Early and Periodic Screening Diagnosis and Treatment (EPSDT) Medical Necessity for Full Scope Medi-Cal Beneficiaries Under Age 21

Delegated by DHCS to County Mental Health Plans (MHPs) via Contract. Under the 1915(b) Specialty Mental Health Services Waiver and Medicaid State Plan Amendments (SPAs),

Rehabilitative Mental Health Services and Targeted Case Management

- Mental Health Services—*includes the following:*
  - Assessment
  - Therapy
  - Rehabilitation
  - Collateral
  - Plan Development
- Medication Support
- Targeted Case Management (TCM)
- Supplemental Services—Therapeutic Behavioral Services (TBS)*
- Intensive Care Coordination (ICC)*
- In-Home Behavioral Services (IHBS)*
- Therapeutic Foster Care (TFC)*
- Crisis Intervention 24/7
- Day Treatment Intensive
- Day Treatment Rehabilitative
- Crisis Stabilization
- Psychiatric Health Facility Services
- Psychiatric Inpatient Hospital Services
- Adult Residential Services
- Crisis Residential**

** Per Emily Q and Katie A lawsuits against the state for under age 21*
*** AB 501—In process of development*

Medical Necessity for EPSDT

The EPSDT benefit, mandated under the Medi-Cal program pursuant to federal law, requires MHPs to provide, or arrange for the provision of, specialty mental health services to beneficiaries under age 21 who meet medical necessity criteria for those services and are eligible for the full scope of Medi-Cal services.

Title 9 CCR 1805.210

To receive SMHS, Medi-Cal children and youth must have a covered diagnosis and meet the following criteria:

(1) Have a condition that would not be responsive to physical health care based treatment; and

(2) The services are necessary to correct or ameliorate a mental illness and condition discovered by a screening conducted by the MCP, the Child Health and Disability Prevention Program, or any qualified provider operating within the scope of his or her practice, as defined by state law regardless of whether or not that provider is a Medi-Cal provider.

Title 9 CCR § 1830.205
Medical Necessity - The mental health services provided must be medically necessary to address the mental health needs of the beneficiary. A medical necessity criterion has three components: diagnosis, impairment and intervention. Medical Necessity is determined through the assessment process by the following factors (Title 9, Section 1830.205):

1. The child has an included diagnosis.
2. The child has at least one the following impairments as a result of the included diagnosis:
    a. A significant impairment in an important area of life functioning,
    b. A reasonable probability of significant deterioration in an important area of life functioning, or
    c. A reasonable probability that the child will not progress developmentally as individually appropriate.
3. The service meets both of the following intervention criteria:
    a. The focus of the proposed intervention is to address the condition identified, and
    b. An expectation that the proposed intervention will do one of the following:
        i) Significantly diminish the impairment,
        ii) Prevent significant deterioration in an important area of life functioning, or
        iii) Allow the child to progress developmentally as individually appropriate.

If the child meets neither the medical necessity described in items one (1) through three (3) above, nor the expanded EPSDT medical necessity criteria necessary for specialty mental health services provided by the MHP or the MHP's provider, then the child's primary care physician *(Managed Care or FFS)* shall coordinate and provide for the mental health services.

References
DHCS: DMH Let 08-07; MHSD 13-01; MHSUDS IN 14-017; MHSUDS 16-061
CCR: Title 9 CCR §1805.210; and Title 9 CCR §1830.205; Title 22 CCR § 51340