



To: All MH Direct Service Providers

From: Serina Sanchez, DHS-MHP Quality Assurance Manager, and DHS-MHP Section Managers

CC: Chris Marlow, DHS-BHD QAPI Section Manager

Date: November 25, 2025

RE: Updated No Wrong Door: Providing and Documenting Service Prior to Initial Assessment

Hello Providers,

As part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the Department of Health Services (DHCS) aims to address Medi-Cal members' needs across the continuum of care, ensure that all members receive coordinated services, and improve member health outcomes. Clinically appropriate specialty mental health services (SMHS) are covered and reimbursable during the assessment process prior to determination of a diagnosis or a determination that the member meets access criteria for SMHS. Services rendered during the assessment period remain reimbursable even if the assessment ultimately indicates the member does not meet criteria for SMHS.

This memo provides updated directions related to three areas of practice changes:

A. Allowable Services Prior to Initial Assessment

Because all formal intake assessments go through our Access process, the goal of CBOs providing services prior to assessment would be to link the potential client to Access services and, if necessary, address any immediate crisis needs:

- a. Targeted Case Management—T1017
- b. Crisis Intervention—H2011
- c. Plan Development—H0032
- d. Review of Hospital Records—90885

Descriptions and examples of procedure codes can be found at this link: [MHS 105 \(02-25\) Procedure Codes for Client Related Activities.docx](#)

B. Workflow for Linking Members to Services

- On the Inquiries Screen, open a “*new inquiry*” for the client. Detailed instructions can be found at this link: [Client Inquiries \(Client\) List Page - 2023 CalMHSA](#)
- In the *Disposition Section* of the inquiry, select “*Referred to internal service.*”
- Select Service Type: *Access Screening*
- Then select either the *Access Team Adult program*, or the *Mental Health Access Youth program*.

- Set the status to “*In Progress*” and save the inquiry.
- The Access screeners will follow-up

C. How to Document and Bill for Services in SmartCare

- You may document services for clients who are listed in “*Requested*” status for your program.
- Enter the service using “*New Service Note*” and selecting one of the procedure codes listed in section A. Detailed instructions can be found at this link: <https://2023.calmhsa.org/how-to-write-a-progress-note-for-an-unscheduled-service/>

If you need additional guidance on the workflow for linking members to services, please follow up with your contract manager. For questions pertaining billing for services in SmartCare, please contact DHS-Finance-RMU@sonomacounty.gov. For SmartCare navigation and functionality, please email BHEHR@sonomacounty.gov. For documentation related questions, please email BHQA@sonomacounty.gov.