



County of San Diego Behavioral Health Services (BHS)
Mental Health Plan (MHP)
Drug Medi-Cal Organized Delivery System (DMC-ODS)
and
Medi-Cal Managed Care Plans (MCPs)



Content Areas



Medi-Cal Behavioral Health Services

- Substance Use Disorder (SUD) services through County Drug Medi-Cal Organized Delivery System (DMC-ODS) = *County BHS SUD providers*
- Specialty Mental Health (SMH) services through County Mental Health Plan (MHP) = *County BHS MH providers*
- Non-specialty Mental Health (NSMH) services through Medi-Cal Managed Care Plans (MCPs)
 - = *Blue Shield of California Promise Health Plan*
 - = *Community Health Group Partnership Plan*
 - = *Kaiser Permanente*
 - = *Molina Healthcare of California*

No Wrong Door

- Patient Portal & MCP URL/BHS Provider Directory URL
- Additional MCP information

Care Coordination, Referrals, and Transition of Care

- Workflows
- Eating Disorders
- Pharmacy Benefit
- Transportation
- Enhanced Case Management (ECM) and Community Services (CS) through MCPs

Resources ([click here for Healthy San Diego Behavioral Health Operations page](#))

- Forms
- Contact Cards
- Signed MOUs
- P&Ps

Shared Workflows: County & MCP Coordination



DHCS Screening & Transition Tools
[APL 22-028](#) / [BHIN 22-065](#): Incorporate the DHCS standardized tool for initial screening for adults & youth (for new members) and transitions of care referral (TOC) form (for existing patients).

No Wrong Door - Non-Specialty & Specialty MH Services
[APL 22-005](#) [APL 22-006](#) / [BHIN 22-011](#): Increased coordination & billing between MCP & the County so that members can access or transition services to the appropriate delivery system.

Eating Disorders (EDO)
[APL 22-003](#) / [BHIN 22-009](#) MCPs and County BH share fiscal responsibility for partial Hospitalization and Residential Treatment for EDO as it includes physical and behavioral health treatment components.

Pharmacy
[DHCS Pharmacy homepage](#)

Transportation
[APL 22-008](#) [BHIN 22-031](#)



SUD Screening & Early Intervention
[APL 21-014](#) [BHIN 24-001](#): SUD screening for all Medi-Cal members age 11+ along with brief interventions.

Medications for Addiction Treatment (MAT)
[APL 21-014](#) [APL 22-005](#) [BHIN 21-024](#): Individuals can access MAT (alcohol, opioid & stimulant medications) services through MCP and County

Enhanced Care Management (ECM) & Community Supports (CS)
[DHCS ECM & CS homepage](#)



No Wrong Door



Essentially, there is “no wrong door” to begin accessing mental health services. The County and MCPs work together to connect a member to appropriate services.

The goal of No Wrong Door (NWD) is to ensure members have access to the right care, in the right place, at the right time.

As described in [APL 22-028](#) and [BHIN 22-065](#), MCP providers and MHP providers who are contacted directly by individuals seeking mental health services are to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in [BHIN 22-011](#).

As a member may move between different levels of care, it is vital that service providers complete a **warm hand off** with each other to provide continuity of care.

Assessment of BH concerns



When members are screened and assessed for Behavioral Health concerns, including Substance Use Disorders, there is a determination of acuity: Mild, Moderate, Severe to indicate the appropriate delivery system

- SMH criteria 21+ years old is based on impairment severity, NOT diagnosis
- SMH criteria under 21 years old is based on risk or potential harm. NO diagnosis is required
- Clinical judgement and team-based care is used to determine severity

Mild to Moderate Mental Illness

- Non-Specialty Mental Health (NSMH) services**
- Provided by Medi-Cal Managed Care Plan (MCP)
Blue Shield Promise, CHG, Kaiser, Molina

Severe Mental Illness (SMI)

- Specialty Mental Health Services (SMHS)
- Provided by County Mental Health Plan (MHP)
- County Mental Health Providers

