



## The Circle Expands: Understanding Medi-Cal Coverage of Mild-to-Moderate Mental Health Conditions

Following the birth of her first child in 2012, “Sonia” was diagnosed with postpartum depression. Her primary care provider prescribed medication, and when Sonia’s symptoms weren’t fully relieved, the doctor recommended psychotherapy in addition to the medication. However, this was not covered through her Medi-Cal managed care plan, and she was not able to locate a Medi-Cal fee-for-service provider in her area. When Sonia contacted the county, she was told that she did not meet medical necessity criteria for specialty mental health services because she was not significantly impaired.

But by the time Sonia’s second baby arrived three years later, the situation had changed with the 2014 expansion of Medi-Cal outpatient mental health benefits. Acting upon a referral from her primary care provider, Sonia’s managed care plan connected her with a licensed mental health provider. While continuing her prescribed medication, Sonia participated in several individual therapy sessions and a weekly group for postpartum moms. She now feels better equipped to manage her depression.

Californians like Sonia with mild-to-moderate mental health conditions can now benefit from the significant strides the state has made over the last several years to improve access to care.

This issue brief provides an overview of California’s public mental health system in light of these reforms, with particular focus on the implementation of expanded Medi-Cal outpatient mental health benefits to treat mild-to-moderate mental health conditions.

### Most-Used Abbreviations

**MBHO.** Managed behavioral health care organization

**MCP.** Medi-Cal managed care plan

**MHP.** Mental health plan (county-run)

Recent improvements to allow for greater access to public mental health services in California include:

- ▶ **The expansion of Medi-Cal eligibility** in 2014 enables millions of low-income adults, for the first time, to have access to mental health services through the Medi-Cal program or subsidized insurance.
- ▶ **Medi-Cal managed care plans and county mental health plans** are increasingly working across systems to coordinate care for shared beneficiaries.
- ▶ **The Mental Health Services Act (Proposition 63)** significantly increases the availability of innovative, community-oriented mental health services and programs ranging from prevention to early intervention to full-service partnerships and wraparound services designed to address many of the social determinants of health for target populations.
- ▶ **California's Cal MediConnect Program** provides an opportunity and structure in eight counties to improve shared accountability across physical and mental health systems for dual eligibles (those eligible for both Medicare and Medi-Cal) enrolled in demonstration health plans.<sup>1</sup>
- ▶ **The Drug Medi-Cal Organized Delivery System** pilot program offers the opportunity to test new and innovative service delivery models that improve care, increase efficiency, and reduce societal and health care costs associated with substance use.

Nationally, the Affordable Care Act (ACA) explicitly includes mental health and substance use disorder

treatment services as one of 10 essential health benefits that must be offered by Medicaid Alternative Benefit Plans<sup>2</sup> and qualified health plans.<sup>3</sup> Further, the ACA requires that covered mental health and substance use disorder services (MHSUDS) be offered at parity with covered medical and surgical services. See box on parity.

### Parity

Under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, health plans are prohibited from imposing more-stringent limitations on mental health and substance use services than on medical and surgical benefits. The Centers for Medicare & Medicaid Services (CMS) finalized regulations in March 2016 to expand the application of these requirements to coverage offered by Medicaid managed care organizations, Medicaid alternative benefits plans, and the Children's Health Insurance Program (CHIP). The regulations prohibit inequity in benefits available through the commercial market and Medicaid/CHIP, and help promote greater consistency in treatment for beneficiaries.

The following sections describe the two primary systems of care for Medi-Cal beneficiaries with mental health conditions. There is a specialty system administered by the counties for beneficiaries with significant impairment that offers rehabilitative and acute inpatient care. All Medi-Cal beneficiaries meeting medical necessity criteria may access services through the county system. For Medi-Cal

enrollees with mild-to-moderate mental health conditions, outpatient mental health services, including medication management and psychotherapy, are covered by the Medi-Cal managed care plan or state fee-for-service system.

## Medi-Cal Specialty Mental Health System: County Mental Health Plans

In California, county mental health plans (MHPs) are responsible for authorization and payment of a full continuum of specialty mental health services for Medi-Cal enrollees, including inpatient/post-stabilization services, targeted care management, and recovery-oriented rehabilitative services, such as crisis services.<sup>4</sup> To qualify for specialty services, beneficiaries must meet the standard statewide specialty mental health services medical necessity criteria, including having received a covered diagnosis, demonstrating specified impairments, and meeting specific intervention criteria. Medical necessity criteria differ depending on what the determination is for (i.e., inpatient, outpatient, or outpatient for beneficiaries under age 21).<sup>5</sup> The Department of Health Care Services (DHCS) has contracted with county MHPs to provide specialty mental health services to all Medi-Cal beneficiaries who meet these specified medical necessity criteria.

California's mental health system underwent two major changes to its fiscal and governance structure in 1991 and again in 2011 under what is commonly referred to as "realignment." Realignment had a significant effect on program responsibilities within

the mental health system, shifting administrative and financial control from the state to the county level.<sup>6</sup>

County MHPs are not paid on a capitated basis; instead, MHPs are reimbursed an interim amount from DHCS throughout the fiscal year based on approved Medi-Cal services and interim billing rates. County MHPs and DHCS reconcile the interim amounts to actual expenditures using a year-end cost report settlement process.<sup>7</sup>

## Outpatient Mental Health Services

Prior to 2014, Medi-Cal beneficiaries with mental health conditions that did not meet medical necessity criteria for specialty mental health services had access only to limited outpatient mental health services delivered by primary care providers or by Medi-Cal fee-for-service mental health providers.

