B. Providing Specialty Mental Health Services

Behavioral Health Plan Program Goal and Objectives

The BHP's goal is twofold: to improve the health and wellbeing of our members, and to provide the highest quality and most cost effective managed, recovery-oriented and trauma-informed mental health care and administrative services available. Accordingly, the BHP is designed to promote the continuous improvement of specialty mental health and supportive services provided to members; increase the effectiveness of care management and coordination of care with providers and referral sources; and advance the scope and efficiency of administrative services provided to stakeholders. The BHP is committed to becoming, and remaining, a Trauma- Informed System, which draws upon and reflects the diversity in the experiences and needs of our community as seen in our members, staff and provider networks.

System Scope of Services and Activities

The BHP utilizes a multidisciplinary network of providers to deliver a comprehens ive continuum of mental health services that are trauma informed. These service lines are described below:

Access and Crisis Line (ACL)

A statewide, toll-free telephone service (1-888-724-7240), staffed by master's level (MA) and licensed clinicians twenty- four (24) hours/day, seven (7) days/week. The ACL provides information, referrals, and crisis intervention for children/youth, families, adults, and older adults seeking behavioral health services as well as after-hours authorization for inpatient services.

For more information, please reference: Optum San Diego - Access & Crisis Line & The San Diego Access & Crisis Line (ACL): 888-724-7240.

Assertive Community Treatment (ACT) - BH- CONNECT

A community-based, team-based service to support members living with complex and significant behavioral health needs and a treatment history that may include psychiatric hospitalization and emergency room visits, residential treatment, involvement with the criminal justice system, homelessness, and/or lack of engagement with traditional outpatient services. ACT assists members to cope with the symptoms of their mental health condition and acquire the skills necessary to function and be integrated in the community. Optum San Diego serves as the single point of access for *Assertive Community Treatment (ACT)* referrals.

For more information, please reference: Single Point of Access-ACT, FACT & ICM, Adult Evidence-Based Practices | DHCS & EBP Policy Guide

Housing Quality Checklist

The purpose of the Housing Checklist is to ensure that participants who are receiving ACT or ICM services and housing are connected to safe and quality housing placements. The checklist is an evaluation tool that ensures all housing is equally assessed using the same standards. If the placement process indicates the presence of any health and safety issues, the home/unit should be removed from consideration and member should not be placed in the home/unit.

For more information, please reference: Housing Quality Checklist located on the Optum San Diego Website > MH *Resources* Tab.

Behavioral Health Court Services

An eighteen (18) month, court-ordered treatment program for adults with serious mental illness (SMI) in the criminal justice system, blending the collaborative court model with assertive community treatment (ACT) services.

For more information, please reference: San Diego BHC - Behavioral Health Court

CARE Court

The County Operated Community Assistance, Recovery and Empowerment (CARE) Court program creates a pathway to deliver mental health and substance use services to individuals who are diagnosed with psychotic disorders and are not engaged in treatment. The CARE Team coordinates care and submits status reports to the court for ongoing judicial oversight and evaluation of the individuals' needs.

For more information, please reference: CARE Act | Superior Court of California - County of San Diego & CARE Act Program.

Case Management (CM): Augmented Services Program

Designated case management providers may refer to Augmented Services Program (ASP) to enhance and improve member functioning through augmentation of basic Board and Care (B&C) services to specific individuals living in specific residential care facilities with which the county has an ASP contract. Emphasis is on developing member strengths, symptom management, and member self-sufficiency.

For more information, please reference: Augmented services program (ASP) handbook

Case Management (CM): Institutional Case Management (Inst. CM)

Services provided to members who reside in a State Hospital, out-of-county/ in-county Institutes of Mental Disease (IMD) or Skilled Nursing Facilities (SNF).

Case Management (CM): Intensive Care Coordination (ICC)

A targeted case management service that facilitates assessment of care planning for and coordination of services to members under age twenty-one (21). ICC service components include assessing; service planning and implementation; monitoring and adapting; and transition. The BHP is obligated to provide ICC to all children and youth under the age of twenty-one (21) eligible for full scope Medi-Cal and who meet access criteria for these specialty mental health services.

For more information, please reference: The Medi-Cal Manual for ICC, IHBS, and TFC Services.

Case Management (CM): Intensive Case Management (ICM)

A Level 1 Full-Service Partnership care model, for adults / older adults with significant behavioral health needs who do not meet Assertive Community Treatment (ACT) criteria. Optum San Diego serves as the single point of access for *Assertive Community Treatment (ACT)* referrals.

For more information, please reference: Single Point of Access-ACT, FACT & ICM

Case Management (CM): Targeted Case Management (TCM)

Services that assist members with accessing needed medical, educational, social, prevocational, vocational, rehabilitative or other community services.

Case Management (CM): Transitional Case Management

Services provided via short-term case management services (up to ninety (90) days) for unconnected members with SMI and are discharged from Acute Care with the goal to connect them to outpatient and/or ACT services.

Clubhouse Services - BH- CONNECT

Clubhouse Services use a social practice model in which members voluntarily participate in Clubhouse activities and duties alongside providers in a work-ordered day. Services provide opportunities for employment, socialization, education, and skill development to improve members' physical and mental health and overall quality of life and wellbeing.

For more information, please reference: BHS Supportive Services Website & DHCS EBP Policy Guide

Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) – BH CONNECT

A person-centered, team-based service that helps members cope with the symptoms of their mental health condition and to function and remain integrated in the community by providing timely and integrated support during the critical initial stages of psychosis.

