



To: All MH Direct Service Providers

From: Serina Sanchez, DHS-MHP Quality Assurance Manager, and DHS-MHP Section Managers

CC: Chris Marlow, DHS-BHD QAPI Section Manager

Date: November 25, 2024

RE: No Wrong Door: Providing and Documenting Service Prior to Initial Assessment

Hello Providers,

As part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the Department of Health Services (DHCS) aims to address Medi-Cal beneficiaries' needs across the continuum of care, ensure that all beneficiaries receive coordinated services, and improve beneficiary health outcomes. Clinically appropriate specialty mental health services (SMHS) are covered and reimbursable during the assessment process prior to determination of a diagnosis or a determination that the beneficiary meets access criteria for SMHS. Services rendered during the assessment period remain reimbursable even if the assessment ultimately indicates the beneficiary does not meet criteria for SMHS.

This memo provides directions related to three areas of practice changes:

A. Allowable Services Prior to Initial Assessment

Because all formal intake assessments go through our Access process, the goal of CBOs providing services prior to assessment would be to link the potential client to Access services and, if necessary, address any immediate crisis needs:

- a. Targeted Case Management—T1017
- b. Crisis Intervention—H2011
- c. Plan Development—H0032

B. Workflow for Linking Beneficiaries to Services

- On the Inquiries Screen, open a “*new inquiry*” for the client. Detailed instructions can be found at this link: <https://2023.calmhsa.org/how-to-document-a-call-when-you-dont-provide-services-yourself/>
- In the *Disposition Section* of the inquiry, select “*Referred to internal service.*”
- Select Service Type: *Access Screening*
- Then select either the *Access Team Adult program*, or the *Mental Health Access Youth program*.
- Set the status to “*In Progress*” and save the inquiry.
- The Access screeners will follow-up

C. How to Document and Bill for Services in SmartCare

- You may document services for clients who are listed in “*Requested*” status for your program.
- Enter the service using “*New Service Note*” and selecting one of the procedure codes listed in section A. Detailed instructions can be found at this link: <https://2023.calmhsa.org/how-to-write-a-progress-note-for-an-unscheduled-service/>

If you need additional guidance on the workflow for linking beneficiaries to services, please follow up with your contract manager. For questions pertaining billing for services in SmartCare, please contact DHS-Finance-RMU@sonoma-county.org. For SmartCare navigation and functionality, please email BHEHR@sonoma-county.org. For documentation related questions, please email BHQA@sonoma-county.org.