COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

County of San Diego Behavioral Health Plan (BHP)

Mental Health Plan (MHP)

Drug Medi-Cal Organized Delivery System (DMC-ODS)

and

Medi-Cal Managed Care Plans (MCPs)

Community Health Group
KAISER PERMANENTE
MOLINA HEALTHCARE
blue california
Promise Health Plan

PURPOSE

This presentation provides guidance, regulatory information, and reference resources to support care coordination, collaboration, and service delivery across the Behavioral Health Plan and Managed Care Plan systems serving Medi-Cal members in San Diego County.

REGULATORY REQUIREMENTS: COUNTY AND MCP COORDINATION

DHCS Screening & Transition Tools

APL 25-010 / 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

BHIN 22-011 / APL 22-005 / APL 26-002: 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 MHPs share a joint clinical responsibility to "provide medically necessary services to Medi-Cal beneficiaries with eating disorders" and shared financial responsibility for eating disorders, including "partial hospital and residential eating disorder programs" as the "treatment typically involves blended physical health and mental health interventions."

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

Transportation

APL 22-008 / BHIN 22-031

Pharmacy

DHCS Pharmacy homepage

NO WRONG DOOR

These requirements establish how MCPs and County Behavioral Health Plans coordinate care, referrals, and member transitions.

APL 22-005 No Wrong Door was developed as part of California's CalAIM initiative to improve coordinated, whole-person behavioral health care by ensuring Medi-Cal Members can access timely mental health services regardless of whether they first present to the county or to the managed care plan. MHPs are required to provide or arrange for the provision of medically necessary specialty mental health services (SMHS) for beneficiaries in their counties who meet access criteria for SMHS as described in BHIN 21-073, whereas MCPs are required to provide or arrange for the provision of the non-specialty mental health services (NSMHS).

As described in APL 22-028 and BHIN 22-065, when a member contacts the mental health delivery system directly about care, services may begin prior to diagnosis determination, during the assessment period, consistent with the NWD Policy APL 22-005 and BHIN 22-011. A Member who is not currently receiving mental health services that contacts the County and/or MCP for mental health services, must be screened to guide a referral to the appropriate Medi-Cal mental health delivery system (i.e., MCP or MHP).

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 BEHAVIORAL HEALTH 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

- Criteria 21+ years old is based on impairment severity, NOT diagnosis
- 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

Clinical Need	Service Type	Delivery System
Mild to Moderate Mental Health	Non-Specialty Mental Health (NSMH) Services**	Medi-Cal Managed Care Plan (MCP) Providers
Moderate to Severe Mental Illness (SMI)	Specialty Mental Health (SMH) Services	County Mental Health Plan (MHP) Providers
Substance Use Disorder (SUD)	Drug Medi-Cal Organized Delivery System (DMC-ODS) Services	County DMC-ODS Plan Providers

**For additional information, refer to APL 26-002 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 members under age 21) - ASAM Level 0.5	Early Periodic Screening, Diagnosis, and Treatment	Enhanced Community Health Worker Services	Justice Involved BH Linkages	Certified Peer Support Services (delivered within treatment programs)	Withdrawal Management Services (residential and ambulatory)
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	Partial Hospitalization – ASAM Level 2.5	Narcotic Treatment Programs	Outpatient Treatment Services – ASAM Level 1	Intensive Outpatient Treatment Services – ASAM Level 2.1
Contingency Management Services (delivered through select providers as part of the pilot period)	Care Coordination (delivered within treatment programs)	Recovery Services	Clinician Consultation	Traditional Health Care Practices	Supported Employment (Planned for FY26-27)

Intensive Inpatient Services – ASAM Levels 3.7 and 4.0 (Planned for FY26-27)

MEDI-CAL BEHAVIORAL HEALTH SERVICES

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

Mental Health Services	Medication Support Services	Crisis Intervention (including mobile crisis services)	Crisis Stabilization	Assertive Community Treatment (ACT)	Forensic Assertive Community Treatment (FACT)
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 Services	Day Rehabilitation	Justice Involved BH Linkages	Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)	Clubhouse Services	Enhanced Community Health Worker (CHW) Services
Supported Employment					

