State of California
Department of Health Care Services

Behavioral Health Benefits in Cal MediConnect

Coverage Responsibility Matrix

Updated March 2014

Health Plans will be responsible for providing enrollees access to all medically necessary behavioral health (mental health and substance abuse treatment) services currently covered by Medicare and Medicaid.

While all Medicare-covered behavioral health services will be the responsibility of the health plans under the demonstration, Medi-Cal specialty mental health services that are not covered by Medicare and Drug Medi-Cal benefits will not be included in the capitated payment made to the participating health plans (i.e. they will be “carved out). Demonstration plans will coordinate with county agencies to ensure enrollees have seamless access to these services.

Below are two tables (Coverage Matrix 1 + 2) that list the available mental health and substance use benefits and describe whether Medicare or Medi-Cal is the primary payer, and therefore whether the health plan or county will be primarily financially responsible for the services.

To determine responsibility for covering Medi-Cal specialty mental health services, health plans and counties will follow the medical necessity criteria for specialty mental health services available per California’s 1915(b) waiver and State Plan Amendments for targeted case management and expanded services under the Rehabilitation Option, described in Title 9, California Code of Regulations (CCR), Sections 1820.205, 1830.205, and 1830.210.

To determine medical necessity for Drug Medi-Cal Substance Abuse Services, health plans and counties will follow Title 22, California Code of Regulations Section 51303. Services shall be prescribed by a physician, and are subject to utilization controls, as set forth in Title 22 Section 51159.

Coverage Matrix 1: Mental Health Benefits

Inpatient Services			
	Type of Service	**Benefit Coverage**	**Primary financial responsibility under the Demonstration**
Psychiatric inpatient care in a general acute hospital	Facility Charge	**Medicare** *Subject to coverage limitations* *	Health Plan
	Psychiatric professional services		
	Medical, pharmacy, ancillary services		
Inpatient care in free-standing psychiatric hospitals *(16 beds or fewer)*	Facility Charge	**Medicare** *Subject to coverage limitations and depends on facility and license type* *	Health Plan
	Psychiatric professional services		
	Medical, pharmacy, ancillary services		
Psychiatric health facilities (PHFs) *(16 beds or fewer)*	Facility Charge *(Most are not Medicare certified)*	**Medi-Cal**	County
	Psychiatric professional services	**Medicare**	Health Plan
	Medical, pharmacy, ancillary services	**Medicare**	Health Plan
Emergency Department	Facility Charges	**Medicare**	Health Plan
	Psychiatric professional services		
	Medical, pharmacy, ancillary services		
Long-Term Care			
Skilled Nursing Facility	Facility Charges	**Medicare/ Medi-Cal+**	Health Plan
	Psychiatric professional services	**Medicare**	Health Plan
	Medical, pharmacy, ancillary services	**Medicare**	Health Plan
SNF-STP (fewer than 50% beds)	Facility Charges	**Medicare/Medi-Cal+**	Health Plan
	Psychiatric professional services	**Medicare**	Health Plan
	Medical, pharmacy, ancillary services	**Medicare**	Health Plan

* County Mental Health Plans (MHPs) are responsible for the balance of inpatient psychiatric care that is not covered by Medicare for those beneficiaries who meet the medical necessity criteria for specialty mental health services. This includes any deductibles and copayments, and any services beyond the 190-day lifetime limit in a freestanding psychiatric hospital. Additionally, the County MHP is responsible for local hospital administrative days. These are days, as determined by the county, that a patient's stay in the hospital is beyond the need for acute care and there is a lack of beds available at an appropriate lower level of care.

+ A facility must be Medicare certified and the beneficiary must meet medical necessity criteria for Medicare coverage. Medicare pays up to 100 days after placement following acute hospital stay. For long-term care placement, Medi-Cal fee-for-service pays for these costs today.

Institutes for Mental Disease			
Long-term care		**Benefit Coverage**	**Primary financial responsibility under the Demonstration**
SNF-IMD, locked community-based facility for long-term care (more than 50% of beds are for psychiatric care)§	Facility Charges ages 22-64 *Subject to IMD Exclusion**	**Not covered by Medicare or Medi-Cal+**	County
	Facility Charge ages 65 and older	**Medi-Cal**	Health Plan
	Psychiatric professional services	**Medicare**	Health Plan
	Medical, pharmacy, ancillary services (some of these services may be included in the per diem reimbursements)	**Medicare**	Health Plan
Mental health rehabilitation centers (MHRCs) (IMD)	Facility Charges	**Not covered by Medicare or Medi-Cal**	County
	Psychiatric professional services	**Medicare**	Health Plan
	Medical, pharmacy, ancillary services (some of these services may be included in the per diem reimbursements)	**Medicare**	Health Plan
Psychiatric health facilities (PHFs) with more than 16 beds	Facility Charges ages 22-64 *Subject to IMD Exclusion**	**County**	County
	Facility Charge ages 65 and older *(most are not Medicare certified)*	**Medi-Cal***	County
	Psychiatric professional services	**Medicare**	Health Plan
	Medical, pharmacy, ancillary services (some of these services may be included in the per diem reimbursements)	**Medicare**	Health Plan
Free-standing psychiatric hospital with 16 or more beds	Facility Charges ages 22-64 *Subject to IMD Exclusion**	**Medicare***	Health plan
	Facility Charge ages 65 and older	**Medicare**	Health Plan
	Psychiatric professional services	**Medicare**	Health Plan
	Medical, pharmacy, ancillary services (some of these services may be included in the per diem reimbursements)	**Medicare**	Health Plan

