

Criteria for Access to Specialty Mental Health Services

Background

- » Specialty Mental Health Services (SMHS) are provided by 56 county Mental Health Plans (MHPs) covering all 58 counties throughout the state.
- » Through the consolidated 1915(b) waiver and the state legislative process, DHCS updated the SMHS program requirements for both adults and members under age 21 to ensure access to appropriate care and to standardize access to the SMHS delivery system statewide.
- » MHPs were required to implement the criteria for access to SMHS effective January 1, 2022.
- » Guidance was released via BHIN 21-073.

Medical Necessity

- » The definition for medical necessity did not change. Medical necessity is defined in [WIC Section 14059.5](#).
 - For individuals 21 or older: a service is “medically necessary” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
 - For individuals under 21 : a service is “medically necessary” if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code.

Updated Service Criteria for SMHS

- » The updated criteria for member access to SMHS was finalized in AB 133.
- » AB 133 also gives DHCS the authority to implement the criteria via BHIN. DHCS will implement new regulations by July 2024.
- » Per WIC section 14184.402(f)(1)(A), a mental health diagnosis is not a prerequisite for access to covered SMHS.

Criteria for Members 21+

Member has at least one:

- Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.

AND/OR

- A reasonable probability of significant deterioration in an important area of life functioning.

AND the condition is due to either:

- A diagnosed mental health disorder, according to the criteria of the DSM and the ICD. **OR**
- A suspected mental disorder not **yet** diagnosed.

Access Assurances for Members under 21

- » For enrolled members under 21, a MHP shall provide all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code.
- » Covered specialty mental health services shall be provided to enrolled members who meet **either** of the criteria outlined in the following slides.

SMHS Access Criteria for Members under 21, Criteria 1:

- » The member 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**

Criteria for Members under 21:

Criteria 2

1. The member has **at least one** of the following:

- A significant impairment **AND/OR**
- A reasonable probability of significant deterioration in an important area of life functioning **AND/OR**
- A reasonable probability of not progressing developmentally as appropriate **AND/OR**
- A need for specialty mental health services, 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.

1. AND The member's condition as described above is due to **one of the following**:

- A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems **OR**
- A suspected mental health disorder that has not yet been diagnosed **AND/OR**
- Significant trauma placing the member at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

Definitions: Involvement in Child Welfare

The member has an open child welfare services case, which means that the child welfare agency has opened a child welfare or prevention services case with the family to monitor and provide services.

A child has an open child welfare or prevention 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 and/or prevention services 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. Involvement in child welfare also includes a child whose adoption occurred through the child welfare system.

Definitions: Homelessness

- » The federal Department of Housing and Urban Development's most recent definition of homelessness includes [four categories](#):
 1. Literally homeless
 2. Imminent risk of homelessness
 3. Homeless under other Federal statutes
 4. Fleeing/attempting to flee domestic violence

- » Find additional information [here](#).

Definitions: Juvenile Justice Involvement

- » The member:
 - has ever been detained or committed to a juvenile justice facility, **or**
 - is currently under supervision by the juvenile delinquency court and/or a juvenile probation agency
- » Members 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.
- » Members 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

CalBH-CBC Demonstration Proposal

Section 1115 CalBH-CBC Demonstration: Vision and Objectives

DHCS' vision for the CalBH-CBC Demonstration is to ensure a robust continuum of community-based behavioral health care services is available to all Medi-Cal beneficiaries living with SMI and SED across the state.

As part of CalAIM, California committed to pursuing a Section 1115 Demonstration to enhance the continuum of community-based services to support adults with serious mental illness (SMI) and children and youth with serious emotional disturbance (SED). The objectives of the demonstration include:

- 1 Amplify the state's ongoing investments** in behavioral health and further strengthen the continuum of community-based care.
- 2 Meet the specific mental health needs** of children, individuals who are justice-involved, and individuals experiencing homelessness.
- 3 Ensure care provided in facility-based settings** is high-quality and time-limited.

