



Second Quarter 2023

MFA Setup Is Required for
Provider Portal Access
Page 3

Medicare Coverage of
MFTs and MHCs
Page 4

DEA Extends Telemedicine
Flexibilities
Page 6

Provider Trainings
Page 7

Beacon Health Options of
Pennsylvania Name Change
Page 9

Carelon Behavioral Health Provider Newsletter

Contents



REMINDER: MFA SETUP IS REQUIRED FOR PROVIDER PORTAL ACCESS

Multi-Factor Authentication requirement has been extended.....3



MEDICARE COVERAGE OF MARRIAGE AND FAMILY THERAPISTS AND MENTAL HEALTH COUNSELORS

Revisions to payment policies4

Join our Medicare Advantage network.....5



DEA EXTENDS TELEMEDICINE FLEXIBILITIES REGARDING THE PRESCRIPTION OF CONTROLLED MEDICATIONS

Notice from The American Psychiatric Association.....6



PROVIDER TRAININGS

View upcoming and archived provider trainings.....7



UPDATING YOUR PROVIDER DEMOGRAPHIC INFORMATION

Reminder to keep your provider profile up-to-date.....8



REGIONAL NEWS

Pennsylvania

Beacon Health Options of Pennsylvania Name Change9

Regional In-person Annual Forums.....10

The Provider Advisory Council and Its Membership.....11

Pennsylvania Statewide Tobacco-free Recovery Initiative (PA STFRI)12

Best Chances for Quitting Tobacco.....13

Emotional Toll of Childhood Obesity.....14

Domestic Violence and Disabilities.....15



California

2023 Medical Necessity Criteria- California.....16-17

NCQA Accreditation Requirements.....18

Medi-Cal Managed Care Health Plan Responsibilities for Non-specialty Mental Health Services.....19

Timely Access to Care.....20

Emergency Guidance For Medi-Cal Managed Care Health Plans in Response to Covid-19.....21

Dyadic Care Services And Family Therapy Benefit.....22

L.A. Care Health Plan Medi-Cal Redetermination Provider Toolkit.....23



Connecticut

Connecticut Behavioral Health Partnership Educational Forums.....24

REMINDER: MFA SETUP IS REQUIRED FOR PROVIDER PORTAL ACCESS

Protecting your data is our top priority, which is why we continue to ensure strong security measures are always in place. In an effort to avoid provider portal access issues, we have extended the requirement for Multi-Factor Authentication.

Effective July 16, 2023, Carelon Behavioral Health (Carelon) provider portals will begin requiring MFA for login.

MFA adds another layer of protection so that only you can access your online account. MFA is similar to leading industry best practices, such as those used by your bank or lender, to protect your personal information.

We strongly encourage providers to begin registering for MFA, if they have not already.

For more information on MFA setup and for a step-by-step guide by portal, please see our [MFA FAQ](#). You can also access the MFA setup guides linked below.

As a reminder, user Account Credentials cannot be shared. If your organization needs additional accounts, please refer to our [website](#) and scroll to the, "How to obtain your user Id" section and select the ProviderConnect or eServices Account Request form.

