OFFICE OF THE GOVERNOR

October 20, 2023

The Honorable Xavier Becerra
Secretary of the U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

RE: REQUEST FOR NEW DEMONSTRATION UNDER SECTION 1115 AUTHORITY

Dear Secretary Becerra:

I am pleased to submit the enclosed request for a new demonstration project under Section 1115 of the Social Security Act, entitled the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration.

With this application, California is seeking to enter into a new five-year demonstration agreement with the Centers for Medicare & Medicaid Services (CMS) to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs. Through the BH-CONNECT demonstration, California seeks to leverage the 2018 guidance from CMS that describes how states can use Section 1115 demonstration authority to secure federal financial participation for care provided during short-term stays in Institutions for Mental Diseases (IMDs), as long as they meet certain standards. The BH-CONNECT demonstration is integral to the State's broader efforts to transform and strengthen the Medi-Cal program, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectories. Further, BH-CONNECT is a key component of my Administration's broader, multi-year behavioral health agenda and historic transformation of behavioral health services in California.

Building upon CMS' approval of the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration in December 2021, the BH-CONNECT

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demonstration will directly address the need to expand and strengthen the continuum of care specifically for Medi-Cal members living with significant behavioral health needs. The BH-CONNECT demonstration includes elements designed particularly for Medi-Cal members experiencing the greatest disparities in behavioral health care and outcomes, including children and youth involved in child welfare; individuals and families who are experiencing or at risk of homelessness; and those who are justice-involved.

The enclosed includes all information and content required for a demonstration request under Section 431.412 of Title 42 of the Code of Federal Regulations, including a description of the public and Tribal stakeholder processes that the California Department of Health Care Services has conducted over the last few months as we developed this request.

California's BH-CONNECT application aligns with the Biden Administration's priorities to advance health equity and to expand access to and strengthen the continuum of behavioral health services in Medicaid. We look forward to working with CMS to realize these goals.

Thank you for your consideration. If you have any questions, please contact Tyler Sadwith, California's Deputy Director of Behavioral Health, at Tyler.Sadwith@dhcs.ca.gov.

Respectfully,

Gavin Newsom
Governor of California

Enclosures

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2023

The California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115 Demonstration

OCTOBER 2023

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

The California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115 Demonstration

Medicaid Section 1115 Demonstration Application

October 2023

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SECTION 1 | INTRODUCTION

OVERVIEW

The California Department of Health Care Services (DHCS) is requesting a new Section 1115 demonstration, effective January 1, 2025, to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs. The California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration will amplify the state's ongoing behavioral health initiatives, and is informed by the findings from DHCS' comprehensive 2022 assessment of California's behavioral health landscape *Assessing the Continuum of Care for Behavioral Health Services in California*.

The proposed BH-CONNECT demonstration will leverage the 2018 guidance from the Centers for Medicare & Medicaid Services (CMS) that describes how states can use Section 1115 demonstration authority to secure federal financial participation (FFP) for care provided during short-term stays in Institutions for Mental Diseases (IMDs), as long as they meet certain standards.[1] The demonstration also includes elements designed particularly for children and youth who have high needs, some of which are tailored specifically to children and youth involved in child welfare; individuals and families who are experiencing or at risk of homelessness; and those who are justice-involved.

The BH-CONNECT demonstration is integral to the state's broader efforts to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. Building upon CMS' approval of the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration in December 2021, the BH-CONNECT demonstration will directly address the need to expand and strengthen the continuum of care specifically for Medi-Cal members living with significant behavioral health needs.

The BH-CONNECT demonstration will also build upon California's historic commitment to creating a full continuum of care for substance use disorder (SUD) treatment and recovery services. In 2015, California launched the Drug Medi-Cal Organized Delivery System (DMC-ODS), a first-in-the-nation Section 1115 SUD demonstration model that has been emulated in over 30 other states. Like the DMC-ODS, this opportunity allows DHCS to make historic investments in building out the full continuum of care for behavioral health, working in collaboration with county behavioral health plans, responding to members' needs and priorities, and paying particular attention to populations most at risk.

[1] CMS, "SMD #18-011 RE: Opportunities to Design Innovative Service Delivery Systems for Adults with a Serious Mental Illness or Children with a Serious Emotional Disturbance," November 13, 2018. Available at https://www.medicaid.gov/federal-policy-guidance/downloads/smd18011.pdf.

In parallel with the expenditure and waiver authority requests outlined in this application, DHCS will implement additional delivery system reforms and policy innovations to strengthen services for Medi-Cal members living with significant behavioral health needs. Although these changes do not require Section 1115 demonstration authority, they are described briefly in this application to provide CMS and stakeholders with a comprehensive overview of DHCS' approach to improving care and outcomes for members living with significant behavioral health needs.

GOALS AND APPROACH

The BH-CONNECT demonstration builds upon unprecedented investments and policy transformations currently underway in California that are designed to expand access to community-based behavioral health care and improve outcomes for Medi-Cal members living with the most significant mental health and substance use needs. As described in further detail below, California has invested more than $10 billion and is implementing landmark policy reforms to strengthen the behavioral health care continuum through initiatives like the Children and Youth Behavioral Health Initiative, the Behavioral Health Continuum Infrastructure Program, the Behavioral Health Bridge Housing program, the CalAIM Justice-Involved Initiative, Behavioral Health Payment Reform, mobile crisis and 988 expansion, and more.

California's proposed goal for the BH-CONNECT demonstration is to **establish a robust continuum of community-based behavioral health care services and improve access, equity, and quality for Medi-Cal members living with significant behavioral health needs, in particular populations experiencing disparities in behavioral health care and outcomes.** BH-CONNECT will complement and amplify the state's other major ongoing behavioral health initiatives to further build out the continuum of care for members living with significant behavioral health needs.

The BH-CONNECT demonstration aims to expand Medi-Cal service coverage, drive performance improvement, and support fidelity implementation for key interventions proven to improve outcomes for Medi-Cal members experiencing the greatest inequities, including children and youth involved in child welfare, individuals with lived experience with the criminal justice system, and individuals at risk of or experiencing homelessness. The BH-CONNECT demonstration will standardize and scale evidence-based models so Medi-Cal members with the greatest needs receive upstream, field-based care delivered in the community; avoid unnecessary emergency department visits, hospitalizations, and stays in inpatient and residential facilities; reduce involvement with the justice system; and report improved status. To achieve these goals, the BH-CONNECT demonstration includes some components that will be implemented on a statewide basis, and other components that will be implemented on a county opt-in basis.

Specifically, the demonstration aims to:

- Expand the continuum of community-based services and evidence-based practices (EBPs) available through Medi-Cal;

- Strengthen family-based services and supports for children and youth living with or at risk of significant behavioral health needs;
- Connect members living with significant behavioral health needs (including SUD) to employment, housing, and social services and supports;
- Invest in statewide practice transformations to better enable county behavioral health plans and providers to support Medi-Cal members living with behavioral health conditions;
- Strengthen the workforce needed to deliver community-based behavioral health services and EBPs to members living with significant behavioral health needs (including SUD);
- Reduce the risk of individuals entering or re-entering the criminal justice system due to untreated or under-treated mental illness;
- Incentivize outcome and performance improvements for children and youth involved in child welfare that receive care from multiple service systems; and
- Reduce use of institutional care by those individuals most significantly affected by significant behavioral health needs.

The BH-CONNECT demonstration reflects the state's ongoing commitment to ensuring that services are provided in the least restrictive setting appropriate for a member's needs. DHCS recognizes that a robust, comprehensive continuum of community-based care for Medi-Cal members living with significant behavioral health needs, inclusive of housing supports and other community supports, helps to ensure that residential care and inpatient care are used only when medically necessary and clinically needed to stabilize and transition adults, children and youth to community-based care. The approach to the BH-CONNECT demonstration is also informed by the findings from data and stakeholder perspectives described in the 2022 report *Assessing the Continuum of Care for Behavioral Health Services in California*. Box 1 below summarizes the key issues and opportunities identified in the 2022 assessment.

Box 1: Key Issues and Opportunities Identified in California's 2022 Report *Assessing the Continuum of Care for Behavioral Health Services in California*[2]

- **Community-based treatment, including crisis care.** It is critical to have a comprehensive approach to behavioral health treatment that includes a robust continuum of crisis services (e.g., CalHOPE, 988 Crisis Line, Medi-Cal funded qualifying community-based mobile crisis intervention services[3] and crisis stabilization services) and emphasizes community-based treatment and supports (e.g., Supported Employment and linkages to Community Supports, rental assistance and other housing services and supports), and prevention/early intervention and wellness initiatives (e.g., Children and Youth Behavioral Health Initiative (CYBHI)).

[2] DHCS, "Assessing the Continuum of Care for Behavioral Health Services in California; Data, Stakeholder Perspectives, and Implications," January 10, 2022. Available at https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf.
[3] 42 U.S.C. § 1396w–6, subd.(c).

- **Children and youth.** More treatment options (e.g., Multisystemic Therapy (MST)) are vital for children and youth living with or at risk for significant mental illness and SUDs, including key supports for those involved in child welfare and juvenile justice (e.g., activity stipends).
- **Evidence-based practices (EBPs).** More can be done to ensure that evidence-based and community-defined practices (e.g., Assertive Community Treatment (ACT)) are used consistently and with fidelity.
- **At-risk populations.** Building a system to effectively address the behavioral health needs – and related housing, economic and physical health issues – of the most vulnerable, including individuals who are justice-involved (e.g., Forensic Assertive Community Treatment (FACT)), at risk of or experiencing homelessness (e.g., transitional rent), and severely impaired (e.g., Community Assistance, Recovery and Empowerment (CARE) Act) is critical.

KEY COMPONENTS

To accomplish the goals for the BH-CONNECT demonstration outlined above, DHCS is requesting Section 1115 demonstration expenditure and waiver authorities for specific features of the BH-CONNECT demonstration. In parallel with the expenditure and waiver authorities requested in this application, DHCS will work with CMS to implement other features of BH-CONNECT that do not require Section 1115 demonstration authority. Several features of BH-CONNECT will require a State Plan Amendment (SPA) or an update to the Public Assistance Cost Allocation Plan. Other features of BH-CONNECT do not require any new federal Medicaid authorities and can be implemented with state-level guidance.

For example, one particularly notable feature that will be implemented using Medicaid administrative funds will be Centers of Excellence to offer training and technical assistance to behavioral health delivery systems and providers to support implementation of the BH-CONNECT proposal. Centers of Excellence will support fidelity implementation and delivery of EBPs to improve outcomes for Medi-Cal members living with significant behavioral health needs, expand dissemination of community-defined practices when appropriate, and strengthen the ability of Medi-Cal behavioral health providers to offer culturally-sensitive care.

Table 1 below illustrates the key components of BH-CONNECT, including:

- Features for which DHCS is requesting Section 1115 demonstration expenditure and waiver authorities;
- Features for which DHCS will pursue a SPA and/or county contract updates; and
- Other features that will be implemented through state-level guidance using existing federal Medicaid authorities.

Some features of the BH-CONNECT demonstration will be implemented statewide, while others will be available at county option. Under the BH-CONNECT demonstration, county mental health plans can “opt in” to receive FFP for care provided during short-

term stays in IMDs if they meet a robust set of requirements consistent with applicable CMS guidance, including providing a full array of enhanced community-based services and EBPs available through the BH-CONNECT demonstration, meeting key CMS requirements related to accreditation and emergency department (ED) strategies, and meeting robust accountability requirements to ensure care provided in residential and inpatient settings is short-term and high-quality.

Features that will be implemented statewide are indicated in Table 1 with an "*". All other features will be available at county option.

Table 1. Components of the BH-CONNECT Demonstration

Requesting Section 1115 Demonstration Authority[4]
• Workforce initiative to invest in a robust, diverse behavioral health workforce to support Medi-Cal members living with significant behavioral health needs* • Activity Stipends to ensure children and youth involved in child welfare have access to extracurricular activities that support health and wellbeing* • Cross-sector incentive program to support children and youth involved in child welfare who are also receiving specialty mental health services* • Statewide incentive program to support behavioral health delivery systems in strengthening quality infrastructure, improving performance on quality measures, and reducing disparities in behavioral health access and outcomes* • Incentive program for opt-in counties to support and reward counties in implementing community-based services and EBPs for Medi-Cal members living with significant behavioral health needs • Transitional rent services for up to six months for eligible high-need members who are experiencing or at risk of homelessness • FFP for care provided during short-term stays in IMDs
Forthcoming State Plan Amendment and/or County Contract Changes[5]
• Assertive Community Treatment (ACT) • Forensic ACT (FACT) • Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)

[4] To the extent that CMS advises the state that additional authorities are necessary to implement the programmatic vision and operational details described above, the state is requesting such waiver or expenditure authority, as applicable. California's negotiations with the federal government, as well as state legislative and/or budget changes, could lead to refinements in these lists as the state works with CMS to establish Special Terms and Conditions for the BH-CONNECT demonstration.

[5] To make ACT, FACT, CSC for FEP, IPS Supported Employment, community health worker services, and clubhouse services available at county option, DHCS will leverage California's waivers of statewideness and comparability authorized in the CalAIM 1915(b) waiver, which apply to benefits offered under both the SMHS and DMC-ODS delivery systems. To make IPS Supported Employment and community health worker services available at county option in the DMC delivery system, DHCS is seeking waivers of statewideness and comparability as part of the BH-CONNECT demonstration.

- Individual Placement and Support (IPS) model of Supported Employment[6]
- Community health worker services[7]
- Clubhouse services

Existing Federal Medicaid Authorities

- Clarification of coverage requirements for evidence-based practices for children and youth under Early and Periodic Screening, Diagnostic and Treatment (EPSDT), including:*
    - Multisystemic Therapy (MST)
    - Functional Family Therapy (FFT)
    - Parent-Child Interaction Therapy (PCIT)
    - Potentially additional therapeutic modalities[8]
- Inclusion of a management-level Foster Care Liaison within Managed Care Plans (MCPs) to enable effective oversight and delivery of Enhanced Care Management (ECM), attend Child and Family Team meetings, ensure managed care services are coordinated with other services, and serve as a point of escalation for care managers if they face operational obstacles*
- Establishment of an initial child welfare/specialty mental health assessment at entry point into child welfare*
- Centers of Excellence to offer training and technical assistance to behavioral health delivery systems and providers to support fidelity implementation and delivery of EBPs and community-defined evidence practices for individuals living with significant behavioral health needs*[9]
- Implementation of specific requirements for counties that opt-in to receive FFP for short-term stays in IMDs, such as enhanced review of utilization of community-based mental health services
- Implementation of county and mental health facility requirements related to employing a utilization review process to ensure access to appropriate levels of care and appropriate inpatient/residential admissions and length of stay, conducting intensive predischarge care coordination, incorporating housing needs during discharge planning and making referrals to community services before discharge, and following up with beneficiaries within 72 hours of discharge*

[6] The IPS model of Supported Employment is an evidence-based practice that helps individuals living with serious behavioral health conditions obtain and maintain paid competitive jobs through vocational assessment, job-finding assistance and job skills training. It has been shown to reduce health care costs and hospitalizations among individuals living with serious mental health conditions, and to help keep individuals stably housed by ensuring they have access to a regular income.

[7] To support county behavioral health outreach and engagement.

[8] DHCS is committed to expanding EBPs and community-defined evidence-based practices for children and youth, including through initiatives such as BH-CONNECT, CYBHI, and the Behavioral Health Services Act.

[9] Centers of Excellence will offer dedicated training, technical assistance and fidelity implementation support to providers on EBPs such as ACT/FACT, CSC for FEP, IPS Supported Employment, EBPs for children and youth, including MST, FFT, PCIT, High-Fidelity Wraparound, and other culturally tailored and/or community-defined practices. Centers of Excellence will support the delivery and statewide dissemination of EBPs to improve outcomes for Medi-Cal members living with significant behavioral health needs, expand dissemination of community-defined practices when appropriate, and strengthen the ability of Medi-Cal behavioral health providers to offer culturally sensitive care. DHCS intends to update its cost allocation plan to include expenditures for Centers of Excellence as an administrative cost.

SECTION 2 | PROGRAM OVERVIEW

BACKGROUND

System Overview

Medi-Cal—California's Medicaid and Children's Health Insurance Program (CHIP)—provides comprehensive health care coverage, including behavioral health services, for 15.9 million low-income individuals,[10] about one in three Californians. Medi-Cal covers a continuum of behavioral health services ranging from early intervention services to crisis intervention, outpatient, and inpatient and residential treatment for Medi-Cal members with behavioral health needs. Medi-Cal behavioral health services, inclusive of mental health and SUD treatment services, are provided in multiple delivery systems, including:

- Non-Specialty Mental Health Services (NSMHS) delivered via the Medi-Cal fee-for-service (FFS) system and Medi-Cal Managed Care (MCMC) via MCPs;
- SMHS delivered via county MHPs;
- SUD Services delivered via the fee-for-service DMC program; and
- Expanded SUD Services delivered via county DMC-ODS plans.

The state's Medi-Cal managed care delivery systems, including MCMC, dental managed care, SMHS, and DMC-ODS, are authorized under a Section 1915(b) waiver that will run concurrently with this Demonstration.

SMHS are currently provided by 56 MHPs, which cover all 58 counties in the state, including two joint-county arrangements in Sutter/Yuba and Placer/Sierra counties. MHPs are responsible for covering SMHS for Medi-Cal members who meet specified access criteria, which differ for adult members and for members under age 21. SMHS are covered under the California Medicaid State Plan, defined and detailed in the MHP contract, and include a comprehensive array of services including mental health services, medication support services, day treatment intensive services, day rehabilitation, targeted case management, and a range of crisis services and inpatient and residential psychiatric services. Consistent with the EPSDT mandate, MHPs are responsible for providing all medically necessary SMHS for members under the age of 21.

In most counties, SUD services are provided through the DMC-ODS, a section 1115 SUD initiative operated at county discretion to provide extended SUD services to Medi-Cal members. DMC-ODS was established under the state's Medi-Cal 2020 Section 1115 demonstration and reauthorized under the CalAIM Section 1115 demonstration and 1915(b) waiver in December 2021. Participation in the DMC-ODS is voluntary for counties, and requires that counties provide access to all levels of care along the continuum defined in The American Society of Addiction Medicine (ASAM) Criteria.

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[10] As of April 2023. DHCS, "Medi-Cal Enrollment Update," Available at https://www.dhcs.ca.gov/dataandstats/Documents/Medi-Cal-Enrollment-April2023.pdf.

These include, for example, multiple levels of residential SUD treatment, withdrawal management, recovery services, clinician consultation, and the option to provide partial hospitalization, inpatient residential treatment, and additional levels of withdrawal management.[11] Currently, 37 counties participate in DMC-ODS, representing approximately 96 percent of Medi-Cal members. In addition, Mariposa County is in the process of opting into DMC-ODS, which will expand DMC-ODS coverage to 97 percent of Medi-Cal members. Members who reside in counties that have not opted into DMC-ODS receive their SUD services through the DMC program. The DMC program covers fewer SUD services for individuals ages 21 and older than DMC-ODS, and relies on a fee-for-service delivery system.

Mental Health Challenges

As highlighted in DHCS' 2022 report *Assessing the Continuum of Care for Behavioral Health Services in California*, California faces a growing crisis exacerbated by the COVID-19 pandemic.[12] Prior to the pandemic, the rate of SMI in California increased by 50 percent from 2008 to 2019.[13] As of 2019, nearly one in 20 (4.5 percent) adults in California was living with SMI, a rate expected to grow as more post pandemic data become available.[14] At the same time, one in 13 children in California was living with a SED, with rates of depression and suicide higher among youth who are low-income, Black, American Indian and Alaska Native, Latino, and LGBTQ.[15,16,17] Of particular concern is the approximately 25 percent of California residents with SMI who are experiencing homelessness and, therefore, at higher risk of justice involvement. Among incarcerated individuals, data suggest that close to one in three are living with SMI.[18]

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[11] Under EPSDT, youth under age 21 who are enrolled in Medi-Cal receive comprehensive and preventive health care services, including all appropriate mental health and substance use disorder treatment.
[12] CDC, Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24-30, 2020, https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm; CDC, National and State Trends in Anxiety and Depression Severity Scores Among Adults During the COVID-19 Pandemic — United States, 2020-2021, https://www.cdc.gov/mmwr/volumes/70/wr/mm7040e3.htm; CDC Drug Overdose Deaths in the U.S. Top 100,000 Annually, https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm.
[13] SAMHSA, California Behavioral Health Barometer Volume 6. https://www.samhsa.gov/data/sites/default/files/reports/rpt32821/California-BH-Barometer_Volume6.pdf.
[14] SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019. https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect8pe2019.htm.
[15] Holzer C and Nguyen H, "Estimation of Need for Mental Health Services." Accessed October 2021. Available at https://ahea.assembly.ca.gov/sites/ahea.assembly.ca.gov/files/Joint%20Health%2002_26_19%20Teare%20to%20Ctte.pdf.
[16] "Native American Youth Depression and Suicide," Child Welfare Information Gateway, Department of Health & Human Services. Available at https://www.childwelfare.gov/topics/systemwide/diverse-populations/americanindian/wellbeing/depression/.
[17] Chapin Hall, Missed Opportunities: LGBTQ Youth Homelessness in America, https://voicesofyouthcount.org/wp-content/uploads/2018/05/VoYC-LGBTQ-Brief-Chapin-Hall-2018.pdf, April 2018.
[18] "Mental Health in California: Understanding Prevalence, System Connections, Service Delivery, and Funding," Californian Budget and Policy Center, March 2020. Available at https://calbudgetcenter.org/app/uploads/2020/03/CA_Budget_Center_Mental_Health_CB2020.pdf .

In the aftermath of the COVID-19 pandemic, even more people are living with serious mental health or SUDs related to social isolation, economic hardship, loss of family members and other disruptions.[19] For children and youth, in particular, the pandemic exacerbated mental health and SUD issues, prompting the American Academy of Pediatrics and other leading national associations to declare a public health emergency. Nationally, suicide rates among youth between the ages of 10 and 18 have increased, as has the rate for Black and Hispanic youth between the ages of 10 and 24.[20] In California, hospitals reported a significant increase in the number of families seeking psychiatric treatment for adolescents in EDs since the beginning of the pandemic.[21]

In response, DHCS has made strengthening California's behavioral health system a top priority, particularly for individuals with the greatest needs. DHCS is making unprecedented investments in expanding behavioral health services, housing, and social supports for individuals living with significant behavioral health needs. For Medi-Cal members, initiatives include CalAIM and other efforts to strengthen the Medi-Cal program. Find a comprehensive list of ongoing and new initiatives to strengthen behavioral health care services detailed in Appendix 1.

However, significant gaps remain in the current continuum of care available to Medi-Cal members living with significant behavioral health needs, particularly among children and youth (including those involved in child welfare), individuals who are experiencing or at risk of homelessness, and those who are justice-involved. To help address these gaps, DHCS is requesting the necessary federal Medicaid authorities to implement the BH-CONNECT demonstration to expand access to and strengthen the continuum of behavioral health services for Medi-Cal members living with significant behavioral health needs, particularly for populations experiencing disparities in access to behavioral health services and outcomes. The BH-CONNECT demonstration is designed to complement and build on California's other major behavioral health initiatives. Figure 1 below is a diagram of the ecosystem of behavioral health care in California, and illustrates how the BH-CONNECT proposal complements and will further build out the continuum of care for individuals living with significant behavioral health needs.

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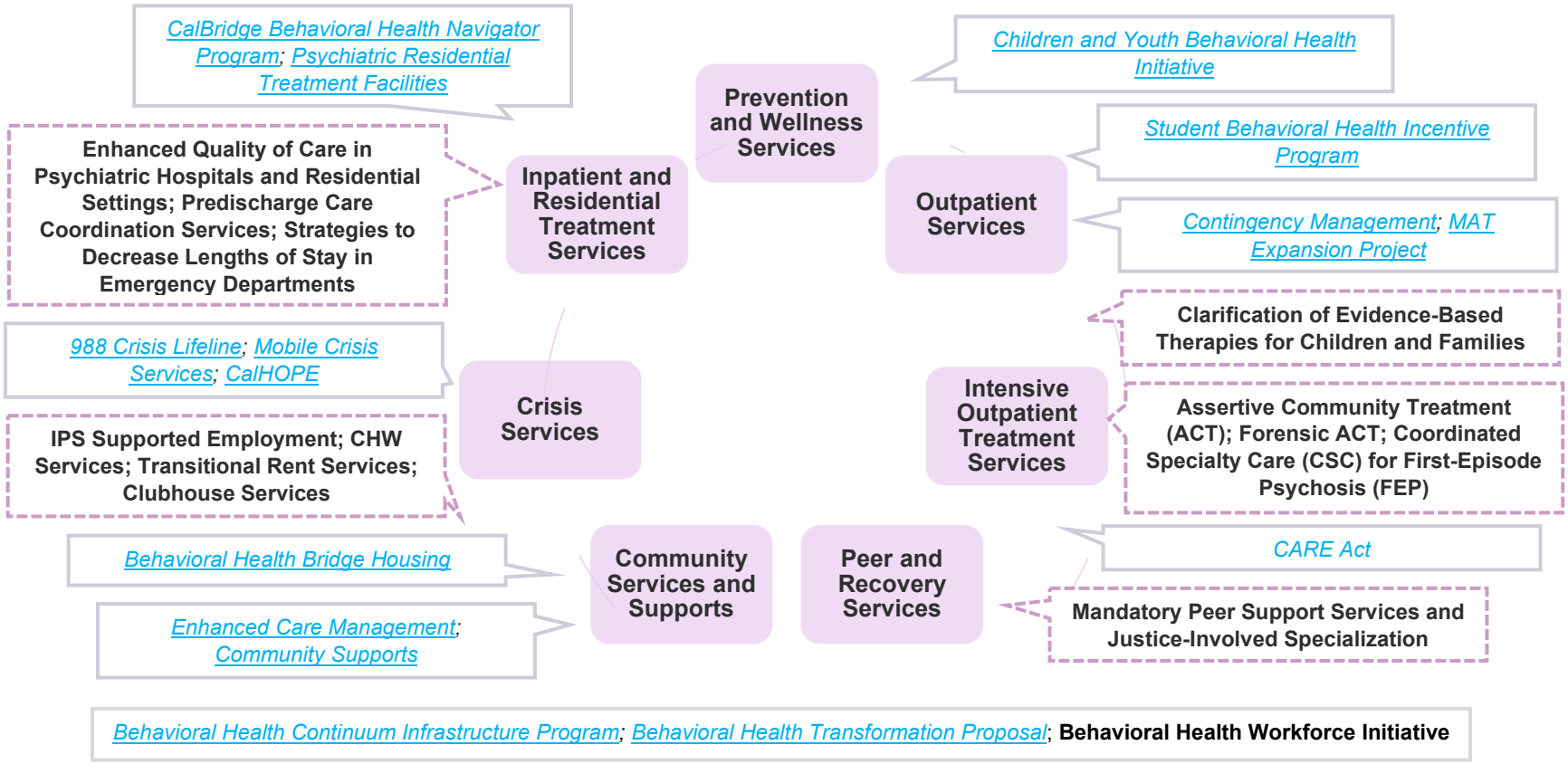
[19] SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019. Available at https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect8pe2019.htm.

[20] CDPH, "Suicide in California – Data Trends in 2020, COVID Impact, and Prevention Strategies," July 2021. Available at https://www.psnyouth.org/wp-content/uploads/2021/08/Suicide-in-California-Data-Trends-in-2020-COVID-Impact-and-Prevention-Strategies-Slide-Deck.pdf.

[21] Wiener, Jocelyn. "Stranded in the ER: Can California change its treatment of kids in crisis?" Cal Matters, September 27, 2021. Available at https://calmatters.org/health/2021/09/children-suicide-residential-treatment-crisis-california/.

Figure 1. Building Out the Continuum of Care for Individuals Living with Significant Behavioral Health Needs

Key: BH-CONNECT initiatives are in **bold with purple outline.** *Existing initiatives are italicized.*



Note: This depiction does not identify all ongoing initiatives; additional details about California's other initiatives and investments in behavioral health are detailed in Section II. Some of the BH-CONNECT demonstration features are specific to counties that opt-in to receive FFP for care provided during short-term stays in IMDs or are otherwise optional for counties.

Mental Health Availability Assessment

DHCS conducted an assessment of the availability of mental health services to provide a baseline understanding of the current rates of Medi-Cal enrollment and participation among behavioral health providers. The assessment, which follows a template provided by CMS, includes information on Medi-Cal members living with SMI/SED and the number of mental health services providers and facilities across the state. The assessment is available in Appendix 2. Over the course of the BH-CONNECT demonstration, DHCS will work with other agencies and partners to monitor and improve the data for future assessments.

DEMONSTRATION GOALS AND OBJECTIVES

California's goal for the BH-CONNECT demonstration is to strengthen the state's continuum of community-based behavioral health services to better meet the needs of Medi Cal members living with significant behavioral health needs across the state, and to improve access, quality, and outcomes for populations experiencing disparities in particular. California's goals for the BH-CONNECT demonstration align with the specific goals for SMI/SED demonstrations outlined in State Medicaid Director Letter (SMDL) #18-011, including:

1. Reduced utilization and lengths of stay in EDs among Medicaid members with SMI or SED while awaiting mental health treatment in specialized settings;
2. Reduced preventable readmissions to acute care hospitals and residential settings;
3. Improved availability of crisis stabilization services including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the state;
4. Improved access to community-based services to address the chronic mental health care needs of members with SMI or SED including through increased integration of primary and behavioral health care; and
5. Improved care coordination, especially continuity of care in the community following episodes of acute care in EDs, hospitals and residential treatment facilities.

Building upon the goals identified in SMDL #18-011, California has identified additional state-specific goals for the BH-CONNECT demonstration, including:

6. Improved availability in Medi-Cal of high-quality community-based behavioral health services, EBPs, and community-defined evidence practices, including ACT, FACT, CSC for FEP, IPS Supported Employment, community health worker services, clubhouse services, and transitional rent services;
7. Improved outcomes for members living with significant behavioral health needs, particularly for those who historically have experienced healthcare disparities,

including individuals who are involved in child welfare, justice-involved, and homeless or at risk of homelessness;
8. Improved availability of training, technical assistance and incentives for providers and counties to implement high-quality community-based behavioral health services and improve outcomes for high-risk populations;
9. Expanded behavioral health workforce to ensure that clinicians and other staff are available to treat Medi-Cal members living with significant behavioral health needs.

HYPOTHESES AND EVALUATION PLAN

The BH-CONNECT demonstration will test whether the granted waiver and expenditure authorities increase access to community-based behavioral health services and improve outcomes for Medi-Cal members living with significant behavioral health needs.

California has developed a set of preliminary hypotheses and evaluation approaches to assess progress on the goals identified in SMDL #18-011 and California's state-specific goals outlined above. California will contract with an independent evaluator to conduct a critical and thorough evaluation of the Demonstration. The evaluator will develop a comprehensive evaluation design that is consistent with CMS guidance and the requirements of the Special Terms and Conditions for the Demonstration. To the maximum extent possible, the BH-CONNECT demonstration evaluation will be coordinated with other existing evaluations that DHCS already is conducting for CMS for CalAIM and other initiatives.

Based on the goals identified above, the state has developed a preliminary evaluation plan that delineates potential hypotheses, a potential evaluation approach for each hypothesis, and the expected source(s) of data that can be used in the evaluation, summarized in Table 2.[22] All components of the preliminary evaluation plan are subject to change as the program is implemented and an evaluator is identified.

Table 2. Preliminary Evaluation Plan for BH-CONNECT Demonstration

Hypothesis	Evaluation Approach	Data Sources
ED utilization and lengths of stay among Medicaid members with SMI/SED will decrease over the course of	The state will analyze the: • Number and proportion of Medicaid members[23] with a SMI/SED diagnosis with an emergency department (ED) visit related to SMI/SED, and characteristics of ED service utilization (e.g., length of stay pending available data) to be described in the formal evaluation design.	• Claims data

[22] In addition to the hypotheses summarized in Table 2, DHCS will ensure transitional rent services are evaluated in an integrated evaluation that is inclusive of the MCMC and behavioral health delivery systems.
[23] For some proposed metrics, DHCS will only review data among Medicaid members residing in counties that opt-in to participate in the BH-CONNECT demonstration. Other proposed metrics will be evaluated statewide.

Hypothesis	Evaluation Approach	Data Sources
the demonstration.		
SMI/SED-related readmissions to acute care hospitals and residential settings will decrease over the course of the demonstration.	The state will analyze the: • Number and proportion of Medicaid members with a SMI/SED diagnosis with an acute care hospital, psychiatric inpatient hospital, or Medicaid-funded residential mental health treatment readmission related to SMI/SED.	• Claims data
Utilization of community-based crisis services will increase over the course of the demonstration.	The state will analyze the: • Number and proportion of Medicaid members with a SMI/SED and/or a SUD diagnosis utilizing community-based crisis services.	• Claims data
Availability and utilization of community-based behavioral health services will increase over the course of the demonstration.	The state will analyze the: • Number and proportion of Medicaid members with a SMI/SED and/or a SUD diagnosis accessing community-based behavioral health services (e.g., ACT, FACT, Peer Support Services, including those delivered by Peer Support Specialists with a forensic specialization, IPS Supported Employment, clubhouse services, transitional rent services). • Number of Medicaid provider sites offering these community-based behavioral health services.	• Claims data
Care coordination for members living with SMI/SED will improve over the course of the demonstration.	The state will analyze the: • Rates of follow-up after an ED visit for mental illness. • Rates of follow-up after hospitalization for mental illness. • Number and proportion of Medicaid members with a SMI/SED diagnosis who are utilizing Enhanced Care Management and/or Community Support services. • Number and proportion of Medicaid members with a SMI/SED diagnosis who	• Claims data

Hypothesis	Evaluation Approach	Data Sources
	are utilizing physical health services, including primary care.	
Outcomes for individuals who are justice-involved and those who are homeless or at risk of homelessness will improve over the course of the demonstration.	The state will analyze the: • Number and proportion of members with a SMI/SED diagnosis who have experienced one or more days of homelessness in the past year. • Number and proportion of Medicaid members with a SMI/SED diagnosis who have experienced one or more incidences of incarceration in the past year.	• Claims data • HMIS data • Incentive program data • CDCR data • Data on Medi-Cal members who enter and exit incarceration[24]
Outcomes for children and youth involved with child welfare will improve over the course of the demonstration.	The state will analyze the: • Number and proportion of children and youth involved with child welfare with an ED visit related to SMI/SED. • Number and proportion of children and youth involved with child welfare with a SED diagnosis utilizing residential behavioral health treatment services, including short-term residential therapeutic programs (STRTPs). • Number and proportion of children and youth involved with child welfare with a SED diagnosis utilizing community-based services and EBPs (e.g., intensive in-home services, MST, FFT, PCIT, Activity Stipends). • Ratio of children and youth involved with child welfare with an ED visit related to SMI/SED to children and youth involved with child welfare utilizing community-based services and EBPs (e.g., intensive in-home services, MST, FFT, PCIT, Activity Stipends).	• Claims data • Cross-sector incentive program data

[24] By April 2024, DHCS expects to have access to data on Medi-Cal members who enter and exit incarceration. Currently, data are available via the eligibility system for Medi-Cal members incarcerated for a period of 28 days or longer because they are re-classified under a special aid code that limits their benefits to hospitalizations in community facilities of 24 hours or more. Even if it is harder to secure incarceration data than anticipated, DHCS and its evaluator can modify the hypotheses and the data sources after the waiver is approved via the formal evaluation design that must be submitted to CMS.

Hypothesis	Evaluation Approach	Data Sources
Availability of trainings, technical assistance and incentives to strengthen the provision of community-based care and improve outcomes will increase over the course of the demonstration.	The state will analyze the: • Number of trainings delivered by Centers of Excellence. • Number of fidelity reviews conducted by Centers of Excellence. • Participation rate among eligible Medicaid providers and county behavioral health plans in trainings offered by Centers of Excellence. • Participation rate among eligible Medicaid providers in fidelity reviews offered by Centers of Excellence. • Provider feedback surveys on effectiveness of trainings and fidelity reviews provided by Centers of Excellence. • Participation rate among counties in statewide and opt-in county incentive programs. • Incentive dollars earned through statewide and opt-in county incentive programs. • Performance improvements as reported through statewide and opt-in county incentive programs.	• Centers of Excellence data • Incentive program data
Availability of behavioral health providers, including SUD providers, will increase over the course of the demonstration.	• Number of providers expanding clinical capacity attributable to the behavioral health workforce initiative. • Number of new college/university slots funded through behavioral health workforce initiative.	• Workforce initiative data

SECTION 3 | BH-CONNECT DEMONSTRATION REQUEST

KEY FEATURES

DHCS is requesting new authorities, effective January 1, 2025, to strengthen the continuum of community-based care for Medi-Cal members living with significant behavioral health needs, including children and youth involved in the child welfare system, individuals and families experiencing or at risk of homelessness, and those who are justice-involved. As detailed in Table 1 above, the BH-CONNECT demonstration includes new statewide initiatives, as well as features available at county option. While DHCS is requesting approval of the requested authorities effective January 1, 2025, the BH-CONNECT demonstration will be implemented through a phased approach as described in the "Demonstration Implementation" section below.

Below, find additional details about each of the statewide initiatives requested as part of the BH-CONNECT demonstration. The following section reviews the Section 1115 demonstration requests for initiatives that will be available at county option.

BH-CONNECT Features Available Statewide

DHCS is requesting expenditure authority to make targeted improvements statewide. These include new investments in a robust, diverse behavioral health workforce and programs to support children and youth who are involved in child welfare and who have, or are at risk of developing, significant behavioral health conditions. In addition, DHCS is requesting expenditure authority to implement a statewide incentive program for county behavioral health delivery systems to enhance quality infrastructure and improve performance on key outcomes among Medi-Cal members living with significant behavioral health needs.

Workforce Initiative to Ensure Access to Critical Medi-Cal Behavioral Health Services

Like the rest of the nation, California is facing an acute behavioral health workforce shortage. Expanding the supply, expertise, diversity and cultural competency of the behavioral health care workforce is a key priority that California shares with the Biden Administration.[25] In California, county behavioral health departments, providers and consumer advocacy groups have highlighted that the workforce crisis will be the most significant challenge to implementing the proposed components of the BH-CONNECT demonstration, particularly fidelity implementation of EBPs for children, youth and adults living with significant behavioral health needs. After reviewing an initial concept paper on BH-CONNECT, county behavioral health directors, advocacy organizations and

[25] The White House, "Fact Sheet: Biden-Harris Administration Announces New Actions to Tackle Nation's Mental Health Crisis," May 2023. Available at https://www.whitehouse.gov/briefing-room/statements-releases/2023/05/18/fact-sheet-biden-harris-administration-announces-new-actions-to-tackle-nations-mental-health-crisis/

providers specifically requested that DHCS add workforce funding to the BH-CONNECT demonstration. The universal theme resounding in stakeholders' feedback on the BH-CONNECT concept paper is the need to expand the behavioral health workforce and support behavioral health care providers with delivering evidence-based service models to fidelity, which prompted the workforce request included in this application.

In addition, a February 2023 analysis of California's behavioral health workforce authored by researchers from Healthforce Center at the University of California, San Francisco for the California Behavioral Health Directors Association[26] found that:

- 90 percent or more of county behavioral health agencies report difficulty recruiting LCSWs, psychiatrists, and LMFTs. Between 70 percent and 90 percent had difficulty recruiting registered nurses (RNs), LPCCs, and psychologists.
- Most county behavioral health agencies have difficulty recruiting sufficient numbers of Native American, Asian, Black, Latino(a), and Native Hawaiian/Pacific Islander behavioral health professionals to match clients' race/ethnicity.
- The three top barriers county behavioral health agencies report in recruiting behavioral health providers were the inability to offer competitive pay; lengthy hiring processes; and location.

To meet this need, DHCS has made building a diverse and equitable workforce a top priority and is making significant state-level investments in California's behavioral health workforce. As noted above, the state has embarked on massive investments totaling more than $10 billion in resources to strengthen the behavioral health care continuum. Further, Governor Newsom's recent proposal to transform California's behavioral health system would authorize an additional $6.38 billion to expand access to behavioral health care and permanent supportive housing for individuals with behavioral health conditions.[27] In tandem with unprecedented state funding investments in behavioral health care infrastructure and capacity development, California is implementing significant delivery system transformations to reshape how behavioral health care is administered and reimbursed in Medi-Cal with the goal of better meeting the needs of Medi-Cal members living with the most significant mental health and substance use disorder needs. These system transformations are described in further detail in Appendix 1.

