

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE ORANGE COUNTY HEALTH CARE AGENCY
AND
ORANGE COUNTY HEALTH AUTHORITY DBA CALOPTIMA
FOR THE COORDINATION OF MENTAL HEALTH SERVICES**

This Memorandum of Understanding (MOU) between the Orange County Health Care Agency ("HCA" or "COUNTY") and the Orange County Health Authority, doing business as CalOptima, ("CALOPTIMA"), a public agency, is entered into this 1st day of February, 2015, and contains program content and purpose, along with specific guidelines for the activities to support the coordination of Medi-Cal mental health services.

HCA and CALOPTIMA may be referred to individually as "Party," and collectively as "the Parties." The relationship between HCA and CALOPTIMA, with regard to this MOU, is based upon the following:

1. HCA provides a full spectrum of specialty mental health services for the evaluation, diagnosis, treatment, and follow-up of seriously and persistently mentally ill adults and seriously emotionally disturbed children and youth who meet medical necessity criteria as defined by the Title IX. The Section 1915(b) Freedom of Choice waiver entitled Medi-Cal Specialty Mental Health Services, requires Orange County, California Medi-Cal beneficiaries needing specialty mental health services to access these services through HCA.
2. CALOPTIMA is a local public agency which, by statute, has the responsibility of operating a County Organized Health System (COHS) for Orange County, California. CALOPTIMA coordinates the provision of health care services, including non-specialty mental health services, to Orange County Medi-Cal beneficiaries using managed care principals.
3. COUNTY and CALOPTIMA are partners in facilitating access to prompt evaluation, diagnosis, treatment and follow up of mental illness for Medi-Cal beneficiaries who are CALOPTIMA members.
4. Pursuant to Section 28 of Senate Bill XI-1 of the First Extraordinary Session (Hernandez & Steinberg, Chapter 4, Statutes of 2013) which added Welfare and Institutions Code Sections 14132.03 and 14189 and the Patient Protection and Affordable Care Act, beginning January 1, 2014 CALOPTIMA is responsible for mental health assessments and medically necessary outpatient mental health services in addition to obligations under its contract with the DHCS that existed as of that date.
5. Department of Health Care Services (DHCS) requires that, as a Medi-Cal managed care benefit, CALOPTIMA must administer the program in a specified manner, including updating, amending, or replacing any existing Medi-Cal Behavioral Health Services MOU with HCA to account for the new outpatient mental health covered services that will be provided by CALOPTIMA. Therefore, this MOU shall replace the Medi-Cal MOU between Orange-Prevention-and Treatment-Integrated Medical

Assistance Plan, CALOPTIMA, and Orange County Health Care Agency/Behavioral Health Services/Mental Health Plan (HCA/MPH) dated May 2001.

I. TERM

The term of this MOU shall commence on February 1, 2015, following execution by both Parties, and continue year to year, unless otherwise terminated earlier pursuant to the terms of this MOU. This MOU may be altered in writing through mutual consent of both Parties and will be reviewed annually.

II. TERMINATION

Either party may terminate this MOU without any further obligations and without cause upon sixty (60) days prior written notice to the other Party.

III. PURPOSE

The purpose of this MOU is to describe the responsibilities of HCA and CALOPTIMA for the coordination of Medi-Cal mental health services in order to ensure that CalOptima Members are able to access necessary and appropriate mental health services. Neither Party may seek to enforce the terms and conditions of this MOU against each other in law or equity.

IV. DEFINITIONS

A. "California Department of Health Care Services (DHCS)" means the single State department responsible for administration of the federal Medicaid program (referred to as Medi-Cal in California), California Children Services, Genetically Handicapped Persons Program, Child Health and Disabilities Prevention, and other health related providers. DHCS provides State oversight of Managed Care Plans and County Mental Health Programs.

B. "Medically Necessary" or "Medical Necessity" means reasonable and necessary services to protect life, prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury.

When determining the medical necessity of covered services for a Medi-Cal beneficiary under the age of 21, "medical necessity" is expanded to include the standards set forth in Title 22 CCR Sections 51340 and 51340.1.