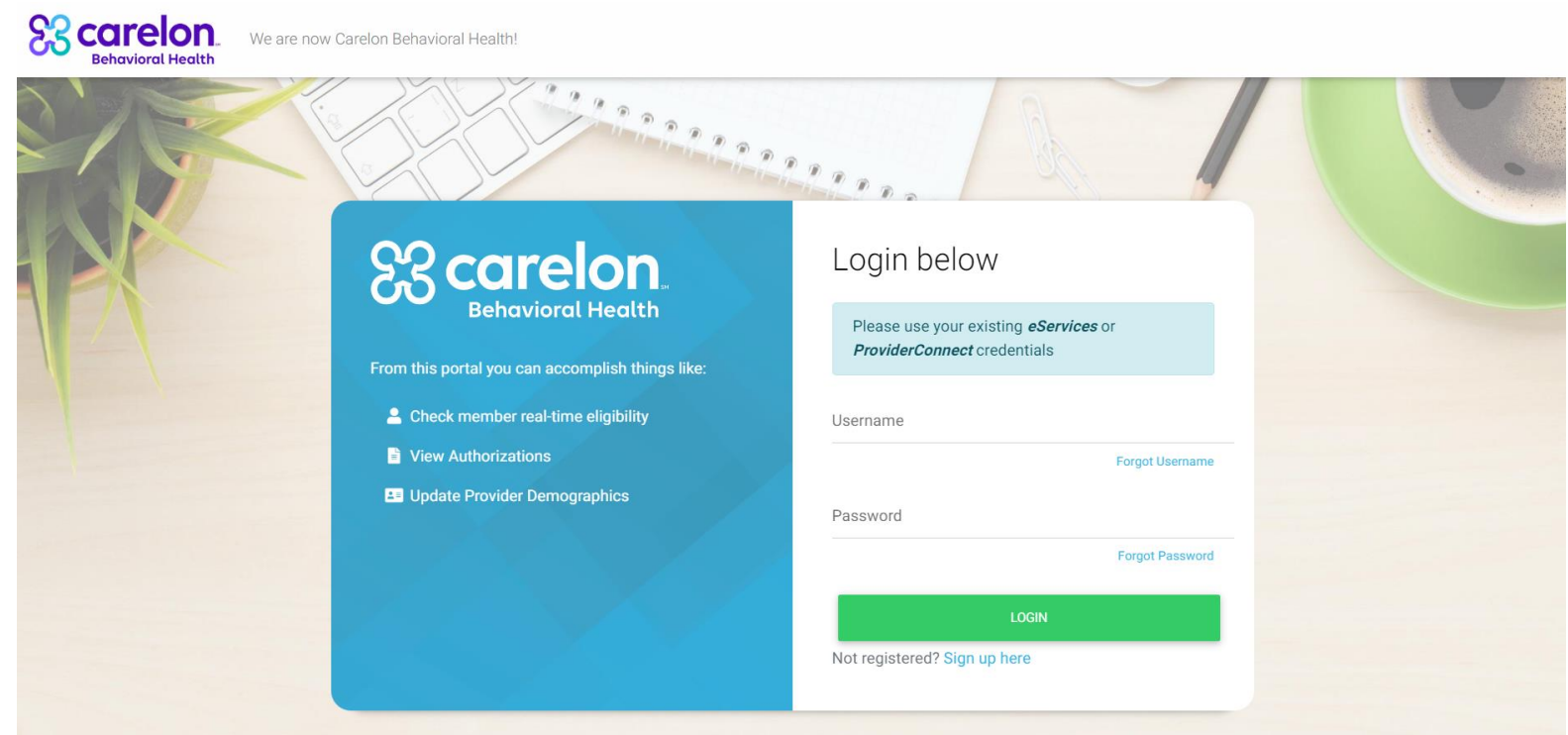
Helpful Resources

- » [MFA FAQ](#)
- » [ProviderConnect MFA Setup Guide](#)
- » [eServices MFA Setup Guide](#)

For assistance with MFA setup, please email us directly at MFA-ProviderSupport@carelon.com. Thank you for your support and role to protect your information and that of our members.

We take our provider confidential account information seriously and will continue to do what is needed from a security standpoint to protect your information and prevent fraud.

We know change is not always easy, but along with providing enhanced services that allow provider information to be available at your fingertips, we must also improve what we do to protect that information.



MEDICARE COVERAGE OF MARRIAGE AND FAMILY THERAPISTS AND MENTAL HEALTH COUNSELORS

Beginning this year (1/1/23), Medicare allows licensed professional counselors, licensed marriage and family therapists, and other practitioners to provide mental health or substance use disorder services under the general supervision of the billing physician or non-physician practitioner, rather than under their direct supervision due to a change made in the [2023 Medicare Physician Fee Schedule Final Rule](#). (Prior to 2023, Medicare [did not provide reimbursement](#) for mental health services provided by licensed professional counselors and licensed marriage and family therapists, unless the service was provided under the direct supervision of a billing physician). In practice, this means that auxiliary staff such as licensed professional counselors and licensed marriage and family therapists do not need the continuous, direct physical presence of supervising physicians or non-physician practitioners to furnish these services and get reimbursement from Medicare.

Further, in changes adopted as part of the [Consolidated Appropriations Act \(CAA\), 2023](#), beginning January 1, 2024, Medicare will directly reimburse marriage and family therapists as well as mental health counselors, such as certified or licensed clinical professional counselors, or professional counselors, for the provision of mental health services. (These types of providers are not currently allowed to bill Medicare to provide these services.)

Medicare fees vary by type of provider. MFTs and LMHCs are paid under Medicare Part B at 75% of the Medicare Physician Fee Schedule.



Continued on following page

Medicare Coverage of Marriage and Family Therapists and Mental Health Counselors *continued*

NOTE: Counselors may have different titles in different states. The specific title in a State will not prevent practitioners from being eligible for Medicare reimbursement if they meet the following definitions/requirements from the CAA 2023:

“(1) MARRIAGE AND FAMILY THERAPIST SERVICES —The term ‘marriage and family therapist services’ means services furnished by a marriage and family therapist (as defined in paragraph (2)) for the diagnosis and treatment of mental illnesses (other than services furnished to an inpatient of a hospital), which the marriage and family therapist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) of the State in which such services are furnished, as would otherwise be covered if furnished by a physician or as an incident to a physician’s professional service.

“(2) MARRIAGE AND FAMILY THERAPIST —The term ‘marriage and family therapist’ means an individual who—

- “(A) possesses a master’s or doctor’s degree which qualifies for licensure or certification as a marriage and family therapist pursuant to State law of the State in which such individual furnishes the services described in paragraph (1);
- “(B) is licensed or certified as a marriage and family therapist by the State in which such individual furnishes such services;
- “(C) after obtaining such degree has performed at least 2 years of clinical supervised experience in marriage and family therapy; and
- “(D) meets such other requirements as specified by the Secretary.

“(3) MENTAL HEALTH COUNSELOR SERVICES —The term ‘mental health counselor services’ means services furnished by a mental health counselor (as defined in paragraph (4)) for the diagnosis and treatment of mental illnesses (other than services furnished to an inpatient of a hospital), which the mental health counselor is legally authorized to perform under State law (or the State regulatory mechanism provided by the State law) of the State in which such services are furnished, as would otherwise be covered if furnished by a physician or as incident to a physician’s professional service.

