State of California—Health and Human Services Agency
Department of Health Care Services

TOBY DOUGLAS
*Director*

EDMUND G. BROWN JR.
*Governor*

**DATE:** November 27, 2013

ALL PLAN LETTER 13-018

**TO:** ALL MEDI-CAL MANAGED CARE HEALTH PLANS

**SUBJECT:** MEMORANDUM OF UNDERSTANDING REQUIREMENTS FOR MEDI- CAL MANAGED CARE PLANS

**PURPOSE:**
The purpose of this All Plan Letter (APL) is to describe the responsibilities of Medi-Cal managed care health plans (MCPs) for amending or replacing Memoranda of Understanding (MOU) with the county Mental Health Plans (MHPs) for coordination of Medi-Cal mental health services. These requirements are in addition to existing MOU requirements for specialty mental health services provided by MHPs as outlined in Title 9, Chapter 11 — Medi-Cal Specialty Mental Health Services Regulations (Attachment 1) and Exhibits 11 and 12 of the current MCP contracts.

**BACKGROUND:**
Pursuant to Senate Bill X1 1 (Hernandez, Chapter 4, Statutes of 2013), effective January 1, 2014, mental health services included in the essential health benefits package adopted by the State, pursuant to Health and Safety Code Section 1367.005 and the Insurance Code Section 10112.27, and approved by the United States Secretary of Health and Human Services under Title 42, Section 18022 of the United States Code, shall be covered Medi-Cal benefits. MCPs shall provide mental health benefits covered in the state plan, excluding those benefits provided by the county MHPs under the Specialty Mental Health Services Waiver. Specialty mental health services, which are county-administered, will not be included in the capitation rate for MCPs.

Starting on January 1, 2014, the Department of Health Care Services (DHCS) will expand the array of Medi-Cal mental health services available to Medi-Cal beneficiaries. The following outpatient mental health benefits will be available through MCPs for beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from any mental health condition defined by the current Diagnostic and Statistical Manual:

- Individual and group mental health evaluation and treatment (psychotherapy);

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- Psychological testing, when clinically indicated to evaluate a mental health condition;
- Outpatient services for the purposes of monitoring drug therapy;
- Psychiatric consultation; and,
- Outpatient laboratory, drugs, supplies and supplements (excluding medications as described in forthcoming “Medi-Cal Managed Care Plan Responsibilities for Outpatient Mental Health Services and Coordination with County Mental Health Plans” APL).

Medi-Cal specialty mental health services currently provided by the MHPs will continue to be provided by the MHPs for Medi-Cal beneficiaries that meet the medical necessity criteria pursuant to Title 9, California Code of Regulations (CCR), Chapter 11, Sections 1820.205, 1830.205, and 1830.210.

DHCS will provide separate MOU requirements for MCPs and counties participating in the Drug Medi-Cal program for the coordination of substance use benefits.

**POLICY:**
MCPs are responsible for updating, amending, or replacing existing MOUs with MHPs to account for the above mentioned mental health services that will be provided by the MCPs. The existing MOUs between the MHPs and the MCPs are required based on specialty mental health services regulation and existing MCP contracts.

Pursuant to Welfare and Institutions Code Section 14681, DHCS shall ensure that all contracts with MCPs include a process for screening, referral, and coordination with MHPs.

For MHPs, Title 9, CCR, Chapter 11, Medi-Cal Specialty Mental Health Services Regulations (Attachment 1) outlines MOU requirements, as follows:

- Section 1810.370, MOUs with Medi-Cal Managed Care Plans.
- Section 1810.415, Coordination of Physical and Mental Health Care.
- Section 1850.505, Request for Resolution.
- Section 1850.515, Departments’ Responsibility for Review of Disputes.
- Section 1850.525, Provision of Medically Necessary Services Pending Resolution of Dispute.

