



DATE: January 20, 2026

Behavioral Health Information Notice (BHIN) No: 26-002  
Supersedes: [BHIN 21-073](#)

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 Behavioral Health Association  
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: Criteria for Medi-Cal member access to the Specialty Mental Health Services (SMHS) delivery system, medical necessity, and other coverage requirements.

PURPOSE: To provide updated guidance on Access Criteria for the SMHS delivery system and medical necessity. To provide updated guidance on DHCS-approved youth trauma screening tools for use by Behavioral Health Plans (BHP) for a member to access the SMHS delivery system.

REFERENCE: REFERENCE: [Welfare and Institutions Code section 14184.402](#)

**BACKGROUND:**

With the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the Department of Health Care Services (DHCS) aims to design a coherent plan to address members' needs across the continuum of care, ensure that all Medi-Cal members receive coordinated services, and improve health outcomes. The goal is to ensure access to the right care in the right place at the right time.

To achieve this aim DHCS issued, and continues to update, guidance clarifying the responsibilities of Behavioral Health Plans (BHPs),<sup>1</sup> including guidance to support implementation of criteria for access to the Specialty Mental Health Services (SMHS) delivery system, for both adults and youth members under age 21. These criteria were developed and codified in California statute in 2021, considering significant feedback from stakeholders.

The SMHS delivery system access criteria described in [W&I Code sections 14184.402\(c\) and \(d\)](#) are used to ensure that Medi-Cal members receive behavioral health services in the most appropriate delivery system for their needs. All covered Medi-Cal services must be medically necessary and clinically appropriate to address the member's presenting condition.<sup>2</sup> Generally, for Medi-Cal members who meet the access criteria for the SMHS delivery system, medical necessity determinations for specific, covered SMHS are made based on the clinical judgment of a treating practitioner that is qualified under California law to make such determinations.

In 2021, Assembly Bill (AB) [133](#) authorized various components of the CalAIM initiative and gave DHCS authority to implement the criteria for access to the SMHS delivery system and medical necessity through BHINs.

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<sup>1</sup> In this context, "BHP" means the entity or local agency that holds the contract with DHCS to provide Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) services, if applicable.

<sup>2</sup> Code of Federal Regulations (CFR), title 42, sections 456.5 and 440.230, subdivision (d).

This BHIN updates guidance provided in, and supersedes, [BHIN 21-073](#).<sup>3</sup> Specifically, this BHIN lists approved youth trauma screening tools that may be used by BHPs for a member to access the SMHS delivery system and clarifies that the criteria to access the SMHS delivery system apply to all SMHS, including psychiatric hospital services, psychiatric inpatient hospital professional services, and psychiatric health facility services. For additional information on medical necessity criteria for psychiatric inpatient hospital services, psychiatric inpatient hospital professional services, and psychiatric health facility services, refer to BHIN 26-001 or superseding guidance.

**POLICY:**

The criteria to access the SMHS delivery system are specified below, and are inclusive of all SMHS, including outpatient, residential, psychiatric health facility, and psychiatric inpatient hospital services. Medical necessity criteria for psychiatric inpatient hospital services, psychiatric inpatient hospital professional services, and psychiatric health facility services are outlined in BHIN 26-001 or superseding guidance.

Access Criteria for Members 21 Years of Age or Older to Access the Specialty Mental Health Services Delivery System

The access criteria are codified in W&I Code sections 14184.402(c) and (d) and restated below.

For members 21 years of age or older, a county BHP shall provide covered SMHS for members who meet **both of the following** criteria, (1) and (2) below:

(1) The member has **one or both** of the following:

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<sup>3</sup> BHIN 21-073 superseded guidance regarding medical necessity criteria for MHP reimbursement of SMHS (other than psychiatric inpatient hospital and psychiatric health facility services) published prior to January 1, 2022, including sections 1830.205 and 1830.210 of Title 9 of the California Code of Regulations and the provisions of BHIN 20-043 pertaining to outpatient SMHS. BHIN 21-073 also separated and redefined access criteria to SMHS and medical necessity criteria, consistent with California law. Under this BHIN, the separation of access criteria and medical necessity criteria is retained and applied to psychiatric inpatient hospital and psychiatric health facility services.

