

- MEMORANDUM -

DATE: January 7, 2022
 TO: All ACBH Specialty Mental Health Services (SMHS) Providers
 FROM: Torfeh Rejali, Quality Assurance (QA) Administrator *Torfeh Rejali*
 SUBJECT: **Criteria for Beneficiary Access to Specialty Mental Health Services**

This memorandum provides county communication and guidance related to the State’s updated criteria for beneficiary access to Specialty Mental Health Services (SMHS).

Background:

California Advancing and Innovating Medi-Cal (CalAIM) is a Department of Health Care Services (DHCS) initiative that aims to provide broad delivery system, program and payment reform across the Medi-Cal system. The goal of the initiative is to transform the Medi-Cal delivery system, moving it towards a population health approach that prioritizes prevention and whole person care. The vision is to “meet people where they are in life, address social drivers of health and break down the walls of health care.”

CalAIM will result in significant changes across the systems of care. The following is a timeline of the CalAIM changes related to the behavioral health system of care. The County will provide guidance regarding these changes as information becomes available.

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

Criteria for Beneficiary Access to Specialty Mental Health Services

On December 10, 2021, the Department of Health Care Services (DHCS) released [BHIN 21-073](#), providing additional details related to the updated access criteria, effective January 1, 2022. *The guidance does not require agencies to make any changes to client records dating back to January.*

SMHS Criteria Update Highlights:

Note: This information DOES NOT apply to psychiatric inpatient hospital and psychiatric health facility services. Guidance on those levels of care will be provided by DHCS at a later date.



- Seeking a “No Wrong Door” that addresses beneficiary needs across the continuum of care, an “Included” DSM/ICD-10 diagnosis is no longer required for SMHS access.
- Eligibility criteria for beneficiaries under 21 years of age now includes “high risk for a mental health disorder due to the experience of trauma”, as evidenced by a high score on a state-approved trauma screening tool, child welfare or juvenile justice involvement, and/or homelessness.
- 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-10 diagnosis code. 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, 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” (i.e., Z codes such as Z03.89- Encounter for observation for other suspected diseases and conditions ruled out).
- Coverage for, or reimbursement of, a clinically appropriate and covered mental health prevention, screening, assessment, treatment, or recovery service is **not excluded** under any of the following circumstances:
 - o Services were provided prior to determining a diagnosis, including clinically appropriate and covered services provided during the assessment process.
 - o The prevention, screening, assessment, treatment, or recovery service was not included in an individual treatment plan.
 - o The beneficiary has a co-occurring substance use disorder.
- Services for symptoms or conditions solely due to a medical condition (e.g. traumatic brain injury) remain the responsibility of the Managed Care Plan (MCP) or the Fee-for-Service (FFS) delivery system.
- MCPs will continue to serve beneficiaries 21 years of age and over with mild to moderate mental disorders, beneficiaries under 21 eligible for services through the EPSDT benefit regardless of the level of distress or impairment or the presence of a diagnosis, and beneficiaries of any age with potential mental health disorders not yet diagnosed.

As noted above, Documentation Redesign is scheduled for roll out in July 2022. The County is committed to reviewing the State guidance related to documentation changes and will provide additional memos and training opportunities as the changes are reviewed and further clarified. **Effective immediately ACBH will adopt the new DHCS guidance related to disallowances and recoupment for services provided from January 1, 2022 forward.**

We will be reviewing this information during monthly Brown Bag meetings and welcome questions and opportunities for clarification of these significant changes. Brown Bags are scheduled every other Friday from 12pm-1pm. **The next Brown Bag meeting is scheduled for January 14, 2022.** In case you do not have the meeting already on your calendar, below is the link and call-in information:

Link: <https://global.gotomeeting.com/join/173324541>

United States (Toll Free): 1 877 309 2073; United States: +1 (646) 749-3129
Access Code: 173-324-541

We appreciate your partnership and look forward to seeing you at the next Brown Bag meeting. For questions, please contact QATA@acgov.org.

