Quality Assurance Bulletin

Quality Assurance Unit
County of Los Angeles – Department of Mental Health
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UPDATED CRITERIA TO ACCESS SPECIALTY MENTAL HEALTH SERVICES

This Bulletin provides updated criteria to access Medi-Cal Specialty Mental Health Services (SMHS) for outpatient services based on Department of Health Care Services (DHCS) Information Notice No: 21-073, which will go into effect January 1, 2022. The updated criteria are part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative (for additional information on CalAIM, refer to QA Bulletin 21-07).

The criteria to access SMHS (previously known as medical necessity criteria) have been updated for both adults and beneficiaries under age 21 (except for psychiatric inpatient hospital and psychiatric health facility services) to ensure access to appropriate care and to standardize access to the SMHS delivery system statewide. Medical necessity will no longer refer to the previously termed "medical necessity" criteria which created barriers and prevented beneficiaries from accessing care. Under CalAIM, access criteria and medical necessity criteria are separated and redefined. Medical necessity now applies to the service (i.e. whether the service is medically necessary), while criteria to access SMHS applies to the person (i.e. whether the person is eligible to receive SMHS).

Criteria to Access SMHS: Eligibility to receive services under the Mental Health Plan (MHP) i.e. within LACDMH

Criteria for Beneficiaries 21 Years and Older:

For beneficiaries who are 21 years of age and older, the changes to the new criteria to access SMHS include:

- There is no longer a list of "Included" diagnoses; the criteria simply refer to a mental health disorder or suspected mental health disorder not yet diagnosed
- A mental health diagnosis is no longer a prerequisite for receiving or delivering SMHS

While the criteria around diagnosis have changed, services for symptoms or conditions solely due to a medical condition (e.g., dementia or traumatic brain injury) remain the responsibility of the Managed Care Plan (MCP) delivery system. However, SMHS are reimbursable for beneficiaries with medical diagnoses if they also have mental health conditions and meet criteria for access to SMHS as described below. Please note, beneficiaries 21+ must still have significant impairment in life functioning due to a mental health disorder or suspected mental health disorder and/or a probability of significant deterioration in life functioning in order to meet criteria for SMHS.

Criteria for Beneficiaries 21+ to Access SMHS (Both of the following criteria – #1 AND #2 below must apply)
1. 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 condition is due to **either of the following**:
a. A diagnosed mental health disorder*, according to the criteria of the DSM and the ICD b. A suspected mental health disorder not yet diagnosed**

Criteria for Beneficiaries Under 21 Years:
For beneficiaries who are under 21 years of age, the changes to the new criteria to access SMHS include:

- There is no longer a list of "Included" diagnoses, the criteria simply refer to a mental health disorder or suspected mental health disorder not yet diagnosed
- A mental health diagnosis is no longer a prerequisite for receiving or delivering SMHS
- Those who have a condition placing them at a high risk due to trauma are able to access SMHS

While the criteria around diagnosis have changed, services for symptoms or conditions solely due to a medical condition (e.g. dementia or traumatic brain injury) remain the responsibility of the MCP. However, SMHS are reimbursable for beneficiaries with medical diagnoses if they also have mental health conditions and meet criteria for access to SMHS as described below. However, beneficiaries now have additional avenues to access SMHS. As a reminder, beneficiaries under the age of 21 do not need to have significant impairments to access SMHS.

Criteria for Beneficiaries Under 21 to Access SMHS (Either Criteria 1 OR Criteria 2)
Criteria 1:
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 DHCS • Involvement in the Child Welfare System • Juvenile Justice involvement • Experiencing homelessness
OR
Criteria 2:
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 above is due to **one of the following**: i. A diagnosed mental health disorder*, according to criteria of the current editions of the DSM and 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.

For Criteria 1 above, DHCS has provided definitions for each of the high-risk trauma areas. The definitions are available in the Organizational Provider's Manual. At this time, DHCS has not approved a trauma screening tool.

**A neurocognitive disorder (e.g., dementia) or a substance-related and addictive disorder (e.g., stimulant use disorder) are not "mental health disorders" for the purpose of determining whether a beneficiary meets criteria to access the SMHS delivery system. However, LACDMH must cover SMHS for beneficiaries with any of these disorders if they also have a mental health disorder (or suspected mental health disorder not yet diagnosed) and meet criteria for SMHS as described above.*

***While a mental health diagnosis is not a prerequisite to access SMHS, this does not eliminate the requirement that all Medi-Cal claims include a CMS valid ICD-10 diagnosis code. In cases where services are provided due to a suspected mental health disorder that has not yet been diagnosed or due to significant trauma, options are available in the CMS approved ICD-10 diagnosis code list. These include codes for "Other specified" and "Unspecified" disorders, or "Factors influencing health status and contact with health services" (Z codes). These codes will meet ICD-10 claiming requirements and allow for needed mental health care to be provided even while the clinician is determining a diagnosis. IBHIS will accept any valid ICD-10 code under all funding sources.*

Medical Necessity for Services

Services provided to a beneficiary must be medically necessary and clinically appropriate to address the beneficiary's presenting condition. Medical Necessity for both SMHS (i.e. LACDMH) and non-SMHS (i.e. MCP) delivery systems is now defined as:

Medical Necessity Clients 21 & Older	Medical Necessity Clients Under Age 21
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 WIC Section 14059.5	A service is "medically necessary" or a "medical necessity" when needed to correct or ameliorate a mental health condition *(Note: services do not need to be curative or restorative to ameliorate a mental health condition per CMS)* Federal EPSDT Law – Title 42 USC § 1396d(r)(5)

QA Bulletin 17-09: Services Prior to the Completion of the Assessment is now obsolete. The medical necessity criteria referenced in that Bulletin have been updated with the access to SMHS criteria referenced in this Bulletin. Likewise, clinically appropriate services rendered prior to completion of the assessment and/or development of the treatment plan are no longer dependent on the condition being urgent/emergent.

The Organizational Provider's Manual will be updated to account for the new above referenced criteria to access SMHS. In addition, a short training video on the new Access to SMHS criteria to assist and orient staff to changes outlined in this bulletin will be available on the QA Unit's website under Training.

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

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