Policy:	GG.1112
Title:	**Standing Referral to Specialty Care Provider or Specialty Care Center**
Department:	Medical Management
Section:	Utilization Management
CEO Approval:	*/s/ Michael Hunn 12/20/2024*
Effective Date:	06/01/1999
Revised Date:	12/01/2024
Applicable to:	☒ Medi-Cal ☒ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy defines the conditions under which CalOptima Health, and its Health Networks shall authorize a Standing Referral to a Specialty Care Provider or a Specialty Care Center.

II. POLICY

A. CalOptima Health and its Health Networks may authorize a Standing Referral for a Member who requires treatment for a medical condition or disease that is life threatening, degenerative, or disabling, and that requires specialized medical care over a prolonged period, including, but not limited to, a Specialty Care Provider or Specialty Care Center that has expertise in treating the condition or disease for the purpose of having the Specialty Care Provider or Specialty Care Center coordinate the Member's health care, a Member diagnosed with human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS).

B. Subject to the provisions of this policy, CalOptima Health or a Health Network may authorize a Standing Referral for a Member if the Member's Primary Care Practitioner (PCP), in consultation with the Health Network or CalOptima Health Medical Director and a Specialty Care Provider or Specialty Care Center, determines that the Member needs continuing care from a Specialty Care Provider or a Specialty Care Center.

C. A Member, Authorized Representative, Primary Care Physician (PCP), or Specialty Care Provider may submit a request for a Standing Referral or Extended Referral to CalOptima Health.

D. If CalOptima Health or a Health Network determines that a Standing Referral is necessary, CalOptima Health or the Health Network shall make the referral according to a treatment plan approved by CalOptima Health or the Health Network in consultation with the PCP, Specialty Care Provider or Specialty Care Center, and the Member.

E. An authorization for a Standing Referral to a Specialty Care Provider or Specialty Care Center may:

1. Designate the duration of continuing care;

2. Require communication between the Specialty Care Provider or Specialty Care Center and the Member's PCP or the CalOptima Health Medical Director; and/or

3. Delineate the process by which the Member, Authorized Representative, PCP, or Specialty Care Provider or Specialty Care Center may request additional referrals, as needed.

F. This policy does not require CalOptima Health or a Health Network to authorize a referral to a Specialty Care Provider or Specialty Care Center that is not employed or contracted with CalOptima Health or the Health Network to provide Covered Services to Members, unless there is no Specialty Care Provider or Specialty Care Center within the network that is qualified to provide the specialty care to the Member, in accordance with Health & Safety Code 1374.16 (d).

G. When the requirements for a Standing Referral for the treatment of California Children's Services (CCS) Program-Eligible Conditions are met for CCS-Eligible Members in the Whole Child Model (WCM) program, Standing Referrals shall only be made by CalOptima Health or a Health Network to CCS paneled providers or Specialty Care Center qualified to treat the CCS-Eligible Condition.

H. A Specialty Care Provider or Specialty Care Center shall request authorization for a Standing Referral for a CalOptima Health Member, in accordance with this Policy and CalOptima Health Policies GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers, GG.1507: Notification Requirements for Covered Services Requiring Prior Authorization, GG.1508: Authorization and Processing of Referrals, GG.1535: Utilization Review Criteria and Guidelines, and GG.1539: Authorization for Out-of-Network and Out-of-Area Services, and as specified in Health & Safety Code, 1363.5 and 1367.01.

III. PROCEDURE

A. A Member's PCP and Specialty Care Provider or Specialty Care Center shall develop a treatment plan with the Member's participation. The treatment plan may limit the number of visits to the Specialty Care Provider or Specialty Care Center, define the services authorized, or limit the period of time for which the visits are authorized.

B. CalOptima Health or a Health Network may waive the requirement for a treatment plan if it approves an existing Standing Referral to a Specialty Care Provider or Specialty Care Center.