Covered services under the DHCS Medi-Cal fee-for-service program primarily included medication management and limited psychology services, and individual providers were limited to treating children and perinatal women. Psychology services were covered only when provided by a psychologist or licensed clinical social worker (LCSW), and treatment authorization was required for services exceeding the limit of two visits per month.

As of January 2014, Medi-Cal managed care plans (MCPs) are responsible for the delivery of an expanded set of mental health services to beneficiaries with mild-to-moderate impairment of mental,

emotional, or behavioral functioning resulting from a mental health disorder as defined by the current *Diagnostic and Statistical Manual*, that are outside of the primary care provider's scope of practice. Senate Bill (SB) x1-1 revised the California Welfare and Institutions Code (WIC) to include this coverage.<sup>8</sup>

Covered outpatient mental health services include:

- ▶ Individual and group psychotherapy
- ▶ Psychological testing
- ▶ Certain supplies and supplements
- ▶ Psychiatric consultation
- ▶ Medication management<sup>9</sup>

Psychology services, including those delivered by individual providers, are available to all Medi-Cal beneficiaries. The two-visit limit no longer applies (as long as the beneficiary meets medical necessity criteria); as a result, treatment authorization is no longer required for psychology services.

Mental health services were further expanded to include psychology services provided by a psychologist, clinical social worker, or marriage and family therapist (MFT) licensed by the state.<sup>10</sup> Registered MFT interns, registered associate clinical social workers, and psychological assistants may also provide psychology services under the direct supervision of a licensed mental health professional, within the licensed mental health professional's scope of practice in accordance with applicable state laws. MCPs must also cover mental health assessments of beneficiaries with potential mental health disorders conducted by licensed mental health professionals.

### Mental Health Services at Federally Qualified Health Centers (FQHCs)

Both prior to and since the 2014 expansion of mild-to-moderate benefit coverage through Medi-Cal managed care plans, FQHCs have played a critical role in many communities in providing outpatient mental health services to Medi-Cal beneficiaries.

FQHCs are reimbursed on a per-visit basis for Medicaid beneficiaries using a prospective payment system (PPS) rate. Visits are defined as face-to-face encounters between a Medicaid beneficiary and FQHC providers defined in the Medicaid state plan. In California, FQHC mental health providers who qualify for PPS reimbursement include psychiatrists, psychologists, licensed clinical social workers, and psychiatric nurse practitioners. In the case of Medi-Cal managed care plan patients, FQHCs receive a payment from the plan, then are reimbursed by DHCS for the difference between its per-visit PPS rate and the amount received from the plan (known as a wraparound payment).

MCPs continue to be responsible for the provision of mental health services within the scope of the primary care practice and also continue to be responsible for the arrangement and payment of all medically necessary Medi-Cal physical health care services (not otherwise excluded by the contract) to managed care plan members who require specialty mental health services. See Table 1 on page 4.

Medi-Cal beneficiaries *not* enrolled in a Medi-Cal MCP have access to outpatient mental health

**Table 1. Medi-Cal Mental Health Benefits Prior to and Starting in 2014**

BENEFITS PRIOR TO 2014	BENEFITS STARTING IN 2014
<p><b>County Mental Health Plan</b></p> <p>Specialty Mental Health Services</p> <ul style="list-style-type: none"> <li>▶ Inpatient/post-stabilization</li> <li>▶ Rehabilitative</li> <li>▶ Targeted case management</li> </ul>	<p><b>County Mental Health Plan</b></p> <p>Specialty Mental Health Services</p> <ul style="list-style-type: none"> <li>▶ Inpatient/post-stabilization</li> <li>▶ Rehabilitative</li> <li>▶ Targeted case management</li> </ul>
<p><b>Fee-for-Service Mental Health Providers</b></p>	<p><b>Fee-for-Service Mental Health Providers and Managed Care Plans</b></p>
<p>Services Within Primary Care Provider’s Scope of Practice</p>	<p>Services Within Primary Care Provider’s Scope of Practice</p>
<p>Psychology Services</p> <ul style="list-style-type: none"> <li>▶ Two-visit limit with treatment authorization request (TAR) required for additional visits.</li> <li>▶ Covered when provided by psychologist or LCSW.</li> <li>▶ Individual providers limited to treating children and perinatal women. Only FQHCs/Rural Health Clinics, hospital outpatient department, or organized outpatient clinics able to serve all Medi-Cal beneficiaries.</li> </ul>	<p>Psychology Services (individual and group psychotherapy)</p> <ul style="list-style-type: none"> <li>▶ No visit limitation, no TAR requirement. Services provided based on medical necessity.</li> <li>▶ Covered when provided by a psychologist, clinical social worker, MFT, registered MFT intern, registered associate clinical social worker, or psychological assistance when under direct clinical supervision of a licensed mental health professional.</li> <li>▶ Psychology services are covered in outpatient settings for all Medi-Cal beneficiaries.</li> </ul>
	<p>Psychological Testing</p>
	<p>Outpatient Services for the Purposes of Monitoring Drug Therapy</p>
	<p>Outpatient Laboratory, Drugs, Supplies, and Supplements (not including excluded medications)</p>
	<p>Psychiatric Consultation</p>

services through the DHCS fee-for-service Medi-Cal provider network. The eligibility and medical necessity criteria for Medi-Cal specialty mental health services provided by county MHPs has not changed pursuant to benefit expansion.

