



CalAIM Changes to the Access Process

THE OVERLAY OF UPDATED ACCESS CRITERIA, MEDICAL NECESSITY, NO
WRONG DOOR, AND UNIVERSAL SCREENING TOOLS

Training Session Overview

Key Concepts

Access Criteria vs Medical Necessity

No Wrong Door

Screening Tools and Process



Key Concepts

UNDERSTANDING THE DIFFERENT SERVICE SYSTEMS

Key Concepts and Definitions

MCP = Managed
Care Plan

MHP = Mental
Health Plan

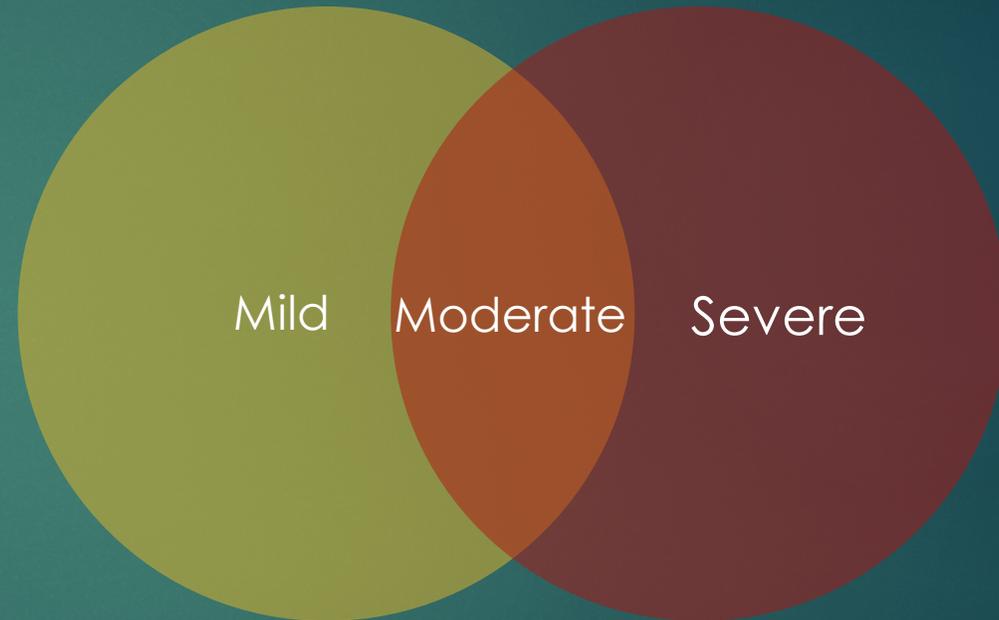
DMC = Drug Medi-
Cal

SMHS = Specialty
Mental Health
Services

- These are provided by the MHP

Service Responsibilities

- ▶ Mental Health Plans (MHP) are responsible for providing specialty mental health services (SMHS) for individuals with the highest needs
- ▶ Managed Care Plans (MCP) treat conditions due solely to a medical condition, and individuals with mild to moderate distress or impairment resulting from mental health disorders



Managed Care Plan
Mild – Moderate
benefit for mental
health

Mental Health Plan
Moderate – Severe
benefit for mental
health

Timeline of Events



Access Criteria vs Medical Necessity

Access Criteria Changes

- ▶ A diagnosis is no longer a prerequisite for accessing needed SMHS or DMC services
 - ▶ Services rendered in good faith are reimbursable prior to the determination of an official diagnosis
- ▶ No more “included” diagnosis list as part of determining if an individual should receive SMHS or DMC services
- ▶ Criteria to access SMHS has been separated from medical necessity
 - ▶ No longer refer to it as “medical necessity criteria”

SMHS Access Criteria vs Medical Necessity

Access Criteria

- ▶ Is the individual eligible to receive SMHS?



Medical Necessity

- ▶ Is the service provided clinically appropriate?



SMHS Access Criteria: Adults Age 21+

Criteria 1

- One or both of the following:
 - Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities
 - A reasonable probability of significant deterioration in an important area of life functioning

Criteria 2

- The condition in Criteria 1 is due to either:
 - A diagnosed mental health disorder
 - A *suspected* mental health disorder that has not yet been diagnosed

SMHS Access Criteria: Youth Under Age 21

Criteria 1

A condition placing them at high risk for a mental health disorder due to the experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by DHCS; involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness

OR

Criteria 2

At least one:

- A significant impairment
- A reasonable probability of significant deterioration in an important area of life functioning
- A reasonable probability of not progressing developmentally as appropriate
- A need for SMHS, regardless of the presence of impairment, that are not included within the benefits the MCP provides

The Condition is due to:

- A diagnosed mental health disorder
- A suspected mental health disorder that has not yet been diagnosed
- Significant trauma placing them at risk of a future mental health condition, based on the assessment of a licensed mental health professional

SMHS Youth Access Criteria Now Includes the Following



Medical Necessity - SMHS

Adults Age 21+

- A service is “medically necessary” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain
- WIC sections 14184.402(a) & 14059.5

Youth Under Age 21

- A service is “medically necessary” if it is necessary to correct or ameliorate a mental illness or condition
- Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition
- Section 1396d(r)(5) of Title 42

DMC Access Criteria: Adults Age 21+

Criteria 1

- Have at least one diagnosis from DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders

OR

Criteria 2

- Have at least one diagnosis from DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders, prior to being incarcerated or during incarceration, determined by substance use history