For more information, please reference: Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) - BH COE Resource Hub & DHCS EBP Policy Guide

Crisis Intervention Services (CIS)

Unplanned, expedited services with the intent of stabilizing an immediate crisis within a community or clinical treatment setting; this includes mobile crisis intervention services such as the Mobile Crisis Response Team (MCRT).

For more information, please reference: COSD Crisis Services & BHIN 23-025

Crisis Stabilization Services (CSS)

A service lasting less than twenty- four (24) hours (23.59 hours), provided to or on behalf of a member for a condition that requires a more timely response than a regularly scheduled visit. Crisis Stabilization shall be provided on site at a licensed twenty- four (24) hour health care facility or hospital-based outpatient program or a provider site certified by the Department or a Behavioral Health Plan (BHP) to perform crisis stabilization. (CCR, Title 9 1840.338) Discharge occurs when members no longer meet criteria for danger to others, danger to self and grave disability and crisis stabilization services are no longer medically necessary.

For more information, please reference: COSD CSU

Crisis Residential Services

Therapeutic or rehabilitative services in a non-institutional residential setting which provide structured, short-term (three (3) months or less) treatment as an alternative to hospitalization for members experiencing an acute psychiatric episode or crisis. The service is available twenty/four (24) hours per day / seven (7) days per week. Referrals for services require initial and continued authorization from Optum based on the need for services at 1-800-798-2254.

For more information, please reference: COSD Mental Health Crisis Residential Services

Day Treatment Intensive Services (DTI)

Structured, multi-disciplinary programs which may be an alternative to placement in a more restrictive setting. Services are available at least three (3) hours per day and less than twenty-four (24) hours per day. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and coordination of care. Prior authorization & re-authorization is required for all day services. An Ancillary Service Request Form must be submitted if a member is going to receive Outpatient services in addition to the Day Intensive services.

For more information, please reference: DHCS Day Treatment Intensive Service Components , DHCS Informational Notice No. 19-026 & Optum Website > *UCRM* tab> *Prior Authorization Day Services Request* (DSR)

Enhanced Community Health Workers (E-CHW) – BH CONNECT

Preventative services to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and behavioral health. CHW services may assist with a variety of concerns impacting MCP members, including but not limited to, the control and prevention of chronic conditions or infectious diseases, behavioral health conditions, and need for preventive services.

For more information, please reference: Community Health Workers | DHCS

Emergency Services

Services provided in a hospital emergency department. Prior authorization is not required. The provider shall not require hospitals or MCPs to utilize Contractor's in-network or preferred psychiatric inpatient facilities until the member's condition is determined to be stable.

For more information, please reference: BHIN 22-017 & BHIN 22-011

Full-Service Partnership (FSP) Programs

Programs which offer integrated and coordinated services with an emphasis on whole person wellness and promote access to medical, social, rehabilitative, and other community services / supports as needed. An FSP program provides all necessary services and supports to help members achieve their behavioral health goals. Members can access designated staff twenty- four (24) hours a day, seven (7) days a week. FSP

services comprehensively address member and family needs with a “do whatever it takes” approach.

For more information, please reference: MHSA Components | DHCS

Homeless Outreach Services

Programs and services focused on the prevention, reduction, and elimination of homelessness through evidence driven approaches that leverage existing regional partnerships and work with cross-sector community stakeholders to ensure person-centered services and data driven homeless solutions.

For more information, please reference: OHS- Program Dashboard & COSD Office of Homeless Solutions

Housing Services

Services that provide housing resources for vulnerable populations, develop affordable and supportive housing, and help achieve stability and self-sufficiency for families.

For more information, please reference: COSD- Housing & Community Development Services & Housing and Community Development.

Inpatient Services

Inpatient services for Specialty Mental Health Services (SMHS) are twenty-four (24) hour, intensive, hospital-based or licensed facility treatments designed to evaluate, stabilize, and manage acute psychiatric conditions or severe mental disorders that cannot be safely or effectively treated at a lower level of care. Within San Diego County, inpatient services include emergency services, acute inpatient services for Medi-Cal clients, and acute and long-term residential services for Medi-Cal and Realignment funded members.

For more information, please reference: Optum Website> Manuals> *Inpatient Operations Handbook*

Intensive Home-Based Services (IHBS)

Individualized, strength-based interventions designed to address behavioral health conditions that interfere with a child or youth’s functioning and are aimed at helping the child or youth build skills necessary for successful functioning in the home and community. A Child and Family Team must be identified to provide IHBS. Services may include but are not limited to assessment, plan development, therapy,

rehabilitation, and coordination of care services. Per BHIN 26-030, prior authorization is no longer required for Intensive Home- Based Services.

For more information, please reference: The Medi-Cal Manual for ICC, IHBS, and TFC Services.

Forensic ACT (FACT) – BH CONNECT

FACT builds upon the ACT model to address the complex needs of members living with significant behavioral health needs who are also involved with the criminal justice system. FACT includes the same covered service components as ACT; however, FACT teams complete additional training, include practitioners with lived experience in the criminal justice system, and serve a population of members with high risk or history of criminal justice system involvement. Optum San Diego serves as the single point of access for *Forensic Assertive Community Treatment (FACT)* referrals.

For more information, please reference: Single Point of Access-ACT, FACT & ICM & DHCS EBP Policy Guide

Functional Family Therapy (FFT) – BH CONNECT

An intensive, short-term, family-based counseling service designed for youth from early to late adolescence who are at risk of developing, or who are already experiencing, moderate to severe behavioral or emotional challenges, such as conduct disorder, violent acting-out, substance use, and criminogenic behavior.