Substance Use Disorders (SUD):

- Drug Medi-Cal Organized Delivery System (DMC-ODS) services
- Provided by County DMC-ODS Plan
- County SUD Providers

**For additional information, refer to [APL 22-006](#) Medi-Cal Managed Care Health Plan Responsibilities for Non-specialty Mental Health Services

Medi-Cal Behavioral Health Services



Substance Use Disorder (SUD) services through County Drug Medi-Cal Organized Delivery System (DMC-ODS) Providers = *County BHS providers*

- Screening, Brief Intervention, Referral to Treatment and Early Intervention Services (for beneficiaries under age 21)
- Withdrawal Management Services (residential and ambulatory)
- Intensive Outpatient Treatment Services
- Outpatient Treatment Services
- Narcotic Treatment Programs
- Recovery Services
- Care Coordination (delivered within treatment programs)
- Clinician Consultation
- Medications for Addiction Treatment (also known as Additional Medication Assisted Treatment or MAT)
- Residential Treatment Services (ASAM Levels 3.1, 3.3, and 3.5)
- Certified Peer Support Services (delivered within treatment programs)
- Contingency Management Services (delivered through 3 providers as part of the pilot period)

Medi-Cal Behavioral Health Services



Specialty Mental Health (SMH) services through County Mental Health Plan (MHP) Providers = County BHS providers

- Medication Support Services
- Crisis Intervention (including mobile crisis services)
- Crisis Stabilization
- Adult Residential Treatment Services
- Crisis Residential Treatment Services
- Psychiatric Health Facility Services
- Psychiatric Inpatient Hospital Services
- Targeted Case Management
- Certified Peer Support Services (typically delivered within treatment programs)
- Day Treatment Intensive
- Day Rehabilitation
- For beneficiaries under the age of 21, all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code (Welf. & Inst. Code 14184.402 (d)), in addition to:
 - Intensive Care Coordination
 - Intensive Home- Based Services
 - Therapeutic Behavioral Services
 - Therapeutic Foster Care

Medi-Cal Behavioral Health Services



Non-specialty Mental Health (NSMH) services through Medi-Cal Managed Care Plans

(MCPs) = *Blue Shield, CHG, Kaiser, Molina*

- 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
- Care in Emergency Departments
- Additionally, Medication for Addiction Treatment (MAT) provided in primary care, inpatient hospital, EDs, and other medical settings, and
- Alcohol and Drug Screening, Assessment, Brief Intervention, and Referral to Treatment (SABIRT) in Primary Care settings

Screening for Medi-Cal MH Services



[Adult and Youth Screening Tools](#): Determine the most appropriate Medi-Cal mental health delivery system (e.g., County MHP or Medi-Cal MCP) for members who are not currently receiving mental health services when they contact the MCP or MHP seeking mental health services.

As described in [APL 22-028](#) and [BHIN 22-065](#), MCP providers and MHP providers who are contacted directly by individuals seeking mental health services are to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in [BHIN 22-011](#).

Transition of Care for Medi-Cal MH Services



The [Transition of Care Tool](#) (Adult and Youth) leverages existing clinical information to document an individual's mental health needs and facilitate a referral to the individual's Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) as needed.

The Transition of Care Tool is to be used when an individual who is receiving mental health services from one delivery system experiences a change in their service needs **and** 1) their existing services need to be transitioned to the other delivery system **or** 2) services need to be added to their existing mental health treatment from the other delivery system.

Process: The determination to transition services to and/or add services from the other mental health delivery system must be made by a clinician in alignment with protocols. Once a clinician has made the determination to transition care or refer for services, all the following actions must be taken:

1. Complete the Transition of Care Tool.
2. Send the Transition of Care Tool and any relevant supporting documentation to the plan the beneficiary is being referred to.
3. Continue to provide necessary mental health services and coordinate the transition of care or service referral with the receiving plan, including follow up to ensure services have been made available to the individual.

