

Your rights to mental health care in California

Created by:

Bay Area Legal Aid (BayLegal)

National Alliance on Mental Illness (NAMI) | Santa Clara County

County of Santa Clara Health System



Learning Objectives

- To understand what mental health conditions are and to recognize some signs.
- To understand your rights to mental health care.
- To understand steps and resources to access mental health care, including what to do if you encounter problems.

Physical Health

- Physical wellness promotes proper care of our bodies for optimal health and functioning.



Mental Health

- Mental Health – is an important part of overall health.
- People who are emotionally healthy are able to manage their **thoughts, feelings, and behaviors**. They can function well and cope with life.



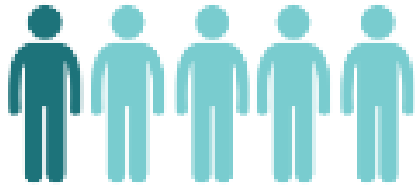
What is a mental health condition?

A mental health condition:

- Affects thinking, feeling, behavior, or mood
- Varies in degree of severity
- Deeply impacts day-to-day living
- May affect ability to relate with others

Mental health care *is* health care (*mind, body, spirit*)

Mental health conditions are common



1 in 5 adults in the US



Locally, that means
340,000 adults

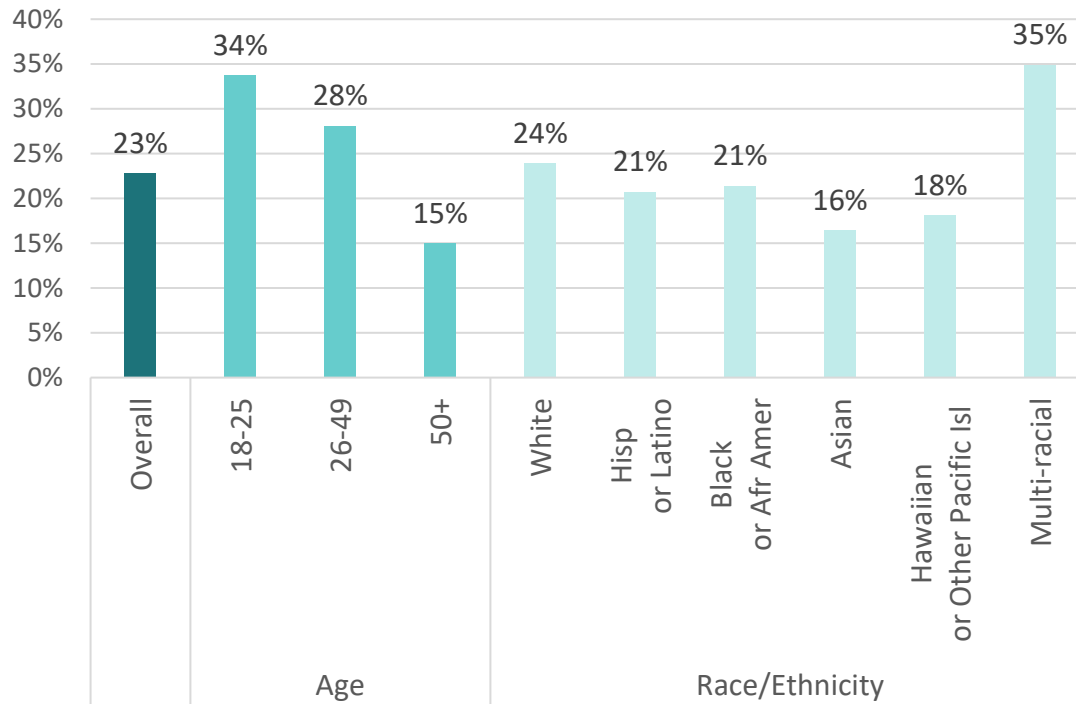


1 in 6 youth in the US

Locally, that means
68,000 youth

Data: Any Mental Illness

Any Mental Illness in Adults in US
(Past Year, SAMHSA, 2021)



