

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-01-07
	Effective Date	07-01-2005
	Revision Date	09-01-2020
Title: Determination for Medical Necessity and Target Population	Functional Area: Access	
Approved By: (Signature on File) Signed version available upon request		
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BACKGROUND/CONTEXT:

Sacramento County Mental Health Plan (MHP) is dedicated to serving people with psychiatric disabilities from various target populations, ages, cultural and ethnic communities. The goal is to promote recovery and wellness for adult and older adults with severe mental illness, and resiliency for children with serious emotional disorders and their families.

DEFINITIONS:

Medical Necessity: The criteria that identify service need based on inclusion of specific signs, symptoms, and conditions and proposed treatment associated with mental illness. Determination of medical necessity requires inclusion of a covered diagnosis; an established level of impairment; an expectation that specialty mental health treatment is necessary to address the condition; and the condition would not be responsive to physical health care based treatment. Medical necessity is defined by the California Code of Regulations and is contained in a variety of State Department of Health Care Services (DHCS) notices and letters delineating requirements for county mental health services.

Target Population: For the purposes of county mental health services, target population refers to individuals with severe disabling conditions that require mental health treatment giving them access to available services based on these conditions. Public mental health systems are obligated to serve those identified individuals across the age spectrum and acuity of need. Services for each target population are based on acuity of need and impairment as well as varying eligibility criteria. Uninsured individuals are served to the extent resources are available. (W&I 5600.2, W&I 5600.3).

The following target population groups are served in Sacramento County.

Adults:

- (a) Individuals insured by MediCal
- (b) Uninsured individuals (served as resources permit through realignment or other identified funding)

Youth:

- (a) Youth insured by MediCal
- (c) Uninsured youth (served as resources permit through realignment or other identified funding).

The following attached documents guide this policy:

1. Adult Target Population: Adult Target Population will be in accordance to the Mental Health Plan definition (see Attachment A)

2. Children's Target Population: Child Target Population will be in accordance to the Mental Health Plan definition (see Attachment C)

Serious and Persistent Mental Illness – W&I Code Section 5600.3(2): An adult is considered to have a serious mental disorder if he/she has an identified mental disorder that is severe in degree, persistent in duration, which cause behavioral functioning that interferes substantially with the primary activities of daily living, and result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.

Seriously Emotionally Disturbed - W&I Code Section 5600.3(a)(2): A child or adolescent is considered to have a serious emotional disturbance if they have he/she has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria as a result of the mental disorder:

- Has substantial impairment in at least 2 areas (self-care, school functioning, family relationships, ability to function in the community);
- Is either at risk of removal from home or has already been removed OR the mental disorder and impairments have been present for more than 6 months or are likely to continue for more than 1 year without treatment;
- Displays psychotic features, risk of suicide or risk of violence due to mental disorder.

PURPOSE:

This policy and procedure establishes Sacramento County medical necessity parameters for the following populations:

1. Medical Necessity for Adults ages 21 and older, determination will be made in accordance to Title 9, Section 1830.205 and MHP Contract, Exhibit A, Attachment 3. (See Attachment B)
2. Medical Necessity for Child/Youth ages 0 – 21 determination will be made in accordance to Title 9, Section 1830.210 and MHP Contract, Exhibit A, Attachment 3. (See Attachment D)

This document provides operational guidance for access to services for different target populations and the conditions that determine medical necessity.

DETAILS:

Determination of Medical Necessity Criteria: All Staff conducting the initial assessment meet the qualifications for Licensed Professional of Healing Arts (LPHA) and function as part of the MHP Access Team or specifically designated entry points of services.

1. Adult Outpatient Services
 - a. The Access Team will make an initial determination of Medical Necessity criteria for outpatient services. The Access Team will document their determination and refer to the appropriate provider based on said determination.
 - b. The Access Team designates additional specified points of entry for vulnerable population in order to provide presumptive determination of eligibility to prevent barriers to care.
 - c. Service providers receiving assignments from the Access Team are required to confirm medical necessity and to complete the appropriate assessment upon contact with referred individuals.
 - d. Service providers will continue to review and confirm medical necessity annually at minimum.