Medical necessity for specialty mental health services is defined at Title 9, CCR, Sections 1820.205 (inpatient), 1830.205 (outpatient), and 1830.210 (outpatient for beneficiaries under the age of 21).

C. "Member" means an eligible Medi-Cal beneficiary who has enrolled in CALOPTIMA.

D. "Outpatient Mental Health Services" means the services listed below, when medically necessary and provided by PCPs or licensed mental health professionals in the CalOptima provider network within the scope of their practice:

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 medications listed in Attachment 2); and,
 5. Psychiatric consultation.
- E. "Quality Improvement" means the result of an effective quality improvement system.
- F. "Quality of Care" means the degree to which CALOPTIMA/HCA increases the likelihood of desired health outcomes of CALOPTIMA enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge in at least one of the six domains of quality, as specified by the Institute of Medicine. The six domains are as follows: efficiency, effectiveness, equity, patient-centeredness, patient safety, and timeliness.
- G. "Specialty Mental Health Services" means an array of mental health services as described in regulation (Title IX). The authority for HCA to determine which services within that array shall be available and adequate to meet the needs of the community is also specified in regulation (Title IX) and within the federally approved State's Medi-Cal 1915(b) waiver.

V. POPULATION TO BE SERVED

Individuals to be served pursuant to this MOU are Members who meet the mental health services eligibility requirements described in Attachment 1-A.

VI. COVERED SERVICES

Covered mental health services related to this MOU are those services described in Attachment 1-B.

VII. DELIVERY OF COVERED SERVICES

Beginning January 1, 2014, CALOPTIMA shall provide Medi-Cal Outpatient Mental Health Services covered in the state plan as a Managed Care Benefit to Members with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from a mental health disorder as defined by the current DSM, that are outside the PCP's scope of practice. CALOPTIMA will ensure the delivery of mental health services are within the mental health care providers' scope of practice. CALOPTIMA is responsible for the monitoring and oversight of duties delegated to its subcontractor.

CALOPTIMA shall ensure that its Primary Care Physicians (PCPs) continue to perform, within their scope of practice, mental health screenings of all Members. In addition, CALOPTIMA shall cover and ensure the provision of psychotherapeutic drugs prescribed by its PCPs or other health professionals, except those drugs specifically excluded as stipulated in Attachment 2.

CALOPTIMA shall continue to provide the following medically necessary covered services for Members receiving specialty mental health services:

- o Pharmaceutical services and prescription drugs
- o Laboratory, radiological, and radioisotope services
- o Emergency room facility charges and professional services
- o Emergency and non-emergency medical transportation
- o Home health services
- o Medically necessary Covered Services to Members who are patients in psychiatric inpatient hospitals

HCA shall continue to provide Medi-Cal specialty mental health services to Members.

VIII. SCREENING, ASSESSMENT, AND REFERRAL

HCA and CALOPTIMA have developed and agreed to the written CALOPTIMA Policies for screening, assessment, and referral processes, including screening and assessment tools used in determining if HCA or CALOPTIMA will provide mental health services.

CALOPTIMA is obligated to provide mental health screenings of all Members by network PCPs. Members with positive screening results may be treated by a network PCP within the PCP's scope of practice. When the condition is beyond the PCP's scope of practice, the PCP will refer the Member to the Access Line for a mental health screening. The mental health screening will include the use of the mutually agreed upon Mental Health Level of Care Screening Tool to assess the Member's disorder, level of impairment, and appropriate care needed. If the level of care initially determined to be appropriate is Specialty Mental Health Services, the call will be treated as a request for services to the County Mental Health Plan.

CALOPTIMA shall establish and maintain mechanisms to identify Members who require non-covered psychiatric services and ensure that appropriate referrals are made. CALOPTIMA shall consult with HCA as necessary to locate other appropriate community resources and to assist Member to locate available non-covered mental health services.