In addition,

50%
of all lifetime
mental illness
begins **by age 14**

75%
by age 24

Mental Health Conditions – a range

Anxiety Disorders

Depression Traumatic Events Suicide

Borderline Personality Disorder Eating Disorders

Substance Use and Co-Occurring Mental Disorders

Obsessive-Compulsive Disorder (OCD)

Schizophrenia Disruptive Mood Dysregulation Disorder

Post-Traumatic Stress Disorder (PTSD)

Attention-Deficit/Hyperactivity Disorder (ADHD)

Bipolar Disorder

Signs to Recognize

- Drastic changes in mood, behavior, personality, or sleeping
- Feeling sad or “empty”
- Feeling hopeless, irritable, anxious, guilty or intense worries/ fears
- Difficulty with daily activities
- Disobedience/ aggression
- Changes in school performance
- Excessive use of alcohol or drugs
- Thoughts of death or suicide

Have a professional evaluation if signs are noticed.



Accessing Mental Health Care

Accessing Care

If in mental health crisis

- **Call or text 988**

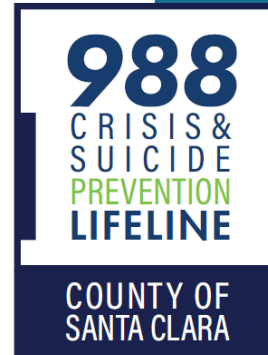
Mental Health Crisis & Suicide Prevention Lifeline

Call 800-704-0900 if not dialing from area codes: 408, 650, or 669

- **Get walk-in care**

Behavioral Health Urgent Care

Visit 2221 Enborg Lane, San Jose

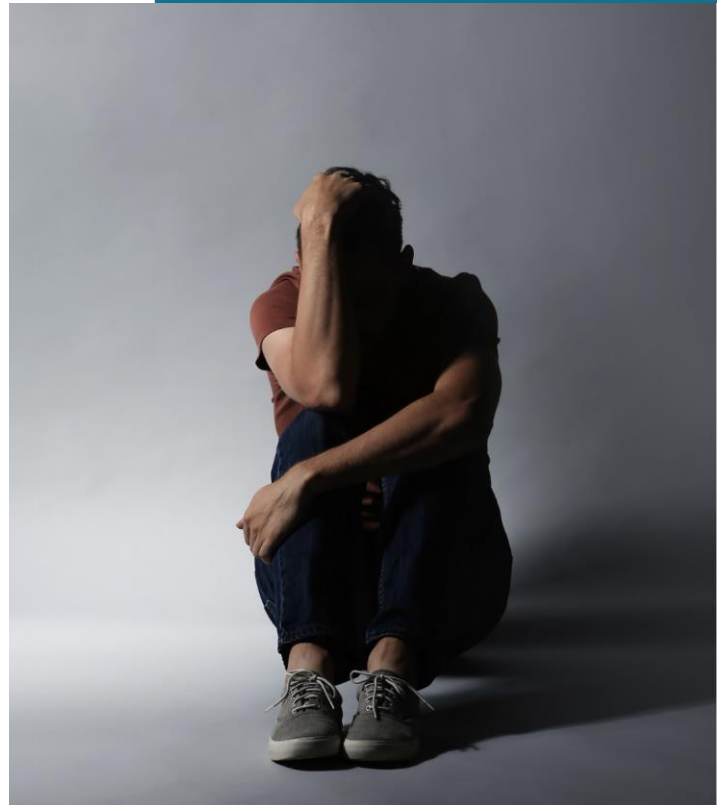


Need support now?
Call
800-704-0900, press 1

Call 988 for local 408, 650, and 669 area codes

Compassionate support if you or a loved one is in crisis, or just need to talk.

Free | 24/7 | 200+ languages



Accessing Care

To find a provider/treatment

- **Private insurance**

Ask your Dr. or call # on back of insurance card and ask for a care manager.

