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BEHAVIORAL HEALTH
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# No Wrong Door and Co-Occurring Treatment

## Training for Mental Health and Substance Use Disorder Community Based Organizations

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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
- Co-Occurring Capable – able to treat both MH and SUD
- DMC-ODS: Drug Medi-Cal Organized Delivery System
- LPHA: Licensed Practitioner of Healing Arts
- 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

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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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# ACCESS CRITERIA VS. MEDICAL NECESSITY

(Applies to MHPs, DMC & DMC-ODS)
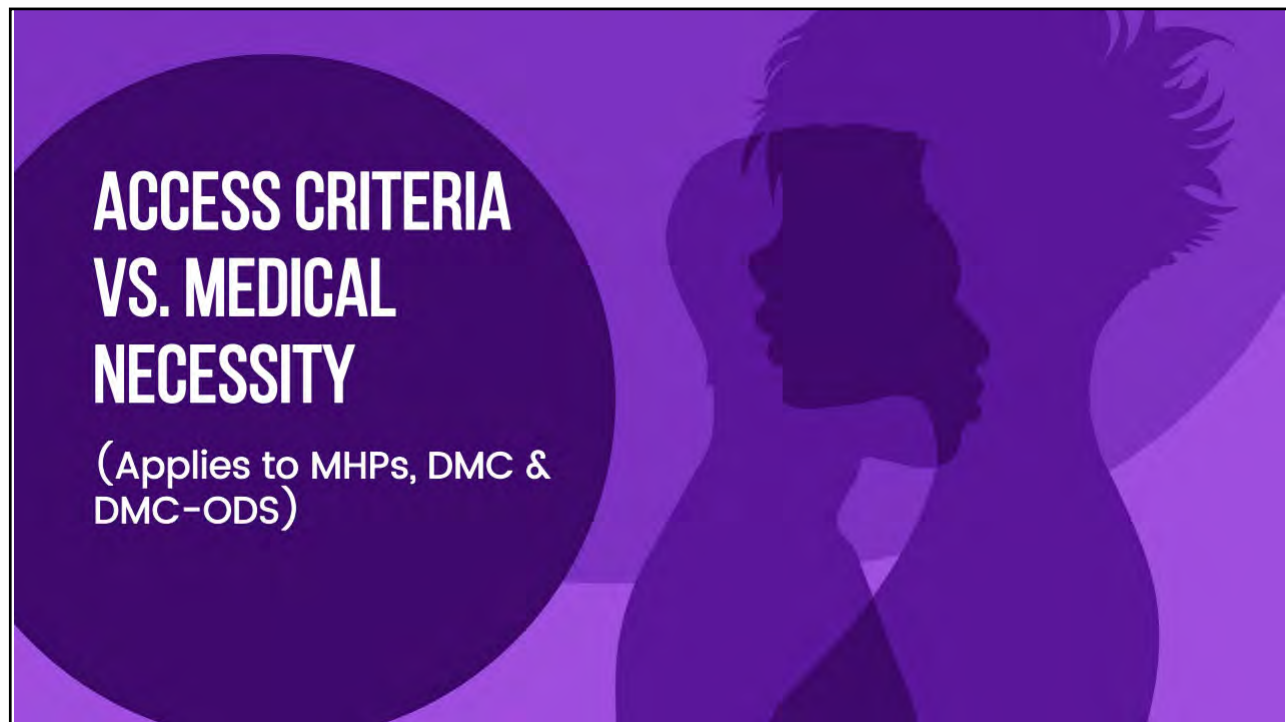
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# SPECIALTY MENTAL HEALTH SERVICES (SMHS) ACCESS CRITERIA & MEDICAL NECESSITY - WHAT IS THE DIFFERENCE?

## Access Criteria

Is the individual eligible to receive SMHS?

Redefined criteria make it so individuals can receive needed services without barriers

## Medical Necessity

Is the service provided clinically appropriate?