## How It Works

### Coordination Between Specialty and Nonspecialty Systems

Table 2 shows the breakdown of covered services through Medi-Cal MCPs and fee-for-service, and through county MHPs. (See page 5.)

Beneficiaries eligible for specialty mental health services continue to be served by the county MHP as appropriate to meet treatment needs. MCPs must ensure that their network providers refer beneficiaries with significant impairment from a covered mental health diagnosis to the county MHP for assessment and treatment.

In cases where an MCP beneficiary with an uncertain diagnosis has a significant impairment, the beneficiary is referred to the MHP for further assessment. Likewise, when a beneficiary’s condition has improved as a result of specialty mental health services, the MHP may, as appropriate for the individual beneficiary, coordinate care with the MCP to transition the person to a less-intensive level of care within the MCP network. The MCP may also arrange for the MHP to provide covered mental health services for those not meeting specialty mental health criteria, with the MCP covering payment for those services.

## Memorandum of Understanding

To ensure beneficiary access to necessary and appropriate mental health services, MCPs are required to establish and maintain a memorandum of understanding (MOU) with the MHP in each county in which the MCP is contracted as a Medi-Cal managed care plan. The MOUs establish and define local

policies and procedures for screening, referral, care coordination, information exchange, and dispute resolution, among others. The MOU requirement predates the 2014 expansion of nonspecialty mental health services and is specified in both county MHP regulations and the MHP state-county contract.<sup>11</sup> In order to account for the new MCP responsibilities for

mental health services, MCPs have been required to update, amend, or replace existing MOUs with MHPs. As of May 2016, every MCP has a current MOU with the county MHP.<sup>12</sup> Table 3 illustrates the changes in MOU requirements.

**Table 2. Covered Services Through Medi-Cal Managed Care Plans (MCPs) or DHCS Fee-for-Service (FFS) Compared to County Mental Health Plans (MHPs)**

MEDI-CAL MCPs OR DHCS FFS	COUNTY MHPs
Services Provided Within Primary Care Provider's Scope of Practice	Rehabilitative Mental Health Services <ul style="list-style-type: none"> <li>▶ Mental health services (individual, group, or family-based interventions)</li> <li>▶ Medication support services</li> <li>▶ Day treatment intensive</li> <li>▶ Day rehabilitation</li> <li>▶ Crisis intervention</li> <li>▶ Crisis stabilization</li> <li>▶ Adult residential treatment</li> <li>▶ Crisis residential treatment services</li> <li>▶ Psychiatric health facility services</li> </ul>
Individual and Group Mental Health Evaluation and Treatment (psychotherapy)	
Psychological Testing (when clinically indicated to evaluate a mental health condition)	Targeted Case Management <ul style="list-style-type: none"> <li>▶ Comprehensive assessment and periodic reassessment</li> <li>▶ Development and periodic revision of a client plan</li> <li>▶ Referral and related activities</li> <li>▶ Monitoring and follow-up activities</li> </ul>
Medication Management (outpatient services for the purposes of monitoring medication therapy)	
Outpatient Laboratory, Medications, Supplies, and Supplements (not including excluded medications)	Psychiatric Inpatient Hospital Services
Psychiatric Consultation	EPSDT Services, including Supplemental Services (e.g., therapeutic behavioral services, therapeutic foster care, intensive home-based services)

**Table 3. MOU Requirements Before and as of 2014**

### Original MOU Requirements Under Title 9

- ▶ Referral protocols
- ▶ Availability of clinical consultation, including medication consultation
- ▶ Management of beneficiary's care
- ▶ Procedures for providing beneficiaries with services necessary for treatment of mental illness
- ▶ A process for resolving disputes

### New MOU Requirements as of 2014

- ▶ All original requirements (listed above)
- ▶ Description of covered services and population
- ▶ Oversight responsibilities of the MCP and MHP
- ▶ Policies and procedures for:
  - ▶ Screening, assessment, and referral
  - ▶ Care coordination
  - ▶ Information exchange
  - ▶ Reporting and quality improvement
  - ▶ After-hours access
- ▶ Mutually agreed upon dispute resolution process

## Administrative and Payment Structures

State managed care plan (MCP) contracts were amended in 2014 to include the mild-to-moderate mental health coverage requirements that were specified in guidance released by DHCS.<sup>13</sup> Capitation rates for each contracted plan were increased, subject to the appropriation of funds by the legislature and the CMS rates approval process, to reflect the plans' new coverage responsibilities for outpatient mental health services. Figure 1 demonstrates the flow of payment for Medi-Cal mental health services.

Plans must contract with network providers to deliver covered services. MCPs are required to submit their networks to DHCS for review on a monthly basis, and to submit member grievances and appeals on

a quarterly basis. Networks are validated and certified by the state to meet adequacy standards, and plans are subject to regular and ongoing oversight by both DHCS and the Department of Managed Health Care.

