

Sutter Behavioral Health Learning Collaborative (SBHLC)

PROVIDER MEETING

May 16, 2024



AGENDA

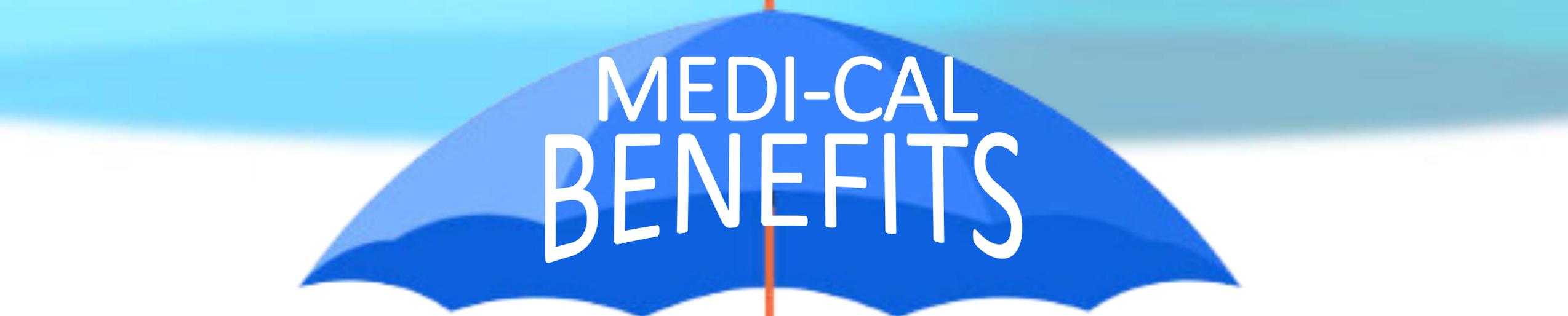
- 1. Review Behavioral Health Benefits for Sutter County Residents with Medi-Cal as their health insurance coverage**
- 2. Partnership HealthPlan Benefit Guides: Review & Brainstorm**
 - Provider guide
 - Client guide
- 3. Sutter-Yuba Behavioral Health: Mental Health Plan Benefits: Specialty Mental Health Services**
 - Overview
 - 3 buckets of service
 - Outpatient
 - Emergency/Crisis
 - Inpatient/Residential

MEDI-CAL INSURANCE COVERAGE



SUTTER-YUBA
BEHAVIORAL HEALTH





MEDI-CAL BENEFITS

MEDI-CAL MANAGED CARE PLANS (MCP's) (PARTNERSHIP HEALTHPLAN)

Has the responsibility to arrange and/or pay/provide for coverage:

Array of Health Services Plus Mild, Moderate Behavioral Health Services & Some Medicated Assisted Treatment

(CaAIM)
Enhanced Care
Management (ECM)

(CaAIM)
Community Supports

Some Long-Term Care and other Specialty Benefits
www.partnershiphp.org/Providers/BehavioralHealth/Pages/Mental-Health-Services.aspx

COUNTY MENTAL HEALTH PLANS (MHP's) (SUTTER-YUBA BEHAVIORAL HEALTH)

Has the responsibility to arrange and/or pay/provide for coverage:

Specialty Mental Health Services (SMHS)

Severe & Persistent or Chronic Behavioral Health Conditions

Substance Use Disorder (SUD) Services
Under Drug Medi-Cal

Medi-Cal benefits are one insurance coverage product even when sections of coverage are administered but different plan types (i.e. MCP & MHPS)

PARTNERSHIP HEALTHPLAN: BEHAVIORAL HEALTH BENEFITS

Criteria for Beneficiaries to Access Non-Specialty Mental Health Services

MCPs are required to provide or arrange for the provision of NSMHS for the following populations:

- Beneficiaries 21 years of age and over with mild to moderate distress or mild to moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders, as defined by the current Diagnostic and Statistical Manual of Mental Disorders;
- Beneficiaries under age 21, to the extent eligible for services through the Medicaid EPSDT benefit as described above, regardless of level of distress or impairment or the presence of a diagnosis;
- Beneficiaries of any age with potential mental health disorders not yet diagnosed.

Partnership HealthPlan
works with
Carelon Behavioral
Health to help clients
connect with the
mental health services
they need



MENTAL HEALTH CARE

Mental health benefits are available to people with Medi-Cal. Partnership HealthPlan members can get services through your Medi-Cal managed care plan or your county mental health plan.

Partnership HealthPlan works with a company called Carelon Behavioral Health to help you connect with mental health services you need.

WHAT SERVICES ARE AVAILABLE?

- Therapy — individual, family, or group
- Psychiatric consultation, medication management
- Psychological testing

WHO CAN ACCESS SERVICES?

The mental health services listed above are a covered benefit to Partnership HealthPlan members through Carelon Behavioral Health.

TO REFER MEMBERS WITH MILD/MODERATE MENTAL HEALTH NEEDS

Call Carelon at **855.765.9703** and a mental health expert will ask the member a few questions. Then the expert will help them find a provider nearby. You may also get help connecting with your county-operated mental health plan if you need more intensive mental health services.