For MCPs, the existing DHCS contracts outline MOU requirements as follows:

- Exhibit A, Attachment 11, Case Management and Care Coordination, Local Mental Health Plan Coordination.
- Exhibit A, Attachment 12, Local Health Department Coordination, Local Mental Health Plan Coordination.

The MOU shall include the following elements, which are described in greater detail in the MOU Template (Attachment 2), “Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Mental Health Plans:”

- Basic Requirements;
- Covered Services and Populations;
- Oversight Responsibilities of the MCP and MHP;
- Screening, Assessment, and Referral;
- Care Coordination;
- Information Exchange:
- Reporting and Quality Improvement Requirements;
- Dispute Resolution;
- After-Hours Policies and Procedures; and,
- Member and Provider Education.

The MOU should be the primary vehicle for ensuring beneficiary access to necessary and appropriate mental health services. The MOU shall address policies and procedures for management of the beneficiary’s care, including but not limited to: screening, assessment and referral, medical necessity determination, care coordination, and exchange of medical information. MOU elements should promote local flexibility and acknowledge the unique relationships and resources that exist at the county level. Responsibility for specific covered services may be addressed by referencing the matrix developed by DHCS which will be included in a forthcoming APL titled, “Medi-Cal Managed Care Plan Responsibilities for Outpatient Mental Health Services and Coordination with County Mental Health Plans.”

Each MCP is obligated to conduct a mental health assessment for beneficiaries with a potential mental health condition using a tool mutually agreed upon with the MHP to determine the appropriate care needed. The MOU should include a process for resolving clinical and administrative differences of opinion between the MCP and MHP and comply with the dispute resolution process in accordance with Title 9, CCR, Section 1850.505.

The MOU shall include identified points of contact for each party responsible for managing the MOU, overseeing quality improvement, and resolving disputes.

The MOU shall include all of the elements described in this APL as well as those outlined in the MOU Template (Attachment 2). MCPs are advised that the MOU Template is provided as a guide for MCPs and MHPs to structure their MOUs; however, the specific format provided on the MOU Template is not required and may be modified to account for the needs of MCPs and MHPs.

If you have any questions regarding this APL, please contact Sarah Royce, Medical Policy Section Chief, at (916) 650-0113 or sarah.royce@dhcs.ca.gov.

Sincerely,

*Original Signed by Margaret Tatar*

Margaret Tatar, Assistant Deputy Director
Health Care Delivery Systems

# Title 9 – Rehabilitative and Developmental Services
# Chapter 11 – Medi-Cal Specialty Mental Health Services

## § 1810.370. MOUs with Medi-Cal Managed Care Plans.

(a) The MHP shall enter into an MOU with any Medi-Cal Managed Care Plan that enrolls beneficiaries covered by the MHP. The MOU shall, at a minimum, address the following:

(1) Referral protocols between plans, including:

(A) How the MHP will provide a referral to the Medi-Cal managed care plan when the MHP determines that the beneficiary's mental illness would be responsive to physical health care based treatment and

(B) How the Medi-Cal managed care plan will provide a referral when the Medi-Cal managed care plan determines specialty mental health services covered by the MHP may be required.

(2) The availability of clinical consultation, including consultation on medications, to the Medi-Cal managed care plan for beneficiaries whose mental illness is being treated by the Medi-Cal managed care plan.

(3) Management of a beneficiary's care, including procedures for the exchange of medical information. The procedures shall ensure that the confidentiality of medical records is maintained in accordance with State and federal laws and regulations governing the confidentiality of personal or medical information, including mental health information, relating to beneficiaries.

(4) Procedures for providing beneficiaries with services necessary to the treatment of mental illnesses covered by the MHP when those necessary services are covered by the Medi-Cal managed care plan. The procedures shall address, but are not limited to:

(A) Prescription drugs and laboratory services covered by the Medi-Cal managed care plan and prescribed through the MHP. Prescription drug and laboratory service procedures shall include:

1. The MHP's obligation to provide the names and qualifications of the MHP's prescribing physicians to the Medi-Cal managed care plan, if the Medi-Cal managed care plan covers prescription drugs.