MCPs may enter into subcontracts with other entities to fulfill the obligations of the contract. Many MCPs have subcontracted with a managed behavioral health care organization (MBHO) to support the administration of the new mental health coverage responsibilities. (See Appendix B for a full list.) For example, MBHOs may be subcontracted to develop the required provider network, negotiate provider rates, and administer claims adjudication and reimbursement. See Figures 2 and 3.

Figure 1. Payment Flow for Medi-Cal Mental Health Services

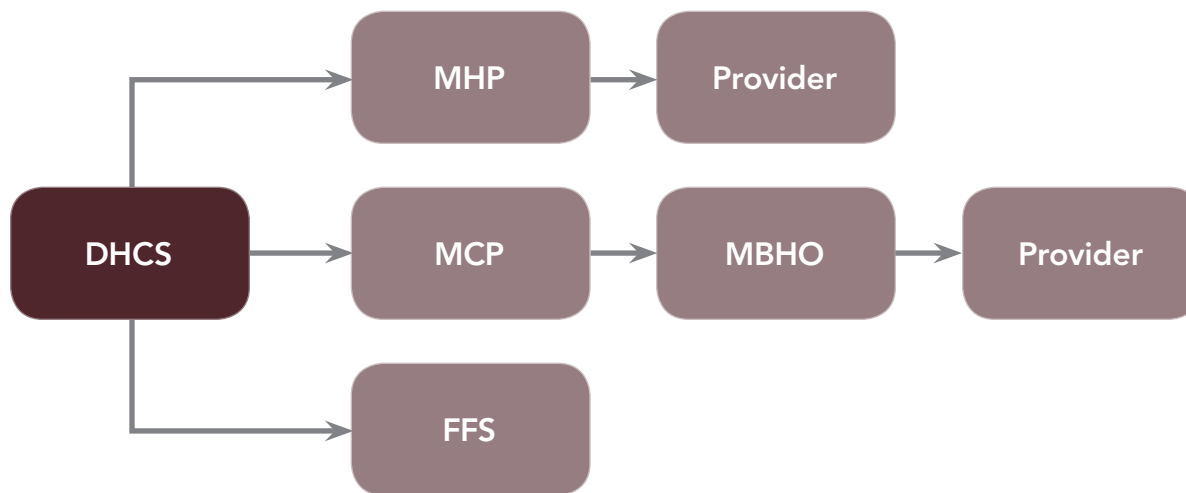
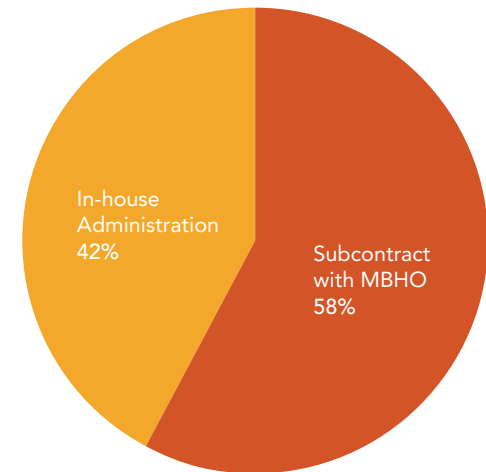
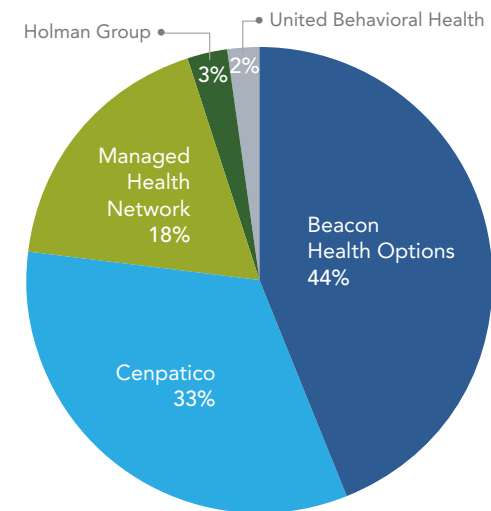


Figure 2. Share of Medi-Cal MCPs Subcontracting with an MBHO vs. Administering Benefits In-House



Note: See Appendix C for a county map of MBHO administration.

Figure 3. MBHOs in the California Medi-Cal Market



Note: See Appendix B for a county map and list of MCPs and MBHOs.

MCPs must evaluate the prospective subcontractors' ability to perform the subcontracted services, provide oversight, and remain accountable for any functions and responsibilities delegated. All subcontracts must be in writing and in accordance with applicable statutory and regulatory requirements.<sup>14</sup> The MCP retains accountability for all site-review activities whether carried out by the MCP, completed by other Medi-Cal managed care contractors, or delegated to other entities. In counties where the MCP has chosen to use an MBHO to facilitate access to covered mental health services, the MCP is still ultimately responsible for ensuring coordination with the county MHP and maintaining a current MOU.

## Data Collection and Reporting

Per federal requirements, states that have contracts with managed care organizations must have a written strategy in place for monitoring and improving the quality of the services offered by their Medicaid MCPs.<sup>15</sup> California's written strategy for assessing and improving the quality of managed care services offered by all Medi-Cal MCPs is done through the *Medi-Cal Managed Care Quality Strategy Report Annual Update*.<sup>16</sup> As part of the monitoring process, DHCS contracts with an external quality review organization (EQRO) to conduct external quality reviews and evaluate the access, quality, and timeliness of the care provided. The EQRO reviews activity and assesses their findings in reports to help the state identify gaps in quality and assist MCPs with improving their lines of service.

