State of California—Health and Human Services Agency
Department of Health Care Services

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DATE: March 31, 2022

Behavioral Health Information Notice No: 22-011
SUPERSEDES: MHSUDS IN 16-061

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: No Wrong Door for Mental Health Services Policy

PURPOSE: The purpose of this Behavioral Health Information Notice (BHIN) is to provide County Mental Health Plans (MHPs), Drug Medi-Cal (DMC) counties, and Drug Medi-Cal Organized Delivery System (DMC-ODS) counties with guidance and clarification regarding the No Wrong Door for Mental Health Services policy. This policy ensures that Medi-Cal beneficiaries receive timely mental health services without delay regardless of the delivery system where they seek care, and that beneficiaries are able to maintain treatment relationships with trusted providers without interruption. Corresponding guidance to Medi-Cal managed care health plans (MCPs) is contained in All Plan Letter (APL) 22-005.

BACKGROUND:
With the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the Department of Health Care Services (DHCS) aims to address Medi-Cal beneficiaries' needs across the continuum of care, ensure that all beneficiaries receive coordinated

services, and improve beneficiary health outcomes.[1] DHCS' goal is to ensure that beneficiaries have access to the right care in the right place at the right time.

CalAIM includes a suite of changes to the Medi-Cal behavioral health system to advance whole-person, accessible, high-quality care, including updates to the criteria to access specialty mental health services (SMHS), implementation of standardized statewide screening and transition tools, payment reform, and other changes summarized in the CalAIM proposal and behavioral health information notices.

Per forthcoming DHCS guidance, Medi-Cal Managed Care Health Plan Responsibilities For Non-Specialty Mental Health Services, and the Medi-Cal Provider Manual: Non-Specialty Mental Health Services: Psychiatric and Psychological Services, MCPs are required to provide or arrange for the provision of the following non-specialty mental health services (NSMHS):[2]

- Mental health evaluation and treatment, including individual, group and family psychotherapy.
- Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.
- Outpatient services for purposes of monitoring drug therapy.
- Psychiatric consultation.
- Outpatient laboratory, drugs,[3] supplies and supplements.

MCPs must provide or arrange for the provision of the NSMHS listed above for the following populations:

- Members who are 21 years of age and older with mild to moderate distress, or mild to moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders, as defined by the current Diagnostic and Statistical Manual of Mental Disorders;[4]

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[1] Please visit the CalAIM webpage For further information
[2] APLs are searchable on the APL webpage. Please visit the Medi-Cal provider manual for, Non-Specialty Mental Health Services: Psychiatric and Psychological Services. See W&I Code section 14184.402(b)(1). State law is searchable at: https://leginfo.legislature.ca.gov/faces/codes.xhtml.
[3] This does not include medications covered under the Medi-Cal Rx Contract Drug List.
[4] Presence of a neurocognitive disorder (e.g., dementia) or a substance-related and addictive disorder (e.g., stimulant use disorder) are not "mental health disorders" for the purpose of determining whether a beneficiary meets criteria to receive NSMHS. However, MCPs must provide or arrange for NSMHS for beneficiaries with any of these or other co-occurring physical health or substance use disorders if they also have a mental health disorder (or potential mental health disorders not yet diagnosed) and meet criteria for NSMHS as described above.

- Members who are under the age of 21, to the extent they are eligible for services through the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, regardless of the level of distress or impairment, or the presence of a diagnosis; [5] and,
- Members of any age with potential mental health disorders not yet diagnosed.

In accordance with Welfare and Institutions (W&I) Code sections 14059.5 and 14184.402, for individuals under 21 years of age, a service is "medically necessary" or a "medical necessity" if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code (U.S.C.). The federal EPSDT mandate requires states to furnish all appropriate and medically necessary services that are Medicaid coverable (as described in 42 U.S.C. Section 1396d(a)) as needed to correct or ameliorate health conditions, including behavioral health conditions, discovered by a screening service, regardless of whether those services are covered in the state's Medicaid State Plan. Consistent with federal guidance from the Centers for Medicare & Medicaid Services, behavioral health services, including NSMHS, need not be curative or completely restorative to ameliorate a behavioral health condition.[6] Services that sustain, support, improve, or make more tolerable a behavioral health condition are considered to ameliorate the condition, are thus medically necessary, and are thus covered as EPSDT services.