Eating Disorders



- Effective treatment of eating disorders involves a combination of physical and mental health interventions, often provided through an integrated therapeutic modality, program, or setting.
- MHPs and MCPs share a joint responsibility to provide medically necessary services to Medi-Cal beneficiaries with eating disorders.
- Beneficiaries identified as requiring medically necessary eating disorder treatment will be reviewed for clinical need based on established criteria and authorized by the MHP for program services at the appropriate level of care.
- MHP or MCP will convene clinical review meetings to coordinate case management as needed by both the MHP and MCP.
- MHP and MCP have collaboratively established a shared cost allocation schedule for treatment services and have identified an invoicing and payment process.
- For additional information, call the Access and Crisis Line

Access & Crisis Line



Medi-Cal Transportation Benefit



Nonemergency medical transportation (NEMT) is transportation by ambulance, wheelchair van, or litter van for beneficiaries who cannot use public or private transportation to get to and from covered Medi-Cal services, and who need assistance to ambulate.

- NEMT is available to all beneficiaries when their medical and physical condition does not allow them to travel by bus, passenger car, taxicab, or another form of public or private transportation. Services must be prescribed by a health care provider.

Nonmedical transportation (NMT) is private or public transportation to and from covered Medi-Cal services for eligible beneficiaries.

- NMT services are available to all beneficiaries with full-scope Medi-Cal and to pregnant women, including to the end of the month in which the 60th day postpartum falls. Beneficiaries will need to verbally let the transportation provider know that there is no other way for them to get to their appointment.
- Beneficiaries will need to attest to the provider verbally or in writing that they have an unmet transportation need and all other currently available resources have been reasonably exhausted. Reasons for needing NMT can include any of the following:
 - No valid driver's license.
 - No working vehicle available in the household.
 - Not being able to travel or wait for covered Medi-Cal services alone.
 - Having a physical, cognitive, mental, or developmental limitation.
 - No money for gas to get to appointment.

Medi-Cal Transportation Benefit *(continued)*



Transportation is only available to and from covered Medi-Cal services, which includes:

- Medical appointments, including family planning, mental health, and substance use disorder services
- Dental appointments
- Picking up prescriptions
- Picking up medical supplies and equipment

Who can provide NEMT and NMT Services? Licensed, professional medical transportation companies approved and enrolled by Medi-Cal. In addition, Medi-Cal managed care plans also directly contract with other transportation providers for services for plan members.

When to request transportation? Be sure to contact a transportation provider as soon as an appointment is made. It is helpful to request the service at least five business days before an appointment. If there are more than one appointment that is ongoing, transportation can be requested to cover those appointments.

- **Note:** One assistant, such as parent/guardian or spouse, may accompany a beneficiary on a trip provided by NMT. However, transportation is not available for more than one assistant.

To access transportation benefits, call the health plans member services department

- Community Health Group (1-800-224-7766)
- Blue Shield CA Promise Health Plan (1-855-699-5557)
- Kaiser Permanente (1-800-464-4000)
- Molina (1-888-665-4621)

Medi-Cal Pharmacy Benefit (Medi-cal Rx)



- Effective January 1, 2022 all pharmacy benefits for Medi-Cal beneficiaries including those in a Medi-Cal Managed Care Plan will be covered by the Department of Health Care Services (DHCS) stated-wide pharmacy benefit called Medi-Cal Rx
 - The change to a state-wide pharmacy benefit does not apply to the following: Programs of All-Inclusive Care for the Elderly (PACE) plans, Senior Care Action Network (SCAN), Cal MediConnect health plans, Major Risk Medical Insurance Program (MRMIP)
- DHCS has contracted with Magellan Medicaid Administration to provide administrative services and supports relative to the Medi-Cal pharmacy benefit.

Medi-Cal Rx will be responsible for managing and resolution of complaints and grievances raised by Managed Care Plan members, their Authorized Representatives, or other interested parties, regarding a Medi-Cal Rx complaint or grievance as well as managing member appeals involving disagreement with benefit-related decisions, such as coverage disputes, disagreeing with and seeking reversal of a request involving medical necessity etc.