2. Child & Family Outpatient Services

- a. The Access Team will make an initial determination of Medical Necessity criteria for outpatient services except as delineated in #2(b) below. The Access Team will document their determination and refer to the appropriate provider based on said determination.
- b. If a client has full scope MediCal, an assignment to a provider will be made for a face-to-face assessment to confirm that medical necessity is met. For children and youth under the age of 21, this assignment to a provider may be made even if, based on initial Access Team screening, medical necessity is not met.
- c. Service providers receiving assignments from the Access Team are required to confirm medical necessity and to complete the appropriate assessment upon contact with referred individuals.
- d. Service providers will continue to review and confirm medical necessity annually at minimum.

REFERENCE(S)/ATTACHMENTS:

- California Code of Regulations, Title 9
- [9 CCR § 1830.205](#)
- [Behavioral Health Information Notice No. 20-043](#)
- [All Plan Letter No. 18-006](#)

RELATED POLICIES:

- All MHP P&P's
- All MHTC P&P's

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children's Contract Providers		
X	Substance Use, Prevention, and Treatment Services		
	Specific grant/specialty resource		

CONTACT INFORMATION:

- Quality Management Program
QMInformation@saccounty.net

**ATTACHMENT A
ADULT TARGET POPULATION**

For services in the adult specialty mental health system, individuals must meet Criteria A, B, C and D to meet service requirements for operational definition or core target population irrespective of funding.

Criteria A: At least one of the following diagnoses as defined in the current edition of the Diagnostic and Statistical manual of Mental Disorders Fifth Edition (DSM 5):

ICD-10 (Codes for Included Diagnosis for Adult Target Population)	DSM 5 Classification
F20.9 F28 F29* F20.81*	<p align="center">1. Schizophrenia Spectrum Disorder and Other Psychotic Disorders</p> Schizophrenia Other Specified Schizophrenia Spectrum and Other Psychotic Disorder Unspecified Schizophrenia Spectrum and Other Psychotic Disorder (previously Psychotic Disorder NOS) Schizophreniform * Re-evaluation and resolution of diagnosis must be done within 6 months of initial diagnosis
F25.0 F25.1	<p align="center">2. Schizoaffective Disorder</p> Schizoaffective Disorder Bipolar Type Schizoaffective Disorder Depressive Type
F31.11 F31.12 F31.13 F31.2 F31.73 F31.74 F31.9 F31.31 F31.32 F31.4 F31.5 F31.75 F31.76 F31.9 F31.9 F31.9 F31.81	<p align="center">3. Bipolar Disorders</p> Bipolar I Disorder current or most recent episode manic, mild Bipolar I Disorder current or most recent episode manic, moderate Bipolar I Disorder current or most recent episode manic, severe Bipolar I Disorder current or most recent episode manic, with psychotic features Bipolar I Disorder current or most recent episode manic, in partial remission Bipolar I Disorder current or most recent episode manic, in full remission Bipolar I Disorder current or most recent episode manic, unspecified Bipolar I Disorder current or most recent episode depressed, mild Bipolar I Disorder current or most recent episode depressed, moderate Bipolar I Disorder current or most recent episode depressed, severe Bipolar I Disorder current or most recent episode depressed, with psychotic features Bipolar I Disorder current or most recent episode depressed, in partial remission Bipolar I Disorder current or most recent episode depressed, in full remission Bipolar I Disorder current or most recent episode depressed, unspecified Bipolar Disorder current or most recent episode unspecified Unspecified Bipolar and Related Disorder (previously Bipolar NOS) Bipolar II Disorder