“(4) MENTAL HEALTH COUNSELOR —The term ‘mental health counselor’ means an individual who—

- “(A) possesses a master’s or doctor’s degree which qualifies for licensure or certification as a mental health counselor, clinical professional counselor, or professional counselor under the State law of the State in which such individual furnishes the services described in paragraph (3);
- “(B) is licensed or certified as a mental health counselor, clinical professional counselor, or professional counselor by the State in which the services are furnished;
- “(C) after obtaining such a degree has performed at least 2 years of clinical supervised experience in mental health counseling; and
- “(D) meets such other requirements as specified by the Secretary.”

Carelon welcomes MFTs and Counselors to [join our Medicare Advantage network](#) in the following states: AZ, CA, CO, FL, HI, IL, MA, MD, NH, NV, NY, OK, OR, PA, TX and WA.

Sources:

Meredith Freed, Juliette Cubanski and Tricia Neuman, FAQs on Mental Health and Substance Use Disorder Coverage in Medicare, (KFF, 1/18/2023) <https://www.kff.org/medicare/issue-brief/faqs-on-mental-health-and-substance-use-disorder-coverage-in-medicare/> (May 2023).

Federal Register: Medicare and Medicaid Programs; CY 2023 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Implementing Requirements for Manufacturers of Certain Single-dose Container or Single-use Package Drugs To Provide Refunds With Respect to Discarded Amounts; and COVID-19 Interim Final Rules - <https://www.federalregister.gov/documents/2022/11/18/2022-23873/medicare-and-medicaid-programs-cy-2023-payment-policies-under-the-physician-fee-schedule-and-other>

H.R. 2617 – 117th Congress (2021-2022): Consolidated Appropriations Act, 2023| Congress.gov |Library of Congress - <https://www.congress.gov/bill/117th-congress/house-bill/2617>

NOTICE FROM THE AMERICAN PSYCHIATRIC ASSOCIATION: DEA EXTENDS TELEMEDICINE FLEXIBILITIES REGARDING THE PRESCRIPTION OF CONTROLLED MEDICATIONS

The DEA in coordination with SAMHSA [temporarily extended](#) the COVID-19 telemedicine flexibilities regarding the prescription of controlled medications through November 11, 2023.

For any practitioner-patient telemedicine relationship that has been or will be established before November 11, 2023, there will continue to be a one-year grace period of these flexibilities through November 11, 2024. In other words, if the practitioner and patient have established a telemedicine relationship involving the prescription of controlled medications on or before November 11, 2023, the telemedicine flexibilities for the prescribing of controlled substances will be extended through November 11, 2024. Practitioner-patient relationships established after November 11, 2023 will not be granted use of those flexibilities.

These flexibilities include:

- » No in-person requirement for the prescribing of schedule II-V controlled medications via audio-video telemedicine encounters;
- » No in-person requirement for the prescribing of schedule III-V narcotic controlled medications approved by the FDA for the maintenance and withdrawal management treatment of opioid use disorder via audio-only telemedicine encounters;
- » DEA registration in one state allowing prescription of controlled medications in any state.

DEA and SAMHSA are still reviewing the comments received in March to finalize updated rules regarding telemedicine prescribing of controlled substances after these flexibilities expire. APA submitted comments on March 31 to both the [Telemedicine Prescribing of Controlled Substances Proposed Rule](#) and the [Expansion of Induction of Buprenorphine via Telemedicine Encounter Proposed Rule](#).

Please submit any questions you to have to the practice management helpline at practicemanagement@psych.org or call 800-343-4671.



PROVIDER TRAININGS

We provide a full range of trainings year round to educate, inform, and share industry-wide best practices and policies. Trainings cover a variety of topics ranging from claim submission guidelines and provider portal support to behavioral health in youth and motivational interviewing. Registration is on a first come first serve basis. If you are unable to attend, the recorded webinars and related PowerPoint presentations will be posted on our website at www.carelonbehavioralhealth.com/providers/resources/trainings

TOPIC	DATE	TIME	REGISTRATION LINK
Disease Self-Management	Wednesday, July 19, 2023	3:00 PM Eastern Time	Click here to register
Claims Submission Guidance	Thursday, July 20, 2023	12:00 PM Eastern Time	Click here to register
ProviderConnect Overview	Wednesday, July 26, 2023	2:00 PM Eastern Time	Click here to register



To access our webinar and training archive, visit www.carelonbehavioralhealth.com/providers/resources/trainings

For questions, please contact your local contracting entity.

UPDATING YOUR PROVIDER DEMOGRAPHIC INFORMATION

Participating providers must update their demographic, office, and/or participating Provider Profile information promptly and in advance of changes.

