



# Informational Webinar: Criteria for Access to Specialty Mental Health Services

11/18/2021

# Welcome and Introductions

The slide features a decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple and magenta, positioned below the main title and above the footer.

# CalAIM Behavioral Health Initiatives Timeline Update

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

# Background

- » Specialty Mental Health Services (SMHS) are currently provided by 56 county Mental Health Plans (MHPs) covering all 58 counties throughout the state.
- » Through the new consolidated 1915(b) waiver and the state legislative process, DHCS is updating the SMHS program requirements for both adults and beneficiaries under age 21 to ensure access to appropriate care and to standardize access to the SMHS delivery system statewide.

# Draft BHIN

- » MHPs shall implement the criteria for access to SMHS effective January 1, 2022 and update MHP policies and procedures as needed to ensure compliance with this policy, effective January 1, 2022.
- » Draft [Behavioral Health Information Notice](#) (BHIN) was shared with stakeholders for review on October 27, 2021.
- » Criteria for access to psychiatric inpatient hospital and psychiatric health facility services are not included in this BHIN and will be addressed in forthcoming DHCS guidance.

# 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.

# Updated Access Criteria for SMHS

- » The updated criteria for beneficiary access to SMHS was finalized in AB 133 as set forth in [WIC Section 14184.402\(c\)](#) and [WIC Section 14184.402\(d\)](#).
- » Per WIC Section [14184.402\(f\)\(1\)\(A\)](#), a mental health diagnosis is not a prerequisite for access to covered SMHS.
- » AB 133 gives DHCS the authority to implement the criteria via BHIN. DHCS will implement new regulations by July 2024.

# 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.



# Access Assurances for Beneficiaries under 21

- » For enrolled beneficiaries under 21 years of age, a county mental health plan shall provide all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code.
- » 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).

# 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**

# 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

**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.

# Definitions: Involvement in Child Welfare

The beneficiary has an open child welfare services case, which means that the child welfare agency has opened a child welfare or prevention services case with the family to monitor and provide services.

A child has an open child welfare or prevention services case if: a) the child is in foster care or in out of home care, including both court-ordered and by voluntary agreement; or b) the child has a family maintenance and/or prevention services case (pre-placement or post-reunification), including both court-ordered and by voluntary agreement.

A child can have involvement in child welfare whether the child remains in the home or is placed out of the home. Involvement in child welfare also includes a child whose adoption occurred through the child welfare system.

# Definitions: Homelessness

- » The federal Department of Housing and Urban Development's most recent definition of homelessness includes [four categories](#):
  1. Literally homeless
  2. Imminent risk of homelessness
  3. Homeless under other Federal statutes
  4. Fleeing/attempting to flee domestic violence
  
- » Find additional information [here](#).

# Definitions: Juvenile Justice Involvement

- » The beneficiary:
  - » has ever been detained or committed to a juvenile justice facility, **or**
  - » is currently under supervision by the juvenile delinquency court and/or a juvenile probation agency
- » Beneficiaries who have ever been in custody and held involuntarily through operation of law enforcement authorities in a juvenile justice facility, including youth correctional institutions, juvenile detention facilities, juvenile justice centers, and other settings such as boot camps, ranches, and forestry/conservation camps, are included in the “juvenile justice involvement” definition.
- » Beneficiaries on probation, who have been released home or detained/placed in foster care pending or post-adjudication, under probation or court supervision, participating in juvenile drug court or other diversion programs, and who are otherwise under supervision by the juvenile delinquency court and/or a juvenile probation agency also meet the “juvenile justice involvement” criteria

# Additional Coverage Requirements and Clarifications

- » This criteria shall not be construed to exclude coverage for, or reimbursement of, a clinically appropriate and covered mental health prevention, screening, assessment, treatment, or recovery service under any of the following circumstances:
  - » Services were provided prior to determining a diagnosis, including clinically appropriate and covered services provided during the assessment process.
  - » The prevention, screening, assessment, treatment, or recovery service was not included in an individual treatment plan.
  - » The beneficiary has a co-occurring substance use disorder.

# Additional Coverage Requirements and Clarifications

- » This BHIN does not change the respective responsibilities of MHPs, Medi-Cal Managed Care Plans (MCPs) and the Medi-Cal Fee for Service (FFS) delivery systems.
- » Services for symptoms or conditions solely due to a medical condition (e.g., dementia and traumatic brain injury) remain the responsibility of the MCP or the FFS delivery system. However, SMHS are reimbursable for beneficiaries with medical diagnoses if they also have mental health conditions and meet criteria for SMHS as described above.
- » DHCS has not yet finalized which trauma screening tools will be used for SMHS criteria, pending future stakeholder engagement.



# Providing Services Prior to Diagnosis

- » In cases where services are provided due to a suspected mental health disorder that has not yet been diagnosed or due to significant trauma as noted above, options are available in the CMS approved ICD-10 diagnosis code list.
  - » These include codes for “Other specified” and “Unspecified” disorders,” or “Factors influencing health status and contact with health services” (Z codes).

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**Thank you for joining!**