F33.9 F33.0 F33.1 F33.2 F33.3 F33.41 F33.42	<p style="text-align: center;">4. Major Depressive Disorder Recurrent Episode</p> Major Depressive Disorder, recurrent episode, unspecified Major Depressive Disorder, recurrent episode, mild Major Depressive Disorder, recurrent episode, moderate Major Depressive Disorder, recurrent episode, severe Major Depressive Disorder, recurrent episode, with psychotic features Major Depressive Disorder, recurrent episode, in partial remission Major Depressive Disorder, recurrent episode, in full remission
F43.10 F43.8* F43.9*	<p style="text-align: center;">5. Trauma- and Stressor-Related Disorders</p> Posttraumatic Stress Disorder Other Specified Trauma and Stressor Related Disorder Unspecified Trauma and Stressor Related Disorder <p>* Re-evaluation and resolution of diagnosis must be done within 6 months of initial diagnosis</p>
F60.3	<p style="text-align: center;">6. Borderline Personality Disorder</p> Borderline Personality Disorder

Exclusions: Individuals with a primary diagnosis of substance abuse or those with a sole diagnosis of developmental disability. The criteria exclude those with organic brain syndromes such as dementia or delirium.

Criteria B: Severe impairment in community functioning that includes consideration of sociocultural issues in one or more areas as a result of covered above-listed covered diagnosis. Specific functional impairment must be clearly documented. Functional areas include:

Functional Area	Criteria
Basic self-care, independent living skills, consistent behaviors of endangerment of self or others	Consistent failure to maintain basic activities of independent living; inability to obtain food, clothing, and/or shelter without supports; serious disturbances in physical health such as weight change, disrupted sleep or fatigue that threatens health, separate from physical symptoms due to general medical conditions.
Productive Activities: Includes employment, education, volunteer, parent/caregiver, or other meaningful activities.	Inability to maintain participation in client specific meaningful activities and/or obligations to job, school, self, or others.
Interpersonal Relationships	Marked impairment of interpersonal interactions with consistently contentious or otherwise disrupted relations with others, which may include impulsive or abusive behaviors.

Co-morbidity – Substance Use	Inability to maintain roles in the following (see above parameters): self-care, productive activities, or interpersonal relationships due to a co-occurring substance use disorder.
Co-morbidity – Medical	Inability to attend to crucial medical needs as directed by a physician.

Criteria C: Focus of the proposed intervention will be to significantly diminish impairment or prevent significant deterioration in an identified important area of functioning.

Criteria D: Impairments and conditions require specialty mental health services and would not be responsive to physical health care based treatment.

Criteria A, B, C and D will be documented in the client medical record and will be the conditions that support medical necessity for continued services.

ATTACHMENT B
ADULT MEDICAL NECESSITY CRITERIA FOR SECONDARY OR TERTIARY DIAGNOSIS

Must have all, (A, B, and C) as per [Title 9, CCR, Chapter 11, Section 1830.205\(b\)\(1\)](#) and MHP Contract, Exhibit A, Attachment 3

A. Covered Psychiatric Diagnosis

Must have one of the following DSM-5 diagnoses, which will be the focus of the intervention being provided:

INCLUDED DIAGNOSIS:

- Pervasive Developmental Disorders, except Autistic Disorders
- Attention Deficit and Disruptive Behavior Disorders
- Feeding & Eating Disorders of Infancy and Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality disorder
- Medication-Induced Movement Disorders

EXCLUDED DIAGNOSIS

- Mental Retardation
- Learning Disorders
- Communication Disorders
- Autism Spectrum Disorder*
- Tic Disorders
- Delirium, Dementia, and Amnesic and Other Cognitive Disorders
- Mental Disorders due to a General Medical Condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorder
- Other conditions that may be a focus of clinical attention, except Medication Induced Movement Disorders, which are included

B. Functional Impairment Criteria

Must have one of the following as a result of the mental health disorder(s) identified in the diagnostic "A" criteria:

1. A significant impairment in an important area of life functioning
OR
2. A probability of significant deterioration in an important area of life functioning

A client may receive services for an included diagnosis when an excluded diagnosis is also present.

