



No Wrong Door for Mental Health Services Policy Technical Assistance Webinar

June 9, 2022

Housekeeping



Participants are in listen only mode.



Please submit questions via the Q&A.



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

- » Jillian Clayton, Chief, Quality Policy and Coordination Section, Managed Care Quality & Monitoring Division
- » Anh Thu Bui Medical Consultant, Behavioral Health DHCS
- » Erika Cristo, Branch Chief, Program Policy and Quality Assurance

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.

Agenda

Webinar Objectives

Background: No Wrong Door Policy

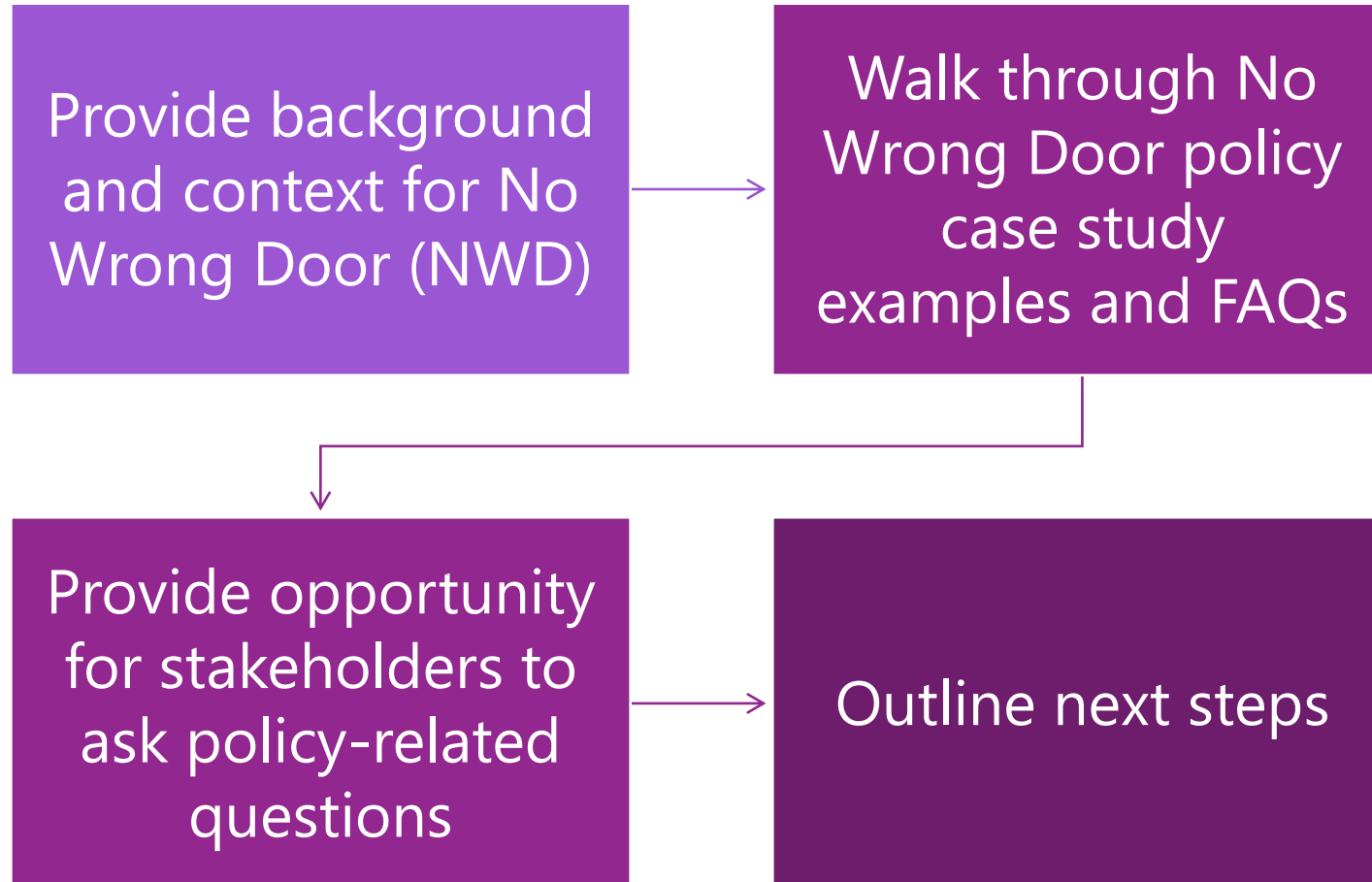
No Wrong Door Case Studies

Q&A

Brief PHE Update



Webinar Objectives



No Wrong Door (NWD) Background

Final Policy

- [BHIN 22-011](#) and [APL 22-005](#) were released in March 2022
- The slides and recording for the NWD informational webinar can be found on the [CalAIM BH webpage](#).