DHCS also uses a Medi-Cal managed care performance dashboard for quarterly monitoring of MCP activity, including metrics on quality, overall enrollment, utilization, appeals/grievances, and network adequacy. The Medi-Cal managed care performance dashboard currently includes one mental health measure related to utilization, with plans to add additional measures in the future.<sup>17</sup>

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## About the Foundation

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

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## Endnotes

1. In a demonstration health plan, all of a beneficiary's medical, behavioral health, long-term institutional, and home- and community-based services will be combined into a single health plan.
2. Alternative Benefit Plan (ABP). States have the option to provide alternative benefits specifically tailored to meet the needs of certain Medicaid population groups, target residents in certain areas of the state, or provide services through specific delivery systems instead of following the traditional Medicaid benefit plan. ABPs must cover the 10 essential health benefits as described in the Affordable Care Act (ACA) whether the state uses an ABP for Medicaid expansion or coverage of any other groups of individuals.
3. Qualified health plan. Health plans that are certified by the health insurance marketplace as providing the 10 essential health benefits and meeting other ACA requirements.
4. California's county mental health plan structure is under the provisions of California's 1915(b) Medi-Cal Specialty Mental Health Services (SMHS) waiver. Waivers allow states to transform how they deliver and pay for health care services in Medicaid and CHIP. 1915(b) waivers allow states to provide services through managed care delivery systems and/or limit the choice of providers available to beneficiaries. California's 1915(b) waiver for SMHS runs through 2020. Waiver service delivery is governed by state regulations in California Code of Regulations (CCR), Title 9, Division 1, Chapter 11.
5. For a full outline of medical necessity criteria according to beneficiary demographic, see 9 CCR §1820.205 — Medical Necessity Criteria for Reimbursement of Psychiatric Inpatient Hospital Services; 9 CCR §1830.205 — Medical Necessity Criteria for MHP Reimbursement of Specialty Mental Health Services; and 9 CCR §1830.210 — Medical Necessity Criteria for MHP Reimbursement of Specialty Mental Health Services for Eligible Beneficiaries Under 21 Years of Age.
6. Under the provisions of realignment, the county provides and certifies the federally required full funds expenditure for all Medi-Cal specialty mental health claims submitted (with some exceptions related to Proposition 30).
7. Two CHCF reports provide more information on the role of the county mental health plans in providing specialty mental health access in California and the California public mental health delivery system: Deborah Kelch, *Locally Sourced: The Crucial Role of Counties in the Health of Californians*, California Health Care Foundation, October 2015, [www.chcf.org](http://www.chcf.org) and Sarah Arnquist and Peter Harbage, *A Complex Case: Public Mental Health Delivery and Financing in California*, California Health Care Foundation, July 2013, [www.chcf.org](http://www.chcf.org).
8. Senate Bill (SB) X 1-1 (Hernandez, Statutes of 2013) added the following language to the California Welfare & Institutions Code (WIC):  
WIC §14132.03(a). "The following shall be covered Medi-Cal benefits effective January 1, 2014: (1) Mental health services included in the essential health benefits package adopted by the state(...). To the extent behavioral health treatment services are considered mental health services pursuant to the essential health benefits package, these services shall only be provided to individuals who receive services through federally approved waivers or state plan amendments pursuant to the Lanterman Developmental Disability Services Act(...)."  
WIC §14189. "Medi-Cal managed care plans shall provide mental health benefits covered in the state plan excluding those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver. The department may require the managed care plans to cover mental health pharmacy benefits to the extent provided in the contracts between the department and the Medi-Cal managed care plans."
9. California State Plan Amendment 13-035 — Alternative Benefit Plan — Essential Health Benefit 5: Mental Health and Substance Use Disorder Services Including Behavioral Health Treatment, DHCS, March 28, 2014, [www.dhcs.ca.gov](http://www.dhcs.ca.gov) (PDF).
10. California State Plan Amendment 14-012 — Adding Licensed Marriage and Family Therapists, and Registered Interns to the List of Providers Who Can Provide Psychology Services, DHCS, May 2, 2014, [www.dhcs.ca.gov](http://www.dhcs.ca.gov) (PDF).
11. 9 CCR §1810.370 — MOUs with Medi-Cal Managed Care Plans.
12. Based on informational interview with DHCS Mental Health Substance Use Division staff conducted by Harbage Consulting in March 2016.
13. *Medi-Cal Managed Care Boilerplate Contracts*, DHCS, March 13, 2014, [www.dhcs.ca.gov](http://www.dhcs.ca.gov); Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice 14-020 – New Outpatient Medi-Cal Mental Health Services Covered by Medi-Cal Managed Care Plans and Fee for Service Medi-Cal, DHCS, May 29, 2014, [www.dhcs.ca.gov](http://www.dhcs.ca.gov) (PDF).
14. 42 Code of Federal Regulations (CFR) §438.230(b)(2); California Health and Safety Code (HSC) §1340-1345 — Knox-Keene Health Care Services Plan Act of 1975; 28 CCR §1300 et seq.; California WIC §14200 et seq.; 22 CCR §53800 et seq.; and other applicable federal and state laws and regulations.
15. 42 CFR §438.202A.
16. *Medi-Cal Managed Care Quality Strategy Report Annual Update*, DHCS, November 2015, [www.dhcs.ca.gov](http://www.dhcs.ca.gov).
17. *Medi-Cal Managed Care Performance Dashboard*, DHCS, March 16, 2016, [www.dhcs.ca.gov](http://www.dhcs.ca.gov).