To change or update your Provider Profile (e.g., address, phone, etc.) use one of the following methods:

» **CAQH (Carelon's preferred method)**

- Participating CAQH providers: Log in to your CAQH ProView
- New users: Register for CAQH Proview

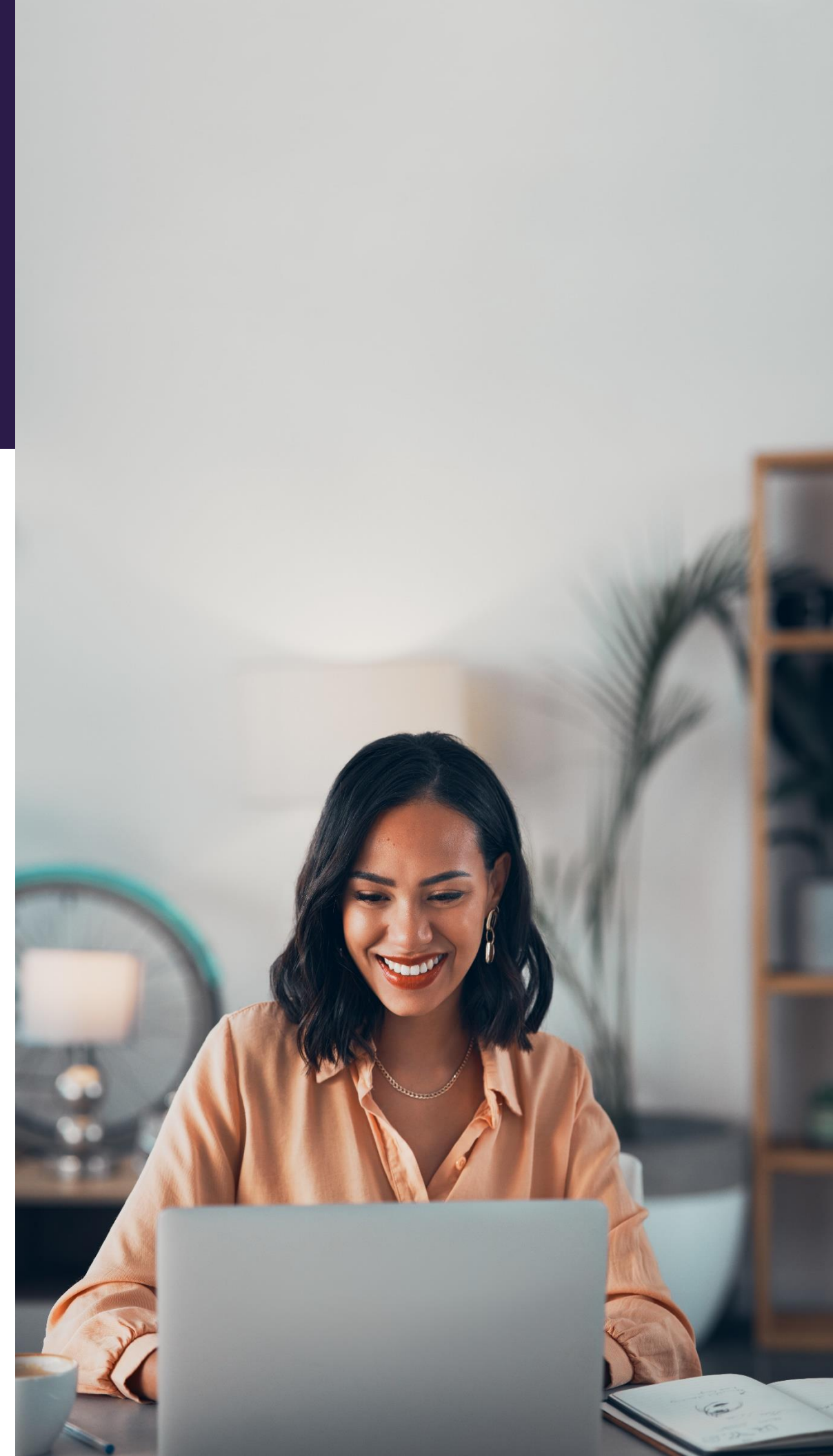
» **The Carelon Provider Portal**

- Log in to the Carelon Provider Portal
- Select "Update Demographic Information"

» **National Provider Service Line**

- Call the Carelon National Provider Service Line at 800-397-1630, Mon. through Fri., 8 a.m. to 8 p.m. ET.

Note: Updating a Tax ID requires an accompanying W-9 form. The W-9 can be submitted via the provider portal as an attachment. Providers without access to the provider portal can contact the National Provider Service Line for assistance in submitting a W-9.



BEACON HEALTH OPTIONS OF PENNSYLVANIA IS NOW CARELON HEALTH OF PENNSYLVANIA

On May 1, 2023, Beacon Health Options of Pennsylvania fully transitioned to Carelon Health of Pennsylvania. The same great team focused on improving the provider experience with a new lavender look. Our website address is pa.carelon.com where Pennsylvania Medicaid specific information is shared. We hope you enjoy this quarterly communication and benefit from national resources while learning about Pennsylvania Medicaid specific updates! As always, time-sensitive communication will be communicated from the Carelon Health of Pennsylvania team and archived on our website here:

www.pa.carelon.com/providers/provider-alerts

What this means for you

Our name has evolved, and that is all. Our commitment to you, our partnership, your contracts, reimbursement, policies, and points of contact will all remain the same. All existing phone numbers, emails, websites, and portals will redirect you to the Carelon-branded locations with no action required from you.