Primary Goals

- Ensure beneficiaries receive timely mental health services without delay regardless of where they initially seek care
- Ensure beneficiaries can maintain treatment relationships with trusted providers without interruption.

Medi-Cal Mental Health Services: Division of Responsibility

Mental Health Plans

Required to provide or arrange for the provision of specialty mental health services (SMHS) for beneficiaries in their counties who meet access criteria for SMHS.

Managed Care Plans

Required to provide or arrange for the provision of non-specialty mental health services (NSMHS) for members who meet access criteria for NSMHS.

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

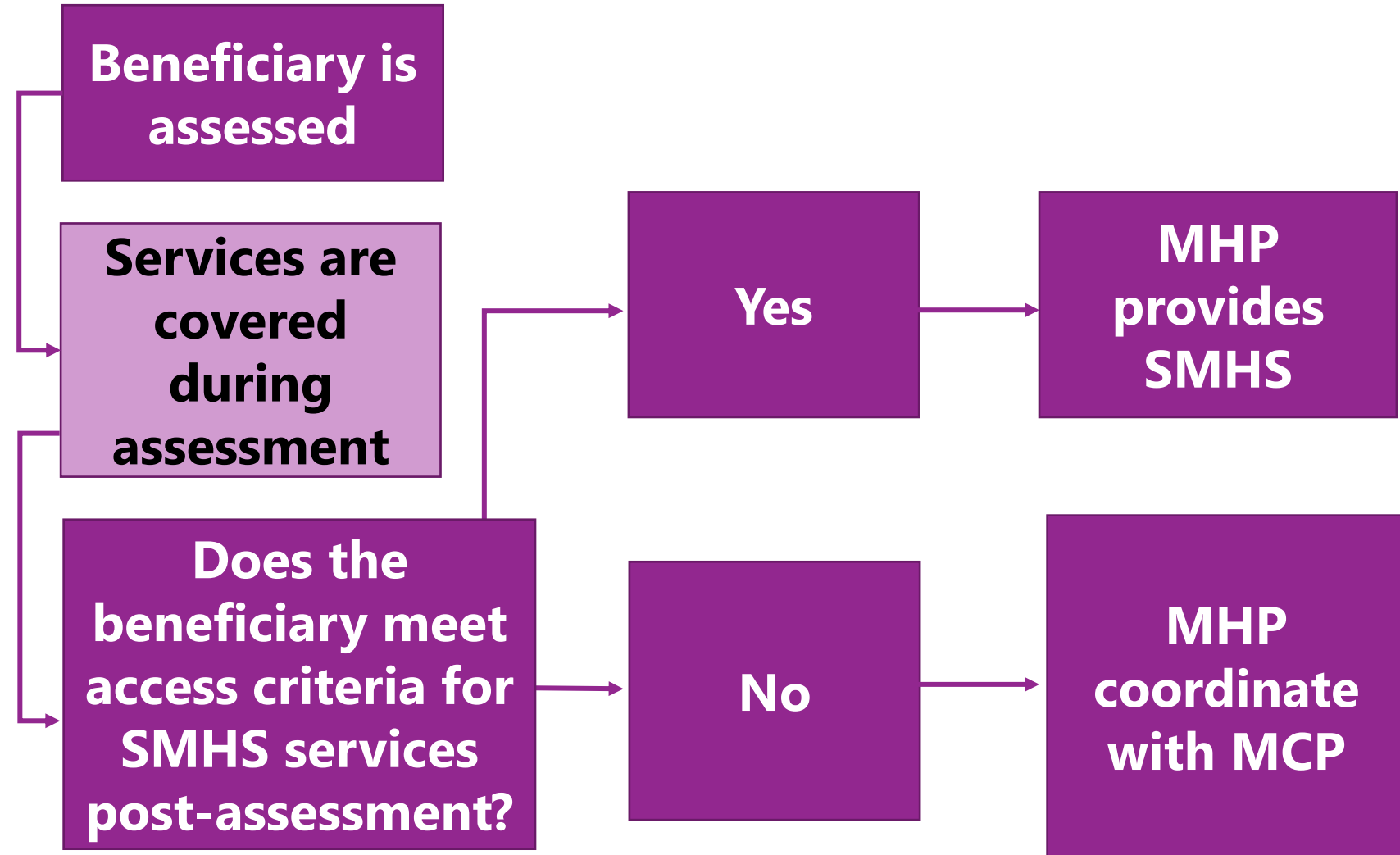
Connecting the Dots

- » Access Criteria for SMHS ([BHIN 21-073](#)):
 - » Establishes the criteria beneficiaries meet in order to access SMHS through their MHP.
 - » Clarifies that services may be provided prior to diagnosis.
