

Appendix C: DHCS All Plan Letter 17-018

Dimension	Medi-Cal Managed Care Plan (MCMC Plan)	County Specialty Mental Health Plan – Outpatient	County Specialty Mental Health Plan – Inpatient
Eligibility	<p>Mild to Moderate Impairment in Functioning</p> <p>A beneficiary is covered by the MCMC plan for services if he or she is diagnosed with a mental health disorder, as defined by the current Diagnostic and Statistical Manual (DSM), resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning:</p> <ul style="list-style-type: none"> • At an initial health screening, a Primary Care Provider (PCP) may identify the need for a thorough mental health assessment and refer a beneficiary to a licensed mental health provider within the MCMC plan’s network. The mental health provider can identify the mental health disorder and determine the level of impairment. • A beneficiary may seek and obtain a mental health assessment at any time directly from a licensed mental health provider within the MCMC plan network without a referral from a PCP or prior 	<p>Significant Impairment in Functioning</p> <p>An adult beneficiary is eligible for services if he or she meets all of the following medical necessity criteria:</p> <ol style="list-style-type: none"> 1. Has an included mental health diagnosis; 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; 3. The focus of the proposed treatment is to address the impairment(s), prevent significant deterioration in an important area of life functioning; 4. The expectation is that the proposed treatment will significantly diminish the impairment, prevent significant deterioration in an important area of life function; and 5. The condition would not be responsive to physical health care-based treatment. 	<p>Emergency and Inpatient</p> <p>A beneficiary is eligible for services if he or she meets the following medical necessity criteria:</p> <ol style="list-style-type: none"> 1. An included diagnosis; 2. Cannot be safely treated at a lower level of care; 3. Requires inpatient hospital services due to one of the following which is the result of an included mental disorder: <ol style="list-style-type: none"> a. Symptoms or behaviors which represent a current danger to self or others, or significant property destruction; b. Symptoms or behaviors which prevent the beneficiary from providing for, or utilizing, food, clothing, or shelter; c. Symptoms or behaviors which present a severe risk to the beneficiary’s physical health; d. Symptoms or behaviors which represent a recent, significant deterioration in ability to function;

	<p>authorization from the MCMC plan.</p> <ul style="list-style-type: none"> • The PCP or mental health provider should refer any beneficiary who meets medical necessity criteria for SMHS to the MHP. • When a beneficiary’s condition improves under SMHS and the mental health providers in the MCMC plan and MHP coordinate care, the beneficiary may return to the MCMC plan’s network mental health provider. <p><i>Note: Conditions that the current DSM identifies as relational problems are not covered (e.g., couples counseling or family counseling.)</i></p>	<p><i>Note: For beneficiaries under age 21, specialty mental health services must be provided for a range of impairment level to correct or ameliorate a mental health condition or impairment.</i></p>	<p>e. 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</p> <p>f. Serious adverse reactions to medications, procedures or therapies requiring continued hospitalization.</p>
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