

Housekeeping
Reminder- Please keep your mic muted
Type your questions into the chat –Q&A will be at the end of the webinar
Today's session will be recorded.

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SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES



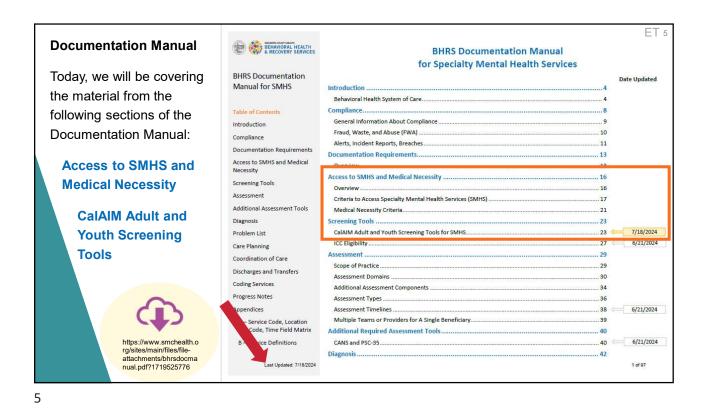
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## **Agenda**

At the conclusion of this training, participants will have a better understanding of the following:

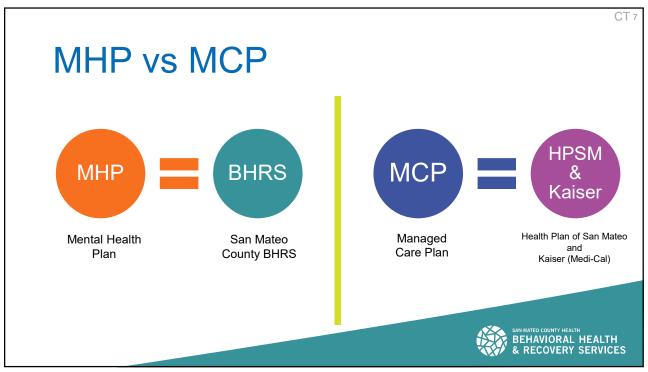
- The distinction between services provided by BHRS vs a Managed Care Plan
- · Criteria to Access SMHS
- Medical Necessity Criteria
- Where and how the Screening Tool fits into the process of determining Access and Medical Necessity Criteria



MHP Services vs MCP Services



L 6



MHP

Specialty Mental Health
Services (SMHS)

Individuals might transition to and from the MHP and MCP over the course of their lives.

EA 9

# HS - Assessment - Plan Development

SMHS

- Rehabilitation Services
- Therapy Services
- SMI SED
- Collateral
- Medication Support Services
- Targeted Case Management
- Crisis Intervention
- Intensive Care Coordination (ICC)
- Intensive Home-Based Services (IHBS) and
- Therapeutic Behavioral Services (TBS).



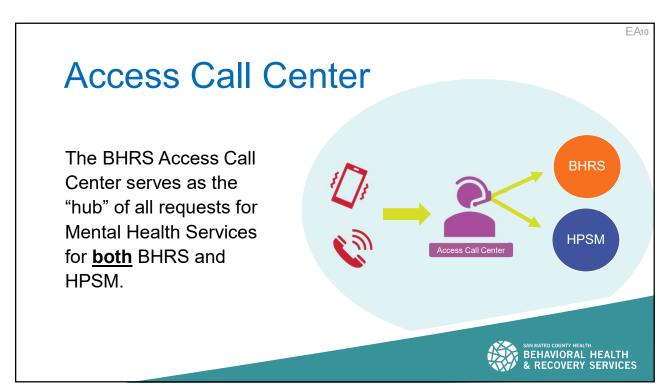
Mild-to-

Moderate

- 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



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Poll

Contract Agencies – Have you put your full name and agency name in the chat?

