

Provider Bulletin

Molina Healthcare of California

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Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services and Provider Education Requirement – APL 24-012

This is an advisory notification to Molina Healthcare of California (MHC) network providers, applicable to the Medi-Cal line of business, to explain the responsibilities of MHC for the provision or arrangement of clinically appropriate and covered non-specialty mental health services (NSMHS) and the regulatory requirements for the Medicaid Mental Health Parity Final Rule.

The purpose of this All Plan Letter (APL 24-012) is to provide guidance to Medi-Cal Managed Care Plans (MCPs) regarding requirements for Member outreach, education, and assessing Member experience for Non-Specialty Mental Health Services (NSMHS), as required by Senate Bill (SB) 1019 (Gonzalez, Chapter 879, Statutes of 2022).

What you need to know:

BACKGROUND

Many Medi-Cal members experience mental health symptoms that are undertreated each year. Since the COVID-19 Public Health Emergency, these findings have been exacerbated with low utilization rates of NSMHS. SB 1019 aims to address these gaps in services by requiring MCPs to develop plans and conduct annual outreach and education to Members and Primary Care Providers (PCPs) regarding covered NSMHS (APL 22-006).

SB 1019 requirements align with the Department of Health Care Services' (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) initiative's No Wrong Door Policy by enhancing Member understanding of access to covered NSMHS. The bill requires an assessment of Members' experiences using NSMHS through survey tools and methodologies and assessing if MCPs engagement plans are positively impacting Members' access to NSMHS. SB 1019 highlights the importance of outreach and education regarding covered NSMHS to help Members and PCPs better understand how to access these services. SB 1019 outlines requirements for MCPs to develop and implement a plan for annual Member and PCP outreach and education regarding NSMHS covered by the MCP that is submitted to DHCS and has begun implementation no later than January 1, 2025.

Provider Action

This notification is based on [APL 24-012](#), which can be found in full on the DHCS website.

Resources:

- Review the full text of [SB 1019](#) online.
- Review [APL 22-006](#), NSMHS, available on the DHCS website.

Providers are encouraged to review the slide decks below outlining Molina's initiatives to support APL compliance and related provider education requirements:

- [Provider Relations Plan for Annual Outreach & Education](#)
- [Responsibilities for NSMHS and Provider Education Requirement](#)

What if you need assistance?

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



POLICY

MHC will provide or arrange for the 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, drugs, supplies, and supplement MHC will provide or arrange for the provision of NSMHS for the following populations:

- Members who are 21 years of age and older with mild-to-moderate distress, or mild-to-moderate impairment of mental, emotional, or Mental Disorders;
- Members who are under the age of 21, to the extent they are eligible for services through the EPSDT benefit, regardless of the level of distress or impairment, or the presence of a diagnosis; and,
- Members of any age with potential mental health disorders not yet diagnosed.

In addition to the above requirements, MHC will provide psychotherapy to members under the age of 21 with specified risk factors or with persistent mental health symptoms in the absence of a mental health disorder. MHC is also required to cover up to 20 individual and/or group counseling sessions for pregnant and postpartum individuals with specified risk factors for perinatal depression when sessions are delivered during the prenatal period and/or during the 12 months following childbirth. Details regarding NSMHS psychiatric and psychological services, including psychotherapy coverage, Current Procedural Terminology (CPT) codes that are covered, and information regarding eligible provider types can be found in the Medi-Cal Provider Manual, Non-Specialty Mental Health Services: Psychiatric and Psychological Services.

Laboratory testing may include tests to determine a baseline assessment before prescribing psychiatric medications or to monitor side effects from psychiatric medications. Supplies may include laboratory supplies.

Consistent with state law, clinically appropriate and covered NSMHS are covered by MHC when:

1. Services are provided prior to determination of a diagnosis, during the assessment period, or prior to a determination of whether NSMHS or SMHS access criteria are met;
2. Services are not included in an individual treatment plan;
3. The member has a co-occurring mental health condition and substance use disorder (SUD); or
4. NSMHS and SMHS services are provided concurrently if those services are coordinated and not duplicated.

At any time, members can choose to seek and obtain a mental health assessment from a licensed mental health provider within MHC's provider network. MHC is obligated to ensure that a mental health screening of members is conducted by network Primary Care Providers (PCP). Members with positive screening results may be further assessed either by the PCP or by referral to a network mental health provider. The member may then be treated by the PCP within the PCP's scope of practice. When the condition is beyond the PCP's scope of practice, the PCP must refer the member to a mental health provider, first attempting to refer within the MHC network.

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

MHC must provide covered SUD services, including alcohol and drug use screening, assessment, brief interventions, and referral to treatment (SABIRT) for members ages 11 and older, including pregnant members, in primary care settings and tobacco, alcohol, and illicit drug screening in accordance with American Academy of Pediatrics Bright Futures for Children recommendations and United States Preventive Services Taskforce grade A and B recommendations for adults as outlined in APL 21-014, Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment. Further, MHC must provide or arrange for the provision of:

- Medications for Addiction Treatment (also known as Medication-Assisted Treatment) provided in primary care, inpatient hospital, emergency departments, and other contracted medical settings.
- Emergency services necessary to stabilize the member.

Care Management and Care Coordination

MHC will continue to be required to provide medical case management and cover and pay for all medically necessary Medi-Cal-covered physical health care services for any member receiving SMHS.

Mental Health Parity

DHCS CalAIM initiative's No Wrong Door Policy applies to NSMHS. DHCS recognizes that while many PCPs provide initial behavioral health assessments, but not all do. If a member's PCP cannot perform the mental health assessment, they must refer the member to the appropriate provider and ensure that the referral to the appropriate delivery system for mental health services, either in MHC's provider network or the county mental health plan's network.

[APL 22-005](#), No Wrong Door, can be found in full on the DHCS website.

Questions

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative at (888) 562-5442.