For more information, please reference: Functional Family Therapy (FFT) - Behavioral Health Centers of Excellence (COEs) Resource Hub & DHCS EBP Policy Guide

High Fidelity Wraparound – BH CONNECT

A team-based “anything necessary” approach to care for youth and families with the most intensive mental or behavioral health challenges. CA HFW model aligns with the national evidence-based practice model for HFW that provides a comprehensive, holistic, youth and family-driven way of responding when youth experience significant mental health challenges, in addition to other identified needs, often involving multiple child-serving systems.

For more information, please reference: High Fidelity Wraparound (HFW) - Behavioral Health Centers of Excellence (COEs) Resource Hub & Medi-Cal HFW Concept Paper & HFW Policy Manual & DHCS EBP Policy Guide

Individual Placement and Support (IPS) Supported Employment – BH CONNECT

A community-based intervention that supports members living with significant behavioral health needs to find and maintain competitive employment. A team of employment specialists collaborates with each client to help them in their initial job search and with ongoing follow-along supports once they secure employment.

For more information, please reference: DHCS EBP Policy Guide & The IPS Employment Center

Intensive Outpatient Services (IOP)/ Day Intensive Half (DIH)

IOP providers serve adults and youth in an outpatient, time limited structured program typically offered three (3) days a week for three (3) to four (4) hours a day. The design calls for needed ancillary Outpatient Specialty Mental Health Services (SMHS) inclusive of medication monitoring which is offered outside of the Day Treatment program hours. Referrals to IOP typically come through an outpatient service provider and/or emergency screening/crisis stabilization unit when it is determined that intensive services are needed or as a step-down service from an acute setting. A prior authorization is required for Medi-Cal members members receiving these services.

For more information, please reference: Day Treatment Intensive And Day Rehabilitation Service Components & Clarification Of Medi- Cal Day Treatment Intensive And Day Rehabilitation Program Requirements

Justice Involved Behavioral Health Linkage Services

Behavioral health links seek to ensure continuity of treatment for individuals who receive behavioral health services while they are incarcerated and who wish to continue to receive these services from SMHS, DMC, and/or DMC-ODS in the community. Behavioral health links are also for individuals who receive medication treatment for SUD, including through the MCP provider network. Correctional Facilities and County Behavioral Health Agencies will work in partnership to facilitate professional-to professional clinical handoffs to post-release providers and share information with the member's health plan or the provider who will prescribe the medication for substance use disorder.

For more information, please reference: CalAIM Justice Involved Policy & Operations Guide

Justice-Involved Re-entry

The Justice-Involved Reentry Initiative allows eligible Californians who are incarcerated to enroll in Medi-Cal and receive a targeted set of services in the ninety (90) days before their release. This initiative aims to ensure continuity of health care coverage and services between the time they are incarcerated and when they are released. It also provides people who are reentering the community with the prescribed medications and durable medical equipment (DME) they need, and access to programs and services to support this important transition.

For more information, please reference: CalAIM Justice Involved Policy & Operations

Long-Term Care

Residential and long-term services offer twenty- four (24) hour support for people with mental health and substance use conditions. An array of services are available to people who are Medi-Cal eligible and who need more help than a nursing home but less than a hospital. Services in this category include residential treatment, community-based care, and skilled nursing and care in a secure setting.

For more information, please reference: Optum San Diego Long Term Care

Mobile Crisis Response Team (MCRT)

A non-law enforcement program responding to behavioral health crises comprised of teams of trained clinicians, case managers, and peer support specialists that can be deployed through the Access and Crisis Line, mobilized via emergency services, or contacted directly. Services operate twenty-four (24) hours a day, seven (7) days a week, and three-hundred and sixty-five (365) days a year. MCRTs assess the individual and their needs and provide crisis intervention, either stabilizing in the field where the individual is able to remain safely in the community or transporting voluntary or involuntary clients on to an appropriate level of care for additional crisis stabilization or connection to other support services.

For more information, please reference: BHS COSD MCRT & Mobile Crisis Services | DHCS & BHIN 23-025 Medi-Cal Mobile Crisis Service Benefit Implementation

Outpatient Services

Programs providing treatment, rehabilitation, and recovery care for Medi-Cal/ Medi-Cal eligible individuals of all ages managing an ongoing mental health condition which may also include substance use conditions. Services are tailored to the unique needs of each person.
For more information, please reference: Mental Health Outpatient Services

Multisystemic Therapy (MST) – BH CONNECT

An intensive, family-based intervention for youth at risk of severe negative consequences within their family, school or community due to serious externalizing, anti-social, and/or challenging behaviors. MST may be appropriate for youth who are involved in the juvenile justice system and/or at risk of out-of-home placement due to a history of criminogenic behavior.

For more information, please reference: DHCS EBP Policy Guide

Peer Support Services

Certified Peer Support Specialists is provide services using their "lived experience" to establish mutuality and build resiliency and recovery. Peer support services are recovery-oriented and resiliency-focused services for those managing behavioral health challenges as well as the parents, family members, and caregivers that support them. Peer Support Services may be delivered and claimed as a standalone service or provided in conjunction with other SMHS services and in numerous environments including inpatient facilities, residential services, outpatient clinics, case management programs and clubhouses.