MCPs must also cover and pay for emergency room professional services as described in Section 53855 of Title 22 of the California Code of Regulations. This includes all professional physical, mental, and substance use treatment services, including screening examinations necessary to determine the presence or absence of an emergency medical condition and, if an emergency medical condition exists, for all services medically necessary to stabilize the member. Emergency services includes facility and professional services and facility charges claimed by emergency departments.

MCPs must provide covered substance use disorder (SUD) services, including alcohol and drug screening, assessments, brief interventions, and referral to treatment for members ages 11 and older, including pregnant members, in primary care settings and tobacco, alcohol, illicit drug screening in accordance with American Academy of

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[5] See Section 1396d(r)(5) of Title 42 of the U.S.C. (requiring provision of all services that are coverable under Section 1905(a) of the Social Security Act (42 U.S.C. § 1396d(a)) and that are necessary to correct or ameliorate a condition, including a behavioral health condition, discovered by a screening service, whether or not such services are covered under the State Plan), U.S.C. is searchable at: https://uscode.house.gov/

[6] CMS federal EPSDT guidance.

Pediatrics Bright Futures for Children and United States Preventive Services Taskforce grade A and B recommendations for adults as outlined in APL 21-014, Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment. Further, MCPs must provide or arrange for the provision of:

- Medications for Addiction Treatment (MAT, also known as medication-assisted treatment) provided in primary care, inpatient hospital, emergency departments, and other contracted medical settings; and
- Emergency services necessary to stabilize the member.[7]

The NSMHS and SUD services described above are covered services via the fee-for-service (FFS) delivery system for Medi-Cal beneficiaries who are not enrolled in a MCP.

MHPs are required to provide or arrange for the provision of medically necessary SMHS for beneficiaries in their counties who meet access criteria for SMHS as described in BHIN 21-073.

POLICY:
Consistent with W&I Code section 14184.402(f), clinically appropriate and covered SMHS are covered and reimbursable Medi-Cal services even when:

1) Services are provided prior to determination of a diagnosis, during the assessment, or prior to determination of whether NSMHS or SMHS access criteria are met;
2) The beneficiary has a co-occurring mental health condition and substance use disorder (SUD); or
3) NSMHS and SMHS services are provided concurrently, if those services are coordinated and not duplicated.

1. SMHS Provided During the Assessment Period Prior to Determination of a Diagnosis or Prior to Determination of Whether SMHS Access Criteria Are Met
Clinically appropriate SMHS are covered and reimbursable during the assessment process prior to determination of a diagnosis or a determination that the beneficiary meets access criteria for SMHS.[8] Services rendered during the assessment period remain reimbursable even if the assessment ultimately indicates the beneficiary

[7] Including voluntary inpatient detoxification as a benefit available to MCP members through the Medi-Cal fee-for-service program, as described in APL 18-001.
[8] For more information regarding coverage and reimbursement policies for DMC and DMC-ODS services during the assessment process, please refer to BHIN 21-071, and BHIN 21-075, respectively.

does not meet criteria for SMHS. MHPs must not deny or disallow reimbursement for SMHS provided during the assessment process described above if the assessment determines that the beneficiary does **not** meet criteria for SMHS or meets the criteria for NSMHS.

Likewise, MCPs must not disallow reimbursement for NSMHS services provided during the assessment process if the assessment determines that the beneficiary does **not** meet criteria for NSMHS or meets the criteria for SMHS.

2. Co-occurring Substance Use Disorder
   Clinically appropriate and covered SMHS delivered by MHP providers are covered Medi-Cal services whether or not the beneficiary has a co-occurring SUD. MHPs must not deny or disallow reimbursement for SMHS provided to a beneficiary who meets SMHS criteria on the basis of the beneficiary having a co-occurring SUD, when all other Medi-Cal and service requirements are met. Similarly, clinically appropriate and covered Drug Medi-Cal (DMC) services delivered by DMC providers and Drug Medi-Cal Organized Delivery System (DMC-ODS) services delivered by DMC-ODS providers are covered by DMC counties and DMC-ODS counties, respectively, whether or not the beneficiary has a co-occurring mental health condition.