- A. Yes
- B. No
- I can't remember. I'm too distracted by this beautiful fur baby on the left!
- D. I'm not a contract agency provider, but I want to test this poll feature



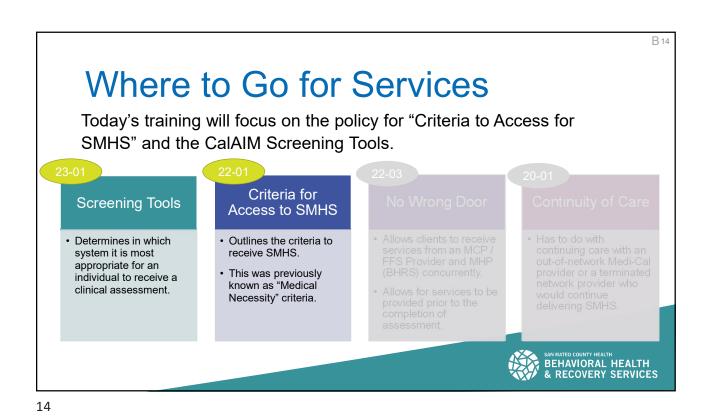
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## WHERE DO I GO TO RECEIVE SERVICES?



#### B 13 Where to Go for Services There have been multiple new processes/policies issued by DHCS in recent years that relate to determining where a client should receive services. Criteria for **Screening Tools** No Wrong Door Continuity of Care Access to SMHS · Determines in which · Outlines the criteria to Allows clients to receive Has to do with services from an MCP continuing care with an system it is most receive SMHS. FFS Provider and MHP out-of-network Medi-Cal appropriate for an · This was previously (BHRS) concurrently. provider or a terminated individual to receive a network provider who known as "Medical clinical assessment. Allows for services to be would continue Necessity" criteria. provided prior to the delivering SMHS. completion of assessment. BEHAVIORAL HEALTH & RECOVERY SERVICES



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#### Where to Go for Services



There is no longer a differentiation between the level of severity of clients served by BHRS and an MCP.



BHRS is still the service delivery system for individuals identified as SMI / SED.



MCPs are still the service delivery system for individuals identified as mild-to-moderate.



CalAIM allows for services to be provided by either system while a determination is made about which system is most appropriate for the individual to receive ongoing services.

