

County of San Diego Mental Health Plan Beneficiary Handbook Summary of Changes – February 2023

SECTION	REVISION	SUMMARY OF CHANGES
Handbook footers	Updated information.	<ul style="list-style-type: none"> Updated website link.
General Information <i>Subsection: Need This Handbook in Your Language or a Different Format?</i>	Added information.	<ul style="list-style-type: none"> Four additional threshold languages were added to indicate the additional languages this handbook is available in: Chinese (Mandarin), Korean, Dari, and Somali.
General Information <i>Subsection: What is My Mental Health Plan Responsible For?</i>	Added information.	<ul style="list-style-type: none"> Responsibilities were added, including the mental health plan providing an assessment, threshold languages, and coordinated care information.
Information about the Medi-Cal Program <i>Subsection: How Can I Apply for Medi-Cal?</i>	Added and updated information.	<ul style="list-style-type: none"> “By Phone” option was added to apply for Medi-Cal, which include 2-1-1 and the Access line. “Mail-In” section was updated to indicate where the completed applications and/or verifications may be mailed or dropped off.
Information about the Medi-Cal Program <i>Subsection: What Are Emergency Services?</i>	Added and updated information.	<ul style="list-style-type: none"> Removed reference to “pregnant woman” to be more inclusive – “the health of the individual” is currently stated. Added “reasonably” to define emergency medical condition. Updated psychiatric emergency medical condition, defined as a “health condition or suspected mental health condition”.
Information about the Medi-Cal Program <i>Subsection: Is Transportation Available?</i>	Added and updated information.	<ul style="list-style-type: none"> Added “medical” to specify the type of non-emergency transportation. “Non-emergency medical transportation and non-medical transportation may be provided for Medi-Cal beneficiaries who are unable to provide transportation on their own and who

<p><i>Subsection: Additional Mental Health Plan Specific Information</i></p>		<p>have a medical necessity to receive certain Medi-Cal covered services. If you need assistance with transportation, contact your managed care plan for information and assistance”.</p> <ul style="list-style-type: none"> • Added new information to include contacting the County mental health plan if you need non-medical transportation and are not enrolled in a managed care plan. • Website linked under “Additional Health Plan Specific Information” subsection of approved non-medical transportation providers per DHCS.
<p>Information about the Medi-Cal Program <i>Subsection: Who Do I Contact If I’m Having Suicidal Thoughts?</i></p>	<p>Added information.</p>	<ul style="list-style-type: none"> • Added “988” as the National Suicide Prevention Lifeline.
<p>How To Tell if You or Someone You Know Needs Help <i>Subsection: How Do I Know When I Need Help?</i></p>	<p>Added information.</p>	<ul style="list-style-type: none"> • Added “If you or your family member are eligible for Medi-Cal and need mental health services, you should call your mental health plan access line at 1-888-724-7240. Your managed care plan can also help you contact your mental health plan if they believe you or a family member need mental health services that the managed care plan does not cover. The mental health plan will help you find a provider for services you may need” to align with CalAIM changes. • Added and modified a total of five dot points that describe when the beneficiary or family member should call their mental health plan to get help.
<p>How To Tell If You or Someone You Know Needs Help</p>	<p>Added and updated information.</p>	<ul style="list-style-type: none"> • Added information that a “screening” may be provided and added “Your managed care plan can also help you contact your mental health plan if they believe your child or teenager needs mental health services that