2. The Medi-Cal managed care plan's obligation to provide the Medi-Cal managed care plan's procedures for obtaining authorization of prescribed drugs and laboratory services and a list of available pharmacies and laboratories to the MHP, if the Medi-Cal managed care plan covers these services.

3. The MHP's obligation to designate a process or entity to receive notices of actions, denials, or deferrals from the Medi-Cal managed care plan and to provide any additional information requested in the deferral notice as necessary for a medical necessity determination by the Medi-Cal managed care plan.

4. The MHP's obligation to respond by the close of the business day following the day the deferral notice is received by the MHP.

(B) Emergency room facility and related services other than specialty mental health services, home health agency services as described in Title 22, Section 51337, non-emergency medical transportation, and services to treat the physical health care needs of beneficiaries who are receiving psychiatric inpatient hospital services, including the history and physical required upon admission.

(C) Direct transfers between psychiatric inpatient hospital services and inpatient hospital services required to address a beneficiary's medical problems based on changes in the beneficiary' mental health or medical condition.

(5) A process for resolving disputes between the MHP and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services, including specialty mental health services and prescription drugs, while the dispute is being resolved. When the dispute involves the Medi-Cal managed care plan continuing to provide services to a beneficiary the Medi-Cal managed care plan believes requires specialty mental health services from the MHP, the MHP shall identify and provide the Medi-Cal managed care plan with the name and telephone number of a psychiatrist or other qualified licensed mental health professional available to provide clinical consultation, including consultation on medications to the Medi-Cal managed care plan provider responsible for the beneficiary's care.

(b) If the MHP does not enter into an MOU with the Medi-Cal managed care plan, the MHP shall not be out of compliance with this Section provided the MHP establishes to the satisfaction of the Department that it has made good faith efforts to enter into an MOU.

**§ 1810.415. Coordination of Physical and Mental Health Care.**

(a) The MHP shall make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving specialty mental health services from the MHP.

(b) The MHP shall arrange appropriate management of a beneficiary's care, including the exchange of medical information, with a beneficiary's other health care providers or providers of specialty mental health services. The MHP shall maintain the confidentiality of medical records in accordance with State and federal laws and regulations governing the confidentiality of personal or medical information, including mental health information, relating to beneficiaries.

(c) The MHP shall coordinate with pharmacies and Medi-Cal managed care plans as appropriate to assist beneficiaries to receive prescription drugs and laboratory services prescribed through the MHP, including ensuring that any medical justification of the services required for approval of payment to the pharmacy or laboratory is provided to the authorizing entity in accordance with the authorizing entity's procedures.

(d) When the MHP determines that the beneficiary's diagnosis is not included in Section 1830.205(b)(1) or is included but would be responsive to physical health care based treatment, the MHP of the beneficiary shall refer the beneficiary to:

(1) A provider outside the MHP, which may include:

(A) Whenever possible, a provider with whom the beneficiary already has a patient-provider relationship;

(B) The Medi-Cal managed care plan in which the beneficiary is enrolled;

(C) A provider in the area who has indicated to the MHP a willingness to accept MHP referrals, including federally qualified health centers, rural health clinics, and Indian health clinics; or

(2) An entity that provides assistance in identifying providers willing to accept Medi-Cal beneficiaries, which may include, where appropriate:

(A) The health care options program described in Section 14016.5 of the Welfare and Institutions Code;

(B) The local Child Health and Disability Prevention program as described in Title 17, Section 6800 et seq.;

(C) Provider organizations;

(D) Other community resources available in the county of the MHP.

The MHP of the beneficiary shall not be required to ensure the beneficiary's access to physical health care based treatment or to ensure the beneficiary's access to treatment from licensed mental health professionals for diagnoses not covered in Section 1830.205(b)(1). When the situation generating a referral under this Subsection meets the criteria established in Section 1850.210(i), a notice of action will be provided in accordance with that Section.