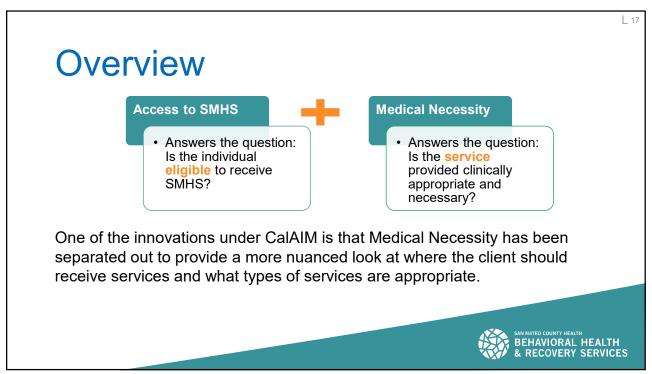


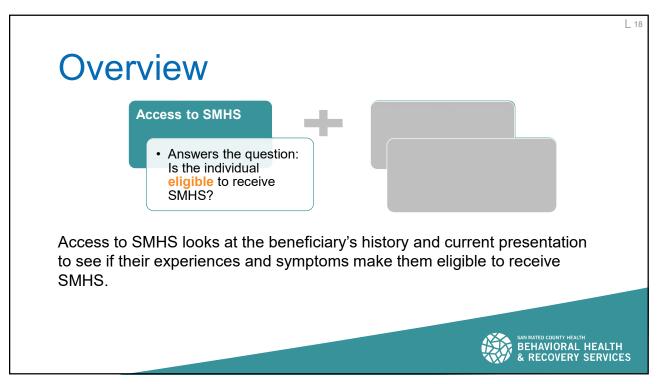
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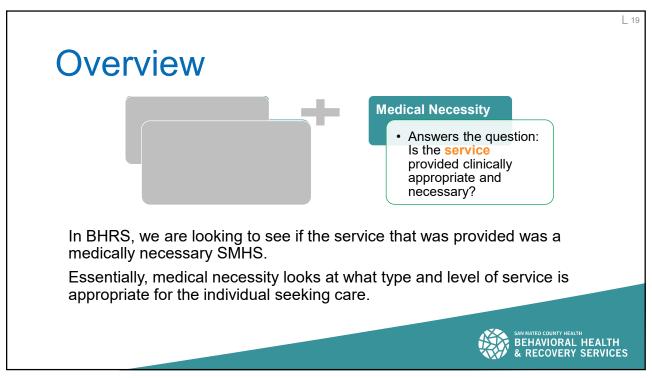
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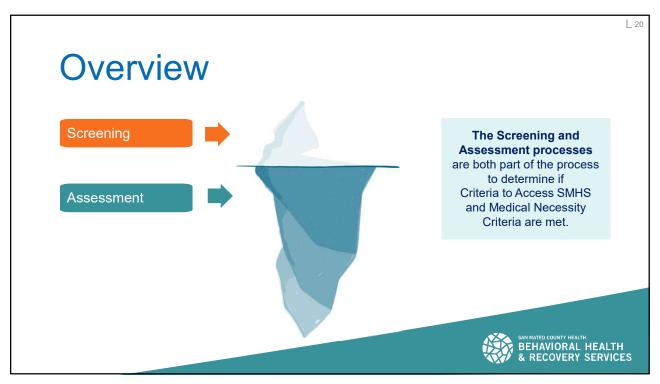
#### **OVERVIEW OF NEW CRITERIA**











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#### **MEDICAL NECESSITY CRITERIA**



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## **Medical Necessity Criteria**

Definition of Medical Necessity was brought into alignment with Welfare and Institutions Code 1418.402(a) for those 21 and over and with Section 1396(r)(5) of Title 42 of the US Code for Individuals under 21 years of age.

#### Beneficiaries <u>under</u> 21 years of

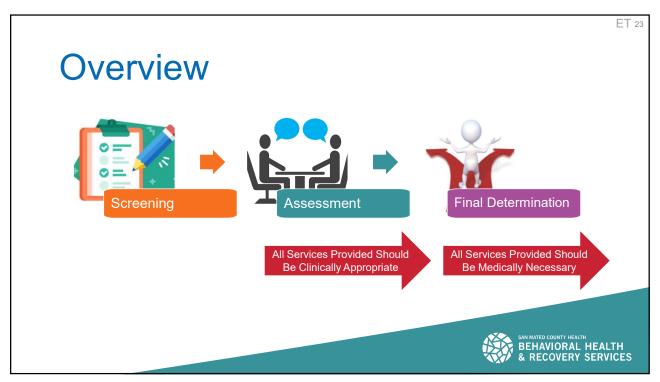
- ...the service is necessary to correct or ameliorate a mental illness or condition....
- Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition.

#### Beneficiaries 21 years of age and older

- ...the service is reasonable and necessary to...
  - · protect life,
  - to prevent significant illness or significant disability, or to
  - · alleviate severe pain.







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CRITERIA TO ACCESS SMHS

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#### Access to SMHS Criteria Adults 21+



Must meet **BOTH** of the following criteria:

#### Criteria 1 (Adult)

The beneficiary has one or both of the following:

- 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.

#### Criteria 2 (Adult)

The beneficiary's condition is due to either of the following:

- AND ☐ A diagnosed DSM mental health disorder,
  - ☐ A suspected mental disorder that has not yet been diagnosed.



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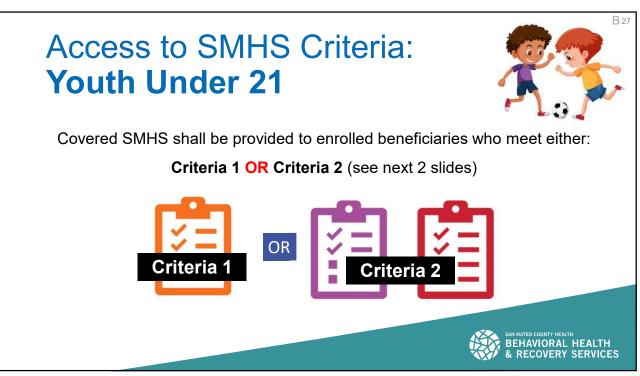


#### Poll

Which of the 2 Criteria for Adults 21+ do adults have to meet to be eligible for SMHS?