<p><i>Subsection: How Do I Know When a Child or Teenager Needs Help?</i></p>		<p>the managed care plan does not cover” to align with CalAIM changes.</p> <ul style="list-style-type: none"> • Added the following dot points regarding signs to look out for: <ul style="list-style-type: none"> ○ “A lot of trouble concentrating or staying still, putting them in physical danger or causing school problems” ○ “Repeated fights, or use of a weapon, or serious plan to hurt others” • Updated signs to look out for, and they include: <ul style="list-style-type: none"> ○ A lot of trouble concentrating or staying still, putting them in physical danger or causing school problems ○ Intense worries or fears that get in the way of daily activities ○ Sudden overwhelming fear without reason, sometimes with racing heart rate or fast breathing ○ Feels very sad or withdraws from others for two or more weeks, causing problems with daily activities ○ Extreme mood swings that cause problems in relationships ○ Drastic changes in behavior ○ Not eating, throwing up, or using laxatives to cause weight loss ○ Repeated use of alcohol or drugs ○ Severe, out-of-control behavior that can hurt self or others ○ Serious plans or tries to harm or kill self ○ Repeated fights, or use of a weapon, or serious plan to hurt others
<p>Accessing Specialty Mental Health Services</p>	<p>Added information.</p>	<ul style="list-style-type: none"> • Added the last dot point about peer support services being included as a specialty mental health service.

<p><i>Subsection: What Are Specialty Mental Health Services?</i></p>		
<p>Accessing Specialty Mental Health Services <i>Subsection: How Do I Get Specialty Mental Health Services</i></p>	<p>Added and updated information.</p>	<ul style="list-style-type: none"> • Added information to indicate beneficiaries may ask for an appointment for a screening to receive specialty mental health services from their mental health plan or managed care plan. • Added “There is no wrong door for accessing mental health services. You may even be able to receive non-specialty mental health services through your Medi-Cal Managed Care Plan in addition to specialty mental health services. You can access these services through your mental health provider if your provider determines that the services are clinically appropriate for you and as long as those services are coordinated and not duplicative” to align with CalAIM. • Updated information to indicate “specialty mental health services can be provided by the mental health plan or other providers the mental health plan contracts with”.
<p>Accessing Specialty Mental Health Services <i>Subsection: Where Can I Get Specialty Mental Health Services?</i></p>	<p>Added and updated information.</p>	<ul style="list-style-type: none"> • Added information to indicate beneficiaries can get specialty mental health services “outside of your county if necessary”. • Updated information to indicate if the beneficiary meets the criteria to access specialty mental health services, the mental health plan will refer you to receive an assessment. • Added information about the right to receive a written Notice of Adverse Benefit Determination if a provider denies, limits, reduces, delays, or ends services you want or believe you should get, and added information about rights to file an appeal

		and/or State Hearing, and how to find additional information regarding these rights.
Accessing Specialty Mental Health Services <i>Subsection: When Can I Get Specialty Mental Health Services?</i>	Added information.	<ul style="list-style-type: none"> • Added a timeframe of 10 business days to be offered an appointment for ongoing conditions. • Added “However, these waiting times may be longer if your provider has determined that a longer waiting time is appropriate and not harmful”.
Accessing Specialty Mental Health Services <i>Subsection: Who Decides Which Services I Will Receive?</i>	Added and updated information.	<ul style="list-style-type: none"> • Added “A mental health professional will talk with you and will help determine what kind of specialty mental health services are appropriate based on your needs”. • Updated to indicate the mental health plan will conduct an assessment of your condition. • Added information about how those who are under 21 may be able to access specialty mental health services and how the mental health plan must provide medically necessary services to align with CalAIM. • Added information about prior authorization.
Accessing Specialty Mental Health Services <i>Subsection: What Is Medical Necessity?</i>	Section was moved up, and information was updated.	<ul style="list-style-type: none"> • Updated what medical necessity means for those who are 21 years of age and older and updated what medical necessity means for those who are under the age of 21 and covered as “Early and Periodic Screening, Diagnostic, and Treatment” services.
Accessing Specialty Mental Health Services <i>Subsection: How Do I Get Mental Health Services That Are Not Covered by the Mental Health Plan?</i>	Added information.	<ul style="list-style-type: none"> • Added in parentheses regarding outpatient laboratory, drugs: “please note that most medications are covered under the Fee-For-Service Medi-Cal program”. • Added “Please note that most prescription medication dispensed by a pharmacy is covered under the Fee-For-Service Medi-Cal program, not your managed care plan”.