- » Relatedly, [APL 22-006](#) clarifies the MCP responsibility for NSMHS. No Wrong Door ([BHIN 22-011](#)):
 - » Clarifies division of responsibilities between MHPs and MCPs.
 - » Clarifies that services are covered and reimbursable prior to diagnosis, even if it's eventually determined that the beneficiary does not meet access criteria.
 - » Clarifies that services are covered and reimbursable even when they're provided concurrently or when a beneficiary has a co-occurring disorder.
- » Screening and Transition of Care Tools (Guidance under development):
 - » Goal of the tools will be to get beneficiaries to the "right" door from the start, or transition beneficiaries to the "right" door.

Case Study Example 1: Ensuring Appropriate Referral

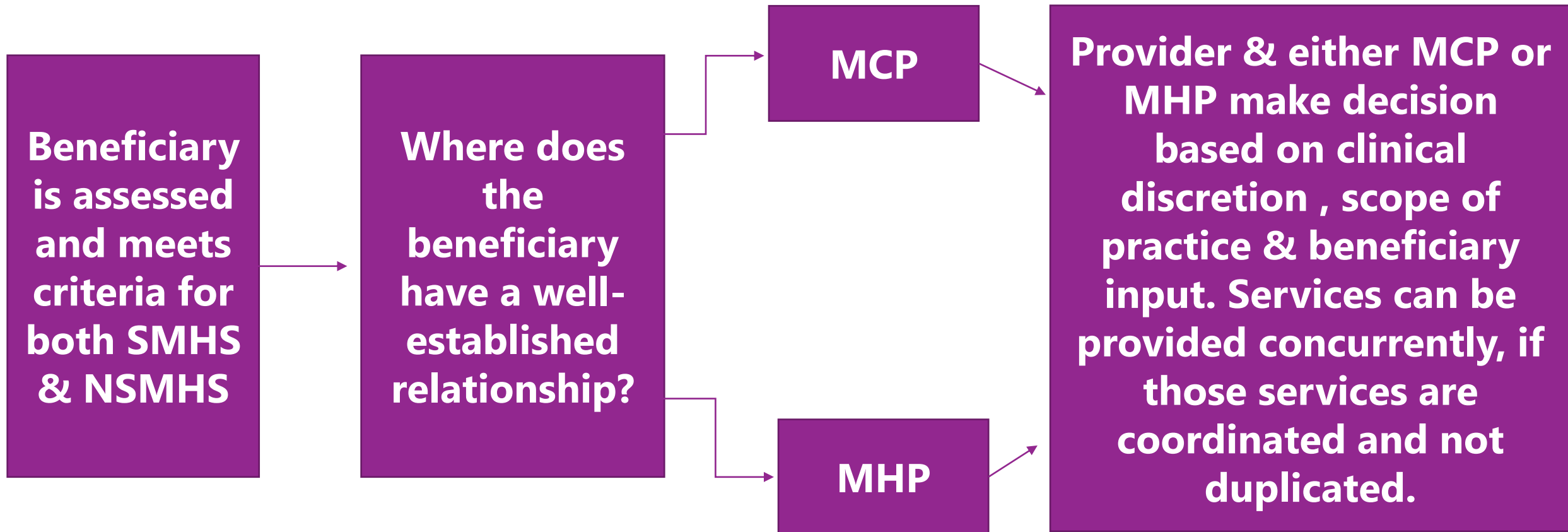
» Q: What happens if a beneficiary requests SMHS but does not meet the access criteria?

» A: The MHP should coordinate with the MCP to connect the member with appropriate NSMH services