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

**AND**

(2) The member's condition as described in paragraph (1) is due to **either of the following:**

- a. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems (ICD).<sup>4,5</sup>
- b. A suspected mental disorder that has not yet been diagnosed.

Access Criteria for Members under Age 21 to Access the Specialty Mental Health Services Delivery System

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<sup>4</sup> A neurocognitive disorder (e.g., dementia) is not a "mental health disorder" for the purpose of determining whether a member meets criteria for access to the SMHS delivery system. However, BHPs must cover SMHS for members with a neurocognitive disorder if they also have a co-morbid mental health disorder (or suspected mental health disorder not yet diagnosed) and meet criteria for SMHS as described above.

<sup>5</sup> Substance use disorders (SUD) may be considered for the purpose of determining if a member meets criteria for access to the SMHS delivery system. This is intended to allow BHPs to seek Medi-Cal reimbursement for psychiatric inpatient hospital services, psychiatric inpatient hospital professional services, psychiatric health facility services, residential treatment services, and crisis stabilization services provided to members admitted for the purpose of involuntary evaluation and treatment or intensive treatment for a severe SUD only pursuant the Lanterman-Petris Short (LPS) Act (W&I Code section 5000, *et seq.*). Specialty substance use disorder treatment remains available through the Drug Medi-Cal (DMC) program or DMC-ODS for Medi-Cal members who meet DMC/DMC-ODS access criteria. Nothing in this BHIN alters behavioral health delivery system obligations to provide clinically appropriate covered DMC or DMC-ODS services to members whose individualized treatment needs can be met by those services in the settings that may provide them. Providers should use their judgment to determine which service(s) are clinically appropriate for a member based on the member's individualized treatment needs.

For members under 21 years of age, a county BHP shall provide all medically necessary SMHS required pursuant to Section 1396d(r) of Title 42 of the United States Code.

Covered SMHS shall be provided to members who meet **either of the following** criteria, (1) or (2) below:

The member has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following:

- (1) scoring in the high-risk range<sup>6</sup> under a trauma screening tool<sup>7</sup> approved by the department,<sup>8</sup> involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.<sup>9,10</sup>

**OR**

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<sup>6</sup> Standard tool-specific scoring methodology shall be used to establish whether a member scores in the "high-risk range" on a youth trauma screening tool approved by the department. In cases where there is no "high-risk" scoring range, BHPs must establish a process for determining whether a member meets access criteria for SMHS.

<sup>7</sup> DHCS-approved youth trauma screening tools are distinct from the Youth Screening Tool for Medi-Cal Mental Health Services ("Youth Screening Tool") described in [BHIN 25-020](#) or superseding guidance. The Youth Screening Tool is meant to determine the most appropriate Medi-Cal mental health delivery system (e.g., BHP or MCP) for members who are not currently receiving mental health services when they contact the MCP or BHP seeking mental health services. Completion of the Youth Screening Tool is not considered an assessment. Once a member is referred to the MCP or BHP, they shall receive an assessment from a provider in that system to determine medically necessary mental health services. DHCS-approved youth trauma screening tools may be used to support a determination on whether the member meets access criteria for SMHS.

<sup>8</sup> The use of a DHCS-approved trauma screening tool for youth to meet access criteria for the SMHS delivery system is distinct from the administration of a clinical assessment. See Enclosure 1 for a list of DHCS-approved youth trauma screening tools. As noted elsewhere in this guidance, not all trauma screening tools approved for this purpose are eligible for Medi-Cal reimbursement. Please see APL 23-017, or superseding guidance, and the Preventive Services section of the [Provider Manual](#), to identify youth trauma screening tools eligible for reimbursement in the Medi-Cal managed care and fee-for-service delivery systems under the ACEs screening services benefit.

<sup>9</sup> See Definitions section below for additional information.

<sup>10</sup> WIC § 14184.402(d)(1)

(2) The member meets **both of the following** requirements in a) and b), below:

- a. The member has **at least one** of the following:
  - i. A significant impairment.
  - ii. A reasonable probability of significant deterioration in an important area of life functioning.
  - iii. A reasonable probability of not progressing developmentally as appropriate.
  - iv. A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal Managed Care Plan (MCP) is required to provide.