[26] Healthforce Center at UCSF, "Building the Future Behavioral Health Workforce: Needs Assessment," February 2023. Available at https://static1.squarespace.com/static/5b1065c375f9ee699734d898/t/63e695d3ce73ca3e44824cf8/1676056025905/CBHDA_Needs_Assessment_FINAL_Report_2-23.pdf.

[27] CalHHS, "The Next Step to Transform California's Behavioral Health System." Available at https://www.chhs.ca.gov/behavioral-health-reform/

To build upon work already underway in California, and consistent with the Biden Administration's prior[28] and current[29] budget proposals for investments in the behavioral health workforce, DHCS is requesting expenditure authority for a behavioral health workforce initiative needed to support the identification, training and retention of the people who will be providing services across the full continuum of care for Medi-Cal members living with significant behavioral health needs. The investments are critical to expand access to behavioral health care for Medi-Cal members and ensure the sustainability of new Medi-Cal community-based services and EBPs implemented through the BH-CONNECT demonstration. Key areas of focus will be on ensuring that the workforce is equipped to provide culturally and linguistically-appropriate care; engaging individuals with lived experience in the professional workforce; and addressing the particularly acute shortages in behavioral health professionals who work with children and youth, and justice-involved individuals.

Demonstration Request

DHCS requests expenditure authority totaling $2,400,000,000 for long- and short-term investments in a robust, diverse behavioral health workforce required to support Medi-Cal members living with significant behavioral health needs (including SUD). DHCS proposes to fund 85% of the non-federal share of the workforce investments by drawing down federal Medicaid matching dollars for Designated State Health Programs (DSHP) and the remaining 15% of the non-federal share using state or local funds. In total, DHCS is requesting expenditure authority totaling $1,020,000,000 for DSHP to finance the workforce investments required to implement the BH-CONNECT demonstration.

Scope of Program

The workforce initiative will be used by DHCS for both long- and short-term investments in the behavioral health workforce required to provide Medi-Cal benefits, which may include:

- Long-term investments to expand the pipeline of behavioral health professionals who can work with Medi-Cal members living with significant behavioral health needs, such as partnerships with community colleges and public universities to expand allied professional and graduate programs in social work, psychology, and other related programs, and to build upon recent investments to augment the pipeline of Peer Support Specialists, Community Health Workers, SUD counselors, and other practitioners; and
- Short-term investments to support recruitment and training efforts for key community-based Medi-Cal behavioral health services and EBPs, such as hiring and retention bonuses, scholarship and loan repayment programs, certification

[28] The White House, "Fact Sheet: President Biden's Budget Advances A Bipartisan Unity Agenda, "March 2022. Available at https://www.whitehouse.gov/omb/briefing-room/2022/03/28/fact-sheet-president-bidens-budget-advances-a-bipartisan-unity-agenda/

[29] The White House, "Fact Sheet: The President's Budget for Fiscal Year 2024," March 2023. Available at https://www.whitehouse.gov/omb/briefing-room/2023/03/09/fact-sheet-the-presidents-budget-for-fiscal-year-2024/

costs for community health workers and peer support specialists, and other stipends determined by DHCS to be needed to support training and delivery of EBPs and implement other BH-CONNECT features.

DHCS will ensure all new investments made through the workforce initiative will build upon, not duplicate, existing behavioral health workforce initiatives in the state and that they will be directed toward the workforce required to provide care to Medi-Cal members living with significant behavioral health needs.

Activity Stipends

Children and youth involved in the child welfare system often do not have access to extracurricular activities that support physical health, mental wellness, healthy attachment and social connections – all protective factors that support social and emotional development, promote long-term mental health and prevent substance misuse and substance use disorders. After-school and extracurricular activities for children and youth can be an effective way to improve outcomes and mitigate the impact of poverty, trauma and poor health.[30] They expose children to others in different socioeconomic groups, different cultures, healthy and functional family systems, and give them a chance to engage in activities that might turn into meaningful passions. Among young children, they can promote healthy development and attachment to a caretaker while for older children and teens they can mitigate the impact of negative peer culture with potential implications for substance use disorders and/or risk of involvement with the juvenile justice system. Physical activities for certain at-risk children (e.g., those suffering from attention deficit hyperactivity disorder) can help to prevent or minimize the need for medication. Finally, these activities can help children and youth who are involved in child welfare to feel "normal," which is critical to helping children and youth to heal and recover from their experiences. Indeed, the lack of the ability to do normal developmental activities is something that former foster children say is one of the hardest parts of receiving foster care.[31] In addition, California youth advocacy groups report that young people with a history of involvement in the child welfare and/or juvenile justice systems repeatedly emphasize the importance of non-traditional therapeutic interventions.[32]

It is in this context that DHCS proposes to develop a new stipend for children involved with the child welfare system to be used for activities and supports to promote social

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[30] Polihronakis, Tina, "Information Packet: Mental Health Care Issues of Children and Youth in Foster Care," April 2008. Available at http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/information_packets/Mental_Health.pdf.
[31] The Annie E. Casey Foundation, "What Young People Need to Thrive," 2015. Available at https://assets.aecf.org/m/resourcedoc/aecf-whatyoungpeopleneedtothrive-2015.pdf
[32] Klitsch, Stephanie, "Beyond the Basics: How Extracurricular Activities Can Benefit Foster Youth," National Center for Youth Law, 2011. Available at https://youthlaw.org/news/beyond-basics-how-extracurricular-activities-can-benefit-foster-youth#:~:text=The%20law%20prohibits%20any%20other,from%20participating%20in%20extracurricular%20activities.&text=The%20law%20requires%20private%20agencies,promote%20participation%20in%20extracurricular%20activities

and emotional well-being and resilience, manage stress, build self-confidence, and counteract the harmful physical and mental health effects of trauma.

Demonstration Request

DHCS requests expenditure authority totaling $214,335,000 over the demonstration period for Activity Stipends. Coverage of Activity Stipends will enable DHCS to support the social and emotional well-being of children and youth in the child welfare system, resulting in improved physical and behavioral health outcomes.

Eligibility Criteria

Children and youth enrolled in Medi-Cal may be eligible for Activity Stipends if they:

- Are under age 21 and are currently involved in the child welfare system in California;[33]
- Are under age 21 and previously received care through the child welfare system in California or another state within the past 12 months;
- Have aged out of the child welfare system up to age 26 (having been in foster care on their 18th birthday or later) in California or another state;
- Are under age 18 and are eligible for and/or in California's Adoption Assistance Program; or
- Are under age 18 and are currently receiving or have received services from California's Family Maintenance program within the past 12 months.

Scope of Services

Activity Stipends would support activities not otherwise reimbursable in Medi-Cal, such as:

- Movement activities;
- Sports;
- Leadership activities;
- Excursion and nature activities;
- Music and art programs; and
- Other activities to support healthy relationships with peers and supportive adults.

DHCS will be responsible for oversight of Activity Stipends, but will work with California Department of Social Services (CDSS), county child welfare agencies, and Tribal child

[33] As defined in BHIN 21-073, "involvement in child welfare" means the beneficiary has an open child welfare services case, or the beneficiary is determined by a child welfare services agency to be at imminent risk of entering foster care but able to safely remain in their home or kinship placement with the provision of services under a prevention plan, or the beneficiary is a child whose adoption or guardianship occurred through the child welfare system. A child has an open child welfare services case if: a) the child is in foster care or in out of home care, including both court-ordered and by voluntary agreement; or b) the child has a family maintenance case (pre-placement or post-reunification), including both court ordered and by voluntary agreement. A child can have involvement in child welfare whether the child remains in the home or is placed out of the home.

welfare programs as applicable on distribution as part of promoting cross-agency accountability and coordination.

Cross-Sector Incentive Program for Children Involved in Child Welfare

It is important that children and youth involved in child welfare have access to well-coordinated and managed health care. Separation from parents or caretakers – even in cases of abuse or neglect – is traumatizing, and the experience of trauma increases the risk of mental illness, SUDs, and poor physical health outcomes, which can hinder development and have a lasting impact. Children involved in child welfare frequently require coordination across multiple systems to meet their needs.

DHCS proposes to establish a cross-sector incentive program to facilitate innovation and drive member outcome improvements through cross-agency collaboration to address the needs of children and youth involved in child welfare who are living with or at high-risk for SED. The program will provide fiscal incentives for three key systems – MCPs, county behavioral health delivery systems, and county child welfare systems – to work together and share responsibility for improving behavioral health outcomes among children and youth involved in child welfare.[34] The cross-sector incentive program for children in child welfare will incentivize activities such as cross-sector collaboration, implementation of child- and youth-related components of the BH-CONNECT demonstration, and improved outcomes for children and youth with behavioral health conditions involved in child welfare, among others. DHCS has received valuable feedback on potential measures for this incentive program and is working closely with stakeholders on the framework and measure set for the cross-sector incentive program to ensure it is designed in a way to best support children and youth involved in child welfare who are living with significant behavioral health needs.

Demonstration Request

DHCS requests expenditure authority totaling $250,000,000 over the demonstration period for the cross-sector incentive program for children and youth involved in child welfare. This program will incentivize MCPs, MHPs and county child welfare systems to work together to address the physical, behavioral health, and health-related social needs of children and youth involved in child welfare in their communities, and address concerns about cross-sector accountability.

Based on the initial implementation experience with children and youth involved in child welfare, in future years DHCS will assess opportunities to expand this incentive program to promote improved outcomes and accountability for children and youth involved with juvenile justice, the Department of Developmental Disabilities, and/or the Department of Education. If DHCS determines it is appropriate to extend the cross-

[34] Based on the initial implementation experience with children and youth involved in child welfare, DHCS may submit an amendment to the BH-CONNECT demonstration to expand this program to support children and youth involved with juvenile justice, the Department of Developmental Disabilities, and the Department of Education.

sector incentive program to additional children and youth and/or other domains, it will pursue an amendment to this demonstration.

Statewide Incentive Program

To complement the training, coaching and fidelity supports offered directly to providers through Centers of Excellence, DHCS proposes to make new investments in county MHPs and DMC-ODS counties so that they are equipped to provide the robust set of community-based services described in BH-CONNECT. These investments will directly build on initial work done as part of the CalAIM Behavioral Health Quality Improvement Program (BHQIP) to strengthen counties' quality monitoring infrastructure and ensure counties are equipped to track and report on key measures and demonstrate improved outcomes among Medi-Cal members.

Demonstration Request

DHCS requests expenditure authority totaling $1,512,720,000 over the demonstration period to establish a statewide incentive program that will incentivize MHPs and DMC-ODS counties to improve performance on quality measures and reduce disparities in behavioral health access and outcomes. The initiative is focused on supporting counties in providing the Medi-Cal benefits most critical to individuals living with significant behavioral health needs who otherwise are at risk of hospitalization or other significant adverse health outcomes.

Scope of Program

Specific measures for the statewide incentive program will be determined through a robust stakeholder process, but may include measures that are aligned with National Committee for Quality Assurance (NCQA) standards and other core set measures such as:

- Effective transitions of care;
- Cultural and Race, Ethnicity and Language (REAL) responsiveness;
- Follow-up after ED visit for mental illness;
- Follow-up after hospitalization for mental illness;
- Antidepressant medication management;
- Use of first-line psychosocial care for children and adolescents on antipsychotics; and
- Adherence to antipsychotic medications for individuals with schizophrenia.

In initial years, counties may be eligible for incentives if they demonstrate consistent reporting on key measures. Over time, DHCS will incentivize counties to improve performance on key measures.

Incentive program measures will build upon the quality measures included in the DHCS Comprehensive Quality Strategy (CQS) Section 1915(b) Special Terms and Conditions and Section 1115 SMI/SED Monitoring Protocol (DHCS' SMI/SED Monitoring Protocol,

which must be developed by DHCS and approved by CMS in advance of demonstration implementation). Quality performance measures will also include rates specific to populations experiencing disparities in behavioral health care access and outcomes regardless of whether they have received services from MHPs or DMC-ODS counties.

DHCS will require counties that participate in the statewide incentive program to reinvest the FFP received through earned incentives into Medi-Cal behavioral health service provision or capacity expansion.

BH-CONNECT Features Available at County Option

Option to Cover Enhanced Community-Based Services

The core objective of the BH-CONNECT demonstration is to strengthen the continuum of community-based services available to Medi-Cal members living with significant behavioral health needs. To reach this goal, DHCS proposes to provide counties with the option to cover additional evidence-based, community-based services that reduce the need for institutional inpatient and residential care and improve outcomes among individuals living with significant behavioral health needs.[35] Through the development of DHCS' 2022 report *Assessing the Continuum of Care for Behavioral Health Services in California* and robust stakeholder engagement, DHCS has identified key EBPs that improve outcomes for Medi-Cal members living with significant behavioral health needs. These services have demonstrated effectiveness in supporting recovery for populations most in need of enhanced behavioral health services and supports, including those who are justice-involved and members who are homeless or at risk of homelessness.[36]

As part of the BH-CONNECT demonstration, DHCS requests expenditure authority to fund transitional rent services for eligible members who are homeless or at risk of homelessness at county option. DHCS also intends to submit a SPA and/or make county contract changes authorizing county behavioral health delivery systems to deliver:

- ACT;
- FACT;
- CSC for FEP;
- IPS Supported Employment;
- Community health worker services; and
- Clubhouse services.

[35] As always, children and youth under 21 are already eligible for these services to the extent they are required to be covered by EPSDT; the new options do not overturn or modify in any way the existing obligation to meet EPSDT requirements.

[36] "Diversion to What? Evidence-Based Mental Health Services That Prevent Needless Incarceration," Judge David L. Bazelon Center for Mental Health Law, September 2019. Available at http://www.bazelon.org/wp-content/uploads/2019/09/Bazelon-Diversion-to-What-Essential-Services-Publication_September-2019.pdf.

Table 3 below describes which community-based services and EBPs authorized through the BH-CONNECT demonstration will be available in each behavioral health delivery system.

Table 3. Community-Based Services and EBPs by Behavioral Health Delivery System

SMHS	DMC	DMC-ODS
• Transitional rent services • ACT • FACT • CSC for FEP • IPS Supported Employment • Community health worker services • Clubhouse services	• Transitional rent services • IPS Supported Employment • Community health worker services	• Transitional rent services • IPS Supported Employment • Community health worker services

To make ACT, FACT, CSC for FEP, IPS Supported Employment, community health worker services, and clubhouse services available at county option in the SMHS and DMC-ODS delivery systems, DHCS will leverage California's waivers of statewideness and comparability authorized in the CalAIM 1915(b) waiver, which apply to benefits offered under both delivery systems. To make IPS Supported Employment and community health worker services available at county option in the DMC delivery system, DHCS is seeking waivers of statewideness and comparability as part of the BH-CONNECT demonstration.

Transitional Rent Services

Housing supports, including services that help individuals find, move into and retain housing, are essential to the treatment and recovery of individuals living with serious behavioral health conditions. Housing supports are particularly critical for high-need members who are homeless and living with significant behavioral health needs, especially those transitioning out of institutional care or congregate settings, state prisons, county jails, youth correctional facilities, or the child welfare system.

To meet this need, DHCS proposes to cover transitional rent services for up to 6 months for eligible Medi-Cal members who are homeless or at risk of homelessness and who meet other specified criteria. DHCS also intends to request authority to cover transitional rent services through MCMC as an amendment to the CalAIM Section 1115 demonstration. DHCS will establish processes to avoid duplication of services across delivery systems. Transitional rent services will be closely coordinated across delivery systems, with other housing-related supports offered as Medi-Cal Community Support services, and with other non-Medi-Cal funded housing services. DHCS is requesting authority to implement transitional rent services in BH-CONNECT on a phase-in basis, if necessary.

Demonstration Request

DHCS is requesting expenditure authority up to an aggregate cap of $776,229,000 over the demonstration period to cover transitional rent services for eligible individuals in the SMHS, DMC, and DMC-ODS delivery systems. DHCS is also seeking waivers of statewideness, comparability and amount, duration and scope to allow for counties to determine whether they will offer transitional rent services and, if necessary, to phase in implementation of the transitional rent service.

Eligibility Criteria

Medi-Cal members may be eligible for up to 6 months of transitional rent services through the BH-CONNECT demonstration in participating counties if they:

- Meet the access criteria for SMHS, DMC and/or DMC-ODS services; and
- Meet the US Department of Housing and Urban Development's (HUD's) current definition of homeless or the definition of individuals who are at risk of homelessness as codified at 24 CFR part 91.5, with two modifications:[37]
    - If exiting an institution or a state prison, county jail, or youth correctional facility, individuals are considered homeless if they were homeless immediately prior to entering that institutional or carceral stay or become homeless during that stay, regardless of the length of the institutionalization or incarceration; and
    - The timeframe for an individual or family who will imminently lose housing is extended from fourteen (14) days for individuals considered homeless and 21 days for individuals considered at risk of homelessness under the current HUD definition to thirty (30) days; and
- Meet at least one of the following:
    - Are transitioning out of an institutional care or congregate residential setting, including but not limited to an inpatient hospital stay, an inpatient or residential substance use disorder treatment or recovery facility, an inpatient or residential mental health treatment facility, or nursing facility;
    - Are transitioning out of a state prison, county jail, or youth correctional facility;
    - Are transitioning out of the child welfare system;
    - Are transitioning out of a recuperative care facility or short-term post-hospitalization housing;
    - Are transitioning out of transitional housing, or rapid re-housing;
    - Are transitioning out of a homeless shelter/interim housing, including domestic violence shelters or domestic violence housing;

[37] In alignment with the definition of homelessness and at risk of homelessness used for Community Supports services authorizes through CalAIM.

- Meet the criteria of unsheltered homelessness described at 24 CFR part 91.5; [38] or
- Meet eligibility criteria for a Full Service Partnership (FSP) program.[39]

Scope of Services

Transitional rent will be available for a period of no more than six months and will be provided only if it is determined to be medically appropriate. Transitional rent services may be subject to a population or geographic phase-in, as determined by DHCS.

Short-Term Residential and Inpatient Psychiatric Stays in IMDs

As part of the BH-CONNECT demonstration, DHCS proposes that counties that agree to certain conditions ("opt-in counties") will receive FFP for services provided during short-term stays in IMDs consistent with applicable requirements described in federal guidance. To participate, a county must agree to cover a full array of enhanced community-based services and EBPs described above,[40] reinvest dollars generated by the demonstration into community-based care, and meet accountability requirements to ensure that IMDs are used only when there is a clinical need and that they meet quality standards. In addition to the expenditure authority for FFP for services provided during short-term stays in IMDs consistent with applicable requirements described in federal guidance, DHCS is also requesting expenditure authority to establish an incentive program for opt-in counties to prepare for participation in the BH-CONNECT demonstration, focusing on building out enhanced community-based services and EBPs and ensuring effective use of short-term IMD stays.

DHCS is committed to ensuring that Medi-Cal members have access to a comprehensive continuum of care that allows members who require residential and inpatient services to receive them when necessary. DHCS is also committed to ensuring that individuals are served in inpatient and residential settings only when clinically indicated and for no longer than necessary for them to receive the most appropriate care. DHCS recognizes that behavioral health care needs to be tailored to an individual's circumstances; an individualized, person-centered approach to behavioral health means that some individuals may need a longer course of treatment when clinically indicated; DHCS, however, is not requesting FFP for any stays in excess of 60 days in any circumstances.

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[38] Specifically, "An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground."

[39] FSP is a comprehensive and intensive mental health program for individuals with persistent mental illness that have demonstrated a need for an intensive FSP program, including individuals who are experiencing or at risk of homelessness, those who are justice-involved, and high-utilizers of emergency or high-acuity mental health services. An estimated 71,000 individuals are currently enrolled FSP programs (.5% of the Medi-Cal population).

[40] With the exception of clubhouse services. Opt-in counties must offer ACT, FACT, CSC for FEP, IPS Supported Employment, transitional rent services, and community health worker services.

Demonstration Request

To support access to necessary care for Medi-Cal members who require inpatient or residential treatment, DHCS is requesting expenditure authority totaling $958,834,000 over the demonstration period for otherwise covered Medi-Cal services furnished to Medi-Cal members who are receiving short-term residential or inpatient psychiatric care in IMDs consistent with all applicable federal guidance, including stays in STRTPs for youth. DHCS also requests to exercise the flexibility CMS has provided to waive the length-of-stay requirements under the Section 1115 SMI/SED guidance for foster children residing in STRTPs that are Qualified Residential Treatment Programs in certain circumstances.[41],[42] Finally, DHCS is seeking waivers of statewideness, comparability and amount, duration and scope to allow for use of Medi-Cal funding for short-term stays in IMDs only in counties that meet specified conditions.

Incentive Program for Opt-In Counties

Counties that opt-in to the BH-CONNECT demonstration will need to make significant investments to meet the requirements for receiving FFP for care provided during short-term stays in IMDs, including building networks to deliver newly required, enhanced community-based services, conducting oversight of participating IMDs, and meeting other state and federal requirements not applicable in other counties.

Demonstration Request

DHCS requests expenditure authority totaling $1,078,717,000 over the demonstration period to establish an incentive program for opt-in counties.

Scope of Program

The incentive program will support and reward counties in implementing community-based care options that enable Medi-Cal members living with significant behavioral health needs to remain in the community rather than in inpatient or residential settings.

Specific measures will be determined through a robust stakeholder process, but may include:

- Start-up and capacity development, such as:
    - Receive DHCS approval of BH-CONNECT county implementation plan
- Process and structural milestones, such as:

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[41] CMS, "Qualified Residential Treatment Program (QRTP) Reimbursement: Family First Prevention Services Act (FFPSA) Requirements Q&A," October 2021. Available at https://www.medicaid.gov/federal-policy-guidance/downloads/faq101921.pdf

[42] While the number of children residing in such facilities is minimal, DHCS has determined that a small number of STRTP facilities remain essential for now in order to provide care to children and youth who require more extended treatment and who cannot safely be treated in alternative settings.

    - Submit baseline reporting on outcome measures related to BH-CONNECT programs
    - Ensure provider organizations participate in fidelity review for specific EBPs, such as ACT, FACT, CSC for FEP, and IPS Supported Employment
- Performance and outcomes, such as:
    - Demonstrate improved outcomes related to BH-CONNECT programs (e.g., reduction in facility-based care, homelessness and incarceration)
    - Demonstrate increased utilization rates of community-based services and EBPs available through the BH-CONNECT demonstration
    - Demonstrate improvement on specified quality of life measures

While the incentive program for opt-in counties will support counties and providers in launching their participation in the demonstration, most of its resources are focused on outcomes associated with effective implementation of community-based services such as ACT/FACT, IPS Supported Employment, CSC for FEP, community health worker services, clubhouse services, and transitional rent for eligible members experiencing or at risk of homelessness.

Counties that participate in the incentive program for opt-in counties will be required to reinvest the FFP received through earned incentives into Medi-Cal behavioral health service provision or capacity expansion.

PROPOSED BENEFIT CHANGES

Delivery System

There are no proposed changes to the structure of California's Medicaid delivery systems as part of this demonstration request. MCPs will remain responsible for providing covered NSMHS and some SUD services (e.g., smoking cessation) to adult and youth members, and MHPs will continue covering SMHS for Medi-Cal members who meet specified criteria for services. SUD services will continue to be administered primarily by the counties through the DMC program and DMC-ODS.

Cost Sharing

There is no cost sharing in the proposed BH-CONNECT demonstration.

SECTION 4 | DEMONSTRATION ELIGIBILITY AND ENROLLMENT

ELIGIBILITY REQUIREMENTS

There are no proposed changes to California's Medicaid eligibility requirements as part of this demonstration request.

ENROLLMENT

The State is not proposing any changes to Medicaid eligibility requirements in the Section 1115 demonstration request. As such, the demonstration is not expected to affect enrollment trends, which will continue to be determined largely by demographic changes and economic conditions. Even though this demonstration request does not propose to otherwise expand eligibility, the BH-CONNECT demonstration is expected to improve care for Medi-Cal members living with behavioral health needs, including the estimated 640,000 adults living with SMI and 127,000 children and youth living with SED across the state.

Table 4 provides information about projected enrollment in each of the major eligibility categories over the course of the Demonstration.

Table 4. Projected Enrollment by Category of Aid

Category of Aid	Projected Enrollment (in Thousands)				
	DY1	DY2	DY3	DY4	DY5
	1/1/25-12/31/25	1/1/26-12/31/26	1/1/27-12/31/27	1/1/28-12/31/28	1/1/29-12/31/29
Families and Children (not CHIP)	5,721,771	5,721,771	5,721,771	5,721,771	5,721,771
CHIP	1,282,063	1,282,063	1,282,063	1,282,063	1,282,063
Seniors and Persons with Disabilities	2,191,022	2,191,022	2,191,022	2,191,022	2,191,022
ACA Expansion	4,371,622	4,371,622	4,371,622	4,371,622	4,371,622
Other	954,319	954,319	954,319	954,319	954,319
Total	14,525,797	14,525,797	14,525,797	14,525,797	14,525,797

SECTION 5 | DEMONSTRATION FINANCING AND BUDGET NEUTRALITY

COST ESTIMATES

Table 5. Total Projected Expenditures

Expenditure Authorities	Total Projected Expenditures ($ in Thousands)				
	DY1	DY2	DY3	DY4	DY5
	1/1/25-12/31/25	1/1/26-12/31/26	1/1/27-12/31/27	1/1/28-12/31/28	1/1/29-12/31/29
Workforce Initiative	480,000	480,000	480,000	480,000	480,000
Activity Stipends	23,815	47,630	47,630	47,630	47,630
Cross-Sector Incentive Program		62,500	62,500	62,500	62,500
Statewide Incentive Program	302,544	302,544	302,544	302,544	302,544
Opt-In County Incentive Program	182,175	198,001	208,540	245,000	245,000
IMDs	161,929	175,997	185,364	217,772	217,772
Total	**1,186,464**	**1,351,930**	**1,406,452**	**1,508,533**	**1,526,967**

Table 6. Proposed Expenditure Authority Cap for HRSN Services

Expenditure Authorities	Proposed Expenditure Authority Cap ($ in Thousands)				
	DY1	DY2	DY3	DY4	DY5
	1/1/25-12/31/25	1/1/26-12/31/26	1/1/27-12/31/27	1/1/28-12/31/28	1/1/29-12/31/29
Transitional Rent Services	139,738	147,146	154,845	162,979	171,521
Total	139,738	147,146	154,845	162,979	171,521

Table 7. Projected Federal Expenditures for DSHPs to Support BH-CONNECT Workforce Initiative

Federal Funding	Projected Federal Expenditures for DSHPs to Support Workforce Initiative ($ in Thousands)[43]				
	DY1	**DY2**	**DY3**	**DY4**	**DY5**
	1/1/25-12/31/25	1/1/26-12/31/26	1/1/27-12/31/27	1/1/28-12/31/28	1/1/29-12/31/29
DSHP	204,000	204,000	204,000	204,000	204,000
Total	**204,000**	**204,000**	**204,000**	**204,000**	**204,000**

[43] DHCS anticipates expenditures for the workforce initiative would total $480,000,000 annually. Of that total, DSHP would cover 85% of the non-federal share, totaling $204,000,000 annually, and the state would cover the remaining 15%, totaling $36,000,000 annually.

MAINTENANCE OF EFFORT

California has summarized the outpatient community-based mental health expenditures for state fiscal year 2022 distributed by population and stratified according to federal share, state share general funds and state share county-level funding in Table 8 below. California attests it will meet CMS's maintenance-of-effort requirements for SMI/SED demonstrations and is committed to maintaining or improving access to community-based mental health services throughout the course of this Demonstration.

Table 8. Maintenance of Effort

	Federal	State–General Funds (Matchable)	State-County Funds	Total
Families and Children (not CHIP)	890,492,443.30	27,455,348.78	692,870,128.16	1,610,817,920.24
CHIP	209,986,171.92	6,944,153.20	92,829,157.52	309,759,482.64
Seniors and Persons with Disabilities	700,317,395.58	282,426.49	545,557,014.15	246,156,836.22
ACA Expansion	712,659,294.10	100,545,474.09		813,204,768.19
Other	11,095,293.57	359,216.54	6,147,818.25	17,602,328.36
Total	**2,524,550,598.47**	**135,586,619.10**	**1,337,404,118.08**	**3,997,541,335.65**

SECTION 6 | WAIVER AND EXPENDITURE AUTHORITIES

California is requesting a waiver of the following sections of the Social Security Act, to the extent necessary, to support implementation of the BH-CONNECT demonstration. To the extent that CMS advises the state that additional authorities are necessary to implement the programmatic vision and operational details described above, the state is requesting such waiver or expenditure authority, as applicable. California's negotiations with the federal government could lead to refinements in these lists as the state works with CMS to establish Special Terms and Conditions for the BH-CONNECT demonstration.

To make ACT, FACT, CSC for FEP, IPS Supported Employment, community health worker services, and clubhouse services available at county option, DHCS will leverage California's waivers of statewideness and comparability authorized in the CalAIM 1915(b) waiver, which apply to benefits offered under the SMHS and DMC-ODS delivery systems. To make IPS Supported Employment and community health worker services available at county option in DMC, DHCS is seeking waivers of statewideness and comparability as part of BH-CONNECT.

WAIVER AUTHORITIES

Under the authority of Section 1115(a)(1) of the act, the following waivers shall enable California to implement this Section 1115 demonstration from January 1, 2025 through December 31, 2029.

Table 9. Waiver Authority Requests

Waiver Authority	Use for Waiver
§ 1902(a)(1) Statewideness	To enable the State to operate components of the Demonstration on a county-by-county basis. To enable the State to provide short-term inpatient and residential treatment services to individuals in IMDs on a geographically limited basis. To enable the State to provide IPS Supported Employment (DMC only), community health worker services (DMC only), and transitional rent services on a geographically limited basis.
§ 1902(a)(10)(B) Amount, Duration, and Scope and Comparability	To enable the State to provide short-term inpatient and residential treatment services in IMDs to individuals with significant behavioral health needs that are otherwise not available to all members in the same eligibility group. To enable the State to provide IPS Supported Employment (DMC only), community health worker services (DMC only), and transitional rent services to

	qualifying individuals with significant behavioral health needs that are otherwise not available to all members in the same eligibility group.

EXPENDITURE AUTHORITIES

Under the authority of Section 1115(a)(2) of the act, California is requesting expenditure authorities so that the items identified below, which are not otherwise included as expenditures under Section 1903 of the act, shall, through December 31, 2029, be regarded as expenditures under the state's Title XIX plan.

These expenditure authorities promote the objectives of Title XIX in the following ways:

1. Expenditure authority 1 (Table 10 below) promotes the objectives of title XIX by increasing access to, stabilizing, and strengthening providers and provider networks available to serve Medicaid and low-income populations in the State.
2. Expenditure authorities 1, 2, 3 and 4 promote the objectives of title XIX by increasing efficiency and quality of care through initiatives to transform service delivery networks to support better integration, improved health outcomes, and increased access to health care services.
3. Expenditure authorities 5, 6, 7 and 8 promote the objectives of title XIX by improving health outcomes for Medicaid and other low-income populations in the State.

Table 10. Expenditure Authority Requests

Expenditure Authority	Use for Expenditure Authority
1. Expenditures Related to the Workforce Initiative	Expenditure authority for funding as described in the STCs to strengthen the capacity of the behavioral health workforce serving Medi-Cal beneficiaries and long-term pipeline of behavioral health professionals to support BH-CONNECT implementation and operations.
2. Expenditures Related to Activity Stipends	Expenditure authority to provide Activity Stipends to qualifying individuals under 21 involved in child welfare with behavioral health needs.
3. Expenditures Related to the Cross-Sector Incentive Program	Expenditure authority to support improved health outcomes and accountability for children and youth involved in child welfare through incentive payments to qualified MCPs, MHPs and child welfare agencies described in the STCs.
4. Expenditures Related to the Statewide Incentive Program	Expenditure authority for payments to MHPs and DMC-ODS counties as described in the STCs to strengthen service delivery, improve health outcomes for members with significant behavioral health needs, reduce health disparities and promote health equity and achieve practice transformation.

Expenditure Authority	Use for Expenditure Authority
5. Expenditures Related to Incentive Program for Opt-in Counties	Expenditure authority to support BH-CONNECT implementation and support quality outcomes in BH-CONNECT demonstration counties that opt to provide an enhanced continuum of care and receive FFP for short-term stays in IMDs.
6. Expenditures Related to Transitional Rent Services	Expenditure authority to provide transitional rent services to qualifying individuals who are homeless or at risk of homelessness who meet specified standards.
7. Expenditures Related to IMDs	Expenditures for otherwise-covered services furnished to otherwise-eligible individuals who are short-term residents/inpatients in facilities that meet the definition of an IMD.
8. Expenditures Related to Designated State Health Programs	Expenditures for Designated State Health Programs, identified in these STCs, which are otherwise fully state-funded, and not otherwise eligible for Medicaid matching funds. These expenditures are subject to the terms and limitations and not to exceed specified amounts as set forth in these STCs.

SECTION 7 | DEMONSTRATION IMPLEMENTATION

DHCS is requesting approval of the proposed BH-CONNECT demonstration effective January 1, 2025 through December 31, 2029. The BH-CONNECT demonstration will be implemented through a phased approach, as outlined in Table 11 below. Counties may opt-in to receive FFP for services provided during short-term stays in IMDs on a rolling basis over the course of the demonstration period, insofar as they meet all requirements for opt-in counties described above. The implementation timeline includes all proposed components of the BH-CONNECT demonstration, including features that do not require Section 1115 demonstration authority, and is subject to change depending on implementation progress. See Table 1 above for a review of which features of the BH-CONNECT demonstration require Section 1115 demonstration authorities, which require a new SPA, and which California intends to implement under existing federal Medicaid authorities.

Table 11. BH-CONNECT Demonstration Implementation Timeline

Statewide Features	
Demonstration Year 0	• Inclusion of a management-level Foster Care Liaison within MCPs to enable effective oversight and delivery of ECM, attend Child and Family Team meetings, ensure managed care services are coordinated with other services, and serve as a point of escalation for care managers if they face operational obstacles (effective January 1, 2024)

Demonstration Year 1	• Workforce initiative
	• Centers of Excellence
	• Statewide incentive program
	• Clarification of coverage requirements for EBPs for children and youth under EPSDT:
	  ○ MST
	  ○ FFT
	  ○ PCIT
	  ○ Potentially additional therapeutic modalities
	• Activity Stipends for children and youth involved in child welfare
	• Initial child welfare/specialty mental health behavioral health assessment at entry point into child welfare

Demonstration Year 2	• Cross-sector incentive program to support children and youth involved in child welfare also receiving specialty mental health services • Evidence-based tools to connect members living with significant behavioral health needs to appropriate care
Features Available at County Option	
Rolling Basis	• County option to enhance community-based services:

	○ Transitional rent services ○ IPS Supported Employment ○ Community health worker services ○ ACT ○ FACT ○ CSC for FEP ○ Clubhouse services
Upon IMD Opt-In County Go-Live (*rolling basis*)	• Participate in incentive program for opt-in counties • Meet county accountability requirements • Begin providing: ○ Peer support services with a forensic specialization ○ Community health worker services • Begin participating in training and technical assistance for ACT/FACT through Center of Excellence, including completion of preliminary fidelity assessment
Within 1 Year of Go-Live	• Fully implement ACT • Begin providing transitional rent services
Within 2 Years of Go-Live	• Begin providing: ○ FACT ○ CSC for FEP
Within 3 Years of Go-Live	• Begin providing: ○ IPS Supported Employment

SECTION 8 | PUBLIC COMMENT PROCESS

DHCS has and will continue to engage in robust stakeholder engagement on BH-CONNECT. On August 1, 2023, DHCS released the requisite notices for the BH-CONNECT demonstration and launched a state public comment period from August 1, 2023 through August 31, 2023. DHCS presented and discussed the BH-CONNECT proposal and implementation during two public hearings, the first on August 11, 2023 from 10:00 to 11:30 AM PT and the second on August 24, 2023 from 9:30 to 11:30 AM PT. DHCS also hosted a webinar to solicit Tribal and Indian Health Program stakeholder comments on August 30, 2023.

During the 30-day comment period, DHCS received 98 public comments, including 70 comments submitted via email, 25 comments provided orally or via webinar chat box during two public hearings, and 3 comments provided orally or via webinar chat box during one tribal webinar. DHCS did not receive any public comments via mail.

Appendix 3 summarizes the comments received on the BH-CONNECT demonstration and DHCS' responses. Feedback was received on the demonstration's goals, the preliminary evaluation plan, key demonstration features (i.e., Workforce Initiative, Activity Stipends, Cross-Sector Incentive Program, Statewide Incentive Program, Incentive Program for Opt-in Counties, Transitional Rent Services, and FFP for care provided during short-term stays in IMDs), and other features of BH-CONNECT that do not require Section 1115 demonstration authorities.

DHCS greatly appreciates the valuable and thoughtful comments submitted by stakeholders.

Documentation of DHCS' compliance with the public notice process is available in Appendices 4-6.

SECTION 9 | DEMONSTRATION ADMINISTRATION

Pleases see below for contact information for the State's point of contact for this demonstration application:

Name: Tyler Sadwith

Title: Deputy Director, Behavioral Health

Agency: Department of Health Care Services

Email Address: tyler.sadwith@dhcs.ca.gov

APPENDIX 1 | CURRENT INITIATIVES TO EXPAND COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES IN CALIFORNIA

Children- and Youth-Focused Initiatives

- **Children and Youth Behavioral Health Initiative (CYBHI).**[44] CYBHI is a $4.4 billion investment to enhance, expand and redesign the systems that support behavioral health for children and youth. The goal of CYBHI is to reimagine mental health and emotional well-being for all children, youth and families in California by delivering equitable, appropriate, timely and accessible behavioral health services and supports.
- **Student Behavioral Health Incentive Program (SBHIP)**.[45] SBHIP includes a designated $389 million over a three-year period from January 1, 2022, to December 31, 2024 for incentive payments, to break down silos and improve coordination of child and adolescent student behavioral health services through increased communication with schools, school affiliated programs, managed care providers, counties, and mental health providers. The program will distribute incentives to MCPs that meet predefined goals and metrics associated with targeted interventions that increase access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools.
- **Complex Care Capacity Building.**[46] Assembly Bill 153 provided $43.3 million in one-time funding to both county welfare agencies and probation departments to support counties with establishing a high-quality continuum of care designed to support foster children and nonminor dependents (NMDs) in the least restrictive setting, consistent with the child/NMD's permanency plan.

Enhanced Supports for Populations of Focus

- **Justice-Involved Initiative.**[47] On January 26, 2023, through the Justice-Involved Initiative, California became the first state in the country to receive federal approval to offer a targeted set of Medicaid services to youth and adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release. The goals of the initiative include increasing and continuing Medi-Cal coverage, improving coordination and communication among correctional systems, Medicaid systems, and community-based providers, and providing appropriate health care interventions at earlier opportunities. The state

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[44] CalHHS, "Children and Youth Behavioral Health Initiative," May Revision 2021-22. Available at https://cdn-west-prod-chhs-01.dsh.ca.gov/chhs/uploads/2021/05/CHHS-Children-and-Youth-Behavioral-Health-Initiative-May-Revision-2021-22-Detailed-Proposal-FINAL.pdf.
[45] DHCS, "Student Behavioral Health Incentive Program (SBHIP) Application, Assessment, Milestones, Metrics." Available at https://www.dhcs.ca.gov/services/Documents/DirectedPymts/SBHIP-Overview-and-Requirements-2-1LR.pdf.
[46] CDSS, All County Letter No. 21-143, November 2021. Available at https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2021/21-143.pdf?ver=2021-11-17-115026-727.
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is establishing Medi-Cal enrollment processes, providing targeted Medi-Cal services to eligible individuals while they are incarcerated immediately prior to their release, and ensuring continuity of coverage and services after incarceration as part of re-entry planning.

- **Behavioral Health Bridge Housing (BHBH).**[48] The BHBH Program will provide a total of $1.5 billion in funding to county behavioral health agencies and Tribal entities to operate bridge housing settings to address the immediate and sustainable housing needs of people experiencing homelessness who have serious behavioral health conditions, including SMI and/or SUD. The program, which was signed into law in September 2022 under Assembly Bill 179 (Ting, Chapter 249, Statutes of 2022), provides funding through June 30, 2027. .
- **Felony Incompetent to Stand Trial (IST) Waitlist Solutions.**[49] The 2022-23 California State Budget includes $535.5 million in general fund spending in 2022-23, increasing to $638 million per year in 2025-26 and ongoing at the Department of State Hospitals for solutions focusing on Early Stabilization and Community Care Coordination and Expanding Diversion and Community-Based Restoration Capacity for the IST population. This proposal will establish 5,000 beds over four years to support felony ISTs.
- **Housing and Homelessness Incentive Program (HHIP).**[50] As a means of addressing social determinants of health and health disparities, HHIP allows MCPs to earn incentive funds for making investments and progress in addressing homelessness and keeping people housed. MCPs and the local homeless continuum of care, in partnership with local public health jurisdictions, county behavioral health, Public Hospitals, county social services and local housing departments, must submit a homelessness plan to DHCS.
- **Community Assistance, Recovery and Empowerment (CARE) Act.**[51] CARE Act is a new framework to get people with mental health and substance use disorders the support and care they need. It is aimed at helping the thousands of Californians who are suffering from untreated mental health and substance use disorders leading to homelessness, incarceration or worse. California is taking a new approach to act early and get people the support they need and address underlying needs - without taking away people's rights. CARE Act includes accountability for everyone – on the individual and on local governments – with court orders for services.

