This Tip Sheet is for informational use only. The Child & Adolescent Psychiatry Division of Stanford University and Stanford Children’s Health does not guarantee that this information is accurate as to your specific insurance company’s policies, plans or protocol. Please use this as a reference only and consult directly with your insurance company for details specific for you and your family.

*It is recommended to read this entire Tip Sheet prior to calling your insurance company*

Behavioral/mental health services may be covered in full or in part by your health insurance or employee benefit plan. Navigating the insurance system can be confusing so it is suggested to check your coverage carefully by following the steps on this Tip Sheet.

PART 1: CONTACTING YOUR INSURANCE COMPANY

For private insurance see STEP 1 below; for Medi-Cal insurance, please skip to Page 7.

Private Insurance

STEP 1: Check the back of your insurance card for the contact phone numbers specific to your plan. Check closely to see if there is a separate number for Behavioral/Mental Health Services and if not, then locate the general Member/Customer Service number.

STEP 2: Call the Member Services number (or Behavioral/Mental Health number). Be sure to get the name of the representative with whom you speak. Insurance systems can be challenging to navigate, so you may want to make notes of the date and time of your call.

Please confirm the following:

Ask the representative “Does my policy cover behavioral/mental health benefits for outpatient psychotherapy/psychiatry for my child?”

If yes, ask “Which company provides the behavioral/mental health services? Is there a ‘carve-out’?”

- Sometimes companies ‘carve out’ their behavioral health benefits to another entity to manage (Ex: UnitedHealthcare carves out to UBH/Optum Behavioral Health, Blue Shield carves out to MHSA/Magellan, Health Net carves out to MHN, and so on).
- If you have a ‘carve out,’ you will be searching for providers under the ‘carve out’ company. Moving forward, for all remaining steps, you will be asking for information about the ‘carve out’ and NOT the insurance company.

Step 3: Ask the representative for both the contact number and website address for the behavioral/mental health network company in order to locate their “Provider Directory” and/or link to complete an online provider search.
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Step 4: Ask the representative “What do my in-network behavioral/mental health benefits include?”
Be sure to confirm the following:

1. What percentage of my therapy/psychiatry bills will my policy cover? (and/or) What is the coverage amount per therapy and psychiatry session?
2. Is there a co-payment? If yes, how much will the co-payment amount be?
3. Is there a limit to the number of visits allowed?
4. Is a doctor’s referral required?
5. Is pre-authorization required? If so, what is the name and number of the person to be contacted?
6. Is there a deductible? What is the deductible amount?
7. Is it a yearly deductible? Have I met my deductible for this year? If not, how much do I have left to meet?

NOTE: Some policies/plans may cover a portion of out-of-network services, where families will be responsible for paying part of the cost. To find out, move to Step 5.

Step 5: Ask the representative “Does my policy include out-of-network behavioral/mental health benefits for outpatient psychotherapy/psychiatry?” If yes, be sure to confirm the following:

1. What percentage of my therapy bills will my policy cover? What is the coverage amount per therapy session? What is my co-payment amount?
2. Is there a limit to the number of visits allowed?
3. Is a doctor’s referral required? (and/or) Is approval required from my primary care physician?
4. Is pre-authorization required? If so, what is the name and number of the person to be contacted?
5. Is there a deductible? What is the deductible amount?
6. Is it a yearly deductible? Have I met my deductible for this year? If not, how much do I have left to meet?
7. What is the address of the office where I should send my claims, if the out-of-network therapist does not bill directly?
8. To whose attention is the claim to be sent? What is their contact number to follow up?
9. Is there a special form I will need to send with the invoice (aka “superbill”) from my therapist?
10. Is there a time limit to submit the claim?
11. How long does it usually take to be reimbursed? Will they send me a check?

NOTE: Usually if you go to an appointment with an out-of-network therapist/psychiatrist, you will have to pay their full rate at the time of the visit.

- Some out-of-network providers will bill your insurance directly on your behalf; however, for many you will be responsible to pay for the entire cost of the session (their full fee) at the time of the appointment.
- Most out-of-network providers will give you an itemized invoice (aka “superbill”) to submit to your insurance company for potential reimbursement at your policy’s out-of-network rate.
- This option is helpful when no in-network providers have been identified, as you can then search for a provider out-of-network to see if they have openings.
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- Once identified, ask that out-of-network provider their billing policy and rates in advance to assist in making decisions.