C. A request for a Standing Referral shall include:

1. Member's diagnosis;

2. Required treatment;

3. Requested frequency and duration of care from the Specialty Care Provider or Specialty Care Center; and

4. Relevant clinical information to support the request.

D. Upon request from a Member's PCP or a Specialty Care Provider for a Standing Referral, the following shall occur:

1. CalOptima Health or a Health Network shall make a determination on the Standing Referral request within three (3) business days of receipt of the appropriate medical records and other information necessary to evaluate the request;

2. CalOptima Health or a Health Network shall notify the Member, the Member's PCP, or the Specialty Care Provider or Specialty Care Center of a decision to deny, defer, modify, or terminate a request for a Standing Referral in accordance with CalOptima Health Policy GG.1507: Notification Requirements for Covered Services Requiring Prior Authorization; and

3. Upon approval of a request for a Standing Referral, CalOptima Health or a Health Network shall provide the referral to the approved Specialty Care Provider or Specialty Care Center within four (4) business days of the determination.

E. A Specialty Care Provider shall provide a Member's PCP with regular reports on the health care provided to the Member in accordance with CalOptima Health Policy GG.1113: Specialty Practitioner Responsibilities, and the conditions outlined in this Policy.

F. A Provider or Practitioner shall obtain authorization for Covered Services for Members enrolled in CalOptima Health Direct (COD)-Administrative or CalOptima Health Community Network (CCN) in accordance with CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers.

G. A Provider or Practitioner shall obtain authorization for Covered Services for Members enrolled in a Health Network in accordance with the Health Network's authorization rules.

H. CalOptima Health and its Health Networks shall monitor the appropriate utilization of medical care and services delivered to Members and ensure that care is monitored, analyzed, and interventions are implemented upon the identification of under and over utilization patterns, in accordance with CalOptima Health Policy GG.1532: Over and Under Utilization Monitoring.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Health Contract for Health Care Services
B. CalOptima Health Contract with Department of Health Care Services (DHCS) for Medi-Cal
C. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
D. CalOptima Health Policy GG.1113: Specialty Practitioner Responsibilities
E. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers
F. CalOptima Health Policy GG.1507: Notification Requirements for Covered Services Requiring Prior Authorization
G. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
H. CalOptima Health Policy GG.1532: Over and Under Utilization Monitoring
I. CalOptima Health Policy GG.1535: Utilization Review Criteria and Guidelines
J. Health and Safety Code Section 1363.5
K. Health and Safety Code Section 1367.01
L. Health and Safety Code, Section 1374.16
M. Title 28, California Code of Regulations (CCR), Sections 1300.70(b)(2)(H) and(c)
N. Title 42, Code of Federal Regulations (C.F.R), Section 438.208(c)(4)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
03/28/2016	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
10/04/2018	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	06/01/1999	GG.1112	Standing Referral to Specialist Practitioner or Specialty Care Center	Medi-Cal
Revised	06/01/2007	GG.1112	Standing Referral to Specialist Practitioner or Specialty Care Center	Medi-Cal
Revised	11/01/2015	GG.1112	Standing Referral to Specialty Care Provider or Specialty Care Center	Medi-Cal OneCare OneCare Connect
Revised	02/01/2016	GG.1112	Standing Referral to Specialty Care Provider or Specialty Care Center	Medi-Cal OneCare OneCare Connect
Revised	03/01/2017	GG.1112	Standing Referral to Specialty Care Provider or Specialty Care Center	Medi-Cal OneCare OneCare Connect
Revised	10/04/2018	GG.1112	Standing Referral to Specialty Care Provider or Specialty Care Center	Medi-Cal OneCare OneCare Connect
Revised	10/01/2019	GG.1112	Standing Referral to Specialty Care Provider or Specialty Care Center	Medi-Cal OneCare OneCare Connect
Revised	10/01/2020	GG.1112	Standing Referral to Specialty Care Provider or Specialty Care Center	Medi-Cal OneCare OneCare Connect
Revised	04/01/2021	GG.1112	Standing Referral to Specialty Care Provider or Specialty Care Center	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1112	Standing Referral to Specialty Care Provider or Specialty Care Center	Medi-Cal OneCare
Revised	02/01/2023	GG.1112	Standing Referral to Specialty Care Provider or Specialty Care Center	Medi-Cal OneCare
Revised	12/01/2024	GG.1112	Standing Referral to Specialty Care Provider or Specialty Care Center	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Authorized Representative	Medi-Cal: Any individual appointed in writing by a competent Member or Potential Member, to act in place or on behalf of the Member or Potential Member for purposes of assisting or representing the Member or Potential Member with Grievances and Appeals, State Fair Hearings, Independent Medical Reviews and in any other capacity, as specified by the Member or Potential Member. OneCare: An individual who is the legal representative or otherwise legally able to act on behalf of an enrollee, as the law of the State in which the beneficiary resides may allow, in order to execute an enrollment or disenrollment request; e.g., court appointed legal guardians, persons having durable power of attorney for health care decisions, or individuals authorized to make health care decisions under state surrogate consent laws, provided they have the authority to act for the beneficiary in this capacity (see §40.2.1). Form CMS-1696 may not be used to appoint an authorized representative for the purposes of enrollment and disenrollment. This form is solely for use in the claims adjudication or claim appeals process, and does not provide broad legal authority to make another individual's healthcare decisions.
California Children's Services (CCS)-Eligible Conditions	A medical condition that qualifies a Child to receive medical services under the CCS Program, as specified in 22 CCR section 41515.1 et seq.
California Children's Services (CCS) Program	A State and county program providing Medically Necessary services to treat CCS-Eligible Conditions.
CalOptima Health Community Network (CHCN)	A managed care network operated by CalOptima Health that contracts directly with physicians and hospitals and requires a Primary Care Provider (PCP) to manage the care of the Members.
CalOptima Health Direct Administrative (COHD-A)	The managed Fee-For-Service health care program operated by CalOptima Health that provides services to Members who meet certain eligibility criteria as described in CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
Covered Services	Medi-Cal: Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS. Covered Services do not include: 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis

