



Department of
Health Care Services



Mental Health Services in Medi-Cal Managed Care

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- Beginning January 1, 2014, managed care plans (MCPs) responsible for delivery of specified outpatient mental health services through their provider network
 - mild to moderate impairment of mental, emotional, or behavioral functioning
 - mental health disorder as defined by the current DSM
 - encompasses services both within and outside PCP's scope of practice; provided by network mental health professional if outside PCP scope
 - referral and coordination with county Mental Health Plans (MHPs) for specialty mental health services

Contract Definitions*

Outpatient Mental Health Services	Specialty Mental Health Services
<ul style="list-style-type: none"> • Individual or group mental health evaluation and treatment (psychotherapy) • Psychological testing when clinical indicated to evaluate a mental health condition • Psychiatric consultation for medication management • Outpatient laboratory, supplies and supplements 	<ul style="list-style-type: none"> • Rehabilitative Services, which includes mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and psychiatric health facility services • Psychiatric inpatient hospital services • Targeted case management • Psychiatrist services • Psychologist services
<p>* Boilerplate Two-Plan Contract, Exhibit E, Attachment 1, “Definitions”</p>	

- The eligibility and medical necessity criteria for Medi-Cal specialty mental health services provided by county MHPs have not changed
- Services continue to be available to beneficiaries pursuant to medical necessity criteria established by Title 9 CCR, Sections 1830.205 and 1830.210

All Plan Letter 13-021

- Medically necessary services provided by PCPs or licensed mental health professionals within the scope of their practice in the MCP network
 1. Individual and group mental health evaluation and treatment (psychotherapy)
 2. Psychological testing, when clinically indicated to evaluate a mental health condition
 3. Outpatient services for the purposes of monitoring drug therapy
 4. Outpatient laboratory, drugs, supplies, and supplements (excluding non-capitated psychiatric drugs)
 5. Psychiatric consultation

All Plan Letter 13-021

- Acceptable indications for covered services
 - Diagnose a mental health condition and determine a treatment plan
 - Provide medically necessary treatment for mental health conditions (excluding couples and family counseling for relational problems) that result in mild or moderate impairment
 - Refer adults to the county MHP for specialty mental health services when a mental health diagnosis covered by the MHP results in significant impairment
- The number of visits for mental health services is not limited as long as the MCP beneficiary meets medical necessity criteria

All Plan Letter 13-021

- Beneficiaries with positive screening on standard mental health tools may be treated by a network PCP within their scope of practice
- When the condition is beyond the PCP's scope of practice, the MCP must refer to a mental health provider within their network for a mental health assessment
- Each MCP must ensure its network providers refer beneficiaries with significant impairment resulting from a covered mental health diagnosis to the county MHP

All Plan Letter 13-018

- MOUs between MCPs and MHPs address:
 - Basic Requirements
 - Covered Services and Populations
 - Oversight Responsibilities of the MCP and MHP
 - Screening, Assessment, and Referral
 - Care Coordination
 - Information Exchange
 - Reporting and Quality Improvement Requirements
 - Dispute Resolution
 - After-Hours Policies and Procedures
 - Member and Provider Education
 - MCP and MHP Points of Contact

All Plan Letter 15-007

- **Dispute Resolution Process For Mental Health Services**
 - Internal dispute resolution process as outlined by the MOU between MCP and MHP
 - “Request for Resolution” submitted to DHCS either 15 days after completion of internal process or 30 days after event if no internal process
 - MHP notified within 7 days; 21 days to submit a response
 - 21 days after MHP notification, DHCS will render final determination to MCP CEO and MHP Director
 - All medically necessary services will continue to be provided pending DHCS decision

Questions?

- Contracts:

<http://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>

- All Plan Letters:

<http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

- Email: Cristina.Almeida@dhcs.ca.gov