Referring Members to COUNTY specialty mental health services:

CALOPTIMA shall ensure that its network providers refer Members with significant impairment resulting from a covered mental health diagnosis to HCA via the Access Line. Also, when the Member has a significant impairment, but the diagnosis is uncertain, or the diagnosis is a tentative psychiatric diagnosis which meets eligibility criteria for referral to HICA as defined in MMCD Mental Health Policy Letter 00-01 Revised, CALOPTIMA shall ensure that the Member is referred to HICA via the Access Line for further assessment.

- HICA shall accept referrals from CALOPTIMA staff, providers, and Members' self-referrals through the Access Line for determination of medical necessity for specialty mental health services. When medical necessity criteria are met as assessed by HICA, HCA will arrange for specialty mental health services. In the case of self-referrals or referrals from providers other than the Member's PCP, in

which the planned specialty mental health services involves a psychiatrist, HCA will inform the Member's PCP of services to be rendered.

Referring Members to CALOPTIMA outpatient mental health services:

- HCA shall refer a Member to CALOPTIMA when the service needed is one provided by CALOPTIMA and not HCA, and when it has been determined by HCA that the Member does not meet the specialty mental health medical necessity criteria.
- CALOPTIMA shall accept referrals from HCA staff, providers and Members' self-referral for assessment, make a determination of medical necessity for Outpatient Mental Health Services, and provide referrals within CALOPTIMA mental health provider network.

IX. AFTER-HOURS POLICIES AND PROCEDURES

CALOPTIMA and HCA maintain a central 24 hour/7days a week direct telephone Access Line for mental health emergencies during non-business hours for Members to access services and for Providers to coordinate care with HCA Evaluation and Treatment Services (ETS), Centralized Assessment Team (CAT), or emergency room personnel during a crisis. For emergency/crisis situations, Access Line staff shall conduct a warm transfer via telephone to CAT and/or 911.

Emergency Services and Care – Emergency Room Facility Charges and Professional Services:

- CALOPTIMA will cover and pay for the facility charges resulting from the emergency services and care of a Member, whose condition meets medical necessity criteria, when such services and care do not result in the admission of the member for psychiatric inpatient hospital services, or when such services result in an admission of the Member for psychiatric inpatient hospital services at a different facility.
- CALOPTIMA will cover and pay for all professional services except the professional services of a mental health specialist when required for the emergency services and care of a Member whose conditions meets medical necessity criteria.
- CALOPTIMA will cover and pay for the facility charges and the medical professional services required for the emergency services and care of a Member with an excluded diagnosis or a Member whose condition does not meet medical necessity criteria and such services and care do not result in the admission of the member for psychiatric inpatient hospital services. Payment for professional services of a mental health specialist required for the emergency services and care of a Member with an excluded diagnosis is the responsibility of the Medi-Cal fee-for-service system.

- HCA will be responsible for the facility charges resulting from the emergency services and care of a Member whose condition meets the medical necessity criteria when such services and care do result in the admission of the member for psychiatric inpatient hospital services at the same facility. The facility charge is not paid separately but is included in the per diem rate for the inpatient stay.
- HCA will be responsible for facility charges directly related to the professional services of a mental health specialist provided in the emergency room when these services do not result in the admission of the Member for psychiatric inpatient hospital services at that facility or any other facility.

X. CARE COORDINATION

When CALOPTIMA has been determined to be the mental health care provider, CALOPTIMA will be responsible for initiating, providing, and maintaining ongoing care coordination as mutually agreed upon in CALOPTIMA and HCA protocols.

When HCA has been determined to be the mental health care provider, HCA will be responsible for initiating, providing, and maintaining ongoing care coordination as mutually agreed upon by CALOPTIMA and HCA.

Both parties shall agree to policies and procedures for coordinating inpatient and outpatient medical and mental health care for beneficiaries enrolled in CALOPTIMA and receiving specialty mental health services through HCA. CALOPTIMA shall continue to provide medical case management and cover and pay for all medically necessary Medical covered physical health care services for Members receiving specialty mental health services; and will coordinate these services with HCA.

CALOPTIMA and HCA shall provide transition of care for members transitioning to or from CALOPTIMA or HCA mental health services. HCA clinical consultation, including consultation on medications, shall be provided to CALOPTIMA's PCPs who are treating Members with mental illness.