**§ 1850.505. Requests for Resolution.**

(a) Except as provided in Subsection (c), when an MHP has a dispute with a Medi-Cal Managed Care Plan that cannot be resolved to the satisfaction of the MHP concerning the obligations of the MHP or the Medi-Cal Managed Care Plan under their respective contracts with the State, State Medi-Cal laws and regulations, or an MOU as described in Section 1810.370, the MHP may submit a request for resolution to the Department.

(b) Except as provided in Subsection (c), when a Medi-Cal Managed Care plan has a dispute with an MHP that cannot be resolved to the satisfaction of the Medi-Cal Managed Care Plan concerning the obligations of the MHP or the Medi-Cal Managed Care Plan under their respective contracts with the State, State Medi-Cal laws and regulations, or an MOU as described in Section 1810.370, the Medi-Cal Managed Care Plan may submit a request for resolution to the State Department of Health Services.

(c) If the MHP and the Medi-Cal managed care plan have agreed in the MOU entered into pursuant to Section 1810.370 to binding arbitration as the means for resolving disputes, the MHP and the Medi-Cal managed care plan may not request resolution of the dispute under this Section.

(d) If the MHP and the Medi-Cal Managed Care Plan have an MOU pursuant to Section 1810.370, a request for resolution by either department shall be submitted to the respective

department within 15 calendar days of the completion of the dispute resolution process between the parties as provided in the MOU. If there is no MOU, a request for resolution shall be submitted to the respective department within 30 calendar days after the event giving rise to the dispute. The request for resolution shall contain the following information:

(1) A summary of the issue and a statement of the desired remedy, including any disputed services that have been or are expected to be delivered to the beneficiary and the expected rate of payment for each type of service.

(2) History of attempts to resolve the issue.

(3) Justification for the desired remedy.

(4) Documentation regarding the issue.

(e) Upon receipt of a request for resolution, the department receiving the request shall notify the other department and the other party within seven calendar days. The notice to the other party shall include a copy of the request and will ask for a statement of the party's position on the dispute, any relevant documentation supporting its position, and any dispute of the rate of payment for services included by the other party in its request.

(f) The other party shall submit the requested documentation within 21 calendar days from notification of the party from whom documentation is being requested by the party that received the initial request for resolution or the departments shall decide the dispute based solely on the documentation filed by the initiating party.

**§ 1850.515. Departments' Responsibility for Review of Disputes.**

(a) The two departments shall each designate at least one and no more than two individuals to review the dispute and make a joint recommendation to directors of the departments or their designees.

(b) The recommendation shall be based on a review of the submitted documentation in relation to the statutory, regulatory and contractual obligations of the MHP and the Medi-Cal Managed Care Plan.

(c) The individuals reviewing the dispute may, at their discretion, allow representatives of both the MHP and the Medi-Cal Managed Care Plan an opportunity to present oral argument.

**§ 1850.525. Provision of Medically Necessary Services Pending Resolution of Dispute.**

A dispute between an MHP and a Medi-Cal Managed Care Plan shall not delay medically necessary specialty mental health services, physical health care services, or related prescription drugs and laboratory, radiological, or radioisotope services to beneficiaries. Until the dispute is resolved, the following shall apply:

(a) The parties may agree to an arrangement satisfactory to both parties regarding how the services under dispute will be provided; or

(b) When the dispute concerns the Medi-Cal Managed Care Plan's contention that the MHP is required to deliver specialty mental health services to a beneficiary either because the

beneficiary's condition would not be responsive to physical health care based treatment or because the MHP has incorrectly determined the beneficiary's diagnosis to be a diagnosis not covered by the MHP, the Medi-Cal Managed Care Plan shall manage the care of the beneficiary under the terms of its contract with the State until the dispute is resolved. The MHP shall identify and provide the Medi-Cal managed care plan with the name and telephone number of a psychiatrist or other qualified licensed mental health professional available to provide clinical consultation, including consultation on medications to the Medi-Cal managed care plan provider responsible for the beneficiary's care.

