

# No Wrong Door and Co-Occurring Treatment

## Training for Mental Health and Alcohol and Other Drug Services County Staff

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# Housekeeping

- This session is being recorded. Your video feed will not be part of the recording, however your audio may be when asking questions or making comments.
- This meeting is in focus mode, meaning you will only be able to see the presenter in your video feed. You will only see other participant's names.
- Please stay on mute, unless asking a question.
- Please put questions in the Chat. There will be time for questions at the end.
- There will be an evaluation at the end of this presentation that all need to complete.

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## Glossary

- AOD: Alcohol and Other Drugs
- ASAM: American Society of Addiction Medicine
- Co-Occurring Capable – able to treat both MH and SUD
- CPT: Current Procedural Terminology
- DMC-ODS: Drug Medi-Cal Organized Delivery System
- ICC: Intensive Care Coordination
- ICD: International Classification of Disease
- LPHA: Licensed Practitioner of Healing Arts
- MAT: Medication Assisted Treatment
- MCP: Managed Care Plan
- MH: Mental Health
- MHP: Mental Health Plan
- NSMHS: Non-Specialty Mental Health Services
- SMHS: Specialty Mental Health Services
- SUD: Substance Use Disorder add text

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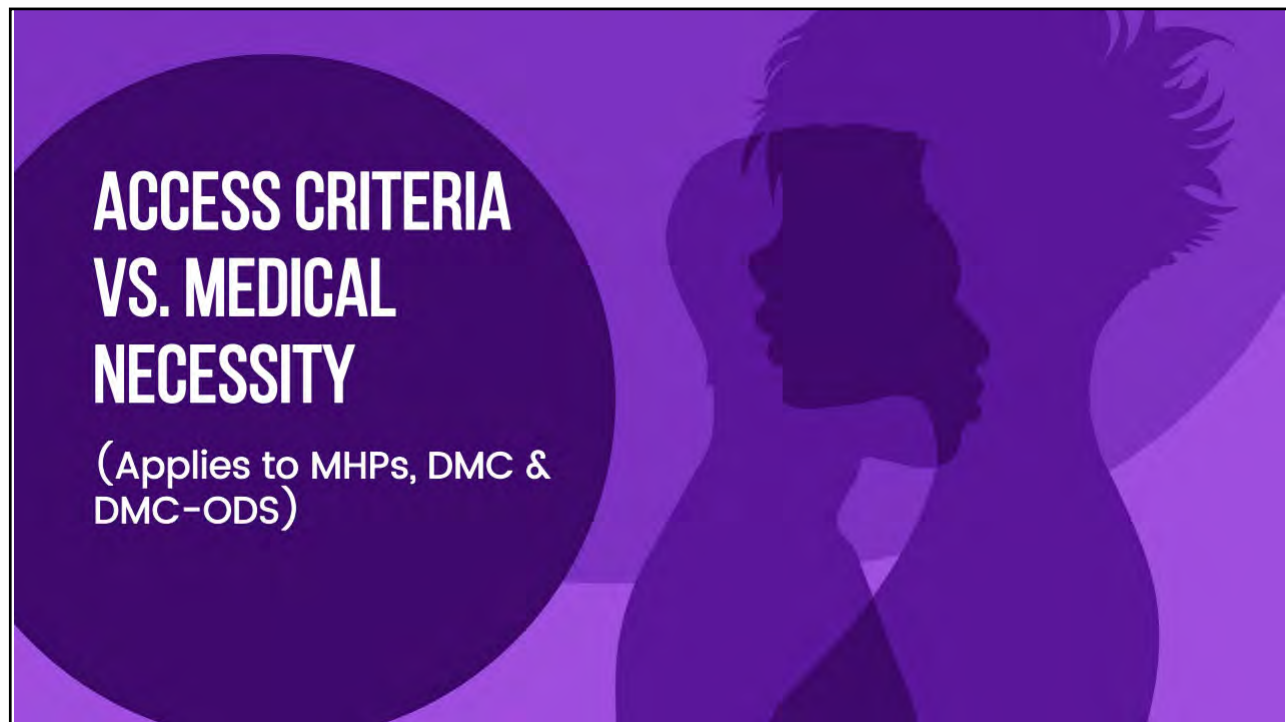
## Welcome & Introductions

### Learning Objectives:

1. Increase understanding about the guiding principles and purpose of Cal-AIM
2. Learn strategies to streamline admission for seamless access into treatment
3. Gain understanding about Co-Occurring disorders and the importance of developing policies and procedures to improve health outcomes
4. Utilize case scenarios to triage and coordinate care across other Medi-Cal systems






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## SPECIALTY MENTAL HEALTH SERVICES (SMHS) ACCESS CRITERIA & MEDICAL NECESSITY - WHAT IS THE DIFFERENCE?