Coordination of Care for Inpatient Mental Health Treatment:

- Inpatient hospital provider shall notify a Member's PCP within 24 hours of admission and discharge from an inpatient mental health treatment to arrange for appropriate follow-up services.
- If applicable, inpatient hospital provider shall notify a member's behavioral health provider after a member has been admitted and discharged from an inpatient mental health treatment.
- Member's PCP and outpatient behavioral health provider shall review and update the care plan of the Member as clinically indicated.

Coordination of Care for Pharmacy Services:

- HCA shall provide the names and qualifications of the HCA's prescribers to CALOPTIMA.
- CALOPTIMA shall provide CALOPTIMA's procedures for obtaining authorization of prescribed drugs and laboratory services and a list of available pharmacies and laboratories to HCA.

Coordination of Care for Emergency Services:

- CALOPTIMA shall provide emergency room facility and related services other than specialty mental health services, home health agency services as described in Title 22, section 51337, non-emergency medical transportation, and services to treat the physical health needs of Members who are receiving psychiatric inpatient hospital services, including the history and physical required upon admission.
- CALOPTIMA shall provide direct transfers between psychiatric inpatient hospital services and inpatient hospital services required to address a Member's medical problems based on changes in the Member's mental health or medical condition.
- HCA shall provide emergency assessment of mental health condition.

XI. OVERSIGHT

CALOPTIMA covered behavioral health provider network shall be provided through its subcontracted network. CALOPTIMA shall conduct a full comprehensive compliance audit at its subcontracted provider network offices and/or facilities annually, or as deemed necessary, by CALOPTIMA.

The CalOptima/HCA Collaboration Committee shall function as the HCA and CALOPTIMA's joint mental health Medi-Cal oversight and multidisciplinary clinical teams. The committee includes representatives of HCA and CALOPTIMA and is responsible for the following:

- Program oversight
- Quality improvement
- Problem and dispute resolution
- Ongoing management of the MOU
- Oversight for clinical operations (screenings, assessment, referrals, care management, care coordination, and exchange of medical information)

XII. DISPUTE RESOLUTION

CALOPTIMA and HCA shall facilitate timely resolution of clinical and administrative disputes, including differences of opinion about whether CALOPTIMA or HCA should provide mental health services. The review process shall not result in delays in member access to services or prescription drugs while the decision from the formal dispute resolution process is pending. CALOPTIMA and HCA agree to follow the resolution of dispute process in accordance Title 9 CCR, Section 1850.505.

When the dispute involves CALOPTIMA continuing to provide services to a Member CALOPTIMA believe requires specialty mental health services from HCA, IICA shall identify and provide CALOPTIMA with the name and telephone number of a psychiatrist or other qualified licensed mental health professional available to provide clinical consultation, including consultation on medications to the CALOPTIMA provider responsible for the Member's care.

When HCA has a dispute with CALOPTIMA regarding a referral to specialty mental health services, HCA staff shall attempt to resolve the dispute with the Access Line staff who conducted the initial mental health assessment. If the dispute is unresolved, HCA Mental Health Service Chief and the Director of Clinical Operation at the Access Line shall participate in the dispute resolution process. If the dispute remains unresolved, IICA Medical Director and CALOPTIMA Behavioral Health Medical Director shall take the lead in resolving the dispute.

When a dispute between CALOPTIMA and HCA cannot be resolved, CALOPTIMA and/or HCA may submit a request for resolution to the DHCS. A request for resolution by either party will be submitted to the respective party within 30 calendar days of the completion of the dispute resolution process between both parties. The request for resolution will contain the following information:

- A summary of the issue and a statement of the desired remedy, including any disputed services that have or are expected to be delivered to the Member and the expected rate of payment for each type of services.
- History of attempts to resolve the issue.
- Justification for the desired remedy.
- Documentation regarding the issue.