**AND**

- b. The member's condition as described in subparagraph (2) above is due to **one of the following**:
  - i. A diagnosed mental health disorder, according to the criteria of the current editions of the DSM<sup>11</sup> and the ICD.
  - ii. A suspected mental health disorder that has not yet been diagnosed.
  - iii. Significant trauma placing the member at risk of a future mental health condition, based on the assessment of a licensed mental health professional.<sup>12</sup>

If a member under age 21 meets the criteria as described in (1) above, the member meets criteria to access the SMHS delivery system; it is not necessary

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<sup>11</sup> A neurocognitive disorder (e.g., dementia) is not a "mental health disorder" for the purpose of determining whether a member meets criteria for access to the SMHS delivery system. However, BHPs must cover SMHS for members with a neurocognitive disorder if they also have a co-morbid mental health disorder (or suspected mental health disorder not yet diagnosed) and meet criteria for the SMHS delivery system as described above.

<sup>12</sup> WIC § 14184.402(d)(2)

to establish that the member also meets the criteria in (2) above.

### Medical Necessity

Pursuant to [W&I Code section 14184.402\(a\)](#), 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 as set forth in subdivision (a) of [W&I Code section 14059.5](#).

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, as incorporated in subdivision (b)(1) of W&I Code section 14059.5. This section requires provision of all Medicaid-coverable services necessary to correct or ameliorate a mental illness or condition discovered by a screening service, whether or not such services are covered under the State Plan and, in the case of optional benefits by county or plan, irrespective of whether the BHP has opted to offer the benefit in question. Furthermore, [federal guidance](#) from the Centers for Medicare & Medicaid Services (CMS) makes it clear that mental health services need not be curative or restorative to ameliorate a mental health condition.<sup>13</sup> Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition are thus medically necessary and covered as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

Subdivisions (a) and (i) of W&I Code section 14184.402 provide DHCS with authority to implement, interpret, and make specific the above-described medical necessity criteria for SMHS benefits. For some benefits, DHCS may specify certain criteria for practitioners to consider when determining whether a service is medically necessary for a member and seeking payment or authorization from a BHP. For implementation of medical necessity for psychiatric inpatient hospital services, psychiatric inpatient hospital professional services, and psychiatric health facility services, refer to BHIN 26-001 or superseding guidance.

### Additional Coverage Requirements and Clarifications

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<sup>13</sup> [EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adults](#)

Pursuant to [W&I Code section 14184.402\(f\)\(1\)](#), the criteria for a member to access the SMHS delivery system set forth above 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.<sup>14</sup>
- The member has a co-occurring substance use disorder and/or is receiving Drug Medi-Cal (DMC) or DMC-ODS services.
- Non-Specialty Mental Health Services (NSMHS) and SMHS are provided concurrently, if those services are coordinated and not duplicated.

Per [W&I Code section 14184.402\(f\)\(1\)\(A\)](#), a mental health diagnosis is not a prerequisite for access to covered SMHS. This does not eliminate the requirement that all Medi-Cal claims, including SMHS claims, include a CMS approved ICD diagnosis code.<sup>15</sup> In cases where services are provided due to a suspected mental health disorder that has not yet been diagnosed or due to trauma as noted above, other options are available in the CMS approved ICD diagnosis code list. For example, these include codes for "Other specified" and "Unspecified" disorders, or "Factors influencing health status and contact with health services" (i.e., Z codes). DHCS provided additional clarification regarding the use of Z-codes in [BHIN 22-013](#).

This BHIN does not change the respective responsibilities of BHPs, Medi-Cal MCPs and the Medi-Cal Fee-for-Service (FFS) delivery systems. Services for symptoms or conditions solely due to a medical condition (e.g., traumatic brain injury) remain the responsibility of the MCP or the FFS delivery system. However, SMHS are reimbursable for members with medical diagnoses if they also have mental health

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<sup>14</sup> Some SMHS may still require an individual plan of care, such as Targeted Case Management ([42 C.F.R. § 440.169\(d\)\(2\)](#)). DHCS issued updates to documentation requirements for SMHS in [BHIN 23-068](#).

