



**Indian Health Service
California Area Office**

POLICY MANUAL	YOUTH REGIONAL TREATMENT CENTER	PAGE	1 of 2
CHAPTER	INTAKE AND AFTERCARE SERVICES	NUMBER	C6.S9.0
SUBJECT	REFERRAL SERVICES AND RISK POOL REIMBURSEMENT		

EFFECTIVE DATE	11/15/17
REVISION DATE	

PURPOSE:

If an applicant does not meet eligibility and/or clinical criteria for placement in the YRTC, our Intake/Aftercare Staff and Admissions Committee will review all requests for placement in an optional treatment facility.

POLICY:

The order of placement for referral services is as follows:

- 1) Desert Sage Youth Wellness Center (if appropriate)
- 2) Any other IHS or Tribal YRTC (if appropriate)
- 3) Private facility (out of state)

The intake packet/applicant process must be completed according to instructions. Pertinent insurance information must be filed with completed intake packet in order to determine placement. The YRTC Billing Department will verify the insurance status of all pending referrals.

In all cases, IHS is the payor of last resort.

If a youth that is being referred for treatment has insurance from a self-insured tribe, that tribe must use their private insurance to pay for treatment. The YRTC will ask that the tribe allow IHS to bill their insurance for services at the YRTC. However, if the youth is sent to a private facility, the tribe must arrange payment from their insurance company to the private facility.

If the youth that is being referred for treatment has Medi-Cal Managed Care and is referred to a private facility, the referring agency must submit a denial letter to the intake/aftercare staff indicating that the insurance plan will not cover those expenses. Once the YRTC receives the letter, we will authorize a referral to the treatment facility. Authorization will only be for treatment services. Transportation/travel services and medical costs outside of standard treatment modalities or therapeutic methods will not be considered for risk pool reimbursement.



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All referrals outside of the YRTC will only be approved for a 60-day period. Any requests for extension of care must be made two (2) weeks prior to the end of the initial 60-day period. If you do not request an extension before two (2) weeks, you will be responsible for any additional treatment costs at that facility. All requests for extensions will be handled through the intake/aftercare staff.

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