Upon receipt of a request for resolution, the DHCS will notify the other party within 7 calendar days. The notice to the other party will include a copy of the request and will ask for a statement of the party's position on the issue included by the other party in its request. The other party will submit the requested documentation within 21 calendar days, or the DHCS will decide the dispute based solely on the documentation filed by the initiating party.

Nothing in this section will preclude a Member from utilizing CALOPTIMA or HCA's problem resolution process for Members or any similar process, or to request a fair hearing.

XIII. INFORMATION EXCHANGE

Both Parties shall agree to policies that ensure timely sharing of information and describe agreed upon roles and responsibilities for sharing protected health information (PHI) for the purposes of medical and behavioral health care coordination pursuant to Title 9, CCR, Section 1810.370(a)(3), and in compliance with HIPAA and other State and federal privacy laws.

XIV. REPORTING AND QUALITY IMPROVEMENT

Both Parties have agreed to the following policies, procedures, and reports to address quality improvement requirements for mental health services including, but not limited to:

- a. Regular meetings, as agreed upon by both Parties, to review referral and care coordination process, to monitor member engagement and utilization, and to review information exchange protocols and processes.
- b. No less than semi-annual calendar year review of referral and care coordination processes to improve quality of care; and at least semi-annual reports summarizing quality findings, as determined in collaboration with DHCS. Reports summarizing findings of the review address the systemic strengths and barriers for effective collaboration between both Parties.
- c. Reports that track cross-system referrals, beneficiary engagement, and service utilization are to be determined in collaboration with DHCS, including but not limited to, the number of disputes between both Parties, the dispositions/outcomes of those disputes, the number of grievances related to referrals and network access, and the dispositions/outcomes of those grievances. Reports shall also address utilization of mental health services by members receiving such services from CALOPTIMA and HCA, as well as quality strategies to address duplication of services.
- d. Performance measures and quality improvement initiatives to be determined in collaboration with DHCS.

XV. MEMBER AND PROVIDER EDUCATION

Both parties have determined requirements for coordination of member and provider information about access to CALOPTIMA and HCA covered mental health services.

CALOPTIMA shall develop and maintain a list of mental health providers or provider organizations for CALOPTIMA covered services. HCA shall develop and maintain a list of mental health providers or provider organizations for HCA specialty mental health services. The lists of CALOPTIMA and HCA providers shall be made available to Members.

Both parties have agreed to:

- Credential and contract with sufficient numbers of licensed mental health professionals to maintain a provider network sufficient to meet the needs of the Members.
- Continually monitor the provider network to ensure Member access to quality mental health care.

XVI. INDEMNIFICATION

CalOptima agrees to indemnify, defend with counsel approved in writing by COUNTY, and hold COUNTY, its elected and appointed officials, officers, employees, agents and ~~those special-districts and agencies for which COUNTY's Board of Supervisors acts as~~

the governing Board ("COUNTY INDEMNITEES") harmless from any claims, demands, including defense costs, or liability of any kind or nature, including but not limited to personal injury or property damage, arising from or related to the services, products or other performance provided by CalOptima pursuant to this Agreement.

COUNTY agrees to indemnify, defend with counsel approved in writing by CalOptima, and hold CalOptima, its elected and appointed officials, officers, employees, agents, directors, members and/or affiliates ("CALOPTIMA INDEMNITIES") harmless from any claims, demands, including defense costs, or liability of any kind of nature, including, but not limited to personal injury or property damage, arising from or related to services, products or other performance provided by COUNTY pursuant to this Agreement.

If judgement is entered against one Party by a court of competent jurisdiction because of the concurrent active negligence of the other Party or that Party's Indemnities, the Parties agree that liability will be apportioned as determined by the court.

