

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: MPBP8011 (previously MPCP2017, MPQP1024, MPQG1024, QG100124)		Lead Department: Health Services Business Unit: Behavioral Health	
Policy/Procedure Title: Scope of Primary Care – Behavioral Health and Indications for Referral Guidelines		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 02/18/2004 (QG100124)		Next Review Date: 11/12/2026 Last Review Date: 11/12/2025	
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Partnership Advantage
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS	<input checked="" type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 11/12/2025

I. RELATED POLICIES:

- A. MPBP8007 - Screening and Treatment for Substance Use Disorders
- B. MPQG1005 - Adult Preventive Health Guidelines
- C. MPBP8003 - Mental Health Services
- D. MCUP3126 - Behavioral Health Treatment (BHT) for Members Under the Age of 21

II. IMPACTED DEPTS:

- A. Health Services
- B. Claims
- C. Member Services

III. DEFINITIONS:

- A. Non-Specialty Mental Health Services (NSMHS): aka Mild to Moderate Mental Health Services
Managed Care Plans (MCPs) are required to provide or arrange for provision of the following NSMHS:
 - 1. Mental health evaluation and treatment, including individual, group and family psychotherapy
 - 2. Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.
 - 3. Outpatient services for the purposes of monitoring drug therapy
 - 4. Psychiatric consultation
 - 5. Outpatient laboratory, medications¹, supplies, and supplements
- B. Specialty Mental Health Services (SMHS) aka Serious and Persistent Mental Health Services are those provided by County Mental Health Plans, generally for members who have significant impairment or reasonable probability of functional deterioration due to a diagnosed or suspected mental health disorder as described in Behavioral Health Information Notice [\(BHIN\) 21-073](#).

IV. ATTACHMENTS:

- A. Partnership Behavioral Health Referral Form

V. PURPOSE:

The purpose of this guideline is to 1) Define the scope of primary care practice regarding behavioral health and/or substance use disorder conditions and 2) To define appropriate situations for referral for Non-Specialty Mental Health Services (NSMHS) to Partnership HealthPlan of California, and for referral to County Behavioral Health Plans and/or County Substance Use Disorder Services as appropriate. The

¹ As per [APL 25-013](#), this does not include medications covered by Medi-Cal Rx.

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guideline is intended to facilitate communication between Primary Care Providers (PCPs) and behavioral health specialists and to help identify educational opportunities for the Partnership provider network.

