

Provider Bulletin

Molina Healthcare of California

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- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

Non-Specialty Mental Health Services

Responsibilities – APL 26-002

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

This notification is based on [All-Plan Letter \(APL\) 26-002](#), which can be found in full on the [Department of Health Care Services \(DHCS\)](#) website.

What you need to know:

This All Plan Letter provides guidance on delivering or arranging clinically appropriate Non-Specialty Mental Health Services (NSMHS) and complying with the Medicaid Mental Health Parity Final Rule. It also outlines responsibilities for referring to and coordinating with County Mental Health Plans (MHP) for Specialty Mental Health Services (SMHS), including using approved youth trauma screening tools.

BACKGROUND

With the California Advancing and Innovating Medi-Cal (CalAIM) initiative, DHCS aims to design a coherent plan to address Medi-Cal members' needs across the continuum of care, ensure that all Medi-Cal members receive coordinated services, and improve health outcomes.

DHCS' goal is to ensure that Medi-Cal members have access to the right care, in the right place, at the right time. CalAIM changed the Medi-Cal Behavioral Health system to advance whole-person, accessible, high-quality care, including requirements regarding SMHS and NSMHS.

Medical Necessity

For members under age 21, behavioral health services are considered Medically Necessary when they meet the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) standard, meaning the service is needed to correct or ameliorate a health condition identified through screening, regardless of diagnosis or inclusion in the State Medicaid Plan. Services do not need to cure a condition to be covered; services that sustain, support, improve, or make a condition more tolerable meet medical necessity requirements. For members age 21 and older, services are Medically Necessary when they protect life, prevent significant illness or disability, or alleviate severe pain.

Access Criteria to the SMHS Delivery System

The SMHS delivery system access criteria ensures that Medi-Cal members receive Behavioral Health Services in the most appropriate delivery system for their needs. County MHP must provide or arrange SMHS for members who meet access criteria. For youth under 21, DHCS-approved trauma screening tools must be used to identify those at high risk for mental health disorders.

Provider Action

In accordance with DHCS All-Plan Letter (APL) 26-002, providers must comply with the following requirements related to the delivery and coordination of NSMHS for Medi-Cal members:

- Conduct mental health screenings and assessments when requested by the member or when clinically indicated, including prior to establishing a formal diagnosis.
- Do not delay or deny medically necessary NSMHS due to the absence of a diagnosis or treatment plan, particularly for members under age 21 in accordance with EPSDT requirements.
- Use only DHCS-approved youth trauma screening tools when screening members under age 21 to determine access to the SMHS delivery system, effective April 1, 2026.
- Apply clinical judgment alongside screening results when identifying youth who may require referral to the County MHP.
- Refer members to the County MHP when SMHS access criteria are met by sending a request to Molina's Behavioral Health team at MHC_BH_Solutions@Molinahealthcare.com or fax to (505) 924-8236, or directly contacting Member's County MHP.
- Coordinate care to avoid duplication of services when NSMHS and SMHS are provided concurrently.
- Participate in care coordination activities, including transitions of care following emergency department visits, inpatient stays, or other acute care services.
- Ensure members have direct access to an initial mental health assessment without prior authorization or referral, consistent with state and federal mental health parity requirements.
- Refer members without delay if the assessment is outside the provider's scope of practice.
- Deliver medically necessary behavioral health services for members under age 21 that meet EPSDT standards, including services needed to correct or ameliorate a behavioral health condition, regardless of diagnosis status.



Policy:**Responsibility for NSMHS**

MHC will provide or arrange covered NSMHS, including mental health evaluations, psychotherapy, psychiatric consultation, medication monitoring, and related outpatient laboratory services, drugs, and supplies. NSMHS must be provided to adults with mild-to-moderate mental health conditions, to members under age 21 under EPSDT regardless of diagnosis, and to members of any age with potential or undiagnosed mental health conditions. Covered services must not be delayed due to lack of diagnosis or treatment plan and must be coordinated when provided alongside SMHS or substance use disorder treatment. MHC will also ensure adequate provider networks and cover emergency and post-stabilization services.

Responsibility for Alcohol and Substance Use Disorder Screening, Referral, and Services

MHC is responsible for providing or arranging covered substance use disorder (SUD) services, including screening, assessment, brief interventions, referrals (SABIRT), preventive screenings, medication-assisted treatment, and emergency stabilization services. MHC will ensure access to these services across care settings, including primary care, hospitals, and emergency departments. MHC will also allow any participating primary care provider to issue referrals for SUD services to avoid delays in treatment.

Care Management and Care Coordination

MHC will provide care management for Medi-Cal-covered physical health services for members receiving SMHS and ensure strong care coordination with County MHP. MHC is responsible for managing both mental and physical health care, including medication reconciliation and coordination of all medically necessary services and outside their network. MHC will also ensure transitional care services are in place when members are discharged from acute care facilities.

Mental Health Screening, Assessment, and Transitions of Care

MHC members can request a mental health assessment at any time, and MHC will ensure screenings are conducted by primary care providers, with referrals made when conditions exceed the PCP's scope of practice. Statewide screening and transition tools help coordinate care across systems, including SMHS. For members under 21, only DHCS-approved youth trauma screening tools (effective April 1, 2026) may be used to identify high-risk individuals and determine eligibility for SMHS, with clinical judgment applied when needed.

Mental Health Parity

Mental health parity rules require that limitations on mental health benefits be no more restrictive than those for medical or surgical care, and MHC will not require prior authorization for an initial mental health assessment. Members must have direct access to these assessments through in-network providers without referrals, and MHC will clearly inform them of this right. If a PCP cannot perform the assessment, they must refer the member appropriately, and MHC will cover out-of-network assessments when in-network options are unavailable within required access standards.

What if you need assistance?

If you have any questions regarding the notification, please contact your [Molina Provider Relations Representative](#).