DHCS Chart: Medi-Cal Mental Health Services

DIMENSION	MEDI-CAL ¹	MHP ² OUTPATIENT	MHP INPATIENT
DIMENSION ELIGIBILITY	 MEDI-CAL¹ Mild to Moderate Impairment in Functioning A member is covered by the MCP for services if he or she is diagnosed with a mental health disorder as defined by the current DSM³ resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning: Primary care providers identify the need for a mental health screening and refer to a specialist within their network. Upon assessment, the mental health specialists can assess the mental health disorder and the level of impairment and refer members that meet medical necessity criteria to the MHP for a Specialty Mental Health Services (SMHS) assessment. When a member's condition improves under SMHS and the mental health providers in the MCP and MHP coordinate care, the member may return to the MH provider in the MCP network. NOTE: Conditions that the current DSM identifies as relational problems are not covered, i.e., couples counseling or family counseling. 	 MHP² OUTPATIENT Significant Impairment in Functioning A member is eligible for services if he or she meets all of the following medical necessity criteria: 1. Has an included mental health diagnosis;⁴ 2. Has a significant impairment in an important area of life function, or a reasonable probability of significant deterioration in an important area of life function, or a reasonable probability of not progressing developmentally as individually appropriate; 3. The focus of the proposed treatment is to address the impairment(s) described in #2; 4. The expectation that the proposed treatment will significant deterioration in an important area of life function, and 5. The condition would not be responsive to physical health care-based treatment. NOTE: For members under age 21 who meet criteria for EPSTD specialty mental health services, the criteria allow for a range of impairment levels⁵ and include treatment that allows the child to progress developmentally as individually appropriate. 	 MHP INPATIENT Emergency and Inpatient A member is eligible for services if he or she meets the following medical necessity criteria: An included diagnosis; Cannot be safely treated at a lower level of care; Requires inpatient hospital services due to one of the following which is the result of an included mental disorder: Symptoms or behaviors which represent a current danger to self or others, or significant property destruction; Symptoms or behaviors which prevent the beneficiary from providing for, or utilizing, food, clothing, or shelter; Symptoms or behaviors which present a severe risk to the beneficiary's physical health; Symptoms or behaviors which represent a recent, significant deterioration in ability to function; Psychiatric evaluation or treatment which can only be performed in an acute psychiatric inpatient setting or through urgent or emergency intervention provided in the community or clinic; and Serious adverse reactions to medications, procedures or therapies requiring continued hospitalization.

DIMENSION	MEDI-CAL ¹	MHP ² OUTPATIENT	MHP INPATIENT
DIMENSION SERVICES	 Mental health services when provided by licensed mental health care professionals (as defined in the Medi-Cal provider bulletin) acting within the scope of their license: Individual and group mental health evaluation and treatment (psychotherapy) Psychological testing when clinically indicated to evaluate a mental health condition Outpatient services for the purposes of monitoring medication therapy Outpatient laboratory, 	 Medi-Cal Specialty Mental Health Services: Mental Health Services Assessment Plan development Therapy Rehabilitation Collateral Medication Support Services Day Treatment Intensive Day Rehabilitation 	 MHP INPATIENT Acute psychiatric inpatient hospital services Psychiatric Health Facility Services Psychiatric Inpatient Hospital Professional Services if the beneficiary is in fee-for-service hospital
		 Day Rehabilitation Crisis Residential Adult Crisis Residential Crisis Intervention Crisis Stabilization Targeted Case Management 	

¹ Medi-Cal Managed Care Plan.

² County Mental Health Plan Medi-Cal Specialty Mental Health Services.

³ Current policy is based on DSM IV and will be updated to DSM 5 in the future.

⁴ As specified in Title 9, CCR, Sections 1820.205 and 1830.205 for adults and 1830.210 for those under age 21.

⁵ See footnote 4