SAVE THE DATE REGIONAL IN-PERSON ANNUAL FORUMS

**New this year, all 3 forums will include and acknowledge
Adult Individuals and Families/Caregivers**

- » **Fayette, Indiana, and Westmoreland Counties**
Wednesday, August 23rd at the Antonelli's Event Center 100
Colony Drive, North Huntingdon, PA
- » **Armstrong, Beaver, Butler, Lawrence, and Washington Counties**
Friday, August 25th at the Pittsburgh Marriott North 100
Cranberry Woods Drive, Cranberry Township, PA
- » **Crawford, Mercer, and Venango Counties**
Friday, October 27 at New Beginnings 13226 Leslie Road,
Meadville, PA

Featuring the ever-inspiring Leadership in Recovery and the Exceptional Parent/Caregiver Award Ceremonies. Think about one outstanding adult individual and one family/caregiver from your county whom you would like to nominate. Nomination forms will be available in the near future. Additional details and the nomination form will be coming soon to www.pa.carelon.com.



THE PROVIDER ADVISORY COUNCIL AND ITS MEMBERSHIP

Since the inception of our business, the Provider Advisory Council has met quarterly on your behalf to collaborate with Carelon of Pennsylvania on a variety of topics, each of which are designated to benefit the provider experience. The council is made up of a group of appointed representatives from the provider community along with county representatives and representatives of Southwest Behavioral Health Management (an oversight group of the HealthChoices program). The council's goal is to enhance communication between providers and Carelon through feedback, discussion, and collaboration. Even if you are not an appointed member of council, your voice as a provider is an important one. As such, the Council invites you to reach out to them with your feedback and discussion points to ensure positive provider experiences for all that ultimately make recovery possible for our members.

Please view the [Provider Advisory Council membership list](#).





PENNSYLVANIA STATEWIDE TOBACCO-FREE RECOVERY INITIATIVE (PA STFRI)

The following message is issued on behalf of the PA STFRI Advisory Board members to (1) share a brief statement to reinforce the importance for tobacco-free behavioral health services and (2) generate and sustain awareness of the PA STFRI.

Tobacco Awareness in Recovery

Background: High prevalence (more than 80%) of tobacco smoking have been found both in subjects (with opioid use disorder) and among subjects with OUD (being treated) with buprenorphine or methadone.

Aim: This study explored the efficacy of combined nicotine replacement therapy (NRT) and individual counseling when compared to NRT alone in subjects (being treated) with buprenorphine.

Results: The group of subjects who received NRT with individual counseling showed higher rates of (tobacco abstinence) at the end of treatment (51%) as compared to the NRT and simple advice group where (tobacco abstinence) rates were around 8% ($P < 0.001$).

Conclusion: A multi component approach (pharmacotherapy and counseling) enhances treatment outcomes and enhances rates of smoking abstinence.

Resource: <https://www.industrialpsychiatry.org/preprintarticle.asp?id=353884>

Jhanjee S, Charan D, Mishra AK, Kaloiya GS, Jain R, Dayal P. Effectiveness of smoking cessation intervention in opioid-dependent male subjects on buprenorphine maintenance treatment: An open-label trial. Ind Psychiatry J. 2022.

For more information, contact the PA STFRI at tobaccofreerecoverypa@phila.gov and visit www.tobaccofreerecoverypa.com

BEST CHANCES FOR QUITTING TOBACCO

Counseling and medication together gives you the best chance of quitting tobacco for good. Many treatments and resources may be available to you free of charge or may be covered by your insurance.

Get Help Quitting Today

If you are ready to quit:

- » Call a quit line coach (1-800-QUIT-NOW) or
- » Talk to a healthcare professional.

They can help you decide what treatment is best for you and can connect you to quit smoking programs and resources.

Remember, even if you've tried before, the key to success is to keep trying and not give up. After all, more than half of U.S. adults who smoked have quit.

For information to quit tobacco, visit [CDC.gov/quit](https://www.cdc.gov/quit). The member section on Beacon's website has additional information and resources to help you quit. Please visit our member tobacco cessation page for resources:

www.pa.beaconhealthoptions.com/members/tobacco-cessation



EMOTIONAL TOLL OF CHILDHOOD OBESITY

Obesity is a serious problem in the United States. Overweight children are at risk for health problems later in life. Approximately 19.7% of children and teens are obese.

Physical health is only part of the concern. It is also important to consider the following emotional effects of childhood obesity.

Stigma

The stigma surrounding obesity can be just as damaging as the physical health problems. There is a lot of focus on thinness in the world. Other children and adults with negative thoughts can view overweight children as less likeable.

Self Esteem and Bullying

Being overweight can be hard. Low self-esteem and lack of confidence can lead to:

- » Feelings of shame
- » Academic problems
- » Trouble making new friends
- » Losing old friends

Overweight children can be bullied:

- » Told that is their own fault they are overweight
- » Called names
- » Can be the last one selected on a team in gym class

Depression

The child or teen may see himself/herself as different than everyone else and may feel they do not fit in. The child/teen may feel lonely, sad and unpopular. Talk to your child's doctor if you feel your child may be depressed.

