

Medi-Cal Specialty and Non-Specialty Behavioral Health Criteria and Services

The Health Plan of San Mateo (HPSM) manages a network of mental health providers that serve members with **non-specialty (mild-to-moderate) mental health services**. Members that have more serious symptoms and treatment needs are linked to **specialty mental health services**, covered and managed by San Mateo County Behavioral Health and Recovery Services (BHRS). This document outlines the differences in services and criteria available from both HPSM and BHRS as defined by Department of Health Care Services (DHCS).

Note: HPSM primary care providers do not need to use the criteria information to determine referral pathway. HPSM PCP's simply refer members using the Behavioral Health Referral Form. HPSM and BHRS have a shared process to ensure members are linked to appropriate service pathways.

Covered Services

Here is a breakdown of what services are managed by HPSM and what services are managed by BHRS:

Non-Specialty (Mild-to-Moderate) Mental Health Services (Managed by HPSM)	Specialty Mental Health Services (Managed by BHRS)
<ul style="list-style-type: none"> Mental health evaluations and treatment, including individual, group and family psychotherapy, and dyadic behavioral health services. 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. 	<ul style="list-style-type: none"> Mental Health Services (assessment, plan development, therapy, rehabilitation, and collateral) Medication Support Services Day treatment Intensive Services, Day Rehabilitation Services Crisis Intervention Services, Crisis Stabilization Services Targeted Case Management Services Therapeutic Behavioral Services Intensive Care Coordination (ICC)- for beneficiaries under the age of 21

	<ul style="list-style-type: none"> • Intensive Home-Based Services (IHBS)-for beneficiaries under the age of 21 • Therapeutic Foster Care (TFC)- for beneficiaries under the age of 21 • Psychiatric Inpatient Hospital Services • Peer Support Services • Psychiatric Health Facility Services • Adult Residential Treatment Services • Crises Residential Treatment Services
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Criteria

Providers must use these criteria during their assessment to determine if a member would qualify for services in either system of care:

Criteria for Non-Specialty (Mild-to-Moderate) Mental Services:

Any one of these 3 criteria must be met:

- Members who are 21 years of age and older 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.
- Members who are under the age of 21, to the extent that they are eligible for services through the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, regardless of the level of distress or impairment, or the presence of a diagnosis.
- Members of any age with potential mental health disorders not yet diagnosed.

Criteria for Specialty Mental Health Services (21 years and over):

Recipients 21 years and over must meet BOTH Criteria 1 and 2 below:

- **Criterion 1:** The recipient has one or both of the following:
 - Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.
 - A reasonable probability of significant deterioration in an important area of life functioning (examples: employment, housing, relationships, activities of daily living etc.).

AND

- **Criterion 2:** The recipient's condition in Criterion 1 is due to either of the following:

- A diagnosed mental health disorder, according to the criteria of the current edition of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
- A suspected mental disorder that has not yet been diagnosed.

Criteria for Specialty Mental Health Services (under 21 years):

Recipients under 21 years of age must meet either Criteria 1 or 2 below:

- **Criterion 1:** The recipient is high risk for a mental health disorder due to the experience of trauma evidenced by one of the following:
 - Scoring in the high-risk range on the trauma screening tool approved by Medi-Cal
 - Involvement in the child welfare system
 - Juvenile Justice Involvement
 - Experiencing homelessness

OR

- **Criterion 2:** The recipient meets both requirements A and B:
 - A. The recipient has at least one of the following conditions:
 - A significant impairment.
 - A reasonable probability of significant deterioration in an important area of life functioning.
 - A reasonable probability of not progressing developmentally as appropriate.
 - A need for specialty mental health services, regardless of presence of impairment, that are not included within the non-specialty mental health benefits that HPSM is required to provide.
 - B. The recipient's condition in requirement A above is due to at least one of the following:
 - A diagnosed mental health disorder, according to the criteria of the current edition of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
 - A suspected mental health disorder that has not yet been diagnosed.
 - Significant trauma placing the recipient at risk of a future mental health condition, based on the assessment of a licensed mental health professional.
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Note: Neurocognitive disorders (for example, dementia) and substance-related and addictive disorders (for example, stimulant use disorder) are not “mental health disorders” for the purpose of determining whether a recipient meets criteria to receive SMHS.

Other Resources

- Learn more about non-specialty (mild-to-moderate) mental health care guidance from [DHCS](#).
- Learn more about specialty mental health care in [BHRS's Policy](#).

Forms for HPSM non-specialty (mild-to-moderate) mental health providers to refer members to higher level of care:

- For adults: https://www.hpsm.org/docs/default-source/provider-forms/referral-for-higher-level-of-care---adult-03-26-21-fillable_final.pdf
- For youth: <https://www.hpsm.org/docs/default-source/provider-forms/youth-referral-for-higher-level-of-care-pdf-filable-final.pdf>