Other Initiatives to Strengthen the Continuum of Care

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[48] "California State Budget Summary – 2022-23," Health and Human Services. Available at https://www.ebudget.ca.gov/2022-23/pdf/Enacted/BudgetSummary/HealthandHumanServices.pdf.
[49] Ibid.
[50] DHCS, "Housing and Homelessness Incentive Program," March 2022. Available at https://www.dhcs.ca.gov/services/Pages/Housing-and-Homelessness-Incentive-Program.aspx.
[51] "Governor Newsom's New Plan to Get Californians in Crisis Off the Streets and into Housing, Treatment, and Care," March 2022. Available at https://www.gov.ca.gov/wp-content/uploads/2022/03/Fact-Sheet_-CARE-Court-1.pdf.

- **CalAIM Enhanced Care Management (ECM).**[52] As a key part of CalAIM, ECM is a statewide Medi-Cal benefit available to select populations of focus that will address clinical and nonclinical needs of the highest-need enrollees through intensive coordination of health and health-related services. It will meet members wherever they are – on the street, in a shelter, in their doctor's office or at home. Members will have a single Lead Care Manager who will coordinate care and services among the physical, behavioral, dental, developmental and social services delivery systems, making it easier for them to get the right care at the right time. Effective July 1, 2023, the ECM benefit will launch statewide for the Children and Youth Involved in Child Welfare population of focus. The Children and Youth Involved in Child Welfare population of focus includes children and youth who meet one or more of the following conditions:
    a. Are under age 21 and are currently receiving foster care in California
    b. Are under age 21 and previously received foster care in California or another state within the past 12 months
    c. Have aged out of foster care up to age 26 (having been in foster care on their 18th birthday or later) in California or another state
    d. Are under age 18 and are eligible for and/or in California's Adoption Assistance Program
    e. Are under age 18 and are currently receiving or have received services from California's Family Maintenance program within the past 12 months
- **CalAIM Community Supports.**[53] Community Supports are services provided by MCPs as cost-effective alternatives to traditional medical services or settings. Community supports are designed to address social drivers of health (factors in people's lives that influence their health). All MCPs are encouraged to offer as many of the 14 pre-approved Community Supports as possible, which are available to eligible Medi-Cal members regardless of whether they qualify for ECM services.
- **Recovery Incentives: California's Contingency Management (CM) Program.**[54] CM is an evidence-based treatment that provides motivational incentives to treat individuals living with stimulant use disorder and support their path to recovery. It recognizes and reinforces individual positive behavioral change, as evidenced by drug tests that are negative for stimulants. CM is the only treatment that has demonstrated robust outcomes for individuals living with stimulant use disorder, including reduction or cessation of drug use and longer retention in treatment.. While CM has been tested using other sources of funding, California is the first state in the country to receive federal approval to offer CM as a Medicaid benefit through the CalAIM Section 1115 demonstration.

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[52] DHCS, "CalAIM Enhanced Care Management, Community Supports, and Incentive Payment Program." Available at https://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices.
[53] Ibid.
[54] DHCS, "DMC-ODS Contingency Management." Available at https://www.dhcs.ca.gov/Pages/DMC-ODS-Contingency-Management.aspx.

- **Medication-Assisted Treatment (MAT) Expansion Program.**[55] The California MAT Expansion Project increases access to MAT, reduces unmet treatment need, and reduces opioid overdose-related deaths through the provision of prevention, harm reduction, treatment and recovery activities. The California MAT Expansion Project supports more than 30 projects across the state and has expanded access to MAT in 282 hospitals/emergency departments, 37 county jail systems, 12 Indian Health Programs, 650 MAT Access Points; and has distributed over 3 million units of naloxone resulting in more than 200,000 reported overdose reversals.
- **Behavioral Health Continuum Infrastructure Program (BHCIP).**[56] BHCIP awards competitive grants ($2.2 billion in total) to qualified entities to construct, acquire and rehabilitate real estate assets, or to invest in mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources. DHCS is releasing BHCIP grant funds through six rounds that target various gaps in the state's behavioral health facility infrastructure.
- **CalBridge Behavioral Health Navigator Pilot Program.**[57] The CalBridge Behavioral Health Navigator Program supports EDs to become primary access points for the treatment of substance use disorders and co-occurring mental health conditions. Hospitals participating in the Bridge Navigator Program will SUD as a treatable medical emergency, utilizing trained navigators to identify patients who would benefit from initiating MAT or mental health services. Through this program, DHCS aims to make treatment of substance use and mental health conditions the standard of care in all California EDs. The Bridge Navigator Program provides all participating hospitals with access to materials, training, and technical assistance for navigators, clinicians, nurses, and other hospital staff and stakeholders. .
- **988 Crisis Call Hotline.**[58] DHCS invested $20 million in California's network of emergency call centers to support the launch of the new national 988 hotline for people seeking help during a behavioral health crisis.
- **Medi-Cal Community-Based Mobile Crisis Intervention Services .**[59] Mobile crisis services are a community-based intervention designed to provide de-escalation and relief to individuals experiencing a behavioral health crisis wherever they are, including at home, work, school, or in the community. Mobile crisis services are provided by a multidisciplinary team of trained behavioral

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[55] DHCS, "The California MAT Expansion Project Overview." Available at https://www.dhcs.ca.gov/individuals/Pages/MAT-Expansion-Project.aspx.
[56] DHCS, "The Behavioral Health Continuum Infrastructure Program." Available at https://www.dhcs.ca.gov/services/MH/Pages/BHCIP-Home.aspx#:~:text=The%20Behavioral%20Health%20Continuum%20Infrastructure%20Program%20(BHCIP)%20provides%20the%20Department,expand%20the%20community%20continuum%20of.
[57] DHCS, "Medicaid Home- and Community-Based Services (HCBS) Spending Plan: Quarterly Reporting for Federal Fiscal Year 2021-2022," October 2021. Available at https://www.dhcs.ca.gov/Documents/HCBS-Spending-Plan-Q2-Final-Report.pdf.
[58] DHCS, "California Dedicates $20 Million to Support New Mental Health '988' Crisis Hotline," September 2021. Available at https://www.dhcs.ca.gov/formsandpubs/publications/oc/Documents/2021/21-06-988-Line.pdf.
[59] "California State Budget Summary – 2022-23," Health and Human Services. Available at https://www.ebudget.ca.gov/2022-23/pdf/Enacted/BudgetSummary/HealthandHumanServices.pdf.

health professionals in the least restrictive setting. Mobile crisis services include screening, assessment, stabilization, de-escalation, follow-up, and coordination with healthcare services and other supports. Mobile crisis services are intended to provide community-based crisis resolution and reduce unnecessary law enforcement involvement and emergency department utilization. The mobile crisis services benefit will ensure that Medi-Cal members have access to coordinated crisis care 24 hours a day, 7 days a week, 365 days per year. In October 2022, DHCS submitted SPA 22-0043 to add qualifying mobile crisis services as a new Medi-Cal benefit, effective January 2023.

- **CalHOPE.**[60] CalHOPE delivers crisis support for communities impacted by a national disaster. CalHOPE is a Crisis Counseling Assistance and Training Program funded by the Federal Emergency Management Agency (FEMA) and operated by DHCS. . Services include individual and group crisis counseling and support, individual and public education, community networking and support, connection to resources, and media and public service announcements..[61]

Behavioral Health Delivery System Reforms

- **CalAIM Behavioral Health Payment Reform.**[62] DHCS seeks to move counties away from cost-based reimbursement to enable value-based reimbursement structures that reward better care and quality of life for Medi-Cal members. Payment reform will transition counties from cost-based reimbursement funded via CPEs to FFS reimbursement funded via IGTs, eliminating the need for reconciliation to actual costs. As part of payment reform, SMHS and SUD services will transition from existing HCPCS Level II coding to Level I coding, known as CPT coding, when possible.
- **CalAIM No Wrong Door.**[63] DHCS implemented a “no wrong door" policy to ensure members receive mental health services regardless of the delivery system where they seek care (via County Behavioral Health, MCP, or the FFS delivery system). This policy allows members who directly access a treatment provider to receive an assessment and mental health services, and to have that provider reimbursed for those services by their contracted plan, even if the member is ultimately transferred to the other delivery system due to their level of impairment and mental health needs. In certain situations, members may receive coordinated, non-duplicative services in multiple delivery systems, such as when a member has an ongoing therapeutic relationship with a therapist or psychiatrist in one delivery system while requiring medically necessary services in the other.

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[60] “CalHOPE.” Available at https://www.calhope.org/Pages/default.aspx.
[61] CalHHS, “Children and Youth Behavioral Health Initiative,” May Revision 2021-22. Available at https://cdn-west-prod-chhs-01.dsh.ca.gov/chhs/uploads/2021/05/CHHS-Children-and-Youth-Behavioral-Health-Initiative-May-Revision-2021-22-Detailed-Proposal-FINAL.pdf.
[62] DHCS, “CalAIM Behavioral Health Workgroup.” Available at https://www.dhcs.ca.gov/provgovpart/Pages/bhworkgroup.aspx.
[63] DHCS, “Behavioral Health Stakeholder Advisory Committee (BH-SAC) meeting,” October 21, 2021. Available at https://www.dhcs.ca.gov/services/Documents/102121-BH-SAC-presentation.pdf.

- **CalAIM Screening and Transition Tools.**[64] DHCS conducted a robust stakeholder process to develop standardized screening and transition tools for both adults and individuals under 21 years old for use by MHPs and MCPs. DHCS developed the tools to determine the appropriate delivery system(s) for members who are not currently receiving mental health services when they contact the MCP or MHP seeking mental health services. In addition, DHCS developed a standardized Transition of Care Tool to ensure that Medi-Cal members receive timely and coordinated care when completing a transition of services to the other delivery system or when adding a service from the other delivery system to their existing mental health treatment. These tools went live on January 1, 2023.
- **CalAIM Updated Specialty Mental Health Services (SMHS)[65] and DMC/DMC-ODS Criteria.** As of January 1, 2022, DHCS updated and clarified the responsibilities of MHPs, including updates to the criteria for access to SMHS, both for adults and members under age 21 through BHIN 21-073. These criteria were developed and improved based on significant feedback from stakeholders. The goal of these changes is to improve members' access to services and reduce provider administrative burdens. Additionally, as of January 1, 2022, DHCS made updates to DMC-ODS, based on experience from the first several years of implementation, in order to improve member care and administrative efficiency through BHIN 21-075. DHCS also issued guidance through BHIN 21-071 establishing that ASAM Criteria be used to determine the appropriate level of care for covered SUD treatment services in both DMC-ODS counties and DMC State Plan counties.
- **CalAIM Documentation Redesign.**[66] As of July 1, 2022, DHCS streamlined behavioral health documentation requirements for SUD and SMHS to align more closely with national standards and support plans and providers in using clinical records to support high-quality care. Under the new standards, DHCS eliminated historical requirements for prospectively completed treatment plans for most SMHS and DMC/DMC-ODS services. Instead, care planning is an ongoing, interactive component of service delivery that is documented through a treatment plan or a combination of the assessment record, a problem list, progress notes, or another section of the clinical record for each encounter. As part of a 1915(b) waiver amendment approved in June 2023, DHCS sought and received CMS confirmation that these updated standards for care planning can be applied to Targeted Case Management Services within the SMHS delivery system, as long as required TCM care plan elements are included in the clinical record. The new documentation requirements also include the use of an active and ongoing problem list with progress notes reflecting the care given, aligning with the appropriate billing codes. Pursuant to California Senate Bill 326 (Governor Newsom's Behavioral Health Transformation initiative), DHCS will also gain

[64] Ibid.
[65] Ibid.
[66] Ibid.

authority in state law to revise conflicting documentation requirements that may currently exist in licensure or mental health program certification guidance. This will help ensure that all relevant mental health program and facility types may adopt new, more efficient and quality-oriented documentation standards.

- **Behavioral Health Integration (BHI) Incentives Program.**[67] As authorized under Proposition 56 Value-Based Payment initiatives in Medi-Cal managed care, the objective of the BHI Incentives Program is to incentivize improvement of physical and behavioral health outcomes, care delivery efficiency, and patient experience by establishing or expanding fully integrated care in an MCP network.

[67] DHCS, "Behavioral Health Integration Incentive Program Application." Available at https://www.dhcs.ca.gov/provgovpart/Pages/VBP_BHI_IncProApp.aspx.

APPENDIX 2 | MENTAL HEALTH AVAILABILITY ASSESSMENT

	Geographic Designation			Beneficiaries												Psychiatrists or Other Practitioners Who Are Authorized to Prescribe Psychiatric Medications							
				Adult					Children			Total												
	Geographic designation	Is this geographic designation primarily urban or rural?	Additional notes on this sub-section, including data limitations	Number of adult Medicaid beneficiaries (18 - 20)	Number of adult Medicaid beneficiaries with SMI (18 - 20)	Number of adult Medicaid beneficiaries (21+)	Number of adult Medicaid beneficiaries with SMI (21+)	Percent with SMI (Adult)	Number of Medicaid beneficiaries (0 - 17)	Number of Medicaid beneficiaries with SED (0 - 17)	Percent with SED (0-17)	Number of Medicaid beneficiaries (Total)	Number of Medicaid beneficiaries with SMI or SED (Total)	Percent with SMI or SED (Total)	Brief description of data source(s) used to populate this section	Additional notes on this section, including data limitations	Number of Psychiatrists or Other Practitioners Who Are Authorized to Prescribe Psychiatric Medications	Number of Medicaid-Enrolled Psychiatrists or Other Practitioners Who Are Authorized to Prescribe Psychiatric Medications	Number of Medicaid-Enrolled Psychiatrists or Other Practitioners Who Are Authorized to Prescribe Psychiatric Medications Accepting New Medicaid Patients	Ratio of Medicaid beneficiaries with SMI/SED to Medicaid-Enrolled Psychiatrists or Other Prescribers	Ratio of Total Psychiatrists or Other Prescribers to Medicaid-Enrolled Psychiatrists or Other Prescribers	Ratio of Medicaid-Enrolled Psychiatrists or Other Prescribers to Medicaid-Enrolled Psychiatrists or Other Prescribers Accepting New Medicaid Patients	Specific type(s) of practitioners used to populate this sub-section	Brief description of data source(s) used to populate this sub-section
1.	Alameda County	Urban	Urban and rural designation is based on population density data from the Census Bureau, available at: https://www.census.gov/library/stories/state-by-state/california-population-change-between-census-decade.html	21340	1101	298877	19019	6%	127464	3091	2%	447681	23211	5%	CalHHS data on Medicaid enrollment including members by age, sex, county and eligibility group. Data on SMI/SED are from the DHCS Management Information System/Decision Support System data warehouse.	Data was manually adjusted in some cases due to differences in data collection for age groups. For example, the state collects adult age groups in segments of 19-44, 45-64, and 65+. Thus, the quanity of 19 and 20 year olds was subtracted from the 19-44 group to prevent duplication. A "^" indicates a censored value because it is between 0-10.	148.01	148.01	148.01	156.82	1	1	Licensed Psychiatrists, Licensed Physicians, and Nurse Practicioners.	Network Adequacy data for non-specialty mental health services (NSMHS) and specialty mental health services (SMHS) providers.
2.	Alpine County	Rural		^	^	178	^	-	12	^	-	190	-	-			0	0	0	-	-	-		
3.	Amador County	Rural		419	47	5531	667	12%	2976	114	4%	8926	828	9%			3.25	3.25	3.25	254.77	1	1		
4.	Butte County	Urban		3902	352	51564	5482	11%	25580	1245	5%	81046	7079	9%			25	25	25	283.16	1	1		
5.	Calaveras County	Rural		608	53	8430	910	11%	4318	193	4%	13356	1156	9%			1.75	1.75	1.75	660.57	1	1		
6.	Colusa County	Rural		663	34	5523	338	6%	4611	109	2%	10797	481	4%			6.4	6.4	6.4	75.16	1	1		
7.	Contra Costa County	Urban		15449	877	180988	12891	7%	97444	2836	3%	293881	16604	6%			158.24	158.24	158.24	104.93	1	1		
8.	Del Norte County	Rural		562	57	7697	816	11%	4227	266	6%	12486	1139	9%			3.95	3.95	3.95	288.35	1	1		
9.	El Dorado County	Rural		2022	168	25920	2153	8%	13181	464	4%	41123	2785	7%			22.08	22.08	22.08	126.13	1	1		
10.	Fresno County	Urban		27206	1420	282874	17612	6%	201313	5231	3%	511393	24263	5%			66.65	66.65	66.65	364.04	1	1		
11.	Glenn County	Rural		776	48	7290	586	8%	5512	227	4%	13578	861	6%			6.25	6.25	6.25	137.76	1	1		
12.	Humboldt County	Rural		2517	248	39437	3985	10%	17827	856	5%	59781	5089	9%			10.3	10.3	10.3	494.08	1	1		
13.	Imperial County	Rural		5210	257	57236	3761	6%	35910	792	2%	98356	4810	5%			35.21	35.21	35.21	136.61	1	1		
14.	Inyo County	Rural		277	15	3662	316	8%	2195	47	2%	6134	378	6%			5.1	5.1	5.1	74.12	1	1		
15.	Kern County	Urban		25269	1322	249417	17422	7%	184428	4741	3%	459114	23485	5%			139.55	139.55	139.55	168.29	1	1		
16.	Kings County	Rural		3535	173	34416	2365	7%	26414	521	2%	64365	3059	5%			9	9	9	339.89	1	1		
17.	Lake County	Rural		1510	122	21736	2467	11%	11197	412	4%	34443	3001	9%			7.25	7.25	7.25	413.93	1	1		
18.	Lassen County	Rural		389	40	5314	632	12%	2946	100	3%	8649	772	9%			10	10	10	77.20	1	1		
19.	Los Angeles County	Urban		206340	9256	2665518	163523	6%	1247972	33536	3%	4119830	206315	5%			799	799	799	258.22	1	1		
20.	Madera County	Rural		4583	228	41229	2182	5%	33053	685	2%	78865	3095	4%			11.6	11.6	11.6	266.81	1	1		
21.	Marin County	Urban		2850	160	33338	2939	9%	15416	585	4%	51604	3684	7%			36.45	36.45	36.45	101.07	1	1		
22.	Mariposa County	Rural		261	27	3774	350	9%	1674	75	4%	5709	452	8%			2.76	2.76	2.76	163.77	1	1		
23.	Mendocino County	Rural		2028	154	25619	2457	9%	13990	663	5%	41637	3274	8%			17.1	17.1	17.1	191.46	1	1		
24.	Merced County	Urban		8751	357	76598	4777	6%	60315	1117	2%	145664	6251	4%			62.6	62.6	62.6	99.86	1	1		
25.	Modoc County	Rural		152	15	2262	247	11%	1182	38	3%	3596	300	8%			5.65	5.65	5.65	53.10	1	1		
26.	Mono County	Rural		198	^	2118	^	-	1326	20	2%	3642	-	-			4	4	4	-	1	1		
27.	Monterey County	Urban		11900	537	113852	6292	5%	80527	1725	2%	206279	8554	4%			29	29	29	294.97	1	1		
28.	Napa County	Urban		2034	117	20928	1591	7%	12679	307	2%	35641	2015	6%			7.4	7.4	7.4	272.30	1	1		
29.	Nevada County	Rural		1254	120	17796	1955	11%	8314	411	5%	27364	2486	9%			7.58	7.58	7.58	327.97	1	1		
30.	Orange County	Urban		52227	2565	592332	35199	6%	303092	7883	3%	947651	45647	5%			82.13	82.13	82.13	555.79	1	1		
31.	Placer County	Urban		3435	221	41748	3733	9%	23743	631	3%	68926	4585	7%			55.1	55.1	55.1	83.21	1	1		
32.	Plumas County	Rural		298	29	4402	470	11%	2135	97	5%	6835	596	9%			3	3	3	198.67	1	1		
33.	Riverside County	Urban		54792	3247	517694	41980	8%	357715	10121	3%	930201	55348	6%			159.07	159.07	159.07	347.95	1	1		
34.	Sacramento County	Urban		28634	1574	354786	27068	7%	205145	4513	2%	588565	33155	6%			138.15	138.15	138.15	239.99	1	1		
35.	San Benito County	Rural		1158	53	10827	619	6%	7693	197	3%	19678	869	4%			3.1	3.1	3.1	280.32	1	1		
36.	San Bernardino County	Urban		51165	3085	518639	40272	8%	351706	10376	3%	921510	53733	6%			163.62	163.62	163.62	328.40	1	1		
37.	San Diego County	Urban		48197	3102	587497	54558	9%	312259	7421	2%	947953	65081	7%			509.18	509.18	509.18	127.82	1	1		
38.	San Francisco County	Urban		8257	369	171338	11886	7%	48760	1001	2%	228355	13256	6%			456	456	456	29.07	1	1		
39.	San Joaquin County	Urban		16904	661	169606	10066	6%	122154	2208	2%	308664	12935	4%			61.19	61.19	61.19	211.39	1	1		
40.	San Luis Obispo County	Rural		3320	243	38840	4487	11%	22543	835	4%	64703	5565	9%			15.8	15.8	15.8	352.22	1	1		
41.	San Mateo County	Urban		8192	444	99156	6359	6%	47119	1215	3%	154467	8018	5%			355.97	355.97	355.97	22.52	1	1		
42.	Santa Barbara County	Urban		9113	497	88843	6915	8%	64790	1696	3%	162746	9108	6%			17.6	17.6	17.6	517.50	1	1		
43.	Santa Clara County	Urban		22708	1037	277995	15264	5%	128472	3739	3%	429175	20040	5%			436.53	436.53	436.53	45.91	1	1		
44.	Santa Cruz County	Urban		4007	272	51853	4838	9%	26077	792	3%	81937	5902	7%			41	41	41	143.95	1	1		
45.	Shasta County	Rural		3067	290	41827	5278	12%	23260	1423	6%	68154	6991	10%			20.66	20.66	20.66	338.38	1	1		
46.	Sierra County	Rural		12	0	562	29	5%	187	^	-	761	-	-			0.3	0.3	0.3	-	1	1		
47.	Siskiyou County	Rural		802	63	12637	1405	11%	6208	306	5%	19647	1774	9%			10.1	10.1	10.1	175.64	1	1		
48.	Solano County	Urban		6577	319	79516	5917	7%	44582	1048	2%	130675	7284	6%			36.99	36.99	36.99	196.92	1	1		
49.	Sonoma County	Urban		6932	505	77018	6883	9%	44573	1398	3%	128523	8786	7%			56.9	56.9	56.9	154.41	1	1		
50.	Stanislaus County	Urban		14343	667	141829	9350	6%	94857	1983	2%	251029	12000	5%			43.7	43.7	43.7	274.60	1	1		
51.	Sutter County	Rural		2334	111	25170	1759	7%	16135	446	3%	43639	2316	5%			18.475	18.475	18.475	125.36	1	1		
52.	Tehama County	Rural		1480	78	16956	1644	9%	11258	350	3%	29694	2072	7%			10.58	10.58	10.58	195.84	1	1		
53.	Trinity County	Rural		220	24	3658	270	8%	1596	63	4%	5474	357	7%			3	3	3	119.00	1	1		
54.	Tulare County	Rural		16007	791	144906	8727	6%	108076	2914	3%	268989	12432	5%			24.175	24.175	24.175	514.25	1	1		
55.	Tuolumne County	Rural		633	79	9397	1190	13%	4458	228	5%	14488	1497	10%			6.8	6.8	6.8	220.15	1	1		
56.	Ventura County	Urban		13589	890	140667	11160	8%	91199	2507	3%	245455	14557	6%			58.59	58.59	58.59	248.46	1	1		
57.	Yolo County	Urban		3121	223	36108	3058	8%	20636	596	3%	59865	3877	6%			18.01	18.01	18.01	215.27	1	1		
58.	Yuba County	Rural		1734	95	20027	1663	8%	13226	382	3%	34987	2140	6%			14.475	14.475	14.475	147.84	1	1		
	Total			**735263**	**38839**	**8564956**	**599782**	**7%**	**4747657**	**126776**	**3%**	**14047876**	**765348**	**5%**			**4461**	**4461**	**4461**	**171.55**	**1**	**1**		

Providers										Community Mental Health Centers								Intensive Outpatient Services							
Other Practitioners Certified and Licensed to Independently Treat Mental Illness																									
Number of Other Practitioners Certified or Licensed to Independently Treat Mental Illness	Number of Medicaid-Enrolled Other Practitioners Certified or Licensed to Independently Treat Mental Illness	Number of Medicaid-Enrolled Other Practitioners Certified or Licensed to Independently Treat Mental Illness Accepting New Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI/SED to Medicaid-Enrolled Other Practitioners Certified or Licensed to Independently Treat Mental Illness	Ratio of Other Practitioners Certified or Licensed to Independently Treat Mental Illness to Medicaid-Enrolled Other Practitioners Certified or Licensed to Independently Treat Mental Illness	Ratio of Medicaid-Enrolled Other Practitioners Certified and Licensed to Independently Treat Mental Illness to Medicaid-Enrolled Other Practitioners Certified and Licensed to Independently Treat Mental Illness Accepting New Patients	Specific type(s) of practitioners used to populate this sub-section	Brief description of data source(s) used to populate this sub-section	Additional notes on this sub-section, including data limitations	Number of CMHCs	Number of Medicaid-Enrolled CMHCs	Number of Medicaid-Enrolled CMHCs Accepting New Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI/SED to Medicaid-Enrolled CMHCs	Ratio of Total CMHCs to Medicaid-Enrolled CMHCs	Ratio of Medicaid-Enrolled CMHCs to Medicaid-Enrolled CMHCs Accepting New Patients	Brief description of data source(s) used to populate this section	Additional notes on this section, including data limitations	Number of Providers Offering Intensive Outpatient Services	Number of Medicaid-Enrolled Providers Offering Intensive Outpatient Services	Number of Medicaid-Enrolled Providers Offering Intensive Outpatient Services Accepting New Patients	Ratio of Medicaid Beneficiaries with SMI/SED to Medicaid-Enrolled Providers Offering Intensive Outpatient Services	Ratio of Total Facilities/ Programs Offering Intensive Outpatient Services to Medicaid-Enrolled Providers Offering Intensive Outpatient Services	Ratio of Medicaid-Enrolled Providers Offering Intensive Outpatient Services to Medicaid-Enrolled Providers Offering Intensive Outpatient Services Accepting New Medicaid Patients	Specific type(s) of services used to populate this section	Brief description of data source(s) used to populate this section	Additional notes on this sub-section, including data limitations
678.65	678.65	678.65	34.20	1	1	Licensed Psychologists, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Registered Nurses, Certified Nurse Specialists, Licensed Professional Clinical Counselors, Occupational Therapists	Network Adequacy data for non-specialty mental health services (NSMHS) and specialty mental health services (SMHS) providers.	Available data only captures providers that are included in Medi-Cal managed care Network Adequacy data, which is an undercount of all practitioners certified or licensed to independently treat mental illness. All practitioners that are part of NSMHS and SMHS networks are Medicaid enrolled. Available data does not capture practitioners that are accepting new Medicaid patients; assume all practitioners are accepting new Medicaid patients. There may be some limited duplication in provider counts across NSMHS and SMHS providers.	1	0	0	-	-	-	CalHHS data on CMHCs certified by the California Department of Public Health (CDPH).	Available data does not capture which CMHCs are Medicaid-enrolled or accepting new Medicaid patients. In addition to the CMHCs certified by CDPH, California has a state definition of CMHCs which is broader than CMS' definition and includes county mental health plans and their network providers.	35	35	35	663.17	1	1	Intensive Outpatient Treatment Services	SAMHSA Treatment Locator Tool data, available at: https://findtreatment.gov/locator	Available data only captures providers that are included in Medi-Cal managed care Network Adequacy data, which is an undercount of all practitioners who are authorized to prescribe psychiatric medications. All practitioners that are part of NSMHS and SMHS networks are Medicaid enrolled. Available data does not capture practitioners that are accepting new Medicaid patients; assume all practitioners are accepting new Medicaid patients. There may be limited duplication in provider counts across NSMHS and SMHS providers.
0	0	0	-	-	-				0	0	0	-	-	-			1	1	1	-	1	1			
6.61	6.61	6.61	125.26	1	1				0	0	0	-	-	-			2	2	2	414.00	1	1			
103	103	103	68.73	1	1				0	0	0	-	-	-			15	15	15	471.93	1	1			
6.92	6.92	6.92	167.05	1	1				0	0	0	-	-	-			2	2	2	578.00	1	1			
7.21	7.21	7.21	66.71	1	1				0	0	0	-	-	-			2	2	2	240.50	1	1			
544.96	544.96	544.96	30.47	1	1				0	0	0	-	-	-			36	36	36	461.22	1	1			
23	23	23	49.52	1	1				0	0	0	-	-	-			2	2	2	569.50	1	1			
36.07	36.07	36.07	77.21	1	1				0	0	0	-	-	-			4	4	4	696.25	1	1			
315.91	315.91	315.91	76.80	1	1				0	0	0	-	-	-			19	19	19	1277.00	1	1			
21.45	21.45	21.45	40.14	1	1				0	0	0	-	-	-			4	4	4	215.25	1	1			
70.09	70.09	70.09	72.61	1	1				0	0	0	-	-	-			10	9	9	565.44	1.11	1			
14.66	14.66	14.66	328.10	1	1				0	0	0	-	-	-			8	8	8	601.25	1	1			
15.2	15.2	15.2	24.87	1	1				0	0	0	-	-	-			3	3	3	126.00	1	1			
204.512	204.512	204.512	114.83	1	1				2	0	0	-	-	-			22	22	22	1067.50	1	1			
35.35	35.35	35.35	86.53	1	1				0	0	0	-	-	-			2	2	2	1529.50	1	1			
35.78	35.78	35.78	83.87	1	1				0	0	0	-	-	-			6	6	6	500.17	1	1			
9	9	9	85.78	1	1				0	0	0	-	-	-			2	2	2	386.00	1	1			
2672	2672	2672	77.21	1	1				1	0	0	-	-	-			273	273	273	755.73	1	1			
44.9	44.9	44.9	68.93	1	1				0	0	0	-	-	-			5	5	5	619.00	1	1			
114.85	114.85	114.85	32.08	1	1				0	0	0	-	-	-			13	13	13	283.38	1	1			
15.68	15.68	15.68	28.83	1	1				0	0	0	-	-	-			2	2	2	226.00	1	1			
54.5	54.5	54.5	60.07	1	1				0	0	0	-	-	-			9	9	9	363.78	1	1			
50.04	50.04	50.04	124.92	1	1				0	0	0	-	-	-			7	7	7	893.00	1	1			
8.85	8.85	8.85	33.90	1	1				0	0	0	-	-	-			-	-	-	-	-	-			
7	7	7	-	1	1				0	0	0	-	-	-			1	1	1	-	1	1			
147	147	147	58.19	1	1				0	0	0	-	-	-			18	18	18	475.22	1	1			
35.2	35.2	35.2	57.24	1	1				0	0	0	-	-	-			3	3	3	671.67	1	1			
33.69	33.69	33.69	73.79	1	1				1	0	0	-	-	-			10	10	10	248.60	1	1			
237.97	237.97	237.97	191.82	1	1				1	0	0	-	-	-			40	40	40	1141.18	1	1			
208.61	208.61	208.61	21.98	1	1				0	0	0	-	-	-			8	8	8	573.13	1	1			
7	7	7	85.14	1	1				0	0	0	-	-	-			1	1	1	596.00	1	1			
367.19	367.19	367.19	150.73	1	1				0	0	0	-	-	-			50	50	50	1106.96	1	1			
482.76	482.76	482.76	68.68	1	1				0	0	0	-	-	-			45	45	45	736.78	1	1			
7	7	7	124.14	1	1				0	0	0	-	-	-			3	3	3	289.67	1	1			
503.46	503.46	503.46	106.73	1	1				0	0	0	-	-	-			48	48	48	1119.44	1	1			
952.43	952.43	952.43	68.33	1	1				0	0	0	-	-	-			103	103	103	631.85	1	1			
871	871	871	15.22	1	1				0	0	0	-	-	-			34	34	34	389.88	1	1			
151.56	151.56	151.56	85.35	1	1				0	0	0	-	-	-			11	11	11	1175.91	1	1			
97.6	97.6	97.6	57.02	1	1				0	0	0	-	-	-			6	6	6	927.50	1	1			
281.55	281.55	281.55	28.48	1	1				0	0	0	-	-	-			15	15	15	534.53	1	1			
107.35	107.35	107.35	84.84	1	1				0	0	0	-	-	-			20	20	20	455.40	1	1			
488.78	488.78	488.78	41.00	1	1				0	0	0	-	-	-			36	36	36	556.67	1	1			
138	138	138	42.77	1	1				0	0	0	-	-	-			10	10	10	590.20	1	1			
86.86	86.86	86.86	80.49	1	1				0	0	0	-	-	-			13	13	13	537.77	1	1			
1.6	1.6	1.6	-	1	1				0	0	0	-	-	-			1	1	1	-	1	1			
33.83	33.83	33.83	52.44	1	1				0	0	0	-	-	-			4	3	3	591.33	1.33	1			
209.87	209.87	209.87	34.71	1	1				0	0	0	-	-	-			15	15	15	485.60	1	1			
223.9	223.9	223.9	39.24	1	1				0	0	0	-	-	-			8	8	8	1098.25	1	1			
142.6	142.6	142.6	84.15	1	1				0	0	0	-	-	-			10	10	10	1200.00	1	1			
41.55	41.55	41.55	55.74	1	1				0	0	0	-	-	-			5	5	5	463.20	1	1			
15.91	15.91	15.91	130.23	1	1				0	0	0	-	-	-			-	-	-	-	-	-			
18.3	18.3	18.3	19.51	1	1				0	0	0	-	-	-			2	2	2	178.50	1	1			
88.2	88.2	88.2	140.95	1	1				0	0	0	-	-	-			10	10	10	1243.20	1	1			
19.6	19.6	19.6	76.38	1	1				0	0	0	-	-	-			6	6	6	249.50	1	1			
195.45	195.45	195.45	74.48	1	1				0	0	0	-	-	-			19	19	19	766.16	1	1			
83.69	83.69	83.69	46.33	1	1				0	0	0	-	-	-			8	8	8	484.63	1	1			
27.55	27.55	27.55	77.68	1	1				0	0	0	-	-	-			4	4	4	535.00	1	1			
11403	**11403**	**11403**	**67.12**	**1**	**1**				**6**	**0**	**0**	**-**	**-**	**-**			**1051**	**1049**	**1049**	**729.60**	**1**	**1**			

	Residential Mental Health Treatment Facilities																									
	Residential Mental Health Treatment Facilities (Adult)															Psychiatric Residential Treatment Facilities										
Additional notes on this section, including data limitations	Number of Residential Mental Health Treatment Facilities (Adult)	Number of Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult)	Number of Medicaid-Enrolled Residential Mental Health Treatment Facilities Accepting New Medicaid Patients (Adult)	Ratio of Medicaid Beneficiaries with SMI (Adult) to Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult)	Ratio of Total Residential Mental Health Treatment Facilities (Adult) to Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult)	Ratio of Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult) to Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult) Accepting New Patients	Total Number of Residential Mental Health Treatment Facility Beds (Adult)	Total Number of Medicaid-Enrolled Residential Mental Health Treatment Beds (Adult)	Total Number of Medicaid-Enrolled Residential Mental Health Treatment Beds Available to Adult Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI (Adult) to Medicaid-Enrolled Residential Mental Health Treatment Beds	Ratio of Total Residential Treatment Beds to Medicaid-Enrolled Residential Mental Health Treatment Beds	Ratio of Medicaid-Enrolled Residential Mental Health Treatment Beds to Medicaid-Enrolled Residential Mental Health Treatment Beds Available to Medicaid Patients	Specific type(s) of facilities used to populate this sub-section	Brief description of data source(s) used to populate this sub-section	Additional notes on this sub-section, including data limitations	Number of Psychiatric Residential Treatment Facilities (PRTF)	Number of Medicaid-Enrolled PRTFs	Number of Medicaid-Enrolled PRTFs Accepting New Medicaid Patients	Ratio of Medicaid Beneficiaries with SED to Medicaid-Enrolled PTRFs	Ratio of Total PTRFs to Medicaid-Enrolled PRTFs	Ratio of Medicaid-Enrolled PRTFs to Medicaid-Enrolled PRTFs Accepting New Medicaid Patients	Total Number of PRTF Beds	Number of Medicaid-Enrolled PRTF Beds	Number of Medicaid-Enrolled PRTF Beds Available to Medicaid Patients	Ratio of Medicaid Beneficiaries with SED to Medicaid-Enrolled PRTF Beds Available to Medicaid Patients	Ratio of Total Number of PRTF Beds to Medicaid-Enrolled PRTF Beds
Available data captures Medicaid-enrolled facilities that offer intensive outpatient treatment (denoted with intensive outpatient service code reference); assume all Medicaid-enrolled facilities are accepting new Medicaid patients. Available data only captures providers that are enrolled in Medicaid, which is an undercount of all providers offering intensive outpatient services.	11	n/a	n/a	-	-	-	248	n/a	n/a	-	-	-	Mental Health Rehabilitation Centers (MHRCs) and Social Rehabilitation Programs (SRPs).	CalHHS data for MHRCs and SRPs. A MHRC is a 24-hour program that provides intensive support and rehabilitative services designed to assist persons, 18 years or older, with mental disorders who would have been placed in a state hospital or another mental health facility to develop skills to become self-sufficient and capable of increasing levels of independence and functioning. A SRP provides a high level of care in a homelike setting, individual and group counseling, psychiatric services, pre-vocational and vocational assistance, community participation, and linkages to other community services.	Available data does not capture which residential treatment facilities are Medicaid-enrolled or accepting new patients.	0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	2	n/a	n/a	-	-	-	22	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	3	n/a	n/a	-	-	-	44	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	3	n/a	n/a	-	-	-	18	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	6	n/a	n/a	-	-	-	124	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	2	n/a	n/a	-	-	-	58	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	1	n/a	n/a	-	-	-	16	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	3	n/a	n/a	-	-	-	84	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	62	n/a	n/a	-	-	-	844	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	6	n/a	n/a	-	-	-	133	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	1	n/a	n/a	-	-	-	8	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	2	n/a	n/a	-	-	-	114	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	3	n/a	n/a	-	-	-	42	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	3	n/a	n/a	-	-	-	74	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	1	n/a	n/a	-	-	-	16	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	60	n/a	n/a	-	-	-	452	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	2	n/a	n/a	-	-	-	20	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	14	n/a	n/a	-	-	-	220	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	9	n/a	n/a	-	-	-	156	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	14	n/a	n/a	-	-	-	154	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	23	n/a	n/a	-	-	-	604	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	18	n/a	n/a	-	-	-	283	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	5	n/a	n/a	-	-	-	66	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	1	n/a	n/a	-	-	-	12	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	5	n/a	n/a	-	-	-	121	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	5	n/a	n/a	-	-	-	124	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	10	n/a	n/a	-	-	-	231	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	4	n/a	n/a	-	-	-	137	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	1	n/a	n/a	-	-	-	15	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	3	n/a	n/a	-	-	-	113	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	5	n/a	n/a	-	-	-	50	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	3	n/a	n/a	-	-	-	76	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	16	n/a	n/a	-	-	-	161	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	2	n/a	n/a	-	-	-	24	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	0	n/a	n/a	-	-	-	0	n/a	n/a	-	-	-				0	0	0	-	-	-	0	0	0	-	-
	309	**0**	**0**	**-**	**-**	**-**	**4864**	**0**	**0**	**-**	**-**	**-**				**0**	**0**	**0**	**-**	**-**	**-**	**0**	**0**	**0**	**-**	**-**

