

Network Provider Update

To: Medi-Cal and Cal MediConnect* network participants

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Subject: **All Plan Letter 22-006: Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services**

The Department of Health Care Services (DHCS) recently issued [All Plan Letter \(APL\) 22-006](#), "Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services." We are sharing a summary of this APL with you to ensure you are aware of the information, and you can apply the information to your practice or facility operations, where appropriate.

APL 22-006 explains managed care plans' (MCPs) responsibilities for providing non-specialty mental health services, along with the regulatory requirements for the Medicaid Mental Health Parity Final Rule and how MCPs should refer to and coordinate with County Mental Health Plans to provide services..

Key information

- Non-specialty mental health services (NSMHS) for individuals under 21 years of age are medically necessary if they are needed to correct or ameliorate health conditions, including behavioral health conditions.
- For individuals 21 years of age or older, a service is medically necessary when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
- Addresses MCP provision of the following NSMHS:
 1. Mental health evaluation and treatment, including individual, group and family psychotherapy
 2. Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition
 3. Outpatient services for the purposes of monitoring drug therapy
 4. Psychiatric consultation
 5. Outpatient laboratory, drugs, supplies, and supplements
- Addresses MCP coverage of:
 - Up to 20 individual and/or group counseling sessions for pregnant and postpartum individuals with specified risk factors for perinatal depression
 - Emergency room professional services
 - Substance use disorder services for members 11 years of age or older
- To ensure parity, treatment limitations for mental health benefits may not be more restrictive than the predominant treatment limitations applied to medical or surgical benefits.
- MCPs must not require prior authorization or a referral for an initial mental health assessment.

This summary is only meant as a brief description of the APL. Please see the APL itself for additional background and the complete requirements. The full text of APL 22-006 may be found at this URL: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-006.pdf> (Links to the DHCS.ca.gov website will take you off of the Blue Shield Promise website.)

Please direct questions about serving Blue Shield of California Promise Health Plan members to our Provider Services Department at (800) 468-9935 from 6 a.m. to 6:30 p.m., Monday through Friday.

*Cal MediConnect network participants are responsible for identifying and applying the guidance and requirements that pertain to their patients.