(c) When the dispute concerns the MHP's contention that the Medi-Cal Managed Care Plan is required to deliver physical health care based treatment of a mental illness, or to deliver prescription drugs or laboratory, radiological, or radioisotope services required to diagnose or treat the mental illness, the MHP shall be responsible for providing or arranging and paying for those services to the beneficiary until the dispute is resolved.

# MEMORANDUM OF UNDERSTANDING REQUIREMENTS FOR MEDI-CAL MANAGED CARE PLANS AND COUNTY MENTAL HEALTH PLANS

## PURPOSE

The purpose of this document is to describe the responsibilities of Medi-Cal managed care plans (MCPs) for amending or replacing memoranda of understanding (MOU) with the county Mental Health Plans (MHPs) for coordination of Medi-Cal mental health services. These requirements are in addition to existing MOU requirements for specialty mental health services provided by the MHP as outlined in Title 9, Chapter 11 — Medi-Cal Specialty Mental Health Services Regulations (Attachment 1) and Exhibits 11 and 12 of the current MCP contracts.

On January 1, 2014, the following outpatient mental health benefits will be available through MCPs for members with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from any mental health condition defined by the current *Diagnostic and Statistical Manual* that is also covered according to State regulations:

- Individual and group mental health evaluation and treatment (psychotherapy).
- Psychological testing, when clinically indicated to evaluate a mental health condition.
- Outpatient services for the purposes of monitoring therapy with medications.
- Psychiatric consultation.
- Outpatient laboratory, medications, supplies, and supplements (excluding medications as described in a forthcoming APL, Medi-Cal Managed Care Plan Responsibilities for Outpatient Mental Health Services and Coordination with County Mental Health Plans).

## ATTESTATION TO UPDATE MOU

The MCPs must provide an attestation by December 9, 2013 to amend or replace existing MOUs with MHPs that address the provision of all covered mental health services. The amended or new MOU must address the mental health outpatient benefits covered by the MCPs in addition to the existing requirements for specialty mental health services covered by the MHPs. Fully executed MOUs are due to the Department of Health Care Services (DHCS) by June 30, 2014, and are subject to DHCS approval.

MCPs must provide monthly updates via email or letter to DHCS on efforts to implement the MOU beginning on February 15, 2014 for the previous month and due the 15th of each month thereafter through June 30, 2014. Please send the MOUs and monthly updates to your Contract Manager.

If the MCP and MHP do not enter into a MOU, neither plan shall be out of compliance provided the MCP and the MHP establish, and can demonstrate to the satisfaction of DHCS, that they have made good faith efforts to enter into a MOU. DHCS may require subsequent efforts to implement a MOU.

## MOU REQUIREMENTS

Amended or new MOUs shall include, but not be limited to, the following additional requirements for outpatient Medi-Cal mental health services covered by the MCPs:

1. **Basic Requirements**
   The MOU shall address policies and procedures for management of the beneficiary's care, including, but not limited to, the following: screening assessment and referrals, medical necessity determination, care coordination, and exchange of medical information.

2. **Covered Services and Populations**
   The MOU shall include the Coverage and Population Matrix developed by DHCS (forthcoming in "Medi-Cal Managed Care Plan Responsibilities for Outpatient Mental Health Services and Coordination with County Mental Health Plans" APL). Parties may include this Matrix as an attachment to the MOU.