OPTIONAL STEP 6: While you are on the phone with the representative you may ask the representative to assist you with your search for in-network providers. Please be sure to prepare the information from PART 2 below in advance to utilize this service.

PART 2: SEARCHING FOR PROVIDERS

STEP 1: To begin the search for providers that are in your network, be clear on what services you are looking for. You will need to search for a therapist (psychotherapy) and a psychiatrist (medication management) separately. Please note that while some psychiatrists offer psychotherapy, many do not or may not be trained in Evidence Based Psychotherapy to the same degree as a psychologist or master’s level therapist. Further information regarding types of service providers are detailed below. These are general guidelines and it will be important to ask questions of individual providers when you meet with them.

- Outpatient Medication Services:
  - Psychiatrist or Nurse Practitioner (MD, NP, DO) – Psychiatrists are medical doctors with expertise in the brain. In addition to diagnostic assessment and medication management, these doctors may also provide therapy at appointments, so ask each one specifically.

- Outpatient Therapy (aka Psychotherapy) Services:
  - Psychologist (PhD or PsyD) – Psychologists have a doctoral degree in psychology and extensive training and supervised clinical experience in providing psychotherapy. They are not medical doctors and do not prescribe medications.
  - Master’s Level Clinician: Licensed Marriage and Family Therapists (MFT) are mental health professionals trained in psychotherapy and family systems. They treat mental and emotional disorders within the context of marriage, couples, and family systems in addition to providing individual therapy.
  - Licensed Clinical Social Workers (LCSW): Social workers help people overcome life challenges and stressors such as family conflict, divorce, loss, abuse, discrimination, and difficulty with access to resources. They counsel individuals, families, and communities to cope more effectively with the stresses of everyday life. Some LCSW’s are trained to provide Evidence Based Psychotherapy, so it is important to ask.

NOTE: Often listings on insurance websites and search engines are not up to date/accurate. Call each one directly to confirm information.

Step 2: After obtaining the website and phone number for the company in charge of your behavioral/mental health portion of benefits, you can begin the search for a provider in several ways:

- Over the phone: Ask your Member/Customer Service Representative to assist you with searching for a list of in-network providers (this agent can usually provide names verbally, via email, or fax).
  - You will need to be specific in what you want (e.g., provider’s gender, location, specialty, type of therapy offered such as “cognitive behavioral therapy (CBT),” etc.). See section below for description of Evidence Based Practice psychotherapy options.
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- **Via insurance website:** Go online to complete a search for in-network providers. You can filter your search by criteria such as gender, age range, specific modality, location.
  - (EX: search for all in-network providers who use cognitive behavioral therapy (CBT) for an adolescent with anxiety and depression within 10 miles of San Jose, CA).

**IMPORTANT TIP:** *Start general! Do not be too selective or you may not end up with many results.*

**Optional Step 2A:** You can utilize additional online search engines. These websites can be useful to cross reference a provider from your insurance list or to identify additional provider options. Be aware that many providers do not have private practice websites, especially those who have been in the field for a long time. Some do not feel the need a website as they have full practices simply by word of mouth.

  - **Psychology Today** On this site you can use the “Find a Therapist, Psychiatrist, Support Groups or Treatment Center” function. Start with the zip code or city in which you’d like services and then use their search criteria on left side to select insurance, and filter by other categories. [www.psychologytoday.com/us/therapists](http://www.psychologytoday.com/us/therapists)

  - **California Association of Marriage and Family Therapists (CAMFT)** is an independent professional organization who offers a FIND A THERAPIST feature on their website that links to Counseling California. You can narrow your search by gender, payment options/insurance, specialty, etc. [https://www.counselingcalifornia.com](https://www.counselingcalifornia.com)

  - **American Psychological Association** has a search engine called “Psychologist Locator” [https://locator.apa.org](https://locator.apa.org)

**PART 3A: CONTACTING POTENTIAL PROVIDERS**

**Step 1:** Call each provider on your list that meets your search criteria to confirm details about their practice. You can gather information about who they treat and how they work. Review **PART 3B** below prior to calling.

