



No Wrong Door for Mental Health Services Policy

April 28, 2022

Housekeeping



Participants are in listen only mode.



Please submit questions via the Q&A function. The Chat feature is disabled.



Live closed captioning is available – you can find the link in the Chat.



The webinar slides and recording will be posted to the DHCS CalAIM webpage – please see the link in the Chat.



Welcome and Introductions

DHCS Presenters

- » Tyler Sadwith, Assistant Deputy Director, Behavioral Health
- » Jillian Clayton, Chief, Quality Policy and Coordination Section, Managed Care Quality & Monitoring Division

Agenda

Brief PHE Update

Learning Objectives

Background

No Wrong Door Policy

Implementation & Compliance

Q&A



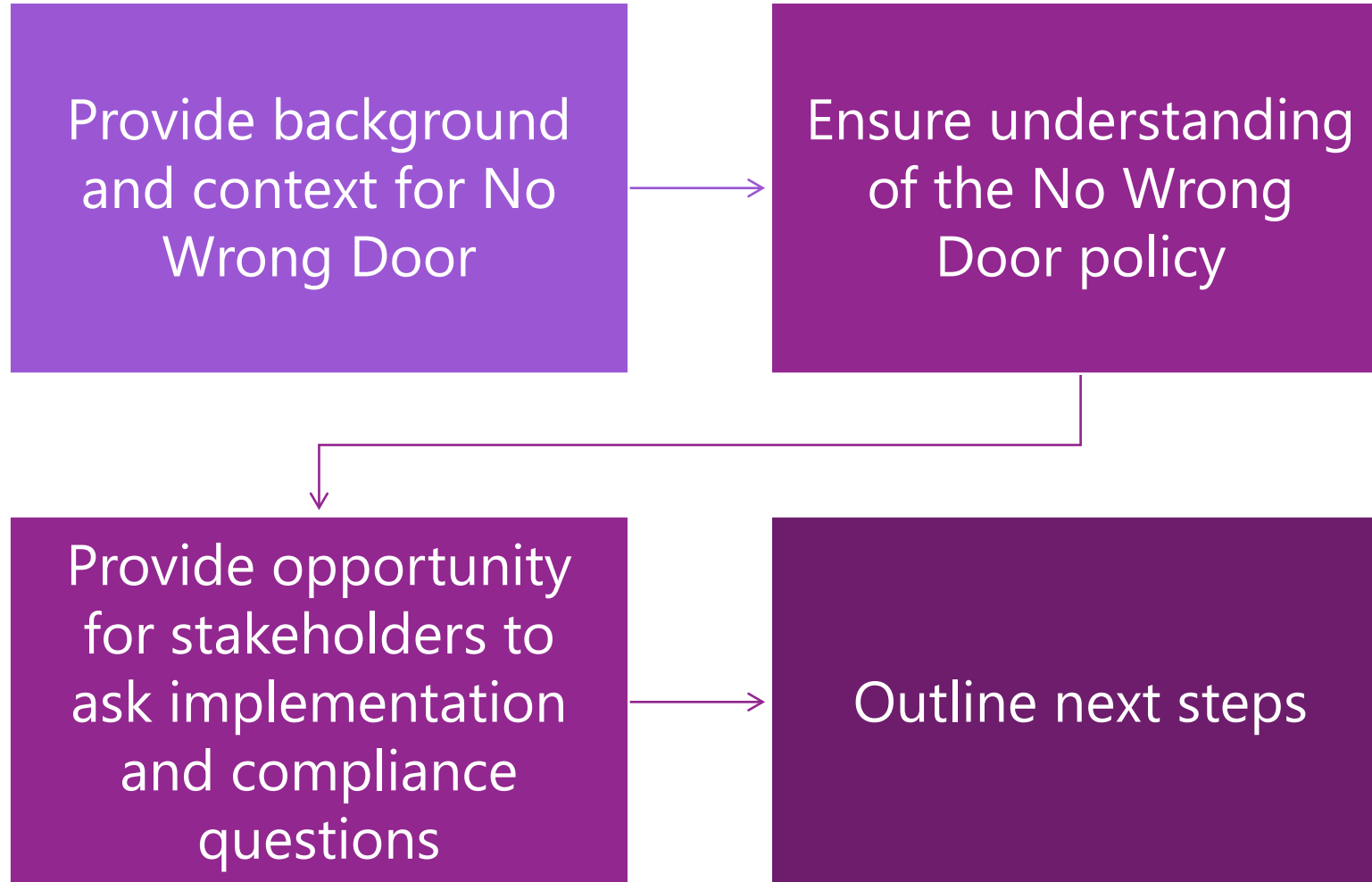
Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
 - » Become a **DHCS Coverage Ambassador**
 - » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
 - **Launch immediately**
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
 - **Launch 60 days prior to COVID-19 PHE termination.**
 - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Webinar Objectives



