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#### Review of Lockout Facilities

A “lockout” means that a service activity is not reimbursable through Medi-Cal because the beneficiary resides in or is receiving services in a specific location in which specialty mental health services cannot be claimed for. For more information, please refer to the Lockout Assistant in Appendix G of the [BHRS Clinical Documentation Guide](#).

Here is a refresher on the specific locations in which lockouts occur:

**Institutes for Mental Diseases (IMD’s), MHRCs, Skilled Nursing Facility with Special Treatment Program (SNF w/STP):** All Medi-Cal claimable services are locked out. Non-billable codes should be used for charting.

**Jail and Juvenile Hall:** All Medi-Cal claimable services are locked out. CG will automatically block claiming when the location code is indicated as “Jail/Juv Hall” on the service note. Please remember to use “Jail/Juv Hall” as the location code when the client is in Jail or Juvenile Hall.

**Acute Psychiatric Inpatient:** Medi-Cal claiming is allowed in this location *only* during the following circumstance: Case Management/Brokerage or Intensive Care Coordination may be claimed for only when the purpose of the service is to coordinate client placement following inpatient discharge.

**Crisis Residential:** Medi-Cal claiming is allowed for Case Management/Brokerage or Intensive Care Coordination. Medication services are also allowed if within scope of practice.

**Crisis Stabilization Unit:** Medi-Cal claiming is allowed for Case Management/Brokerage or Intensive Care Coordination after admission. Other services are allowed the same day but must be prior to admission.

## DHCS Information Notices

As we are approaching CalAIM and DMC-ODS Waiver Renewal, DHCS is posting several draft and final Information Notices, so please be sure to check the site regularly. Here is a **draft** Information Notice that reviews some of the [DMC-ODS proposals related to CalAIM/renewal of the DMC-ODS waiver. Please stay informed of changes that will be implemented in 2022.](#)

### CalAIM Changes to Medical Necessity

The California Advancing and Innovating Medi-Cal (CalAIM) initiative seeks to change many aspects of the manner in which services are provided to vulnerable populations. Among these changes are revisions to medical necessity criteria for Specialty Mental health services for children and adults. These changes supersede the medical necessity criteria described in Title 9 that are based on ameliorating symptoms and functional impairments brought about by an included diagnosis.

BHRS is updating policies and procedures to reflect these changes and will be putting out an updated Documentation Guide soon. More information and trainings on the changes will be provided in the new year. You can review the upcoming change to Medical Necessity below:

Under the CalAIM revision, Medical Necessity criteria will now be more closely aligned with W&I Code definitions for adults<sup>1</sup>, and Title 42 for children<sup>2</sup>.

- For individuals 21 years of age or older, a service is “medically necessary” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
- For individuals under 21 years of age, a service is “medically necessary” if needed to correct and ameliorate a mental illness or condition. This would include services that sustain, support, improve, or make more tolerable a mental health condition.

<sup>1</sup> Welfare and Institutions Code section 14184.402(a) <sup>2</sup> Section 1396d(r)(5) of Title 42 of the United States Code

**This deemphasis on diagnosis to establish medical necessity is meant to allow more flexibility in the provision of services but is not meant to eliminate diagnoses in clinical practice as a focus for treatment.** \*Per WIC Section 14184.402(f)(1)(A), a mental health diagnosis is not a prerequisite for access to covered SMHS.

### Criteria for Beneficiaries 21+

Beneficiary has one or both:

- 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.

**AND** the condition is due to either:

- A diagnosed mental health disorder, according to the criteria of the DSM and the ICD. **OR**
- A suspected mental disorder not yet diagnosed.

### Access Assurances for Beneficiaries under 21

For enrolled beneficiaries under 21 years of age, a county mental health plan shall provide all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code. Covered specialty mental health services shall be provided to enrolled beneficiaries who meet either of the following 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:
  - a. scoring in the high-risk range under a trauma screening tool approved by the department
  - b. involvement in the child welfare system
  - c. juvenile justice involvement
  - d. experiencing homelessness.

**OR**

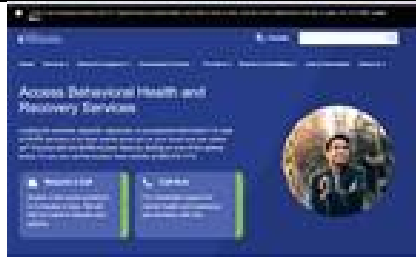
- 2) The beneficiary meets **both** of the following requirements:
  - A. The beneficiary has **at least one** of the following:
    - a. A significant impairment **AND/OR**
    - b. A reasonable probability of significant deterioration in an important area of life functioning **AND/OR**
    - c. A reasonable probability of not progressing developmentally as appropriate **AND/OR**
    - d. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide

**AND**

- B. The beneficiary's condition as described above is due to **one of the following**:
  - a. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems **OR**
  - b. A suspected mental health disorder that has not yet been diagnosed **AND/OR**
  - c. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

### New BHRS Website Design

This site was built with the client and caregiver in mind with the goal of ensuring that clients, current and prospective, as well as their caregivers can quickly find the information they need. The site includes an overview of programs, services, and specific pages to assist mental health and substance use providers across the county. Check it out here: [marinbhros.org](http://marinbhros.org)



### **Substance Use Services: Coaching and Training Available**

BHRS is participating in an 18-month project with Health Management Associates (HMA) to improve the treatment ecosystem. Project Goals include making substance use treatment for accessible and equitable, improving the safety of transitions between levels of care, strengthening collaboration among stakeholders, and support achievement of shared county-level SMART goals. As part of this project, BHRS and partners are able to access coaching and training from HMA. Several partners have already accessed this free resource to help support their organization. You can complete a coaching request by [visiting this link](#) or [addictionfreeca.org](http://addictionfreeca.org).

### **Specialty Mental Health Clinical Documentation Training**

The next BHRS Documentation Training for Specialty Mental Health will be held on Thursday, February 3, 2022 from 1 - 3:30 PM. Please register in advance by emailing [BHRSMQ@marincounty.org](mailto:BHRSMQ@marincounty.org).

- Follow the link to view the most up to date version of the clinical documentation guide for reference: <https://www.marinhhs.org/clinical-documentation-guide>

### **How to Reach Us:**

BHRS ACCESS Team: [BHRSAccessPublic@marincounty.org](mailto:BHRSAccessPublic@marincounty.org)

BHRS ACCESS Supervisor: [BHRSAccessSupervisor@marincounty.org](mailto:BHRSAccessSupervisor@marincounty.org)

BHRS QM General: [BHRSMQ@marincounty.org](mailto:BHRSMQ@marincounty.org)

BHRS SUS Residential Care Authorization: [BHRSAuthSUS@marincounty.org](mailto:BHRSAuthSUS@marincounty.org)

MHP Inpatient Care Authorization: [BHRSQMPublic@marincounty.org](mailto:BHRSQMPublic@marincounty.org)

BHRS Electronic Health Record (EHR) Team: [BHRSEHR@marincounty.org](mailto:BHRSEHR@marincounty.org)

BHRS Admin Team: [BHRAdmin@marincounty.org](mailto:BHRAdmin@marincounty.org)

[Download the BHRS Clinical Documentation Guide here](#)