Be sure to include the following:

1. Ask “Are you accepting new patients? If not, do you have a wait list?”
2. Explain your main concern and what services you are looking for.
3. If you get their voice mail message, be sure to leave the following:
   - your name and call back phone number.
   - name of insurance, if you plan to use it.
   - reason for your call (include what services you are looking for)

**TIP:** Keep track! You may want to write down provider name, date and time of every call to document efforts into a ‘Call Documentation Log.’ This can come in handy if you need to escalate your search within your insurance system.

**TIP:** Be persistent! Do not be afraid to call providers back if you have not heard back with a reasonable amount of time. Many are very busy and it can take some time to get back to potential patients.
PART 3B: SELECTING A PROVIDER

Important things to consider when speaking with a potential provider:
Most therapists will help guide the initial telephone conversation, including discussion type of services offered, fees (insurance vs. private pay) and availability. There are many different therapeutic approaches and it will be important to find the right fit for your family. Several terms may be helpful in your search:

Evidence Based Practice (EBP) – Evidence Based approaches are those that have been scientifically evaluated by research and demonstrated to have positive outcomes in helping patients.

Cognitive Behavioral Therapy (CBT) – CBT is a type of Evidence Based Approach that focuses on teaching youth and parents about the connection between thoughts, feelings, and behaviors and providing skills that can help youth to learn to manage, reduce, or eliminate their symptoms of anxiety, depression, or other presenting concerns.

Parent Management Training (PMT) – PMT is a type of Evidence Based Approach that focuses on treating children with oppositional and defiant behaviors such as difficulty following directions, complying with adult requests, and getting along with others.

Family Therapy – Rather than focusing exclusively on the child or adolescent, family therapy treats the entire family system to better help the youth.

There are many more excellent approaches available. These are just a few common terms! Ask your potential provider to explain their approach to treatment and rationale.

In addition to treatment approach, you may wish to consider the following:

1. Was the provider easy to get ahold of or return your call in a timely manner?
2. Do you feel comfortable talking with the provider?
3. Does the provider have experience in the area in which your child is struggling?
4. Did the provider ask questions about your goals and seem interested in your child and family?
5. Does the provider have appointments available at times and days that work for you?
6. Was information on fees, policies and scheduling easy to understand and readily available?

What happens at the first visit? In the first visit the therapist will usually introduce you to their practice, outlining elements such as their style, training, protocols for scheduling, fee structure, expectations about attendance, and other administrative issues. More importantly, they should spend some quality time listening to your concerns and learning about your child and family. Some providers prefer to meet your child at the first session and others may prefer to meet with caregivers first to get a history. Ask before scheduling the first appointment whether you, your child, or both will be seen at the first appointment. Be aware that this “intake” appointment often spans several visits and sometimes the first visit may be longer than the typical session hour, as this information sharing and gathering process takes time. Your provider may ask you, your child, and/or your child’s teachers to complete pencil and paper assessment measures of the child’s behavior.
Eventually, if the fit is feeling right, the provider should offer you direct feedback about your child’s difficulties, diagnosis, and recommended treatment plan. This should feel like a collaborative process in which you all move toward making concrete treatment goals together. If you are seeking medication for your child or teen as part of treatment, please be aware that providers rarely if ever prescribe a medication at the first session, as they need to get to know your child first.

Assessing “goodness of fit” Does your time with the therapist feel comfortable and respectful? Do you sense the therapist is caring? Does the therapist explain things in a way you can understand? Studies show that “rapport” (the sense of being understood and listened to, and the sense of collaborative care) is important to benefit from therapy. If you do not feel comfortable after initially speaking with a potential provider, you are not obligated to work with them. However, it does take time to develop a trusting relationship and it may take several sessions to fully evaluate this dimension.

Other important information
To verify a provider’s professional license if you have a concern, licensing information is available for providers through the California Department of Consumer Affairs at: www.dca.ca.gov

PART 5: TROUBLE SHOOTING

WHEN HAVING DIFFICULTY WITH SECURING SERVICES: Be pro-active! If you are having difficulty with finding a provider, contact your insurance for support! Most insurance companies have ‘Care Advocates’ and/or ‘Case Managers’ on staff who can make these calls on a member’s behalf but you usually have to request this service directly. There is usually a set amount of time by which a case manager must secure a provider for their members.