For more information, please reference: Medi-Cal Peer Support Services | DHCS

Peer Support Specialists with Forensic Specialization – BH CONNECT

A forensic peer support specialist provides recovery-oriented support to justice-involved individuals using lived experience to guide, mentor, and advocate for clients navigating mental health, substance use, and criminal justice systems. Forensic peer support specialists (FPSS) are individuals with **lived experience in mental health or substance use recovery** who have also interacted with the criminal justice system. They use their personal recovery journey to **assist and inspire justice-involved clients**, helping them navigate community resources, develop self-advocacy skills, and plan for reentry and recovery

For more information, please reference: Medi-Cal Peer Support Services | DHCS

Parent-Child Interaction Therapy (PCIT) – BH CONNECT

A specialized behavior management intervention for young children with oppositional or defiant behavior, aggression, frequent or severe tantrums, or symptoms related to behavioral health conditions such as attention-deficit/hyperactivity disorder, anxiety, and trauma.

For more information, please reference: DHCS EBP Policy Guide & Parent-Child Interaction Therapy (PCIT) - COE Resource Hub

Partial Hospitalization Program (PHP)/ Day Intensive Full (DIF)

PHP offers outpatient specialty mental health services to children and youth as well as adult members. Program services are offered at minimum five (5) days a week for more than four (4) hours a day. Ancillary Services are available via additional authorization as needed. Referrals to PHP typically come from the emergency screening/crisis stabilization unit to prevent an escaladed need for inpatient psychiatric care, from intensive hospital teams as a step down from an acute setting and/or from an Intensive Outpatient Program who determine a higher level of care is needed. Prior authorization is required for Medi-Cal members receiving DIF.

For more information, please reference: IOP and PHP Prior Authorization Day Services Request Explanation Sheet 9.16.26.pdf

Prevention & Early Intervention Programs (PEIP)

Programs designed to prevent mental illnesses from becoming severe and disabling and to reduce disparities in behavioral health. Under BHSA, each county must establish and administer an Early Intervention program (WIC section 5890, subdivision (a)(3)) that is designed to prevent mental illnesses and substance use disorders from becoming severe and disabling and to reduce disparities in behavioral health. Includes Coordinated Specialty Care for First Episode Psychosis, and other allowable costs that meet the categorical requirements.

For more information, please reference: BHSA Components and Requirements | BHSA County Policy Manual

Psychiatric Health Facility Services (PHF)

Services provided in a psychiatric health facility licensed by DHCS to provide acute inpatient psychiatric treatment to individuals with major mental disorders. Services are provided in a psychiatric health facility under a multidisciplinary model. Services may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the member.

Residential Treatment Programs

Residential programs are twenty-four/ seven (24/7), structured treatment programs that may provide individual, group, family therapy and other treatment modalities as appropriate.

Short-Term Residential Therapeutic Programs (STRTP)

A Short-Term Residential Therapeutic Program (STRTP) provides intensive, short-term, twenty- four (24) hour care, supervision, treatment, and support for children, youth, and non-minor dependents (NMDs) whose needs cannot be safely met in a family-based setting but who do not require inpatient care. Services include a comprehensive range of Specialty Mental Health Services (SMHS), such as assessment, therapy, rehabilitation, case management, Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and crisis intervention. Some programs also offer day services. Treatment is individualized and intensive, with the goal of stabilizing the individual's needs and supporting a successful transition to a less restrictive, community-based or family setting through aftercare services.

For more information, please reference: BHIN No: 20-005. & Day Treatment Intensive and Day Rehabilitation Service Components - Attachment A

IPC and CFT Meeting

Prior to placement in an STRTP, all children and youth shall participate in a Child and Family Team meeting and be evaluated by the Interagency Placement Committee (IPC) to ensure that the youth's needs cannot be met in a less restrictive environment and that they meet the criteria listed in All County Letter No. 17-22

The IPC consists of representatives from Child and Family Well-Being (CFWB), Probation, and Behavioral Health Services as well as representatives from Public Health, and Educational sectors. Interagency Placement Committee meetings are held weekly by both Probation and CFWB. For children 6-12 years old, placement in an STRTP shall not exceed six (6) months. For children aged 13 and up, placed under supervision of CFWB, the placement shall not exceed six (6) months. For children aged 13 and up, placed under supervision of Probation, the placement in an STRTP shall not exceed twelve (12) months.

Family First Prevention and Services Act

The Family First Prevention Services Act (FFPSA), signed into law on February 9, 2018, aims to strengthen family-based support services, prevent unnecessary congregate care placements, and establish additional oversight and requirements for residential placements. Under BHIN 21-060, a Qualified Individual (QI) must conduct an independent assessment and determine whether an STRTP or out-of-state residential placement is appropriate before placement occurs. The assessment must include engagement with the child and family team and, when applicable, the child's tribe. For emergency placements, the assessment must be completed within thirty (30) days of placement.

FFPSA also requires STRTPs to provide at least six (6) months of aftercare services following discharge to support the youth's transition to a family-based setting. This includes discharge planning and coordination with wraparound services. STRTPs may directly refer youth to BHS-contracted wraparound programs, and wraparound providers may begin services up to three months before the anticipated discharge date to facilitate a coordinated transition. Recommendations and planning for wraparound services should be routinely discussed during Child and Family Team (CFT) meetings. Overall goal: Reduce reliance on congregate care and promote successful transitions to safe, stable, family-based settings through appropriate assessment, coordinated discharge planning, and sustained aftercare support.