Emotional Eating

Some children and teens find comfort in food and end up adding more calories to their diet each day. Stressors such as illness, moving to a new community, divorce or the loss of a parent or loved one can lead children and teens to over eat.

When talking to your pediatrician, remember to consider these emotional tolls your child may be facing.

For additional information, visit
www.cdc.gov/obesity/childhood/index.html or
www.healthychildren.org

DOMESTIC VIOLENCE AND DISABILITIES

Individuals that have disabilities also face domestic violence. Sanctuary for Families stated that, “People with disabilities have a higher rate of domestic violence.” “About 70% percent of disabled people experience some form of abuse. The disabled are three times more likely to be a victim of sexual assault.”

Signs of domestic violence for someone with a disability may include:

- » Stealing money or benefits.
- » Withholding care such as treatments or medications or not allowed to be a voice about their own care.
- » Refusing daily needs such as food, clothing or a safe place in the home.
- » The caretaker blaming behaviors or actions so the person has no voice about himself or herself.
- » Not allowing use of devices such as a wheelchair.
- » Visible signs such as bruising, bone breaks or marks on the body.
- » Visible signs of flinching when approached or touched.
- » Passed along to other caregivers as a way of not dealing with the person.
- » They fear losing their home or independence if they speak up.
- » Signs of sexual abuse.

Help is available. There are many local and national resources.

- » The National Domestic Violence Hotline: 1-800-799-SAFE (7233)
- » PA Statewide Independent Living Council: pasilc.org 717-364-1732
- » Sanctuary for Families:
www.sanctuaryforfamilies.org/disability-domestic-violence
- » To find local resources: Pennsylvania Coalition against Domestic Violence website offer free and confidential services:
www.pcadv.org

Sources:

Center for National Domestic Violence; PA Statewide Independent Living Council; Sanctuary for Families; PCADV

2023 MEDICAL NECESSITY CRITERIA- CALIFORNIA

Carelon Behavioral Health of California, Inc. is a professional corporation duly organized under the laws of the State of California and operated as a Behavioral Health Knox-Keene Licensed Health Plan, which enters into agreements with organizations such as managed health care service plans, employer groups, preferred provider organizations, exclusive provider organizations, and other purchase of medical services (collectively referred to as “Plans”) for the arrangement of the provision of health care services to subscribers or members of the Plans. Medical Necessity Criteria can vary according to individual contractual obligations, state/ federal requirements and member benefit coverage. Carelon Behavioral Health of California uses the following as a guide based on plan type and the type of service being requested:

1. For all Medicare members, identify relevant Centers for Medicare and Medicaid (CMS) National Coverage Determinations (NCD) or Local Coverage Determinations (LCD) Criteria.
2. If no CMS criteria exists for Medicare members, InterQual® Behavioral Health Criteria would be appropriate.
 - * Exceptions if criteria sets not found in 1 or 2 above:
 - o Carelon Behavioral Health of California’s Medical Necessity Criteria may be appropriate to use.
3. For behavioral health services, custom criteria is often state or plan/contract specific:
 - California Commercial Plans utilize LOCUS, CALOCUS-CASII and ECSII criteria.
 - * Exceptions for Commercial plans due to there being no non-profit criteria currently available:
 - o InterQual® Behavioral Health Criteria or Elevance Clinical UM Guidelines are used for Behavioral Health Treatment (BHT) services.
 - o MCG may be used for Transcranial Magnetic Stimulation (TMS) services
 - County Medi-Cal Plans utilize:
 - Specialty Mental Health Services (SMHS): Title 9 California Code of Regulations
 - Non-Specialty Mental Health Services (NSMHS): The most current guidance provided by the state’s All Plan Letter.
 - * Exceptions for Medi-Cal plans due to there being no non-profit criteria currently available:
 - o InterQual® Behavioral Health Criteria or Elevance Clinical UM Guidelines are used for Behavioral Health Treatment (BHT) services.
4. For substance use related services, CHIPA uses the American Society of Addiction Medicine (ASAM) criteria for all lines of business.
 - * Exception for Medicare membership:
 - o InterQual® Behavioral Health Criteria (Substance Use Lab Testing)

2023 Medical Necessity Criteria- California *continued*

Carelon Health IPA (CHIPA) is a professional corporation duly organized under the laws for the State of California and operated as an independent practice association, which enters into agreements with organizations such as health care service plans, preferred provider organizations, exclusion provider organizations and other purchases of medical services (collectively referred to as "Plans") for the arrangement of the provision of health care services to subscribers or members of the Plans. CHIPA provides Utilization Management for Mental Health services and Substance Use related conditions. Medical Necessity Criteria can vary according to individual contractual obligations, state/ federal requirements and member benefit coverage. CHIPA uses the following as a guide based on plan type and the type of service being requested:

1. For all Medicare members, identify relevant Centers for Medicare and Medicaid (CMS) National Coverage Determinations (NCD) or Local Coverage Determinations (LCD) Criteria.
2. If no CMS criteria exists for Medicare members, InterQual® Behavioral Health Criteria would be appropriate.
 - * Exceptions if criteria sets not found in 1 or 2 above:
 - Carelon Behavioral Health of California's Medical Necessity Criteria may be appropriate to use.
3. For behavioral health services, custom criteria is often state or plan/contract specific:
 - California Commercial Plans utilize LOCUS, CALOCUS-CASII and ECSII criteria.
 - * Exceptions for Commercial plans due to there being no non-profit criteria currently available:
 - InterQual® Behavioral Health Criteria or Elevance Clinical UM Guidelines are used for Behavioral Health Treatment (BHT) services.
 - County Medi-Cal Plans utilize:
 - Specialty Mental Health Services (SMHS): Title 9 California Code of Regulations
 - Non-Specialty Mental Health Services (NSMHS): The most current guidance provided by the state's All Plan Letter.
 - * Exceptions for Medi-Cal plans due to there being no non-profit criteria currently available:
 - InterQual® Behavioral Health Criteria or Elevance Clinical UM Guidelines are used for Behavioral Health Treatment (BHT) services.
4. For substance use related services, CHIPA uses the American Society of Addiction Medicine (ASAM) criteria for all lines of business.
 - * Exception for Medicare membership:
 - InterQual® Behavioral Health Criteria (Substance Use Lab Testing)

An updated copy of the criteria is available on your health plan's website.

- » Carelon Behavioral Health of California at www.carelonbehavioralhealthca.com/medical-necessity-criteria
- » CHIPA at www.chipa.com/providers

Providers from either health plan can also email

provider.inquiry@carelonbehavioralhealthca.com to request a printed copy of the appropriate MNC, free of charge, or contact your health plan at:

- » Carelon Behavioral Health of California at (800) 228-1286
- » CHIPA at (833) 969-2190

NCQA ACCREDITATION REQUIREMENTS

The National Committee for Quality Assurance (NCQA) accreditation standards (UM2 Factor 4: Practitioner Involvement) requires accredited health plans to seek annual non-staff network practitioner feedback on the development, adoption and review of clinical criteria used to make utilization management decisions:

“Non-staff network practitioners must also be involved in developing, adopting and reviewing criteria, because they are subject to application of the criteria. The organization may have practitioners review criteria if it does not develop its own UM criteria and obtains criteria from external entities.”

Practitioners with clinical expertise in the use of the following California custom criteria sets are asked to provide commentary on either the development and adoption of these criteria sets, or on the instructions for applying these criteria sets.

- » LOCUS, CALOCUS-CASII, ESCII (Commercial)
- » Title 9- California’s Code of Regulations, Chapter 11 for Medi-Cal Non-Specialty Mental Health Services (NSMHS) (Medi-Cal)
- » Title 9, 1820.205 California Medi-Cal for Psychiatric Inpatient Hospital Services and Psychiatric Health Facility Services- State (Medi-Cal)

*Disclosure Statement: All feedback and recommendations about the medical necessity criteria (MNC) will be aggregated and shared in a de-identifiable format with the organization, governmental entity or 3rd party vender that issued the MNC.

The following questions may help to guide provider feedback but are not meant to be limiting: (please identify which criteria set you are referencing)

1. Do you use the criteria when requesting prior authorization or concurrent review?
2. Do you have any suggestions for improving either one or both of the medical necessity criteria noted above?
3. Have you had any difficulty using either one or both of the medical necessity criteria?
4. Is there any new scientific evidence that would support a change to either one or both of the existing criteria?
5. Any additional comment/feedback on either one or both of the medical necessity criteria noted above?

Please email your comments and feedback to:
provider.inquiry@carelonbehavioralhealthca.com

MEDI-CAL MANAGED CARE HEALTH PLAN RESPONSIBILITIES FOR NON-SPECIALTY MENTAL HEALTH SERVICES

DHCS published APL 22-006 MEDI-CAL MANAGED CARE HEALTH PLAN RESPONSIBILITIES FOR NON-SPECIALTY MENTAL HEALTH SERVICES to provide Medi-Cal managed care health plans with guidance on coverage requirements for the provision of the Non-Specialty Mental Health Services benefit effective January 1, 2023.

Covered Services:

- » Mental health evaluation and treatment, including individual, group and family psychotherapy
- » Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition
- » Outpatient services for the purposes of monitoring drug therapy
- » Psychiatric consultation
- » Outpatient laboratory, drugs, supplies, and supplements

Covered Recipients:

- » Members 21 years and over with mild to moderate distress or mild-to-moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders
- » Members under age 21, to the extent otherwise eligible for services through EPSDT, regardless of level of distress or impairment or the presence of a diagnosis
- » Members of any age with potential mental health disorders not yet diagnosed.



Carelon is working to ensure that all applicable benefits are updated to meet the CA Regulation. This regulation became effective 1/1/2023. Services billed starting 1/1/2023 and denied will be reprocessed automatically.

Additional questions? Please contact the Carelon National Provider Service Line at 800-397-1630, Monday through Friday, 8:30 a.m. to 5 p.m. EST or email the California provider relations team at provider.inquiry@carelon.com.