- A. Criteria 1 only
- B. Criteria 2 only
- Both Criteria 1 AND 2
  - D. Neither, as long as they give staff a photo of their fur baby



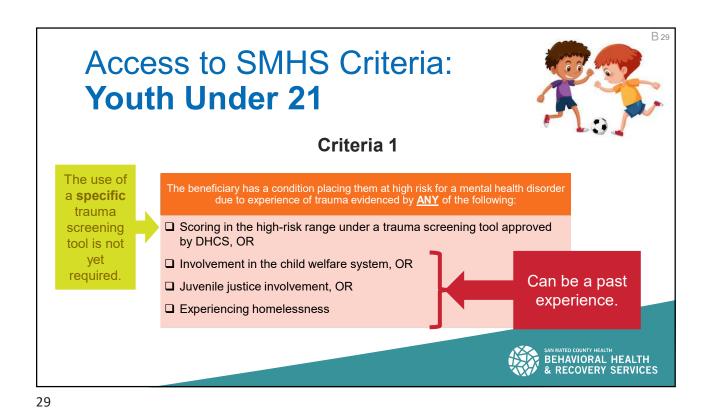


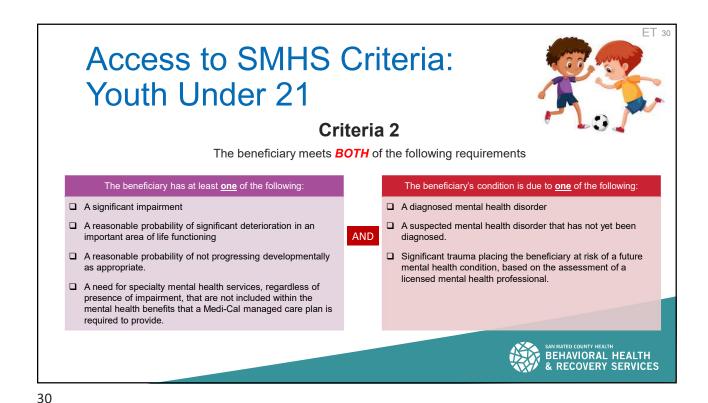
Access to SMHS Criteria:
Youth Under 21

Criteria 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, OR
Involvement in the child welfare system, OR
Juvenile justice involvement, OR
Experiencing homelessness







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#### Poll

Which of the 2 Criteria for individuals 20 years and under have to be met to be eligible for SMHS?



Either Criteria 1 OR Criteria 2, not both

- B. Both Criteria 1 AND 2
- C. I'm not sure. Can I request that the good boy on this slide provide further training on this topic???



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## More About the Screening Tool (Applying the Criteria)



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### More About the Screening Tool



Determines system in which client should receive assessment.

The Adult and Youth Screening Tools do not determine benefit or service eligibility, but instead **determine the appropriate mental health delivery system referral for an initial assessment** for Medi-Cal members who are not currently receiving mental health services.

In other words, the Screening Tool is a quick way to see if the individual seeking services *might likely* meet all criteria to Access SMHS.

The clinical assessment (not the screening) would determine if the client meets full criteria to Access SMHS.



## More About the Screening Tool

#### **Example of how Access Criteria fits into the Screening Tool**

• If a child/youth, or the person responding on their behalf, responds "Yes" to question 6, 7, or 9, in the Youth Screening Tool, they meet criteria to access specialty mental health services.

#### Youth Screening Tool

- 6. Are you currently or have you ever been in juvenile hall, on probation, or under court supervision?
- 7. Are you currently in foster care or involved in the child welfare system?
- 9. Are you currently without housing or a safe place to sleep?