## Appendix A: Background Resources

### State Legislation

#### *SB 951 (Chapter 866, Statutes of 2012)*

Establishes the Kaiser Foundation Health Plan Small Group HMO 30 plan as the benchmark plan for essential health benefits pursuant to the ACA, which includes coverage for mental health and substance use disorders.

#### *AB X 1-1 (Chapter 3, Statutes of 2013-14 First Extraordinary Session, companion bill to SB X 1-1)*

Allows DHCS to implement provisions of the ACA, including, among other things, the expansion population of individuals who are between age 19 and 64, not pregnant, not enrolled in or entitled to Medicare Parts A or B, not eligible for Medi-Cal coverage in a mandatory categorically needy coverage group, and who have an income at or below 133% of the federal poverty level. Individuals in the expansion population are required to enroll in an MCP.

#### *SB X 1-1 (Chapter 4, Statutes of 2013-14 First Extraordinary Session, companion bill to AB X 1-1)*

Allows DHCS to implement provisions of the ACA. The bill requires an alternative benefit package for the expansion population, with the same benefits as full-scope Medi-Cal beneficiaries. It also requires MCPs to provide nonspecialty mental health services (mild to moderate) to all enrollees and transfers mental health services and group counseling, formerly available through Medi-Cal fee-for-service, to MCPs. It also requires Medi-Cal to provide enhanced substance use disorder (SUD) services to the Medi-Cal population. SUD services remain carved out of managed care, but MCPs are required to provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) services.

#### *AB 82 (Chapter 23, Statutes of 2013)*

Implements the Budget Act for Fiscal Year 2013-14 and requires DHCS to convene a stakeholder advisory committee to develop recommendations regarding Medi-Cal beneficiaries' use of mental health services.

### DHCS All Plan Letters

#### *APL 13-018 "Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans"*

Describes the responsibilities of Medi-Cal MCPs for amending or replacing memoranda of understanding with the county MHPs for coordination of Medi-Cal mental health services.

#### *APL 13-021 "Medi-Cal Managed Care Plan Responsibilities for Outpatient Mental Health Services"*

Explains the contractual responsibilities of Medi-Cal MCPs for the provision of medically necessary outpatient mental health services. This all plan letter also defines MCP responsibilities for referring to, and coordinating with, county MHPs for specialty mental health services.

#### *APL 14-004 "Screening, Brief Intervention, and Referral to Treatment for Misuse of Alcohol"*

Explains the obligations of Medi-Cal MCPs to provide SBIRT services for MCP members age 18 and older who misuse alcohol.

#### *APL 15-007 "Dispute Resolution Process for Mental Health Services"*

Describes the existing regulatory requirements that govern the dispute resolution process and provides instructions on submitting a dispute between an MCP and an MHP. DHCS provides parallel guidance to MHPs in MHSUDS Information Notice 15-015.

### DHCS Information Notices

#### *MHSUDS Information Notice 14-020 "New Outpatient Medi-Cal Mental Health Services Covered by Medi-Cal Managed Care Plans and Fee-For-Service Medi-Cal"*

Informs MHPs that, effective January 1, 2014, Medi-Cal MCPs are responsible for the delivery of mental health services through the MCP provider network to Medi-Cal beneficiaries with mild-to-moderate impairment of mental, emotional, or behavioral functioning. For beneficiaries not enrolled in MCPs, these services are available through the fee-for-service/Medi-Cal (FFS/MC) program.

#### *MHSUDS Information Notice 15-015 "Dispute Resolution for Mental Health Services"*

Provides guidance to MHPs on how to submit a service delivery dispute that cannot be resolved at the local level to DHCS. DHCS provides parallel guidance to MCPs in All Plan Letter 15-007.

### State Plan Amendments

#### *SPA CA-13-008*

Expands psychology services to all beneficiaries and removes a two-visit limit from psychology services, effective January 1, 2014.

#### *SPA CA-13-035*

Implements all federal requirements pertaining to Alternative Benefit Plans. Establishes mental health and substance use disorder as an essential health benefit in California.

#### *SPA CA-14-012*

Adds licensed marriage and family therapists, registered marriage and family therapist interns, registered associate clinical social workers, and psychology assistants as providers of psychology services under the direction of a licensed practitioner within their scope of service.