* Medicare coverage for Institutions for Mental Diseases (IMDs) depends on the facility type, licensure and number of beds. IMDs include skilled nursing facilities (SNFs) with special treatment programs (STPs) with more than 50% of beds designated for primary psychiatric diagnosis, free standing acute psychiatric hospitals with more than 16 beds, psychiatric health facilities (PHFs) with more than 16 beds, mental health rehabilitation centers (MHRCs), and State hospitals. For those facilities that are Medicare reimbursable, once a beneficiary has exhausted his Medicare psychiatric hospital coverage then Medi-Cal is the secondary payer. The Medi-Cal coverage would be subject to the IMD exclusion. Federal law prohibits Medicaid Federal Financial Participation (FFP) payment for beneficiaries age 22 to 64 placed in IMDs. This is known as the "IMD exclusion" and is described in DMH Letters 02-06 and 10-02.

+ A facility must be Medicare certified and the beneficiary must meet medical necessity criteria for Medicare coverage. Medicare pays up to 100 days after placement following acute hospital stay. For long-term care placement, Medi-Cal fee-for-service pays for these costs today.

§ Patients placed in locked mental health treatment facilities must be conserved by the court under the grave disability provisions of the LPS Act

Outpatient Mental Health Services			
		Primary Financial Responsibility	
Type of Service	**Benefit Coverage**	**Patient meets criteria for MHP specialty mental health services & is being treated by the county MHP^**	**Patient does NOT meet criteria for MHP specialty mental health services**
Pharmacy	**Medicare**	Health Plan	Health Plan
Partial hospitalization / Intensive Outpatient Programs	**Medicare**	Health Plan	Health Plan
Outpatient services within the scope of primary care	**Medicare**	Health Plan	Health Plan
Psychological testing/ assessment	**Medicare**	Health Plan	Health Plan
Mental health services§ *(Individual and group therapy, assessment, collateral)*	**Medicare**	Health plan	Health Plan
Mental health services§ *(Rehabilitation and care plan development)*	**Medi-Cal**	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Medication management/Medication support services§ (*Prescribing, administering, and dispensing; evaluation of the need for medication; and evaluation of clinical effectiveness of side effects)*	**Medicare**	Health plan	Health Plan
Medication support services§ *(instruction in the use, risks and benefits of and alternatives for medication; and plan development)*	**Medi-Cal**	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Day treatment intensive	**Medi-Cal**	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Day rehabilitation	**Medi-Cal**	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Crisis intervention	**Medi-Cal**	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Crisis stabilization	**Medi-Cal**	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Adult Residential treatment services	**Medi-Cal**	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Crisis residential treatment services	**Medi-Cal**	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria
Targeted Case Management	**Medi-Cal**	County	Not a covered benefit for beneficiaries not meeting medical necessity criteria

915b waiver and State Plan Amendments for targeted case management and expanded services under the rehabilitation option

Medicare and Medi-Cal coverage must be coordinated subject to federal and state reimbursement requirements. For further details on the rvices within these categories that are claimable to Medicare and Medi-Cal please see the following:

- DMH INFORMATION NOTICE NO: 10-11 May 6, 2010;
- DMH INFORMATION NOTICE NO: 10-23 Nov. 18, 2010;
- DMH INFORMATION NOTICE NO: 11-06 April 29, 2011

Coverage Matrix 2: Substance Use Disorder Benefit

	Type of Service	Benefit Coverage	Demonstration Responsibility
Inpatient Acute and Acute Psychiatric Hospitals	Detoxification	Medicare	Health Plan
Inpatient/ Outpatient	Treatment of Drug Abuse[1] (Medicare Benefit Policy Manual, Chapter 6 §20, and Chapter 16 §90)	Medicare	Health Plan
Outpatient	Alcohol Misuse Counseling: one alcohol misuse screening (SBIRT) per year. Up to four counseling sessions may be covered if positive screening results. *Must be delivered in a primary care setting.*[2]	Medicare	Health Plan
	Group or individual counseling by a qualified clinician	Medicare	Health Plan
	Subacute detoxification in residential addiction program outpatient	Medicare	Health Plan
	Alcohol and/or drug services in intensive outpatient treatment center	Medicare	Health Plan
	Extended Release Naltrexone (vivitrol) treatment	Medicare	Health Plan
	Intensive Outpatient Treatment Services	Drug Medi-Cal[3]	County Alcohol & Drug
	Perinatal Residential Treatment Services	Drug Medi-Cal	County Alcohol & Drug
	Outpatient Drug Free Services/Counseling *(coverage limitations)*[4]	Drug Medi-Cal	County Alcohol & Drug
	Narcotic Treatment Services	Drug Medi-Cal	County Alcohol & Drug
	Naltrexone	Drug Medi-Cal	County Alcohol & Drug

[1]Medicare inpatient detoxification and/or rehabilitation for drug substance abuse when it is medically necessary. Coverage is also available for treatment services provided in the hospital outpatient department to patients who, for example, have been discharged for the treatment of drug substance abuse or who require treatment but do not require the availability and intensity of services found only in the inpatient hospital setting. The coverage available for these services is subject to the same rules generally applicable to the coverage of outpatient hospital services.

[2]Medicare Coverage explanation: Click here to learn more

[3] On January 29, 2010, the Department of Alcohol and Drug Programs issued a letter to county ADP administrators and Drug Medi-Cal direct contract providers, stating that Drug Medi-Cal services are not services that are provided by Medicare.

[4]Title 22, Section 51341.1 limits DMC individual counseling to the intake, crisis intervention, collateral services and treatment and discharge.