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## More About the Screening Tool

#### **Example of how Access Criteria fits into the Screening Tool**

 If a child/youth, or the person responding on their behalf, responds "Yes" to question 6, 7, or 9, in the Youth Screening Tool, they meet criteria to access specialty mental health services.

## ???

#### **Youth Screening Tool**

- Are you currently or have you ever been in juvenile hall, on probation, or under court supervision?
- 7. Are you currently in foster care or involved in the child welfare system?
- 9. Are you currently without housing or a safe place to sleep?

#### Criteria 1 of Criteria to Access SMHS for Youth

The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by <a href="Many">ANY</a> of the following:

- Scoring in the high-risk range under a trauma screening tool approved by the department, OR
- ☐ Involvement in the child welfare system, OR
- ☐ Juvenile justice involvement, OR
- ☐ Experiencing homelessness



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### More About the Screening Tool

**Example of how Access Criteria fits into the Screening Tool** 

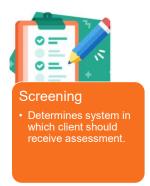
- In these cases, BHRS would be the appropriate delivery system for clinical assessment and, therefore, the remainder of the screening is not required.
- The screener must conclude the screening and refer the individual to a BHRS program for clinical assessment and <u>must not ask</u> the remaining screening questions.
- The assessment will further determine if involvement in these systems as experienced by the individual places them "at high risk for a mental health disorder due to experience of trauma"





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## More About the Screening Tool



Score	Delivery System for Clinical Assessment
0-5	MCP
6+	MHP



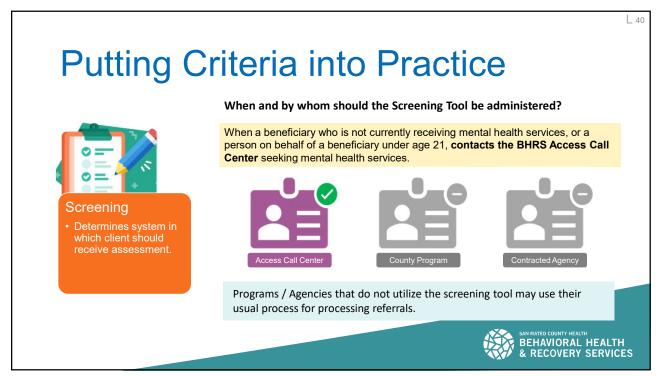
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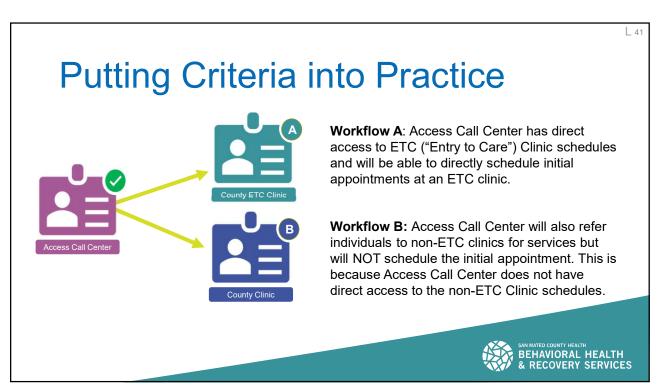
## PUTTING CRITERIA INTO PRACTICE

(Who? What? When? of the Screening Tool)



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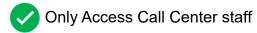
Additional Adult Youth Youth ETC ETC Clinics **Screening Tool** Clinics Clinics **Trainings** Workflow A Workflow B North Adult Workflow A: July 25th @ 3 p.m. North Youth Central Adult **Central Youth** South Adult Workflow B: July 31st @ 9 a.m. South Youth Shasta Coastside Adult and Youth **EPA Adult and Youth** BEHAVIORAL HEALTH & RECOVERY SERVICES



#### Poll

## Who is required to administer the Screening Tool?

A. All staff in all programs



- C. The cute honorary BHRS ambassador on this slide
- D. Nobody is required to use it



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## **Putting Criteria into Practice**

Clinically appropriate outpatient services (e.g. rehab, case management, etc.) may be provided prior to determination of an official diagnosis.