Step 1: Call back your Member/Customer Service line to request additional assistance. Have your list of all names, dates, times of calls made thus far in hand to support your case for additional assistance.

1. Explain to the representative all of the steps taken thus far.
2. Express your concern that your child be linked to care as soon as possible.
   o If you are seeking services based upon a recommendation by one of Stanford Child & Adolescent Psychiatry’s providers and/or another provider, share the specific recommendation details.
3. Ask to be assigned a Care Advocate/Case Manager to secure services for your child.
4. Obtain the direct phone number for the Care/Case Management Department so that you can follow up with them!
5. Ask for their protocol as to the time line by which they MUST link your child.

“SINGLE CASE AGREEMENT” (aka “Gap Exception”): This is an option to pursue if you are unsuccessful in connecting with an in-network or out-of-network (or if your plan does not have out-of-network benefits).

- Each insurance company has their own unique criteria that must be met in order to qualify for a single case agreement, so ask the representative for details.
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- e.g., a provider can’t be found who is located within a set geographic range and/or who specializes in your child’s specific diagnostic criteria

Step 1: Call back your Member/Customer Service Department to gather information about their single case agreement process.

1. After you have exhausted your list of potential providers (this is where your notes/call documentation log is key), explain to your insurance representative that none of the providers you’ve contacted can see your child.
2. Ask to escalate your case in order to obtain a single case agreement with an out-of-network provider, at in-network rates.
   - Ask what steps must be completed to consider approval for a single case agreement.
   - Be prepared with the name of an out-of-network provider with the expertise you are looking for (your preferred provider for your child) and share their name with the single case agreement department representative.
   - Depending on your insurance company, you may have to involve the provider in this process.

Step 2: Complete necessary steps as outlined by your insurance company.

1. Follow whatever steps are required to pursue this option. Usually your insurance company must follow an approval process in order to justify this level of need and in order to approve the request.
   a. Insurance companies present your case (including clinical information as to your child’s status and level of function, symptoms, behaviors, etc.) for review by their internal clinical staff.
   b. There is a set timeline by which they will contact you with the outcome of their review.
   c. If approved, then you could utilize the aforementioned steps in this Tip Sheet to schedule with a provider.

MEDI-CAL INSURANCE ("Straight Medi-Cal" & "Managed Medi-Cal" Plans)

PART 1: DETERMINE WHO IS RESPONSIBLE FOR BEHAVIORAL/MENTAL HEALTH SERVICES UNDER YOUR PLAN

STEP 1: Check the back of your Medi-Cal insurance card for the contact phone numbers specific to your plan. Check closely to see if there is a separate number for Behavioral/Mental Health Services and if not, then locate the general Member/Customer Service number.

NOTE: Usually if your child has ‘Straight Medi-Cal” coverage, there will NOT be any phone numbers listed on card. This is one way to determine that your child will pursue services directly with the county in which you reside. If so, please skip to PART 2 on page 9 below to proceed.
STEP 2 (FOR MEDI-CAL MANAGED PLAN POLICIES): Call the specific Managed Plan’s Member Services number (or Behavioral/Mental Health number) listed on the insurance card. Be sure to get the name of the representative who speak with. Insurance systems can be challenging to navigate, so you may want to make notes of the time and date of your call. Please confirm the following:

Ask the representative: “Does my policy cover behavioral/mental health benefits for outpatient psychotherapy/psychiatry for my child?”

If yes, ask “Which company provides the behavioral/mental health services? Is there a ‘carve-out?’”

- Sometimes companies ‘carve out’ their behavioral health benefits to another entity to manage (Ex: Anthem Blue Cross Medi-Cal may carve out to Beacon Health Options).
- If you have a ‘carve out,’ you will be searching for providers under the ‘carve out’ company. Moving forward, for all remaining steps, you will be asking for information about the ‘carve out’ and NOT the insurance company.

Step 3: Ask the representative for how to access potential providers. Be sure to ask for both the contact number and website address for the behavioral/mental health network company in order to locate their “Provider Directory” and/or link to complete an online provider search.