Services provided to a beneficiary must be medically necessary and clinically appropriate to address their presenting condition

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:

INVOLVEMENT IN CHILD WELFARE

HOMELESSNESS

JUVENILE JUSTICE INVOLVEMENT

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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 – SCOPE OF COMPETENCE AND PROGRAM CAPABILITIES MATTER

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# NO WRONG DOOR – KEY PRINCIPLES

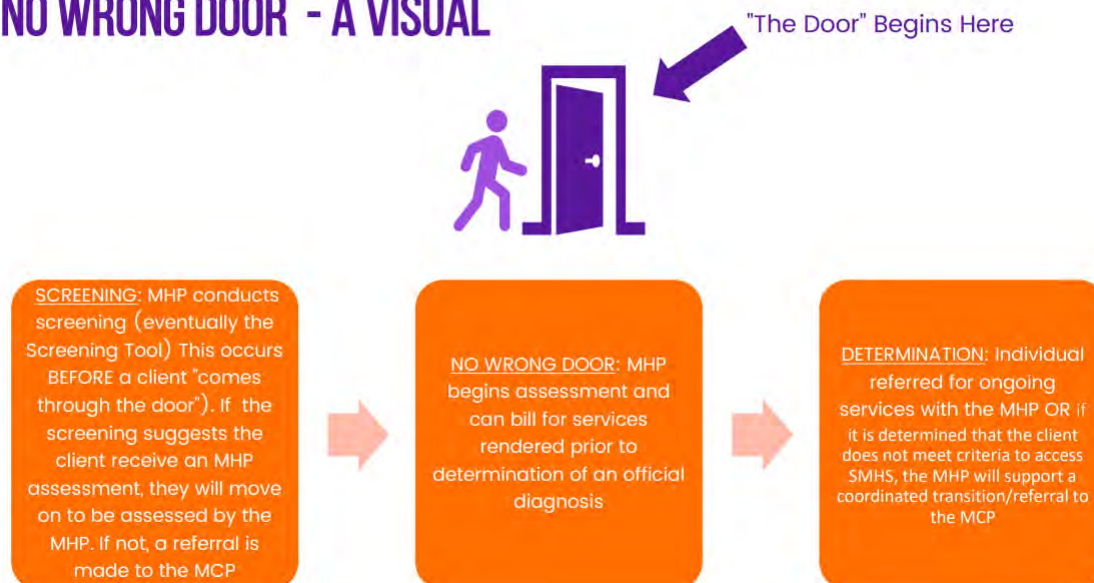## More Flexibility Based on Individual Needs and Preferences

- 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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# NO WRONG DOOR - A VISUAL

"The Door" Begins Here

**SCREENING:** MHP conducts screening (eventually the Screening Tool) This occurs BEFORE a client "comes through the door"). If the screening suggests the client receive an MHP assessment, they will move on to be assessed by the MHP. If not, a referral is made to the MCP

**NO WRONG DOOR:** MHP begins assessment and can bill for services rendered prior to determination of an official diagnosis

**DETERMINATION:** Individual referred for ongoing services with the MHP OR if it is determined that the client does not meet criteria to access SMHS, the MHP will support a coordinated transition/referral to the MCP

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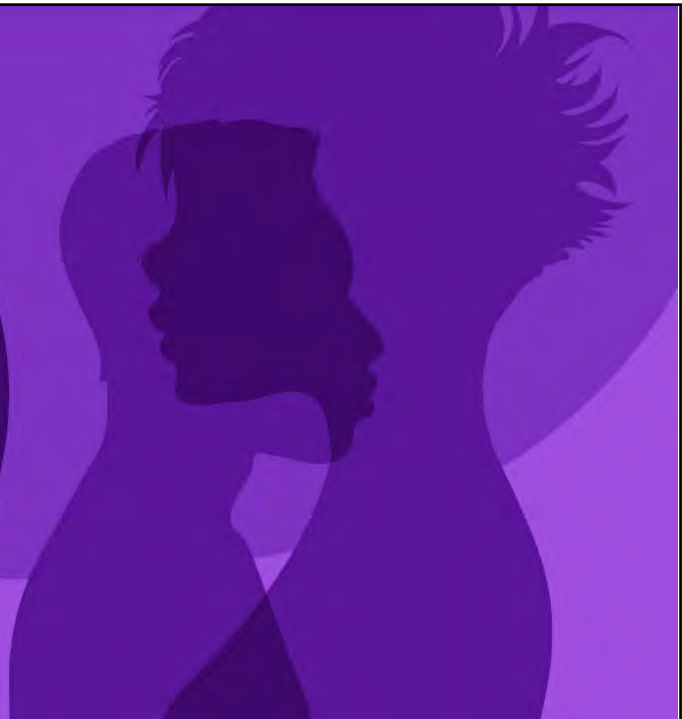## CARE COORDINATION & AVOIDING DUPLICATION OF SERVICES