Resources:

[Medi-Cal Rx](#)

DHCS Medi-Cal Rx Customer Service (800) 977-2273

- Consumer Center for Health Education & Advocacy (877) 734-3258
- Medi-Cal Managed Care Plan Customer Service Health Plan ID Card
- San Diego County Access & Crisis Line (888) 724-7240

MCP Enhanced Care Management (ECM)



ECM is available for select Medi-Cal members with complex needs. Enrolled members receive comprehensive case management from a lead care manager who coordinates health and social services.

To connect an individual to ECM

1. Confirm the individual has active Medi-Cal and identify their Managed Care Plan (MCP).
2. Ensure the individual meets the eligibility criteria for ECM in the [ECM Policy Guide](#).
3. Complete the universal or plan specific ECM referral form linked below and email the form to the assigned MCP's designated email address. The [Universal ECM Referral Form](#) is accepted by all plans.

Note that the MCP should authorize ECM services within 5 working days for routine authorizations and within 72 hours for expedited requests. If you have not received a response, email or call the MCP for an update.

MCP	Email Address	Member Services Phone Number
Blue Shield	ECM@blueshieldca.com	1-855-699-5557
Community Health Group	ecm-cs@chgsd.com	1-800-224-7766
Kaiser	RegCareCoordCaseMgmt@KP.org	1-800-464-4000
Molina	MHC_ECM@Molinahealthcare.com	1-888-665-4621

MCP Community Supports (CS)



CS are medically appropriate and cost-effective services provided by MCPs to help members address their health-related social needs. CS are available to a wide range of members, including those with complex needs and those who are enrolled in ECM. However, members do not need to be enrolled in ECM to access Community Supports.

To connect an individual to Community Supports:

1. Confirm the individual has active Medi-Cal and identify their Managed Care Plan (MCP).
2. Ensure the individual meets the eligibility criteria for Community Supports in the [Community Supports Policy Guide](#).
3. Complete the plan specific Community Supports referral form linked below for each service needed and email the form(s) to the assigned MCP's designated email address.

MCPs	Link to Referral Form	Email Address	Member Services Phone Number
Blue Shield Promise	Community Supports Referral Form (blueshieldca.com)	SDCommunitySupports@blueshieldca.com	1-855-699-5557
Community Health Group	Community Supports Referral Form (chgsd.com)	ecm-cs@chgsd.com	1-800-224-7766
Kaiser Permanente	Community Supports Referral Form (kaiserpermanente.org)	RegCareCoordCaseMgmt@KP.org	1-800-464-4000
Molina	Community Supports Referral Forms (molinahealthcare.com)	MHC_CS@MolinaHealthcare.com	1-888-665-4621



MCP Community Supports (CS)



CalAIM Community Supports – Managed Care Plan Elections as of March 2024

County of San Diego	Blue Shield of California Promise Health Plan	Community Health Group Partnership Plan	Kaiser Permanente	Molina Healthcare of California Partner Plan
Housing Transition/ Navigation	X	X	X	X
Housing Deposits	X	X	X	X
Housing Tenancy & Sustaining Services	X	X	X	X
Short-Term Post Hospitalization Housing	X	X	X	X
Recuperative Care (Medical Respite)	X	X	X	X
Respite Services	X	X	X	X
Day Habilitation Programs	X	X	X	X
Nursing Facility Transition/ Diversion	X	X	X	X
Community Transition Services/ Nursing Facility Transition to a Home	X	X	X	X
Personal Care and Homemaker Services	X	X	X	X
Environmental Accessibility Adaptations	X	X	X	X
Medically- Supportive Food/ Meals/ Medically Tailored Meals	X	X	X	X
Sobering Centers	X	X	X	X
Asthma Remediation	X	X	X	X

Source: <https://www.dhcs.ca.gov/Documents/MCQMD/Community-Supports-Elections-by-MCP-and-County.pdf>