<sup>15</sup> The most recent ICD 10 Tabular (October 1, 2025 – September 30, 2026) is available at <https://www.cms.gov/files/document/fy-2026-icd-10-cm-coding-guidelines.pdf>

conditions and meet criteria for SMHS as described above.

#### MCP Responsibility for Non-Specialty Mental Health Services

As described in APL 22-006 or superseding guidance, MCPs are required to provide or arrange for the provision of NSMHS for the following populations:<sup>16</sup>

- Members 21 years of age and over 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 DSM and ICD.<sup>17</sup>
- Members under age 21, to the extent eligible for services through the Medicaid EPSDT benefit as described above, regardless of level of distress or impairment or the presence of a diagnosis.
- Members of any age with potential mental health disorders not yet diagnosed.

DHCS published additional guidance regarding the CalAIM No Wrong Door policies for mental health services in Medi-Cal in [BHIN 22-011](#) as set forth in [W&I Code section 14184.402](#).

#### **COMPLIANCE:**

BHPs shall immediately implement the criteria for access to the SMHS delivery system established above, update BHP policies and procedures (P&Ps), and communicate these updates to their providers as necessary to ensure compliance with this policy.<sup>18</sup>

There are various pathways for members to meet access criteria for the SMHS delivery system. If a provider determines that a youth trauma screening tool is necessary to identify whether a member under 21 years of age meets access

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<sup>16</sup> [WIC § 14184.402\(b\)\(2\)](#)

<sup>17</sup> A neurocognitive disorder (e.g., dementia) is not a "mental health disorder" for the purpose of determining whether a member meets criteria for access to the NSMHS delivery system. However, MCPs must cover NSMHS for members with a neurocognitive disorder if they also have a co-morbid mental health disorder (or suspected mental health disorders not yet diagnosed) and meet criteria for NSMHS as described above.

<sup>18</sup> [WIC § 14184.402\(i\)](#)

criteria to the SMHS delivery system, as of April 1, 2026 only the DHCS-approved tools listed in Enclosure 1 may be used.

In addition, BHPs shall update materials as needed to ensure the access criteria for the SMHS delivery system for individuals 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.

BHPs are responsible for conducting monitoring of contracted providers for compliance with the terms of the BHP's contract with DHCS, including policies outlined in this BHIN. DHCS monitors and oversees BHPs and their operations as required by state and federal law. DHCS will monitor BHPs for compliance with the requirements outlined above, and deviations from the requirements may require corrective action plans or other applicable remedies. This oversight may include, but is not limited to, verifying that services provided to Medi-Cal members are medically necessary, and that documentation complies with the applicable state and federal laws, regulations, and the MHP contract. Recoupment shall be focused on identified overpayments and fraud, waste, and abuse.

## **DEFINITIONS:**

**Involvement in child welfare:** The member has an open child welfare services case, or the member is determined by a child welfare services agency to be at imminent risk of entering foster care but able to safely remain in their home or kinship placement with the provision of services under a prevention plan, or the member is a child whose adoption or guardianship occurred through the child welfare system. A child has an open child welfare 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 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.

**Homelessness:** The member meets the definition established in section 11434a of

the federal McKinney-Vento Homeless Assistance Act.<sup>19</sup> Specifically, this includes (A) individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the Act); and (B) includes (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

**Juvenile justice involvement:** The member (1) has ever been detained or committed to a juvenile justice facility, or (2) is currently under supervision by the juvenile delinquency court and/or a juvenile probation agency. Members 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. Members 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.

Please direct any questions to [BHCALAIM@dhcs.ca.gov](mailto:BHCALAIM@dhcs.ca.gov)

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<sup>19</sup> Available at: <https://nche.ed.gov/mckinney-vento-definition/>. Full text of the Act is available here:

<http://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter119/subchapter6/partB&edition=prelim>.

Sincerely,

Original signed by

Ivan Bhardwaj, Chief  
Medi-Cal Behavioral Health Policy Division

**ENCLOSURE 1**