Supportive Housing

BHS provides short term, transitional, and permanent supportive housing to persons who are enrolled in the BHP and are experiencing homelessness or at risk of homelessness. Linkage to housing is provided by the program in coordination with numerous partners, to include housing entities, landlords, board and care facilities, and Independent Living Homes (ILHs).
For more information, please reference

Therapeutic Behavioral Services (TBS)

An intensive, individualized, one-to one behavioral coaching program that is offered through a county contract. A multi-disciplinary team headed by the Specialty Mental Health Provider (SMHP) is convened with the child/youth and family as the core drivers for treatment plan development. All direct services are offered in the home or child's/youth's natural environment, such as school. A TBS Case Manager acts as the care coordinator. Prior authorization through Optum is required. Members are referred to New Alternatives, Inc. (NA), who is the point of contact for TBS. Authorization forms are located on the Optum Website > *MH Resources* tab. Authorization requests are screened and assessed for eligibility criteria according to California Department of Mental Health guidelines provided in DMH Letter 99-03 and DMH Notice 08-38.

Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Brochure

In accordance to CCR, Title 9, Chapter 1, Section 1810.310 (a)(1), providers are to provide the DHCS issued *Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment (EPSDT)* brochures, which include information about accessing Therapeutic Behavioral Services (TBS) to children and young adults (under age 21) who qualify for Medi-Cal EPSDT services and their caregivers or guardians at the time of admission to any of the following facilities: Specialized Treatment Program (STP), Mental Health Rehabilitation Center (MHRC) that has been designated as an Institution of Mental Diseases (IMD), Rate Classification Level (RCL) 13-14 Foster Care Group Home, Short Term Residential Therapeutic

Program (STRTP) or RCL 12 Foster Care Group Home. Providers shall document in the member chart that brochure was provided to the member/family/caregiver.

See the link to the EPSDT brochures: Medi-Cal for Kids and Teens Resources

Therapeutic Foster Care (TFC)

Therapeutic Foster Care (TFC) provides short-term, intensive, individualized, trauma-informed, and coordinated Specialty Mental Health Services (SMHS) to children and youth up to age 21 with complex emotional and behavioral needs. Services are delivered in a family-based setting by specially trained, supervised, and supported TFC parents. TFC serves as a home-based alternative to higher levels of institutional care, including group homes and potentially STRTPs, while providing eligible services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Prior authorization through Optum is required before TFC services can begin.

For more information, please reference: The Medi-Cal Manual for ICC, IHBS, and TFC Services & Optum Website> *MH Resources*.

Wraparound Services

Intensive, non-traditional mental health services designed to support children and families with complex needs by using a team-based, strength-focused, and family-driven approach inclusive of a full range of specialty mental health treatment options. Services are delivered through a collaborative planning process that includes the youth, family, natural supports, and professionals, focusing on long-term success by improving stability, functioning, and empowerment of families. Fidelity to the HFW model is monitored annually to ensure services are delivered according to established California state wraparound standards and principles that supports adherence to the integrity and effectiveness of the model across all contracted programs.

Service Elements Specific to Children & Youth Programs

All authorization requirements in this section must be completed for all members even if the services will be funded by a source other than Medi-Cal, including Behavioral Health Services Act (BHSA), formerly MHSA. Department of Health Care Services (DHCS) BHIN 22-016 outlines authorization requirements for Specialty Mental health Services (SMHS). It emphasizes that all medically necessary covered SMHS must be sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished (42 CFR). The information notice specifies that for outpatient services prior authorization is required for Day Treatment Intensive, Day Rehabilitation, Therapeutic Behavioral Services, and Therapeutic Foster Care. Prior authorization may not be required for Crisis Intervention, Crisis Stabilization, Metal Health Services,

Targeted Case Management, Intensive Care Coordination, or Medication Support Services.

The Children, Youth and Families Behavioral Health service array includes:

a. The critical care/emergency screening unit, which provides emergency psychiatric evaluation, crisis stabilization, and screening for inpatient care for families during mental health crisis.

b. Outpatient services include crisis intervention, mental health assessments, medication management, family therapy, group therapy, substance use disorder (SUD) issues and case management. Services are clinic based, school based, institutionally based, and community based and offered through contracted and Fee for Service providers. These include several specialized programs that focus on specific populations.

c. Case Management/wraparound services are for children, youth and families with complex needs and require intensive supports in addition to treatment service.

d. Therapeutic Behavioral Services are one on one behavioral service provided by BHS contractors in conjunction with other treatment services.

e. Day treatment services are several hours per day and all-inclusive in terms of the mental health services provided.

f. School based day rehabilitation services are provided through the San Diego Unified, Cajon Valley, and Grossmont Union School Districts. Services are accessed through referral by the district.

g. Day Treatment is offered for Dependents of the Court residing in residential treatment and long-term placement at San Pasqual Academy.

h. Inpatient services which are for mental health emergencies requiring a hospital setting.

i. Case Management Juvenile Justice Programs support members referred by the Probation Department and Juvenile Drug Court to assist in the intervention, treatment and recovery from substance abuse issues. Juvenile justice programs offer services at designated County Probation service centers and the Juvenile Drug Court.

Special Populations Selection

DHCS no longer requires the identification of *class* or *subclass* when determining eligibility for ICC/IHBS services, however, counties are recommended to continue tracking of those youth who would have been subclass to facilitate data collection and

reporting of all services provided. BHPs must continue to ensure appropriate claiming of ICC, IHBS, and TFC services. BHPs are obligated to provide ICC and IHBS through the EPSDT benefit to all children and youth under the age of twenty-one (21) who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for these services. All youth under age twenty-one (21) and eligible for full scope Medi-Cal must be assessed for criteria to receive ICC/IHBS services. Neither membership in the *Katie A.* class nor subclass is a prerequisite to consideration for receipt of ICC and IHBS, and therefore a child does not need to have an open child welfare services case to be considered for receipt of these services. All children and youth should be screened for ICC and IHBS services as part of the Assessment process, and these services should be provided to youth when medically necessary.