CalAIM Behavioral Health Initiatives Timeline

Policy	Go-Live Date
Criteria for Specialty Mental Health Services	Jan. 2022
Drug Medi-Cal Organized Delivery System 2022-2026	Jan. 2022
Drug Medi-Cal ASAM Level of Care Determination	Jan. 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022	Jan. 2022
Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services	Jul. 2022
No Wrong Door & Co-Occurring Treatment	Jul. 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023	Oct. 2022
Standardized Screening & Transition Tools	Jan. 2023
Behavioral Health CPT Coding Transition	Jul. 2023
County Behavioral Health Plans Transition to Fee-for-Service and Intergovernmental Transfers	Jul. 2023
Administrative Behavioral Health Integration	Jan. 2027

What is the aim of the No Wrong Door (NWD) for Mental Health Services Policy?

To ensure beneficiaries receive timely mental health services without delay regardless of where they initially seek care

To ensure beneficiaries can maintain treatment relationships with trusted providers without interruption.

How did DHCS develop the NWD policy?



Workgroups

2019-2020 CalAIM stakeholder workgroups demonstrated the need to ensure beneficiaries have streamlined access to services and treatment.



CalAIM Proposal

[CalAIM proposal](#) released for public comment Jan 2021.

[CalAIM Section 1115 Amendment](#) submitted June 2021.

[AB 133](#) chaptered July 2021.



NWD Public Comment

Draft policy released in January 2022.

DHCS reviewed and integrated stakeholder feedback.



Final Policy

Released in March 2022 via

[BHIN 22-011](#)

and

[APL 22-005](#).

Medi-Cal Mental Health Services: Division of Responsibility

Mental Health Plans

Required to provide or arrange for the provision of SMHS for beneficiaries in their counties who meet access criteria for SMHS.

Managed Care Plans

Required to provide or arrange for the provision of NSMHS for members who meet access criteria for NSMHS.

- ✓ *SMHS: Specialty Mental Health Services*
- ✓ *NSMHS: Non-Specialty Mental Health Services*

Who does No Wrong Door impact?

Medi-Cal beneficiaries of all ages receiving or seeking specialty mental health services (SMHS) and/or non-specialty mental health services (NSMHS)

- » Access criteria for SMHS is outlined in [BHIN 21-073](#)
- » Access criteria for NSMHS is outlined [APL 22-006](#)

No Wrong Door Policy

Clinically appropriate and covered NSMHS and SMHS services are covered and reimbursable Medi-Cal services even when:

1

Services are provided prior to determination of a diagnosis, during the assessment period, 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);

3

Services are not included in an individual treatment plan*; **OR**
**Applies to NSMHS per APL; SMHS guidance forthcoming via BH Documentation Reform*

4

NSMHS and SMHS services are provided concurrently, if those services are coordinated and not duplicated.

Services Covered During Assessment

1

Services are covered and reimbursable even when provided during the assessment period prior to the determination of a diagnosis or prior to determination of whether access criteria are met:

- » Clinically appropriate SMHS and NSMHS are covered and reimbursable during the assessment process prior to determination of a diagnosis or a determination that the beneficiary meets SMHS or NSMHS criteria, respectively.
- » SMHS and NSMHS provided during the assessment process are covered even if the assessment ultimately determines the beneficiary does not meet criteria for SMHS or NSMHS.

Co-Occurring Services are Covered

2

Services are covered and reimbursable whether or not the beneficiary has a co-occurring mental health and substance use disorder (SUD):

- » **SMHS:** Clinically appropriate SMHS delivered by MHP providers are covered whether or not the beneficiary has a co-occurring SUD.
- » **DMC Services:** Clinically appropriate and covered DMC & DMC-ODS services are covered by DMC counties and DMC-ODS counties, respectively, whether or not the beneficiary has a co-occurring mental health condition.
- » **NSMHS:** Clinically appropriate NSMHS are covered Medi-Cal services via the FFS and MCP delivery systems, whether or not the beneficiary has a co-occurring mental health condition.