3. **Oversight Responsibilities of the MCP and the MHP**
   The MOU shall include, but not be limited to, the following responsibilities:
   a. MCP organizational approach to mental health management (i.e., direct or subcontracted care management, direct or subcontracted provider network).
   b. MCP and MHP mental health Medi-Cal oversight team comprised of representatives of the MCP and MHP responsible for program oversight, quality improvement, problem and dispute resolution, and ongoing management of the MOU.
   c. MCP and MHP multidisciplinary clinical team oversight process for clinical operations: screening, assessment, referrals, care management, care coordination, and exchange of medical information. The MCP and MHP may determine the composition of the multidisciplinary teams.
   d. The MCP and the MHP oversight teams and multidisciplinary teams may be the same teams.

4. **Screening, Assessment, and Referral**
   The MCP and MHP shall develop and agree to written policies and procedures for screening, assessment, and referral processes, including screening and assessment tools for use in determining if the MCP or MHP will provide mental health services. The screening, assessment, and referral must be completed within a reasonable period that ensures timely access to services for all beneficiaries. The policies and procedures must include, but not be limited to, the following requirements:

   a. Each MCP is obligated to conduct a mental health assessment for members with a potential mental health condition using a tool mutually agreed upon with the MHP to determine the appropriate care needed.

   b. MHP accepts referrals from MCP staff, providers, and members' self-referrals for determination of medical necessity for specialty mental health services. The MCP primary care provider refers the member to the MCP mental health network provider for initial assessment and treatment (except in emergency situations or in cases when the beneficiary clearly has a significant impairment that the member can be referred directly to the MHP). If it is determined by the MCP mental health provider that the member may meet specialty mental health services medical necessity criteria, the MCP mental health network provider refers the member to the MHP for further assessment and treatment.

c. MCP accepts referrals from MHP staff, providers, and members' self-referral for assessment, makes a determination of medical necessity for outpatient services, and provides referrals within the MCP mental health provider network. The MHP refers to the MCP when the service needed is one provided by the MCP and not the MHP, and when it has been determined by the MHP that the beneficiary does not meet the specialty mental health medical necessity criteria.

**5. Care Coordination**

The MCP and MHP will develop and agree to policies and procedures for coordinating inpatient and outpatient medical and mental health care for beneficiaries enrolled in the MCP and receiving Medi-Cal specialty mental health services through the MHP. The MCP and MHP shall have policies and procedures that address, but are not limited to, the following:

a. An identified point of contact from each party who will initiate, provide, and maintain ongoing care coordination as mutually agreed upon in MCP and MHP protocols.
b. Coordination of care for inpatient mental health treatment provided by the MHP, including a notification process between the MHP and the MCP within 24 hours of admission and discharge to arrange for appropriate follow-up services. A process for reviewing and updating the care plan of beneficiaries, as clinically indicated (i.e., following crisis intervention or hospitalization).The process must include triggers for updating care plans and coordinating with outpatient mental health providers.
c. Transition of care for members transitioning to or from MCP or MHP services.
d. Regular meetings to review referral, care coordination, and information exchange protocols and processes.

**6. Information Exchange**

The MCP and MHP shall have policies and procedures that ensure timely sharing of information. The policies and procedures shall describe agreed upon roles and responsibilities for sharing protected health information (PHI) for the purposes of medical and behavioral health care coordination pursuant to Title 9, CCR, Section 1810.370(a)(3), and in compliance with HIPAA and other State and federal privacy laws. Such information may include, but is not limited to, beneficiary demographic information, diagnosis, treatment plan, medications prescribed, laboratory results, referrals/discharges to/from inpatient and crisis services, and known changes in condition that may adversely impact the beneficiary's health and/or welfare.