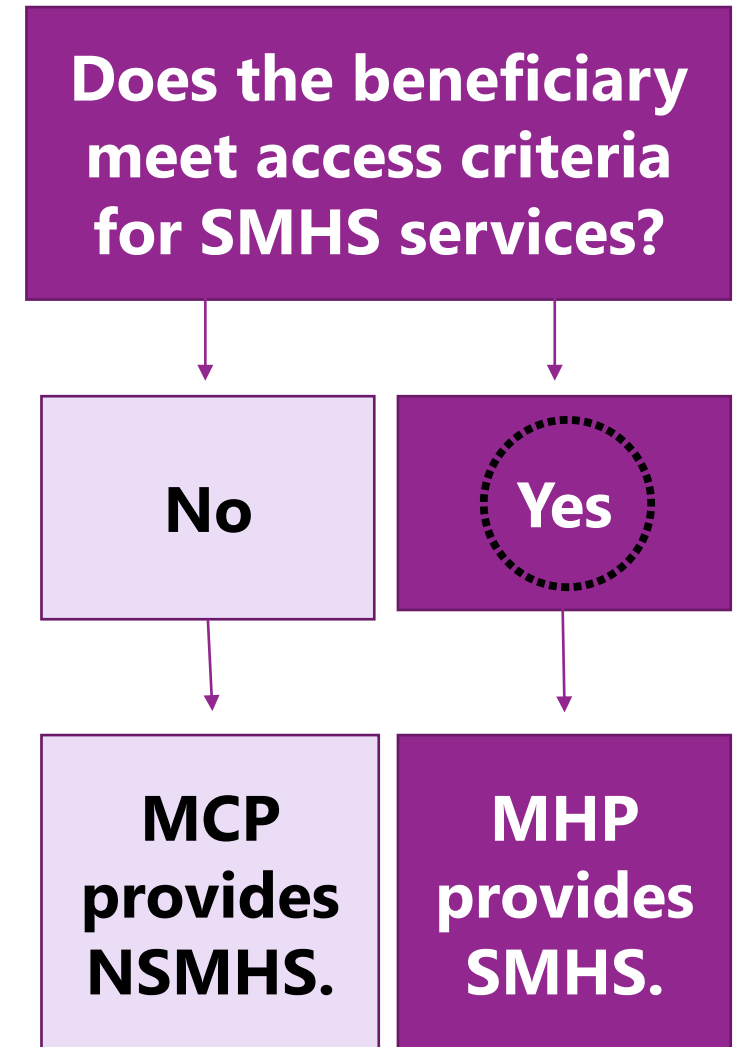
Case Study Example 2: Meets Both SMHS & NSMHS Criteria

- » Q: What is expected of the MCP and MHP if a beneficiary meets criteria for both SMHS and NSMHS?



Case Study Example 3: Meets SMHS Access Criteria

- » Q: If a beneficiary is seeking therapy through the specialty mental health system and the desired provider is not available, can they be referred to therapy in the MCP who may have capacity?
- » A: If a beneficiary meets the access criteria for SMHS, then the MHP should provide the SMHS services to that beneficiary. A beneficiary may be referred to the MCP if they do not meet the SMHS access criteria.



Duplication of Services

- » Coordinating appropriate and effective services for beneficiaries who need treatment in both systems is a shared responsibility between MHPs and MCPs.
- » [CalAIM Data Sharing Guidance](#) includes scenarios on how data can be shared between entities to ensure coordination while remaining in compliance with privacy laws.
- » The MOU between an MHP and MCP should detail how the plans will coordinate care and ensure services are not duplicated.
- » [BHIN 22-009](#) and [APL 22-003](#) may provide helpful insight. The guidance outlines the MHP and MCP responsibilities to provide services to beneficiaries with eating disorders.

Case Study Example 4: NWD and Continuity of Care

- » Q: In the case that a beneficiary begins SMHS, but ultimately does not meet SMHS criteria, are counties required to provide ongoing SMHS in order to comply with continuity of care?
- » A: A beneficiary may request services they were receiving prior to the determination that they are not eligible for SMHS, if those services continue to be medically necessary and are required to treat an acute or chronic condition, and the MCP may be required, at the request of beneficiary, to provide coverage for those services, including from the same provider, even if the provider is out-of-network with the MCP.

Next Steps

- » MHPs and MCPs should begin meeting to revise MOUs and P&Ps based on NWD policy
- » Revised MOU guidance forthcoming
- » **Technical Assistance:**
 - » DHCS will continue to offer additional technical assistance and peer-to-peer learning opportunities for CalAIM BH policies as needed.
 - » DHCS will publish FAQs, as needed, to support policy implementation.

Technical Assistance Timeline

March

- » Release NWD BHIN/APL 3/31

April

- » NWD Informational Webinar 4/28

May to July

- » Pre-Implementation TA Webinar (6/9)
 - » FAQs and Case Studies

August to November

- » Post-Implementation TA Webinar(s)
Written Resource

Q&A

The lower half of the slide features a decorative graphic consisting of several overlapping, wavy horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender. These bands create a sense of movement and depth across the width of the page.

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"

The background features a purple-tinted image of a stethoscope on a surface, overlaid with a white line graph on a grid. The graph has a vertical axis on the left with numerical markers at 3, 6, 9, 12, and 15. The text "Thank You" is centered in white.

Thank You