<p style="text-align: center;"><b>Access Criteria</b></p> <p style="text-align: center;">Is the <u>individual</u> eligible to receive SMHS?</p> <div style="text-align: center;">  </div> <p style="text-align: center;">Redefined criteria make it so individuals can receive needed services without barriers</p>	<p style="text-align: center;"><b>Medical Necessity</b></p> <p style="text-align: center;">Is the <u>service</u> provided clinically appropriate?</p> <div style="text-align: center;">  </div> <p style="text-align: center;">Services provided to a beneficiary must be medically necessary and clinically appropriate to address their presenting condition</p>
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*Under CalAIM, SMHS Access Criteria and Medical Necessity are **separated** and **redefined***

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**YOUTH UNDER AGE 21** – Access to SMHS and DMC-ODS now includes the following:



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**TREATMENT PRIOR  
TO ESTABLISHING A  
DIAGNOSIS**  
(Applies to MHPs, DMC &  
DMC-ODS)

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## TREATMENT PRIOR TO ESTABLISHING A DIAGNOSIS (CONTINUED)

### Keep in Mind:

- While a diagnosis is no longer a prerequisite to access care, Medi-Cal claims still require an ICD-10 code (the code does not need to be on the progress note—it needs to be on the claim)
- In cases where services are provided due to a suspected mental health disorder not yet diagnosed, the codes to the right can be utilized

#### ICD-10 Codes for All Providers\*

- Z55-Z65 (Persons with potential health hazards related to socioeconomic and psychosocial circumstances)

*\*May be used during the assessment period prior to diagnosis; do not require supervision of a Licensed Practitioner of the Healing Arts (LPHA)*

#### ICD-10 Codes for LPHAs

- Any clinically appropriate code
- Z03.89 (Encounter for observation for other suspected diseases and conditions ruled out)
- "Other specified" and "Unspecified" disorders," or "Factors influencing health status and contact with health services"



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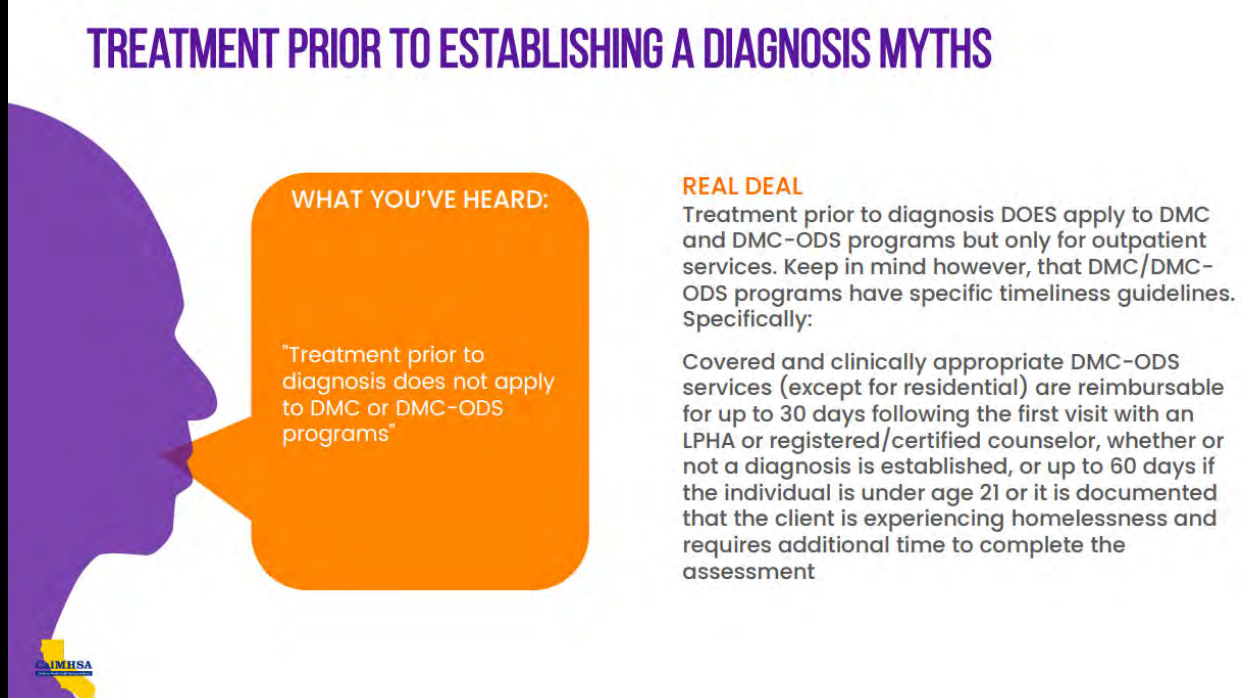
## DHCS "Priority" Social Determinants of Health (SDOH) Codes

