



**COUNTY OF YOLO**  
**HEALTH AND HUMAN SERVICES AGENCY**  


---

**POLICIES AND PROCEDURES**

**SECTION 5, CHAPTER 1, POLICY 018**

**NO WRONG DOOR FOR MENTAL HEALTH SERVICES**

<b>POLICY NUMBER:</b>	5-1-018
<b>SYSTEM OF CARE:</b>	MENTAL HEALTH
<b>FINALIZED DATE:</b>	09/23/2022
<b>EFFECTIVE:</b>	07/01/2022
<b>SUPERSEDES # :</b>	N/A

**A. PURPOSE:** To provide Yolo County Mental Health Network Providers with guidance and clarification regarding the CalAIM No Wrong Door for Mental Health Services policy. This policy ensures that Medi-Cal beneficiaries receive timely mental health services without delay regardless of the delivery system where they seek care, and that beneficiaries can maintain treatment relationships with trusted providers without interruption.

**B. DEFINITIONS:**

1. Fee-For-Service (FFS) Medi-Cal Delivery System: under FFS, the state pays enrolled Medi-Cal providers directly for covered services provided to Medi-Cal beneficiaries.
2. Managed Care Plan (MCP): MCPs are responsible for the Medi-Cal physical healthcare benefit and a portion of the mental health benefit.
3. Medical Beneficiary: Any Medi-Cal recipient who is currently receiving services from the Mental Health Plan (MHP).
4. Mental Health Plan (MHP): Yolo County HHSA Behavioral Health (BH) and Network Providers of Specialty Mental Health Services (SMHS), as defined by the MHP contract between HHSA and the California Department of Health Care Services

(DHCS). The MHP provides these services to beneficiaries with a severe level of impairment

5. Network Providers: Any provider, group of providers, or entity that has a network provider agreement with Yolo County HHSB BH and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result of the contract (Title 42 Code of Federal Regulations [42 CFR] § 438.2).
6. Non-Specialty Mental Health Services (NSMHS): Mental health services that are the responsibility of (MCP and FFS delivery systems. These services are provided to those with mild to moderate levels of impairment.

**C. RELATED DOCUMENTS:** N/A

**D. POLICY:**

Yolo County HHSB shall provide or arrange for clinically appropriate and covered SMHS which are covered and reimbursable Medi-Cal services even when:

1. Services are provided prior to determination of a diagnosis, during the assessment or prior to determination of whether NSMHS or SMHS access criteria are met.
2. The beneficiary has a co-occurring mental health condition and substance use disorder (SUD); or
3. NSMHS and SMHS services are provided concurrently if those services are coordinated and not duplicated.

**E. PROCEDURE:**

1. Clinically appropriate SMHS are covered and reimbursable during the assessment process prior to determination of a diagnosis or a determination that the beneficiary meets access criteria for SMHS. Services rendered during the assessment period remain reimbursable even if the assessment ultimately indicates the beneficiary does not meet criteria for SMHS. Yolo County shall not deny or disallow reimbursement for SMHS provided during the assessment process described above if the assessment determines that the beneficiary does not meet criteria for SMHS or meets the criteria for NSMHS.

Likewise, Yolo County shall not disallow reimbursement for NSMHS services provided during the assessment process if the assessment determines that the beneficiary does not meet criteria for NSMHS or meets the criteria for SMHS. Yolo County programs and providers may utilize the following options during the assessment phase of a beneficiary's treatment when a diagnosis has yet to be established:

- a. ICD-10 codes Z55-Z65, “Persons with potential health hazards related to socioeconomic and psychosocial circumstances” may be used by all providers as appropriate during the assessment period prior to diagnosis and do not require certification as, or supervision of, a Licensed Practitioner of the Healing Arts (LPHA) or Licensed Mental Health Professional (LMHP).
- b. ICD-10 code Z03.89, “Encounter for observation for other suspected diseases and conditions ruled out,” may be used by an LPHA or LMHP during the assessment phase of a beneficiary’s treatment when a diagnosis has yet to be established.
- c. In cases where services are provided due for a suspected disorder that has not yet been diagnosed, options are available for an LPHA or LMPH in the CMS-approved ICD-10 diagnosis code list<sup>11</sup>, which may include Z codes. LPHA and LMHP may use any clinically appropriate ICD-10 code<sup>12</sup>. For example, these include codes for “Other specified” and “Unspecified” disorders,” or “Factors influencing health status and contact with health services.”