### Other

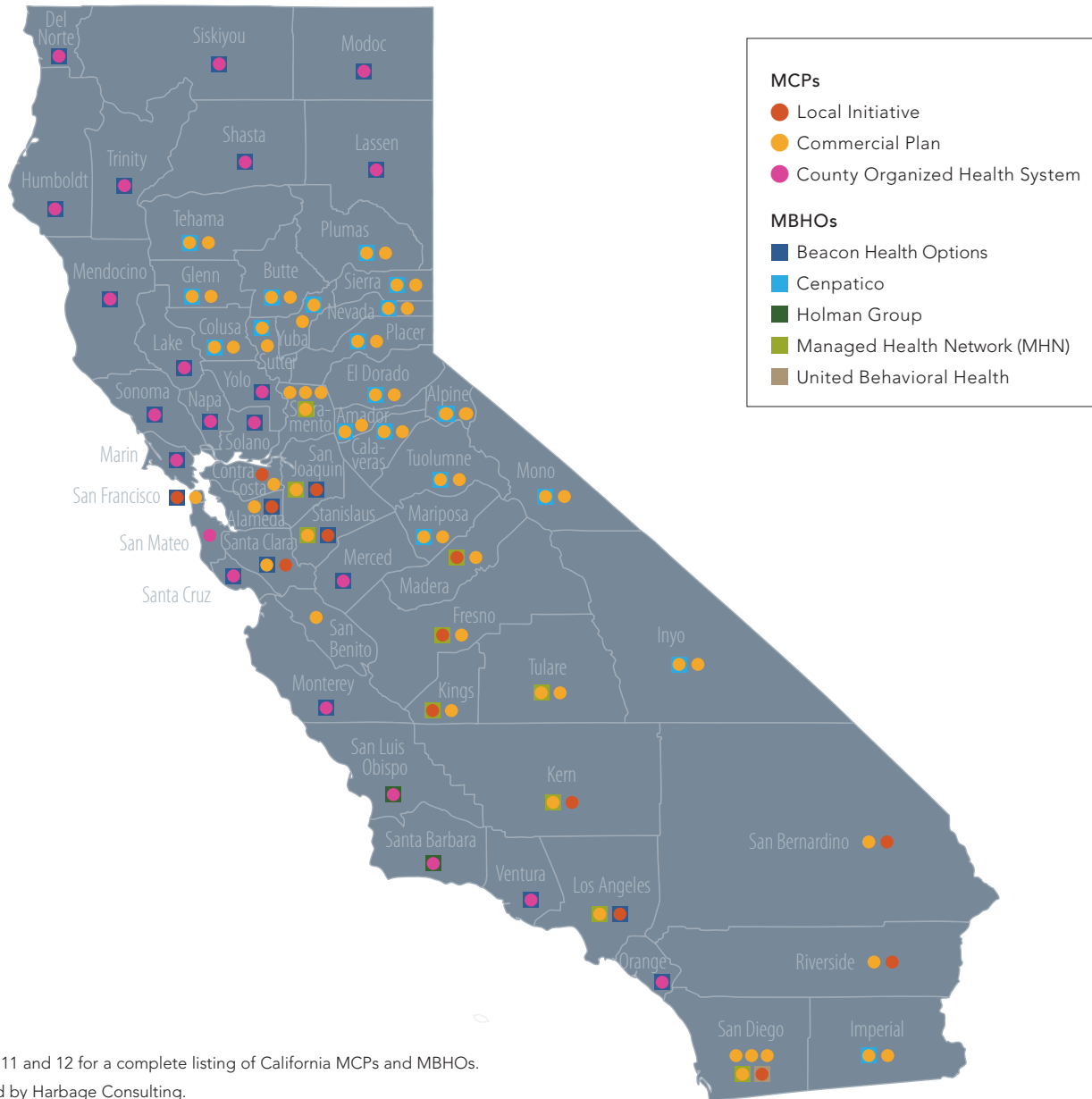
#### *Medi-Cal Managed Care Plan Boilerplate Contracts*

Samples of managed care contracts for the six models of managed care: County Organized Health Systems; Geographic Managed Care; Imperial Model; Regional Model; San Benito Model; and Two-Plan Model.

#### *Managed Care Performance Dashboard*

The dashboard is produced quarterly by DHCS and contains data on a variety of measures including enrollment, health care utilization, appeals and grievances, network adequacy, and quality of care. The dashboard includes information on mental health utilization and mental health continuity of care.

**Appendix B: California Managed Care Plans and Managed Behavioral Health Care Organizations, by County**



Note: See pages 11 and 12 for a complete listing of California MCPs and MBHOs.

Source: Compiled by Harbage Consulting.

## Appendix B: California Managed Care Plans and Managed Behavioral Health Care Organizations, by County, *continued*

COUNTY	MCP	MBHO
Alameda	● Alameda Alliance for Health ● Anthem Blue Cross Partnership Plan	■ Beacon Health Options N/A
Alpine	● Anthem Blue Cross Partnership Plan ● California Health & Wellness	N/A ■ Cenpatico
Amador	● Anthem Blue Cross Partnership Plan ● California Health & Wellness	N/A ■ Cenpatico
Butte	● Anthem Blue Cross Partnership Plan ● California Health & Wellness	N/A ■ Cenpatico
Calaveras	● Anthem Blue Cross Partnership Plan ● California Health & Wellness	N/A ■ Cenpatico
Colusa	● Anthem Blue Cross Partnership Plan ● California Health & Wellness	N/A ■ Cenpatico
Contra Costa	● Anthem Blue Cross Partnership Plan ● Contra Costa Health Plan	N/A N/A
Del Norte	● Partnership Health Plan of California	■ Beacon Health Options
El Dorado	● Anthem Blue Cross Partnership Plan ● California Health & Wellness	N/A ■ Cenpatico
Fresno	● Anthem Blue Cross Partnership Plan ● CalViva Health	N/A ■ MHN
Glenn	● Anthem Blue Cross Partnership Plan ● California Health & Wellness	N/A ■ Cenpatico
Humboldt	● Partnership Health Plan of California	■ Beacon Health Options
Imperial	● California Health & Wellness ● Molina Healthcare of California Partner Plan	■ Cenpatico N/A
Inyo	● Anthem Blue Cross Partnership Plan ● California Health & Wellness	N/A ■ Cenpatico
Kern	● Health Net Community Solutions ● Kern Family Health Care	■ MHN N/A
Kings	● Anthem Blue Cross Partnership Plan ● CalViva Health	N/A ■ MHN
Lake	● Partnership Health Plan of California	■ Beacon Health Options