				Inpatient																											
				Public and Private Psychiatric Hospitals						Psychiatric Units																Psychiatric Beds					
Ratio of Medicaid-Enrolled PRTF Beds to Medicaid-Enrolled PRTFs Available to Medicaid Patients	Specific type(s) of facilities used to populate this sub-section	Brief description of data source(s) used to populate this sub-section	Additional notes on this sub-section, including data limitations	Number of Public and Private Psychiatric Hospitals	Public and Private Psychiatric Hospitals Available to Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI/SED to Public and Private Psychiatric Hospitals Available to Medicaid Patients	Ratio of Public and Private Psychiatric Hospitals to Public and Private Psychiatric Hospitals Available to Medicaid Patients	Brief description of data source(s) used to populate this sub-section	Additional notes on this sub-section, including data limitations	Number of Psychiatric Units in Acute Care Hospitals	Number of Psychiatric Units in Critical Access Hospitals (CAHs)	Number of Medicaid-Enrolled Psychiatric Units in Acute Care Hospitals	Number of Medicaid-Enrolled Psychiatric Units in CAHs	Number of Medicaid-Enrolled Psychiatric Units in Acute Care Hospitals Accepting New Medicaid Patients	Number of Medicaid-Enrolled Psychiatric Units in CAHs Accepting New Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI/SED to Medicaid-Enrolled Psychiatric Units in Acute Care Hospitals	Ratio of Medicaid Beneficiaries with SMI/SED to Medicaid-Enrolled Psychiatric Units in CAHs	Ratio of Psychiatric Units in Acute Care Hospitals to Medicaid-Enrolled Psychiatric Units in Acute Care Hospitals	Ratio of Psychiatric Units in CAHs to Medicaid-Enrolled Psychiatric Units in CAHs	Ratio of Medicaid-Enrolled Psychiatric Units in Acute Care Hospitals to Medicaid-Enrolled Psychiatric Units in Acute Care Hospitals Accepting New Medicaid Patients	Ratio of Medicaid-Enrolled Psychiatric Units in CAHs to Medicaid-Enrolled Psychiatric Units in CAHs Accepting New Medicaid Patients	Brief description of data source(s) used to populate this sub-section	Additional notes on this sub-section, including data limitations	Number of Licensed Psychiatric Hospital Beds (Psychiatric Hospital + Psychiatric Units)	Number of Licensed Psychiatric Hospital Beds (Psychiatric Hospital + Psychiatric Units) Available to Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI/SED to Licensed Psychiatric Hospital Beds Available to Medicaid Patients	Ratio of Licensed Psychiatric Hospital Beds to Licensed Psychiatric Hospital Beds Available to Medicaid Patients
-	n/a	n/a	Pursuant to state legislation passed in September 2022 (AB 2317), DHCS will license and establish regulations for Psychiatric Residential Treatment Facilities (PRTFs) that provide inpatient psychiatric services to individuals under age 21 in nonhospital settings by December 2027. There are no PRTFs currently in California.	1	n/a	-	-	Department of Health Care Access and Information (HCAI) 2022 preliminary hospital annual utilization data reported by individual hospitals and hospital systems. Filtered to psychiatric hospitals.	Available data does not capture which psychiatric hospitals are available to Medicaid patients.	4	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-	Department of Health Care Access and Information (HCAI) 2022 preliminary hospital annual utilization data reported by individual hospitals and hospital systems. Filtered to general acute care hospitals with one or more licensed psychiatric beds.	Available data does not capture which acute care hospitals are Medicaid-enrolled or accepting new Medicaid patients. No CAHs identified have one or more licensed psychiatric beds.	370	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				0	n/a	-	-			1	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			46	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				1	n/a	-	-			1	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			116	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			16	n/a	-	-
-				1	n/a	-	-			1	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			155	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			16	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				1	n/a	-	-			2	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			164	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				13	n/a	-	-			27	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			3493	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				0	n/a	-	-			1	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			17	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			16	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				0	n/a	-	-			2	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			40	n/a	-	-
-				1	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			151	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				2	n/a	0	-			13	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			740	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			16	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				1	n/a	0	-			2	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			189	n/a	-	-
-				4	n/a	0	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			584	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				3	n/a	0	-			3	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			873	n/a	-	-
-				4	n/a	0	-			7	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			700	n/a	-	-
-				2	n/a	0	-			4	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			240	n/a	-	-
-				1	n/a	0	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			51	n/a	-	-
-				1	n/a	0	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			327	n/a	-	-
-				0	n/a	-	-			3	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			118	n/a	-	-
-				0	n/a	-	-			1	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			36	n/a	-	-
-				1	n/a	0	-			4	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			257	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			16	n/a	-	-
-				0	n/a	-	-			1	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			37	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				1	n/a	0	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			77	n/a	-	-
-				1	n/a	0	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			111	n/a	-	-
-				0	n/a	-	-			1	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			87	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			48	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			16	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				0	n/a	-	-			1	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			63	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				1	n/a	0	-			1	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			130	n/a	-	-
-				0	n/a	-	-			1	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			31	n/a	-	-
-				0	n/a	-	-			0	0	n/a	n/a	n/a	n/a	-	-	-	-	-	-			0	n/a	-	-
-				40	0	-	-			81	0	0	0	0	0	-	-	-	-	-	-			9347	0	-	-

Institutions for Mental Diseases														Crisis Stabilization Services											
Residential Treatment Facilities That Qualify As IMDs										Psychiatric Hospitals That Qualify As IMDs															
Brief description of data source(s) used to populate this sub-section	Additional notes on this sub-section, including data limitations	Number of Residential Mental Health Treatment Facilities (Adult) that Qualify as IMDs	Number of Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult) that Qualify as IMDs	Number of Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult) that Qualify as IMDs Accepting Medicaid Patients	Ratio of Medicaid Beneficiaries with SMI (Adult) to Medicaid-Enrolled Residential Mental Health Treatment Facilities that Qualify as IMDs	Ratio of Total Residential Mental Health Treatment Facilities (Adult) that Qualify as IMDs to Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult) that Qualify as IMDs	Ratio of Medicaid-Enrolled Residential Mental Health Treatment Facilities (Adult) that Qualify as IMDs to Medicaid Enrolled Residential Mental Health Treatment Facilities (Adult) that Qualify as IMDs Accepting New Medicaid Patients	Specific type(s) of facilities used to populate this sub-section	Brief description of data source(s) used to populate this sub-section	Additional notes on this sub-section, including data limitations	Number of Psychiatric Hospitals that Qualify as IMDs	Ratio of Medicaid Beneficiaries with SMI/SED to Psychiatric Hospitals that Qualify as IMDs	Brief description of data source(s) used to populate this sub-section	Additional notes on this sub-section, including data limitations	Number of Crisis Call Centers	Number of Mobile Crisis Units	Number of Crisis Observation/ Assessment Centers	Number of Crisis Stabilization Units	Number of Coordinated Community Crisis Response Teams	Ratio of Medicaid Beneficiaries with SMI/SED to Crisis Call Centers	Ratio of Medicaid Beneficiaries with SMI/SED to Mobile Crisis Units	Ratio of Medicaid Beneficiaries with SMI/SED to Crisis Observation/ Assessment Centers	Ratio of Medicaid Beneficiaries with SMI/SED to Crisis Stabilization Units	Ratio of Medicaid Beneficiaries with SMI/SED to Coordinated Community Crisis Response Teams	Specific type(s) of services used to populate this section	Brief description of data source(s) used to populate this section
Department of Health Care Access and Information (HCAI) 2022 preliminary hospital annual utilization data reported by individual hospitals and hospital systems. Filtered to psychiatric licensed beds in psychiatric health facilities, general acute care hospitals, and acute psychiatric hospitals.	California Medicaid does not pay for mental health treatment delivered in IMDs.		n/a	n/a	-	-	-	Mental Health Rehabilitation Centers, Special Treatment Programs / Skilled Nursing Facilities	DHCS data for Facilities and Programs Defined as Institutions for Mental Diseases (IMDs), filtered for Mental Health Rehabilitation Centers and Special Treatment Programs / Skilled Nursing Facilities only.	Available data does not capture which residential facilities that qualify as IMDs are Medicaid-enrolled or accepting new Medicaid patients.	2	11605.5	DHCS data for Facilities and Programs Defined as Institutions for Mental Diseases (IMDs), filtered for Acute Psychiatric Hospitals and Psychiatric Health Facilities only.	Available data does not capture which psychiatric hospitals that qualify as IMDs are Medicaid-enrolled or accepting new Medicaid patients. Psychiatric health facilities (PHFs) are included in these totals; although they are a separate licensure category from psychiatric hospitals, PHFs provide acute inpatient psychiatric care.	1	5	n/a	2	n/a	23211	4642.2	-	11605.5	-	County Mental Health Department 24/7 Hotline; Mobile Crisis Teams; Crisis Stabilization Units	Crisis Call Center data based on requirement established in December 2022 for county behavioral health systems to identify a 24/7 hotline that could connect members to mobile crisis services. Counties must implement this requirement by December 31, 2023 in most counties, and June 30, 2024 in some small/rural counties. Mobile Crisis Units data reported by counties as part of a statewide county survey delivered in 2021. Crisis Stabilization Unit data from DHCS data for licensed or certified mental health treatment facilities that are designated by the county.
		-	n/a	n/a	-	-	-				0	-			1	1	n/a	0	n/a	828	828	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	2	n/a	0	n/a	7079	3539.5	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	2	n/a	0	n/a	1156	578	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	1	n/a	0	n/a	481	481	-	-	-		
		-	n/a	n/a	-	-	-				1	16604			1	4.5	n/a	1	n/a	16604	3689.777778	-	16604	-		
		-	n/a	n/a	-	-	-				0	-			1	0	n/a	0	n/a	1139	-	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	2	n/a	0	n/a	2785	1392.5	-	-	-		
		1	n/a	n/a	-	-	-				1	24263			1	1	n/a	1	n/a	24263	24263	-	24263	-		
		-	n/a	n/a	-	-	-				0	-			1	1	n/a	0	n/a	861	861	-	-	-		
		1	n/a	n/a	-	-	-				0	-			1	2	n/a	1	n/a	5089	2544.5	-	5089	-		
		-	n/a	n/a	-	-	-				0	-			1	1	n/a	0	n/a	4810	4810	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	1	n/a	0	n/a	378	378	-	-	-		
		1	n/a	n/a	-	-	-				1	23485			1	13	n/a	2	n/a	23485	1806.538462	-	11742.5	-		
		-	n/a	n/a	-	-	-				0	-			1	1	n/a	0	n/a	3059	3059	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	7	n/a	0	n/a	3001	428.7142857	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	0	n/a	0	n/a	772	-	-	-	-		
		11	n/a	n/a	-	-	-				12	17192.91667			1	171	n/a	0	n/a	206315	1206.520468	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	1	n/a	0	n/a	3095	3095	-	-	-		
		1	n/a	n/a	-	-	-				0	-			1	1	n/a	1	n/a	3684	3684	-	3684	-		
		-	n/a	n/a	-	-	-				0	-			1	1	n/a	0	n/a	452	452	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	1	n/a	0	n/a	3274	3274	-	-	-		
		3	n/a	n/a	-	-	-				0	-			1	2	n/a	0	n/a	6251	3125.5	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	0	n/a	0	n/a	300	-	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	0	n/a	0	n/a	-	-	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	2	n/a	0	n/a	8554	4277	-	-	-		
		1	n/a	n/a	-	-	-				1	2015			1	0	n/a	1	n/a	2015	-	-	2015	-		
		-	n/a	n/a	-	-	-				0	-			1	2	n/a	0	n/a	2486	1243	-	-	-		
		1	n/a	n/a	-	-	-				1	45647			1	25	n/a	4	n/a	45647	1825.88	-	11411.75	-		
		-	n/a	n/a	-	-	-				0	-			1	3	n/a	0	n/a	4585	1528.333333	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	0	n/a	0	n/a	596	-	-	-	-		
		4	n/a	n/a	-	-	-				1	55348			1	12	n/a	1	n/a	55348	4612.333333	-	55348	-		
		1	n/a	n/a	-	-	-				4	8289			1	8	n/a	2	n/a	33155	4144.375	-	16577.5	-		
		-	n/a	n/a	-	-	-				0	-			1	1	n/a	0	n/a	869	869	-	-	-		
		2	n/a	n/a	-	-	-				3	17911			1	18	n/a	0	n/a	53733	2985.166667	-	-	-		
		6	n/a	n/a	-	-	-				4	16270.25			1	2	n/a	6	n/a	65081	32540.5	-	10846.83333	-		
		2	n/a	n/a	-	-	-				1	13256			1	3	n/a	1	n/a	13256	4418.666667	-	13256	-		
		-	n/a	n/a	-	-	-				1	12935			1	4	n/a	1	n/a	12935	3233.75	-	12935	-		
		-	n/a	n/a	-	-	-				1	5565			1	2	n/a	0	n/a	5565	2782.5	-	-	-		
		1	n/a	n/a	-	-	-				0	-			1	1	n/a	0	n/a	8018	8018	-	-	-		
		1	n/a	n/a	-	-	-				0	-			1	3	n/a	1	n/a	9108	3036	-	9108	-		
		2	n/a	n/a	-	-	-				2	10020			1	10	n/a	2	n/a	20040	2004	-	10020	-		
		1	n/a	n/a	-	-	-				0	-			1	7	n/a	1	n/a	5902	843.1428571	-	5902	-		
		1	n/a	n/a	-	-	-				0	-			1	2	n/a	0	n/a	6991	3495.5	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	0	n/a	0	n/a	-	-	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	0	n/a	0	n/a	1774	-	-	-	-		
		1	n/a	n/a	-	-	-				1	7284			1	4	n/a	1	n/a	7284	1821	-	7284	-		
		-	n/a	n/a	-	-	-				1	8786			1	3	n/a	0	n/a	8786	2928.666667	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	0	n/a	0	n/a	12000	-	-	-	-		
		1	n/a	n/a	-	-	-				0	-			1	0	n/a	0	n/a	2316	-	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	0	n/a	0	n/a	2072	-	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	0	n/a	0	n/a	357	-	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	2	n/a	0	n/a	12432	6216	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	3	n/a	0	n/a	1497	499	-	-	-		
		-	n/a	n/a	-	-	-				1	14557			1	1	n/a	0	n/a	14557	14557	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	4	n/a	0	n/a	3877	969.25	-	-	-		
		-	n/a	n/a	-	-	-				0	-			1	0	n/a	0	n/a	2140	-	-	-	-		
		46	**0**	**0**	**-**	**-**	**-**				**39**	**19624.31**			**58**	**344**	**0**	**29**	**0**	**13195.66**	**2228.09**	**-**	**26391.31**	**-**		

	Federally Qualified Health Centers			
Additional notes on this section, including data limitations	Number FQHCs that Offer Behavioral Health Services	Ratio of Medicaid Beneficiaries with SMI/SED to FQHCs that Offer Behavioral Health Services	Brief description of data source(s) used to populate this section	Additional notes on this section, including data limitations
Available data likely undercounts number of crisis call centers and mobile crisis teams available across the state. DHCS established a requirement for counties to identify a 24/7 hotline with capacity to connect individuals with mobile crisis services when appropriate; data is not yet available on the number of these hotlines in each county. Counties are also required to have a Family Urgent Response System (FURS) toll-free hotline staffed with counselors trained in conflict resolution and de-escalation techniques for children and youth impacted by trauma. DHCS also partners with Didi Hirsch Psychiatric Service to ensure development, implementation, and ongoing management of the 988 crisis hotline at 12 California Lifeline Crisis Centers. In addition, counties are in the process of establishing additional mobile crisis teams to comply with the new Medi-Cal mobile crisis services benefit; data is not yet available on new teams established through this service. There are no other coordinated community crisis response teams in California.	14	1657.928571	CalHHS data on Primary Care Clinics.	Data is self-reported by FQHCs.
	0	-		
	0	-		
	3	2359.666667		
	0	-		
	0	-		
	3	5534.666667		
	2	569.5		
	1	2785		
	11	2205.727273		
	1	861		
	10	508.9		
	3	1603.333333		
	0	-		
	0	-		
	5	611.8		
	2	1500.5		
	2	386		
	80	2578.9375		
	0	-		
	8	460.5		
	0	-		
	7	467.7142857		
	5	1250.2		
	0	-		
	0	-		
	0	-		
	2	1007.5		
	2			
	14			
	1			
	0			
	4			
	7			
	1			
	7			
	34			
	14			
	3			
	0			
	2			
	3			
	4			
	2			
	7			
	0			
	1			
	0			
	9			
	1			
	2			
	0			
	1			
	18			
	2			
	0			
	5			
	2	1070		
	305	**2509.337705**		

APPENDIX 3 | BH-CONNECT DEMONSTRATION PUBLIC COMMENT RESPONSES

OVERVIEW

From August 1, 2023 to August 31, 2023, DHCS held a public comment period on the proposed BH-CONNECT application. During the 30-day comment period, DHCS received 98 public comments, including 70 comments submitted via email, 25 comments provided orally or via webinar chat box during two public hearings, and 3 comments provided orally or via webinar chat box during one tribal webinar. DHCS did not receive any public comments via mail.

Below, find a summary of comments received on the BH-CONNECT proposal and DHCS' responses. Feedback was received on the demonstration's goals, the preliminary evaluation plan, and key demonstration features (i.e., Workforce Initiative, Activity Stipends, Cross-Sector Incentive Program, Statewide Incentive Program, Incentive Program for Opt-in Counties, Transitional Rent Services, and FFP for care provided during short-term stays in IMDs). DHCS also received comments on other features of BH-CONNECT that do not require Section 1115 demonstration authorities, including features for children and youth, Centers of Excellence, and new EBPs such as ACT/FACT and CHW services. DHCS is committed to working with stakeholders on an ongoing basis on the design and implementation of these features.

DHCS appreciates all comments received and will take them into consideration as it continues its work to strengthen the continuum of community-based behavioral health services available for Medi-Cal members living with significant behavioral health needs. DHCS is committed to working with stakeholders on an ongoing basis to inform the design and implementation of BH-CONNECT, including through behavioral health stakeholder workgroups, county behavioral health directors meetings, and other public forums.

RESPONSES TO PUBLIC COMMENTS

Comments on Demonstration Goals

- ***Comment:*** **Many commenters expressed support of the goal of the BH-CONNECT demonstration to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs. Many commenters also appreciated the focus populations of the demonstration, including youth involved in child welfare, individuals who are experiencing or at risk of homelessness, and individuals who are justice-involved, noting that these populations are particularly high need.**

  DHCS appreciates commenters' support for the proposed goals of the BH-CONNECT demonstration. BH-CONNECT is intended to build upon the

unprecedented investments and policy transformations currently underway in California to expand access to community-based behavioral health care and improve outcomes for Medi-Cal members living with the most significant behavioral health needs.

- ***Comment*: One commenter emphasized that maximizing federal matching funds would support the expansion of critically needed capacity across the state and within counties.**

  DHCS appreciates support for the proposal to strengthen the behavioral health workforce and support county behavioral health delivery systems in building capacity to ensure Medi-Cal members have access to a robust continuum of behavioral health services.

- ***Comment:* Some commenters applauded the demonstration's increased focus on quality improvement. One commenter asked what the "robust accountability" requirements would be to ensure care is "high quality."**

  DHCS appreciates commenters' interest in strengthening accountability of county behavioral health delivery systems. As part of the BH-CONNECT proposal and consistent with federal guidance, DHCS is committed to ensuring care delivered in IMDs is time-limited and high-quality. Additional details about DHCS' plans to ensure quality of care in residential and inpatient settings will be available in the BH-CONNECT demonstration implementation plan. All efforts will be closely coordinated with DHCS' other ongoing efforts to ensure county accountability, including through the initiatives outlined in Appendix 1.

Comments on Preliminary Evaluation Plan

- ***Comment:* Multiple commenters recommended including additional measures in the preliminary evaluation plan. Several commenters recommended that DHCS include substance use disorder (SUD) as part of its comprehensive evaluation approach. Others recommended including additional measures related to children and youth involved in child welfare, including measuring access to a wide range of specialty mental health services, outcomes among children and youth receiving services in STRTPs, permanency outcomes, and school performance measures. One commenter recommended additional measures related to health and wellness outcomes.**

  DHCS appreciates commenters' recommendations on additional measures for the preliminary evaluation plan. DHCS will contract with an independent evaluator to develop a final evaluation plan and conduct a critical and thorough evaluation of BH-CONNECT. DHCS will share commenters' recommendations

with the independent evaluator to inform the final evaluation plan design. DHCS updated the BH-CONNECT application language to include individuals with SUD where appropriate in the preliminary evaluation plan.

- ***Comment*: One commenter asked that DHCS include claims data from emergency departments, counties, and all other behavioral health providers in the evaluation to provide a complete picture of resources being allocated across the demonstration.**

  DHCS appreciates commenters' feedback on data sources for the BH-CONNECT demonstration evaluation. DHCS will share commenters' recommendations with the independent evaluator who will develop the final BH-CONNECT evaluation plan design and monitoring protocols.

- ***Comment*: Multiple commenters requested a robust stakeholder engagement process to work alongside the independent evaluator in finalizing the evaluation plan for BH-CONNECT. One commenter recommended adding interim check-in points during the five-year demonstration. One commenter asked that the evaluation plan be used to inform the implementation of future initiatives.**

  DHCS appreciates commenters' interest in supporting the development of the final BH-CONNECT evaluation design. DHCS also appreciates commenters' interest in a mid-point and other interim evaluations for BH-CONNECT. Consistent with federal guidance, DHCS will develop a robust monitoring protocol and evaluation for the demonstration, which will include both an interim and final evaluation that will draw on the data collected for all final milestones and performance measures. At the interim check-in, there will be an opportunity to correct course, as needed.

  DHCS is committed to working closely with stakeholders to inform the design and implementation of BH-CONNECT, including through behavioral health stakeholder workgroups, county behavioral health directors meetings, and other public forums.

Comments on the Workforce Initiative

- ***Comment*: Many commenters expressed support of DHCS's investments in California's behavioral health workforce through the workforce initiative. Several commenters appreciated DHCS's focus on both long-term and short-term investments to support recruitment efforts for key behavioral health services. One commenter noted that the workforce initiatives is "one of the most critical aspects of the proposed demonstration."**

DHCS thanks commenters for their support of the workforce initiative. Strengthening the workforce needed to deliver community-based behavioral health services and EBPs to members living with significant behavioral health needs is one of the key goals of the BH-CONNECT demonstration.

- ***Comment*: Multiple commenters shared recommendations for the design and implementation of the workforce initiative. For example, commenters recommended DHCS use the initiative to invest in the workforce to support historically marginalized populations; include funding for administrative staff; include funding for SUD providers; and include funding for training to work with special populations such as justice-involved individuals and children and youth.**

  DHCS appreciates commenters' recommendations related to the design and implementation of the workforce initiative. Building a diverse and equitable behavioral health workforce is a top priority for California. The BH-CONNECT workforce initiative is intended to support the identification, training and retention of a wide variety of individuals who will be providing mental health and SUD services. In response to comments, DHCS has revised the BH-CONNECT application language to make more explicit the initiative's focus on expanding access to EBPs and training. DHCS will take all other recommendations into consideration as it finalizes the design of the initiative and develops additional guidance for counties and behavioral health providers.

- ***Comment*: Two commenters recommended prioritizing the child and youth behavioral health workforce and including specific incentives to strengthen the child and youth behavioral workforce, particularly those providers working with children and youth involved in child welfare.**

  DHCS appreciates commenters' recommendations to prioritize the behavioral health workforce that works with children and youth involved in child welfare. A key focus area of the workforce initiative is to address the particularly acute shortages in behavioral health professionals who work with children and youth.

- ***Comment*: One commenter noted that the cost of education is a barrier to many who may be interested in behavioral health careers and could consider offering internships and fellowships to attract new talent to the specialty mental health system.**

  DHCS recognizes that expanding the pipeline of behavioral health professionals is a significant challenge. As part of the workforce initiative, DHCS proposes to develop approaches such as scholarship and loan repayment programs, covering certification costs for community health workers and peer support

specialists, and potentially develop other stipends needed to support the workforce needed to implement BH-CONNECT.

- ***Comment*: One comment suggested DHCS improve career ladders for peer support specialists and help them become recognized as leaders within the specialty behavioral health service delivery system.**

  California is committed to augmenting the pipeline of peer support specialists, CHWs, SUD counselors, and other behavioral health practitioners. The BH-CONNECT workforce initiative is intended to build upon and augment recent investments to support these practitioner types, which may include covering certification costs, training to allow for advancement and leadership opportunities for peer support specialists.

- ***Comment:* Multiple commenters requested additional details on the workforce initiative and ongoing stakeholder engagement.**

  DHCS appreciates commenters' interest in supporting the design and implementation of the workforce initiative. DHCS is committed to working closely with stakeholders to inform the design and implementation of BH-CONNECT, including through behavioral health stakeholder workgroups, county behavioral health directors meetings, and other public forums.

Comments on Activity Stipends for Children and Youth Involved in Child Welfare

- ***Comment*: Several commenters appreciated the inclusion of Activity Stipends for children and youth in child welfare.**

  DHCS thanks commenters for their support for including Activity Stipends in the BH-CONNECT demonstration request. Supporting the social and emotional well-being of children and youth in the child welfare system to improve physical and behavioral health outcomes is one of the key goals of the BH-CONNECT demonstration.

- ***Comment*: Many commenters made recommendations on the eligibility criteria for Activity Stipends. Many commenters recommended DHCS adjust the eligibility criteria so that children under age 3 are eligible for Activity Stipends. Multiple commenters also asked DHCS to broaden the eligibility criteria to include siblings and family members of children involved in the child welfare system. One commenter suggested that Activity Stipends be available to children who are at risk of child welfare involvement.**

DHCS appreciates commenters' recommendations related to the eligibility criteria for Activity Stipends. DHCS updated the BH-CONNECT application language to remove the age limitation for Activity Stipends and will consider making Activity Stipends available for children ages 0-2. At this time, DHCS does not intend to make Activity Stipends available to parents or caretakers of children involved in the child welfare system, nor to children beyond those who are child-welfare involved (i.e., eligibility will not be extended to those children and youth who are at risk of involvement with the child-welfare system but not yet involved). Activity Stipends are available to children and youth with child welfare involvement, including those who are in, or who have aged out of foster care (up to age 26), and those whose welfare is being (or in the previous 12 months has been) formally monitored by the California Department of Social Services. DHCS may consider expanding eligibility criteria for Activity Stipends in the future if appropriate under an amended version of the special terms and conditions for BH-CONNECT, and is committed to working with stakeholders on the design and implementation of Activity Stipends on an ongoing basis.

- ***Comment:*** **Many commenters shared recommendations for specific activities that should be covered by Activity Stipends. For example, commenters recommended covering mindfulness activities for transition-aged youth, wellness and enrichment activities, cross-cultural celebrations and festivals, or other activities identified by the child or youth. One commenter suggested DHCS release a comprehensive list of all categories that will eligible for reimbursement through Activity Stipends.**

  DHCS appreciates commenters' recommendations for additional activities that may be covered by Activity Stipends. Activity Stipends are intended to be flexible in use to support a wide range of activities not otherwise reimbursable in Medi-Cal, which would include many of the activities raised by commenters such as cross-cultural celebrations and festivals. DHCS will provide further detail on the allowable uses of Activity Stipends in future guidance.

- ***Comment:*** **Several commenters raised concerns with the distribution and oversight of Activity Stipends. Some commenters recommended DHCS create a streamlined process for community-based providers to access Activity Stipends and ensure a rapid and agile mechanism for the disbursement of funds. One commenter proposed DHCS institute mechanisms of accountability for service providers.**

  DHCS appreciates commenters' interest in ensuring efficiency and accountability in the distribution and oversight of Activity Stipends. DHCS will be responsible for oversight of Activity Stipends, but will work with California Department of Social Services (CDSS), county child welfare agencies, and Tribal child welfare

programs as applicable on distribution as part of promoting cross-agency accountability and coordination. DHCS, in coordination with CDSS, intends to establish parameters for county child welfare agencies to administer Activity Stipends funds, including disbursement of funds and documentation and oversight of funds. DHCS will clarify administration processes in future guidance.

- ***Comment*: Several commenters suggested using Title IV-E funds for Activity Stipends rather than Medicaid funds.**

  DHCS appreciates commenters' suggestions to use alternative funding sources to cover Activity Stipends for children and youth involved in child welfare. DHCS is committed to maximizing available federal and state funding sources to support physical health, mental wellness, health attachment and social connections for this population. Activity Stipends funded through Medicaid are intended to supplement – not supplant – other services and supports for children and youth involved in child welfare, including those funded through Title IV-E. The population who can receive Activity Stipends is broader than the population who can receive Title IV-E funded activities.

- ***Comment*: One commenter asked for clarification on how to account for former foster youth up to age 26 since county welfare agencies do not track them after they exit at age 21.**

  DHCS appreciates commenters' requests to ensure that all eligible youth (including those up to the age of 26 who have aged out of the child welfare system having been in foster care on their 18th birthday in California or another state) are able to access Activity Stipends. DHCS will work closely with stakeholders to develop guidance for administrators on how to reach all children and youth that may be eligible for Activity Stipends.

- ***Comment*: One commenter encouraged engaging young people with lived experience and other child welfare stakeholders in the development of Activity Stipends.**

  DHCS appreciates commenters' recommendations for the design and implementation of Activity Stipends. DHCS is committed to working with stakeholders, including those with lived experience, on the design and implementation of Activity Stipends on an ongoing basis.

Comments on Cross-Sector Incentive Program

- ***Comment*: Several commenters supported the establishment of the cross-sector incentive program to promote innovation and improve outcomes through closer cross-sector collaboration. Some commenters suggested**

DHCS consider additional ways to further promote cross-sector collaboration, such as collaborative learning platforms.

DHCS thanks commenters for their support of the cross-sector incentive program proposal. Ensuring that children and youth involved in child welfare have access to well-coordinated and managed health care is one of the key goals of the BH-CONNECT demonstration.

- ***Comment:*** **Multiple commenters suggested expanding the cross-sector incentive program to include county probation departments and other sectors that work with children and youth involved in child welfare.**

  DHCS appreciates commenters' suggestions to expand the cross-sector incentive program to include other sectors, including county probation departments. Based on the initial implementation experience with children and youth involved in child welfare, DHCS may submit an amendment to the BH-CONNECT demonstration to potentially expand this program to support children and youth involved with juvenile justice, the Department of Developmental Disabilities, and/or the Department of Education.

- ***Comment*****: One commenter encouraged DHCS to leverage the AB 2083 System of Care efforts to promote cross-sector support for children who are at risk of or involved in the child welfare program.**

  DHCS appreciates commenters' interest in ensuring coordination of the cross-sector incentive program with other ongoing initiatives. The cross-sector incentive program is intended to amplify and build upon other initiatives that are currently underway to support children involved in child welfare, including DHCS' ongoing efforts to develop a children and youth system of care. The cross-sector program will be implemented in close partnership with CDSS and other state partners.

- ***Comment*****: Multiple commenters asked about accountability and transparency within the cross-sector incentive program. One commenter suggested encouraging counties to consistently report their progress, setbacks, and strategies employed. One commenter asked DHCS to consider creating a feedback loop that encourages counties to provide insights on the program's effectiveness.**

  DHCS appreciates commenters' interest in strengthening accountability and transparency within the cross-sector incentive program. DHCS will provide further detail on oversight processes for the cross-sector incentive program in future guidance.

- ***Comment*: One commenter asked DHCS to clarify how the program will be responsive to the mobility of the children involved in child welfare population and to the children and youth served outside MCPs.**

  DHCS appreciates commenters' request to ensure the cross-sector incentive program will reach all children and youth involved in child welfare, including those served by the Medi-Cal FFS delivery system. DHCS will provide further detail on outreach strategies in future guidance, and is committed to working with stakeholders on the design and implementation of the cross-sector incentive program on an ongoing basis.

- ***Comment*: Several commenters asked for DHCS to implement a robust stakeholder engagement process to flesh out specific components of the incentive program design, including outcome measures, outcome data sources, and distribution of incentive funds. One commenter recommended the program include ACEs and trauma symptoms as measures of individual and population-level progress.**

  DHCS appreciates commenters' interest in supporting the design and implementation of the cross-sector incentive program. DHCS is committed to working closely with stakeholders to inform further design and implementation of BH-CONNECT, including through behavioral health stakeholder workgroups, county behavioral health directors' meetings, and other public forums.

Comments on Statewide Incentive Program

- ***Comment*: Many commenters supported the concept and goals behind the statewide incentive program but asked for more detail on its implementation. Many commenters asked for more context and details on how DHCS intends to engage stakeholders and determine specific measures to be evaluated.**

  DHCS thanks commenters for their support of the statewide incentive program proposal. DHCS is committed to working closely with stakeholders to inform design and implementation of the statewide incentive program, including through behavioral health stakeholder workgroups, county behavioral health directors' meetings, and other public forums.

- ***Comment*: Multiple commenters suggested additional measures for the statewide incentive program. One commenter recommended including a measure that evaluates whether follow-up visits occur for members after they have a SUD ED visit. Another commenter encouraged DHCS to include**

measures that reflect not only service utilization, but also other outcomes, including permanency and school performance.

DHCS appreciates commenters' recommendations for measures to include in the statewide incentive program. DHCS is committed to working closely with stakeholders to determine specific measure domains and measures for the statewide incentive program that reflect a robust array of relevant outcomes.

- ***Comment*: One commenter recommended distributing incentive funding to primary care sites and community-based organizations (CBOs), rather than county behavioral health delivery systems.**

  DHCS appreciates commenters' recommendations for the distribution of incentive funding earned through the statewide incentive program. DHCS will continue to collaborate with key stakeholders on the design and features of the incentive program. DHCS will provide further detail on reinvestment of earned incentives in future guidance.

- ***Comment*: One commenter suggested engaging child welfare agencies, MHPs, and DMC-ODS in the development of priorities for local spending of funds.**

  DHCS appreciates commenters' recommendations for partners to engage with the design and implementation of the statewide incentive program. DHCS is committed to working in partnership with key stakeholders on an ongoing basis to inform design and implementation of the statewide incentive program, including through behavioral health stakeholder workgroups, county behavioral health directors' meetings, and other public forums.

- ***Comment*: One commenter recommended disaggregating data on quality metrics by special populations, (e.g., children and youth with child welfare system involvement, child and youth with juvenile justice involvement, and children and youth experiencing homelessness).**

  DHCS appreciates commenters' interest in ensuring the statewide incentive program tracks quality data for specific populations, including among children and youth. Improving quality of care for Medi-Cal members in populations experiencing disparities in behavioral health care and outcomes is one of the key goals of the BH-CONNECT demonstration. DHCS is committed to working closely with stakeholders to develop the specific measures for the statewide incentive program, as well as for the cross-sector incentive program, which will directly address improvement of outcomes among children and youth involved with child welfare.

Comments on Incentive Program for Opt-in Counties

- ***Comment*: One commenter asked why participating in the incentive program would be optional for counties and recommended extending the incentive program to all counties.**

  DHCS appreciates commenters' recommendations for the opt-in incentive program. Counties that opt-in to the BH-CONNECT demonstration will need to take significant steps to meet the requirements for receiving FFP for care provided during short-term stays in IMDs. The opt-in incentive program will support those counties in demonstrating performance improvement through meeting key structural, process, and outcome measures.

  Counties that do not opt-in to participate in the IMD opportunity will have the option to implement Transitional Rent Services, IPS Supported Employment, Community Health Worker Services, ACT/FACT, CSC for FEP, and Clubhouse Services on a rolling basis, as well as the opportunity to participate in and earn incentive funds through the Statewide Incentive Program.

- ***Comment*: One commenter recommended combining the opt-in incentive program with the proposed statewide incentive program.**

  DHCS appreciates commenters' recommendations for the design and implementation of the BH-CONNECT incentive programs. DHCS is committed to ensuring that counties that do not participate in the IMD opportunity maintain the opportunity to participate in the statewide incentive program to strengthen their quality reporting and monitoring infrastructure and are equipped to implement other BH-CONNECT features and requirements.

Comments on Transitional Rent Services

- ***Comment*: Several commenters supported the proposal to cover transitional rent services for up to six months.**

  DHCS thanks commenters for their support of the proposal to cover transitional rent services for eligible members. Connecting members living with significant behavioral health needs to employment, housing, and social services and supports is one of the primary goals of the BH-CONNECT demonstration.

- ***Comment*: Multiple commenters recommended changes to the eligibility criteria for transitional rent services. Two commenters requested broadening the eligibility criteria to explicitly include transition-age youth. One commenter recommended including youth in child welfare. One**

commenter requested including transitions from juvenile justice facilities be included as "correctional facilities."

DHCS appreciates commenters' recommended updates to the eligibility criteria for transitional rent services. DHCS aligned the eligibility criteria with CMS' HRSN policy framework for Section 1115 demonstrations, which limits coverage of rent/temporary housing to "individuals transitioning out of institutional care or congregate settings; individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter as defined by 24 CFR 91.5; and/or youth transitioning out of the child welfare system."

DHCS updated the BH-CONNECT application language to clarify that "correctional facilities" includes state prisons, county jails, and youth correctional facilities. DHCS also updated its modifications to the HUD definition of homelessness and at risk of homelessness to make it easier for Medi-Cal members who are transitioning from institutional settings and from incarceration to access transitional rent services.

- ***Comment:*** **Multiple commenters asked about the scope of transitional rent services. One commenter asked if transitional rent includes back-rent. Commenters asked if transitional rent services includes first month's rent, last month's rent, security deposits, and application fees.**

  DHCS thanks commenters for their feedback on the scope of transitional rent services. At this time, DHCS does not intend for the transitional rent service to include back-rent. DHCS seeks to supplement coverage of transitional rent services with the existing Community Supports services provided by Medi-Cal managed care plans, which include, but are not limited to, housing deposits, housing tenancy and sustaining services, and housing transition navigation services.

- ***Comment*****: Several commenters suggested that there should be no limit or cap on the number of times a client can access transitional rent over their lifetime.**

  DHCS is aligning its transitional rent services policy with CMS' Health Related Service Need (HRSN) policy framework for Section 1115 demonstrations, which limits coverage of rent/temporary housing to six months. DHCS seeks to supplement coverage of transitional rent services with the existing Community Supports services provided by Medi-Cal managed care plans, which include, but are not limited to, housing deposits, housing tenancy and sustaining services, housing transition navigation services, and short-term post-hospitalization

housing. DHCS will provide further detail about how transitional rent services will be coordinated with other services and supports in future guidance.

- ***Comment:*** **Multiple commenters asked how transitional rent services would be coordinated with other behavioral health and social supports. One commenter recommended more focus on services that prepare individuals for tenancy, such as tenant screening, housing applications, and move-in assistance, and ongoing support to sustain tenancy. Another commenter asked how necessary behavioral health supports will be provided alongside transitional rent services.**

  DHCS shares the goal of ensuring that transitional rent services are coordinated with other physical and behavioral health services and supports. DHCS seeks to supplement coverage of transitional rent services with the existing Community Supports services provided by Medi-Cal managed care plans, which include housing deposits, housing tenancy and sustaining services, housing transition navigation services, short-term post-hospitalization housing, recuperative care, and day habilitation. DHCS will provide further detail about how transitional rent services will be coordinated with other services and supports in future guidance.

- ***Comment*****: One commenter asked how DHCS will consider limited housing stock in many counties and how it may affect housing availability.**

  DHCS acknowledges the importance of available affordable housing in addressing the homelessness and housing affordability crisis in California. DHCS notes that transitional rent services are just one part of California's broader strategy to combat homelessness, which includes new funding to expand the affordable housing supply in the state. Together, the range of services and funding available in the state will improve the availability of and access to affordable housing.

- ***Comment*****: Multiple commenters asked for clarification on what constitutes "transitional housing."**

  Medi-Cal members that meet access criteria for SMHS, DMC and/or DMC-ODS services; who are experiencing or at risk of homelessness; and who are transitioning out of transitional housing or rapid re-housing may be eligible for transitional rent services. "Transitional housing" is a temporary housing setting that provides stability for members as they transition from homelessness to permanent housing.

- ***Comment*****: Multiple commenters raised implementation concerns related to transitional rent services, including around when members transitioning**

from incarceration into the community will be able to receive transitional rent services, how to ensure a member continues to be housed if their eligibility or funding pool changes, what constitutes "medically appropriate" for transitional rent services, and how health plans and counties will demonstrate they have engaged with cities, municipalities, and local Continuums of Care.

DHCS appreciates the commenters' feedback on the key implementation considerations associated with transitional rent services. DHCS will continue to work with stakeholders on the implementation approach, and will provide further detail in future guidance.

Comments on Short-Term Residential and Inpatient Psychiatric Stays in IMDs

- ***Comment*: Several commenters supported providing short-term residential and inpatient psychiatric stays in IMDs. Multiple commenters also supported DHCS's request to waive the length of stay requirements for children with child welfare involvement in STRTPs in certain circumstances.**

  DHCS appreciates commenters' support of the request for FFP for care provided during short-term stays in IMDs. DHCS is committed to ensuring members have access to a comprehensive continuum of care that allows access to residential and inpatient services when necessary. DHCS is also committed to ensuring those settings are used only when clinically appropriate and complemented with a wide range of community-based services and supports.