When ICC/IHBS services are assessed to be medically necessary, these youth should be entered into the appropriate *Special Populations* category in SmartCare – this will link the appropriate modifier (HK) for billing and tracking purposes when providing these services. Special populations "ICC/IHBS" is used for any youth receiving ICC/IHBS services. Special populations "Katie A ICC/IHBS" is used for any youth that would have been considered "subclass" under previous PWB criteria**.**

For more information, please reference:: How To Identify a Client as Katie-A or Other Special Population

Program Procedure(s) for Medi-Cal Eligible Children in AAP/KinGAP under SB 785

1. Placing agency from the county of origin may instruct legal guardians to contact San Diego Administrative Services Organization (ASO), at 1-888-724-7240 for services referrals. The ASO makes a referral to a Fee-For-Service (FFS) or an organizational provider.

2. The program providing the services will submit the Service Authorization Request (SAR*)* to the county of origin for authorization and signature.

3. For outpatient services, if county of origin SAR authorization is delayed, services may be provided when the reason for delay is administrative in nature and not a clinical denial.

4. If requested by the placing agency of the county of origin, the program will inform them of the services being provided, in accordance with the privacy standards contained in the Health Insurance Portability and Accountability Act (HIPAA) and Medi-Cal confidentiality requirements.

5. Services shall be entered into the EHR by MIS.

6. The County of San Diego will submit the claim for services directly to the State Department of Health Care Services via the MIS.

7. SPA shall submit the notification SAR and the DSR to Optum.

8. STRTPs shall contact the COR for written prior authorization for admission to mental health treatment services and confirm that out-of-county youth has a San Diego connection/caregiver to whom they will be discharging to.

9. STRTPs shall submit the completed SAR to the county of jurisdiction and forward a copy of the SAR and DSR to Optum with a written COR approval to serve youth under County contract due to discharge to San Diego residence.

10. STRTPs shall complete an AB1299 STRTP Admission Report submitted to the COR and BHS CCR team by the 15th day of the following month and clearly indicate that the AB1299 STRTP Admission Report is being utilized to provide information about an out of county KinGAP or AAP youth under a COR written authorization.

There are, in essence, two types of OOC Medi-Cal members:

1. OOC members who fall under the aid codes AAP or KinGAP. For those members the program shall submit a SAR to the Behavioral Health Plan (BHP) from the County of Jurisdiction. The members are subject to our local UM process and the services are entered into our EHR.

2. OOC members who do not fall under one of those codes need to have their Medi-Cal shifted to San Diego in order for programs to serve them. Programs need to get written authorization from COR to serve those children prior to Medi-Cal shifting to San Diego. When authorization is granted prior to the Medi-Cal shift it is with the expectation that the program is actively and promptly collaborating with the guardian to have Medi-Cal shift to San Diego. No need to complete a SAR; follow local UM process.

All BHS CYF contracted programs are to ensure that the “County of Responsibility” code is accurate and up to date for each youth admitted to the program to also track all youth’s Medi-Cal County of origin.

CFT Meetings

There is a distinction between a CFT *Team* and a CFT *meeting*. Under Pathways to Well-Being, all children entering the CFWB system receive a mental health screening conducted by CFWB and based upon need, are part of a collaborative, youth and family-centered teaming process, referred to as the *Child and Family Team (CFT).* The CFT consists of people identified to ensure the youth has access to appropriate mental health and supportive services to promote safety, permanency, and well-being. The

CFT, including the Intensive Care Coordinator, makes individualized determinations of each child/youth's need for Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS), based on strengths/needs and reassesses the strengths and needs of child/youths, and their families, at least every ninety (90) days and as needed. The CFT meeting is just one way in which the team members communicate. The team composition is guided by the youth and family's needs and preferences.

For children or youth who are receiving ICC, IHBS, or TFC, a CFT meeting must occur as needed, but at least every ninety (90) days.

More information regarding the CFT meeting can be found in the The Medi-Cal Manual for ICC, IHBS, and TFC Services.

The CFT is comprised of the following members:

- Child/youth/TAY (Mandatory)
- Family/caregiver (Mandatory)
- CWS social worker (Mandatory)
- BHS provider (Mandatory)
- Probation (Mandatory when youth is a ward of the court)
- Tribal Members (When applicable)
- Court Appointed Special Advocate (CASA) (Mandatory when assigned by a judge)
- Natural supports
- Education and Other Formal Supports

All youth who receive Enhanced Services will have a Care Coordinator**.** BHS and CFWB will work together to identify the Care Coordinator who will take the lead in identifying CFT members with input from the youth/family. The Care Coordinator is also responsible for adherence to CFT meeting requirements, timelines, and referrals to the CFT Meeting Facilitation Program. A Care Coordinator serves as the single point of accountability to ensure that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, family/youth driven and culturally and linguistically relevant manner and that services and supports are guided by the needs of the youth.