For Managed Care Plans, DHCS seeks to prioritize the use of a set of pertinent SDOH codes to maximize the capture of actionable SDOH data

Code	Description
Z55.0	Illiteracy and low-level literacy
Z58.6	Inadequate drinking-water supply
Z59.00	Homelessness unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.41	Food insecurity
Z59.48	Other specified lack of adequate food
Z59.7	Insufficient social insurance and welfare support
Z59.811	Housing instability, housed, with risk of homelessness
Z59.812	Housing instability, housed, homelessness in past 12 months
Z59.819	Housing instability, housed unspecified
Z59.89	Other problems related to housing and economic circumstances
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance & death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

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## TREATMENT PRIOR TO ESTABLISHING A DIAGNOSIS MYTHS



**WHAT YOU'VE HEARD:**

"Treatment prior to diagnosis does not apply to DMC or DMC-ODS programs"

**REAL DEAL**

Treatment prior to diagnosis **DOES** apply to DMC and DMC-ODS programs but only for outpatient services. Keep in mind however, that DMC/DMC-ODS programs have specific timeliness guidelines. Specifically:

Covered and clinically appropriate DMC-ODS services (except for residential) are reimbursable for up to 30 days following the first visit with an LPHA or registered/certified counselor, whether or not a diagnosis is established, or up to 60 days if the individual is under age 21 or it is documented that the client is experiencing homelessness and requires additional time to complete the assessment

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**NO WRONG DOOR**

(Applies to MHPs; Co-Occurring Treatment applies to MHPs & DMC/DMC-ODS)

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## CalMHSA CalAIM Training Video Clip

Initiating Treatment: No Wrong Door/ Treatment Prior to Diagnosis  
Video clip at 21:13 minutes of Shaina Zurlin, LCSW, PsyD

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## NO WRONG DOOR – KEY PRINCIPLES

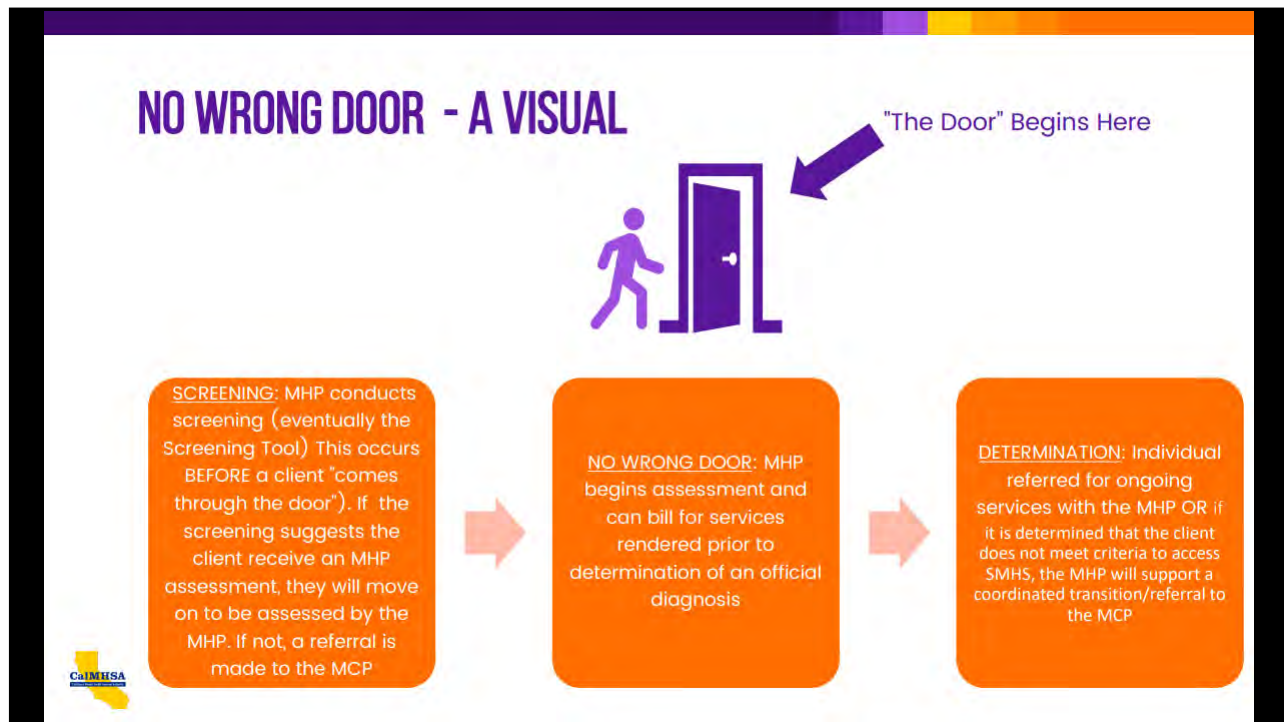
### More Flexibility Based on Individual Needs and Preferences