- ***Comment*: Many commenters emphasized that community-based treatments should be the first option of care. Multiple commenters expressed concern that the IMD waiver will re-institutionalize or increase the risk of institutionalization for more people. Multiple commenters also expressed concern on the potential harms it may bring to children and youth involved in child welfare and the juvenile justice system, especially those with extended stays in STRTPs. Several commenters asked DHCS to remove the request to waive the 60-day limit for stays in STRTPs and/or to create stringent safeguards and oversight to protect against unnecessary and lengthy stays in STRTPs.**

  DHCS is committed to establishing a robust continuum of community-based behavioral health care services and improving access, equity and quality for all members. As described above, DHCS is committed to ensuring members have access to a comprehensive continuum of care that allows access to residential and inpatient services when necessary. DHCS is also committed to ensuring those settings are used only when clinically appropriate and complemented with

a wide range of community-based services and supports. Additional information about DHCS' proposal to ensure care delivered in IMDs is high-quality and time-limited will be available in the BH-CONNECT implementation plan.

- ***Comment*: Multiple commenters suggested DHCS enforce more robust quality and outcome standards on IMDs. One commenter asked DHCS to require IMDs to publicly report disaggregated seclusion and restraint data and require corrective action when necessary.**

  DHCS appreciates commenters' interest in quality of care in IMDs. As described above, details about DHCS' proposal to ensure care delivered in IMDs is high-quality and time-limited will be available in the BH-CONNECT demonstration implementation plan.

- ***Comment*: Several commenters asked for clarification on IMD length of stay requirements. One commenter asked what will occur if an individual resides in an IMD past the 60-day FFP reimbursement period. Another commenter asked if the 30-day average length of stay for IMD is a federal requirement or a DHCS requirement.**

  Consistent with federal guidance, FFP for care provided to Medi-Cal members living with SMI/SED in qualifying IMDs will only be available for individual stays that are no longer than 60 days. The same federal guidance requires that DHCS meet a statewide average length of stay of no more than 30 days in qualifying IMDs.

- ***Comment*: One commenter expressed concern that participating in the full IMD option will be too burdensome for counties.**

  DHCS recognizes that counties that opt-in to the BH-CONNECT demonstration will need to take significant steps to meet the requirements for receiving FFP for care provided during short-term stays in IMDs. DHCS will work closely with counties to support their participation in BH-CONNECT. DHCS has proposed a phased implementation timeline to ensure counties can sustainably build out new services and meet federal and state requirements. In addition, DHCS proposes to establish an incentive programs for opt-in counties to support their participation in this option.

APPENDIX 4 | PUBLIC NOTICE

DEPARTMENT OF HEALTH CARE SERVICES
NOTICE OF GENERAL PUBLIC INTEREST
RELEASE DATE: August 1, 2023

PROPOSED BH-CONNECT SECTION 1115 DEMONSTRATION APPLICATION

The California Department of Health Care Services (DHCS) is providing public notice of its intent to (1) submit to the Centers for Medicare & Medicaid Services (CMS) a new Section 1115 demonstration to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with serious mental illness (SMI) and serious emotional disturbance (SED) and (2) hold two public hearings to receive public comments on these requests.

DHCS is seeking approval to implement key features of the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration. BH-CONNECT will amplify the state's ongoing behavioral health initiatives, and is informed by the findings from DHCS' comprehensive 2022 assessment of California's behavioral health landscape *Assessing the Continuum of Care for Behavioral Health Services in California*.

DHCS is soliciting public input on the Section 1115 demonstration application. A full draft of the proposed BH-CONNECT demonstration application is available on the DHCS website.

OVERVIEW

The proposed BH-CONNECT demonstration will leverage the 2018 guidance from CMS that describes how states can use Section 1115 demonstration authority to secure federal financial participation (FFP) for care provided during short-term stays in Institutions for Mental Diseases (IMDs), as long as they meet certain standards.[68] It is integral to the state's broader efforts to transform and strengthen the Medi-Cal program, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. Building upon CMS' approval of the CalAIM Section 1115 demonstration in December 2021, the BH-CONNECT demonstration will directly address the need to expand and strengthen the continuum of care specifically for Medi-Cal members living with SMI and SED. The demonstration includes elements designed particularly for children and youth involved in child welfare, individuals and families who are experiencing or at risk of homelessness, and those who are justice-involved.

DHCS is requesting Section 1115 demonstration expenditure and waiver authorities for specific features of the BH-CONNECT demonstration. In parallel with the expenditure and waiver authorities requested in the application, DHCS will work with CMS to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority. Several features of the BH-CONNECT

[68] CMS, "SMD #18-011 RE: Opportunities to Design Innovative Service Delivery Systems for Adults with a Serious Mental Illness or Children with a Serious Emotional Disturbance," November 13, 2018. Available at https://www.medicaid.gov/federal-policy-guidance/downloads/smd18011.pdf

demonstration will include new State Plan Amendments. Other features of the BH-CONNECT demonstration do not require any new federal Medicaid authorities and can be implemented with state-level guidance.

BACKGROUND ON SECTION 1115 DEMONSTRATIONS

Section 1115 of the Social Security Act gives the United States Secretary of Health & Human Services (HHS) authority to approve experimental, pilot, or demonstration projects that promote the objectives of Medicaid and the Children's Health Insurance Program (CHIP). Under this authority, the Secretary may waive certain provisions of the Medicaid law to give states additional flexibility to design and improve their programs. To learn more about Section 1115 demonstrations, visit the CMS website at: https://www.medicaid.gov/medicaid/section-1115-demo/index.html.

SUMMARY OF FEATURES INCLUDED IN THE BH-CONNECT DEMONSTRATION

DHCS is requesting Section 1115 demonstration expenditure and waiver authorities to operate a discrete set of activities that generally cannot be covered under Medi-Cal State Plan authorities. Key features of the proposal that require Section 1115 demonstration authority are detailed below.

- **Workforce Initiative –** Successful implementation of the BH-CONNECT demonstration will require a robust, diverse behavioral health workforce to support Medi-Cal members living with or at high-risk for SMI/SED and/or SUD. DHCS is requesting authority for investments in the State's behavioral health workforce, including through expanding professional and graduate programs, and developing programs to support recruitment and retention of community-based behavioral health providers. DHCS proposes to fund 85% of the non-federal share of workforce investments with federal Medicaid matching funds for Designated State Health Programs (DSHP) and the remaining 15% of the non-federal share using state or local funds.

- **Activity Stipends –** To ensure children and youth who are involved in child welfare have access to extracurricular activities that support physical health, mental wellness, healthy attachment and social connections – all protective factors – DHCS is requesting authority to develop Activity Stipends. Activity Stipends will be available for children and youth involved in child welfare to be used for activities and supports such as sports, leadership activities, and music and art, which promote social and emotional well-being and resilience, manage stress, build self-confidence, and counteract the harmful health effects of trauma.

- **Cross-Sector Incentive Program for Children Involved in Child Welfare –** Children and youth who are involved in child welfare experience disproportionately higher rates of behavioral health conditions, and frequently require coordination across multiple systems to meet their needs. To address these challenges, DHCS is requesting authority to establish a cross-sector

incentive program to reinforce cross-agency work on children and youth involved in child welfare who are living with or at high-risk for SED. The program will provide fiscal incentives for three key systems – MCPs county behavioral health delivery systems, and county child welfare systems – to work together and share responsibility for improvement in behavioral health outcomes among children and youth involved in child welfare.[69]

- **Statewide Incentive Program –** To complement the training and fidelity supports offered through Centers of Excellence, DHCS is requesting authority to make new investments in county behavioral health delivery systems so that they are equipped to monitor, report on and improve outcomes associated with community-based services implemented through the BH-CONNECT demonstration. The statewide incentive program will incentivize county behavioral health delivery systems to strengthen quality infrastructure, improve performance on quality measures, and reduce disparities in behavioral health access and outcomes.

- **Incentive Program for Opt-In Counties –** In recognition that counties that opt-in to participate in the BH-CONNECT demonstration will need to make significant new investments in their behavioral health delivery systems, DHCS is requesting authority to establish an incentive program to support and reward counties in implementing new community-based care options for Medi-Cal members living with SMI or SED.

- **Transitional Rent Services –** To ensure Medi-Cal members who are experiencing homelessness and living with SMI/SED and/or a SUD have access to housing supports – which are essential to the treatment and recovery of serious behavioral health conditions – DHCS is requesting authority to cover transitional rent services for up to six months for eligible high-need members who are living with behavioral health conditions, are experiencing or at risk of homelessness, and are transitioning from an institutional or congregate care setting, out of a correctional facility, or out of the child welfare system, meet the criteria for unsheltered homelessness, or are eligible for a Full Service Partnership (FSP) program.[70] Along with expenditure authority for this service, DHCS is seeking waivers of statewideness and comparability so that it is available at county option.

- **Short-Term Residential and Inpatient Psychiatric Stays in IMDs –** To support access to necessary care for Medi-Cal members who require inpatient or residential treatment, DHCS is requesting expenditure authority for otherwise

[69] Based on the initial implementation experience with children and youth involved in child welfare, DHCS may expand this program to support children and youth involved with juvenile justice, the Department of Developmental Disabilities, and/or the Department of Education.
[70] FSP is a state-funded comprehensive and intensive mental health program for adults with persistent mental illness.

covered Medi-Cal services furnished to members who are receiving short-term residential or inpatient psychiatric care in IMDs consistent with all applicable federal guidance. DHCS also requests to exercise the flexibility CMS has provided to temporarily waive the length-of-stay requirements under the Section 1115 SMI/SED guidance for foster children residing in Short-Term Residential Therapeutic Programs that are Qualified Residential Treatment Programs in certain circumstances.[71,72] DHCS is also seeking waivers of statewideness and comparability to allow for use of Medi-Cal funding for short-term stays in IMDs only in counties that meet specified conditions.

To make Assertive Community Treatment (ACT), Forensic ACT (FACT), Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP), the Individualized Placement and Support (IPS) model of Supported Employment, community health worker services, and clubhouse services available at county option in the SMHS and DMC-ODS delivery systems, DHCS will rely on state plan authority to establish the benefits and leverage California's waivers of statewideness and comparability authorized in the CalAIM 1915(b) waiver to make them available at county option. To make IPS Supported Employment and community health worker services available at county option in the DMC delivery system (which is not included in California's 1915(b) waiver) DHCS is seeking waivers of statewideness and comparability in the BH-CONNECT demonstration.

Eligibility Requirements

There are no changes to eligibility for Medi-Cal enrollment or for any current Medi-Cal services under the proposed BH-CONNECT demonstration, however, new services described below have their own service-specific eligibility criteria.

- **Activity Stipends –** Children and youth ages three and older enrolled in Medi-Cal may be eligible for Activity Stipends if they:
    - Are under age 21 and are currently involved in the child welfare system in California;[73]
    - Are under age 21 and previously received care through the child welfare system in California or another state within the past 12 months;
    - Have aged out of the child welfare system up to age 26 (having been in foster care on their 18th birthday or later) in California or another state;
    - Are under age 18 and are eligible for and/or in California's Adoption Assistance Program; or

[71] CMS, "Qualified Residential Treatment Program (QRTP) Reimbursement: Family First Prevention Services Act (FFPSA) Requirements Q&A," October 2021. Available at https://www.medicaid.gov/federal-policy-guidance/downloads/faq101921.pdf
[72] While the number of children residing in such facilities is minimal, DHCS has determined that a small number of STRTP facilities remain essential for now in order to provide care to children and youth who require more extended treatment and who cannot safely be treated in alternative settings.
[73] As defined in BHIN 21-073.

- Are under age 18 and are currently receiving or have received services from California's Family Maintenance program within the past 12 months.

- **Transitional Rent Services –** Medi-Cal members may be eligible for up to six months of transitional rent services through the BH-CONNECT demonstration in participating counties if they:
  - Meet the access criteria for SMHS, DMC and/or DMC-ODS services; and
  - Meet the US Department of Housing and Urban Development's (HUD's) current definition of homeless or the definition of individuals who are at risk of homelessness as defined in 24 CFR part 91.5, with two modifications:[74]
    - If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of the institutionalization; and
    - The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at risk of homelessness under the current HUD definition to 30 days; and
  - Meet at least one of the following:
    - Are transitioning out of an institutional care or congregate residential setting, including but not limited to an inpatient hospital stay, an inpatient or residential substance use disorder treatment or recovery facility, an inpatient or residential mental health treatment facility, or nursing facility;
    - Are transitioning out of a correctional facility;
    - Are transitioning out of the child welfare system;
    - Are transitioning out of a recuperative care facility or short-term post-hospitalization housing;
    - Are transitioning out of transitional housing;
    - Are transitioning out of a homeless shelter/interim housing;
    - Meet the criteria of unsheltered homelessness described at 24 CFR part 91.5; [75] or
    - Meet eligibility criteria for a Full Service Partnership (FSP) program.[76]

Delivery System

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[74] In alignment with the definition of homelessness and at risk of homelessness used for Community Supports services authorizes through CalAIM.

[75] Specifically, "An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground."

[76] FSP is a comprehensive and intensive mental health program for individuals adults with persistent mental illness that have demonstrated a need for an intensive FSP program, including individuals who are experiencing or at risk of homelessness, those who are justice-involved, and high-utilizers of emergency or high-acuity mental health services. An estimated 71,000 individuals are currently enrolled FSP programs (.5% of the Medi-Cal population).

There are no proposed changes to the structure of California's Medicaid delivery systems as part of this demonstration request. MCPs will remain responsible for providing covered NSMHS and some SUD services (e.g., smoking cessation) to adult and youth members, and MHPs will continue covering SMHS for Medi-Cal members who meet specified criteria for services. SUD services will continue to be administered primarily by the counties through the DMC program and DMC-ODS.

Cost Sharing

There is no cost sharing in the proposed BH-CONNECT demonstration.

GOALS AND OBJECTIVES OF THE SECTION 1115 DEMONSTRATION

California's goal for the BH-CONNECT demonstration is to strengthen the state's continuum of community-based behavioral health services to better meet the needs of Medi Cal members living with SMI/SED and/or a SUD across the state, and to improve access, quality, and outcomes for populations experiencing disparities in particular. California's proposed goals for the BH-CONNECT demonstration aligns with the specific goals for SMI/SED demonstrations outlined in State Medicaid Director Letter (SMDL) #18-011, including:

10. Reduced utilization and lengths of stay in EDs among Medicaid members with SMI or SED while awaiting mental health treatment in specialized settings;
11. Reduced preventable readmissions to acute care hospitals and residential settings;
12. Improved availability of crisis stabilization services including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the state;
13. Improved access to community-based services to address the chronic mental health care needs of members with SMI or SED including through increased integration of primary and behavioral health care; and
14. Improved care coordination, especially continuity of care in the community following episodes of acute care in EDs, hospitals and residential treatment facilities.

Building upon the goals identified in SMDL #18-011, California has identified additional state-specific goals for the BH-CONNECT demonstration, including:

15. Improved availability in Medi-Cal of high-quality community-based behavioral health services, EBPs, and community-defined evidence practices, including ACT, FACT, CSC for FEP, IPS Supported Employment, community health worker services, clubhouse services, and transitional rent services;
16. Improved outcomes for members living with SMI/SED and/or SUD, particularly for those who historically have experienced healthcare disparities, including individuals who are involved in child welfare, justice-involved and homeless or at risk of homelessness;

17. Improved availability of training, technical assistance and incentives for providers and counties to implement high-quality community-based behavioral health services and improve outcomes for high-risk populations; and
18. Expanded behavioral health workforce to ensure that clinicians and other staff are available to treat Medi-Cal members living with SMI/SED and/or SUD.

ENROLLMENT PROJECTIONS

The State is not proposing any changes to Medicaid eligibility requirements in the Section 1115 demonstration request. As such, the demonstration is not expected to affect enrollment trends, which will continue to be determined largely by demographic changes and economic conditions. Even though this demonstration request does not propose to otherwise expand eligibility, the BH-CONNECT demonstration is expected to improve care for Medi-Cal members living with behavioral health needs, including the estimated 640,000 adults living with SMI and 127,000 children and youth living with SED across the state.

EXPENDITURE PROJECTIONS

Based on the programmatic details described above, California has estimated projected spending for the BH-CONNECT demonstration. For the purposes of public notice and comment, the State has summarized the projected expenditures in Table 2 below and projected federal funding of DSHPs to support implementation of the proposed workforce initiative in Table 3 below. California will establish budget neutrality for these items by building estimates into detailed budget neutrality tables.

Table 2. Total Projected Expenditures

Expenditure Authorities	Total Projected Expenditures (in Thousands)				
	DY1	DY2	DY3	DY4	DY5
	1/1/25-12/31/25	1/1/26-12/31/26	1/1/27-12/31/27	1/1/28-12/31/28	1/1/29-12/31/29
Workforce Initiative	480,000	480,000	480,000	480,000	480,000
Activity Stipends	23,815	47,630	47,630	47,630	47,630
Cross-Sector Incentive Program		62,500	62,500	62,500	62,500
Statewide Incentive Program	302,544	302,544	302,544	302,544	302,544
Opt-In County Incentive Program	182,175	198,001	208,540	245,000	245,000

Expenditure Authorities	Total Projected Expenditures (in Thousands)				
	DY1	DY2	DY3	DY4	DY5
	1/1/25-12/31/25	1/1/26-12/31/26	1/1/27-12/31/27	1/1/28-12/31/28	1/1/29-12/31/29
Transitional Rent Services	36,001	85,258	119,874	153,087	171,521
IMDs	161,929	175,997	185,364	217,772	217,772
Total	**1,186,464**	**1,351,930**	**1,406,452**	**1,508,533**	**1,526,967**

Table 3. Projected Federal Expenditures for DSHPs to Support BH-CONNECT Workforce Initiative

Federal Funding	Projected Federal Expenditures for DSHPs to Support BH-CONNECT Workforce Initiative (in Thousands)[77]				
	DY1	DY2	DY3	DY4	DY5
	1/1/25-12/31/25	1/1/26-12/31/26	1/1/27-12/31/27	1/1/28-12/31/28	1/1/29-12/31/29
DSHP	204,000	204,000	204,000	204,000	204,000
Total	**204,000**	**204,000**	**204,000**	**204,000**	**204,000**

SECTION 1115 DEMONSTRATION WAIVER AND EXPENDITURE AUTHORITIES

California is requesting a waiver of the following sections of the Social Security Act, to the extent necessary, to support implementation of the BH-CONNECT demonstration. To the extent that CMS advises the state that additional authorities are necessary to implement the programmatic vision and operational details described above, the state is requesting such waiver or expenditure authority, as applicable. California's negotiations with the federal government could lead to refinements in these lists as the state works with CMS to establish Special Terms and Conditions for the BH-CONNECT demonstration.

To make ACT, FACT, CSC for FEP, IPS Supported Employment, community health worker services, and clubhouse services available at county option, DHCS will leverage California's waivers of statewideness and comparability authorized in the CalAIM 1915(b) waiver, which apply to benefits offered under the both delivery systems. To make IPS Supported Employment and community health worker services available at county option in DMC, DHCS is seeking waivers of statewideness and comparability as

[77] DHCS anticipates expenditures for the workforce initiative would total $480,000,000 annually. Of that total, DSHP would cover 85% of the non-federal share, totaling $204,000,000 annually, and the state would cover the remaining 15%, totaling $36,000,000 annually.

part of BH-CONNECT.

Waiver Authority Requests

Under the authority of Section 1115(a)(1) of the act, the following waivers shall enable California to implement this Section 1115 Demonstration from January 1, 2025 through December 31, 2029.

Table 4. Waiver Authority Requests

Waiver Authority	Use for Waiver
§ 1902(a)(1) Statewideness	To enable the State to operate components of the Demonstration on a county-by-county basis. To enable the State to provide short-term inpatient and residential treatment services to individuals in IMDs on a geographically limited basis. To enable the State to provide IPS Supported Employment (DMC only), community health worker services (DMC only), and transitional rent services on a geographically limited basis.
§ 1902(a)(10)(B) Amount, Duration, and Scope and Comparability	To enable the State to provide short-term inpatient and residential treatment services in IMDs to individuals with SMI/SED that are otherwise not available to all members in the same eligibility group. To enable the State to provide IPS Supported Employment (DMC only), community health worker services (DMC only), and transitional rent services to qualifying individuals with SMI/SED and/or SUD that are otherwise not available to all members in the same eligibility group.

Expenditure Authority Requests

Under the authority of Section 1115(a)(2) of the act, California is requesting expenditure authorities so that the items identified below, which are not otherwise included as expenditures under Section 1903 of the act, shall, through December 31, 2029, be regarded as expenditures under the state's Title XIX plan.

These expenditure authorities promote the objectives of Title XIX in the following ways:

4. Expenditure authority 1 (Table 5 below) promotes the objectives of title XIX by increasing access to, stabilizing, and strengthening providers and provider networks available to serve Medicaid and low-income populations in the State.
5. Expenditure authorities 1, 2, 3 and 4 promote the objectives of title XIX by increasing efficiency and quality of care through initiatives to transform service

delivery networks to support better integration, improved health outcomes, and increased access to health care services.

6. Expenditure authorities 5, 6, 7 and 8 promote the objectives of title XIX by improving health outcomes for Medicaid and other low-income populations in the State.

Table 5. Expenditure Authority Requests

Expenditure Authority	Use for Expenditure Authority
9. Expenditures Related to the Workforce Initiative	Expenditure authority for funding as described in the STCs to strengthen the capacity of the behavioral health workforce and long-term pipeline of behavioral health professionals to support BH-CONNECT implementation and operations.
10. Expenditures Related to Activity Stipends	Expenditure authority to provide Activity Stipends to qualifying individuals with behavioral health needs.
11. Expenditures Related to the Cross-Sector Incentive Program	Expenditure authority to support improved health outcomes and accountability for children and youth involved in child welfare through incentive payments to qualified MCPs, MHPs and child welfare agencies described in the STCs.
12. Expenditures Related to the Statewide Incentive Program	Expenditure authority for payments to MHPs and DMC-ODS counties as described in the STCs to strengthen service delivery, improve health outcomes for members with SMI/SED, reduce health disparities and promote health equity and achieve practice transformation.
13. Expenditures Related to Incentive Program for Opt-in Counties	Expenditure authority to support BH-CONNECT implementation and support quality outcomes in BH-CONNECT demonstration counties that opt to provide an enhanced continuum of care and receive FFP for short-term stays in IMDs.
14. Expenditures Related to Transitional Rent Services	Expenditure authority to provide transitional rent services to qualifying individuals who are homeless or at risk of homelessness who meet specified standards.
15. Expenditures Related to IMDs	Expenditures for otherwise-covered services furnished to otherwise-eligible individuals who are short-term residents/inpatients in facilities that meet the definition of an IMD.
16. Expenditures Related to Designated State Health Programs	Expenditures for Designated State Health Programs, identified in these STCs, which are otherwise fully state-funded, and not otherwise eligible for Medicaid matching funds. These expenditures are subject to the terms and

Expenditure Authority	Use for Expenditure Authority
	limitations and not to exceed specified amounts as set forth in these STCs.

SECTION 1115 DEMONSTRATION HYPOTHESES AND EVALUATION PLAN

The BH-CONNECT demonstration will test whether the granted waiver and expenditure authorities increase access to community-based behavioral health services and improve outcomes for Medicaid members living with SMI/SED and/or a SUD.

California has developed a set of preliminary hypotheses and evaluation approaches to assess progress on the goals identified in SMDL #18-011 and California's state-specific goals outlined above. California will contract with an independent evaluator to conduct a critical and thorough evaluation of the Demonstration. The evaluator will develop a comprehensive evaluation design that is consistent with CMS guidance and the requirements of the Special Terms and Conditions for the Demonstration. To the maximum extent possible, the BH-CONNECT demonstration evaluation will be coordinated with other existing evaluations that DHCS already is conducting for CMS for CalAIM and other initiatives.

Based on the goals identified above, the state has developed a preliminary evaluation plan that delineates potential hypotheses, a potential evaluation approach for each hypothesis, and the expected source(s) of data that can be used in the evaluation, which are summarized in Table 6 below. All components of the preliminary evaluation plan are subject to change as the program is implemented and an evaluator is identified.

Table 6. Preliminary Evaluation Plan for BH-CONNECT Demonstration

Hypothesis	Evaluation Approach	Data Sources
ED utilization and lengths of stay among Medicaid members with SMI/SED will decrease over the course of the demonstration.	The state will analyze the: • Number and proportion of Medicaid members[78] with a SMI/SED diagnosis with an emergency department (ED) visit related to SMI/SED, and characteristics of ED service utilization (e.g., length of stay pending available data) to be described in the formal evaluation design.	• Claims data
SMI/SED-related readmissions to	The state will analyze the: • Number and proportion of Medicaid members with a SMI/SED diagnosis with an	• Claims data

[78] For some proposed metrics, DHCS will only review data among Medicaid members residing in counties that opt-in to participate in the BH-CONNECT demonstration. Other proposed metrics will be evaluated statewide.

Hypothesis	Evaluation Approach	Data Sources
acute care hospitals and residential settings will decrease over the course of the demonstration.	acute care hospital, psychiatric inpatient hospital, or Medicaid-funded residential mental health treatment readmission related to SMI/SED.	
Utilization of community-based crisis services will increase over the course of the demonstration.	The state will analyze the: • Number and proportion of Medicaid members with a SMI/SED diagnosis utilizing community-based crisis services.	• Claims data
Availability and utilization of community-based behavioral health services will increase over the course of the demonstration.	The state will analyze the: • Number and proportion of Medicaid members with a SMI/SED diagnosis accessing community-based behavioral health services (e.g., ACT, FACT, Peer Support Services, including those delivered by Peer Support Specialists with a forensic specialization, IPS Supported Employment, clubhouse services, transitional rent services). • Number of Medicaid provider sites offering these community-based behavioral health services.	• Claims data
Care coordination for members living with SMI/SED will improve over the course of the demonstration.	The state will analyze the: • Rates of follow-up after an ED visit for mental illness. • Rates of follow-up after hospitalization for mental illness. • Number and proportion of Medicaid members with a SMI/SED diagnosis who are utilizing Enhanced Care Management and/or Community Support services. • Number and proportion of Medicaid members with a SMI/SED diagnosis who are utilizing physical health services, including primary care.	• Claims data
Outcomes for individuals who are justice-	The state will analyze the: • Number and proportion of members with a SMI/SED diagnosis who have experienced	• Claims data • HMIS data

Hypothesis	Evaluation Approach	Data Sources
involved and those who are homeless or at risk of homelessness will improve over the course of the demonstration.	one or more days of homelessness in the past year. • Number and proportion of Medicaid members with a SMI/SED diagnosis who have experienced one or more incidences of incarceration in the past year.	• Incentive program data • CDCR data • Data on Medi-Cal members who enter and exit incarceration[79]
Outcomes for children and youth involved with child welfare will improve over the course of the demonstration.	The state will analyze the: • Number and proportion of children and youth involved with child welfare with an ED visit related to SMI/SED. • Number and proportion of children and youth involved with child welfare with an SED utilizing residential behavioral health treatment services, including short-term residential therapeutic programs (STRTPs). • Number and proportion of children and youth involved with child welfare with an SED utilizing community-based services and EBPs (e.g., intensive in-home services, MST, FFT, PCIT, Activity Stipends). • Ratio of children and youth involved with child welfare with an ED visit related to SMI/SED to children and youth involved with child welfare utilizing community-based services and EBPs (e.g., intensive in-home services, MST, FFT, PCIT, Activity Stipends).	• Claims data • Cross-sector incentive program data
Availability of trainings, technical assistance and incentives to strengthen the provision of community-	The state will analyze the: • Number of trainings delivered by Centers of Excellence. • Number of fidelity reviews conducted by Centers of Excellence. • Participation rate among eligible Medicaid providers and county behavioral health	• Centers of Excellence data • Incentive program data

[79] By April 2024, DHCS expects to have access to data on Medi-Cal members who enter and exit incarceration. Currently, data are available via the eligibility system for Medi-Cal members incarcerated for a period of 28 days or longer because they are re-classified under a special aid code that limits their benefits to hospitalizations in community facilities of 24 hours or more. Even if it is harder to secure incarceration data than hoped, DHCS and its evaluator can modify the hypotheses and the data sources after the waiver is approved via the formal evaluation design that must be submitted to CMS.

Hypothesis	Evaluation Approach	Data Sources
based care and improve outcomes will increase over the course of the demonstration.	plans in trainings offered by Centers of Excellence. • Participation rate among eligible Medicaid providers in fidelity reviews offered by Centers of Excellence. • Provider feedback surveys on effectiveness of trainings and fidelity reviews provided by Centers of Excellence. • Participation rate among counties in statewide and opt-in county incentive programs. • Incentive dollars earned through statewide and opt-in county incentive programs. • Performance improvements as reported through statewide and opt-in county incentive programs.	
Availability of behavioral health providers will increase over the course of the demonstration.	• Number of providers expanding clinical capacity attributable to the behavioral health workforce initiative. • Number of new college/university slots funded through behavioral health workforce initiative.	• Workforce initiative data

PUBLIC REVIEW AND COMMENT PROCESS

The 30-day public comment period for the BH-CONNECT demonstration application is from August 1, 2023 through August 31, 2023. All comments must be received no later than 11:59 PM (Pacific Time) on August 31, 2023.

All information regarding the BH-CONNECT demonstration can be found on the DHCS website at: https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx. DHCS will update this website throughout the public comment and application process. The BH-CONNECT demonstration application will also be circulated via DHCS' relevant electronic mailing lists, including the DHCS Stakeholder Email List, Behavioral Health Stakeholder Updates List, Legislative and Government Affairs List, and Tribal/Indian Health Program List.

DHCS will host the following public hearings to solicit stakeholder comments. The public hearings will take place in-person and have online video streaming and telephonic conference capabilities to ensure accessibility.

- Friday, August 11, 2023 – First Public Hearing
  - 10:00 – 11:30 AM PT
  - Department of General Services

        - 1500 Capitol Ave. (Building 172), EEC Training Rooms, Sacramento, CA 95814
    - Register for Zoom conference link: https://manatt.zoom.us/webinar/register/WN_6XzvB4XsSD2MRHnKMYdMGw#/registration
        - Please register in advance if you plan to attend in-person or if you plan to attend by Zoom to receive your unique login details and a link to add the hearing to your calendar
    - Call-in information: 646-931-3860
        - Webinar ID: 939 8473 0250
        - Passcode: 081123
        - Callers do not need an email address to use the phone option and do not need to register in advance

- Thursday, August 24, 2023 – Second Public Hearing
    - 9:30 – 11:30 AM PT
    - Department of Health Care Services
        - 1700 K Street, Room 1014, Sacramento, CA 95814
    - Register for Zoom conference link: https://zoom.us/webinar/register/WN_eqqbAdsGRVuCiImQGc-Y-g
        - Please register in advance if you plan to attend in-person or if you plan to attend by Zoom to receive your unique login details and a link to add the hearing to your calendar
    - Call-in information: 646-558-8656
        - Webinar ID: 913 8468 8826
        - Passcode: 478151
        - Callers do not need an email address to use the phone option and do not need to register in advance

If you would like to view the BH-CONNECT demonstration application or notices in person, you may visit your local county welfare department (addresses and contact information available at: https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx). You may request a copy of the proposed BH-CONNECT demonstration and/or a copy of submitted public comments related to the BH-CONNECT demonstration by sending a written request to the mailing or email address listed below.

Written comments may be sent to the following address; please indicate “BH-CONNECT demonstration” in the written message:

Department of Health Care Services
Director’s Office
Attn: Jacey Cooper and Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to BH-CONNECT@dhcs.ca.gov. Please indicate "BH-CONNECT demonstration" in the subject line of the email message.

To be assured consideration prior to submission of the BH-CONNECT demonstration application to CMS, comments must be received no later than 11:59 PM (Pacific Time) on August 31, 2023. Please note that comments will continue to be accepted after August 31, 2023, but DHCS may not be able to consider those comments prior to the initial submission of the BH-CONNECT demonstration application to CMS.

After DHCS reviews comments submitted during this State public comment period, the BH-CONNECT demonstration will be submitted to CMS. Interested parties will also have the opportunity to officially comment on the BH-CONNECT demonstration during the federal public comment period; the submitted application will be available for comment on the CMS website at: https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html.

APPENDIX 5 | TRIBAL PUBLIC NOTICE

August 1, 2023

To: Tribal Chairpersons, Designees of Indian Health Programs, and Urban Indian Organizations

Subject: Notice of Intent to Submit Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115 Demonstration Application

The purpose of this letter is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal program that will be submitted to the Centers for Medicare & Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on American Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendments (SPAs), waiver requests or amendments, or proposals for demonstration projects in the Medi-Cal program.

Please see the enclosed summary for a detailed description of this DHCS proposal.

QUESTIONS AND COMMENTS
Tribes and Indian Health Programs may also submit written comments or questions concerning this proposal within 30 days from receipt of notice. To be assured consideration prior to submission to CMS, comments must be received no later than 11:59 PM (Pacific Time) on August 31, 2023. Please note that comments will continue to be accepted after August 31, 2023, but DHCS may not be able to consider those comments prior to the initial submission of the Section 1115 demonstration to CMS. Comments may be sent by email to BH-CONNECT@dhcs.ca.gov or by mail to the address below:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

In addition to this notice, DHCS plans to cover this waiver proposal in the next quarterly Medi-Cal Indian Health webinar. Please note that Indian Health Programs and Urban Indian Organizations may request a consultation on this proposal at any time as needed.

Sincerely,

Original Signed By

Andrea Zubiate, Chief
Office of Tribal Affairs
Department of Health and Human Services
Enclosure

Department of Health Care Services (DHCS)
Tribal and Designees of Indian Health Programs Notice

PURPOSE

To provide notice of DHCS' intent to submit a new Section 1115 demonstration waiver to the federal Centers for Medicare & Medicaid Services (CMS) to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with serious mental illness (SMI)[80] and serious emotional disturbance (SED).[81]

BACKGROUND

DHCS is seeking a new Section 1115 demonstration to implement key features of the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative. BH-CONNECT will build upon California's other ongoing behavioral health initiatives, and is informed by the findings from DHCS' 2022 assessment of California's behavioral health landscape *Assessing the Continuum of Care for Behavioral Health Services in California*. Additional resources and background information on BH-CONNECT are available on the DHCS website.

SUMMARY OF PROPOSED CHANGES

To strengthen the continuum of community-based behavioral health services for Medi-Cal members living with SMI/SED and/or a substance use disorder (SUD), DHCS is requesting Section 1115 demonstration authority for specific features of BH-CONNECT. DHCS will also implement other changes to strengthen services for Medi-Cal members living with SMI and SED, including State Plan Amendments, an update to the Public Assistance Cost Allocation Plan, and changes that can be implemented using existing federal Medicaid authorities. Tribal partners will have the opportunity to comment on State Plan Amendments associated with BH-CONNECT in the future.

Key features of the proposal that require Section 1115 demonstration authority are detailed below. Additional details about the proposal are available in the Appendix, beginning on page 8.

- **Workforce Initiative –** Successful implementation of the BH-CONNECT demonstration will require a robust, diverse behavioral health workforce to support Medi-Cal members living with or at high-risk for SMI/SED and/or SUD. DHCS is requesting authority for investments in the State's behavioral health workforce, including through expanding professional and graduate programs, and

[80] Defined in SMD 18-011 as adults age 18 and over who currently, or at any time during the past year, have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria that has resulted in functional impairment which substantially interferes with or limits major life activities.
[81] Defined in SMD 18-011 as children and youth up to age 18 who currently, or at any time during the past year, have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria that has resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

developing programs to support recruitment and retention of community-based behavioral health providers. DHCS proposes to fund 85% of the non-federal share of workforce investments with federal Medicaid matching funds for Designated State Health Programs (DSHP) and the remaining 15% of the non-federal share using state or local funds.

- **Activity Stipends –** To ensure children and youth who are involved in child welfare have access to extracurricular activities that support physical health, mental wellness, healthy attachment and social connections – all protective factors – DHCS is requesting authority to develop Activity Stipends. Activity Stipends will be available for children and youth involved in child welfare to be used for activities and supports such as sports, leadership activities, and music and art, which promote social and emotional well-being and resilience, manage stress, build self-confidence, and counteract the harmful health effects of trauma.

- **Cross-Sector Incentive Program for Children Involved in Child Welfare –** Children and youth who are involved in child welfare experience disproportionately higher rates of behavioral health conditions, and frequently require coordination across multiple systems to meet their needs. To address these challenges, DHCS is requesting authority to establish a cross-sector incentive program to reinforce cross-agency work on children and youth involved in child welfare who are living with or at high-risk for SED. The program will provide fiscal incentives for three key systems – MCPs county behavioral health delivery systems, and county child welfare systems – to work together and share responsibility for improvement in behavioral health outcomes among children and youth involved in child welfare.[82]

- **Statewide Incentive Program –** To complement the training and fidelity supports offered through Centers of Excellence, DHCS is requesting authority to make new investments in county behavioral health delivery systems so that they are equipped to monitor, report on and improve outcomes associated with community-based services implemented through the BH-CONNECT demonstration. The statewide incentive program will incentivize county behavioral health delivery systems to strengthen quality infrastructure, improve performance on quality measures, and reduce disparities in behavioral health access and outcomes.

- **Incentive Program for Opt-In Counties –** In recognition that counties that opt-in to participate in the BH-CONNECT demonstration will need to make significant new investments in their behavioral health delivery systems, DHCS is requesting authority to establish an incentive program to support and reward counties in

[82] Based on the initial implementation experience with children and youth involved in child welfare, DHCS may expand this program to support children and youth involved with juvenile justice, the Department of Developmental Disabilities, and/or the Department of Education.

implementing new community-based care options for Medi-Cal members living with SMI or SED.

- **Transitional Rent Services –** To ensure Medi-Cal members who are experiencing homelessness and living with SMI/SED and/or a SUD have access to housing supports – which are essential to the treatment and recovery of serious behavioral health conditions – DHCS is requesting authority to cover transitional rent services for up to six months for eligible high-need members who are living with behavioral health conditions, are experiencing or at risk of homelessness, and are transitioning from an institutional or congregate care setting, out of a correctional facility, or out of the child welfare system, meet the criteria for unsheltered homelessness, or are eligible for a Full Service Partnership (FSP) program.[83] Along with expenditure authority for this service, DHCS is seeking waivers of statewideness and comparability so that it is available at county option.

- **Short-Term Residential and Inpatient Psychiatric Stays in IMDs –** To support access to necessary care for Medi-Cal members who require inpatient or residential treatment, DHCS is requesting expenditure authority for otherwise covered Medi-Cal services furnished to members who are receiving short-term residential or inpatient psychiatric care in IMDs consistent with all applicable federal guidance. DHCS also requests to exercise the flexibility CMS has provided to temporarily waive the length-of-stay requirements under the Section 1115 SMI/SED guidance for foster children residing in Short-Term Residential Therapeutic Programs that are Qualified Residential Treatment Programs in certain circumstances.[84,85] DHCS is also seeking waivers of statewideness and comparability to allow for use of Medi-Cal funding for short-term stays in IMDs only in counties that meet specified conditions.

To make Assertive Community Treatment (ACT), Forensic ACT (FACT), Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP), the Individualized Placement and Support (IPS) model of Supported Employment, community health worker services, and clubhouse services available at county option in the SMHS and DMC-ODS delivery systems, DHCS will rely on state plan authority to establish the benefits and leverage California's waivers of statewideness and comparability authorized in the CalAIM 1915(b) waiver to make them available at county option. To make IPS Supported Employment and community health worker services available at county option in the DMC delivery system (which is not included in California's 1915(b) waiver) DHCS is

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[83] FSP is a state-funded comprehensive and intensive mental health program for adults with persistent mental illness.
[84] CMS, "Qualified Residential Treatment Program (QRTP) Reimbursement: Family First Prevention Services Act (FFPSA) Requirements Q&A," October 2021. Available at https://www.medicaid.gov/federal-policy-guidance/downloads/faq101921.pdf
[85] While the number of children residing in such facilities is minimal, DHCS has determined that a small number of STRTP facilities remain essential for now in order to provide care to children and youth who require more extended treatment and who cannot safely be treated in alternative settings.

seeking waivers of statewideness and comparability in the BH-CONNECT demonstration.

IMPACT TO TRIBAL HEALTH PROGRAMS
Counties will remain responsible for reimbursing Tribal health programs for Specialty Mental Health Services (SMHS) as described in Behavioral Health Information Notice (BHIN) 22-020 and for Drug Medi-Cal (DMC) services as described in BHIN 22-053.

- **Transitional Rent Services** – DHCS is requesting authority to provide up to six months of transitional rent services for eligible high-need members who are homeless or at risk of homelessness.[86] BH-CONNECT would cover these transitional rent services in the SMHS and DMC/DMC-ODS delivery systems in participating counties.