- **Medi-Cal / Medicare**

Call # on the back of insurance card or County Behavioral Health Call Center 800-704-0900.

- **No insurance**

Call the County Behavioral Health Call Center 800-704-0900.



Accessing Care

Other ways to find a provider/treatment

- **Employer** Employee Assistance Program
- **School District** Talk to the guidance counselor or district.
- **LGBTQIA+** Call the Q Corner at 408-977-8800.
- **Peer Guidance** Call the Behavioral Health Navigator Program at 800-704-0900, option 4.

Still unsure of where to go or what to do next?

Call the NAMI Helpline at (408) 453-0400 x1

Laws & Regulations

Federal & State Legal Standards and Protections



- Affordable Care Act
- Mental Health Parity Act of 1996 (MHPA)
- Mental Health Parity and Addiction Equity Act (MHPAEA)
- CA Mental Health Parity Act
- CA Mental Health as a Medical Necessity
- CA Health Care Coverage: Timely Access to Care

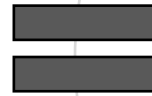
What are your rights in California?

- Mental health and substance use disorder services (MH/SUD) are **required benefits**.
- For a plan to cover any treatment or procedure it must be **needed to diagnose or treat a condition or illness**.
- The law defines medical necessity **standards**.
- Health plans must provide an appointment **within a certain time**.



What are your rights in California?

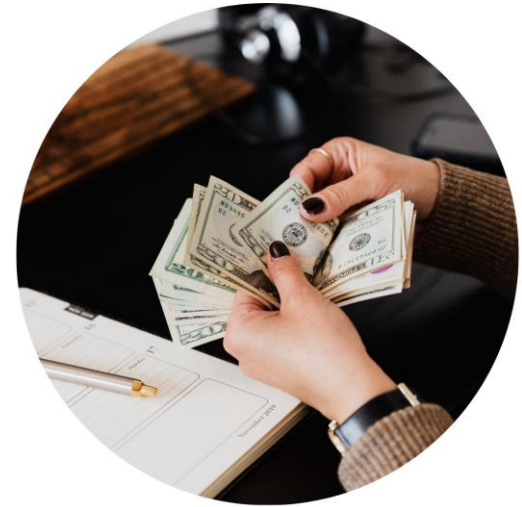
- The law requires coverage for mental health and substance use disorders *to be the same* as coverage for medical/surgical.
- This is referred to as *parity*.



What must be the same (*at parity*)?

Financial Requirements

- Deductibles
- Co-payments
- Co-insurance
- Out-of-pocket



Limits

- # of days
- Visits
- Frequency of treatment



What must be the same (*at parity*)?

What must be the same:

- Standards to decide treatment coverage
- Medical management standards
- Pre-authorization requirements
- Prescriptions and dosage limits
- Coverage of out-of-network benefits
- Standards for experimental treatment

Also, health plans are not allowed to limit treatment to short-term or acute care only.



Access requirements and standards

California's Timely Access to Care Requirements



KNOW YOUR HEALTH CARE RIGHTS
Timely Access to Care

Health plans must ensure their network of providers, including doctors, can provide enrollees with an appointment within a specific number of days or hours.
 A qualified health care provider may extend the waiting time for an appointment if they determine a longer waiting time will not be harmful to the enrollee's health.

Urgent Care	
prior authorization not required by health plan	prior authorization required by health plan
2 days	4 days

Non-Urgent Care

Doctor Appointment

PRIMARY CARE PHYSICIAN	SPECIALTY CARE PHYSICIAN
10 business days	15 business days

Mental Health Appointment (non-physician): **10 business days**
Appointment (ancillary provider²): **15 business days**

Follow-Up Care

Mental Health / Substance Use Disorder Follow-Up Appointment (non-physician): **10 business days from prior appointment** (effective July 1, 2022)

Unable to get an Appointment Within the Timely Access Standard?
 If you are not able to get an appointment within the timely access standard, you should first contact your health plan for assistance at the toll-free number listed on your health plan card. The DMHC Help Center is available at 1-800-669-2219 (TDD: 1-877-688-9899) or [www.dmhc.ca.gov](https://dmhc.ca.gov) to assist you if your health plan does not resolve the issue. The DMHC Help Center will work with you and your health plan to ensure you receive timely access to care. If you believe you are experiencing a medical emergency, dial 9-1-1 or go to the nearest hospital.