VI. POLICY / PROCEDURE:

- A. Partnership utilizes this guideline to generally define the services and responsibilities of PCPs and behavioral health providers. PCPs are responsible for all services within the scope of primary care required by the patient except when clinical circumstances preclude the PCP role. The PCP’s services are personal, and their responsibility is continuous. The scope of the responsibility is comprehensive, (i.e., all required services including preventive services). The PCP should provide those services which can be provided within their competence and should obtain consultation when additional knowledge or skills are required. Partnership recognizes that differences in skill level exist among PCPs; this document serves as a general guideline to define the scope of services and the indications for specialty referrals. PCPs should continue to use their sound clinical judgment when considering the need for specialty evaluation. Consultation includes advice received from a specialist and the referral of a patient to a specialist for services. When care by specialists is required, it is the responsibility of the PCP and the specialists to coordinate all services.
- B. The PCP should be responsible for providing the following in regards to basic behavioral health conditions:
 1. Obtain developmental and psychosocial histories and perform mental status examinations when indicated by psychiatric or somatic presentations.
 2. Routinely screen for common behavioral health and substance use disorder conditions.
 - a. The plan has adopted, and Partnership contracted providers are expected to follow, the U.S. Preventive Services Task Force (USPSTF) Guide to Clinical Preventive Services. Routine screening for depression is recommended by the USPSTF. Please refer to Partnership’s Adult Preventive Health Guidelines policy MPQG1005 for further details.
 - b. Additionally, current versions of behavioral health and substance use disorder screening forms may be found on the Partnership website at this address:
<https://www.partnershiphp.org/Providers/BehavioralHealth/Pages/default.aspx>
 - c. Screening for alcohol misuse is also required. Please refer to policy MPBP8007 Screening and Treatment for Substance Use Disorders for details.
 3. Ascertain whether individuals are experiencing symptoms that would warrant emergent or urgent psychiatric evaluation, such as significant suicidal or homicidal ideation and/or grave disability as defined by the Lanterman-Petris-Short Act (LPS) (see this web page:
<https://ajud.assembly.ca.gov/sites/ajud.assembly.ca.gov/files/Kim%20Lewis%2C%20National%20Health%20Law%20Program%20slides.pdf>), active substance intoxication/withdrawal/use disorder, or disorganized thinking or psychomotoric agitation, and making appropriate referrals to complete these evaluations as clinically indicated. (Note that by January 1, 2026, all California counties are expected to be compliant with SB43 which updates the LPS clinical definition of “Grave Disability.” For more information: <https://www.dhcs.ca.gov/provgovpart/Documents/SB-43-FAQs.pdf>)
 4. Evaluate and provide ongoing management for the following:
 - a. Psychiatric factors affecting a medical condition and psychiatric symptoms precipitated by medications being used to treat medical conditions
 - b. Personality disorders that meet (or do not meet) the full criteria for a Diagnostic and Statistical Manual, Fifth Edition (DSM-5) diagnosis and ascertain whether it may be beneficial for (and facilitate connection for) further specialty evaluation and/or management.
 - c. Medical assessments of members to evaluate and treat general medical conditions causing or exacerbating psychiatric symptoms.
 - d. Initial diagnosis and treatment of dementia. Differentiate dementia from other disorders effecting cognition, such as delirium, schizophrenia, substance misuse, and depression. Manage

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general medical factors that improve or worsen dementia. (See policy MCQG1005 - Adult Preventive Health Guidelines for more information on cognitive health assessments for members who are 65 years of age or older)

C. The PCP should be responsible for the initial evaluation and referral for behavioral health services as follows:

1. Medi-Cal only Members (with no Medicare):
 - a. All mental health services for these members are provided either by Carelon Behavioral Health’s network of providers (now accessed through Partnership HealthPlan call center) for Non-Specialty Mental Health Services (mild to moderate behavioral health conditions) or by County Behavioral Health Plans for Specialty Mental Health services (aka serious and persistent mental health services).
 - b. Substance use disorder and substance misuse services for members in Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou and Solano counties are administered on behalf of these counties by Partnership HealthPlan. Substance use disorder and substance misuse services for members in other counties are provided by each individual county’s Substance Use Programs. In all counties, substance use disorder and substance misuse treatment services may also be provided within the Partnership network through the prescribing of Medications for Addiction Treatment (MAT); see policy MPBP8007 Screening and Treatment for Substance Use Disorders for further information.
2. PCP may determine a diagnosis or provisional diagnosis for the following behavioral health conditions, as appropriate: schizophrenia/psychotic disorder, bipolar depression, depression, anxiety disorder, impulse control disorder, adjustment disorder, personality disorder (except anti-social), eating disorder, pervasive developmental disorder, disruptive behavior/attention deficit disorder, feeding and eating/elimination disorders, other disorders of infancy, childhood, or adolescence, somatoform disorders, factitious disorders, dissociative disorders, paraphilias, gender dysphoria, substance-related and addictive disorders.
3. PCP should determine the level of functional impairment in the following life domains resulting from the behavioral health condition:
 - a. Independent living skills
 - b. Social relations
 - c. Physical condition (chronic medical condition)
 - d. Vocational/ Employment
 - e. Sexual Functioning
 - f. Self-care
 - g. Decision making
 - h. Legal
 - i. Residential instability
4. PCP should assess risk factors linked to the further deterioration of behavioral health conditions such as:
 - a. Psychiatric hospitalization
 - b. Criminal behaviors and criminal justice system involvement
 - c. Suicidal/homicidal ideations and behavior
 - d. Experiencing psychotic or mood symptoms (especially in youth and transitional aged youth)
 - e. Self-injurious behavior (especially that which required medical attention)
 - f. Sexual aggression with risk of re-offending
 - g. Inability to adequately self-care
 - h. Ongoing substance misuse
 - i. Risk to self or community due to high risk behaviors and/or impaired judgment (i.e., operating motor vehicles while intoxicated)