MEDI-CAL BEHAVIORAL HEALTH SERVICES

For members 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:

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

Screening, Brief Intervention, Referral to Treatment and Early Intervention Services (for members under age 21) - ASAM Level 0.5	Intensive Home- Based Services	Intensive Care Coordination	Therapeutic Behavioral Services
Therapeutic Foster Care	Parent-Child Interaction Therapy	Functional Family Therapy	Multisystemic Therapy

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	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: The Adult and Youth Screening Tools help decide which mental health system a member should be referred to when they are not currently receiving mental health services and contact the MCP or MHP for help.

As described in APL 25-010 and BHIN 22-065, when a member contacts the mental health delivery system directly about care, services may begin prior to diagnosis determination, during the assessment period, consistent with the No Wrong Door Policy APL 22-005 and 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's intended use is for transitions between providers. It 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 via a patient-centered shared decision-making process in alignment with the Plan's protocols. Once the decision has been made 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 member is being referred to. Use the Screening and Transition of Care Contact Card for Plan contact information.
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.

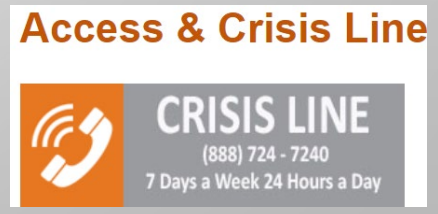
Transition of Care Process Maps are available for reference on the HSD BH Ops webpage:

- Transition of Care Process Map - County Provider Identifies Member (pdf)
- Transition of Care Process Map – MCP identifies a member (pdf)

EATING DISORDERS

Reference APL 22-003 and BHIN 22-009:

- MCPs are responsible for the physical health components of eating disorder treatment and NSMHS and MHPs are responsible for the SMHS components of eating disorder treatment.
- MHPs must provide, or arrange and pay for, medically necessary psychiatric inpatient hospitalization and outpatient SMHS.
- Any medically necessary service requiring shared responsibility (such as partial hospitalization and residential treatment for eating disorders) requires coordinated case management and concurrent review by both the MCP and the MHP.
- DHCS recommends that MCPs and MHPs agree on the division of the financial responsibility and requires that MCPs and MHPs have a memorandum of understanding (MOU) in place.
- Should disputes arise between parties that cannot be resolved at the MCP and MHP level, MCPs are required to follow the dispute resolution process contained in APL 21-013. MHPs are required to follow a parallel dispute resolution process contained in BHIN 21-034.



MEDI-CAL TRANSPORTATION BENEFIT

Nonemergency medical transportation (NEMT) is transportation by ambulance, wheelchair van, or litter van for members 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 members 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 members.

- NMT services are available to all members with full-scope Medi-Cal and to pregnant women, including to the end of the month in which the 60th day postpartum falls. Members will need to verbally let the transportation provider know that there is no other way for them to get to their appointment.
- Members 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 member 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 members 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 (Child/Youth) and Universal ECM Referral Form (Adult) are accepted by all plans.

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

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 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)

Community Supports Available through all San Diego MCPs

Housing Transition/ Navigation
Housing Deposits
Housing Tenancy & Sustaining Services
Short-Term Post Hospitalization Housing
Recuperative Care (Medical Respite)
Respite Services
Day Habilitation Programs
Nursing Facility Transition/ Diversion
Community Transition Services/ Nursing Facility Transition to a Home
Personal Care and Homemaker Services
Environmental Accessibility Adaptations
Medically- Supportive Food/ Meals/ Medically Tailored Meals
Sobering Centers
Asthma Remediation

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:

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

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 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

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

blue california Promise Health Plan · Community Health Group · Kaiser Permanente · Molina Healthcare

10/2025 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

- Click here for the most recent version(s) of the Contact Card

RESOURCES

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:
    - https://www.nami.org/Get-Involved/Pledge-to-Be-StigmaFree
    - Stigma and Discrimination Research Toolkit - National Institute of Mental Health (NIMH) (nih.gov).