TO REFER MEMBERS WITH MODERATE/SEVERE MENTAL HEALTH SERVICES

These services are managed by your county's behavioral health department. Emergency and acute services, such as hospital care and crisis response are provided by the county mental health plan. Contact your County Behavioral Health Services to assist.

HOW CAN I REACH YOU?

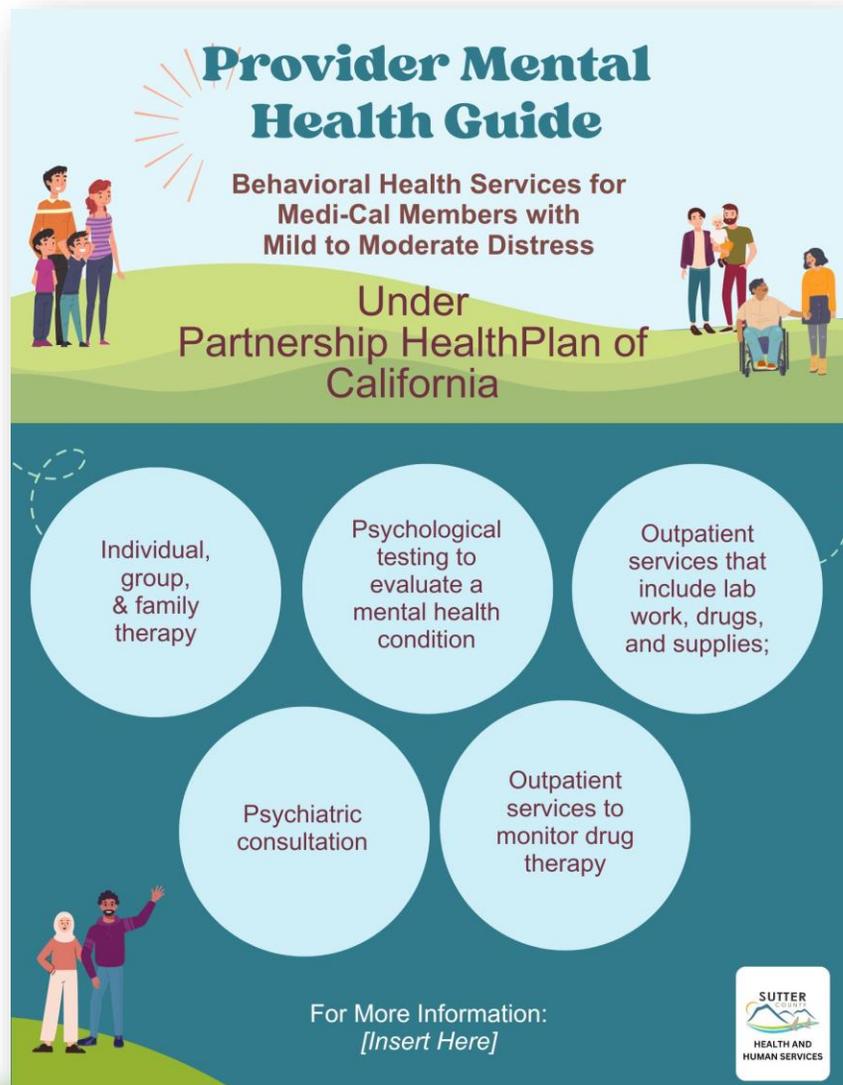
You or a family member can call Carelon Behavioral Health and talk to a mental health professional. Your doctor, nurse or social worker can call us too.

Carelon Behavioral Health

Connect to a counselor or get help with other mental health needs. You can call 24 hours a day, seven days a week.

(855) 765.9703
TTY: (800) 735-2929

PARTNERSHIP HEALTHPLAN: BEHAVIORAL HEALTH BENEFITS



Provider Mental Health Guide
Behavioral Health Services for Medi-Cal Members with Mild to Moderate Distress
Under Partnership HealthPlan of California

Individual, group, & family therapy

Psychological testing to evaluate a mental health condition

Outpatient services that include lab work, drugs, and supplies;