  Impact – DHCS anticipates that Tribal health programs in counties that opt-in to the BH-CONNECT demonstration may be able to provide transitional rent services as a covered SMHS and/or DMC-ODS service.

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)
Counties will remain responsible for reimbursing Urban Indian Organizations (UIOs) enrolled in Medi-Cal as FQHCs as described in BHIN 22-020 and BHIN 22-053.

- **Transitional Rent Services** – DHCS is requesting authority to provide up to six months of transitional rent services for eligible high-need members who are homeless or at risk of homelessness. BH-CONNECT would cover these transitional rent services in the SMHS and DMC/DMC-ODS delivery systems in participating counties.

  Impact – DHCS anticipates that FQHCs in counties that opt-in to the BH-CONNECT demonstration may be able to provide transitional rent services as a covered SMHS and/or DMC-ODS service.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES
DHCS is requesting authority to implement new initiatives and services that are intended to strengthen community-based health services for all Medi-Cal members, including American Indian and Alaska Native populations.

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[86] Medi-Cal members may be eligible for up to 6 months of transitional rent services through the BH-CONNECT demonstration in participating counties if they meet the access criteria for SMHS, DMC and/or DMC-ODS services; meet the definition of homeless or at risk of homelessness; and meet at least one of the following: are transitioning out of an institutional care or congregate residential setting; are transitioning out of a correctional facility; are transitioning out of the child welfare system; are transitioning out of a recuperative care facility or short-term post-hospitalization housing; are transitioning out of transitional housing; are transitioning out of a homeless shelter/interim housing; meet the criteria of unsheltered homelessness; or meet criteria for a Full Service Partnership program.

- **Workforce Initiative** – DHCS is requesting authority to make investments in the behavioral health workforce needed to provide services to Medi-Cal members living with SMI/SED and/or a SUD, including ensuring the workforce is equipped to provide culturally and linguistically appropriate care.

  Impact – The workforce initiative is intended to improve access to behavioral health services for all Medi-Cal members living with SMI/SED and/or a SUD, including culturally and linguistically appropriate care for American Indian populations.

- **Activity Stipends** – To ensure children and youth who are involved in child welfare have access to extracurricular activities such as sports, leadership activities, music, and art, DHCS is requesting authority to develop Activity Stipends.[87]

  Impact: DHCS will work with county child welfare agencies and tribal social services to make Activity Stipends available to eligible American Indian Medi-Cal members who are involved in child welfare.

- **Transitional Rent Services –** DHCS is requesting authority to provide up to six months of transitional rent services for eligible individuals who are homeless or at risk of homelessness in participating counties.

  Impact – DHCS anticipates that American Indian Medi-Cal members who live in participating counties, receive SMHS and/or DMC-ODS services, and meet eligibility criteria may be able to access transitional rent services.

RESPONSE DATE

Tribes and Indian Health Programs may submit written comments or questions concerning this proposal within 30 days from the receipt of this notice. To be assured consideration prior to submission to CMS, comments must be received no later than 11:59 PM (Pacific Time) on August 31, 2023. Please note that comments will continue to be accepted after August 31, 2023 but DHCS may not be able to consider those comments prior to the initial submission of the Section 1115 demonstration application to CMS.

All information regarding the BH-CONNECT demonstration can be found on the DHCS website at: https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx. DHCS will update this website throughout the public comment and application process. The BH-

[87] Children and youth enrolled in Medi-Cal ages three and older may be eligible for Activity Stipends if they are under age 21 and currently involved in the child welfare system in California; previously received care through the child welfare system in California or another state within the past 12 months; have aged out of the child welfare system up to age 26 in California or another state; are under age 18 and are eligible for and/or in California's Adoption Assistance Program; or are under age 18 and currently receiving or have received services from California's Family maintenance program within the past 12 months.

CONNECT demonstration application will also be circulated via DHCS' relevant electronic mailing lists, including the DHCS Tribal/Indian Health Program List. Comments may be sent by email to BH-CONNECT@dhcs.ca.gov or by mail to the address below.

CONTACT INFORMATION

If Tribes and Indian Health Programs would like to view the Section 1115 demonstration application or notices in person, they may visit their local county welfare department (addresses and contact information are available at: https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx). Tribes and Indian Health Programs may also request a copy of the proposed application, notices, and/or a copy of the submitted public comments related to the Section 1115 demonstration application by submitting a request to the mailing address listed below or via email to BH-CONNECT@dhcs.ca.gov.

Written comments may be sent to the following address; please indicate "BH-CONNECT Section 1115 demonstration" in the written message:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

APPENDIX 6 | DOCUMENTATION OF COMPLIANCE WITH THE PUBLIC NOTICE PROCESS

California Registrar Notice

California Regulatory Notice
(Friday, August 4, 2023)
Link: https://oal.ca.gov/wp-content/uploads/sites/166/2023/08/2023-Notice-Register-Number-31-Z-August-4-2023.pdf

DEPARTMENT OF HEALTH CARE SERVICES

PROPOSED BH–CONNECT SECTION 1115 DEMONSTRATION APPLICATION

This abbreviated public notice provides information of public interest regarding the California Department of Health Care Services' (DHCS') intent to submit to the Centers for Medicare & Medicaid Services (CMS) a new Section 1115 demonstration to expand access to and strengthen the continuum of community–based behavioral health services for Medi–Cal members living with serious mental illness (SMI) and serious emotional disturbance (SED).

DHCS is seeking approval to implement key features of the California Behavioral Health Community–Based Organized Networks of Equitable Care and Treatment (BH–CONNECT) demonstration. BH–CONNECT will amplify the state's ongoing behavioral health initiatives, and is informed by the findings from DHCS' comprehensive 2022 assessment of California's behavioral health landscape *Assessing the Continuum of Care for Behavioral Health Services in California.*

DHCS is soliciting public input on the Section 1115 demonstration application. A full draft of the proposed BH–CONNECT demonstration application and initial notice of public interest were posted on August 1, 2023 and are available on the *DHCS website*.

DHCS is requesting Section 1115 demonstration expenditure and waiver authorities for specific features of the BH–CONNECT demonstration. In parallel with the expenditure and waiver authorities requested in the application, DHCS will work with CMS to implement other features of the BH–CONNECT demonstration that do not require Section 1115 demonstration authority. Several features of the BH–CONNECT demonstration will require a new State Plan Amendment. Other features of the BH–CONNECT demonstration do not require any new federal Medicaid authorities and can be implemented with state–level guidance.

Features of BH–CONNECT that DHCS is requesting as part of the Section 1115 demonstration include:[1]

- Workforce initiative to invest in a robust, diverse behavioral health workforce to support Medi–Cal members living with SMI/SED and/or a SUD*
- Activity Stipends to ensure children and youth involved in child welfare have access to extracurricular activities that support health and wellbeing*
- Cross–sector incentive program to support children and youth involved in child welfare who are also receiving specialty mental health services*
- Statewide incentive program to support behavioral health delivery systems in strengthening quality infrastructure, improving performance on quality measures, and reducing disparities in behavioral health access and outcomes*
- Incentive program for opt–in counties to support and reward counties in implementing community–based services and EBPs for Medi–Cal members living with SMI/SED and/or a SUD
- Transitional rent services for up to six months for eligible high–need members who are experiencing or at risk of homelessness
- FFP for care provided during short–term stays in IMDs

[1] Features that will be implemented statewide are indicated with an "*". All other features will be available at county option.

PUBLIC REVIEW AND COMMENT PROCESS

The 30–day public comment period for the BH–CONNECT demonstration application is from August 1, 2023, through August 31, 2023. All comments must be received no later than 11:59 PM (Pacific Time) on August 31, 2023.

All information regarding the BH–CONNECT demonstration can be found on the DHCS website at: https://www.dhcs.ca.gov/CalAIM/Pages/BH–CONNECT.aspx. DHCS will update this website throughout the public comment and application process. The BH–CONNECT demonstration application will also be circulated via DHCS' relevant electronic mailing lists, including the *DHCS Stakeholder Email List*, Behavioral Health Stakeholder Updates List, Legislative and Government Affairs List, and Tribal/Indian Health Program List.

DHCS will host the following public hearings to solicit stakeholder comments. The public hearings will take place in–person and have online video streaming and telephonic conference capabilities to ensure accessibility.

- Friday, August 11, 2023 — First Public Hearing
  - 10:00–11:30 a.m. PT
  - Department of General Services
    - 1500 Capitol Ave. (Building 172), EEC Training Rooms, Sacramento, CA 95814
  - Register for Zoom conference link: https://manatt.zoom.us/webinar/register/

WN_6XzvB4XsSD2MRHnKMYdMGw#/registration

- Please register in advance if you plan to attend in–person or if you plan to attend by Zoom to receive your unique login details and a link to add the hearing to your calendar

- Call–in information: (646) 931–3860
  - Webinar ID: 939 8473 0250
  - Passcode: 081123
  - Callers do not need an email address to use the phone option and do not need to register in advance

- Thursday, August 24, 2023 — Second Public Hearing
  - 9:30–11:30 a.m. PT
  - Department of Health Care Services
    - 1700 K Street, Room 1014, Sacramento, CA 95814
  - Register for Zoom conference link: https://zoom.us/webinar/register/WN_eqqbAdsGRVuCilmQGc-Y-g
    - Please register in advance if you plan to attend in–person or if you plan to attend by Zoom to receive your unique login details and a link to add the hearing to your calendar
  - Call–in information: (646) 558–8656
    - Webinar ID: 913 8468 8826
    - Passcode: 478151
    - Callers do not need an email address to use the phone option and do not need to register in advance

Written comments may be sent to the following address; please indicate "BH–CONNECT demonstration" in the written message:

Department of Health Care Services
Director's Office
Attention: Jacey Cooper and Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, CA 95899–7413

Comments may also be emailed to BH–CONNECT@dhcs.ca.gov. Please indicate "BH–CONNECT demonstration" in the subject line of the email message.

To be assured consideration prior to submission of the BH–CONNECT demonstration application to CMS, comments must be received no later than 11:59 p.m. (Pacific Time) on August 31, 2023. Please note that comments will continue to be accepted after August 31, 2023, but DHCS may not be able to consider those comments prior to the initial submission of the BH–CONNECT demonstration application to CMS.

After DHCS reviews comments submitted during this State public comment period, the BH–CONNECT demonstration will be submitted to CMS. Interested parties will also have the opportunity to officially comment on the BH–CONNECT demonstration during the federal public comment period; the submitted application will be available for comment on the CMS website at: https://www.medicaid.gov/medicaid/section–1115–demo/demonstration–and–waiver–list/index.html.

DEPARTMENT OF HEALTH CARE SERVICES

PROPOSED CALAIM SECTION 1115 DEMONSTRATION AMENDMENT

This abbreviated public notice provides information of public interest regarding submission of a proposed Section 1115 amendment request to the federal Centers for Medicare & Medicaid Services (CMS).

To improve the well–being and health outcomes of Medi–Cal members during critical transitions or who meet high–risk criteria, California Department of Health Care Services (DHCS) is seeking an amendment to the California Advancing and Innovating Medi–Cal (CalAIM) Section 1115 demonstration to provide up to six months of transitional rent services as a new Community Support in the Medi–Cal Managed Care (MCMC) delivery system for eligible individuals who are homeless or at risk of homelessness and experiencing critical transitions, as well those who meet the criteria for unsheltered homelessness or for a Full Service Partnership (FSP) program. The State is seeking expenditure authority up to an aggregate cap of $764,860,000 over the final two years of the CalAIM demonstration period (January 1, 2025–December 31, 2026) to cover transitional rent services in the MCMC delivery system. To ensure a "no wrong door" approach to accessing key housing services for high need enrollees who are homeless or at risk of homelessness and experiencing transitions, DHCS is requesting authority to provide transitional rent services for qualifying individuals enrolled in the Specialty Mental Health Services (SMHS) and Drug Medi–Cal Organized Delivery System (DMC–ODS) delivery systems through the proposed California Behavioral Health Community–Based Organized Networks of Equitable Care and Treatment (BH–CONNECT) demonstration.

A copy of the proposed CalAIM Section 1115 Transitional Rent Services Amendment and initial notice of public interest, both posted on August 1, 2023,

Initial Stakeholder Emails

DHCS Stakeholder Update Email Listserv
(Tuesday, August 1, 2023)

From: DHCS Communications <DHCSCommunications@DHCS.CA.GOV>
Sent: Tuesday, August 1, 2023 5:52 PM
To: DHCSSTAKEHOLDERS@MAILLIST.DHS.CA.GOV
Subject: DHCS Update: Public Comment on BH-CONNECT and CalAIM Transitional Rent Services

The Department of Health Care Services (DHCS) is providing this update of significant developments regarding DHCS programs.

BH-CONNECT and CalAIM Transitional Rent Services

On August 1, 2023, the Department of Health Care Services (DHCS) began a 30-day public comment period to solicit feedback on a new Section 1115 demonstration request, entitled the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration. DHCS also began a 30-day public comment period to solicit feedback on a proposed amendment to the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration related to transitional rent services. The public comment period for both is through August 31, 2023. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

BH-CONNECT Background

DHCS is seeking approval to implement key features of the BH-CONNECT demonstration, which aims to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with serious mental illness (SMI) and serious emotional disturbance (SED). BH-CONNECT will amplify the state's ongoing behavioral health initiatives, and is informed by the findings from DHCS' comprehensive 2022 assessment of California's behavioral health landscape, *Assessing the Continuum of Care for Behavioral Health Services in California*.

The BH-CONNECT demonstration builds upon unprecedented investments and policy transformations currently underway in California that are designed to expand access to community-based behavioral health care and improve outcomes for Medi-Cal members living with the most significant mental health and substance use needs. California has invested more than $10 billion and is implementing landmark policy reforms to strengthen the behavioral health care continuum through initiatives like the Children and Youth Behavioral Health Initiative, Behavioral Health Continuum Infrastructure Program, Behavioral Health Bridge Housing program, CalAIM Justice-Involved Initiative, Behavioral Health Payment Reform, mobile crisis and 988 expansion, and more. California's proposed goal for the BH-CONNECT demonstration is to complement and amplify these major behavioral health initiatives to **establish a robust continuum of community-based behavioral health care services and improve access, equity, and quality for Medi-Cal members living with SMI and SED, particularly populations experiencing disparities in behavioral health care and outcomes.**

The BH-CONNECT demonstration aims to expand Medi-Cal service coverage, drive performance improvement, and support fidelity implementation for key interventions proven to improve outcomes for Medi-Cal members experiencing the greatest inequities, including children and youth involved in child welfare, individuals with lived experience with the criminal justice system, and individuals at risk of or experiencing homelessness. The BH-CONNECT demonstration will standardize and scale evidence-based models so Medi-Cal members with the greatest needs receive upstream, field-based care delivered in the community; avoid unnecessary emergency department visits, hospitalizations, and stays in inpatient and residential facilities; reduce involvement with the justice system; and report improved status. To achieve these goals, the BH-CONNECT demonstration includes some components that will be implemented on a statewide basis and other components that will be implemented on a county opt-in basis.

DHCS is soliciting public input on the Section 1115 demonstration application. A full draft of the proposed BH-CONNECT demonstration application and initial notice of public interest are posted on the DHCS BH-CONNECT webpage.

DHCS is requesting Section 1115 demonstration expenditure and waiver authorities for specific features of the BH-CONNECT demonstration. In parallel with the expenditure and waiver authorities requested in the application, DHCS will work with the Centers for Medicare & Medicaid Services (CMS) to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, but may require a new State Plan Amendment or be implemented with state-level guidance. Features of BH-CONNECT that DHCS is requesting as part of the Section 1115 demonstration include:

- Workforce initiative to invest in a robust, diverse behavioral health workforce to support Medi-Cal members living with SMI/SED and/or a substance use disorder (SUD) *(implemented statewide)*.
- Activity stipends to ensure children and youth involved in child welfare have access to extracurricular activities that support health and well-being *(implemented statewide)*.
- Cross-sector incentive program to support children and youth involved in child welfare who are also receiving specialty mental health services *(implemented statewide)*.
- Statewide incentive program to support behavioral health delivery systems in strengthening quality infrastructure, improving performance on quality measures, and reducing disparities in behavioral health access and outcomes *(implemented statewide)*.
- Incentive program for opt-in counties to support and reward counties in implementing community-based services and evidence-based practices for Medi-Cal members living with SMI/SED and/or a SUD *(available at county option)*.
- Transitional rent services for up to six months for eligible high-need members who are experiencing or at risk of homelessness *(available at county option)*.
- Federal financial participation for care provided during short-term stays in institutions for mental diseases *(available at county option)*.

In addition, DHCS will work with CMS to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, including expanding the continuum of community-based services and evidence-based practices (EBPs) available through Medi-Cal, strengthening family-based services and supports for children and youth, providing training and technical assistance to support fidelity implementation of EBPs, and more. Additional details are available on the DHCS BH-CONNECT webpage.

CALAIM Transitional Rent Amendment Background

To improve the well-being and health outcomes of Medi-Cal members during critical transitions or who meet high-risk criteria, DHCS is seeking an amendment to the CalAIM Section 1115 demonstration to provide up to six months of transitional rent services to eligible individuals who are homeless or at risk of homelessness and transitioning out of institutional levels of care, congregate residential settings, correctional facilities, the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters or interim housing, as well as those who meet the criteria for unsheltered homelessness or for a Full Service Partnership (FSP) program. Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other health-related social needs criteria. Transitional rent services will be voluntary for Medi-Cal managed care plans to offer and for Medi-Cal members to use.

Public Comment Materials

The following public comment materials are posted on the DHCS BH-CONNECT webpage and DHCS CalAIM 1115 Demonstration & 1915(b) Waiver webpage. DHCS will update these pages throughout the public comment period and application process:

- Proposed BH-CONNECT Section 1115 Application
- Proposed CalAIM Section 1115 Transitional Rent Services Amendment Application
- Public Notice
- Abbreviated Public Notice
- Tribal and Designees of Indian Health Programs Public Notice

Opportunities to Comment

Written Comments

Comments will be accepted via U.S. mail or electronic mail.

For written comments related to BH-CONNECT, please indicate "BH-CONNECT Demonstration" in the subject line of the written message and send to the below address:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to BH-CONNECT@dhcs.ca.gov, and please indicate "BH-CONNECT Demonstration" in the subject line of the email message.

For written comments related to Transitional Rent Services amendment, please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the written message and send to the below address:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Susan Philip
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to 1115waiver@dhcs.ca.gov, and please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the email message.

To ensure consideration prior to submission of the BH-CONNECT demonstration application and CalAIM Section 1115 Transitional Rent Services Amendment to CMS, comments must be received no later than 11:59 PM (Pacific Time) on August 31, 2023. Please note that comments will continue to be accepted after August 31, but DHCS may not be able to consider those comments prior to the initial submission of the BH-CONNECT demonstration application and CalAIM Section 1115 Transitional Rent Services Amendment to CMS.

Public Hearings

DHCS will host the following public hearings to solicit stakeholder comments. The public hearings will take place in person and have online video streaming and telephonic conference capabilities to ensure accessibility.

Friday, August 11 – First Public Hearing

- 10 – 11:30 AM PT
- Department of General Services
  - 1500 Capitol Ave. (Building 172), EEC Training Rooms, Sacramento, CA 95814
- Register for Zoom conference link: https://manatt.zoom.us/webinar/register/WN_6XzvB4XsSD2MRHnKMYdMGw#/registration
  - Please register in advance if you plan to attend in person or if you plan to attend by Zoom to receive your unique login details and a link to add the hearing to your calendar.
- Call-in information: 646-931-3860
  - Webinar ID: 939 8473 0250
  - Passcode: 081123
  - Callers do not need an email address to use the phone option and do not need to register in advance.

Thursday, August 24 – Second Public Hearing

- 9:30 – 11:30 AM PT
- Department of Health Care Services
  - 1700 K Street, Room 1014, Sacramento, CA 95814
- Register for Zoom conference link: https://zoom.us/webinar/register/WN_eqqbAdsGRVuCilmQGc-Y-g
  - Please register in advance if you plan to attend in person or if you plan to attend by Zoom to receive your unique login details and a link to add the hearing to your calendar.
- Call-in information: 646-558-8656
  - Webinar ID: 913 8468 8826
  - Passcode: 478151
  - Callers do not need an email address to use the phone option and do not need to register in advance.

For individuals with disabilities, DHCS will provide free assistive devices, including language and sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into braille, large print, audio, or electronic format. To request alternative format or language services, please call or write:

Department of Health Care Services
Director's Office
P. O. Box 997413, MS 0000, Sacramento, CA 95899-7413
(916) 440-7400
Email: 1115Waiver@dhcs.ca.gov

Please note that the range of assistive services available may be limited if requests are received less than ten working days prior to the meeting.

Thank you,

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

www.dhcs.ca.gov

Legislative & Governmental Affairs Email
(Tuesday, August 1, 2023)

From: Rolland, Melissa@DHCS <Melissa.Rolland@dhcs.ca.gov>
Sent: Tuesday, August 1, 2023 5:31 PM
Subject: DHCS Public Comment on BH-CONNECT and CalAIM Transitional Rent Services

On August 1, 2023, the Department of Health Care Services (DHCS) began a 30-day public comment period to solicit feedback on a new Section 1115 demonstration request, entitled the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration. DHCS also began a 30-day public comment period to solicit feedback on a proposed amendment to the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration related to transitional rent services. The public comment period for both is through August 31, 2023. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

BH-CONNECT Background
DHCS is seeking approval to implement key features of the BH-CONNECT demonstration, which aims to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with serious mental illness (SMI) and serious emotional disturbance (SED). BH-CONNECT will amplify the state's ongoing behavioral health initiatives, and is informed by the findings from DHCS' comprehensive 2022 assessment of California's behavioral health landscape, *Assessing the Continuum of Care for Behavioral Health Services in California*.

The BH-CONNECT demonstration builds upon unprecedented investments and policy transformations currently underway in California that are designed to expand access to community-based behavioral health care and improve outcomes for Medi-Cal members living with the most significant mental health and substance use needs. California has invested more than $10 billion and is implementing landmark policy reforms to strengthen the behavioral health care continuum through initiatives like the Children and Youth Behavioral Health Initiative, Behavioral Health Continuum Infrastructure Program, Behavioral Health Bridge Housing program, CalAIM Justice-Involved Initiative, Behavioral Health Payment Reform, mobile crisis and 988 expansion, and more. California's proposed goal for the BH-CONNECT demonstration is to complement and amplify these major behavioral health initiatives to **establish a robust continuum of community-based behavioral health care services and improve access, equity, and quality for Medi-Cal members living with SMI and SED, particularly populations experiencing disparities in behavioral health care and outcomes.**

The BH-CONNECT demonstration aims to expand Medi-Cal service coverage, drive performance improvement, and support fidelity implementation for key interventions proven to improve outcomes for Medi-Cal members experiencing the greatest inequities, including children and youth involved in child welfare, individuals with lived experience with the criminal justice system, and individuals at risk of or experiencing homelessness. The BH-CONNECT demonstration will standardize and scale evidence-based models so Medi-Cal members with the greatest needs receive upstream, field-based care delivered in the community; avoid unnecessary emergency department visits, hospitalizations, and stays in inpatient and residential facilities; reduce involvement with the justice system; and report improved status. To achieve these goals, the BH-CONNECT demonstration includes some components that will be implemented on a statewide basis and other components that will be implemented on a county opt-in basis.

DHCS is soliciting public input on the Section 1115 demonstration application. A full draft of the proposed BH-CONNECT demonstration application and initial notice of public interest are posted on the DHCS BH-CONNECT website.

DHCS is requesting Section 1115 demonstration expenditure and waiver authorities for specific features of the BH-CONNECT demonstration. In parallel with the expenditure and waiver authorities requested in the application, DHCS will work with the Centers for Medicare & Medicaid Services (CMS) to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, but may require a new State Plan Amendment or be implemented with state-level guidance. Features of BH-CONNECT that DHCS is requesting as part of the Section 1115 demonstration include:

- Workforce initiative to invest in a robust, diverse behavioral health workforce to support Medi-Cal members living with SMI/SED and/or a substance use disorder (SUD) *(implemented statewide)*.
- Activity stipends to ensure children and youth involved in child welfare have access to extracurricular activities that support health and well-being *(implemented statewide)*.
- Cross-sector incentive program to support children and youth involved in child welfare who are also receiving specialty mental health services *(implemented statewide)*.
- Statewide incentive program to support behavioral health delivery systems in strengthening quality infrastructure, improving performance on quality measures, and reducing disparities in behavioral health access and outcomes *(implemented statewide)*.
- Incentive program for opt-in counties to support and reward counties in implementing community-based services and evidence-based practices for Medi-Cal members living with SMI/SED and/or a SUD *(available at county option)*.
- Transitional rent services for up to six months for eligible high-need members who are experiencing or at risk of homelessness *(available at county option)*.
- Federal financial participation for care provided during short-term stays in institutions for mental diseases *(available at county option)*.

In addition, DHCS will work with CMS to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, including expanding the continuum of community-based services and evidence-based practices (EBPs) available through Medi-Cal, strengthening family-based services and supports for children and youth, providing training and technical assistance to support fidelity implementation of EBPs, and more. Additional details are available on the DHCS BH-CONNECT website.

CALAIM Transitional Rent Amendment Background
To improve the well-being and health outcomes of Medi-Cal members during critical transitions or who meet high-risk criteria, DHCS is seeking an amendment to the CalAIM Section 1115 demonstration to provide up to six months of transitional rent services to eligible individuals who are homeless or at risk of homelessness and transitioning out of institutional levels of care, congregate residential settings, correctional facilities, the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters or interim housing, as well as those who meet the criteria for unsheltered homelessness or for a Full Service Partnership (FSP) program. Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other health-related social needs criteria. Transitional rent services will be voluntary for Medi-Cal managed care plans to offer and for Medi-Cal members to use.

Public Comment Materials
The following public comment materials are posted on the DHCS BH-CONNECT webpage and DHCS CalAIM 1115 Demonstration & 1915(b) Waiver webpage. DHCS will update these pages throughout the public comment period and application process:

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- Proposed CalAIM Section 1115 Transitional Rent Services Amendment Application
- Public Notice
- Abbreviated Public Notice
- Tribal and Designees of Indian Health Programs Public Notice

Opportunities to Comment
Written Comments
Comments will be accepted via U.S. mail or electronic mail.

For written comments related to BH-CONNECT, please indicate "BH-CONNECT Demonstration" in the subject line of the written message and send to the below address:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to BH-CONNECT@dhcs.ca.gov, and please indicate "BH-CONNECT Demonstration" in the subject line of the email message.

For written comments related to Transitional Rent Services amendment, please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the written message and send to the below address:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Susan Philip
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to 1115waiver@dhcs.ca.gov, and please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the email message.

To ensure consideration prior to submission of the BH-CONNECT demonstration application and CalAIM Section 1115 Transitional Rent Services Amendment to CMS, comments must be received no later than 11:59 PM (Pacific Time) on August 31, 2023. Please note that comments will continue to be accepted after August 31, but DHCS may not be able to consider those comments prior to the initial submission of the BH-CONNECT demonstration application and CalAIM Section 1115 Transitional Rent Services Amendment to CMS.

Public Hearings
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  - 1500 Capitol Ave. (Building 172), EEC Training Rooms, Sacramento, CA 95814
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- Call-in information: 646-931-3860
  - Webinar ID: 939 8473 0250
  - Passcode: 081123
  - Callers do not need an email address to use the phone option and do not need to register in advance.

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- 9:30 – 11:30 AM PT
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  - 1700 K Street, Room 1014, Sacramento, CA 95814
- Register for Zoom conference link: https://zoom.us/webinar/register/WN_eqqbAdsGRVuCilmQGc-Y-g
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Director's Office
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(916) 440-7400
Email: 1115Waiver@dhcs.ca.gov

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Melissa Rolland | Assistant Deputy Director
Legislative and Governmental Affairs
California Department of Health Care Services
DHCS

DHCS Stakeholder Email – California Behavioral Health Planning Council (Tuesday, August 1, 2023)

From: Sadwith, Tyler@DHCS <Tyler.Sadwith@dhcs.ca.gov>
Sent: Tuesday, August 1, 2023 6:05 PM
To:
Subject: DHCS Public Comment on BH-CONNECT and CalAIM Transitional Rent Services

Hello ,

On August 1, 2023, the Department of Health Care Services (DHCS) began a 30-day public comment period to solicit feedback on a new Section 1115 demonstration request, entitled the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration. DHCS also began a 30-day public comment period to solicit feedback on a proposed amendment to the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration related to transitional rent services. The public comment period for both is through August 31, 2023. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

BH-CONNECT Background
DHCS is seeking approval to implement key features of the BH-CONNECT demonstration, which aims to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with serious mental illness (SMI) and serious emotional disturbance (SED). BH-CONNECT will amplify the state's ongoing behavioral health initiatives, and is informed by the findings from DHCS' comprehensive 2022 assessment of California's behavioral health landscape, *Assessing the Continuum of Care for Behavioral Health Services in California*.

The BH-CONNECT demonstration builds upon unprecedented investments and policy transformations currently underway in California that are designed to expand access to community-based behavioral health care and improve outcomes for Medi-Cal members living with the most significant mental health and substance use needs. California has invested more than $10 billion and is implementing landmark policy reforms to strengthen the behavioral health care continuum through initiatives like the Children and Youth Behavioral Health Initiative, Behavioral Health Continuum Infrastructure Program, Behavioral Health Bridge Housing program, CalAIM Justice-Involved Initiative, Behavioral Health Payment Reform, mobile crisis and 988 expansion, and more. California's proposed goal for the BH-CONNECT demonstration is to complement and amplify these major behavioral health initiatives to **establish a robust continuum of community-based behavioral health care services and improve access, equity, and quality for Medi-Cal members living with SMI and SED, particularly populations experiencing disparities in behavioral health care and outcomes.**

The BH-CONNECT demonstration aims to expand Medi-Cal service coverage, drive performance improvement, and support fidelity implementation for key interventions proven to improve outcomes for Medi-Cal members experiencing the greatest inequities, including children and youth involved in child welfare, individuals with lived experience with the criminal justice system, and individuals at risk of or experiencing homelessness. The BH-CONNECT demonstration will standardize and scale evidence-based models so Medi-Cal members with the greatest needs receive upstream, field-based care delivered in the community; avoid unnecessary emergency department visits, hospitalizations, and stays in inpatient and residential facilities; reduce involvement with the justice system; and report improved status. To achieve these goals, the BH-CONNECT demonstration includes some components that will be implemented on a statewide basis and other components that will be implemented on a county opt-in basis.

DHCS is soliciting public input on the Section 1115 demonstration application. A full draft of the proposed BH-CONNECT demonstration application and initial notice of public interest are posted on the DHCS BH-CONNECT website.

DHCS is requesting Section 1115 demonstration expenditure and waiver authorities for specific features of the BH-CONNECT demonstration. In parallel with the expenditure and waiver authorities requested in the application, DHCS will work with the Centers for Medicare & Medicaid Services (CMS) to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, but may require a new State Plan Amendment or be implemented with state-level guidance. Features of BH-CONNECT that DHCS is requesting as part of the Section 1115 demonstration include:

- Workforce initiative to invest in a robust, diverse behavioral health workforce to support Medi-Cal members living with SMI/SED and/or a substance use disorder (SUD) *(implemented statewide)*.
- Activity stipends to ensure children and youth involved in child welfare have access to extracurricular activities that support health and well-being *(implemented statewide)*.
- Cross-sector incentive program to support children and youth involved in child welfare who are also receiving specialty mental health services *(implemented statewide)*.
- Statewide incentive program to support behavioral health delivery systems in strengthening quality infrastructure, improving performance on quality measures, and reducing disparities in behavioral health access and outcomes *(implemented statewide)*.
- Incentive program for opt-in counties to support and reward counties in implementing community-based services and evidence-based practices for Medi-Cal members living with SMI/SED and/or a SUD *(available at county option)*.
- Transitional rent services for up to six months for eligible high-need members who are experiencing or at risk of homelessness *(available at county option)*.
- Federal financial participation for care provided during short-term stays in institutions for mental diseases *(available at county option)*.

In addition, DHCS will work with CMS to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, including expanding the continuum of community-based services and evidence-based practices (EBPs) available through Medi-Cal, strengthening family-based services and supports for children and youth, providing training and technical assistance to support fidelity implementation of EBPs, and more. Additional details are available on the DHCS BH-CONNECT website.

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- Tribal and Designees of Indian Health Programs Public Notice

Opportunities to Comment
Written Comments
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Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to BH-CONNECT@dhcs.ca.gov, and please indicate "BH-CONNECT Demonstration" in the subject line of the email message.

For written comments related to Transitional Rent Services amendment, please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the written message and send to the below address:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Susan Philip
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to 1115waiver@dhcs.ca.gov, and please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the email message.

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(916) 440-7400
Email: 1115Waiver@dhcs.ca.gov

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Best,

Tyler Sadwith | Deputy Director
Behavioral Health
California Department of Health Care Services
(916) 440-7800

DHCS

DHCS Stakeholder Email – California Department of Social Services (Tuesday, August 1, 2023)

From: Sadwith, Tyler@DHCS <Tyler.Sadwith@dhcs.ca.gov>
Sent: Tuesday, August 1, 2023 6:05 PM
To:
Cc:
Subject: DHCS Public Comment on BH-CONNECT and CalAIM Transitional Rent Services

Hello CDSS colleagues,

On August 1, 2023, the Department of Health Care Services (DHCS) began a 30-day public comment period to solicit feedback on a new Section 1115 demonstration request, entitled the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration. DHCS also began a 30-day public comment period to solicit feedback on a proposed amendment to the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration related to transitional rent services. The public comment period for both is through August 31, 2023. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

BH-CONNECT Background
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DHCS is soliciting public input on the Section 1115 demonstration application. A full draft of the proposed BH-CONNECT demonstration application and initial notice of public interest are posted on the DHCS BH-CONNECT website.

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- Activity stipends to ensure children and youth involved in child welfare have access to extracurricular activities that support health and well-being *(implemented statewide)*.
- Cross-sector incentive program to support children and youth involved in child welfare who are also receiving specialty mental health services *(implemented statewide)*.
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In addition, DHCS will work with CMS to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, including expanding the continuum of community-based services and evidence-based practices (EBPs) available through Medi-Cal, strengthening family-based services and supports for children and youth, providing training and technical assistance to support fidelity implementation of EBPs, and more. Additional details are available on the DHCS BH-CONNECT website.

CalAIM Transitional Rent Amendment Background
To improve the well-being and health outcomes of Medi-Cal members during critical transitions or who meet high-risk criteria, DHCS is seeking an amendment to the CalAIM Section 1115 demonstration to provide up to six months of transitional rent services to eligible individuals who are homeless or at risk of homelessness and transitioning out of institutional levels of care, congregate residential settings, correctional facilities, the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters or interim housing, as well as those who meet the criteria for unsheltered homelessness or for a Full Service Partnership (FSP) program. Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other health-related social needs criteria. Transitional rent services will be voluntary for Medi-Cal managed care plans to offer and for Medi-Cal members to use.

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P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

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Sacramento, California 95899-7413

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Best,

Tyler Sadwith | Deputy Director
Behavioral Health
California Department of Health Care Services
(916) 440-7800
DHCS

DHCS Stakeholder Email – National Alliance on Mental Illness (NAMI) California (Tuesday, August 1, 2023)

From: Sadwith, Tyler@DHCS <Tyler.Sadwith@dhcs.ca.gov>
Sent: Tuesday, August 1, 2023 6:04 PM
To:
Cc:
Subject: DHCS Public Comment on BH-CONNECT and CalAIM Transitional Rent Services

Hello ,

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In addition, DHCS will work with CMS to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, including expanding the continuum of community-based services and evidence-based practices (EBPs) available through Medi-Cal, strengthening family-based services and supports for children and youth, providing training and technical assistance to support fidelity implementation of EBPs, and more. Additional details are available on the DHCS BH-CONNECT website.

CALAIM Transitional Rent Amendment Background
To improve the well-being and health outcomes of Medi-Cal members during critical transitions or who meet high-risk criteria, DHCS is seeking an amendment to the CalAIM Section 1115 demonstration to provide up to six months of transitional rent services to eligible individuals who are homeless or at risk of homelessness and transitioning out of institutional levels of care, congregate residential settings, correctional facilities, the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters or interim housing, as well as those who meet the criteria for unsheltered homelessness or for a Full Service Partnership (FSP) program. Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other health-related social needs criteria. Transitional rent services will be voluntary for Medi-Cal managed care plans to offer and for Medi-Cal members to use.

Public Comment Materials
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- Proposed CalAIM Section 1115 Transitional Rent Services Amendment Application
- Public Notice
- Abbreviated Public Notice
- Tribal and Designees of Indian Health Programs Public Notice

Opportunities to Comment
Written Comments
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Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to BH-CONNECT@dhcs.ca.gov, and please indicate "BH-CONNECT Demonstration" in the subject line of the email message.

For written comments related to Transitional Rent Services amendment, please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the written message and send to the below address:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Susan Philip
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to 1115waiver@dhcs.ca.gov, and please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the email message.

To ensure consideration prior to submission of the BH-CONNECT demonstration application and CalAIM Section 1115 Transitional Rent Services Amendment to CMS, comments must be received no later than 11:59 PM (Pacific Time) on August 31, 2023. Please note that comments will continue to be accepted after August 31, but DHCS may not be able to consider those comments prior to the initial submission of the BH-CONNECT demonstration application and CalAIM Section 1115 Transitional Rent Services Amendment to CMS.

Public Hearings
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- 10 – 11:30 AM PT
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- Call-in information: 646-931-3860
  - Webinar ID: 939 8473 0250
  - Passcode: 081123
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(916) 440-7400
Email: 1115Waiver@dhcs.ca.gov

Please note that the range of assistive services available may be limited if requests are received less than ten working days prior to the meeting.

Best,

Tyler Sadwith | Deputy Director
Behavioral Health
California Department of Health Care Services
(916) 440-7800

DHCS

DHCS Stakeholder Email – Children Now (Tuesday, August 1, 2023)

From: Sadwith, Tyler@DHCS <Tyler.Sadwith@dhcs.ca.gov>
Sent: Tuesday, August 1, 2023 6:04 PM
To:
Subject: DHCS Public Comment on BH-CONNECT and CalAIM Transitional Rent Services

Hello .

On August 1, 2023, the Department of Health Care Services (DHCS) began a 30-day public comment period to solicit feedback on a new Section 1115 demonstration request, entitled the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration. DHCS also began a 30-day public comment period to solicit feedback on a proposed amendment to the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration related to transitional rent services. The public comment period for both is through August 31, 2023. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

BH-CONNECT Background
DHCS is seeking approval to implement key features of the BH-CONNECT demonstration, which aims to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with serious mental illness (SMI) and serious emotional disturbance (SED). BH-CONNECT will amplify the state's ongoing behavioral health initiatives, and is informed by the findings from DHCS' comprehensive 2022 assessment of California's behavioral health landscape, *Assessing the Continuum of Care for Behavioral Health Services in California*.

The BH-CONNECT demonstration builds upon unprecedented investments and policy transformations currently underway in California that are designed to expand access to community-based behavioral health care and improve outcomes for Medi-Cal members living with the most significant mental health and substance use needs. California has invested more than $10 billion and is implementing landmark policy reforms to strengthen the behavioral health care continuum through initiatives like the Children and Youth Behavioral Health Initiative, Behavioral Health Continuum Infrastructure Program, Behavioral Health Bridge Housing program, CalAIM Justice-Involved Initiative, Behavioral Health Payment Reform, mobile crisis and 988 expansion, and more. California's proposed goal for the BH-CONNECT demonstration is to complement and amplify these major behavioral health initiatives to **establish a robust continuum of community-based behavioral health care services and improve access, equity, and quality for Medi-Cal members living with SMI and SED, particularly populations experiencing disparities in behavioral health care and outcomes.**

The BH-CONNECT demonstration aims to expand Medi-Cal service coverage, drive performance improvement, and support fidelity implementation for key interventions proven to improve outcomes for Medi-Cal members experiencing the greatest inequities, including children and youth involved in child welfare, individuals with lived experience with the criminal justice system, and individuals at risk of or experiencing homelessness. The BH-CONNECT demonstration will standardize and scale evidence-based models so Medi-Cal members with the greatest needs receive upstream, field-based care delivered in the community; avoid unnecessary emergency department visits, hospitalizations, and stays in inpatient and residential facilities; reduce involvement with the justice system; and report improved status. To achieve these goals, the BH-CONNECT demonstration includes some components that will be implemented on a statewide basis and other components that will be implemented on a county opt-in basis.

DHCS is soliciting public input on the Section 1115 demonstration application. A full draft of the proposed BH-CONNECT demonstration application and initial notice of public interest are posted on the DHCS BH-CONNECT website.