Examples of non-physician mental health providers include counseling professionals, substance abuse professionals and qualified action service providers.
²Examples of ancillary services include lab work or diagnostic testing, such as mammograms or MRIs, or treatment such as physical therapy.

Urgent Care

prior authorization **not required** by health plan **2 days**

prior authorization **required** by health plan **4 days**

Non-Urgent Care

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Timely Access to Care Requirements

DISTANCE

A primary care provider / hospital within 15 miles or 30 minutes from where enrollees live or work

AVAILABILITY

Telephone services to talk to your health plan should be available 24/7

INTERPRETER

Interpreter services must be coordinated and provided with scheduled appointments for health care services

Access requirements and standards

Covered conditions include, but are not limited to:

- Depression, anxiety disorders, all substance use conditions, and bipolar disorder.

Coverage of the full range of all medically necessary treatment in all settings:

- Inpatient and outpatient.

Financial protections

KNOW YOUR HEALTH CARE RIGHTS

Mental Health and Substance Use Disorder Care

A new law that took effect on January 1, 2021 strengthens California's mental health parity statute with the goal of improving access to quality mental health and substance use disorder services. SB 855 (Wiener, 2020) requires all commercial health plans to cover **ALL** mental health and substance use conditions at the same cost as physical health conditions.

Covered conditions include, but are not limited to:

- Generalized Anxiety Disorders
- Eating Disorders-Bulimia and Anorexia Nervosa
- Post Traumatic Stress Disorder (PTSD)
- Depression
- All Substance use conditions
- Bipolar Disorder
- Schizophrenia

Health plans must cover the full spectrum of all medically necessary treatment in all settings. This includes the following settings, when medically necessary:

- Sessions with a therapist
- Medication to manage your condition
- Out-patient Intensive Treatment
- In-patient Residential treatment

The law also mandates that if an enrollee cannot find an appropriate mental health provider in their health plan network, the health plan must arrange and pay for out-of-network services at no additional cost to the enrollee.

The law includes other financial protections as well. Health plans cannot charge more for mental health and substance use disorder services than for physical health conditions. This includes enrollee cost-sharing obligations for:

- co-pays
- deductibles
- maximum annual and lifetime benefits
- other out-of-pocket expenses

Health plan enrollees having trouble accessing behavioral health care treatment or services, should first contact their health plan at the member services phone number on their health plan member card. Their health plan will review the grievance and should ensure the enrollee is able to timely access medically necessary care. If the enrollee does not agree with their health plan's response, they should contact the DMHC Help Center at www.HealthHelp.org or call 1-800-955-4647. If you are a provider, contact the DMHC immediately if they are facing any barriers to providing care.

January 4, 2021

980 9th Street, Suite 500 | Visit [HealthHelp.org](http://www.HealthHelp.org) for more information
Sacramento, CA 95814

DEPARTMENT OF Managed Health Care

Access to care issues

Example 1:

I can't find a provider in my health plan's network that is accepting patients or no one can see me for a month.

True or False?

My health plan must provide an appointment within 10 business days.

Access to care issues

Example 1:

I can't find a provider in my health plan's network that is accepting patients or no one can see me for a month.

True or False?

My health plan must provide an appointment within 10 business days.

True: Health plans must provide timely access



What the law says:

Health plans must provide an appointment with a non-physician provider **within 10 business days**.*

If an in-network provider is not available, then your health plan must approve an out-of-network provider.



What to do next:

Call your health plan and ask them to find a provider for you.

*Timely access standards are different for urgent and non-urgent circumstances.

