

# **Quality Assurance Bulletin**

## **Quality Assurance Unit**

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### NO WRONG DOOR FOR MENTAL HEALTH SERVICES

This Bulletin provides guidance to all Los Angeles County Department of Mental Health (LACDMH) Providers regarding the No Wrong Door for Mental Health Services Policy per State Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) 22-011, which goes into effect July 1, 2022. This policy ensures that Medi-Cal clients receive timely mental health services regardless of the delivery system in which they seek care: the Mental Health Plan (MHP i.e. LACDMH) or the Managed Care Plan (MCP).

As part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, DHCS aims to address Medi-Cal clients' needs across the continuum of care, ensure that all clients receive coordinated services, and improve clients' health outcomes. DHCS' goal is to ensure that clients have access to the right care in the right place at the right time. Based on their level of need, Medi-Cal clients are entitled to receive either Non-Specialty Mental Health Services (Non-SMHS) through the MCPs and/or Specialty Mental Health Services (SMHS) through the LACDMH system of care. The below chart indicates the access criteria for MCPs and the types of Non-SMHS these Plans can provide (see QA Bulletin 21-08 for the access criteria for SMHS):

#### Managed Care Plan Criteria

- Medi-Cal clients 21+ w/ mild to moderate distress or mild to moderate impairment of mental, emotional or behavioral functioning resulting from mental health disorders, as defined by the DSM
- Medi-Cal clients under 21, to the extent eligible for services through EPSDT, regardless of level of distress or impairment or the presence of a diagnosis
- Medi-Cal clients of any age with potential mental health disorders not yet diagnosed.

### **Managed Care Plan Services (Non-SMHS)**

- Mental health evaluation and treatment, including individual, group and family psychotherapy
- Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition
- Outpatient services for purposes of monitoring drug therapy
- Psychiatric consultation
- Outpatient laboratory, drugs, supplies and supplements

Per DHCS, clinically appropriate SMHS are reimbursable Medi-Cal services even when:

- 1. Services are provided prior to the determination of a diagnosis, during the assessment, or prior to determination of whether Non-SMHS or SMHS access criteria are met (see QA Bulletin 21-08);
- 2. The beneficiary has a co-occurring mental health condition and substance use disorder (SUD); or
- 3. Non-SMHS and SMHS are provided concurrently if those services are coordinated and not duplicated.

#### **SMHS Provided During the Assessment Period**

Clinically appropriate SMHS are reimbursable during the assessment period prior to determining a diagnosis or whether the client meets access criteria for SMHS. Services rendered during the assessment period remain reimbursable even if the assessment ultimately indicates that the client does not meet criteria for SMHS. If at the end of the assessment period (i.e., the presence/absence of an official diagnosis has been determined), it is decided that the Medi-Cal client would be best served in the MCP for Non-SMHS, then the LACDMH provider should refer/transition the client to the MCP and can be reimbursed for those care coordination services.

To facilitate the appropriate placement of Medi-Cal clients to either the SMHS or Non-SMHS system of care, DHCS is developing a set of statewide screening and transition tools which will go into effect in 2023. Through the use of these tools, it is anticipated that most clients will then be assessed within the same system in which they receive treatment.

## **Co-Occurring Substance Use Disorder (SUD)**

Clinically appropriate and covered SMHS are reimbursable even if the client has a co-occurring SUD. SMHS will not be disallowed simply because the client has a co-occurring SUD as long as all other requirements are met. LACDMH providers may address the client's substance use as long as it is in support of treating the clients mental health condition. LACDMH providers may not provide stand-alone SUD services.

Please note that while DHCS specifically referenced co-occurring substance use disorders, any co-occurring disorders, including cognitive and medical disorders, may be addressed the same way.

#### **Concurrent SMHS and Non-SMHS**

Medi-Cal clients may concurrently receive Non-SMHS via an MCP provider and SMHS via an LACDMH provider when the services are clinically appropriate, coordinated and not duplicative. When a Medi-Cal client meets criteria for both Non-SMHS and SMHS, the client should receive services based on individual clinical need and established therapeutic relationships.

- Medi-Cal clients with established therapeutic relationships with an MCP provider may continue receiving Non-SMHS from the MCP provider, even if they simultaneously receive SMHS from an LACDMH provider, as long as the services are coordinated between delivery systems and non-duplicative (e.g., a Medi-Cal client may only receive psychiatry services in one network, not both networks; a Medi-Cal client may only access individual therapy in one network, not both networks).
- Medi-Cal clients with established therapeutic relationships with an LACDMH provider may continue receiving SMHS from that provider, even if they simultaneously receive Non-SMHS from an MCP provider, as long as the services are coordinated and non-duplicative.

The decision to refer a Medi-Cal client to the MCP should be made via a client-centered and shared decision-making process. When referring a client to the MCP, LACDMH providers must ensure that the MCP provider accepts the referral.

If directly-operated or contracted providers have any questions related to this Bulletin, please contact the QA Unit at QualityAssurance@dmh.lacounty.gov.

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