



Position Statement on Criteria and Standards for Utilizing Single Case Agreements

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It is behavioral health's practice to refer members to providers that meet the criteria required for the provision of high quality behavioral health services. When this kind of referral cannot be made to a plan contracting provider, we may need to make or approve a referral outside the existing behavioral health network.

There are situations in which the member's request for care with a non-contracting provider is related to that provider's clinical specialty or expertise. That is when the member contends that plan network providers do not have comparable experience in the well-established clinical specialty for which treatment is being sought. In these instances, members often request that a Single Case Agreement (SCA) be negotiated. The goal of this document is to specify the conditions under which this determination requires a medical necessity question to be answered or defined. This process requires a Clinical Management review and will result in a clinical decision.

In addition, there are situations in which the member's request for care with a non-contracting provider is related to that provider's fluency in the member's primary language/culture. Particularly as it relates to the provision of therapy services, linguistic match is a relevant factor for consideration of a provider's clinical appropriateness due to the importance of the therapeutic relationship development and essential nature of communication access. This process requires a Clinical Management review and will result in a clinical decision.

Behavioral health has researched the regulatory requirements and believes that in such instances a medical necessity review and clinical decision is appropriate. If denied, the member will have all levels of appeal available. The decision must be a clinical one with Clinical Management as the decision maker. A Behavioral Health Clinical Manager or Medical Director will determine whether a specific treatment is medically necessary and can only be provided by the unique non-contracting provider being requested, and whether that provider's expertise/credentials/experience cannot be duplicated by a contracted provider in the plan network within the member's geographic region.

Note: If the SCA question is not a clinical one, such as a member who wants an SCA with a non-contracting provider because he likes that provider or because it is more convenient, an administrative denial would be issued for that SCA request. Further, if the SCA question is for language fluency of a provider for medication management or procedures, use of an interpreter is generally sufficient for these services, which are less dependent on the establishment of a therapeutic relationship than therapy services. If the member has out of network benefits, he or she would be directed to access that benefit. The administrative denial is issued after behavioral health has carefully researched and located at least one appropriate contracted behavioral health provider who practices in the member's geographic area, and has available hours within a reasonable time frame and has the clinical specialty/credentials/experience required to adequately treat the member's condition.

References

Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations, American Psychological Association. These guidelines were approved by the Council of Representatives in August of 1990 during the 98th Annual Convention in Boston, Massachusetts.