Make sure to use Z-codes in the absence of a mental health diagnosis during this phase.

Z-codes are covered in a separate training, available in the LMS.



Assessment

- May include other clinically appropriate services
- May use Z-Codes without MH diagnosis

This is when you gather the information needed to determine if the client meets full criteria to access SMHS.



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### Putting Criteria into Practice



#### When the screening tool must be re-administered:

In most cases, a re-referred individual who is **not currently receiving services** from either the MCP or BHRS should be re-screened using the appropriate CalAIM Screening Tool **if they meet either of these conditions:** 

- ✓ The request is after 365 days (1 year) of the administration
  of their most recent screening OR
- √ The request is after 365 days (1 year) of their last billable direct service.



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### **Putting Criteria into Practice**



#### Screening

 Determines system in which client should receive assessment.

#### When the screening tool must be re-administered:

#### **Exception to this rule:**

If a returning individual had a Youth Screening Tool completed recently and are now of age for the Adult Screening Tool... the Adult Screening Tool must be administered even if they are returning within a year of the administration of the Youth Screening Tool.

This is because the Criteria for Access to SMHS for Youth and Adult are different.





#### Poll

#### When should the Screening Tool be readministered?

- A. If an individual is returning for services and has not had direct services in over a year.
- B. If a re-referred individual's last screening was completed over a year ago.
- C. If a re-referred individual was last screened as a youth but they are now 18 years old.
- All of the above.



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## PUTTING CRITERIA INTO PRACTICE

(Medically Necessary Services For Co-Occurring Diagnoses)



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## Co-Occurring Diagnoses



#### Screening

Determines system in

While the CalAIM Screening Tools are not specifically designed as an SUD screening tool, the CalAIM Screening Tools include questions related to substance use disorder (SUD) that do not impact the screening score.

If a beneficiary responds affirmatively to an SUD question, the MCP or BHRS must offer them a referral for an SUD assessment in addition to completing the screening tool and making an appropriate mental health delivery system referral.

The person seeking care may decline the referral for an SUD assessment without any impact to their mental health delivery system referral.



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### **Co-Occurring Diagnoses**

Beneficiaries in a MH program who also have an SUD diagnosis

Clinically appropriate and covered SMHS delivered by MH providers...

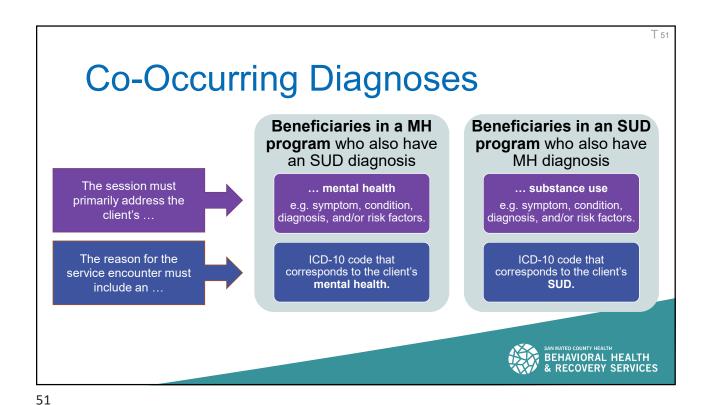
are covered whether or not the member has a co-occurring SUD.

#### Beneficiaries in an SUD program who also have MH diagnosis

Clinically appropriate and covered SUD services delivered by SUD providers...

are covered, whether or not the member has a co-occurring mental health condition.

