



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: September 30, 2021

Behavioral Health Information Notice No: 21-062

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Claiming for Family First Prevention Services Act (FFPSA) Qualified Individual (QI) and Aftercare Costs in Short Doyle Medi-Cal (SDMC)

PURPOSE: To provide guidance to Mental Health Plans (MHPs) on claiming for FFPSA QI and Aftercare costs.

REFERENCE: Family First Prevention Services Act (Public Law 115-123); Welfare & Institutions Code (W&I) Section 4096

Background:

On February 9, 2018, Congress enacted the Bipartisan Budget Act of 2018 - Public Law (P.L.) 115 - 123 which included the FFPSA. Part IV of the FFPSA establishes requirements to reduce the use of unnecessary congregate care placements. The FFPSA Part IV increases oversight and requirements for placements in congregate care settings.

For MHPs providing Specialty Mental Health Services (SMHS), the FFPSA creates new requirements related to placement in a Short-Term Residential Therapeutic Program (STRTP) and aftercare services provided to a child or youth discharged from an STRTP.

Discussion:

FFPSA – Qualified Individual

Currently, MHPs are required to provide all Medi-Cal beneficiaries, including those in the Foster Care system, all medically necessary SMHS. Current law provides for an Interagency Placement Committee, representing Child Welfare, Probation and County Mental Health (at a minimum), to determine whether a dependent or ward shall be placed into an STRTP.

On and after October 1, 2021, a QI must complete an independent assessment 30 calendar days from the date of the QI referral or from the date the child is placed into an STRTP, whichever comes first. The QI shall determine whether the child's needs can instead be met with family members, in a tribally approved home in the case of an Indian child, or in another family-based setting. The QI's determination also documents why an STRTP is the most appropriate level of care and recommends treatment services and interventions for the child. As implemented in Assembly Bill 153 under W&I Section 4096(g)(3)(B), the QI assessment must be completed using an age-appropriate, evidence-based, validated, functional assessment tool. California has chosen the Integrated Practice Child and Adolescent Needs and Strengths tool as a component of the QI assessment.

QI Activities

The California Department of Health Care Services (DHCS), in collaboration with the California Department of Social Services (CDSS), have identified SMHS which may be rendered by the QI to the child or on behalf of the child as required by W&I Section 4096(h). The following may be appropriately billed SMHS or SMHS service activities if all federal and state requirements are met for the service:

- Mental Health Services
 - Assessment – The state plan defines “assessment” as follows: “a service activity designed to evaluate the current status of a beneficiary's mental, emotional or behavioral health,” including, “mental status determination, analysis of the beneficiary's clinical history, analysis of relevant biopsychosocial and cultural issues and history, diagnosis and the use of testing procedures.”
 - Information gathering, synthesis and analysis relevant to the

- assessment
 - Assessment of child's mental and behavioral health needs and strengths.
 - Evaluation of the child's safety factors, risk behaviors, and protective factors.
 - Determining whether the services provided by an STRTP are medically necessary for the beneficiary, documenting mental and behavioral health interventions and treatment recommended and that an STRTP is the most effective and appropriate level of care in the least restrictive environment.
- Plan Development – Develop short-term and long-term behavioral health goals and identify mental health and substance use disorder services and supports needed.
- Intensive Care Coordination
 - Consultation with the placing agency caseworker regarding harm reduction strategies for safety risks.
 - Child and family team (CFT) engagement. Coordination with CFT, which may include consultation with the placing agency, meetings, consultation regarding recommendations pursuant to the QI Assessment Report, analyzing additional resources and supports for the provision of services in the least restrictive setting.
 - Recommend services and supports consistent with the child's treatment goals. Recommend any additional services or supports needed to support the child's transition plan.

MHPs shall only pay for, and Federal Financial Participation is only available for, these specified QI activities. For detailed information about the QI role and activities, please see BHIN 21-060 / ACL 21-113.

FFPSA – Aftercare

W&I Section 4096.6 requires that, on and after October 1, 2021, each county child welfare agency, probation department, and MHP jointly provide, arrange for, or ensure the provision of at least six months of aftercare services for a child or non-minor dependent (NMD) in the placement and care responsibility of the child welfare or probation agency transitioning from an STRTP to a family-based setting. Medi-Cal reimbursement may be available for family-based aftercare services, if all state and federal requirements are met and the treatment is medically necessary, regardless of the six months post-discharge requirement. Aftercare services must be family-based

and individualized and support each child/NMD's permanency plan. Aftercare services are developed in consultation with the local interagency leadership team and consistent with System of Care for Children and Youth efforts. California is developing the state's standards for a *high fidelity Wraparound model* with an anticipated implementation deadline of October 1, 2022 and will require full compliance with the California Wraparound Services Standards, currently outlined in [ACIN I-52-15](#).

Funding for FFPSA QI and Aftercare Services

The State realigned the responsibility for SMHS to the counties in 2011 as part of 2011 Public Safety Realignment (enacted in part by Proposition 30, 2012). State requirements enacted after September 30, 2012 that have an overall effect of increasing costs already borne by a local agency are subject to Proposition 30. (Cal. Const., art. XIII, § 36, (c)(4)(A).) The increase in costs shall apply to local agencies only to the extent that the state provides funding for the cost increase. (*Id.*) If the new requirement is imposed by the federal government, the State is only required to provide 50% of the non-federal share of the increased costs. (Cal. Const., art. XIII, § 36, (c)(5)(A).)

FFPSA QI and aftercare services exceed the services that MHPs are currently required to provide to Medi-Cal beneficiaries who meet criteria for SMHS, and therefore trigger Proposition 30. These new requirements are being implemented as a result of changes in federal statute. Therefore, the non-federal share for the increased costs to implement these federally mandated requirements will be split equally between State General Fund (SGF) and county funds. MHPs may begin to submit FFPSA QI and aftercare services claims for dates of service on or after October 1, 2021.

SDMC Claiming Requirements for FFPSA QI and Aftercare:

Once DHCS deploys updates to SDMC, MHPs must adhere to the following requirements when submitting claims for QI and aftercare services.

1. Claims for SMHS must use the X12N 837 Health Care Claim: Professional (837) transaction set.
2. Claims for FFPSA QI standardized assessments must use the appropriate procedures based on the services provided and procedure modifier "HV" to designate State General Fund as half of the non-federal share. MHPs may use additional modifiers to assign more attributes to the service provided.
3. Claims for FFPSA aftercare must use the appropriate procedure codes based on the services provided, and procedure modifier "HV" to designate State General

Fund as half of the non-federal share. MHPs may use additional modifiers to assign more attributes to the service provided.

4. Claims without the procedure modifier “HV” will not be reimbursed with SGF.
5. To claim for either FFPSA QI or Aftercare claims in SDMC, the beneficiary must be under 21 years of age. Claims submitted for beneficiaries who are 21 and above will be denied.

DHCS will notify all SDMC approvers and users via e-mail once this update has been deployed. MHPs should also monitor the system change schedule posted in the [DHCS Application Portal](#), which identifies all updates deployed to SDMC and the date those updates were deployed.

For questions regarding this BHIN, please contact MEDCCC@dhcs.ca.gov.

Sincerely,

Original signed by

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