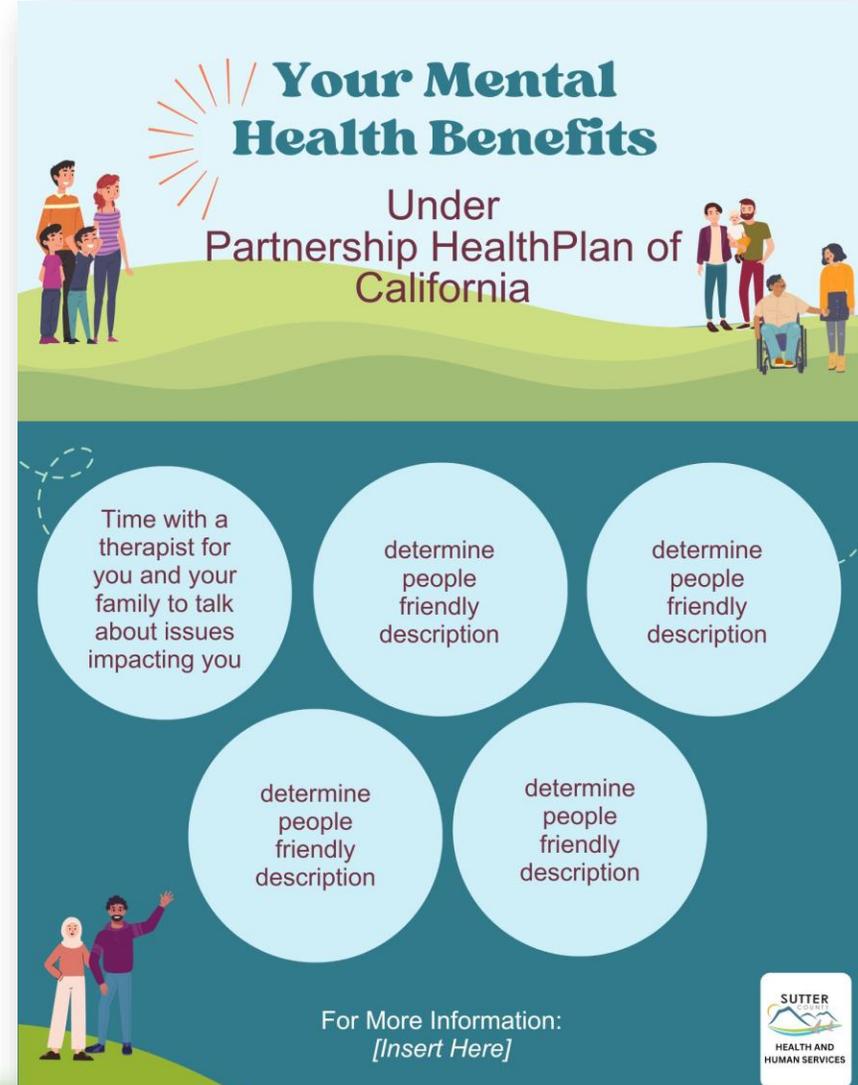
Psychiatric consultation

Outpatient services to monitor drug therapy

For More Information:
[Insert Here]



Provider Guide



Your Mental Health Benefits
Under Partnership HealthPlan of California

Time with a therapist for you and your family to talk about issues impacting you

determine people friendly description

determine people friendly description

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determine people friendly description

For More Information:
[Insert Here]



Client Guide

PARTNERSHIP HEALTHPLAN: BEHAVIORAL HEALTH BENEFITS

Provider Tips



DEFINITIONS WILL GO HERE

- **Individual, group, & family therapy.** CPT Codes, License Types



Provider Guide

Your Mental Health Benefits



DEFINITIONS WILL GO HERE

- **Time with a therapist for you and your family to talk about issues impacting you.** This could be between 30 mins and an hour to talk to someone who is an objective listener and can guide you through a process to address issues impacting your mental health.



Client Guide

SUTTER-YUBA BEHAVIORAL HEALTH MENTAL HEALTH PLAN (MHP)

MHP SPECIALTY MENTAL HEALTH SERVICES BENEFITS
INCLUDES THREE “BUCKETS” OR CATEGORIES OF SERVICES



MHP: SPECIALTY MENTAL HEALTH SERVICES

Medical Necessity

For individuals 21 years of age or older, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain as set forth in Welfare and Institutions Code section 14059.5.

For individuals under 21 years of age, a service is “medically necessary” or a “medical necessity” if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code. This section requires provision of all Medicaid-coverable services necessary to correct or ameliorate a mental illness or condition discovered by a screening service, whether or not such services are covered under the State Plan.

Services need not be curative or restorative to ameliorate a mental health condition. Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition and are thus medically necessary and covered as EPSDT services.

Services provided to a beneficiary must be medically necessary and clinically appropriate to address the beneficiary’s presenting condition.

MHP: SPECIALTY MENTAL HEALTH SERVICES

Criteria for Adult Beneficiaries to Access the Specialty Mental Health Services Delivery System

For beneficiaries 21 years of age or older, a county mental health plan shall provide covered specialty mental health services for beneficiaries who meet **both of the following** criteria, (1) and (2) below:

(1) The beneficiary has **one or both** of the following:

- a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.
- b. A reasonable probability of significant deterioration in an important area of life functioning.

AND

(2) The beneficiary's condition as described in paragraph (1) is due to **either 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 International Statistical Classification of Diseases and Related Health Problems.
- b. A suspected mental disorder that has not yet been diagnosed.

MHP: SPECIALTY MENTAL HEALTH SERVICES

Criteria for Beneficiaries under Age 21 to Access the Specialty Mental Health Services Delivery System

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) or (2) below:

(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: scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

OR

(2) The beneficiary meets **both of the following** requirements in a) and b), below:

- a) The beneficiary has **at least one** of the following:
 - i. A significant impairment
 - ii. A reasonable probability of significant deterioration in an important area of life functioning
 - iii. A reasonable probability of not progressing developmentally as appropriate.
 - iv. 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.

QUESTIONS/COMMENTS

Next Meeting: TBD