DHCS is requesting Section 1115 demonstration expenditure and waiver authorities for specific features of the BH-CONNECT demonstration. In parallel with the expenditure and waiver authorities requested in the application, DHCS will work with the Centers for Medicare & Medicaid Services (CMS) to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, but may require a new State Plan Amendment or be implemented with state-level guidance. Features of BH-CONNECT that DHCS is requesting as part of the Section 1115 demonstration include:

- Workforce initiative to invest in a robust, diverse behavioral health workforce to support Medi-Cal members living with SMI/SED and/or a substance use disorder (SUD) *(implemented statewide)*.
- Activity stipends to ensure children and youth involved in child welfare have access to extracurricular activities that support health and well being *(implemented statewide)*.
- Cross-sector incentive program to support children and youth involved in child welfare who are also receiving specialty mental health services *(implemented statewide)*.
- Statewide incentive program to support behavioral health delivery systems in strengthening quality infrastructure, improving performance on quality measures, and reducing disparities in behavioral health access and outcomes *(implemented statewide)*.
- Incentive program for opt-in counties to support and reward counties in implementing community-based services and evidence-based practices for Medi-Cal members living with SMI/SED and/or a SUD *(available at county option)*.
- Transitional rent services for up to six months for eligible high-need members who are experiencing or at risk of homelessness *(available at county option)*.
- Federal financial participation for care provided during short-term stays in institutions for mental diseases *(available at county option)*.

In addition, DHCS will work with CMS to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, including expanding the continuum of community-based services and evidence-based practices (EBPs) available through Medi-Cal, strengthening family-based services and supports for children and youth, providing training and technical assistance to support fidelity implementation of EBPs, and more. Additional details are available on the DHCS BH-CONNECT website.

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To improve the well-being and health outcomes of Medi-Cal members during critical transitions or who meet high-risk criteria, DHCS is seeking an amendment to the CalAIM Section 1115 demonstration to provide up to six months of transitional rent services to eligible individuals who are homeless or at risk of homelessness and transitioning out of institutional levels of care, congregate residential settings, correctional facilities, the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters or interim housing, as well as those who meet the criteria for unsheltered homelessness or for a Full Service Partnership (FSP) program. Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other health-related social needs criteria. Transitional rent services will be voluntary for Medi-Cal managed care plans to offer and for Medi-Cal members to use.

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Opportunities to Comment
Written Comments
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Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to BH-CONNECT@dhcs.ca.gov, and please indicate "BH-CONNECT Demonstration" in the subject line of the email message.

For written comments related to Transitional Rent Services amendment, please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the written message and send to the below address:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Susan Philip
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

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Email: 1115Waiver@dhcs.ca.gov

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Best,

Tyler Sadwith | Deputy Director
Behavioral Health
California Department of Health Care Services
(916) 440-7800

DHCS

DHCS Stakeholder Email – California Pan-Ethnic Health Network (Tuesday, August 1, 2023)

From: Sadwith, Tyler@DHCS <Tyler.Sadwith@dhcs.ca.gov>
Sent: Tuesday, August 1, 2023 6:03 PM
To:
Cc:
Subject: DHCS Public Comment on BH-CONNECT and CalAIM Transitional Rent Services

Hello ,

On August 1, 2023, the Department of Health Care Services (DHCS) began a 30-day public comment period to solicit feedback on a new Section 1115 demonstration request, entitled the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration. DHCS also began a 30-day public comment period to solicit feedback on a proposed amendment to the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration related to transitional rent services. The public comment period for both is through August 31, 2023. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

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DHCS is soliciting public input on the Section 1115 demonstration application. A full draft of the proposed BH-CONNECT demonstration application and initial notice of public interest are posted on the DHCS BH-CONNECT website.

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Sacramento, California 95899-7413

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Best,

Tyler Sadwith | Deputy Director
Behavioral Health
California Department of Health Care Services
(916) 440-7800

DHCS

DHCS Stakeholder Email – National Health Law Program
(Tuesday, August 1, 2023)

From: Sadwith, Tyler@DHCS <Tyler.Sadwith@dhcs.ca.gov>
Sent: Tuesday, August 1, 2023 6:03 PM
To:
Cc:
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Hello ,

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In addition, DHCS will work with CMS to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, including expanding the continuum of community-based services and evidence-based practices (EBPs) available through Medi-Cal, strengthening family-based services and supports for children and youth, providing training and technical assistance to support fidelity implementation of EBPs, and more. Additional details are available on the DHCS BH-CONNECT website.

CALAIM Transitional Rent Amendment Background
To improve the well-being and health outcomes of Medi-Cal members during critical transitions or who meet high-risk criteria, DHCS is seeking an amendment to the CalAIM Section 1115 demonstration to provide up to six months of transitional rent services to eligible individuals who are homeless or at risk of homelessness and transitioning out of institutional levels of care, congregate residential settings, correctional facilities, the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters or interim housing, as well as those who meet the criteria for unsheltered homelessness or for a Full Service Partnership (FSP) program. Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other health-related social needs criteria. Transitional rent services will be voluntary for Medi-Cal managed care plans to offer and for Medi-Cal members to use.

Public Comment Materials
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- Proposed CalAIM Section 1115 Transitional Rent Services Amendment Application
- Public Notice
- Abbreviated Public Notice
- Tribal and Designees of Indian Health Programs Public Notice

Opportunities to Comment
Written Comments
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Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to BH-CONNECT@dhcs.ca.gov, and please indicate "BH-CONNECT Demonstration" in the subject line of the email message.

For written comments related to Transitional Rent Services amendment, please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the written message and send to the below address:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Susan Philip
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to 1115waiver@dhcs.ca.gov, and please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the email message.

To ensure consideration prior to submission of the BH-CONNECT demonstration application and CalAIM Section 1115 Transitional Rent Services Amendment to CMS, comments must be received no later than 11:59 PM (Pacific Time) on August 31, 2023. Please note that comments will continue to be accepted after August 31, but DHCS may not be able to consider those comments prior to the initial submission of the BH-CONNECT demonstration application and CalAIM Section 1115 Transitional Rent Services Amendment to CMS.

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- 10 – 11:30 AM PT
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  - Please register in advance if you plan to attend in person or if you plan to attend by Zoom to receive your unique login details and a link to add the hearing to your calendar.
- Call-in information: 646-931-3860
  - Webinar ID: 939 8473 0250
  - Passcode: 081123
  - Callers do not need an email address to use the phone option and do not need to register in advance.

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Director's Office
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(916) 440-7400
Email: 1115Waiver@dhcs.ca.gov

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Best,

Tyler Sadwith | Deputy Director
Behavioral Health
California Department of Health Care Services
(916) 440-7800

DHCS

DHCS Stakeholder Email – County Welfare Directors Association of California (Tuesday, August 1, 2023)

From: Sadwith, Tyler@DHCS <Tyler.Sadwith@dhcs.ca.gov>
Sent: Tuesday, August 1, 2023 6:02 PM
To:
Subject: DHCS Public Comment on BH-CONNECT and CalAIM Transitional Rent Services

Hello ,

On August 1, 2023, the Department of Health Care Services (DHCS) began a 30-day public comment period to solicit feedback on a new Section 1115 demonstration request, entitled the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration. DHCS also began a 30-day public comment period to solicit feedback on a proposed amendment to the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration related to transitional rent services. The public comment period for both is through August 31, 2023. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

BH-CONNECT Background
DHCS is seeking approval to implement key features of the BH-CONNECT demonstration, which aims to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with serious mental illness (SMI) and serious emotional disturbance (SED). BH-CONNECT will amplify the state's ongoing behavioral health initiatives, and is informed by the findings from DHCS' comprehensive 2022 assessment of California's behavioral health landscape, *Assessing the Continuum of Care for Behavioral Health Services in California*.

The BH-CONNECT demonstration builds upon unprecedented investments and policy transformations currently underway in California that are designed to expand access to community-based behavioral health care and improve outcomes for Medi-Cal members living with the most significant mental health and substance use needs. California has invested more than $10 billion and is implementing landmark policy reforms to strengthen the behavioral health care continuum through initiatives like the Children and Youth Behavioral Health Initiative, Behavioral Health Continuum Infrastructure Program, Behavioral Health Bridge Housing program, CalAIM Justice-Involved Initiative, Behavioral Health Payment Reform, mobile crisis and 988 expansion, and more. California's proposed goal for the BH-CONNECT demonstration is to complement and amplify these major behavioral health initiatives to **establish a robust continuum of community-based behavioral health care services and improve access, equity, and quality for Medi-Cal members living with SMI and SED, particularly populations experiencing disparities in behavioral health care and outcomes.**

The BH-CONNECT demonstration aims to expand Medi-Cal service coverage, drive performance improvement, and support fidelity implementation for key interventions proven to improve outcomes for Medi-Cal members experiencing the greatest inequities, including children and youth involved in child welfare, individuals with lived experience with the criminal justice system, and individuals at risk of or experiencing homelessness. The BH-CONNECT demonstration will standardize and scale evidence-based models so Medi-Cal members with the greatest needs receive upstream, field-based care delivered in the community; avoid unnecessary emergency department visits, hospitalizations, and stays in inpatient and residential facilities; reduce involvement with the justice system; and report improved status. To achieve these goals, the BH-CONNECT demonstration includes some components that will be implemented on a statewide basis and other components that will be implemented on a county opt-in basis.

DHCS is soliciting public input on the Section 1115 demonstration application. A full draft of the proposed BH-CONNECT demonstration application and initial notice of public interest are posted on the DHCS BH-CONNECT website.

DHCS is requesting Section 1115 demonstration expenditure and waiver authorities for specific features of the BH-CONNECT demonstration. In parallel with the expenditure and waiver authorities requested in the application, DHCS will work with the Centers for Medicare & Medicaid Services (CMS) to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, but may require a new State Plan Amendment or be implemented with state-level guidance. Features of BH-CONNECT that DHCS is requesting as part of the Section 1115 demonstration include:

- Workforce initiative to invest in a robust, diverse behavioral health workforce to support Medi-Cal members living with SMI/SED and/or a substance use disorder (SUD) *(implemented statewide)*.
- Activity stipends to ensure children and youth involved in child welfare have access to extracurricular activities that support health and well-being *(implemented statewide)*.
- Cross-sector incentive program to support children and youth involved in child welfare who are also receiving specialty mental health services *(implemented statewide)*.
- Statewide incentive program to support behavioral health delivery systems in strengthening quality infrastructure, improving performance on quality measures, and reducing disparities in behavioral health access and outcomes *(implemented statewide)*.
- Incentive program for opt-in counties to support and reward counties in implementing community-based services and evidence-based practices for Medi-Cal members living with SMI/SED and/or a SUD *(available at county option)*.
- Transitional rent services for up to six months for eligible high-need members who are experiencing or at risk of homelessness *(available at county option)*.
- Federal financial participation for care provided during short-term stays in institutions for mental diseases *(available at county option)*.

In addition, DHCS will work with CMS to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, including expanding the continuum of community-based services and evidence-based practices (EBPs) available through Medi-Cal, strengthening family-based services and supports for children and youth, providing training and technical assistance to support fidelity implementation of EBPs, and more. Additional details are available on the DHCS BH-CONNECT website.

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To improve the well-being and health outcomes of Medi-Cal members during critical transitions or who meet high-risk criteria, DHCS is seeking an amendment to the CalAIM Section 1115 demonstration to provide up to six months of transitional rent services to eligible individuals who are homeless or at risk of homelessness and transitioning out of institutional levels of care, congregate residential settings, correctional facilities, the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters or interim housing, as well as those who meet the criteria for unsheltered homelessness or for a Full Service Partnership (FSP) program. Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other health-related social needs criteria. Transitional rent services will be voluntary for Medi-Cal managed care plans to offer and for Medi-Cal members to use.

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Opportunities to Comment
Written Comments
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Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to BH-CONNECT@dhcs.ca.gov, and please indicate "BH-CONNECT Demonstration" in the subject line of the email message.

For written comments related to Transitional Rent Services amendment, please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the written message and send to the below address:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Susan Philip
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to 1115waiver@dhcs.ca.gov, and please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the email message.

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Best,

Tyler Sadwith | Deputy Director
Behavioral Health
California Department of Health Care Services
(916) 440-7800

DHCS

DHCS Stakeholder Email – California Alliance of Child and Family Services (Tuesday, August 1, 2023)

From: Sadwith, Tyler@DHCS <Tyler.Sadwith@dhcs.ca.gov>
Sent: Tuesday, August 1, 2023 6:02 PM
To:
Subject: DHCS Public Comment on BH-CONNECT and CalAIM Transitional Rent Services

Hello ,

On August 1, 2023, the Department of Health Care Services (DHCS) began a 30-day public comment period to solicit feedback on a new Section 1115 demonstration request, entitled the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration. DHCS also began a 30-day public comment period to solicit feedback on a proposed amendment to the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration related to transitional rent services. The public comment period for both is through August 31, 2023. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

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Department of Health Care Services
Director's Office
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Sacramento, California 95899-7413

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Best,

Tyler Sadwith | Deputy Director
Behavioral Health
California Department of Health Care Services
(916) 440-7800

DHCS

DHCS Stakeholder Email – California Council of Community Behavioral Health Agencies
(Tuesday, August 1, 2023)

From: Sadwith, Tyler@DHCS <Tyler.Sadwith@dhcs.ca.gov>
Sent: Tuesday, August 1, 2023 6:02 PM
To:
Cc:
Subject: DHCS Public Comment on BH-CONNECT and CalAIM Transitional Rent Services

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In addition, DHCS will work with CMS to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, including expanding the continuum of community-based services and evidence-based practices (EBPs) available through Medi-Cal, strengthening family-based services and supports for children and youth, providing training and technical assistance to support fidelity implementation of EBPs, and more. Additional details are available on the DHCS BH-CONNECT website.

CALAIM Transitional Rent Amendment Background
To improve the well-being and health outcomes of Medi-Cal members during critical transitions or who meet high-risk criteria, DHCS is seeking an amendment to the CalAIM Section 1115 demonstration to provide up to six months of transitional rent services to eligible individuals who are homeless or at risk of homelessness and transitioning out of institutional levels of care, congregate residential settings, correctional facilities, the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters or interim housing, as well as those who meet the criteria for unsheltered homelessness or for a Full Service Partnership (FSP) program. Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other health-related social needs criteria. Transitional rent services will be voluntary for Medi-Cal managed care plans to offer and for Medi-Cal members to use.

Public Comment Materials
The following public comment materials are posted on the DHCS BH-CONNECT webpage and DHCS CalAIM 1115 Demonstration & 1915(b) Waiver webpage. DHCS will update these pages throughout the public comment period and application process:

- Proposed BH-CONNECT Section 1115 Application
- Proposed CalAIM Section 1115 Transitional Rent Services Amendment Application
- Public Notice
- Abbreviated Public Notice
- Tribal and Designees of Indian Health Programs Public Notice

Opportunities to Comment
Written Comments
Comments will be accepted via U.S. mail or electronic mail.

For written comments related to BH-CONNECT, please indicate "BH-CONNECT Demonstration" in the subject line of the written message and send to the below address:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to BH-CONNECT@dhcs.ca.gov, and please indicate "BH-CONNECT Demonstration" in the subject line of the email message.

For written comments related to Transitional Rent Services amendment, please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the written message and send to the below address:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Susan Philip
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to 1115waiver@dhcs.ca.gov, and please indicate "CalAIM Section 1115 Transitional Rent Services Amendment" in the subject line of the email message.

To ensure consideration prior to submission of the BH-CONNECT demonstration application and CalAIM Section 1115 Transitional Rent Services Amendment to CMS, comments must be received no later than 11:59 PM (Pacific Time) on August 31, 2023. Please note that comments will continue to be accepted after August 31, but DHCS may not be able to consider those comments prior to the initial submission of the BH-CONNECT demonstration application and CalAIM Section 1115 Transitional Rent Services Amendment to CMS.

Public Hearings
DHCS will host the following public hearings to solicit stakeholder comments. The public hearings will take place in person and have online video streaming and telephonic conference capabilities to ensure accessibility.

Friday, August 11 – First Public Hearing
- 10 – 11:30 AM PT
- Department of General Services
  - 1500 Capitol Ave. (Building 172), EEC Training Rooms, Sacramento, CA 95814
- Register for Zoom conference link: https://manatt.zoom.us/webinar/register/WN_6XzvB4XsSD2MRHnKMYdMGw#/registration
  - Please register in advance if you plan to attend in person or if you plan to attend by Zoom to receive your unique login details and a link to add the hearing to your calendar.
- Call-in information: 646-931-3860
  - Webinar ID: 939 8473 0250
  - Passcode: 081123
  - Callers do not need an email address to use the phone option and do not need to register in advance.

Thursday, August 24 – Second Public Hearing
- 9:30 – 11:30 AM PT
- Department of Health Care Services
  - 1700 K Street, Room 1014, Sacramento, CA 95814
- Register for Zoom conference link: https://zoom.us/webinar/register/WN_eqqbAdsGRVuCilmQGc-Y-g
  - Please register in advance if you plan to attend in person or if you plan to attend by Zoom to receive your unique login details and a link to add the hearing to your calendar.
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Department of Health Care Services
Director's Office
P. O. Box 997413, MS 0000, Sacramento, CA 95899-7413
(916) 440-7400
Email: 1115Waiver@dhcs.ca.gov

Please note that the range of assistive services available may be limited if requests are received less than ten working days prior to the meeting.

Best,

Tyler Sadwith | Deputy Director
Behavioral Health
California Department of Health Care Services
(916) 440-7800

DHCS

DHCS Stakeholder Email – County Behavioral Health Directors Association of California
(Tuesday, August 1, 2023)

From: Sadwith, Tyler@DHCS <Tyler.Sadwith@dhcs.ca.gov>
Sent: Tuesday, August 1, 2023 6:02 PM
To:
Cc:
Subject: DHCS Public Comment on BH-CONNECT and CalAIM Transitional Rent Services

Hello ,

On August 1, 2023, the Department of Health Care Services (DHCS) began a 30-day public comment period to solicit feedback on a new Section 1115 demonstration request, entitled the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration. DHCS also began a 30-day public comment period to solicit feedback on a proposed amendment to the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration related to transitional rent services. The public comment period for both is through August 31, 2023. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

BH-CONNECT Background
DHCS is seeking approval to implement key features of the BH-CONNECT demonstration, which aims to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with serious mental illness (SMI) and serious emotional disturbance (SED). BH-CONNECT will amplify the state's ongoing behavioral health initiatives, and is informed by the findings from DHCS' comprehensive 2022 assessment of California's behavioral health landscape, *Assessing the Continuum of Care for Behavioral Health Services in California*.

The BH-CONNECT demonstration builds upon unprecedented investments and policy transformations currently underway in California that are designed to expand access to community-based behavioral health care and improve outcomes for Medi-Cal members living with the most significant mental health and substance use needs. California has invested more than $10 billion and is implementing landmark policy reforms to strengthen the behavioral health care continuum through initiatives like the Children and Youth Behavioral Health Initiative, Behavioral Health Continuum Infrastructure Program, Behavioral Health Bridge Housing program, CalAIM Justice-Involved Initiative, Behavioral Health Payment Reform, mobile crisis and 988 expansion, and more. California's proposed goal for the BH-CONNECT demonstration is to complement and amplify these major behavioral health initiatives to **establish a robust continuum of community-based behavioral health care services and improve access, equity, and quality for Medi-Cal members living with SMI and SED, particularly populations experiencing disparities in behavioral health care and outcomes.**

The BH-CONNECT demonstration aims to expand Medi-Cal service coverage, drive performance improvement, and support fidelity implementation for key interventions proven to improve outcomes for Medi-Cal members experiencing the greatest inequities, including children and youth involved in child welfare, individuals with lived experience with the criminal justice system, and individuals at risk of or experiencing homelessness. The BH-CONNECT demonstration will standardize and scale evidence-based models so Medi-Cal members with the greatest needs receive upstream, field-based care delivered in the community; avoid unnecessary emergency department visits, hospitalizations, and stays in inpatient and residential facilities; reduce involvement with the justice system; and report improved status. To achieve these goals, the BH-CONNECT demonstration includes some components that will be implemented on a statewide basis and other components that will be implemented on a county opt-in basis.

DHCS is soliciting public input on the Section 1115 demonstration application. A full draft of the proposed BH-CONNECT demonstration application and initial notice of public interest are posted on the DHCS BH-CONNECT website.

DHCS is requesting Section 1115 demonstration expenditure and waiver authorities for specific features of the BH-CONNECT demonstration. In parallel with the expenditure and waiver authorities requested in the application, DHCS will work with the Centers for Medicare & Medicaid Services (CMS) to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, but may require a new State Plan Amendment or be implemented with state-level guidance. Features of BH-CONNECT that DHCS is requesting as part of the Section 1115 demonstration include:

- Workforce initiative to invest in a robust, diverse behavioral health workforce to support Medi-Cal members living with SMI/SED and/or a substance use disorder (SUD) *(implemented statewide)*.
- Activity stipends to ensure children and youth involved in child welfare have access to extracurricular activities that support health and well being *(implemented statewide)*.
- Cross-sector incentive program to support children and youth involved in child welfare who are also receiving specialty mental health services *(implemented statewide)*.
- Statewide incentive program to support behavioral health delivery systems in strengthening quality infrastructure, improving performance on quality measures, and reducing disparities in behavioral health access and outcomes *(implemented statewide)*.
- Incentive program for opt-in counties to support and reward counties in implementing community-based services and evidence-based practices for Medi-Cal members living with SMI/SED and/or a SUD *(available at county option)*.
- Transitional rent services for up to six months for eligible high-need members who are experiencing or at risk of homelessness *(available at county option)*.
- Federal financial participation for care provided during short-term stays in institutions for mental diseases *(available at county option)*.

In addition, DHCS will work with CMS to implement other features of the BH-CONNECT demonstration that do not require Section 1115 demonstration authority, including expanding the continuum of community-based services and evidence-based practices (EBPs) available through Medi-Cal, strengthening family-based services and supports for children and youth, providing training and technical assistance to support fidelity implementation of EBPs, and more. Additional details are available on the DHCS BH-CONNECT website.

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Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

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Director's Office
Attn: Jacey Cooper and Susan Philip
P.O. Box 997413, MS 0000
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  - Webinar ID: 939 8473 0250
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(916) 440-7400
Email: 1115Waiver@dhcs.ca.gov

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Best,

Tyler Sadwith | Deputy Director
Behavioral Health
California Department of Health Care Services
(916) 440-7800

DHCS

Tribal & Indian Health Program Email – DHCS Indian Health Executive Directors Listserv
(Tuesday, August 1, 2023)

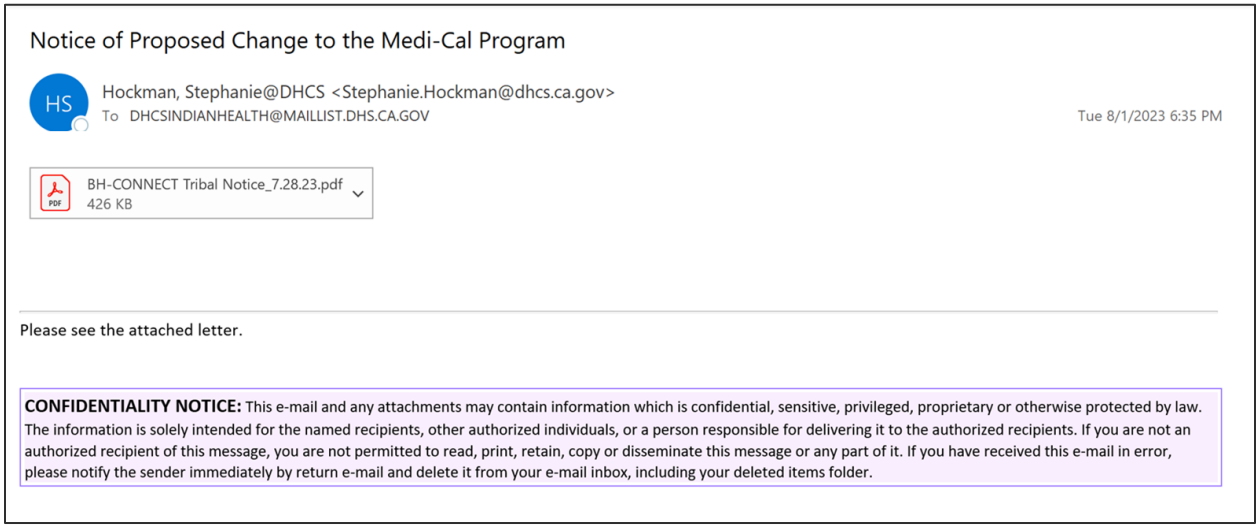
Notice of Proposed Change to the Medi-Cal Program

HS Hockman, Stephanie@DHCS <Stephanie.Hockman@dhcs.ca.gov>
To DHCSINDIANHEALTHEXECDIRECTORS@MAILLIST.DHS.CA.GOV
Tue 8/1/2023 6:35 PM

BH-CONNECT Tribal Notice_7.28.23.pdf
426 KB

Please see the attached letter.

Tribal & Indian Health Program Email – DHCS Indian Health Listserv (Tuesday, August 1, 2023)



Notice of Proposed Change to the Medi-Cal Program

HS Hockman, Stephanie@DHCS <Stephanie.Hockman@dhcs.ca.gov>
To DHCSINDIANHEALTH@MAILLIST.DHS.CA.GOV
Tue 8/1/2023 6:35 PM

BH-CONNECT Tribal Notice_7.28.23.pdf
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Please see the attached letter.

CONFIDENTIALITY NOTICE: This e-mail and any attachments may contain information which is confidential, sensitive, privileged, proprietary or otherwise protected by law. The information is solely intended for the named recipients, other authorized individuals, or a person responsible for delivering it to the authorized recipients. If you are not an authorized recipient of this message, you are not permitted to read, print, retain, copy or disseminate this message or any part of it. If you have received this e-mail in error, please notify the sender immediately by return e-mail and delete it from your e-mail inbox, including your deleted items folder.

Stakeholder Reminder Emails

DHCS Stakeholder Update Email Listserv
(Friday, August 4, 2023)

From: DHCS Communications <DHCSCommunications@DHCS.CA.GOV>
Sent: Friday, August 4, 2023 7:32 PM
To: DHCSSTAKEHOLDERS@MAILLIST.DHS.CA.GOV
Subject: DHCS Stakeholder News

DHCS Stakeholder Update

The Department of Health Care Services (DHCS) is providing this update of significant developments regarding DHCS programs.

Top News

Medi-Cal Renewal Data Webinar

On August 7, from 3 to 4 p.m., DHCS will virtually host a webinar on the new DHCS continuous coverage unwinding data dashboard (advance registration required) to discuss data for June 2023 Medi-Cal renewals, the first month of California's redeterminations since the end of the federal continuous coverage requirement on March 31. These data will include initial disenrollments from Medi-Cal eligibility renewals that occurred on July 1. Annual redeterminations will continue monthly, with the last eligibility renewal under the continuous coverage requirement occurring in May 2024, followed by a return to the normal annual renewal process.

BH-CONNECT and CalAIM Transitional Rent Services Public Hearing

On August 11, from 10 to 11:30 a.m., DHCS will host the first public hearing (advance registration required) to solicit stakeholder comments on the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration and proposed amendment to the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration related to transitional rent services. The public hearing will take place in person and have online video streaming and telephonic conference capabilities to ensure accessibility. Please view the "In Case You Missed It" section below for additional details on BH-CONNECT and CalAIM transitional rent services. Please email your questions to 1115Waiver@dhcs.ca.gov.

ECM and Community Supports Webinars

DHCS will host two virtual webinars (advance registration required) for all stakeholders to provide an overview of the progress of Enhanced Care Management (ECM) and Community Supports implementation and to discuss important policy refinements and areas of reinforcement. The webinars will cover a range of topics, including eligibility, referrals and authorizations, provider networks, payment, market awareness, and data exchange. Key insights from the ECM and Community Supports calendar year 2022 implementation report will also be unveiled:

- ECM After Year One: Implementation Progress and Policy Refinements, August 14, from 2 to 3 p.m.
- Community Supports After Year One: Implementation Progress and Policy Refinements, August 18, from 9:30 to 10:30 a.m.

For more information, visit the ECM and Community Supports webpage. For questions, please email CalAIMECMILOS@dhcs.ca.gov.

Dental Managed Care (DMC) Request for Proposal (RFP)

On August 3, DHCS released the Medi-Cal DMC RFP for Sacramento and Los Angeles counties, with responses due no later than 4 p.m. on October 6, 2023. This contract will provide positive changes to the Medi-Cal DMC program. Recognizing the historical shortcomings of DMC plan performance, DHCS worked diligently to ensure there is a revised and comprehensive reform of California's DMC contracts. DHCS is committed to improving Medi-Cal members' oral health care delivery and experience—ensuring members have access to person-centered, equity-focused, and data-driven dental care. As a result, Medi-Cal's DMC contracts will include:

- The **Quality Improvement and Oral Health Equity Transformation Program** to assess and evaluate DMC plan performance and practices and develop recommendations and implement best practices under a continuous quality improvement methodology. There is engagement at multiple levels of the plan, including Medi-Cal members, plan governing board members, local oral health programs, and others. The program will also engage oral health community advisory committees to develop and implement best practices for the DMC plans' activities.

- **Accountability and commitment to compliance**, including monitoring and overseeing delegated entities. The goal is to ensure that members receive high-quality care and have equitable access to services through robust compliance, monitoring, and oversight of all delegated entities. DMC plans will be held accountable for quality of care at all levels of delegation. This will include justifying the use of delegated entities and subcontractors to ensure that the member's experience and outcomes are front and center.

- **Increased focus on integrating medical and dental care**. Providers are empowered to educate members about preventive services for oral health, using data-driven metrics to monitor the efficacy of the DMC plan's and medical plan's efforts. Members will benefit from medical-dental care coordination of focused member outreach from a plan to a member when the plan receives data that an emergency room visit related to oral health has occurred. Members will also receive more information to help them choose the best plan for their families and/or individual needs. Plans will be required to regularly report publicly on access, quality improvement, and oral health equity activities, including performance and consumer satisfaction.

DHCS currently contracts with three DMC plans in Los Angeles County under a Prepaid Health Plan (PHP) program and in Sacramento County under a Geographic Managed Care (GMC) program. The RFP is for DMC plans to continue operating GMC in Sacramento County and PHP in Los Angeles County. The anticipated contract execution date for the RFP is January 2024, followed immediately by the start of the contract readiness period. DHCS will set a capitated rate for the contract operations period of 54 months that is anticipated to begin on August 1, 2024.

Program Updates

Children and Youth Behavioral Health Initiative (CYBHI) Grant Funding Available

On August 7, DHCS will release a Request for Application (RFA) seeking proposals from various individuals, organizations, and agencies for the third round of grant funding, totaling $60 million, to scale evidence-based practices and community-defined evidence practices (EBP/CDEP) for early childhood wraparound services. The application deadline is October 6 at 5 p.m. Details are posted on the DHCS EBP/CDEP website.

Also, on July 31, the Mental Health Services Oversight and Accountability Commission (MHSOAC), in partnership with DHCS, released a separate RFA seeking proposals for the fourth round of grant funding, totaling $50 million, to scale youth-driven EBPs and CDEPs. MHSOAC will host a Bidders Conference webinar on August 9, from 11 a.m. to 12:30 p.m. to walk through the RFA and provide applicants the opportunity to ask questions about the procurement process and to obtain clarification on any component of the RFA. For this RFA, applications must be submitted electronically to the MHSOAC via e-mail to procurements@mhsoac.ca.gov by September 15 at 3 p.m. Please email any questions to procurements@mhsoac.ca.gov.

For all other questions about CYBHI EBP/CDEP grants, please contact DHCS at CYBHI@dhcs.ca.gov. For additional information, please see DHCS' CYBHI webpage, which includes the CYBHI EBP/CDEP Grant Strategy that highlights DHCS' overall strategy to scale EBPs/CDEPs across multiple funding rounds.

Post Public Health Emergency (PHE) Policy Clarification on Medication Abortion

On August 1, DHCS updated its policies on medication abortions. Under this new policy, providers may be reimbursed for medication abortions through 77 gestational days for services provided on or after July 1. In addition, DHCS made permanent COVID-19 flexibilities, including those that allowed the use of telehealth modalities for services without payment reduction when providing medication abortions. For more information about Medi-Cal's abortion policies, please see the Medi-Cal Provider Manual for Abortion and the Post-PHE Policy Clarification for Medication Abortion news article.

Population Health Management Initiative: Building the Foundation Implementation Guide Series Now Available

DHCS is pleased to share progress updates on the Population Health Management Initiative (PHMI), a California partnership between DHCS, Kaiser Permanente, and community health centers. The goal is that each participating community health center will focus on a common set of priority measures and specific populations, including children, pregnant people, people with behavioral health conditions, and adults living with chronic conditions and preventive care needs. The common set of priority measures directly align with the Federally Qualified Health Center (FQHC) Alternative Payment Methodology, which is a new payment system that seeks to transform the care provided through community health centers.

As of July 31, PHMI has launched the executive summaries of the *Building the Foundation* Implementation Guide series, which previews four implementation guides for primary care practices in California. These guides serve as an organized quality improvement strategy, with the goal of supporting substantive cultural, technological, and process changes that improve population-based care. The first version of these guides will be made available this fall.

For more information about PHMI, visit www.phminitiative.com. To receive quarterly newsletter updates about PHMI, sign up here.

Medi-Cal Rx

On August 4, the next wave of reinstatement will occur. Phase IV, Lift 1 will be the first lift impacting claims utilization management for members 22 years of age and older. The claim edits will be reinstated for Product/Service Not Covered for Patient Age, Product/Service Not Covered for Patient Gender, and Brand Drug/Specific Labeler Code Required. Pharmacy providers will also receive supplemental messaging with the reject codes.

Join Our Team

DHCS is hiring for our fiscal, human resources, legal, auditing, health policy, and information technology teams. For more information, please visit the CalCareers website.

DHCS is dedicated to preserving and improving the overall health and well-being of all Californians. DHCS' mission is to provide the most vulnerable residents with equitable access to affordable, integrated, high-quality health care, and is currently transforming the Medi-Cal program to make sure it provides the care Californians need to live healthier, happier lives.

Upcoming Stakeholder Meetings and Webinars

Health Enrollment Navigators Project Stakeholder Meeting

On August 7, from 1 to 2:30 pm, the DHCS Medi-Cal Health Enrollment Navigators Project will host their next quarterly stakeholder meeting. The Navigators Project team will provide updates on project activities. For more information, visit the Navigators Project website.

CYBHI Webinar

On August 7, from 2 to 3:30 p.m., DHCS will virtually host a CYBHI webinar (advance registration required) to keep stakeholders apprised of DHCS' progress in implementing various CYBHI work streams and to share CYBHI updates, including a walkthrough of the EBP/CDEP Round 3 RFA. Key attendees include youth, parents, family members, behavioral health providers, Medi-Cal managed care plans, county behavioral health departments, commercial health plans, education, and other cross-sector partners.

Hearing Aid Coverage for Children Program (HACCP) Webinar for Medical Providers and Hearing Professionals

On September 14, from 12 to 1 p.m., DHCS will host a HACCP webinar (advance registration required) to share information with providers to help pediatric patients and their families maximize HACCP benefits. The training session will address program requirements for families to apply for coverage and the claims submission process for audiologists, otolaryngologists, physicians, and their office staff.

In Case You Missed It

BH-CONNECT and CalAIM Transitional Rent Services

On August 1, 2023, DHCS began a 30-day public comment period to solicit feedback on a new Section 1115 demonstration request, entitled the BH-CONNECT demonstration. DHCS also began a 30-day public comment period to solicit feedback on a proposed amendment to the CalAIM Section 1115 demonstration related to transitional rent services. The public comment period for both is through August 31, 2023.

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The BH-CONNECT demonstration builds upon unprecedented investments and policy transformations currently underway in California that are designed to expand access to community-based behavioral health care and improve outcomes for Medi-Cal members living with the most significant mental health and substance use needs. California has invested more than $10 billion and is implementing landmark policy reforms to strengthen the behavioral health care continuum. California's proposed goal for the BH-CONNECT demonstration is to complement and amplify these major behavioral health initiatives to establish a robust continuum of community-based behavioral health care services and improve access, equity, and quality for Medi-Cal members living with SMI and SED, particularly populations experiencing disparities in behavioral health care and outcomes. The BH-CONNECT demonstration aims to expand Medi-Cal service coverage, drive performance improvement, and support fidelity implementation for key interventions proven to improve outcomes for Medi-Cal members experiencing the greatest inequities, including children and youth involved in child welfare, individuals with lived experience with the criminal justice system, and individuals at risk of or experiencing homelessness.

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To improve the well-being and health outcomes of Medi-Cal members during critical transitions or who meet high-risk criteria, DHCS is seeking an amendment to the CalAIM Section 1115 demonstration to provide up to six months of transitional rent services to eligible individuals who are homeless or at risk of homelessness and transitioning out of institutional levels of care, congregate residential settings, correctional facilities, the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters or interim housing, as well as those who meet the criteria for unsheltered homelessness or for a Full Service Partnership (FSP) program. Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other health-related social needs criteria. Transitional rent services will be voluntary for Medi-Cal managed care plans to offer and for Medi-Cal members to use.

Please visit the DHCS BH-CONNECT webpage and DHCS CalAIM 1115 Demonstration & 1915(b) Waiver webpage for background information, links to public comment materials, and information about how to provide feedback during the public comment period.

Smile, California Campaign for Medi-Cal Dental Services

On July 25, DHCS issued a news release in English and Spanish to promote the Sealants for a Healthy Smile (SHS) statewide push to encourage parents and guardians to protect their children's dental health by utilizing their Medi-Cal Dental benefits and scheduling dental checkups for sealant applications. Subsequent stops of the mobile van tour will continue on August 11 in Trinity County, August 17-18 in Mono County, and August 29 in Colusa County. To reach and inform parents in the Central Valley, *Smile, California* partnered with Radio Bilingüe, a leading Latino public radio network, to run promotional programming through September.

To disseminate resources and information (fact sheet, infographic, and coloring sheet) to Medi-Cal members statewide, *Smile, California* outreach representatives are identifying and participating in in-person opportunities within their assigned regions during the promotion period. Representatives will assist with provider referrals, distribute relevant *Smile, California* resources, and promote Medi-Cal Dental covered services at community events, such as health fairs, parent nights, and back-to-school/open house events.

Thank you,

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

www.dhcs.ca.gov

DHCS Stakeholder Update Email Listserv
(Friday, August 11, 2023)

From: DHCS Communications <DHCSCommunications@DHCS.CA.GOV>
Sent: Friday, August 11, 2023 9:49 PM
To: DHCSSTAKEHOLDERS@MAILLIST.DHS.CA.GOV
Subject: DHCS Stakeholder News

DHCS Stakeholder Update

The Department of Health Care Services (DHCS) is providing this update of significant developments regarding DHCS programs.

Top News

BH-CONNECT and CalAIM Transitional Rent Services Public Hearing

On August 24, DHCS will host the second public hearing (advance registration required) for the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Medicaid section 1115 demonstration and transitional rent services amendment to the California Advancing and Innovating Medi-Cal (CalAIM) section 1115 demonstration. The hearing is open to the public and will take place at 1700 K Street, Room 1014, Sacramento, and via Zoom. The public will be able to comment at the end of the hearing.

After meeting all applicable federal public comment requirements for the public hearing, DHCS will begin the CalAIM Behavioral Health Workgroup. The workgroup agenda will include updates on the Recovery Incentives Program: California's Contingency Management Benefit. Workgroup members will be able to provide feedback on implementation and operational considerations. Please email BHCalAIM@dhcs.ca.gov with any questions.

Program Updates

Managed Care Plan (MCP) Transition Policy Guide

On August 7, DHCS released version three of the 2024 MCP Transition Policy Guide that includes DHCS policy and MCP requirements related to member transitions of Medi-Cal MCPs that take effect on January 1, 2024. The latest version includes the continuity of care data sharing policy and other updates. The policy guide will be available online and will be updated regularly to keep MCPs informed of new and developing guidance.

Medi-Cal Rx

On August 4, Phase IV, Lift 1, the reinstatement of claim edits for age, gender, and labeler code restrictions for members 22 years of age and older, was successfully implemented. Phase IV, Lift 2 will occur on September 22 when prior authorization requirements will be reinstated for new start enteral nutrition products for members 22 years of age and older. Also, for adult members 22 years of age and older, maximum claim cost limits (cost ceiling edits) will be reinstated by drug type. More details about the cost ceiling limits will soon be added to the Medi-Cal Rx Reinstatement page.