   Likewise, clinically appropriate and covered NSMHS are covered Medi-Cal services via the FFS and MCP delivery systems whether or not the beneficiary has a co-occurring SUD. Similarly, clinically appropriate and covered SUD services delivered by MCP providers (e.g., alcohol and drug screening, assessment, brief interventions, and referral to treatment; MAT) are covered by MCPs whether or not the member has a co-occurring mental health condition.

3. Concurrent NSMHS and SMHS
   Beneficiaries may concurrently receive NSMHS via a FFS or MCP provider and SMHS via a MHP provider when the services are clinically appropriate, coordinated and not duplicative. When a beneficiary meets criteria for both NSMHS and SMHS, the beneficiary should receive services based on individual clinical need and established therapeutic relationships.[9] MHPs must not deny or disallow reimbursement for SMHS provided to a beneficiary on the basis of the beneficiary also meeting NSMHS criteria and/or also receiving NSMHS services, provided that the concurrent services are clinically appropriate, coordinated and not duplicative. Likewise, MCPs must not deny or disallow reimbursement for NSMHS provided to a

[9] Nothing in this BHIN supersedes the criteria for beneficiary access to SMHS described in BHIN 21-073.

beneficiary on the basis of the beneficiary also meeting SMHS criteria and/or receiving SMHS services, provided that the concurrent services are clinically appropriate, coordinated and not duplicative.

Any concurrent NSMHS and SMHS for adults, as well as children under 21 years of age, must be coordinated between MCPs and MHPs to ensure beneficiary choice. MHPs must coordinate with MCPs to facilitate care transitions and guide referrals for beneficiaries receiving SMHS to transition to a NSMHS provider and vice versa, ensuring that the referral loop is closed, and the new provider accepts the care of the beneficiary. Such decisions should be made via a patient-centered shared decision-making process.[10]

- Beneficiaries with established therapeutic relationships with a FFS or MCP provider may continue receiving NSMHS from the FFS or MCP provider (billed to FFS or the MCP), even if they simultaneously receive SMHS from an MHP provider (billed to the MHP), as long as the services are coordinated between these delivery systems and are non-duplicative (e.g., a beneficiary may only receive psychiatry services in one network, not both networks; a beneficiary may only access individual therapy in one network, not both networks).
- Beneficiaries with established therapeutic relationships with a MHP provider may continue receiving SMHS from the MHP provider (billed to the MHP), even if they simultaneously receive NSMHS from a FFS provider or MCP provider (billed to FFS or the MCP), as long as the services are coordinated between these delivery systems and are non-duplicative.

DHCS is developing a set of statewide tools (effective in 2023 pursuant to future guidance) to facilitate screenings and transitions care for the specialty mental health, Medi-Cal managed care, and fee for service systems.

COMPLIANCE:
MHPs shall implement the No Wrong Door policies established above effective July 1, 2022, update MHPs' policies and procedures and memoranda of understanding with MCPs as needed to ensure compliance with this policy effective July 1, 2022, and communicate these updates to providers as necessary.[11]

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[10] This BHIN does not supersede beneficiaries' rights to request continuity of care consistent with federal regulations and state code, as described in MHSUDS 18-059. Please note the components of MHSUDS 18-059 that describe SMHS medical necessity criteria have been superseded by BHIN 21-073.
[11] Welf. & Inst. Code, § 14184.402(i)

In addition, MHPs shall update materials to ensure the No Wrong Door policies established above for beneficiaries under 21 years of age and for adults is accurately reflected, including materials reflecting the responsibility of Medi-Cal MCPs and the FFS delivery system for covering NSMHS.

Service delivery disputes between MHPs and MCPs must be addressed consistent with DHCS guidance regarding the dispute resolution process between MHPs and MCPs.[12]

Please direct any questions to countysupport@dhcs.ca.gov

Sincerely,

Original signed by

Shaina Zurlin, PsyD, LCSW, Chief
Medi-Cal Behavioral Health Division

[12] For more information, see BHIN 21-034.