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5. For mental health conditions, PCP should refer Medi-Cal only members to Partnership when a provisional diagnosis is present or the diagnosis is uncertain, where functional impairment is considered to be in mild to moderate range, and where there are no deterioration/risk factors.
 - a. When Member’s needs are outside PCP scope, PCP may refer for Outpatient Behavioral Health Services for therapy or medication management via Carelon’s network of providers by providing the member with the Partnership Behavioral Health access line referral number (855) 765-9703. PCP can also fax a PCP Behavioral Health Referral Form (Attachment A) to Partnership at fax: (707) 914-0453 or use secure email to: BH-Access@partnershiphp.org. Behavioral Health Access Guides at Partnership will utilize DHCS Screening and Transition of Care Tools as per [APL 25-010](#) to determine the appropriate mental health delivery system referral, including coordination with county BHP if necessary (see policy MPBP8003 Mental Health Services for more information).
 - b. PCP may request PCP Decision Support, which allows consultative peer discussion related to member diagnostic and medication clarification; the PCP may request a telephone consultation with a Carelon psychiatrist. Before phone consult with Carelon, PCP should fax medication list and last 2 PCP progress notes for Psychiatrist review. Fax: (877) 321-1787 or secure email: medi-cal.referral@carelon.com
 - c. PCP may refer for Local Care Management to help link members to mental health providers, support their transition between levels of care, or engage members with history of non-compliance and link them to community services by sending the Partnership Behavioral Health Referral Form (Attachment A) to Partnership Fax: (707) 914-0453 or email: _BH-Access@partnershiphp.org.
 - d. Primary care sites with integrated behavioral health, whose mental health professionals are credentialed with Carelon, may co-manage patients who would qualify for the NSMHS mental health benefit.
 - e. After initial evaluation and/or referral, the PCP may continue to follow and treat a Partnership member based on their current clinical competence and in collaboration with the behavioral health specialist as appropriate.
6. PCP should refer members to County Behavioral Health Plans when a provisional diagnosis is present and when functional impairment is considered to be in the SMHS (moderate to severe) range, and/or when any risk factor is present.
 - a. The process of accessing mental health services in each county may be different. For initial telephone contacts, PCPs can refer to this webpage for County Behavioral Health contact information: <http://www.partnershiphp.org/Providers/BehavioralHealth/Pages/Mental-Health-Services.aspx>.
 - b. Patients with emergency psychiatric conditions should be referred for emergency evaluation, calling the county-designated crisis phone number to arrange for services: https://www.partnershiphp.org/Providers/BehavioralHealth/Documents/CrisisLines_Final_MH.pdf.
 - c. After initial evaluation and/or referral, the PCP may continue to follow and treat a Partnership member based on their current clinical competence and in collaboration with the behavioral health specialist as appropriate.
 - d. Federally qualified health centers (FQHCs) with integrated mental health may provide outpatient services for patients who would otherwise qualify for County Specialty Mental Health Services. These services are billed directly to the state.
7. PCP should screen and refer Medi-Cal only Members with substance use disorders and misuse as follows:
 - a. Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) should be performed by PCP.

