



<b>Health Care Agency Mental Health and Recovery Services Policies and Procedures</b>	Section Name:	Care and Treatment
	Sub Section:	Access
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	SIGNATURE	DATE APPROVED
Director of Operations Mental Health and Recovery Services	<u>Signature on File</u>	<u>9/14/2022</u>

**SUBJECT:** Access Criteria for Specialty Mental Health Services

**PURPOSE:**

To describe the County of Orange Mental Health Plan (hereby referred to as Orange MHP) access criteria for Medi-Cal beneficiaries residing in Orange County to comply with the California Advancing and Innovating Medi-Cal (CalAIM) initiative to address beneficiaries’ needs across the continuum of care, ensure that all Medi-Cal beneficiaries receive coordinated services, and improve health outcomes.

**POLICY:**

Orange County Health Care Agency (OCHCA) adheres to California state regulations and guidelines for providing access to Specialty Mental Health Services (SMHS) in accordance with California Advancing and Innovating Medi-Cal (CalAIM) initiative.

**SCOPE:**

The provisions of this policy are applicable to all County and County contracted staff providing SMHS throughout the Orange MHP.

**REFERENCES:**

- [Behavioral Health Information Notice \(BHIN\) 21-073 Criteria for beneficiary access to Specialty Mental Health Services \(SMHS\), medical necessity and other coverage requirements](#)
- [Early and Periodic Screening, Diagnostic, and Treatment | Medicaid](#)
- [The ICD 10-CM Updates and Information](#)
- [Welfare and Institutions Code \(WIC\) §14184.402](#)

**DEFINITIONS:**

Specialty Mental Health Services (SMHS) - Medi-Cal mental health services available to children, youth, and adults. SMHS include medically necessary services to correct or ameliorate impairments and mental illnesses or conditions available through the Medi-Cal Early and

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Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. This benefit is available to beneficiaries under the age of 21 who are eligible for full scope Medi-Cal. These services may include crisis counseling, individual/group/family therapy, medication management, targeted case management, psychological testing, psychiatric inpatient hospitalization, and recovery services.

Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) - The federally mandated Medi-Cal benefit that entitles full-scope Medi-Cal-covered beneficiaries less than 21 years of age to receive any Medi-Cal service necessary to correct or ameliorate a defect, mental illness, or other condition, such as a substance-related disorder, that is discovered during a health screening.

Involvement in Child Welfare System - The beneficiary has an open child welfare service case, or the beneficiary is determined by a child welfare service agency to be at imminent risk of entering foster care but able to safely remain in their home or kinship placement with the provision of services under a prevention plan, or the beneficiary is a child whose adoption or guardianship occurred through the child welfare system. A child has an open child welfare services case if: a) the child is in foster care or in out of home care, including both court-ordered and by voluntary agreement; or b) the child has a family maintenance case (pre-placement or post-reunification), including both court-ordered and by voluntary agreement. A child can have involvement in child welfare whether the child remains in the home or is placed out of the home.

Juvenile Justice Involvement - The beneficiary (1) has ever been detained or committed to a juvenile justice facility, or (2) is currently under supervision by the juvenile delinquency court and/or a juvenile probation agency. Beneficiaries who have ever been in custody and held involuntarily through operation of law enforcement authorities in a juvenile justice facility, including youth correctional institutions, juvenile detention facilities, juvenile justice centers, and other settings such as boot camps, ranches, and forestry/conservation camps, are included in the "juvenile justice involvement" definition. Beneficiaries on probation, who have been released home or detained/placed in foster care pending or post-adjudication, under probation or court supervision, participating in juvenile drug court or other diversion programs, and who are otherwise under supervision by the juvenile delinquency court and/or a juvenile probation agency also meet the "juvenile justice involvement" criteria.

Homelessness - The beneficiary meets the definition established in section 11434a of the federal McKinney-Vento Homeless Assistance Act.<sup>15</sup> Specifically, this includes (A) individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the Act); and (B) includes (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

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Trauma Screening Tools - The trauma screening tools referenced are screening measures that have been approved by DHCS to aid in determining whether a beneficiary has met the access criteria. MHPs are not required to implement screening tool(s) until DHCS issues additional guidance regarding approved trauma screening tool(s) for the purposes of SMHS access criteria.

**Medical Necessity or Medically Necessary –**

- Pursuant to Welfare and Institutions Code section 14184.402(a), for individuals 21 years of age or older, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain as set forth in Welfare and Institutions Code section 14059.5.
- For individuals under 21 years of age, a service is “medically necessary” or a “medical necessity” if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code. This section requires provision of all Medi-Cal coverable services necessary to correct or ameliorate a mental illness or condition discovered by a screening service, regardless of whether such services are covered under the State Plan. Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition and thus medically necessary and covered as Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services.
- Services provided to a beneficiary must be medically necessary and clinically appropriate to address the beneficiary’s presenting condition.

**PROCEDURE:**

- I. Criteria for Adult Beneficiaries to Access the SMHS Delivery System
  - A. For beneficiaries 21 years of age or older, SMHS shall be provided for beneficiaries who meet both of the following criteria in 1 and 2 below:
    1. The beneficiary has one or both of the following:
      - a) Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.
      - b) A reasonable probability of significant deterioration in an important area of life functioning. AND
    2. The beneficiary’s condition as described above in 1 is due to either of the following:
      - a) A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems (ICD).

b) A suspected mental disorder that has not yet been diagnosed.

II. Criteria for Beneficiaries under Age 21 to Access the SMHS Delivery System

A. Beneficiaries under 21 years of age shall be provided all medically necessary SMHS required pursuant to Title 42 U.S.C.§1396d(r). Covered specialty mental health services shall be provided to enrolled beneficiaries who meet either of the following criteria in 1 or 2 below.

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

2. The beneficiary meets both of the following requirements in a) and b) below:

a) The beneficiary has at least one of the following:

i) A significant impairment

ii) A reasonable probability of significant deterioration in an important area of life functioning

iii) A reasonable probability of not progressing developmentally as appropriate.

iv) A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide. AND

b) The beneficiary's condition as described in 2 above is due to one of the following:

i) A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems (ICD).

ii) A suspected mental health disorder that has not yet been diagnosed.

iii) Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

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3. If a beneficiary under age 21 meets the criteria as described in 1 above, the beneficiary meets criteria to access SMHS. It is not necessary to establish that the beneficiary also meets the criteria in 2 above.

III. Additional Coverage Requirements

- A. Criteria for a beneficiary to access the SMHS delivery system (except for psychiatric inpatient hospital and psychiatric health facility services) set forth above shall not be construed to exclude coverage for, or reimbursement of, a clinically appropriate and covered mental health prevention, screening, assessment, treatment, or recovery service under any of the following circumstances:
  1. Services were provided prior to determining a diagnosis, including clinically appropriate and covered services provided during the assessment process.
  2. The prevention, screening, assessment, treatment, or recovery service was not included in an individual treatment plan.
  3. The beneficiary has a co-occurring substance use disorder.
- B. All Medi-Cal claims, including SMHS claims, are required to include a CMS approved ICD-10 diagnosis code.