- Medi-Cal beneficiaries shall receive timely mental health services without delay regardless of the delivery system in which they seek care
- Clinically appropriate SMHS delivered by MHP providers are covered whether or not an individual has a co-occurring substance use disorder (SUD)
- To ensure beneficiary choice and help maintain established therapeutic relationships, non-specialty mental health services (NSMH) and SMHS can be provided concurrently, as long as services are coordinated between MCP and MHP providers and are not duplicative
  - Example: An individual may only receive psychiatry services in one network, not both networks, or an individual may only access individual therapy in one network, not both networks

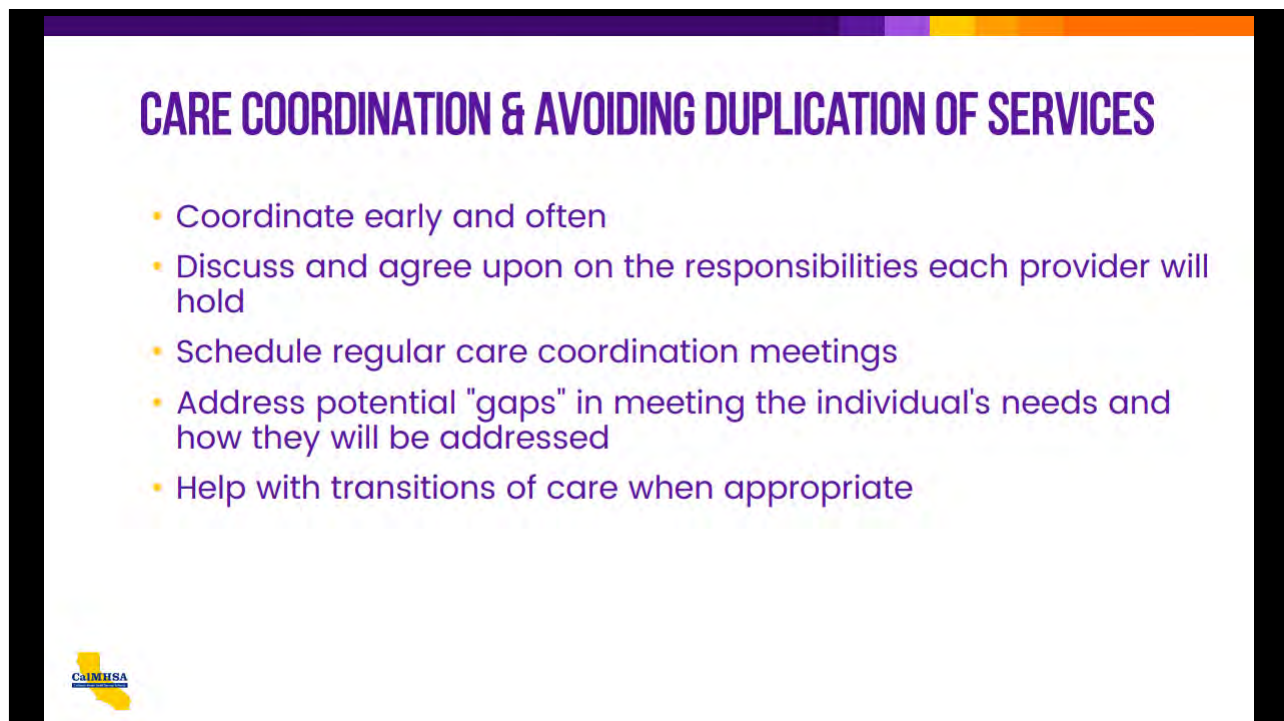
The right care, in the right place, at the right time



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## Co-Occurring Disorders Defined

"The coexistence of both a mental health and a substance use disorder is referred to as co-occurring disorders."