Data Exchange



- Goals include improving care coordination and referral processes, in accordance with federal and state privacy laws, including but not limited to (HIPAA) and 42 CFR Part 2. Data exchange also assists with population health management and outcome metrics.
- Additional information about each plan, its provider network (directory), and patient portal are available, as follows:

	Blue Shield	CHG	Kaiser	Molina	County of San Diego Behavioral Health Plan
Provider Network Search Link	Blue Shield Provider Search	CHG Provider Search		Molina Provider Search	County of San Diego Behavioral Health Provider Directory
API Provider Directory		CHG Provider Directory API			County of San Diego Behavioral Health Provider Directory API
Patient Portal	Blue Shield Patient Portal	CHG Patient Portal		Molina Patient Portal	
General Info/Plan Home Page	Blue Shield Home Page	CHG Home Page		Molina Home Page	County of San Diego Behavioral Health Services
Behavioral Health Landing Page	Blue Shield BH Page	CHG BH Page			

Resources



Dispute Resolution

- County and MCPs collaborate to resolve issues related to coverage or payment of services, conflicts regarding the respective roles for care management for specific members, or other issues.
- If there is a dispute, County and MCPs shall complete the plan-level dispute resolution process.
- Pending resolution of any such dispute, services & payments must continue to be provided without delay.
- Unresolved disputes are reported to the State.

- [Click here for the BHS Grievances and Appeals process](#)

[Click here for Healthy San Diego Behavioral Health Operations page](#)

- Forms
- Contact Cards
- Signed MOUs
- P&Ps

Resources



Healthy San Diego



Medi-Cal Managed Care Plan Contact Card

Health Plan	Member Services/Transportation	Behavioral Health	Telephone Medical Advice Line	Vision Services	Medi-Cal RX	Denti-Cal
Blue Shield CA Promise Health Plan	1-855-699-5557	(855) 321-2211	1-800-609-4166	1-855-699-5557	(800) 977-2273	(800) 322-6384
Community Health Group	1-800-224-7766	(800) 404-3332	1-800-647-6966	Vision Service Plan 1-800-877-7195	(800) 977-2273	(800) 322-6384
Kaiser Permanente	1-800-464-4000	(833) 579-4848	1-800-290-5000	1-800-464-4000	(800) 977-2273	(800) 322-6384
Molina Healthcare	1-888-665-4621	(888) 665-4621	1-888-275-8750	March Vision Services 1-888-463-4070	(800) 977-2273	(800) 322-6384
County Mental Health Plan To access Specialty Mental Health and the Drug Medi-Cal Organized Delivery System 1-888-724-7240		Jewish Family Service Patient Advocacy Program Complaints & Grievances/Inpatient & Residential 1-800-479-2233		Consumer Center for Health Education & Advocacy Patient Advocacy Program Complaints & Grievances/Outpatient services 1-877-734-3258		

• [Click here for the most recent version\(s\) of the Contact Card](#)

Pharmacy benefits for all Medi-Cal recipients are covered by the State's Medi-Cal Rx. Program (800) 977-2273



05/2024 Medi-Cal Managed Care Plans cover transportation to all Medi-Cal covered services including Specialty Mental Health, Drug Medi-Cal Organized Delivery System and Denti-Cal

SB 1019 Non-Specialty MH Services Outreach and Education Plan

- Effective January 1, 2025, SB 1019 requires MCPs to develop a DHCS-approved outreach and education plan for members and primary care physicians regarding covered mental health benefits.
- [APL 24-012](#): Provides guidance to MCPs regarding requirements for Member outreach, education, and assessing Member experience for Non-Specialty Mental Health Services as required by SB 1019.
 - Stigma reduction resources are available at:
 - [StigmaFree Pledge PSA | National Alliance on Mental Illness \(NAMI\)](#)
 - [Stigma and Discrimination Research Toolkit - National Institute of Mental Health \(NIMH\) \(nih.gov\)](#).