Join Our Team

DHCS is hiring for our fiscal, human resources, legal, auditing, health policy, and information technology teams. For more information, please visit the CalCareers website.

DHCS is dedicated to preserving and improving the overall health and well-being of all Californians. DHCS' mission is to provide the most vulnerable residents with equitable access to affordable, integrated, high-quality health care, and is currently transforming the Medi-Cal program to make sure it provides the care Californians need to live healthier, happier lives.

Upcoming Stakeholder Meetings and Webinars

CalAIM Intermediate Care Facility for the Developmentally Disabled (ICF/DD) Carve-In Webinar

On August 21, DHCS will virtually host the second in a series of educational webinars (advance registration required) on the CalAIM intermediate care facility for developmentally disabled (ICF/DD) carve-in to managed care. The goal of these webinars is to provide stakeholders with an understanding of the ICF/DD carve-in policy requirements and how to best prepare to support members when all Medi-Cal managed care plans will be required to cover and coordinate institutional long-term care for members residing in an ICF/DD starting on January 1, 2024. The webinar will focus on educating ICF/DD providers and Regional Centers, Medi-Cal managed care plan responsibilities, and overall readiness for when the ICF/DD carve-in goes into effect.

The webinar series will feature several topics, including an ICF/DD carve-in 101, promising practices for contracting, billing, and payment rules, and best practices for care transitions and care management. ICF/DD providers and Medi-Cal managed care representatives are encouraged to attend. All webinars are open to the public.

Additional details about upcoming webinars are available on the CalAIM ICF/DD LTC Carve-In transition webpage. Email questions or comments to LTCtransition@dhcs.ca.gov.

Integrating Trauma-Informed Practices into Reproductive Health Services Webinar

On August 30, from 12 to 1:30 p.m., DHCS and the California Prevention Training Center will host an Integrating Trauma-Informed Practices into Reproductive Health Services webinar (advanced registration is required). Trauma-informed care acknowledges the need to understand a client's life experiences to deliver effective care and has the potential to improve patient engagement, treatment adherence, and health outcomes. For those unable to attend the live webinar, a transcript and recording of the webinar, along with additional resources, will be available on the Family PACT website.

Hearing Aid Coverage for Children Program (HACCP) Webinar for Families and Community Partners

On September 12, from 11 a.m. to 12 p.m., DHCS will host a HACCP webinar (advance registration required) to share guidance with families and communities about applying for hearing aid coverage and helping children to maximizing their HACCP benefits once enrolled. DHCS welcomes newly interested families, those who are already participating in HACCP, and community partners supporting families and children to join this webinar for program updates, tips, and a Q&A session. For more information, please visit www.dhcs.ca.gov/haccp.

HACCP Webinar for Medical Providers and Hearing Professionals

On September 14, from 12 to 1 p.m., DHCS will host a HACCP webinar (advance registration required) to share information with providers to help pediatric patients and their families maximize HACCP benefits. The training session will address program requirements for families to apply for coverage and the claims submission process for audiologists, otolaryngologists, physicians, and their office staff. For more information, please visit www.dhcs.ca.gov/haccp.

In Case You Missed It

Medi-Cal Continuous Coverage Unwinding Dashboard

On August 7, DHCS published a new interactive Medi-Cal dashboard detailing statewide and county-level demographic data on Medi-Cal application processing, enrollments, redeterminations, and renewal outcomes. DHCS will update, and continue to adjust, the dashboard monthly throughout the remainder of the year-long redetermination process.

Thank you,

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

www.dhcs.ca.gov

DHCS Stakeholder Update Email Listserv
(Friday, August 18, 2023)

From: DHCS Communications <DHCSCommunications@DHCS.CA.GOV>
Sent: Friday, August 18, 2023 7:41 PM
To: DHCSSTAKEHOLDERS@MAILLIST.DHS.CA.GOV
Subject: DHCS Stakeholder News

DHCS Stakeholder Update

The Department of Health Care Services (DHCS) is providing this update of significant developments regarding DHCS programs.

Top News

BH-CONNECT and CalAIM Transitional Rent Services

On August 1, 2023, DHCS began 30-day public comment and tribal public comment periods to solicit feedback on a new Section 1115 demonstration request, entitled the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration. DHCS also began 30-day public comment and tribal public comment periods to solicit feedback on a proposed amendment to the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration related to transitional rent services. The public comment periods for both are through August 31.

BH-CONNECT Background

The BH-CONNECT demonstration builds upon unprecedented investments and policy transformations currently underway in California that are designed to expand access to community-based behavioral health care and improve outcomes for Medi-Cal members living with the most significant mental health and substance use needs. California has invested more than $10 billion and is implementing landmark policy reforms to strengthen the behavioral health care continuum. California's proposed goal for the BH-CONNECT demonstration is to complement and amplify these major behavioral health initiatives to establish a robust continuum of community-based behavioral health care services and improve access, equity, and quality for Medi-Cal members living with serious mental illness (SMI) and serious emotional disturbance (SED), particularly populations experiencing disparities in behavioral health care and outcomes. The BH-CONNECT demonstration aims to expand Medi-Cal service coverage, drive performance improvement, and support fidelity implementation for key interventions proven to improve outcomes for Medi-Cal members experiencing the greatest inequities, including children and youth involved in child welfare, individuals with lived experience with the criminal justice system, and individuals at risk of or experiencing homelessness.

CALAIM Transitional Rent Amendment Background

To improve the well-being and health outcomes of Medi-Cal members during critical transitions or who meet high-risk criteria, DHCS is seeking an amendment to the CalAIM Section 1115 demonstration to provide up to six months of transitional rent services to eligible individuals who are homeless or at risk of homelessness and transitioning out of institutional levels of care, congregate residential settings, correctional facilities, the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters or interim housing, as well as those who meet the criteria for unsheltered homelessness or for a Full Service Partnership program. Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other health-related social needs criteria. Transitional rent services will be voluntary for Medi-Cal managed care plans to offer and for Medi-Cal members to use.

Please visit the DHCS BH-CONNECT webpage and DHCS CalAIM 1115 Demonstration & 1915(b) Waiver webpage for background information, links to public comment materials, and information about how to provide feedback during the public comment period.

Additionally, on August 24, DHCS will host the second public hearing (advance registration required) for the BH-CONNECT demonstration and transitional rent services amendment to the CalAIM Section 1115 demonstration. The hearing is open to the public and will take place at 1700 K Street, Room 1014, Sacramento, and via Zoom. DHCS will consider all public comments prior to the planned submission of both the BH-CONNECT demonstration and CalAIM transitional rent services amendment to CMS in late 2023. Please email BHCalAIM@dhcs.ca.gov with any questions.

Finally, on August 30, from 2 to 3 p.m. DHCS will discuss both the BH-CONNECT demonstration and

transitional rent services amendment to the CalAIM Section 1115 demonstration during the next Tribes and Designees of Indian Health Programs quarterly webinar (advance registration required). Please note that Indian health programs and urban Indian organizations may request a consultation, as needed, on these proposals.

Program Updates

Medi-Cal Rx

Effective August 4, Medi-Cal Rx reinstated Code 1 Labeler Restriction on 21 drugs, including Suboxone (buprenorphine/naloxone). Labeler code restriction requires the brand name version of the drug to be used instead of generic alternatives. On August 16, DHCS learned of localized supply chain issues in regional areas due to higher demand than was anticipated in the regional distribution centers, with some pharmacies unable to stock the brand name Suboxone. Although this is anticipated to be a temporary supply chain issue, DHCS immediately lifted the restriction. DHCS will reinstate the labeler code restriction on September 6 after the distribution channel fully primes with stock and pharmacies increase their stock to meet demand.

Join Our Team

DHCS is hiring for our fiscal, human resources, legal, auditing, health policy, and information technology teams. For more information, please visit the CalCareers website.

DHCS released a new five-year strategic plan to guide our work in the coming years. We encourage you to familiarize yourself with our approach to ensure Californians live healthier, happier lives. The strategic plan embraces our new, bold branding represented by the California poppy. Our new **PURPOSE** statement—provide equitable access to quality health care leading to a healthy California for all—replaces our previous mission and vision statements, outlining our vital role in making California a better place for all. Next are our new **CORE VALUES**: Belonging, Equity, Innovation, Stewardship, and Sustainability. Finally, our strategic plan presents six **GOALS**. These goals, and the related **OBJECTIVES**, express the tremendous work DHCS is leading to transform our health care system and reflect the organizational culture we are building together.

Upcoming Stakeholder Meetings and Webinars

Tribes and Indian Health Program Representatives Meeting

On August 21, from 9:30 a.m. to 4 p.m., DHCS will host the quarterly Tribes and Indian Health Program Representatives meeting (advance registration is required) at The Center for Healthy Communities located at 1414 K Street in Sacramento, and via Webex. The meeting will provide a forum for tribes and Indian health program representatives to provide feedback on DHCS initiatives that specifically impact tribes, Indian health programs, and American Indian Medi-Cal members. Meeting materials are posted on the Indian Health Program webpage.

DHCS Coverage Ambassadors: Keep Your Community Covered Webinar Series

On August 24, from 11 to 11:45 a.m., DHCS will host a webinar (advance registration required) for Coverage Ambassadors to collaborate on the continued development of the Medi-Cal redetermination public awareness, education, and outreach campaign. For more information, visit the Coverage Ambassadors webpage. Join the Coverage Ambassadors mailing list to receive the latest information and updated toolkits as they become available.

Integrating Trauma-Informed Practices into Reproductive Health Services Webinar

On August 30, from 12 to 1:30 p.m., DHCS and the California Prevention Training Center will host an Integrating Trauma-Informed Practices into Reproductive Health Services webinar (advanced registration is required). Trauma-informed care acknowledges the need to understand a client's life experiences to deliver effective care and has the potential to improve patient engagement, treatment adherence, and health outcomes. For those unable to attend the live webinar, a transcript and recording of the webinar, along with additional resources, will be available on the Family PACT website.

DHCS Coverage Ambassadors: Train the Trainer Webinar

On August 31, from 10 to 11:30 a.m., DHCS will host a webinar (advance registration required) on Coverage Ambassadors: Train the Trainer. The webinar will serve as a training session for Coverage Ambassadors to

better assist their communities as California resumes standard Medi-Cal operations and communicates the importance of members renewing their Medi-Cal coverage. The webinar will also describe the resources available and how to use them. For more information, visit the Coverage Ambassadors webpage. Join the Coverage Ambassadors mailing list to receive the latest information and updated toolkits as they become available.

Hearing Aid Coverage for Children Program (HACCP) Webinar for Families and Community Partners

On September 12, from 11 a.m. to 12 p.m., DHCS will host a HACCP webinar (advance registration required) to share guidance with families and communities about applying for hearing aid coverage and helping children to maximizing their HACCP benefits once enrolled. DHCS welcomes newly interested families, those who are currently participating in HACCP, and community partners supporting families and children to join this webinar for program updates, tips, and a Q&A session. For more information, please visit www.dhcs.ca.gov/haccp.

HACCP Webinar for Medical Providers and Hearing Professionals

On September 14, from 12 to 1 p.m., DHCS will host a HACCP webinar (advance registration required) to share information with providers to help pediatric patients and their families maximize HACCP benefits. The training session will address program requirements for families to apply for coverage and the claims submission process for audiologists, otolaryngologists, physicians, and their office staff. For more information, please visit www.dhcs.ca.gov/haccp.

In Case You Missed It

Modernizing California's Behavioral Health System

On August 16, DHCS and the California Health & Human Services Agency hosted a brief informational webinar to provide a high-level summary of the status of proposed behavioral health reform legislation. In March, Governor Newsom released his proposal to modernize California's behavioral health system. DHCS engaged in multiple webinars, listening sessions, hearings, and meetings to receive comments on this proposal. An updated proposal was released in June. The webinar was solely focused on amendments to SB 326 (Eggman). The webinar recording and presentation slides are now available.

Now is the time to take the next step and build upon what we have already put in place, continuing the transformation of how California treats mental illness and substance use disorders. Please submit any questions to BHReform@dhcs.ca.gov.

Thank you,

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

www.dhcs.ca.gov

DHCS Stakeholder Update Email Listserv
(Friday, August 25, 2023)

From: DHCS Communications <DHCSCommunications@DHCS.CA.GOV>
Sent: Friday, August 25, 2023 8:32 PM
To: DHCSSTAKEHOLDERS@MAILLIST.DHS.CA.GOV
Subject: DHCS Stakeholder News

DHCS Stakeholder Update

The Department of Health Care Services (DHCS) is providing this update of significant developments regarding DHCS programs.

Top News

CalAIM Demonstration Amendment Approval

On August 23, the Centers for Medicare & Medicaid Services (CMS) approved an amendment to the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration waiver, allowing the state to implement county-based model changes in its Medi-Cal managed care program. The amendment includes expenditure authority to limit the choice of managed care plans (MCPs) in non-rural areas. This authority would apply in the metro, large metro, and urban counties intending to participate in the County Organized Health System (COHS) or Single Plan models.

For rural counties, CMS approved an amendment to the CalAIM Section 1915(b) waiver on June 26 to limit plan choice in rural counties to participate either in the COHS or Single Plan models. These county-based model changes will go into effect on January 1, 2024. Twelve counties will become COHS and three will become Single Plan model counties. For more information about all counties, their current and 2024 model type, and the MCPs operating in the county, please see the MCP county table.

Program Updates

Medi-Cal Rx

On August 22, the Medi-Cal Rx Customer Service Center implemented an interactive voice recognition enhancement feature for members, prescribers, pharmacists, and the public. The enhancements include call surveys, main menus to streamline calls, codes to inform agents about the reasons for calls, loop back to the main menu so callers can check on multiple self-service items, and improved prompt language and placement.

On August 16, a New Start PA Reminder Alert was published about the prior authorization requirements that will be reinstated beginning on September 22 for new start enteral nutrition products for members 22 years of age and older.

Medi-Cal for Kids & Teens Informational Mailing

On August 25, DHCS distributed an informational mailing to Medi-Cal fee-for-service (FFS) members and/or their parents or guardians about the federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, known in California as Medi-Cal for Kids & Teens. The FFS mailing includes: (1) Medi-Cal for Kids & Teens brochures to improve member understanding of how Medi-Cal works for children, teens, and young adults, what it covers, and its role in preventive care screening, diagnosis, and treatment. The child brochure is for children up to age 12, and the teen brochure is for ages 12-20; and (2) "Medi-Cal for Kids & Teens: Your Medi-Cal Rights" guide to help members under age 21 understand their Medi-Cal benefits and their recourse if medically necessary care is denied, delayed, reduced, or stopped. The materials, including translations, are posted on the Medi-Cal for Kids & Teens webpage.

Join Our Team

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DHCS is dedicated to providing equitable access to quality health care, leading to a healthy California for all. DHCS' goals and objectives express the tremendous work DHCS is leading to transform our health care

system and reflect the organizational culture we are building together.

Upcoming Stakeholder Meetings and Webinars

Integrating Trauma-Informed Practices into Reproductive Health Services Webinar

On August 30, from 12 to 1:30 p.m., DHCS and the California Prevention Training Center will host an Integrating Trauma-Informed Practices into Reproductive Health Services webinar (advance registration required). Trauma-informed care acknowledges the need to understand a client's life experiences to deliver effective care and has the potential to improve patient engagement, treatment adherence, and health outcomes. For those unable to attend the live webinar, a transcript and recording of the webinar, along with additional resources, will be available on the Family PACT website.

Tribal and Designees of Indian Health Programs Quarterly Webinar

On August 30, from 2 to 3 p.m., DHCS will host a webinar (advance registration required) for tribal and Indian health program representatives to provide feedback on DHCS initiatives with specific impact to tribes, Indian health programs, and American Indian Medi-Cal members. The webinar will provide information about State Plan Amendments, waivers, and demonstrations proposed for submission to CMS, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Medicaid section 1115 demonstration and transitional rent services amendment to the CalAIM section 1115 demonstration. Email questions or comments to TribalAffairs@dhcs.ca.gov.

Equity and Practice Transformation Payments Program Webinar

On August 30, from 3 to 4 p.m., DHCS will host a webinar (advance registration required) to share an update on the Equity and Practice Transformation Payments Program, which is a one-time $700 million primary care practice transformation program initiative to advance health equity and population health and invest in upstream care models. Details about the Provider Directed Payment Program will be discussed during the webinar; the program application and other materials will be posted on the DHCS website in the future. Please email ept@dhcs.ca.gov with any questions.

DHCS Coverage Ambassadors: Train the Trainer Webinar

On August 31, from 10 to 11:30 a.m., DHCS will host a webinar (advance registration required) on Coverage Ambassadors: Train the Trainer. The webinar will serve as a training session for Coverage Ambassadors to better assist their communities as California resumes standard Medi-Cal operations and communicates the importance of members renewing their Medi-Cal coverage. The webinar will also describe the resources available and how to use them. For more information, visit the Coverage Ambassadors webpage. Join the Coverage Ambassadors mailing list to receive the latest information and updated toolkits as they become available.

Nursing Facility Financing Reform Webinar

On September 7, from 2 to 3 p.m., DHCS will host a virtual stakeholder webinar (advance registration required) to discuss the development of the Skilled Nursing Facility Workforce Standards Program and provide updates on other nursing facility financing reform programs authorized by Assembly Bill 186 (Chapter 46, Statutes of 2022). Stakeholder input will be accepted. Additional information is available on the Nursing Facility Financing Reform (AB 186) webpage.

Hearing Aid Coverage for Children Program (HACCP) Webinar for Families and Community Partners

On September 12, from 11 a.m. to 12 p.m., DHCS will host a HACCP webinar (advance registration required) to share guidance with families and communities about applying for hearing aid coverage and helping children to maximizing their HACCP benefits once enrolled. DHCS welcomes newly interested families, those who are currently participating in HACCP, and community partners supporting families and children to join this webinar for program updates, tips, and a Q&A session. For more information, please visit www.dhcs.ca.gov/haccp.

Doula Implementation Workgroup Meeting

On September 14, from 12 to 2 p.m., DHCS will host the third Doula Implementation Workgroup meeting. A link to listen to the meeting will be posted on the Doula Services as a Medi-Cal Benefit webpage by August 31. The meeting will include a report on DHCS' Birthing Care Pathway proposal and the role of doulas, and planning for future meetings. The workgroup is responsible for reviewing how to increase the availability of doula services through educational outreach programs, identifying and minimizing barriers to doula services,

and addressing delays in payments and reimbursements to doulas and members.

Webinar for Medical Providers and Hearing Professionals

On September 14, from 12 to 1 p.m., DHCS will host a HACCP webinar (advance registration required) to share information with providers to help pediatric patients and their families maximize HACCP benefits. The training session will address program requirements for families to apply for coverage and the claims submission process for audiologists, otolaryngologists, physicians, and their office staff. For more information, please visit www.dhcs.ca.gov/haccp.

In Case You Missed It

California Expands Access to Opioid Treatment in Jails and Drug Courts

On August 22, DHCS announced it will expand Medication Assisted Treatment (MAT) to jails and drug courts. The $2.9 million in funding will go to 29 counties to support the development or expansion of access to MAT. By bringing county teams together in a learning collaborative, county agencies and providers serving justice-involved residents can more effectively coordinate and further build system capacity to ensure access to effective treatment and recovery supports. This expansion will better serve residents in need, and MAT, specifically, has been shown to reduce criminal activity and reincarceration to better serve the entire community.

State Extends CalHOPE Schools Initiative Partnership

On August 24, DHCS announced the extension of the CalHOPE Schools Initiative through June 30, 2024. The initiative provides free resources for school personnel, youth, and parents surrounding three powerful films that address student social-emotional and mental health needs: *A Trusted Space: Redirecting Grief to Growth, Angst: Building Resilience*, and *Stories of Hope Shorts*.

Capitol Weekly Opinion on Medi-Cal Redeterminations

On August 20, Capitol Weekly ran an opinion by LA Care CEO John Baackes. LA Care is one of the Medi-Cal managed care plans in Los Angeles County. Baackes called on "all of us – neighbors, partners in government, and community advocates – to do everything we can to keep our friends and neighbors insured" by Medi-Cal.

As you interact with Medi-Cal members, please share with them helpful tips to keep their coverage. If their eligibility renewal date was in June or July, it's not too late. They can return their Medi-Cal renewal packet to the local county office today to get their coverage reinstated back to their original renewal date. Also, if Medi-Cal members moved or their contact information changed in the last few years, they should make sure their local county office has their current information so they can be reached with important renewal information. And if members receive a Medi-Cal renewal packet in the mail in a yellow envelope, they must act quickly to keep themselves and their families covered by returning renewal documents.

Thank you,

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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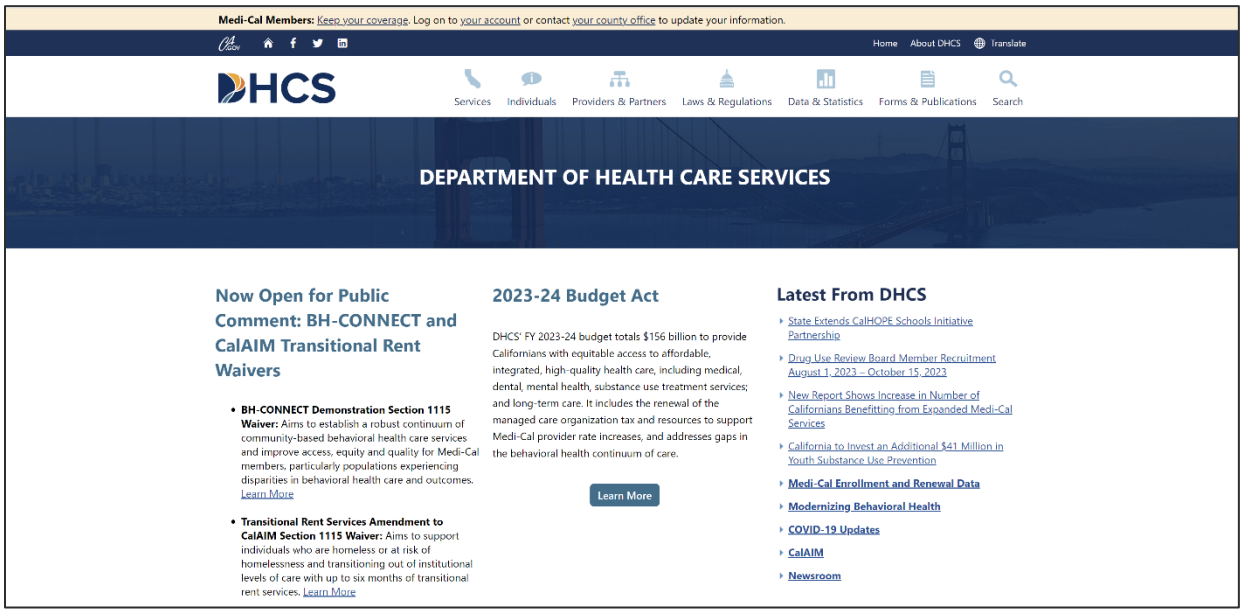
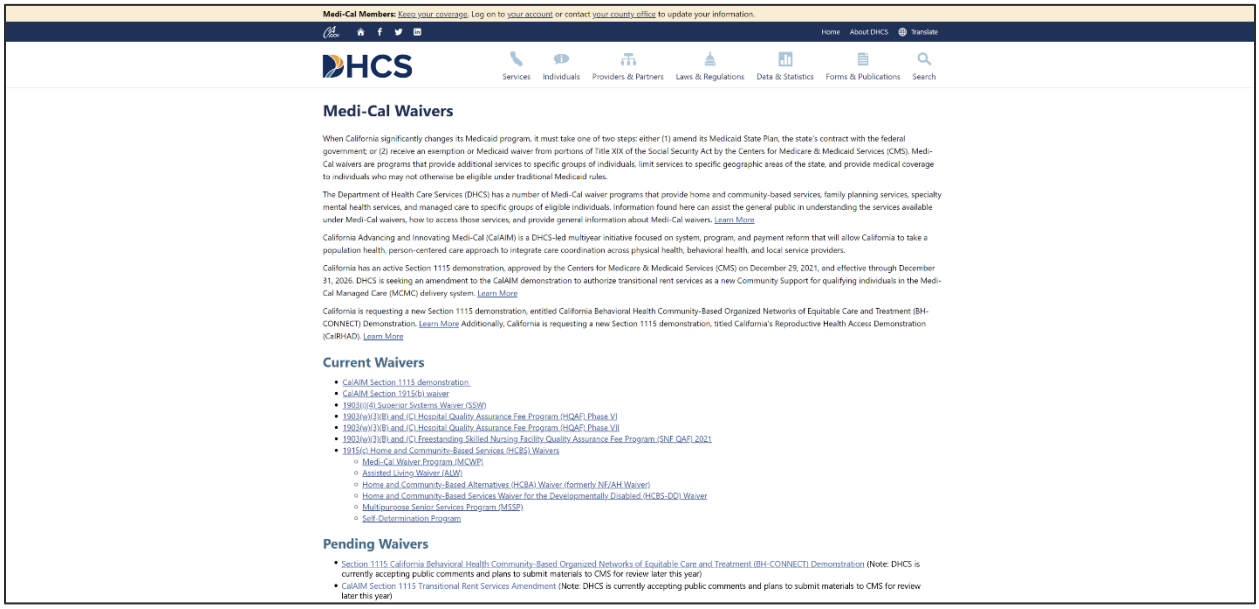
DHCS Website Updates

DHCS Homepage
(Tuesday, August 1, 2023)
Link: https://www.dhcs.ca.gov/

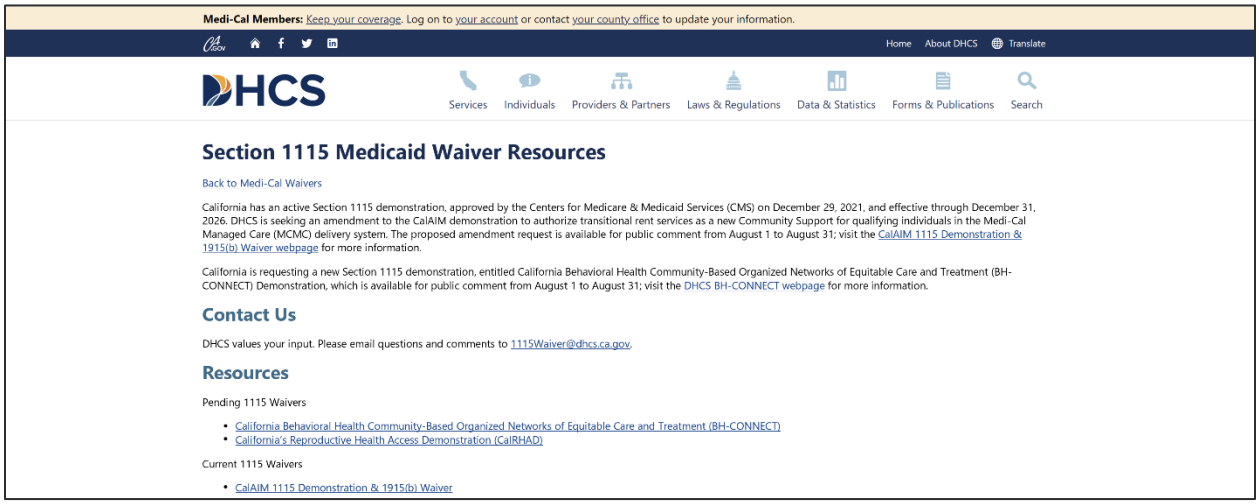


Medi-Cal Waivers Webpage
(Tuesday, August 1, 2023)
Link: https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers.aspx



Section 1115 Medicaid Waiver Resources Webpage
(Tuesday, August 1, 2023)

Link: https://www.dhcs.ca.gov/provgovpart/Pages/WaiverRenewal.aspx



Medi-Cal Members: Keep your coverage. Log on to your account or contact your county office to update your information.

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DHCS

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Section 1115 Medicaid Waiver Resources

Back to Medi-Cal Waivers

California has an active Section 1115 demonstration, approved by the Centers for Medicare & Medicaid Services (CMS) on December 29, 2021, and effective through December 31, 2026. DHCS is seeking an amendment to the CalAIM demonstration to authorize transitional rent services as a new Community Support for qualifying individuals in the Medi-Cal Managed Care (MCMC) delivery system. The proposed amendment request is available for public comment from August 1 to August 31; visit the CalAIM 1115 Demonstration & 1915(b) Waiver webpage for more information.

California is requesting a new Section 1115 demonstration, entitled California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration, which is available for public comment from August 1 to August 31; visit the DHCS BH-CONNECT webpage for more information.

Contact Us

DHCS values your input. Please email questions and comments to 1115Waiver@dhcs.ca.gov.

Resources

Pending 1115 Waivers

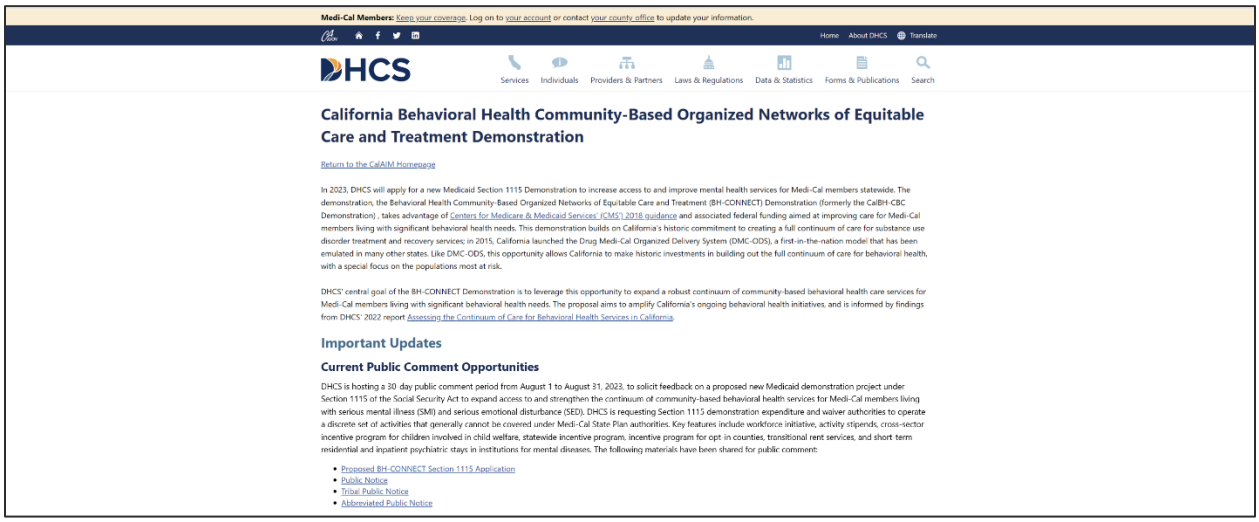
- California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)
- California's Reproductive Health Access Demonstration (CalRHAD)

Current 1115 Waivers

- CalAIM 1115 Demonstration & 1915(b) Waiver

BH-CONNECT Webpage
(Tuesday, August 1, 2023)

Link: https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx



Medi-Cal Members: Keep your coverage. Log on to your account or contact your county office to update your information.

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California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration

Return to the CalAIM Homepage

In 2023, DHCS will apply for a new Medicaid Section 1115 Demonstration to increase access to and improve mental health services for Medi-Cal members statewide. The demonstration, the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration (formerly the CalBH-CBC Demonstration) , takes advantage of Centers for Medicare & Medicaid Services' (CMS') 2018 guidance and associated federal funding aimed at improving care for Medi-Cal members living with significant behavioral health needs. This demonstration builds on California's historic commitment to creating a full continuum of care for substance use disorder treatment and recovery services; in 2015, California launched the Drug Medi-Cal Organized Delivery System (DMC-ODS), a first-in-the-nation model that has been emulated in many other states. Like DMC-ODS, this opportunity allows California to make historic investments in building out the full continuum of care for behavioral health, with a special focus on the populations most at risk.

DHCS' central goal of the BH-CONNECT Demonstration is to leverage this opportunity to expand a robust continuum of community-based behavioral health care services for Medi-Cal members living with significant behavioral health needs. The proposal aims to amplify California's ongoing behavioral health initiatives, and is informed by findings from DHCS' 2022 report Assessing the Continuum of Care for Behavioral Health Services in California.

Important Updates

Current Public Comment Opportunities

DHCS is hosting a 30 day public comment period from August 1 to August 31, 2023, to solicit feedback on a proposed new Medicaid demonstration project under Section 1115 of the Social Security Act to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with serious mental illness (SMI) and serious emotional disturbance (SED). DHCS is requesting Section 1115 demonstration expenditure and waiver authorities to operate a discrete set of activities that generally cannot be covered under Medi-Cal State Plan authorities. Key features include workforce initiative, activity stipends, cross-sector incentive program for children involved in child welfare, statewide incentive program, incentive program for opt in counties, transitional rent services, and short term residential and inpatient psychiatric stays in institutions for mental diseases. The following materials have been shared for public comment:

- Proposed BH-CONNECT Section 1115 Application
- Public Notice
- Tribal Public Notice
- Abbreviated Public Notice

Written Comments
Comments will be accepted via U.S. mail or electronic mail. Written comments may be sent to the below address. Please indicate "BH CONNECT Demonstration" in the subject line of the written message:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Tyler Sarhwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to BH-CONNECT@dhcs.ca.gov. Please indicate "BH-CONNECT Demonstration" in the subject line of the email message.

To ensure consideration prior to submission of the BH-CONNECT demonstration application to the Centers for Medicare & Medicaid Services (CMS), comments must be received no later than 11:59 PM (Pacific Time) on August 31. Please note that comments will continue to be accepted after August 31, but DHCS may not be able to consider those comments prior to the initial submission of the BH-CONNECT demonstration application to CMS.

Public Hearings
DHCS will host the following public hearings to solicit stakeholder comments. The public hearings will take place in person and have online video streaming and telephonic conference capabilities to ensure accessibility.

- Friday, August 11 – First Public Hearing
  - 10 – 11:30 AM PT
  - Department of General Services
    - 1500 Capitol Ave. (Building 172), EEC Training Rooms, Sacramento, CA 95814
  - Register for Zoom conference link: https://manatt.zoom.us/webinar/register/WN_6XrvB4XsSD2MRHnKMYdMGw#/registration
    - Please register in advance if you plan to attend in person or if you plan to attend by Zoom to receive your unique login details and a link to add the hearing to your calendar.
  - Call-in information: 646-931-3860
    - Webinar ID: 939 8473 0250
    - Passcode: 081123
    - Callers do not need an email address to use the phone option and do not need to register in advance.
- Thursday, August 24 – Second Public Hearing
  - 9:30 – 11:30 AM PT
  - Department of Health Care Services
    - 1700 K Street, Room 1014, Sacramento, CA 95814
  - Register for Zoom conference link: https://zoom.us/webinar/register/WN_eqqbAdsGRVuCilmQGc-Y-g
    - Please register in advance if you plan to attend in person or if you plan to attend by Zoom to receive your unique login details and a link to add the hearing to your calendar.
  - Call in information: 646 558 8656
    - Webinar ID: 913 8468 8826
    - Passcode: 478151
    - Callers do not need an email address to use the phone option and do not need to register in advance.

For individuals with disabilities, DHCS will provide free assistive devices, including language and sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into braille, large print, audio, or electronic format. To request alternative format or language services, please call or write:

Department of Health Care Services
Director's Office
P. O. Box 997413, MS 0000, Sacramento, CA 95899-7413
(916) 440-7400
Email: 1115Waiver@dhcs.ca.gov

Please note that the range of assistive services available may be limited if requests are received less than ten working days prior to the meeting.

Indian Health Program Webpage
(Tuesday August 1, 2023)

Link: https://www.dhcs.ca.gov/services/rural/Pages/IndianHealthProgram.aspx

Indian Health Program Notices of Proposed Changes to Medi-Cal Program Webpage
(Tuesday, August 1, 2023)
Link: https://www.dhcs.ca.gov/services/rural/Pages/Tribal_Notifications.aspx

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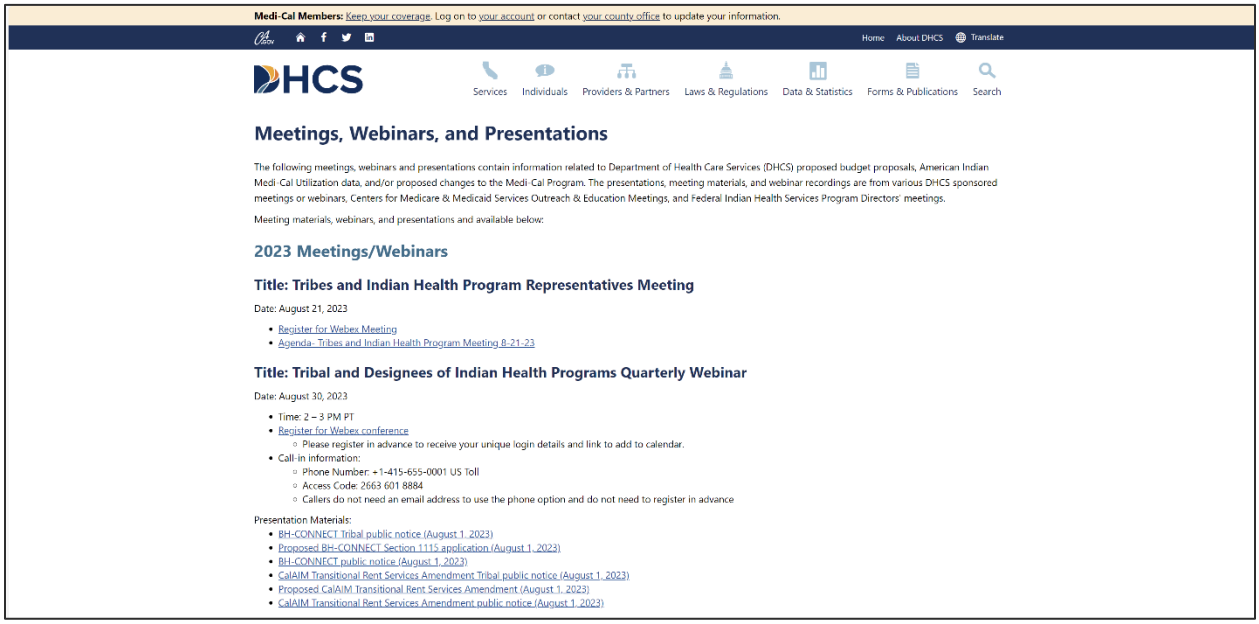
Notices of Proposed Changes to Medi-Cal Program

Responses to questions about proposed State Plan Amendments and Waivers are developed at the time of submission; subsequent policy changes may impact these responses. Please contact DHCS for updates.

Quarter Ending September 30, 2023

Tribal/Designee Notifications	Title	Release Date
Demonstration Under Section 1115 of the Social Security Act	Notice of Intent to Submit Section 1115 California BH-CONNECT Demonstration Application	8/1/2023
Demonstration Under Section 1115 of the Social Security Act	Notice of Intent to Submit CalAIM Section 1115 Transitional Rent Services Amendment	8/1/2023

Indian Health Program Meetings, Webinars, and Presentations Webpage
(Tuesday, August 1, 2023)
Link: https://www.dhcs.ca.gov/services/rural/Pages/MeetingandWebinars.aspx



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Meetings, Webinars, and Presentations

The following meetings, webinars and presentations contain information related to Department of Health Care Services (DHCS) proposed budget proposals, American Indian Medi-Cal Utilization data, and/or proposed changes to the Medi-Cal Program. The presentations, meeting materials, and webinar recordings are from various DHCS sponsored meetings or webinars, Centers for Medicare & Medicaid Services Outreach & Education Meetings, and Federal Indian Health Services Program Directors' meetings.

Meeting materials, webinars, and presentations and available below:

2023 Meetings/Webinars

Title: Tribes and Indian Health Program Representatives Meeting

Date: August 21, 2023

- Register for Webex Meeting
- Agenda- Tribes and Indian Health Program Meeting 8-21-23

Title: Tribal and Designees of Indian Health Programs Quarterly Webinar

Date: August 30, 2023

- Time: 2 – 3 PM PT
- Register for Webex conference
  - Please register in advance to receive your unique login details and link to add to calendar.
- Call-in information:
  - Phone Number: +1-415-655-0001 US Toll
  - Access Code: 2663 601 8884
  - Callers do not need an email address to use the phone option and do not need to register in advance

Presentation Materials:

- BH-CONNECT Tribal public notice (August 1, 2023)
- Proposed BH-CONNECT Section 1115 application (August 1, 2023)
- BH-CONNECT public notice (August 1, 2023)
- CalAIM Transitional Rent Services Amendment Tribal public notice (August 1, 2023)
- Proposed CalAIM Transitional Rent Services Amendment (August 1, 2023)
- CalAIM Transitional Rent Services Amendment public notice (August 1, 2023)