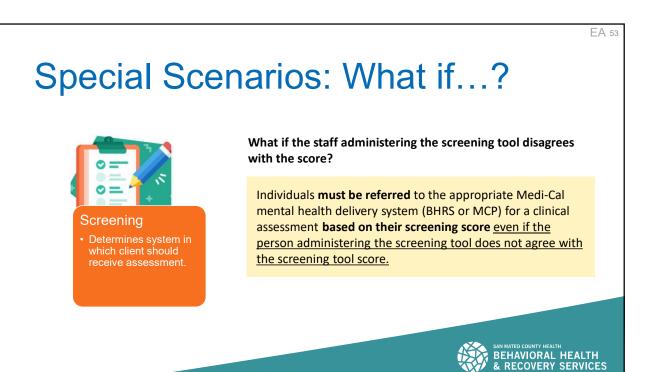




PUTTING CRITERIA INTO PRACTICE

(What If...?)

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Special Scenarios: What if...?

Based on the screening, it looks like the MCP would be where you should go to receive your assessment.

What do you mean?? I don't want to have to go to yet another place to try to see about where to get my services...

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### Special Scenarios: What if...?

This means that individuals who decline a referral for assessment through the MCP MUST be referred to a BHRS program for assessment.

Remember, MCPs and BHRS can receive reimbursement for assessment and clinically appropriate services during the assessment period, regardless of whether the assessment results in the individual meeting access criteria.

If an individual receives a screening in one delivery system (MCP or BHRS) but <u>declines the referral to the other</u> delivery system for assessment...

... the delivery system that administered the screening must provide an assessment.



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#### Special Scenarios: What if...?

If a Medi-Cal member's screening score requires a referral to an MCP but the Medi-Cal member is not enrolled in an MCP ...

BHRS must either:

- 1) provide an assessment or
- 2) facilitate enrollment in an MCP and coordinate the Medi-Cal member's referral to ensure a timely clinical assessment.

If staff need support in connecting an individual to Medi-Cal or HPSM directly after the administration of the screening tool, they can reach out to the Health Insurance Outreach & Enrollment Team. For those already enrolled in HPSM, ECM services can be provided to support linkage.



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### Special Scenarios: What if...?

If an individual is not enrolled in Medi-Cal or HPSM...

- BHRS Staff should contact their unit chief to find out who is their assigned Health Insurance Outreach & Enrollment staff resource.
- Contracted Providers should contact Stefan Luesse at SLuesse@smcgov.org





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#### Special Scenarios: What if...?

For individuals who are already enrolled in HPSM, but may need case management services during or after the transition to the MCP....

**Enhanced Care Management** (ECM) is a service available to certain HPSM members who meet specific criteria.

Please refer to the HPSM website for more information about ECM criteria and the various avenues by which HPSM members can access ECM services.

https://www.hpsm.org/provider/calaim-at-hpsm





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## Special Scenarios: What if...?

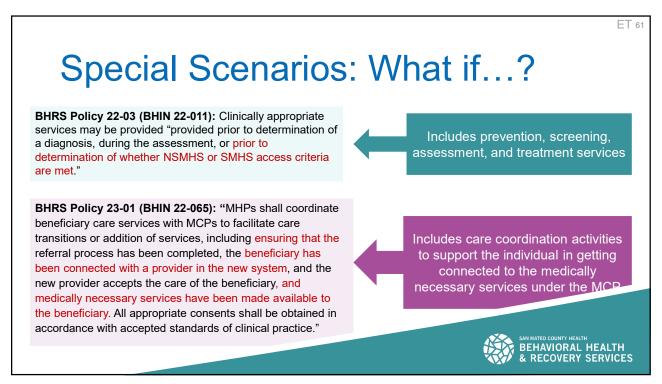
Bridges to Wellness is one of several programs that offer ECM services to HPSM members.

For more information on ECM, supervisors may contact Christina Genetti <a href="mailto:cgenetti@smcgov.org">cgenetti@smcgov.org</a>, the

Manager of Bridges to Wellness.