**Refer to [APL No. 18-006](#) and [Behavioral Health IN No. 20-043](#)*

C. Intervention Related Criteria

1. The focus of proposed intervention is to address the condition identified in impairment criteria "B" above,
AND
2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning
AND
3. Not responsive to physical health care based treatment.

**CHILDREN'S/YOUTH MENTAL HEALTH SERVICES
ATTACHMENT C
TARGET POPULATION - CHILD & YOUTH**

**Children and youth to be served in a System of Care
are found eligible in one of two main categories:**

1. MEDI-CAL ELIGIBLE:

Full-SCOPE Medi-Cal eligible children and youth ages 0-21 are entitled by federal mandate to services to "treat or ameliorate any mental health condition" through Early and Periodic Screening, Diagnosis and Treatment (EPSDT). County Mental Health is required by law to ensure access to appropriate service to these individuals in a timely manner.

2. REALIGNMENT:

Children and youth up to age 18 who have a serious emotional disturbance may be the responsibility of the county under Realignment. Realignment resources are not utilized for children or youth with other eligibility or forms of insurance. Realignment Legislation (Welfare and Institutions Code Section 5600.3) secures services for eligible children and youth to the **extent that resources allow**. Children and youth who qualify for services using realignment funding meet the following criteria:

Must have a current included DSM 5 diagnosis. Clients with a primary included DSM 5 diagnosis may have a co-occurring substance abuse or developmental disorder as a secondary focus of treatment. Organic mental disorders are included only if the child currently manifests behaviors that are a danger to self or others and is amenable to treatment interventions which will ameliorate the presenting condition.

Child and youth shall meet one or both of the following criteria:

- A.** As a result of the mental disorder, the child has substantial impairment in at least two of the following areas:
1. Self-care,
 2. School functioning,
 3. Family relationships,
 4. Ability to function in the community;

AND either of the following occurs:

- a. The child is at risk of removal from home or has already been removed from the home.
 - b. The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
- B.** The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

**ATTACHMENT D
CHILDREN'S MEDICAL NECESSITY CRITERIA**

Must have all, (A, B, and C) as per [Title 9, CCR, Chapter 11, Section 1830.205\(b\)\(1\)](#) and MHP Contract, Exhibit A, Attachment 3

A. Covered Psychiatric Diagnosis

Must have one of the following DSM-5 diagnoses, which will be the focus of the intervention being provided:

INCLUDED DIAGNOSIS:

- Pervasive Developmental Disorders, except Autistic Disorders
- Attention Deficit and Disruptive Behavior Disorders
- Feeding & Eating Disorders of Infancy and Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality disorder
- Medication-Induced Movement Disorders

EXCLUDED DIAGNOSIS

- Mental Retardation
- Learning Disorders
- Communication Disorders
- Autism Spectrum Disorder*
- Tic Disorders
- Delirium, Dementia, and Amnesic and Other Cognitive Disorders
- Mental Disorders due to a General Medical Condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorder
- Other conditions that may be a focus of clinical attention, except Medication Induced Movement Disorders, which are included

A client may receive services for an included diagnosis when an excluded diagnosis is also present.

*Refer to [APL No. 18-006](#) and [Behavioral Health IN No. 20-043](#)

B. Functional Impairment Criteria

Must have one of the following as a result of the mental health disorder(s) identified in the diagnostic "A" criteria:

1. A significant impairment in an important area of life functioning;
OR
2. A probability of significant deterioration in an important area of life functioning;
OR
3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriated. Children covered under EPSDT qualify if they have a mental disorder which can be corrected or ameliorated.

C. Intervention Related Criteria

Must have all (1, 2, and 3 listed below):

1. The focus of proposed intervention is to address the condition identified in impairment criteria "B" above;
AND
2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning;
AND
3. The condition would not be responsive to physical healthcare based treatment.