CFT Meeting Facilitation Program

All mental health treatment programs (other than those with a written COR-approved exception) that serve youth and families who are participating in CFT meetings, are required to utilize the CFT Meeting Facilitation Program. The CFT Meeting Facilitation Program is responsible for scheduling, organizing, and facilitating CFT meetings for children/youth up to twenty- one (21) years of age, within the BHS Children, Youth and Families system of care who are receiving Intensive Care Coordination (ICC) and are either required to have CFT meetings due to Pathways to

Well-Being criteria, or would benefit from a CFT meeting due to multi-system involvement.

The program also serves Child and Family Well-Being and Probation involved youth while closely collaborating and coordinating with all pertinent people in the youth and family's life including CFWB workers, Probation Officers, BHS providers, educational supports, other identified formal supports, and natural supports. Providers will initiate the CFT meeting process by completing the *Child and Family Team Meeting Referral Form* and faxing to the CFT Meeting Facilitation Program.

Please note that if a member is **not** involved with CFWB, the program does **not** have to utilize a facilitation Fred Finch for CFT meetings. In these cases, the CFT meetings can be self-facilitated by the provider within regular timelines.

Documenting and Billing for CFT Meetings in SmartCare

Providers should utilize **Procedure Code: CFT/MDT** when documenting a CFT meeting. Each treatment team member that plans to bill for their time spent discussing the member with other treatment team members must create their own service note. Additional guidance: Document Treatment Team Meetings - 2023 CalMHSA

For more information, please reference:

School Interface

Aligned with AB114, students with behavioral health needs are assessed through the school system and when appropriate are offered related services through the school district so they can benefit from their education. Students receiving services through the school may also access Children, Youth & Families services through the County system when they meet access criteria for specialty mental health services.

Children, Youth & Families standard of practice is to offer a full range of services which may include medication services as well as services which are educationally related and therefore coordination of care with the school continues to be critical. Through contracts with Community Based Organizations, School ink services are offered on identified school campuses. Information about SchoolLink can be accessed through the School Based Services webpage.

Day School Services

Intensive outpatient programs that include a full range of short-term specialty mental health services including assessment, evaluation, plan development, coordination of care, individual/group/family therapy, rehabilitation, Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), crisis intervention, and case management services. These services may be provided to children and youth identified through an IEP or school district process as needing a Special Education Classroom setting to be

successful in school. Services are intensive and flexible to meet the needs of the member and assist in transitioning to a less restrictive classroom setting.

For more information, please reference: School-Based Services

Pathways to Well-Being and Continuum of Care Reform

Pathways to Well-Being (PWB) was prompted by the Katie A. class action lawsuit, filed in 2002 against the County of Los Angeles and the State of California by a group of foster youth and their advocates. The lawsuit sought to improve the provision of mental health and supportive services for children and youth in, or at imminent risk of placement in, foster care in California. PWB was implemented in March 2013 in the County of San Diego as a joint partnership between Behavioral Health Services (BHS) and Child and Family Well-Being (CFWB), in collaboration with Probation and Youth/Family Support Partners. The County of San Diego is dedicated to collaborative efforts geared toward providing safety, permanency, and well-being for youth identified as having complex or severe behavioral health needs and to establish long term permanency within a home-like setting.

PWB includes services that are needs driven, strengths-based, youth and family focused, individualized, culturally competent, trauma informed, and are delivered in a well-coordinated, comprehensive, community-based approach with a central element of engagement and participation of the youth and family. PWB services are available to youth across the System of Care, including Transitional Age Youth (TAY) who are involved in County of San Diego Behavioral Health Services.

Bulletins: PWB Bulletins are used to inform and provide procedures. Bulletins are located on the BHS Pathways to Well-Being Website

Trainings: All Program Managers and direct service staff shall complete the one-time Pathways to Well-Being and Continuum of Care Reform (San Diego) eLearning training. All mental health Program Managers shall complete the AB 2083 online training within ninety (90) days of hire. Both of these trainings are located on the Pathways to Well-Being website.

Forms: Member related forms specific to Pathways to Well-Being which must be completed include the following below. Forms referenced below are located on the BHS Pathways to Well-Being website under the Tools and Forms tabs. The page includes general information, required forms, training, schedules, and contact information for BHS Pathways to Well-Being staff.

Form	Details
Child and Family Meeting Facilitation Program Child and Family Team Referral	Completed any time there is an identified need for a CFT meeting for a youth in a mental health treatment program unless provider has an

	exception to facilitate their program CFT meetings, approved by COR.
Child and Family Team Meeting Summary and Action Plan	Initiated by CFT Meeting Facilitation Program unless provider has an exception to facilitate their program CFT meetings, approved by COR.
Child and Family Team Meeting Confidentiality Agreement	Initiated by CFT Meeting Facilitation Program unless provider has an exception to facilitate their program CFT meetings, approved by COR.
Pathways to Well-Being BHS/CFWB Information Exchange Form	Provider completes and submits form to CFWB (see secure region fax numbers on form) initially within thirty (30) days of determining eligibility and for any update (upon significant change or revision to either a care plan or problem list).

Resources:

- DHCS Medi-Cal Manual Third Edition (2018):
- DHCS Integrated Core Practice Model Guide (2018):

California's Continuum of Care Reform

California's Continuum of Care Reform (CCR), initiated across California on January 1, 2017, builds on the efforts made through the Katie A. class action suit. CCR is mandated through AB403 (2015) and AB1997 (2016) and integrates the positive practices identified through the implementation of PWB. CCR strives to help all children live with permanent, nurturing and committed families, and to reduce the time children spend living in congregate care.