- Coordinate early and often
- Discuss and agree upon on the responsibilities each provider will hold
- Schedule regular care coordination meetings
- Address potential "gaps" in meeting the individual's needs and how they will be addressed
- Help with transitions of care when appropriate

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# CO-OCCURRING TREATMENT
(Applies to MHPs & DMC/DMC-ODS)

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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]
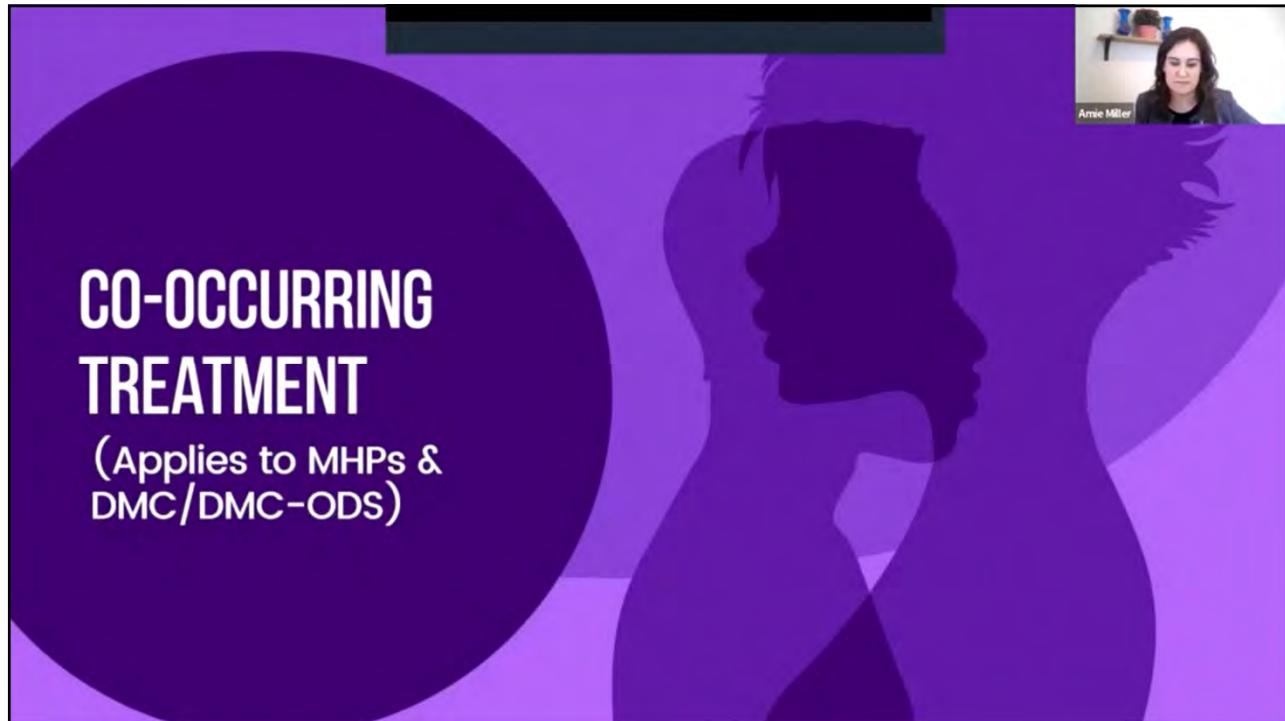
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## CalMHSA CalAIM Training Video Clip

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

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# 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

- <u>Scenario 2</u>: A 16-year-old male was referred for SUD counseling services at the East County Children Clinic for outpatient services. He is presenting problems related to drinking alcohol daily for a month and he feels that he cannot stop even when he says he will stop/ quit using. He is currently a Senior in High School, but his attendance and schoolwork is beginning to lack due to his inability to get up on time for school and to stay on top of his schoolwork assignments. He also stated that he is experiencing lots of anxiety and feels depressed. His Family wants to help him, but they do know how to help him and he keeps pushing them away.

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# Report Back

**Sharing from Group Discussion**

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# Resources

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



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# Resources
**CCBHS CalAIM Website: https://cchealth.org/bhs/calaim**
**Email: CCBHSCalAIM@cchealth.org**



**Evaluation:**
**https://forms.office.com/g/dG4q9L5jHt**

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# Q&A

Please enter questions in the chat



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