Term	Definition
	and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005;

Term	Definition
	14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012. OneCare: Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare & Medicaid Services (CMS) Contract.
Extended Referral	A referral to a specialist for more than one (1) visit, where the Member's condition or disease requires specialized medical care over a prolonged period of time and is life-threatening, degenerative or disabling, and requires a specialist to coordinate the Member's health care (including some or all primary care).
Health Network	For purposes of this policy, a Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Member	A beneficiary enrolled in a CalOptima Health program.
Primary Care Practitioner/Physician (PCP)	A Practitioner/Physician responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the medical home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For Members who are Seniors or Persons with Disabilities or eligible for the Whole Child Model, "Primary Care Practitioner" or "PCP" shall additionally mean any Specialty Care Provider who is a Participating Provider and is willing to perform the role of the PCP. A PCP may also be a Non-physician Medical Practitioner (NMP) (e.g., Nurse Practitioner [NP], Nurse Midwife, Physician Assistant [PA]) authorized to provide primary care services under supervision of a physician. For SPD or Whole Child Model beneficiaries, a PCP may also be a Specialty Care Provider or clinic.
Specialty Care Center	A center that is accredited or designated by an agency of the state or federal government or by a voluntary national health organization as having special expertise in treating the life-threatening disease or condition or degenerative and disabling disease or condition for which it is accredited or designated.
Specialty Care Provider	Provider of Specialty Care given to Members by referral by other than a Primary Care Provider.
Standing Referral	A referral to a specialist for more than one (1) visit, as indicated in an Active Treatment Plan, if any, without the Provider having to provide a specific referral for each visit.

Term	Definition
Whole-Child Model (WCM)	An organized delivery system established for Medi-Cal eligible CCS children and youth, pursuant to California Welfare & Institutions Code (commencing with Section 14094.4), and that (i) incorporates CCS covered services into Medi-Cal managed care for CCS-eligible Members and (ii) integrates Medi-Cal managed care with specified county CCS program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.