



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



GAVIN NEWSOM
GOVERNOR

DATE:

Behavioral Health Information Notice No: 21-XXX

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 (IN) is to provide County Mental Health Plans (MHPs) guidance and clarification regarding the No Wrong Door for Mental Health Services policy, which ensures that Medi-Cal beneficiaries receive timely mental health services without delay regardless of the delivery system where they seek care, and are able to maintain treatment relationships with trusted providers without interruption. Corresponding guidance to Medi-Cal managed care health plans is contained in their [draft All Plan Letter \(APL\) 21-XXX](#).

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.

¹ For further information on CalAIM, please visit the CalAIM webpage at:
<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>

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 draft APL 21-XXX, 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, 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;³
- 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

² See [APL 21-XXX](#). The Medi-Cal provider manual, Non-Specialty Mental Health Services: Psychiatric and Psychological Services can be accessed at: https://files.medi-cal.ca.gov/pubsdoco/manuals_menu.aspx.

See W&I Section 14184.402. State law is searchable at: <https://leginfo.legislature.ca.gov/faces/codes.xhtml>.

³ 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 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.

(EPSDT) benefit, regardless of the level of distress or impairment, or the presence of a diagnosis; and,⁴

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

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. 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.⁵ 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.

County MHPs are contractually required to provide or arrange for the provision of SMHS for beneficiaries in their counties who meet criteria for SMHS. SMHS access criteria are described in [Behavioral Health Information Notice 21.073](#).

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.⁶ 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.

⁴ See Section 1396d(r)(5) of Title 42 of the U.S.C.. U.S.C. is searchable at: <https://uscode.house.gov/>

⁵ CMS’ federal EPSDT guidance can be found at: https://www.medicaid.gov/sites/default/files/2019-12/epsdt_coverage_guide.pdf

⁶ The CCR is searchable at:

https://govt.westlaw.com/calregs/index?_lrTS=20210423013246097&transitionType=Default&contextData=%28sc.Default%29

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MCPs must provide 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 in accordance with American Academy of 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 (Medication-Assisted Treatment) provided in primary care, inpatient hospital, emergency departments, and other contracted medical settings
- Emergency stabilization

POLICY:

Consistent with [Welfare & Institutions Code 14184.402\(f\)](#), clinically appropriate and covered NSMHS and SMHS prevention, screening, assessment, and treatment services are covered and reimbursable Medi-Cal services even when:

- 1) Services are provided prior to determination of a diagnosis or prior to determination of whether NSMHS or SMHS 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 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 SMHS criteria. MHPs shall not 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 meet the criteria for NSMHS.

Likewise, MCPs shall 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 shall not disallow reimbursement for SMHS provided to a beneficiary who meets

SMHS criteria and has 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 member 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 MHP providers (e.g., screening, assessment brief intervention, and referral to treatment; medication-assisted treatment) are covered by MHPs 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.

- Beneficiaries with established therapeutic relationships with a FFS or MCP provider may continue receiving NSMHS from this FFS or MCP provider, even if they simultaneously receive SMHS from an MHP provider, 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 counseling in one network, not both networks).
- Beneficiaries with established therapeutic relationships with an MHP provider may continue receiving SMHS from this MHP provider, even if they simultaneously receive NSMHS from a FFS provider or MCP provider, as long as the services are coordinated between these delivery systems and are non-duplicative.

DHCS is developing a statewide Transition of Care tool (effective in 2023 pursuant to future guidance) to guide referrals to 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.

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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.⁷

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.

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

Sincerely,

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

⁷ Welf. & Inst. Code, § 14184.402(i)