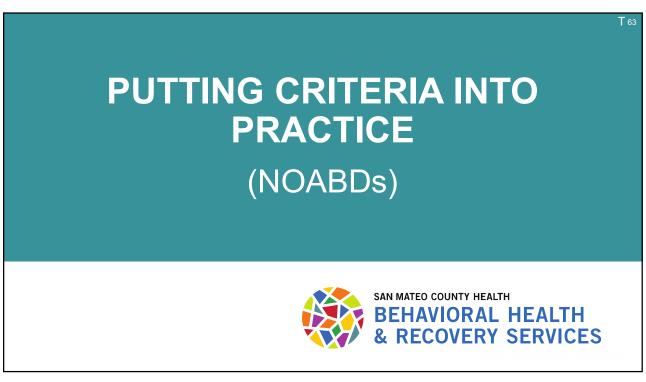


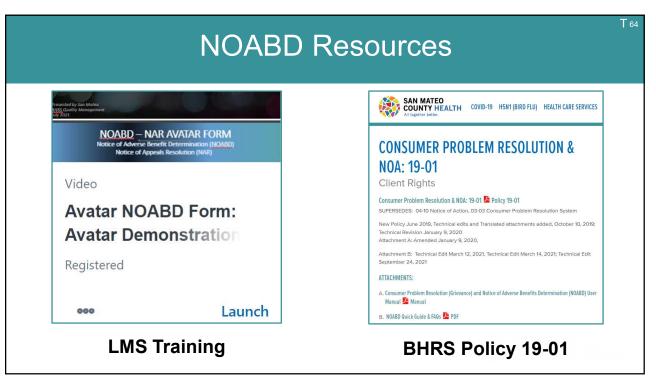


Special Scenarios: What if...?

| Includes prevention, screening, assessment, and treatment services | Includes care coordination activities to support the individual in getting connected to the medically necessary services under the MCP |

All Services Provided Should Be | Clinically Appropriate | Clinically Appropriat





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#### Poll

What does the acronym "NOABD" stand for?

- A. Notice of Anniversary of Birth Date
- B. Notice of Adorable Buddy Downtime
- Notice of Adverse Benefits Determination
  - D. Notice of Annoying Bug Deterrent



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#### **NOABDs**

MCPs/MHPs **should not issue a NOABD** if an individual is referred to the other Medi-Cal mental health delivery system for assessment **based on their screening score**.



Once assessed, if an individual does not meet access criteria for SMHS, a **NOABD must be issued**.

When the Transition of Care Tool is implemented in BHRS, if the client is to be referred to the MCP, the Transition of Care Tool must be used to transition care to the MCP.





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#### **NOABDs**

Important Note about clients who will be referred to the MCP:

If BHRS conducts the assessment and nonspecialty mental health services (NSMHS) are recommended, BHRS should facilitate care coordination activities.

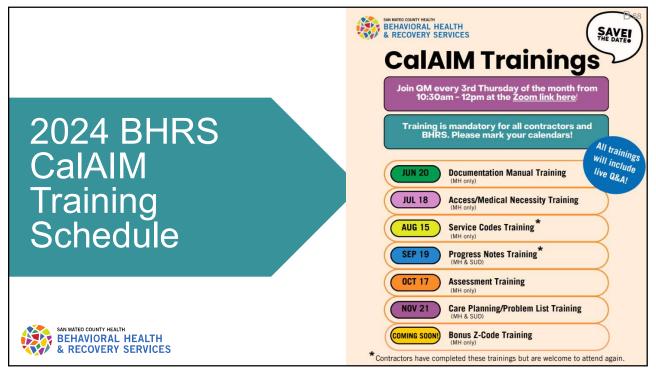
This would include following existing processes for facilitating MCP enrollment if the client is not yet enrolled in the MCP and/or connecting the individual to a Feefor-Service (FFS) provider for NSMHS.

Once assessed, if an individual does not meet access criteria for SMHS, a **NOABD must be issued.** 

When the Transition of Care Tool is implemented in BHRS, if the client is to be referred to the MCP, the Transition of Care Tool must be used to transition care to the MCP.



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## Training Evaluation



Go to this website to provide your feedback on today's training:

https://www.surveymonkey.com/r/BJGD76D



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**Questions?** 

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