XVII. NOTICE AND CORRESPONDENCE

All notices and correspondence concerning this MOU will be in writing, and sent to:

IICA:

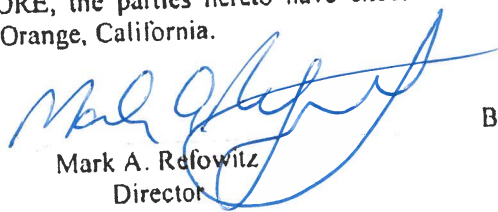
Attn.: Contract Services
405 W. 5th Street, Suite 600
Santa Ana, CA 92701

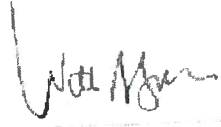
CALOPTIMA:

Attn: Contracting Department
505 City Parkway West
Orange, CA 92868

All notices shall be deemed effective when in writing and deposited in the United States mail, first class, postage prepaid, and addressed as above. Any notices, claims, correspondence, reports and/or statements authorized or required by this MOU addressed in any other fashion shall be deemed not given. In the event of a change of address by one Party, that Party shall notify the other, in writing, in accordance with the notice provisions herein of the new address to which notices are sent.

WHEREFORE, the parties hereto have executed the Memorandum of Understanding in the County of Orange, California.

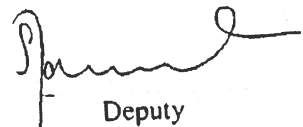
By: 
Mark A. Redfowitz
Director
HCA

By: 
William A. Jones
Chief Operating Officer
CALOPTIMA

Dated: 3/3/15

Dated: 3/2/15

Approved As To Form
County Counsel
County of Orange, California

By: 
Deputy

Dated: 2/27/15

Attachment 1-A
Mental Health Services Description Chart for Medi-Cal Managed Care Members
ELIGIBILITY

CALOPTIMA OUTPATIENT	HCA OUTPATIENT	HCA INPATIENT
<p data-bbox="228 459 596 520">Mild to Moderate Impairment in Functioning</p> <p data-bbox="228 552 596 779">A Member is covered by CALOPTIMA for services if he or she is diagnosed with a mental health disorder as defined by the current DSM¹ resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning:</p> <ul data-bbox="228 810 596 1325" style="list-style-type: none"> • Primary care providers identify the need for a mental health screening and refer to a specialist within their network. Upon assessment, the mental health specialists can assess the mental health disorder and the level of impairment and refer Members that meet medical necessity criteria to HCA for a Specialty Mental Health Services (SMHS) assessment. • When a Member's condition improves under SMHS and the mental health providers of CALOPTIMA and HCA coordinate care, the Member may return to the mental health provider in the CALOPTIMA network. <p data-bbox="228 1356 596 1503"><i>Note. Conditions that the current DSM identifies as relational problems are not covered, i.e. couples counseling or family counseling</i></p>	<p data-bbox="618 459 997 520">Significant Impairment in Functioning</p> <p data-bbox="618 552 997 636">A Member is eligible for services if he or she meets all of the following medical necessity criteria:</p> <ol data-bbox="618 667 997 1266" style="list-style-type: none"> 1. Has an included mental health diagnosis;² 2. Has a significant impairment in an important area of life function, or a reasonable probability of significant deterioration in an important area of life function, or a reasonable probability of not progressing developmentally as individually appropriate; 3. The focus of the proposed treatment is to address the impairment(s) described in #2; 4. The expectation that the proposed treatment will significantly diminish the impairment, prevent significant deterioration in an important area of life function, and 5. The condition would not be responsive to physical health care-based treatment. <p data-bbox="618 1297 997 1530"><i>Note For members under age 21 who meet criteria for EPSTD specialty mental health services, the criteria allow for a range of impairment levels¹ and include treatment that allows the child to progress developmentally as individually appropriate.</i></p>	<p data-bbox="1019 459 1414 491">Emergency and Inpatient</p> <p data-bbox="1019 552 1414 636">A Member is eligible for services if he or she meets the following medical necessity criteria:</p> <ol data-bbox="1019 667 1414 1503" style="list-style-type: none"> 1. An included diagnosis; 2. Cannot be safely treated at a lower level of care; 3. Requires inpatient hospital services due to one of the following which is the result of an included mental disorder: <ol data-bbox="1040 835 1414 1503" style="list-style-type: none"> a. Symptoms or behaviors which represent a current danger to self or others, or significant property destruction; b. Symptoms or behaviors which prevent the beneficiary from providing for, or utilizing, food, clothing, or shelter; c. Symptoms or behaviors which present a severe risk to the beneficiary's physical health; d. Symptoms or behaviors which represent a recent, significant deterioration in ability to function; e. Psychiatric evaluation or treatment which can only be performed in an acute psychiatric inpatient setting or through urgent or emergency intervention provided in the community or clinic; and f. Serious adverse reactions to medications, procedures or therapies requiring continued hospitalization.

