

Medi-Cal Behavioral Health Services for Children

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MH Benefits: Managed Care Plans

Effective January 1, 2014, eligible Medi-Cal beneficiaries began to receive select mental health benefits through Medi-Cal Managed Care Plans (MCPs). These services continue to be offered as Fee- For-Service (FFS) benefits for eligible beneficiaries that are not enrolled in an MCP.

MCP Responsibilities

- The following mental health services are provided by licensed mental health care professionals (as defined in the Medi-Cal provider bulletin) acting within the scope of their license:
 - Individual and group mental health evaluation and treatment (psychotherapy)
 - Psychological testing when clinically indicated to evaluate a mental health condition
 - Outpatient services for the purposes of monitoring medication therapy
 - Outpatient laboratory, medications, supplies, and supplements
 - Psychiatric consultation
 - Screening and Brief Intervention (SBI) -18 or older

MCP Responsibilities - Summary

- Continue to ensure mental health screening of all beneficiaries by network PCPs. Beneficiaries with positive screening results may be treated by a network PCP within the PCP's scope of practice.
- Refer the beneficiary to a mental health provider within the MCP network for a mental health assessment when the condition is beyond the PCP's scope of practice.
- Use a mutually agreed upon assessment tool with the Mental Health Plan (MHP) to assess the beneficiary's disorder, level of impairment, and appropriate care needed.

Medi-Cal Specialty Mental Health Services – OUTPATIENT

- Mental Health Services
 - Assessment
 - Plan development
 - Therapy
 - Rehabilitation
 - Collateral
- Medication Support Services
- Day Treatment Intensive and Day Rehabilitation
- Crisis Intervention and Crisis Stabilization
- Targeted Case Management

Medi-Cal Specialty Mental Health Services – RESIDENTIAL

- Crisis Residential
- Adult Crisis Residential

Medi-Cal Specialty Mental Health Services – INPATIENT

- Acute psychiatric inpatient hospital services
- Psychiatric Health Facility Services
- Psychiatric Inpatient Hospital Professional Services if the beneficiary is in FFS hospital

Children

- For beneficiaries under the age of 21, there is no wrong door to receive mental health services due to less stringent impairment criteria.
- Many children with impairments that may be considered moderate meet medical necessity criteria to access specialty mental health services provided by MHPs.
- If the beneficiary has a significant impairment but the diagnosis is uncertain, the MCP must cover the service.
- Children eligible for Early and Periodic Screening, Diagnosis, & Treatment (EPSDT) services meet Specialty Mental Health Services (SMHS) medical necessity criteria necessary to access Medi-Cal SMHS provided by MHPs when they have a covered diagnosis that is not responsive to physical health care based treatment that can be corrected or ameliorated by the SMHS (Cal. Code Regs., tit. 9, § 1830.210).

County Alcohol and Other Drug (AOD) Programs

Outpatient Services

- Outpatient Drug-Free
- Intensive Outpatient (newly expanded to additional populations)
- Residential Services (newly expanded to additional populations)
- Narcotic Treatment Programs
- Naltrexone

All Plan Letters on MH benefit and MOU template

- DHCS issued two All Plan Letters (APLs) to Medi-Cal MCPs:
 - **APL 13-021** described the Medi-Cal managed care plan's responsibilities for outpatient mental health services
<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2013/APL13-021.pdf>
 - **APL 13-018** described the memorandum of understanding (MOU) requirements for coordination between Medi-Cal managed care plans and county mental health plans
<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2013/APL13-018.pdf>

BHT services for children under 21 years of age – Autism Spectrum Disorder

On January 21, 2016, [CMS approved SPA 14-026](#) for DHCS to provide Behavioral Health Treatment (BHT) services for children under 21 years of age. BHT services were effective retroactively to July 7, 2014.

- BHT services are covered Medi-Cal benefits for individuals under 21 years of age with Autism Spectrum Disorder (ASD).
- In consultation with stakeholders as required by section 14132.56 of the W&I Code, the Department developed and defined eligibility criteria, provider participation criteria, utilization controls, and the delivery system for BHT services, subject to the limitations allowed under federal law.
- December 3, 2015 DHCS released [APL 15-025](#) "Responsibilities for Behavioral Health Treatment Coverage for Children Diagnosed with Autism Spectrum Disorder" to managed care plans. This letter provided final policy guidance for the provision of BHT services and replaced the interim policy issued September 15, 2014 in APL 14-011.
- Beginning February 1, 2016, the authorization and payment of BHT services to Medi-Cal beneficiaries transitioned from Regional Centers to Medi-Cal over an estimated six-month period.

Barriers

- Early Identification
- Shortage of mental health professionals
- Complexities of navigating the mental health care system
- Language: Lack of professionals who speak more than one language may also magnify the treatment problem: 66.5% of children in need who had English-proficient parents went without treatment, compared with 88.6% of children whose parents had limited English skills.
- Stigma: Social stigma surrounding mental health care treatment

Source: UCLA Center for Health Policy Research

What Health Plans Do (or Can't)

- Provide Primary Care Practitioners assistance in identification. Provide screening tools/Comprehensive Diagnostic Evaluation (CDE) and education on how to use
- Educate all providers about resources: Regional Centers for non-ASD BHT, Schools for speech or academic related
- Provide information/education to parents
- Provide information/education to youth
- Partner with schools and community organizations-First 5
- Treatment needs to be multi-level but plan not always able to provide services to the entire family