**7. Reporting and Quality Improvement Requirements**

The MOU shall specify policies, procedures, and reports to address quality improvement requirements for mental health services including, but not limited to:

a. Regular meetings, as agreed upon by the MCP and MHP, to review the referral and care coordination process and to monitor member engagement and utilization.
b. No less than a semi-annual calendar year review of referral and care coordination processes to improve quality of care; and at least semi-annual reports summarizing quality findings, as determined in collaboration with DHCS. Reports summarizing findings of the review must address the systemic strengths and barriers to effective collaboration between the MCP and MHP.
c. Reports that track cross-system referrals, beneficiary engagement, and service utilization to be determined in collaboration with DHCS, including, but not limited to, the number of disputes between the MCP and MHP, the dispositions/outcomes of those disputes, the number of grievances related to referrals and network access,

and the dispositions/outcomes of those grievances. Reports shall also address utilization of mental health services by members receiving such services from the MCP and the MHP, as well as quality strategies to address duplication of services.

d. Performance measures and quality improvement initiatives to be determined in collaboration with DHCS.

**8. Dispute Resolution**

The MOU must describe a mutually agreed upon review process to facilitate timely resolution of clinical and administrative disputes, including differences of opinion about whether the MCP or MHP should provide mental health services. The review process may not result in delays in member access to services while the decision from the formal dispute resolution process is pending. The MCP and MHP must also agree to follow the resolution of dispute process in accordance with Title 9, Section 1850.505.[1]

**9. After-Hours Policies and Procedures**

The MOU shall specify access during non-business hours:

a. Access for members and providers after hours.
b. 24/7 emergency access.

**10. Member and Provider Education**

The MCP and MHP shall determine requirements for coordination of member and provider information about access to MCP and MHP covered mental health services. For example, the MCP and MHP may develop “Frequently Asked Questions” on their respective websites about mutually agreed upon screening and referral protocols.

## DEFINITIONS

**California Department of Health Care Services (DHCS)** means the single State department responsible for administration of the federal Medicaid program (referred to as Medi-Cal in California), California Children Services, Genetically Handicapped Persons Program, Child Health and Disabilities Prevention, and other health related programs. DHCS provides State oversight of the MCPs and the MHPs.

**Good Faith,** for the purposes of this document, means efforts by the MCP and MHP to negotiate a MOU, and determined by an independent DHCS evaluator that both parties made reasonable, but ultimately unsuccessful, efforts to come to an agreement.

**Medically Necessary** or **Medical Necessity** means reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury.

When determining the medical necessity of covered services for a Medi-Cal beneficiary under the age of 21, “medical necessity” is expanded to include the standards set forth in Title 22 CCR Sections 51340 and 51340.1.

Medical necessity for specialty mental health services is defined at Title 9, CCR, Sections 1820.205, 1830.205, and 1830.210.

[1] DHCS will convene a work group to further address the dispute resolution process for those instances when the MCP and MHP cannot resolve clinical differences of opinions.

**Member** means an eligible beneficiary who has enrolled in the MCP.

**Quality Improvement** means the result of an effective quality improvement system.

**Quality of Care** means the degree to which the MCP/MHP increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge in at least one of the six domains of quality, as specified by the Institute of Medicine. The six domains are as follows: efficiency, effectiveness, equity, patient-centeredness, patient safety, and timeliness.

**Specialty Mental Health Services** means the following mental health services covered by MHPs:

- Outpatient services:
  - Mental health services (assessments, plan development, therapy, rehabilitation, and collateral).
  - Medication support services.
  - Day treatment intensive services.
  - Day rehabilitation services.
  - Crisis intervention services.
  - Crisis stabilization services.
  - Targeted case management services.
  - Therapeutic behavioral services.

- Residential services:
  - Adult residential treatment services.
  - Crisis residential treatment services.

- Inpatient services:
  - Acute psychiatric inpatient hospital services.
  - Psychiatric inpatient hospital professional services.
  - Psychiatric health facility services.

**Timely,** for the purposes of MOU requirements outlined in this document, means a reasonable time period from the date of request for services to the date when the beneficiary receives medically necessary mental health services. Timeliness also applies to the provision of information that may positively impact the course of treatment, would not negatively impact the member's condition or delay the provision of services. All timeliness standards must be consistent with Knox-Keene access standards and the contract requirements for MCPs and MHPs.