



Monterey County Behavioral Health Quality Improvement CalAIM Implementation Memo: 001

Re:	Claiming Flexibilities During the Assessment Phase
Form Reference	Behavioral Health Information Notice No.: 21-073 : Criteria for beneficiary access to Specialty Mental Health Services (SMHS), medical necessity and other coverage requirements
Effective	July 8, 2022

Topic

In the spirit of California Advancing and Innovating Medi-Cal (CalAIM), Monterey County Behavioral Health is moving forward with implementing the criteria for beneficiary access to Specialty Mental Health Services (SMHS) and other coverage requirements. This initiative will allow MCBH and its contracted providers certain flexibilities during the initial and re-assessment phase as outlined below.

Procedure

Previous requirements during the assessment phase:

1. A diagnosis (DSM-5 and ICD-10) must be completed prior to claiming any service.
2. During the assessment and treatment planning timeframes, staff could only use specific service codes.
3. Once the diagnosis, assessment, and treatment plan are completed and finalized, staff may utilize any available service codes.

New flexibilities during the assessment phase:

1. These new flexibilities apply during the initial and re-assessment phase.
2. A mental health diagnosis is not a prerequisite for access to covered SMHS however all claims **must** include an approved ICD-10/DSM-5 diagnosis code. In cases where services are provided due to a suspected mental health disorder that has not yet been diagnosed or due to trauma, options are available including codes for “Other specified” and “Unspecified” disorders,” or “Factors influencing health status and contact with health services” (i.e., Z codes including Z03.89).
3. During the assessment phase **any service code may be used** and all clinically appropriate and covered mental health prevention, screening, assessment, treatment, or recovery service shall not be overridden/disallowed for the following purposes:
 - a. Services were provided prior to determining a diagnosis, including clinically appropriate and covered services provided during the assessment process.
 - b. The prevention, screening, assessment, treatment, or recovery service was not included in an individual treatment plan.

- c. The beneficiary has a co-occurring substance use disorder.
- 4. An **initial and annual assessment is still required** and the time period for providers to complete these for SMHS is up to clinical discretion; however, providers shall complete assessments within a reasonable time and in accordance with generally accepted standards of practice.
- 5. All other documentation standards as noted in the Monterey County Behavioral Health Documentation Guide and policies and procedures must be followed until further direction is provided.