



Health Care Agency Mental Health and Recovery Services Policies and Procedures	Section Name:	Administration
	Sub Section:	Billing & Reimbursement
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	SIGNATURE	DATE APPROVED
Director of Operations Mental Health and Recovery Services	<u>Signature on File</u>	<u>9/28/2022</u>

SUBJECT: No Wrong Door Mental Health Services

PURPOSE:

To describe the County of Orange Mental Health and Recovery Services (MHRS) Mental Health Plan (hereby referred to as Orange MHP) timely mental health services 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:

The Orange County Health Care Agency (OCHCA) Orange MHP will adhere to California state regulations and guidelines for providing Medi-Cal beneficiaries with timely mental health services without delay regardless of the delivery system where they seek care, and that beneficiaries are able to maintain treatment relationships with trusted providers without interruption.

SCOPE:

The provisions of this policy are applicable to all MHRS County and County contracted MHP staff providing services to Medi-Cal beneficiaries.

REFERENCES:

[Behavioral Health Information Notice No: 22-011 No Wrong Door for Mental Health Services Policy](#)

[MHRS P&P 01.03.06 Access Criteria for Specialty Mental Health Services](#)

DEFINITIONS:

California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.

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Fee-for-Service (FFS) - A significant proportion of total Medi-Cal expenditures is generated through the FFS health care delivery system. FFS providers render services and then submit claims for payment that are adjudicated, processed, and paid (or denied) by the Medi-Cal program's fiscal intermediary.

Managed Care Plan (MCP) - a health plan that coordinates the provision of covered health care services to a covered person through the use of a primary care provider and a network. CalOptima is the only MCP for Medi-Cal beneficiaries in Orange County.

PROCEDURE:

- I. Clinically appropriate SMHS
 - A. Consistent with Welfare and Institutions Code (WIC) §14184.402(f), clinically appropriate and covered specialty mental health services (SMHS) are covered and reimbursable Medi-Cal services even when:
 - 1. Services are provided prior to determination of a diagnosis, during the assessment, or prior to determination of whether non-specialty mental health services (NSMHS) or SMHS access criteria are met;
 - 2. The beneficiary has a co-occurring mental health condition and substance use disorder (SUD); or
 - 3. NSMHS and SMHS services are provided concurrently if those services are coordinated and not duplicated.
- II. SMHS Provided During the Assessment Period Prior to Determination of a Diagnosis or Prior to Determination of Whether SMHS Access Criteria Are Met
 - A. Clinically appropriate 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.
 - B. Services rendered during the assessment period remain reimbursable even if the assessment ultimately indicates the beneficiary does not meet criteria for SMHS.
 - C. Orange MHP will not deny or disallow reimbursement for SMHS provided during the assessment process described above if the assessment determines that the beneficiary does not meet criteria for SMHS or meets the criteria for NSMHS.
- III. Co-occurring Substance Use Disorder
 - A. Clinically appropriate and covered SMHS delivered by Orange MHP providers are covered Medi-Cal services whether or not the beneficiary has a co-occurring SUD.

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- B. Orange MHP will not deny or disallow reimbursement for SMHS provided to a beneficiary who meets SMHS criteria based on the beneficiary having a co-occurring SUD, when all other Medi-Cal and service requirements are met.
- C. Similarly, clinically appropriate and covered Drug Medi-Cal Organized Delivery System (DMC-ODS) services delivered by DMC-ODS providers are covered by Orange County DMC-ODS, respectively, whether or not the beneficiary has a co-occurring mental health condition.
- D. Clinically appropriate and covered NSMHS and SUD services are delivered via the FFS and MCP delivery systems whether or not the beneficiary has a co-occurring condition.

IV. Concurrent NSMHS and SMHS

- A. Beneficiaries may concurrently receive NSMHS via an FFS or MCP provider and SMHS via an Orange MHP provider when the services are clinically appropriate, coordinated and not duplicative.
- B. When a beneficiary meets criteria for both NSMHS and SMHS, Orange MHP shall provide services based on individual clinical need and established therapeutic relationships.
- C. Orange MHP will not deny or disallow reimbursement for SMHS provided to a beneficiary based on the beneficiary also meeting NSMHS criteria and/or also receiving NSMHS services, provided that the concurrent services are clinically appropriate, coordinated and not duplicative.
- D. Concurrent NSMHS and SMHS for adults, as well as children under 21 years of age, must be coordinated between the MCP and Orange MHP to ensure beneficiary choice.
- E. Orange MHP will coordinate with the MCP to facilitate care transitions and guide referrals or beneficiaries receiving SMHS to transition to a NSMHS provider and vice versa, ensuring that the referral loop is closed, and the new provider accepts the care of the beneficiary. Such decisions should be made via a beneficiary-centered shared decision-making process.
 - 1. Beneficiaries with established therapeutic relationships with an Orange MHP provider may continue receiving SMHS from the Orange MHP provider (billed to the MHP), even if they simultaneously receive NSMHS from a FFS provider or MCP provider (billed to FFS or the MCP), as long as the services are coordinated between these delivery systems and are non-duplicative.
 - 2. Orange MHP shall coordinate with an FFS or MCP providers to enable beneficiaries with established therapeutic relationships with a FFS or MCP provider to continue receiving NSMHS from the FFS or MCP provider, even

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if they simultaneously receive SMHS from an Orange MHP provider, as long as the services are non-duplicative (e.g., a beneficiary may only receive psychiatry services in one network, not both networks; a beneficiary may only access individual therapy in one network, not both networks).