Demonstration: Approach

- » **Strengthen the statewide continuum of community-based services** and evidence-based practices available through Medi-Cal, leveraging concurrent funding initiatives, including clarifying coverage requirements for evidence-based practices for children and youth.
- » **Support statewide practice transformations** and improvements in the county-administered behavioral health system to better enable counties and providers to strengthen the continuum of community-based services; to improve the quality of care delivered in residential and inpatient settings; and to strengthen transitions from these settings to the community.
- » **Improve statewide county accountability** for meeting service improvement requirements and implementing new benefits through incentives, robust technical assistance, and oversight.
- » **Establish a county option to enhance community-based services** through coverage of evidence-based practices that reduce the need for facility-based care and improve outcomes.
- » **Establish a county option to receive FFP for services provided during short-term stays in IMDs**, contingent on counties meeting robust accountability requirements; ensuring that care is provided in a facility-based setting only when medically necessary and in a clinically appropriate manner; offering a robust array of enhanced community-based services; and reinvesting new Medi-Cal funding into community-based care.

Demonstration: Focus on Children and Youth

In identifying the key elements of the demonstration, DHCS dedicated particular attention to the needs of populations that experience a disproportionate impact of behavioral health conditions, including children and youth, with a focus on the child welfare population.



Strengthen Statewide Continuum of Community-Based Services

- ✓ Clarify Coverage of Evidence-Based Practices (MST, FFT, PCIT)
- ✓ Cross-Sector Incentive Pool
- ✓ Activity Stipends
- ✓ Initial Behavioral Health Assessment
- ✓ Foster Care Liaison Role

Support Statewide Practice Transformations

- ✓ Statewide Centers of Excellence
- ✓ Statewide Incentive Program
- ✓ Statewide Tools to Connect Beneficiaries Living with SMI/SED to Appropriate Care
- ✓ Promotion and Standardization of Quality of Care in Residential and Inpatient Settings

Improve Statewide County Accountability for Medi-Cal Services

- ✓ Transparent Monitoring Approach
- ✓ Establishment of Key Performance Expectations and Accountability Standards in County Mental Health Plan Contract
- ✓ Streamlined Performance Review Process

County Option to Enhance Community-Based Services

- ✓ Assertive Community Treatment
- ✓ Forensic Assertive Community Treatment
- ✓ Supported Employment
- ✓ Coordinated Specialty Care for First Episode Psychosis
- ✓ Community Health Worker Services
- ✓ Rent/Temporary Housing

County Option to Receive FFP for Short-Term Stays in IMDs

- ✓ FFP for Short Term Stays in IMDs
- ✓ Requirement to Provide Enhanced Community-Based Services for Beneficiaries Living with SMI/SED
- ✓ Incentive Program for Opt-In Counties
- ✓ Other CMS Requirements

Demonstration: Components to Support Children and Youth in Child Welfare

DHCS is requesting expenditure authority to make targeted improvements statewide for youth in child welfare:

- » **Cross-sector incentive pool** to collectively reward MCPs and county behavioral health and child welfare agencies for meeting specified measures for children and youth in the child welfare system.
- » **Activity stipends** for children and youth involved in child welfare to promote social and emotional well-being and resilience, manage stress and counteract the harmful effects of trauma.
- » **Centers for Excellence** to support implementation of evidence-based practices for children and youth (e.g., MST, FFT, PCIT, intensive care coordination, intensive home-based services, high-fidelity wraparound).

DHCS is also pursuing activities in parallel with the demonstration that do not require authority:

- » **Clarifying coverage of specific evidence-based practices** for children and youth (MST, FFT, PCIT).
- » **Alignment of the CANS tool** to ensure both child welfare and behavioral health providers are using the same CANS tool with the same modules.
- » **Initial Behavioral Health Assessment** jointly administered by the behavioral health and child welfare systems.
- » **Foster Care Liaison role** within MCPs
- » **Other activities** (e.g., strengthening statewide standards for medical necessity determinations and clinical guidance for IHBS and therapeutic behavioral services).

Thank you!