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- b. The process of accessing substance use disorder services in each county may be different.
 - 1) For Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou and Solano counties, members should be referred to Partnership (855) 765-9703 for access assistance to identify substance use disorder service providers.
 - 2) In all other counties, the first point of telephone contact for substance use disorder referrals for each county can be located on the Partnership website on this webpage under the heading “Alcohol and Drug Treatment (Substance Use Services)”:
<http://www.partnershiphp.org/Members/Medi-Cal/Pages/Benefits.aspx>
- c. For details on substance use disorder and alcohol misuse screening and referral, see policy MPBP8007 Screening and Treatment for Substance Use Disorders.
- d. Provide ongoing follow-up as jointly determined by the PCP and Substance Use Disorder treatment provider for members whose substance use disorder conditions have reached a high degree of stability.
8. Psychiatric manifestations of neurologic disorders, developmental neurologic disorders, traumatic brain injury, and cognitive impairment: A specialist in neuropsychiatry is ideally suited to assist with these cases. Providers can refer to Partnership to refer members for this service. Providers may also request care coordination from Partnership to assist in establishing connections for these services using the Partnership Behavioral Health Referral Form (Attachment A).
9. Behavioral Health Treatment (BHT) for Medi-Cal only Members Under the Age of 21 (autism specific treatment): BHT is covered by Partnership for members under the age of 21 through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Supplemental Services benefit. A Treatment Authorization Request (TAR) is required. See policy MCUP3126 - Behavioral Health Treatment (BHT) for Members Under the Age of 21.
10. School aged children may also have some assessment and treatment covered through their schools. School-based mental health services include a broad range of services, settings, and strategies. These services may include academic counseling, brief interventions to address behavior problems, family counseling, suicide prevention, and assessment and referral to other systems. Further information is available through your county mental health department.

VII. REFERENCES:

- A. Latest [USPSTF Guide to Clinical Preventive Services](#)
- B. County specific Mental Health Plan Memoranda of Understandings (MOUs)
- C. Welfare and Institutions Code Sections 14132.03 and 14189
- D. Title 9 of the California Code of Regulations, Chapter 11
- E. Department of Health Care Services (DHCS) [All Plan Letter \(APL\) 23-029](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third Party Entities (10/11/23)
 - [Specialty Mental Health Services Memorandum of Understanding Template](#)
 - [Substance Use Disorder Treatment Services Memorandum of Understanding Template](#)
 - [Drug Medi-Cal State Plan Memorandum of Understanding Template](#)
- F. DHCS All Plan Letter [\(APL\) 21-014](#) Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment. (10/11/2021)
- J. DHCS [APL 25-010](#) Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services (6/3/2025) *Supersedes APL 22-028*
- K. DHCS [APL 25-013](#) Medi-Cal Rx Pharmacy Benefits, and Cell and Gene Therapy Coverage (Sept. 18, 2025 *supersedes APL 22-012*)

VIII. DISTRIBUTION:

- A. Partnership Provider Manual

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B. Partnership Department Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES:

Medi-Cal:

04/19/17; *06/13/18; 06/12/19; 06/10/20; 06/09/21; 06/08/22; 06/14/23; 02/14/24; 2/12/25; MPBP8011: 11/12/25

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee’s meeting date.

PREVIOUSLY APPLIED TO:

Medi-Cal - MPQP1024

Original Date: 02/18/2004

Revision dates: 05/18/05; 04/19/06; 04/18/07; 04/16/08; 03/18/09 11/17/10; 01/16/13; 02/19/14; 05/20/15

Healthy Kids - MPCP2017, MPQP1024 (Healthy Kids Program ended 12/01/2016)

Original Date: 04/18/2007

Revision dates: 04/16/08; 03/18/09 11/17/10; 01/16/13; 02/19/14; 05/20/15 to 12/01/2016

Partnership Advantage:

MPQG1024 – 04/18/2007 to 11/17/2010

MPQP1024 – 11/17/2010 to 01/01/2015

Healthy Families:

MPQP1024 - 11/17/10 to 03/01/2013

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership’s authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.