Concurrent NSMHS and SMHS are Covered

3

Concurrent NSMHS & SMHS

- » Beneficiaries may concurrently receive NSMHS via an 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.
- » Beneficiaries with established relationships with an FFS or MCP provider may continue receiving NSMHS from the provider, even if simultaneously receiving SMHS from an MHP provider and vice versa as long as the services are coordinated and non-duplicative.

How will MHPs and MCPs implement NWD?

- » DHCS issued policy guidance to MCPs via All Plan Letter [\(APL\) 22-005](#)
- » DHCS issued policy guidance to MHPs via [BHIN 22-011](#)
- » MHPs and MCPs will need to review and revise existing Policies and Procedures (P&Ps) and [Memorandums of Understanding](#) (MOUs) to ensure compliance with NWD.
 - » *Note: DHCS will be revising its MOU requirements per CalAIM and other recent policy changes. Updated MOUs are due to DHCS by November 1st, 2022.*



How will DHCS track compliance with NWD?

- » DHCS will review updated P&Ps and MOUs
 - » MHPs shall implement the No Wrong Door policies, update policies and procedures and memoranda of understanding with MCPs and communicate updates to providers effective July 1, 2022. MHPs shall submit updated No Wrong Door P&Ps with September 30, 2022 BHQIP report.
 - » MCPs should submit updated P&Ps to their contract manager **within 90 days of the release of the APL**, MCPs are responsible to comply with the policy outlined in the APL.
 - » Service delivery disputes between MHPs and MCPs must be addressed consistent with [DHCS guidance](#) and in the MOUs between MCPs and MHPs.



How does NWD align with other CalAIM policy changes?

- » NWD builds upon the updated access criteria for SMHS and NSMHS.
 - » Access Criteria For SMHS [BHIN 21-073](#)
 - » Defines criteria for beneficiary access to SMHS, medical necessity and other coverage requirements.
 - » MCP Responsibilities for NSMHS [APL 22-006](#)
 - » Defines beneficiary access criteria and MCP responsibilities for NSMHS
- » Standard screening and transition tools will be implemented in January 2023 and will help streamline NWD.



Access Criteria

Access Criteria for SMHS provided by MHPs

- [BHIN 21-073](#)

Access Criteria for NSMHS provided by MCPs

- [APL 22-005](#)
- [APL 22-006](#)

SMHS Criteria for Beneficiaries 21 +

Beneficiary has one or both:

- » Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities. **AND/OR**
- » A reasonable probability of significant deterioration in an important area of life functioning.

AND the condition is due to either:

- » A diagnosed mental health disorder, according to the criteria of the DSM and the ICD. **OR**
- » A suspected mental disorder not yet diagnosed.

SMHS Criteria for Beneficiaries under 21

- » Covered specialty mental health services shall be provided to enrolled beneficiaries who meet **either of the following** criteria (referred to as Criteria 1 and Criteria 2 in the following slides).

SMHS Criteria for Beneficiaries under 21: Criteria 1

- » The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness. **OR**

SMHS Criteria for Beneficiaries under 21: Criteria 2

The beneficiary meets **both** of the following requirements:

- »The beneficiary has **at least one** of the following:
 - »A significant impairment **and/or**
 - »A reasonable probability of significant deterioration in an important area of life functioning **and/or**
 - »A reasonable probability of not progressing developmentally as appropriate **and/or**
 - »A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

AND

- »The beneficiary's condition as described above is due to **one of the following**:
 - » A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems **or**
 - » A suspected mental health disorder that has not yet been diagnosed **and/or**
 - » Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

Updated Medical Necessity for SMHS

- » Medical necessity for SMHS services is now defined exclusively at [WIC Section 14059.5](#):
 - » (a) For individuals 21 years of age or older, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
 - » (b) (1) 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.

