



Policy and Procedure No: PR 14.4	Revision No: 4
Division: Care Management	
Department: Provider Relations	
Title: PHC-CA Mental Health Services under Managed Medi-Cal	
Effective Date: 3/1/2019	
Supersedes Policy No: PR 14.0, PR 14.1, PR 14.2, PR 14.3	
Reviewed/Revised by: Sandra Holzner	Review/Revision Date: 12/3/2025
Approving Committee: Member Provider Committee	Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025	

Purpose:

This policy is designed to comprehensively define the requirements for access to and provision of mental health services as required by PHC California (the Health Plan). This policy also includes coordination of any specialty mental health service referrals to the local County mental health plan.

Policy:

1. The Health Plan is required to provide the following mental health services to its Enrollees:
 - a. Individual and group mental health evaluation and treatment (psychotherapy);
 - b. Psychological testing, when clinically indicated to evaluate a mental health condition;
 - c. Outpatient services for the purposes of monitoring drug therapy;
 - d. Outpatient laboratory, drugs, supplies, and supplements (excluding selected medications), and
 - e. Psychiatric consultation.

2. The listed services must be provided by the Health Plan when medically necessary and provided by PCPs or licensed mental health professionals in the Health Plan provider network and within the respective professional's scope of practice. Licensed professionals considered for the direct provider network include the following:
 - a. Psychiatrists
 - b. Psychologists
 - c. Licensed Clinical Social Workers
 - d. Marriage & Family Therapists
 - e. Licensed Clinical Professional Counselors (LCPCs)



3. All licensed professionals work within their respective scope of practice, as defined by their licensing Boards, and within the confines of service coverage under the Health Plan mental health benefit.
 - a. LCSWs – practice is defined as a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and used applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families or groups; helping communities to organize, to provide, or to improve social or health services.
 - b. MFTs – perform assessment and treatment over mental and emotional problems with families and couples. They may also give treatment to families dealing with drug use and mental disorders. Therapy can be provided to individuals as well as in a group setting.
 - c. It is important to note that conditions identified as relational problems (couples counseling, family counseling for relational problems) are not covered under the mental health benefit. These conditions are defined by the Diagnosis and Statistical Manual of Mental Disorders, version 5.0 (DSM 5).
 - d. Mental Health Counselor – practice psychotherapy to modify a client’s behavior and perception. Usually work with patients with mild to moderate mental issues, such as trauma, addiction and substance abuse. They may work with more severe clients in another setting outside of the MCP. They may also work in conjunction with a psychiatrist for individuals with medication needs.
4. Additional providers may work with Health Plan Enrollees while in service through one of the inpatient or outpatient programs also included in the Health Plan’s provider network.
5. Contracting for direct provider participation is handled in the same way as that for other network providers. Credentialing for all mental health providers is handled by the Health Plan’s Credentialing Department.
 - a. Once approved for Credentialing, Provider Relations will schedule the provider for training and orientation, to occur within ten (10) days after the credentialing approval date.
 - b. If a provider is unable to schedule and complete their training and orientation, the contract is pended until such time as the training is completed.
 - c. If a provider is unable to complete their training within thirty (30) days, it is possible that their Health Plan contract will never be activated. Provider Relations will not activate any Health Plan provider who fails to complete their required training and orientation.
6. All mental health services are monitored for timely access and availability for appointments.



7. The following access criteria are used to measure compliance with the requirements:

Mental Health Network Adequacy Standards

Service	Time and Distance	Timely Access
Mental Health Services (non-psychiatry)	15 miles or 30 minutes	10 business days
Substance Use Disorder	15 miles or 30 minutes	10 business days
Opioid Treatment Program	15 miles or 30 minutes	3 business days from request

8. In the event the provider network is inadequate to support required access and availability standards in any part of the Health Plan’s service area additional providers, including clinics associated with the County mental health plan, will be solicited for contracting. All provider stipulations for contracting will apply.
9. Plan also will follow existing policy for the provision of out-of-network or non-participating providers, including telehealth mental health providers. (See Provider Relations Policy and Procedure PHC-CA Letter of Agreement).
10. The Health Plan will utilize a boilerplate agreement to establish a formalized referral mechanism and service, communication and coordination of care standards with the County mental health plan. The agreement used is the Memorandum of Understanding, as presented in DHCS APL 18-015. The executed copy with the Count MHP will be kept on file.
 - a. MOU will contain specific details to resolve disputes between the Health Plan and local County mental health plan in a timely and satisfactory manner. Pursuant to Title 9, Chapter 11-MediCal Specialty mental health service regulations (Attachment 1), clinical and administrative disputes processes outlined in the mutually agreed upon MOU includes but is not limited to processes defining responsibilities for providing mental health services
 - b. Member access to services will not result in delays as a result of pending provider disputes.

If the dispute cannot be resolved per the MOU, the Health Plan will refer to the guidance provided by DHCS APL 21-013. Any decision rendered by DHCS regarding a dispute between the Health Plan and the local MHP concerning the provisions of mental health services or Covered Services required under the DHCS contract shall prevail.

Procedure:

1. Mental health providers, both psychiatry and non-psychiatric licensed professionals will be regularly monitored for network adequacy, timely access and availability.
 - a. This will be achieved through the use of quarterly Geo Access mapping to Enrollees.
 - b. Provider offices will be regularly measured for appointment wait times and availability.



2. Provider Relations will have regular communication with county mental health providers, the Health Plan's Utilization Management Department and PCPs to validate adequate communication and coordination of care is occurring with Enrollees who move between Health Plan network services and MHP services.

Definitions:

1. MHP: County Mental Health Plan (county direct clinics and providers)

Monitoring:

1. Access & availability survey results will be compiled and reported whenever mental health providers are surveyed.
2. Geo Access results are compiled and reported regularly to the Member Provider Committee.
3. This policy and procedure is reviewed annually by the Member Provider Committee and updated as needed.

Reference(s):

1. California Code of Regulations, Title 16, Professional and Vocational Regulations, Div 18. Board of Behavioral Sciences.
2. DHCS APL17-018, Medi-Cal Managed Care Plan Responsibilities for Outpatient Mental Health Services, published October 27, 2017.
3. DHCS APL18-009, Memorandum of Understanding Requirements for Medi-Cal Managed Care Health Plans and Regional Centers, published March 2, 2018.
4. DHCS APL 18-015, Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans, published September 19, 2018.
5. Provider Relations Policy and Procedure PHC-CA Letter of Agreement
6. DHCS APL 21-013, Dispute Resolution Process between Mental Health Plans and Medi-Cal Managed Care Health Plans, published October 4, 2021