¹ Current policy is based on DSM IV and will be updated to DSM 5 in the future

² As specified in regulations Title IX, Sections 1820 205 and 1830 205 for adults and 1830 210 for those under age 21.

Attachment 1-B
Mental Health Services Description Chart for Medi-Cal Managed Care Members
SERVICES

CALOPTIMA- OUTPATIENT	HCA-OUTPATIENT	HCA- INPATIENT
<p>Mental health services¹ when provided by licensed mental health care professionals (as defined in the Medi-Cal provider bulletin) acting within the scope of their license:</p> <ul style="list-style-type: none"> • 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, medications², supplies³, and supplements⁴ • Psychiatric consultation 	<p>Medi-Cal Specialty Mental Health Services:</p> <ul style="list-style-type: none"> • Mental Health Services <ul style="list-style-type: none"> o Assessment o Plan development o Therapy o Rehabilitation o Collateral • Medication Support Services • Day Treatment Intensive • Day Rehabilitation • Crisis Residential • Adult Crisis Residential • Crisis Intervention • Crisis Stabilization • Targeted Case Management 	<ul style="list-style-type: none"> • Acute psychiatric inpatient hospital services • Psychiatric Health Facility Services • Psychiatric Inpatient Hospital Professional Services if the beneficiary is in fee-for-service hospital

¹The number of visits for outpatient mental health services is not limited as long as the CALOPTIMA member meets medical necessity criteria.

² Excludes medications listed in Attachment 2. Outpatient laboratory testing may include tests to determine a baseline assessment before prescribing psychiatric medications or to monitor side effects from psychiatric medications.

³ Supplies may include laboratory supplies.

⁴ Supplements may include vitamins that are specifically excluded in the Medi-Cal formulary and that are scientifically proven effective in the treatment of mental health disorders (although none are currently indicated for this purpose).

Attachment 2
Drugs Excluded from CALOPTIMA Coverage

1. Amantadine HCl
2. Aripiprazole
3. Asenapine (Saphris)
4. Benztropine Mesylate
5. Biperiden HCl
6. Biperiden Lactate
7. Chlorpromazine HCl
8. Chlorprothixene
9. Clozapine
10. Fluphenazine Decanoate
11. Fluphenazine Enanthate
12. Fluphenazine HCl
13. Haloperidol
14. Haloperidol Decanoate
15. Haloperidol Lactate
16. Haloperidone (Fanapt)
17. Isocarboxazid
18. Lithium Carbonate
19. Lithium Citrate
20. Loxapine HCl
21. Loxapine Succinate
22. Lurasidone Hydrochloride
23. Mesoridazine Mesylate
24. Molindone HCl
25. Olanzapine
26. Olanzapine Fluoxetine HCl
27. Olanzapine Pamoate Monohydrate (Zyprexa Relprevv)
28. Paliperidone (Invega)
29. Paliperidone Palmitate (Invega Sustenna)
30. Perphenazine
31. Phencolzine Sulfate
32. Pimozide
33. Procyclidine HCl
34. Promazine HCl
35. Quetiapine
36. Risperidone
37. Risperidone Microspheres
38. Selegiline (transdermal only)
39. Thioridazine HCl
40. Thiothixene
41. Thiothixene HCl
42. Tranylcypromine Sulfate
43. Trifluoperazine HCl
44. Triflupromazine HCl
45. Trihexyphenidyl
46. Ziprasidone
47. Ziprasidone Mesylate

This list of excluded psychiatric drugs is subject to change by Medi-Cal. These excluded drugs are those currently listed in the Medi-Cal Provider Manual:

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1_mcpunc_r01.doc