National Institute of Mental Health [NIMH]  
National Institute on Drug Abuse [NIDA]  
Substance Abuse and Mental Health Services Administration [SAMHSA]


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## CalMHSA CalAIM Training Video Clip

Initiating Treatment: No Wrong Door/ Treatment Prior to Diagnosis  
Video clip at 32:43 minutes of Gary Tsai, MD

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## CO-OCCURRING TREATMENT MYTHS



**WHAT YOU'VE HEARD:**

"MH providers now have to treat substance use disorders and SUD providers now have to treat MH disorders"

**REAL DEAL**  
Providers are not being required to work out of their scope and abilities. There is now greater flexibility to support an individual with both conditions



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## Let's Practice

### Instructions:

1. Utilize the case scenario provided and discuss in your small group access to care, assessment, and triage/coordination.
2. Identify a presenter who can summarize the key points of the discussion back to the large group

### Questions for Discussion

- How would you apply the CalAIM criteria of NWD, what actions/steps would you take first in order of priority to support this consumer/client?
- What challenges do you anticipate? How can you utilize the z-codes?
- Identify a policy or procedure in your own program that you anticipate would need to be modified to support NWD or CO? Explain

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## Break Out Groups: Scenario 1

- Scenario 1: 24 year-old female released from detention 2 weeks ago shows up at Central County Adult MH clinic, requesting a medication refill. She presents with signs of possible trauma and depression. She reports since being released 2 weeks ago, she has relapsed on meth. The client has infected wounds on her arms. She has no place to live.

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## Break Out Groups: Scenario 2

- Scenario 2: 35 year-old male shows up at REACH Project requesting services, as he's been unable to stop drinking over the past week. Prior, he had stopped drinking for one month. He has had 3 DUIs. He's employed. He got divorced 2 months ago and has been tearful and has had difficulty sleeping.

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## Report Back

Group Discussion

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# Resources

CalMHSA Webinar Recording: <https://www.calmhsa.org/transformation-webinars/>

Webinar	Recordings	Slides
Welcome to CalAIM: Then vs. Now - Revised 06/01/2022	<a href="#">Recording</a>	<a href="#">Slide</a>
Shifting our Focus: Compliance vs. Quality	<a href="#">Recording</a>	<a href="#">Slide</a>
Communication Plans: Change Messaging	<a href="#">Recording</a>	<a href="#">Slide</a>
Initiating Treatment: No Wrong Door/Treatment Prior to Diagnosis	<a href="#">Recording</a>	<a href="#">Slide</a>
Standardizing Documentation: Universal Assessment	<a href="#">Recording</a>	<a href="#">Slide</a>
Identifying Treatment Focus: Problem List	<a href="#">Recording</a>	<a href="#">Slide</a>
Documenting Care: Progress Notes	<a href="#">Recording</a>	<a href="#">Slide</a>
No Money, No Mission: Billable vs. Non-Billable Services	<a href="#">Recording</a>	<a href="#">Slide</a>

Showing 1 to 8 of 8 entries

[Change Log for Transformation Webinar PowerPoint](#)

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EachMind MATTERS  
California's Mental Health Movement

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# Resources

CCBHS CalAIM Website: <https://cchealth.org/bhs/calaim>  
Email: [CCBHSCalAIM@cchealth.org](mailto:CCBHSCalAIM@cchealth.org)

Evaluation:  
<https://forms.office.com/g/657xDp5r2>

The screenshot shows the CCBHS CalAIM website. The main content area features a 'CalAIM Initiative' section with a description of the program and a 'Contact Us' form. The contact form includes fields for 'Your Name\*', 'Email\*', and 'Telephone No.'. Below these fields is a 'Select a Subject\*' dropdown menu with options: 'MHP Documentation Redesign', 'DMC-ODS Documentation Redesign', 'No Wrong Door', 'Co-Occurring Treatment', 'UR/Quality', 'Policies', 'MHP Forms', 'DMC-ODS Forms', 'Communications', 'Training', and 'Reporting'. The 'MHP Documentation Redesign' option is currently selected.

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## Q&A

Please enter questions in the chat