Step 4: Ask the representative “What do my in-network behavioral/mental health benefits include?” Be sure to confirm the following (some of these may not apply but ask just in case):

1. What percentage of my therapy/psychiatry bills will my policy cover? (and/or) What is the coverage amount per therapy and psychiatry session?
2. Is there a co-payment? If yes, how much will the co-payment amount be?
3. Is there a limit to the number of visits allowed?
4. Is a doctor’s referral required?
5. Is pre-authorization required? If so, what is the name and number of the person to be contacted?
6. Is there a deductible? What is the deductible amount?
7. Is it a yearly deductible? Have I met my deductible for this year? If not, how much do I have left over to meet?

Step 5: Go to PART 3A/B above on pages 4-6 for tips and strategies for contacting and selecting a provider.
PART 2: CONTACTING THE CORRECT DEPARTMENT FOR COUNTY COVERED
BEHAVIORAL/MENTAL HEALTH SERVICES  If your child has what’s known as ‘Straight Medi-Cal’
insurance, you must obtain services through the Department of Behavioral/Mental Health for the county you
live in, following your county’s protocol. Each county has their own unique protocol for how to obtain
services. Please follow the steps below:

STEP 1: Search online for your county’s Behavioral/Mental Health Department’s contact number (for San
Mateo, Santa Clara and Santa Cruz Counties, please see contact numbers listed below).

STEP 2: Follow their guidelines, as instructed online. Generally, the process for each county starts with a call
to their “ACCESS LINE.”

- Call the ACCESS LINE phone number to start process and follow telephone prompts for outpatient
behavioral health services.
- Complete the initial registration process, during which they will confirm/verify your benefits.
- Next steps usually include a phone interview where you will share ALL of your child’s symptoms,
concerns, behaviors and what services you are looking for. Sometimes the clinician will need to
speak with your child.

TIP: NOW IS THE TIME TO SHARE ALL INFORMATION & CONCERNS!!  The more you share during this phone
call, the better! This way the clinician will have a clear picture of what’s going on.

- The information you share will determine the type of services your child will get connected/linked
to, so please be detailed in your description and share all concerns.
- If the referral is based upon a recommendation by one of Stanford’s Child & Adolescent
Psychiatry’s providers and/or another provider, share their specific recommendation details.

STEP 3: After completing their initial assessment process, the county clinician will determine your child’s
appropriate level of care and needs:

- Based upon their determination, follow their next steps. Some potential outcomes are listed
below:  (Note: each county has their own protocol so this is not a guarantee):
  - If your child’s need for services is determined to be at a "mild or moderate" level---> you may be
given a list of providers within that county’s network from whom to choose.
    o If this is the case, follow the steps listed in PART 3A/B above on pages 4- 6.
  - If your child’s need for services is determined to be at a "moderate to severe" level ---> your
child will be connected with that county’s directly operated clinic/agency mandated to provide
services (based upon which program will best meet your child’s needs and current openings).
    o Follow their specific steps to set the appointment at whatever clinic/agency your child is
assigned to, as each county does things differently.
    o The clinician may tell you when to expect a call from the assigned clinic/agency to set up
an appointment.
    o Be sure to ask for the direct phone number for the clinic/agency to follow up with after,
if you have not heard anything by the deadline.
NOTE: Directly operated county agencies can often provide more comprehensive wrap-around services, with in-home therapy, case management, and family support if determined to be clinically appropriate. Be sure to ask about these options during your initial phone call.

LOCAL ACCESS LINES FOR MEDI-CAL BEHAVIORAL HEALTH (and substance SERVICES):

San Mateo County Behavioral Health Services
ACCESS Call Center: 1-800-686-0101 (select language option 1st, then option #4 for mental health services)
www.smchealth.org/mentalhealth

Santa Clara County Behavioral Health Services Department Call Center
Access Line: 1-800-704-0900 (select language option 1st, then option #4 for mental health services)
Suicide/Crisis Line: 1-855-278-4204
Text RENEW to 741741
www.sccgov.org/sites/bhd/Pages/home.aspx

Santa Cruz County Behavioral Health Department
Access & Crisis Line: 1-800-952-2335 (select language option 1st, then option #1 for mental health services)
www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth.aspx

NAMI: National Alliance for the Mentally Ill
Local chapter provide services including support groups, warmline/helpdesk, classes, workshops, caregiver support, peer pals, education, etc.
- Santa Clara www.namisantaclara.org
- Santa Cruz www.namisc.org
- San Mateo www.namisanmateo.org

In case of safety concerns, call 911 or go to the closest Emergency Department.