DMC Access Criteria: Youth Under Age 21

Criteria

- Beneficiaries under age 21 qualify to receive all medically necessary DMC services as required pursuant to Section 1396d(r) of Title 42 of the United States Code

Medical Necessity - DMC

Adults Age 21+

- A service is “medically necessary” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain
- WIC section 14059.5

Youth Under Age 21

- A service is “medically necessary” if it is necessary to correct or ameliorate a mental illness or condition
- Services that sustain, support, improve, or make more tolerable substance misuse or an SUD are considered to ameliorate the condition and are thus covered as EPSDT services
- Section 1396d(r)(5) of Title 42

Treatment Prior to Establishing a Diagnosis

Services are reimbursable prior to an official diagnosis

Flexibility regarding timeline for determining diagnosis

Not rushed into diagnosing before getting to know a client and their needs

Can utilize z codes when appropriate

Keep talking... I'm diagnosing you.



someecards
user card

Claiming for Services Prior to Diagnosis

- ▶ While a diagnosis is no longer a prerequisite to access care, Medi-Cal claims still require an ICD-10 code
- ▶ The diagnosis needs to be listed on each claim—not each progress note
- ▶ In cases where services are provided due to a suspected mental health disorder not yet diagnosed, the codes to the right can be utilized
- ▶ All services rendered in good faith, prior to the determination of an official diagnosis, are reimbursable and should be claimed, whether or not the assessment ultimately results in a diagnosis

ICD-10 Codes for All Providers*

- Z55-Z65 (Persons with potential health hazards related to socioeconomic and psychosocial circumstances)
- **May be used during the assessment period prior to diagnosis; do not require supervision of a Licensed Practitioner of the Healing Arts (LPHA)*

ICD-10 Codes for LPHAs

- Any clinically appropriate code
- Z03.89 (Encounter for observation for other suspected diseases and conditions ruled out)
- “Other specified” and “Unspecified” disorders, or “Factors influencing health status and contact with health services”

DMC: Treatment Prior to Diagnosis

Treatment prior to diagnosis DOES apply to DMC programs, but only for outpatient services

The following timelines apply:

- Covered and clinically appropriate DMC services (except for residential) are reimbursable for up to 30 days following the first visit with an LPHA or registered/certified counselor, whether or not a diagnosis is established
- Up to 60 days if the individual is under age 21
- Up to 60 days if it is documented that the client is experiencing homelessness and requires additional time to complete the assessment



No Wrong Door Policy

AS APPLIED TO SYSTEMS OF CARE

No Wrong Door: Key Principles

Medi-Cal beneficiaries shall receive timely mental health services without delay regardless of the delivery system in which they seek care

Clinically appropriate SMHS delivered by MHP providers are covered whether or not an individual has a co-occurring substance use disorder (SUD)

To ensure beneficiary choice and help maintain established therapeutic relationships, non-SMHS and SMHS can be provided concurrently, as long as services are coordinated between MCP and MHP providers and are not duplicative

No Wrong Door Sequence

Screening: This occurs BEFORE a client “comes through the door”

Meets Screening Criteria: Receive MHP Assessment

Does not meet Screening Criteria: Referral to MCP

No Wrong Door

MHP begins assessment and can bill for services rendered prior to determination of an official diagnosis

Determination

Meets Access Criteria: Referred for ongoing services with the MHP

Does not meet Access Criteria: MHP supports a coordinated transition/referral to the MCP

No Wrong Door: Systems vs Programs

No Wrong Door refers to systems of care: MHP vs MCP

- No Wrong Door does not mean a client can obtain services from any possible program within the MHP
- No Wrong Door does not mean an MHP has to serve every individual who reaches out for services



No Wrong Door: Co-Occurring Treatment

BEFORE

- If we mention SUD treatment in our MH documentation, we are at risk of having the service disallowed
- If we mention MH treatment in our SUD documentation, we are at risk of having the service disallowed

No Wrong Door

- SMHS are covered whether or not the beneficiary has a co-occurring SUD mentioned in the clinical documentation or is part of the beneficiary's treatment
- SUD services are covered by DMC whether or not the beneficiary has a co-occurring MH condition

Co-Occurring Treatment Continued

Do MH providers now have to treat substance use disorder and SUD providers now have to treat MH disorders?

- No, providers are not being required to work out of their scope and abilities
- There is now greater flexibility to support an individual with both conditions





Universal Screening Tools

MHP AND MCP

Screening & Transition Tools: 1/1/23 (MHP Only)

Universal Screening Tools

- Will provide guidance to MHPs and MCPs regarding the most appropriate system of care for an individual seeking mental health services
- Three Versions:
 - Adult Age 21+
 - Youth Under Age 21
 - Youth Tool: Adult Responding for Youth

Universal Transition Tools

- Will support more effective and coordinated transitions between systems of care
- Two versions:
 - Adult Age 21+
 - Youth Under Age 21

Beta Testing: Adult Screening Tool

Initial Findings

- ▶ Of the individuals screened using the screening tool:
 - ▶ 44.6% were placed in a mild level of care
 - ▶ 28.7% were placed in a moderate level of care
 - ▶ 26.7% were placed in a severe level of care
- ▶ 94.8% of users believed that the screening tool placed the beneficiary in the right level of care



Screening Tools: Next Steps

Adult Screening Tool

Pilot Study and Beta Testing Completed
DRAFT version distributed to Counties

Youth Screening Tools

Pilot Study and Beta Testing in Progress
DRAFT versions distributed to Counties

January 1, 2023

Final Versions of Adult and Youth Tools will be released

Thank You