TIMELY ACCESS TO CARE

Carelon Behavioral Health of California members have the right to an appointment when needed

Carelon contracted providers must meet timelines for providing care and services to members seeking care. Members have the right to receiving care within a certain amount of time. The listed timeframes are required under the Timely Access Regulation.

Wait Times from Date of Request for Appointment	
Urgent Care <i>(Prior authorization not required by Carelon)</i>	2 days
Non Urgent Care	
Mental Health (Non-Physician ¹)	10 business days
Specialty Care (Physician)	15 business days
Follow Up Care <i>(Mental Health / Substance Use Disorder)</i>	10 business days from prior appointment

¹ Examples of non-physician mental health providers include counseling professionals, substance abuse professionals and qualified autism service providers.



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES EMERGENCY GUIDANCE FOR MEDI-CAL MANAGED CARE HEALTH PLANS IN RESPONSE TO COVID-19

On April 4, 2023, DHCS issued revised All Plan Letter (APL 20-004) providing guidance on the end of the COVID-10 Public Health Emergency (PHE) on May 11, 2023. Due to the end of the COVID 19 public health emergency, Caredon is reverting the Service Authorization and Cost Share Waivers effective May 12, 2023.

Caredon is working to ensure that all applicable benefits are updated to meet the CA Regulation. This update became effective 5/12/2023. Authorization and Co-Pay requirements will apply to services billed starting 5/13/2023.

[Click here to read and download the All Plan Letter](#)



DYADIC CARE SERVICES AND FAMILY THERAPY BENEFIT

DHCS published APL 22-029 Dyadic Care and Family Therapy Benefit to provide Medi-Cal managed care health plans with guidance on coverage requirements for the provision of the new Dyadic Care Services and family therapy benefit effective January 1, 2023. Dyadic Services include Dyadic behavioral health (DBH) well-child visits, Dyadic Comprehensive Community Supports Services, Dyadic Psychoeducational Services, and Dyadic Family Training and Counseling for Child Development.

Covered Services:

Medi-Cal reimburses dyadic services for recipients' ages 0 to 21 years, when billed to the child's Medi-Cal ID with the U1 modifier.

Below are a list of Behavioral health codes that will now be covered by Carelon.

Dyadic services are preventive behavioral health services for recipients' ages 0 to 21 years and/or their caregivers:

- » Dyadic Behavioral Health (DBH) Well-Child Visits (H1O11)
- » Dyadic Comprehensive Community Support Services, per 15 minutes (H2015)
- » Dyadic Psychoeducational Services, per 15 minutes (H2027)
- » Dyadic Family Training and Counseling for Child Development, per 15 minutes (T1027)

Dyadic caregiver services include the following assessment, screening, counseling and brief intervention services provided to the caregiver:

- » ACE screening (G9919, G9920)
- » Alcohol and drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABI RT) (G0442, H0049, H0050)
- » Brief emotional/behavioral assessment (96127)
- » Depression screening (G8431, G8510)
- » Psychiatric diagnostic evaluation (90791, 90792)
- » Tobacco cessation counseling (99406, 99407)

Carelon is working to ensure that all applicable benefits are updated to meet the CA Regulation. This regulation became effective 1/1/2023. Services billed starting 1/1/2023 and denied will be reprocessed automatically.

Additional questions? Please contact the Carelon National Provider Service Line at 800-397-1630, Monday through Friday, 8:30 a.m. to 5 p.m. EST or email the California provider relations team at provider.inquiry@carelon.com.

L.A. CARE HEALTH PLAN MEDI-CAL REDETERMINATION PROVIDER TOOLKIT

On March 31, 2023, the continuous enrollment requirement was decoupled from the COVID-19 Public Health Emergency (PHE) end date, which set the stage for the resumption of Medi-Cal redeterminations to begin on April 1, 2023. Once routine Medi-Cal renewal operations resume, the county will check to see if beneficiaries still qualify for Medi-Cal and take action following verification of eligibility. It is anticipated that a significant volume of eligible individuals could lose their coverage once redeterminations resume as a result of the County having outdated contact information or beneficiaries being unaware of the renewal process.

The L.A. Care Health Plan (L.A. Care) call to action for our providers, as trusted partners to their patients, is to conduct outreach and bring awareness to the resumption of Medi-Cal renewals. To support providers in their outreach and communication efforts, we are excited to share L.A. Care's Medi-Cal Redetermination Provider Toolkit. We encourage you to share this information with your provider network, given their opportunity to interact with members often and in-person.

- » [L.A. Care Medi-Cal Redetermination Provider Notice](#)
- » [L.A. Care Medi-Cal Redetermination Provider Toolkit](#)



CONNECTICUT BEHAVIORAL HEALTH PARTNERSHIP EDUCATIONAL FORUMS

Educational forums aim to enhance provider partnerships, improve performance, and promote the continuity of care across the behavioral health delivery system.

In Connecticut, the 2023 Educational Forum series began with [Substance Use in an Aging Population](#); the second forum will focus on the correlation between Substance Use and Trauma; and the third on Integration of Treatment for Neurodiverse Youth and Young Adults.

To access forum recordings and to register for future forums, visit www.ctbhp.com/providers/educational-forums.