COUNTY	MCP	MBHO
Lassen	● Partnership Health Plan of California	■ Beacon Health Options
Los Angeles	● Health Net Community Solutions ● L.A. Care Health Plan	■ MHN ■ Beacon Health Options
Madera	● Anthem Blue Cross Partnership Plan ● CalViva Health	N/A ■ MHN
Marin	● Partnership Health Plan of California	■ Beacon Health Options
Mariposa	● Anthem Blue Cross Partnership Plan ● California Health & Wellness	N/A ■ Cenpatico
Mendocino	● Partnership Health Plan of California	■ Beacon Health Options
Merced	● Central California Alliance for Health	■ Beacon Health Options
Modoc	● Partnership Health Plan of California	■ Beacon Health Options
Mono	● Anthem Blue Cross Partnership Plan ● California Health & Wellness	N/A ■ Cenpatico
Monterey	● Central California Alliance for Health	■ Beacon Health Options
Napa	● Partnership Health Plan of California	■ Beacon Health Options
Nevada	● Anthem Blue Cross Partnership Plan ● California Health & Wellness	N/A ■ Cenpatico
Orange	● CalOptima	■ Beacon Health Options
Placer	● Anthem Blue Cross Partnership Plan ● California Health & Wellness	N/A ■ Cenpatico
Plumas	● Anthem Blue Cross Partnership Plan ● California Health & Wellness	N/A ■ Cenpatico
Riverside	● Inland Empire Health Plan ● Molina Healthcare of California Partner Plan	N/A N/A
Sacramento	● Anthem Blue Cross Partnership Plan ● Health Net Community Solutions ● Kaiser Permanente ● Molina Healthcare of California Partner Plan	N/A ■ MHN N/A N/A
San Benito	● Anthem Blue Cross Partnership Plan	N/A
San Bernardino	● Molina Healthcare of California Partner Plan ● Inland Empire Health Plan	N/A N/A

## Appendix B: California Managed Care Plans and Managed Behavioral Health Care Organizations, by County, *continued*

COUNTY	MCP	MBHO
San Diego	 Care 1st Partner Plan	 United Behavioral Health
	 Community Health Group Partnership Plan	N/A
	 Health Net Community Solutions	 MHN
	 Kaiser Permanente	N/A
	 Molina Healthcare of California Partner Plan	N/A
San Francisco	 Anthem Blue Cross Partnership Plan	N/A
	 San Francisco Health Plan	 Beacon Health Options
San Joaquin	 Health Net Community Solutions	 MHN
	 Health Plan of San Joaquin	 Beacon Health Options
San Luis Obispo	 CenCal Health	 Holman Group
San Mateo	 Health Plan of San Mateo	N/A
Santa Barbara	 CenCal Health	 Holman Group
Santa Clara	 Anthem Blue Cross Partnership Plan	 Beacon Health Options
	 Santa Clara Family Health Plan	N/A
Santa Cruz	 Central California Alliance for Health	 Beacon Health Options
Shasta	 Partnership Health Plan of California	 Beacon Health Options
Sierra	 Anthem Blue Cross Partnership Plan	N/A
	 California Health & Wellness	 Cenpatico
Siskiyou	 Partnership Health Plan of California	 Beacon Health Options
Solano	 Partnership Health Plan of California	 Beacon Health Options
Sonoma	 Partnership Health Plan of California	 Beacon Health Options
Stanislaus	 Health Net Community Solutions	 MHN
	 Health Plan of San Joaquin	 Beacon Health Options
Sutter	 Anthem Blue Cross Partnership Plan	N/A
	 California Health & Wellness	 Cenpatico
Tehama	 Anthem Blue Cross Partnership Plan	N/A
	 California Health & Wellness	 Cenpatico
Trinity	 Partnership Health Plan of California	 Beacon Health Options
Tulare	 Anthem Blue Cross Partnership Plan	N/A
	 Health Net Community Solutions	 MHN

COUNTY	MCP	MBHO
Tuolumne	 Anthem Blue Cross Partnership Plan	N/A
	 California Health & Wellness	 Cenpatico
Ventura	 Gold Coast Health Plan	 Beacon Health Options
Yolo	 Partnership Health Plan of California	 Beacon Health Options
Yuba	 Anthem Blue Cross Partnership Plan	N/A
	 California Health & Wellness	 Cenpatico

### Appendix C: County Use of Contracted Managed Behavioral Health Care Organizations



Source: California DHCS, Medi-Cal Managed Care Health Plan Directory, [www.dhcs.ca.gov](http://www.dhcs.ca.gov).