consideration and decision.
- B. The MHP and DMC-ODS will make efforts to contract with IHS for medically necessary services as deemed appropriate for eligible participants.