CCR adheres to fundamental principles including youth and family receiving collaborative and comprehensive support through teaming and youth not having to change placement to get services and support. CFWB and Probation have mandated timelines for CCR, Child and Family Team (CFT) meetings that include specific case decision making situations such as**:**

- Court hearing schedules
- Placement changes
- Child removed from his or her home and a plan is needed for the youth and family
- Child is in out of home care and a change in placement is required or requested
- Child returning home

- Permanent plan for a child needs to be made
- Child/youth's mental health needs or placement in a group home should be assessed
- Any family member involved in a child's case requests to meet to talk about the child's placement or the family's service plan.

BHS PWB and CCR Program staff are available to provide outreach assistance to BHS providers in all aspects of PWB and CCR implementation. This includes assisting providers with utilizing ICC and IHBS in accordance with the DHCS Medi-Cal Manual, as well as technical assistance for STRTPs and group home providers who are transitioning to a STRTP. The PWB and CCR Program teams work collaboratively and in partnership with BHS providers, CFWB, Probation, and Youth/Family Support Partners. Program staff can be reached through the BHS Pathways to Well-Being Website.

Serving Youth with an Open Child and Family Well-Being Services Case

Per BHIN 21-058, BHP's must make individualized determinations for each child/youth's need for ICC, IHBS or TFC upon intake and at each assessment interval. Having an open child welfare services case is not required for a child or youth to receive ICC, IHBS or TFC. BHP's are obligated to provide ICC, IHBS, and TFC to all children and youth under the age of twenty- one (21) eligible for full scope Medi-Cal and who meet access criteria for these services.

The BHP cannot develop or utilize a screening or assessment tool or policy that narrows the eligibility for ICC, IHBS or TFC *beyond being medically necessary.* Providers should be considering ICC and IHBS services for all youth as part of the assessment process and indicate as such in their documentation at intake and re-assessment. Members identified as meeting criteria for these services will be indicated as a "Special Population" in the EHR.

Intensive Services

Children in foster care, Aid to Adoptive Parents (AAP), and Kinship Guardianship Assistance Payment Program (KinGAP), when placed outside their country of origin, have had difficulty receiving timely access to specialty mental health services. Assembly Bill (AB) 1299 and Senate Bill (SB) 785 intend to improve the timely access to services.

SB 785 for AAP and KinGAP : Transfers the responsibility for the provision of specialty mental health services to the county of residence of foster, AAP and KinGAP children. DMH Information Notice No. 08-24 and 09-06 . Although the statutory sections included in the originally enacted version of SB785 have been amended over time, none of these amendments changed any of the original provisions of SB785. Furthermore, the original provisions of SB 785 did not change as a result of AB1299. However, the provisions of SB785, including Service Authorization Request (SAR) provisions, are no longer

necessary or required for foster children or youth under the conditions of presumptive transfer, or under a waiver of presumptive transfer. However, for children and youth who receive assistance under Kin-GAP and AAP, the county of original jurisdiction continues to retain responsibility for authorizing and reauthorizing SMHS.

Out of County Services for Children and Youth

Presumptive transfer means a prompt transfer of the responsibility for the provision of, or arranging and payment for Specialty Mental Health Services (SMHS) from the county of original jurisdiction to the county in which the foster child resides. Presumptive transfer is intended to provide children and youth in foster care who are placed outside their counties of original jurisdiction timely access to SMHS, based upon their individual strengths and needs, and consistent with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements. Discussions regarding presumptive transfer should occur with the child and his or her parent, Child and Family Team (CFT) members, and in consultation with other professionals who serve the child or youth, as appropriate.

When a child or youth is placed outside of their county of original jurisdiction into a community treatment facility (CTF), group home (GH), or short-term residential therapeutic program (STRTP) or admitted to a children's crisis residential program (CCRP), the responsibility to provide or arrange and pay for SMHS shall remain with the Behavioral Health Plan BHP) in the county of original jurisdiction unless certain circumstances apply. Notification of Presumptive Transfer is submitted to the Behavioral Health Plan (BHP) in the new county of residence by the placing agency within three (3) business days of the decision to place the youth outside their county of jurisdiction.

To notify the San Diego County BHP single point of contact for presumptive transfers, please contact Optum at 1-800-798-2254 option 3, then option 3 again, or fax 1-866-220-4495.

For more information, please reference: BHIN 24-025 & Presumptive Transfer – FAQ & AB 1299 Step by Step Process

Presumptive Transfer Procedure for Medi-Cal Eligible Children in Foster Care under AB1299

AB 1299 for Foster Youth establishes the presumptive transfer of responsibility and payment for providing or arranging mental health services to foster children from the county of original jurisdiction (placing county) to the foster child's county of residence. MHSUDS Information Notice No. 17-032. (For foster children whose care is presumptively transferred to San Diego)

1. The placing agency informs Optum of the presumptive transfer.

2. If requested by the placing agency of the county of original jurisdiction, the program will inform them of the services being provided, in accordance with the privacy standards contained in the Health Insurance Portability and Accountability Act (HIPAA) and Medi-Cal confidentiality requirements.

3. Services shall be entered into the EHR by the provider rendering services.

4. The County of San Diego will submit the claim for services directly to the State Department of Health Care Services.

5. STRTPs who provide day services shall submit DSR to Optum.

6. STRTPs shall complete an AB1299 STRTP Admission Report submitted to the COR, BHS CCR team, and Optum San Diego with a copy of the Notice of Presumptive Transfer form by the fifteenth (15th) day of the month following admission to the STRTP.

Please see BHIN 24-025 for more information