See DMHC Timely access standards for detail: https://dmhc.ca.gov/Portals/0/Docs/DO/TAC_accessible.pdf

Access to care issues

Example 2:

My health plan limits the number of visits with my psychologist but I don't have the same limit with my doctor.

True or False?

It's ok that my health plan puts different limits my visits with each provider.

Access to care issues

Example 2:

My health plan limits the number of visits with my psychologist but I don't have the same limit with my doctor.

True or False?

It's ok that my health plan puts different limits my visits with each provider.

False: Health plans must have the same limits



What the law says:

Health plans must have the **same limits**. They cannot put different number limits on provider visits.



What to do next:

Call your health plan to file a complaint or appeal.

If unsure about what to do next, call the California Department of Managed Health Care (DMHC) Help Center at 1-888-466-2219.

Access to care issues

Example 3:

My health plan did not pay for my behavioral health service.

True or False?

If I disagree I can follow-up with my health plan.

Access to care issues

Example 3:

My health plan did not pay for my behavioral health service.

True or False?

If I disagree I can follow-up with my health plan.

True: Health plans must have a process to resolve issues



What the law says:

Health plans must have a **complaint/ appeal process** for people to follow if a benefit is denied.



What to do next:

Call your health plan to file a complaint or appeal.

If unsure about what to do next, call the California Department of Managed Health Care (DMHC) Help Center at 1-888-466-2219.

Access to Care Issues: Steps to Take



1 **Understand your rights**

2 **If you are concerned about your care or getting the care you need, contact your health plan.**

- Contact your health plan (visit their website or call the number on your insurance card).

3 **Understand your health plan's process to submit a complaint or appeal**

- For details on the steps to take to submit a complaint or appeal, and in what timeframe, contact your health plan.

Access to Care Issues: Steps to Take

4

Submit a complaint / appeal to your health plan

- Submit verbally or in writing, in the timeframe shared by your health plan, and participate in their process for the required number of days.
- The law requires health plans to resolve enrollee complaints within **30 days**.

5

If you disagree or are unhappy with your health plan's decision, or do not receive a decision within 30 days:

- Call the California Department of Managed Health Care (DMHC) Help Center at **1-888-466-2219**.
- The Help Center will share what to do next, including how to submit a complaint to the next level, the State.

Access to Care Issues: Steps to Take

6

Submit your complaint to DMHC

- Submit your complaint online, by mail or by fax.
- You must submit your complaint within **180 days** of the health plan's decision.

7

Know what to expect next

- DMHC will review your complaint, direct it to the right place and will send you a notice that they received your complaint within **7 days**.
- If you want to know how long it will take to get a decision, call the DMHC Help Center.
- If DMHC disagrees with your health plan's decision, DMHC will instruct health plan to follow the decision and provide the service right away.

Access to Care Issues: Reminders



✓ Review your member handbook



✓ Know the timeline & deadlines



✓ Keep a copy of all documents



✓ Document calls in writing



✓ Get your denial in writing and keep it



Note: If urgent, you can file an expedited complaint

Resources: Local



NAMI Santa Clara County offers support and guides community members to mental health resources, such as finding a provider.

Visit <https://namisantaclara.org/> or

Call NAMI Helpline at 408-453-0040 press 1 (M-F 10am-6pm)



Bay Area Legal Aid offers legal advice on health access related issues like, plan enrollment, termination, coverage denial.

Visit <https://baylegal.org/> or

Call Bay Legal Health Consumer Center at 855-693-7285

Resources: State



CA Department of Managed Health Care (DMHC) for help with your health plan.

Visit <https://www.dmhc.ca.gov/> or

Call DMHC Help Center at 1-888-466-2219



CA Department of Insurance (CDI) for help with some health plans.

Visit <https://www.insurance.ca.gov/> or

Call 1- 800- 927- 4357

Thank you!

Presentation created in partnership by:



Santa Clara
County



BAY AREA LEGAL AID
WORKING TOGETHER FOR JUSTICE



COUNTY OF SANTA CLARA
Health System

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