## 2. Co-occurring Substance Use Disorder

- a. Clinically appropriate and covered SMHS delivered by Yolo County providers are covered Medi-Cal services whether or not the beneficiary has a co-occurring SUD. Yolo County shall not deny or disallow reimbursement for SMHS provided to a beneficiary who meets SMHS criteria based on the beneficiary having a co-occurring SUD, when all other Medi-Cal and service requirements are met.
  - i. Similarly, clinically appropriate and covered Drug Medi-Cal (DMC) services delivered by DMC providers and Drug Medi-Cal Organized Deliver System (DMC-ODS) services delivered by DMC-ODS providers are covered by DMC and DMC-ODS, respectively, whether or not the beneficiary has a co-occurring mental health condition.
- b. Clinically appropriate and covered NSMHS are covered Medi-Cal services via FFS and MCP delivery systems whether or not the beneficiary has a co-occurring SUD.
  - i. Similarly, clinically appropriate and covered SUD services delivered by MCP providers (e.g., alcohol and drug screening, assessment, brief interventions, and referral to treatment; MAT) are covered by MCPs whether or not the member has a co-occurring mental health condition.

3. Concurrent NSMHS and SMHS
  - a. Beneficiaries may concurrently receive NSMHS or MCP and SMHS via a MHP provider when the services are clinically appropriate, coordinated and not duplicative.
  - b. When a beneficiary meets criteria for both NSMHS and SMHS, the beneficiary shall receive services based on individual clinical need and established therapeutic relationships.
  - c. MHPs shall not deny or disallow reimbursement for SMHS provided to a beneficiary on the basis of the beneficiary also meeting NSMHS criteria and/or also receiving NSMHS services, provided that the concurrent services are clinically appropriate, coordinated and not duplicative.
    - i. Likewise, MCPs shall not deny or disallow reimbursement for NSMHS provided to a beneficiary on the basis of the beneficiary also meeting SMHS criteria and/or receiving SMHS services, provided that the concurrent services are clinically appropriate, coordinated and not duplicative.
  - d. Any concurrent NSMHS and SMHS for adults, as well as children under 21 years of age, shall be coordinated between MCPs and MHPs to ensure beneficiary choice. MHPs shall coordinate with MCPs to facilitate care transitions and guide referrals for beneficiaries receiving SMHS to transition to a NSMHS provider and vice versa, ensuring that the referral loop is closed, and the new provider accepts the care of the beneficiary. Such decisions shall be made via a patient-centered shared decision-making process.
    - i. Beneficiaries with established therapeutic relationships with a FFS or MCP provider may continue receiving NSMHS from the FFS or MCP provider (billed to FFS or the MCP), even if they simultaneously receive SMHS from an MHP provider (billed to the MHP), as long as the services are coordinated between these delivery systems and are non-duplicative (e.g., a beneficiary may only receive psychiatry services in one network; a beneficiary may only access individual therapy in one network).
    - ii. Beneficiaries with established therapeutic relationships with a MHP provider may continue receiving SMHS from the MHP provider (billed to the MHP), even if they simultaneously receive NSMHS from a FFS provider or MCP provider (billed to FFS or the MCP), as long as the services are coordinated between these delivery systems and are non-duplicative.

c. DHCS is developing a set of statewide screening tools. Once developed, these shall be utilized to facilitate screenings and transitions care for the specialty mental health, Medi-Cal managed care, and FFS systems.

**F. REFERENCES:**

1. DHCS BHIN 22-011: No Wrong Door for Mental Health Services Policy

Approved by:



---

**Karleen Jakowski, Mental Health Director**

9/23/22

---

**Date**

**Yolo County Health and Human Services Agency**