<p>Selecting a Provider <i>Subsection: How Do I Find a Provider For The Specialty Mental Health Services I Need?</i></p>	<p>Added and updated information.</p>	<ul style="list-style-type: none"> • Updated the mental health website. • Added the mental health plan’s responsibility to ensure the beneficiary has timely access to care and an adequate network of providers close to you for services. • Added the 30-day calendar notice to beneficiaries when a provider of the mental health plan is no longer contracted or no longer accepts Medi-Cal specialty mental health services.
<p>Selecting a Provider <i>Subsection: Can I Continue To Receive Services From My Current Provider?</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> • Updated information that the beneficiary may continue services from a Medi-Cal managed care plan and mental health plan as long as the services are coordinated and not duplicative.
<p>Scope of Services <i>Subsection: Crisis Stabilization Services</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> • Updated the crisis stabilization timeframe to less than 24 hours.
<p>Scope of Services <i>Subsection: Are There Special Services Available for Children, Adolescents, and/or Young Adults under the age of 21?</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> • Updated eligibility information to receive services through Early and Periodic Screening, Diagnostic, and Treatment benefit.
<p>Scope of Services <i>Available Services by Telephone or Telehealth</i></p>	<p>New section.</p>	<ul style="list-style-type: none"> • New section was added to identify the services that can be provided by telephone or telehealth and services that cannot be provided via this method.
<p>Adverse Benefit Determinations by your Mental Health Plan <i>Subsection: What Rights Do I Have if the Mental Health Plan Denies the Services I Want or Think I Need?</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> • Updated to include if services are “reduced” and updated to include the beneficiary’s right to a “written” Notice.

<p>Adverse Benefit Determinations by your Mental Health Plan <i>Subsection: What Is an Adverse Benefit Determination?</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> Updated the “Adverse Benefit Determination” definition.
<p>Adverse Benefit Determinations by your Mental Health Plan <i>Subsection: Timing of the Notice</i></p>	<p>New section.</p>	<ul style="list-style-type: none"> Added a new section that outlines the timeframes of when the mental health plan must mail the notice to beneficiaries.
<p>Adverse Benefit Determinations by your Mental Health Plan <i>Subsection: Will I Always Get A Notice Of Adverse Benefit Determination When I Don’t Get The Services I Want?</i></p>	<p>New section.</p>	<ul style="list-style-type: none"> Added a new section that details how the beneficiary may file an appeal or request a state fair hearing.
<p>Adverse Benefit Determinations by your Mental Health Plan <i>Subsection: What Will the Notice of Adverse Benefit Determination Tell Me?</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> Updated information to include the notice will also include “how to request for continuation of these services, and whether the costs of these services will be covered by Medi-Cal”.
<p>The Problem Resolution Process: To File a Grievance or Appeal <i>Subsection: What If I Don’t Get the Services I Want From My Mental Health Plan?</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> Updated the appeal process.
<p>The Problem Resolution Process: To</p>	<p>Added information.</p>	<ul style="list-style-type: none"> Added “advocate” as another authorized person to act on the beneficiary’s behalf.

<p>File a Grievance or Appeal <i>Subsection: Can I Get Help With Filing an Appeal, Grievance, or State Hearing?</i></p>		
<p>The Grievance Process <i>Subsection: What Is the Grievance Process?</i></p>	<p>Added information.</p>	<ul style="list-style-type: none"> • Added “advocate” as another authorized person to act on the beneficiary’s behalf.
<p>The Appeal Process (Standard and Expedited) <i>Subsection: What Is a Standard Appeal?</i></p>	<p>Removed information.</p>	<ul style="list-style-type: none"> • Removed reference to submitting an appeal orally.
<p>The Appeal Process (Standard and Expedited) <i>Subsection: How Can I File an Appeal?</i></p>	<p>Removed information.</p>	<ul style="list-style-type: none"> • Removed reference to submitting an appeal orally.
<p>Beneficiary Rights and Responsibilities <i>Subsection: What Are My Responsibilities as a Recipient of Specialty Mental Health Services?</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> • Updated list of responsibilities.