City and County of San Francisco
London N. Breed
Mayor

San Francisco Health Network
Behavioral Health Services

# FAQ: CalAIM No Wrong Door

## A. Managed Care Plans (MCPs)

1. **Who are the Managed Care Plans (MCPs) BHS is obligated to work with?**

   Anthem Blue Cross and San Francisco Health Plan (SFHP) are the two Managed Care Plans in partnership with BHS.

2. **What are Medi-Cal Managed Care Plans responsible for?**

   Medi-Cal managed care plans are responsible for providing specific non-specialty mental health services. These services include individual and group mental health evaluation and treatment, psychological testing, certain outpatient services which include laboratory drugs, supplies, supplements, and psychiatric consultation.

3. **What is the difference between Specialty Mental Health Services (SMHS) and Non-Specialty Mental Health Services (NSMHS)?**

   Specialty Mental Health Services (SMHS) are delivered by county Mental Health Plans (MHPs) for Medi-Cal beneficiaries who have a moderate-to-severe mental health condition.

   Non-Specialty Mental Health Services (NSMHS) are delivered by managed care and fee-for-service delivery systems, or a contractor on their behalf, to beneficiaries with a mild-to-moderate mental health condition.

   The determination of which delivery system the beneficiary belongs in is based on the functional impairment of the client. Adults with Serious Mental Illness (SMI) or children with Severe Emotional Disturbance (SED) would be seen in the County behavioral health system.

4. **How do we refer to the MCPs for NSMH services?**

   **Anthem**: Referrals should be directed to Anthem's Behavioral Health Shared Mailed Box - bhcmreferrals@anthem.com by providing member information and a need for referral explanation.

**San Francisco Health Plan:** Beacon Health Options manages mild-to-moderate behavioral health benefits and behavioral health therapy (BHT) benefits for all SFHP Medi-Cal members (except members assigned to Kaiser Permanente).

To refer a member for mental health services, call Beacon's toll-free Access Line at 1(855) 371-8117.

More information on Beacon referrals and the current screening tools can be found at: Mental Health - San Francisco Health Plan (sfhp.org)

5. **How do we know which MCP a beneficiary is in?**

To verify the MCP enrollment of a client, providers can visit the Medi-Cal provider portal where they verify Medi-Cal status. If the client has active Medi-Cal, at the top of the page, there will be an eligibility message. The message will say "Health Plan Member: []" with the name of the health plan, similar to the text below:

Eligibility Message: SUBSCRIBER LAST NAME: XXX. EVC #: XXX CNTY CODE: XX PRMY AID CODE: XX MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-SAN FRANCISCO HLTH PLAN

If there is no health plan mentioned, then the beneficiary is fee-for-service. The website won't explicitly say so.

# B. Screening and Transition Tools

6. **How does CalAIM No Wrong Door relate to the new CalAIM Screening and Transition tools?**

No Wrong Door is the policy by which beneficiaries can be screened and referred across delivery systems with ease.

The Screening and Transitions tools are intended to facilitate accurate determinations of when care would be better delivered:

- in the specialty mental health delivery system

    OR

- in the Medi-Cal managed care or fee-for-service system.

Additionally, DHCS will implement standardized adult and youth transition tools for when a beneficiary's condition changes, and they would be better served in the other delivery system.

Screening and transition tools go live January 2023. Results for beta testing screening and transition tools can be found: Public Adult Beta Testing Results 11-8-21

7. **Are there screening tools that we can use now?**

Screening tools for SFHP can be found at Mental Health - San Francisco Health Plan (sfhp.org). A bi-directional screening tool that can be used by BHS and Anthem is under development.

## C. Beneficiary and Situational

8. **Can we serve beneficiaries that are already receiving mental health services through an MCP?**

If the beneficiary meets the access criteria for SMHS, then the MHP should provide SMHS to that beneficiary. The beneficiary may continue services through the MCP if desired, coordinated, and not duplicative of services being delivered by the MHP.

The SF Mental Health Plan access criteria can be found here: SF MHP Access and Medical Necessity Criteria

9. **What happens if a beneficiary requests SMHS but does not meet the access criteria?**

The MHP should coordinate with the MCP to connect the member with appropriate NSMH services.

10. **Does No Wrong Door mean that clients should be served at the program they present at?**

No Wrong Door does not mean a client can obtain services from any possible program within the MHP. No Wrong Door is specific to the delivery system that will provide the mental health services appropriate to meet the needs of the client.

11. **What is expected of the MCP and MHP if a beneficiary meets criteria for both SMHS and NSMHS?**

Provider & either MCP or MHP make decision based on clinical discretion, scope of practice & beneficiary input. Services can be provided concurrently, if those services are coordinated and not duplicated.

12. **If a beneficiary is seeking therapy through the specialty mental health system and the desired provider is not available, can they be referred to therapy in the MCP who may have capacity?**

   If the beneficiary meets the access criteria for SMHS, then the MHP should provide SMHS to that beneficiary. A beneficiary may be referred to the MCP if they do not meet SMHS access criteria.

13. **In the case that a beneficiary begins SMHS, but ultimately does not meet SMHS criteria, are counties required to provide ongoing SMHS in order to comply with continuity of care?**

   A beneficiary may request services they were receiving prior to the determination that they are not eligible for SMHS, if those services continue to be medically necessary and are required to treat an acute or chronic condition, and the MCP may be required, at the request of beneficiary, to provide coverage for those services, including from the same provider, even if the provider is out-of-network with the MCP.