Mental Health Plans: Required SMHS

Rehabilitative Mental Health Services, including mental health services; medication support services; day treatment intensive; day rehabilitation; crisis intervention and stabilization; and adult and crisis residential treatment services

Psychiatric health facility services

Psychiatric inpatient hospital services

Targeted case management

EPSDT supplemental SMHS (for individuals under age 21)

Katie A services, including Intensive Care Coordination (ICC), Intensive Home-Based services (IHBS), Therapeutic Behavioral Services (TBS), and Therapeutic Foster Care (TFC) (for individuals under age 21)

NSMHS Access Criteria

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;

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; and,

Members of any age with potential mental health disorders not yet diagnosed.

Access Assurances for Beneficiaries under 21

- » In accordance with Welfare and Institutions Code (WIC) 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 EPSDT standard 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 coverable under a Medicaid State Plan (as described in 42 U.S.C. Section 1396d(a)) as needed to correct or ameliorate health or behavioral health conditions discovered by a screening service, regardless of whether those services are covered in the state’s Medicaid State Plan.
- » Behavioral health services, including NSMHS, need not be curative or completely restorative to ameliorate a behavioral health condition. 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.

Managed Care Plans: Required NSMHS

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*, supplies and supplements

**Excludes medications covered under the Medi-Cal Rx Contract Drug List, which can be accessed at: <https://medi-calrx.dhcs.ca.gov/home/cdl/>*

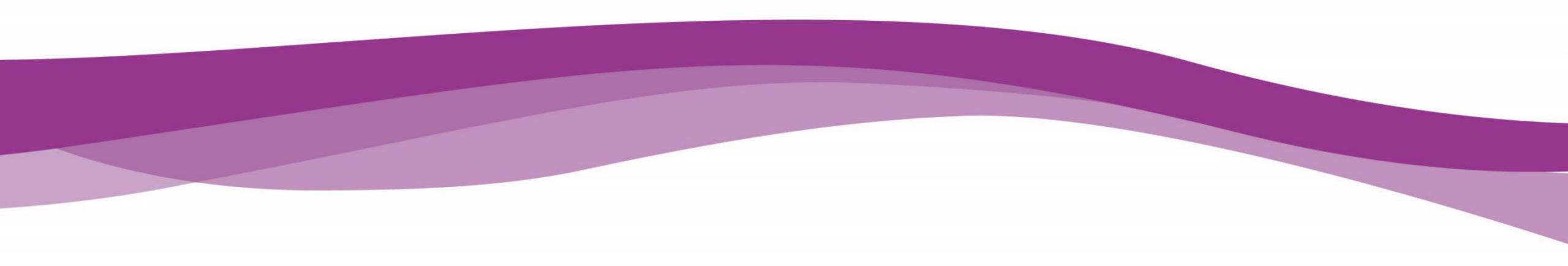
Managed Care Plans: Additional Required Services

- » Medications for addiction treatment (Medication-Assisted Treatment) provided in primary care, inpatient hospital, emergency departments, and other contracted medical settings
- » Provide or arrange for the provision of MAT in primary care, inpatient hospital, ED, etc.
- » Alcohol and drug screening, assessments, brief interventions, and referral to treatment for beneficiaries ages 11 and older, including pregnant women, in primary care settings and tobacco, alcohol, illicit drug screening
- » Emergency stabilization and emergency room professional services as described in [Section 53855 of Title 22](#) of CCRB

Next Steps

- » MHPs and MCPs should begin meeting to revise MOUs and P&Ps based on NWD APL/IN guidance and forthcoming MOU guidance.
- » **Technical Assistance:**
 - » DHCS will offer technical assistance and peer-to-peer learning opportunities for MCPs and MHPs to support No Wrong Door implementation.
 - » Webinars will begin in June. Stay tuned for more details!
 - » DHCS will publish FAQs, as needed, to support policy implementation.

Q&A



Questions?

- » If you have questions, please e-mail DHCS at:
BHCalAIM@dhcs.ca.gov
and/or
MCQMD@dhcs.ca.gov
- » Subject Line "No Wrong Door Policy"

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Thank You

Appendix

Additional References

» [MOU Template](#)

- » Memorandum of Understanding between MHP and MCP identifying each party's responsibilities and obligations to each other.
- » DHCS is currently updating MOU requirements to be released in mid 2022.

» [APL 18-015/Attachment 2](#)

- » Describes the responsibilities of MCPs for amending or replacing MOU with MHPs for coordination of Medi-Cal mental health services