



DATE: April 12, 2023

Behavioral Health Information Notice No.: 23-016

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
Urban Counties of California
Rural County Representatives of California
California Association of Public Administrators, Public Guardians and
Public Conservators
County Welfare Directors Association

SUBJECT: Community Assistance, Recovery, and Empowerment (CARE) Act guidelines to delay implementation

PURPOSE: To notify counties of the guidelines under which they may apply for, and be provided, additional time to implement the CARE Act process.

REFERENCE: [Senate Bill \(SB\) 1338 \(Umberg, Chapter 319, Statutes of 2022\)](#); [Assembly Bill \(AB\) 179 \(Ting, Chapter 249, Statutes of 2022 \(Budget Act of 2022\), Section 135, Provision 32\(a\)-\(c\)\)](#); Welfare and Institutions (W&I) Code Sections 5970.5 and 5984, subdivision (b); [BHIN 22-059](#)

BACKGROUND:

On September 14, 2022, the Governor approved SB 1338, which enacted the CARE Act. The CARE Act creates a process, called the CARE Process, in California's civil courts to provide earlier action, support, and accountability for both individuals with untreated schizophrenia spectrum or psychotic disorders, and the local governments responsible for providing behavioral health services to these individuals. The CARE Act

will be implemented in two phases, with Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne, and San Francisco Counties (Cohort I) required to implement the CARE Act by October 1, 2023. All other counties (Cohort II) are required to implement the CARE Act by December 1, 2024. Counties may be eligible to delay implementation of the CARE Act pursuant to DHCS guidelines outlined in this BHIN, in accordance with W&I Code section 5970.5, subdivision (c).

POLICY:

A county may apply to DHCS for additional time to implement the CARE Act. Each county may be granted only one extension to their implementation deadline. Implementation deadline extensions shall not exceed December 1, 2025.¹

To be granted an extension to their implementation deadline, a county shall demonstrate to DHCS that it is experiencing a state² or local emergency³, and the delay is necessary because of the emergency.⁴ The following conditions shall be met for a county to be eligible for delayed implementation:

- The emergency has reduced the county's Specialty Mental Health Services network capacity by 25 percent or more⁵ for a minimum of 60 calendar days; and
- The emergency has rendered the county unable to comply with the provisions of their Medi-Cal contract to such an extent that federal Medicaid funds are at risk consistent with Government Code section 30027.10.

To apply for an extension to the implementation deadline in the event of a state or local emergency, a County Behavioral Health Director or Mental Health Director shall submit a signed formal request on county letterhead to DHCS CARE Act@dhcs.ca.gov, which shall include the following:

- The county's proposed implementation date.
- Confirmation that the county submitted a training and technical assistance (TTA) request to DHCS' contracted CARE Act TTA provider to develop a plan for implementing the CARE Act by the county's proposed implementation date.
- A copy of the signed declaration of the state or local emergency; and

¹ W&I Code, § 5970.5, subd. (c)(3).

² Gov. Code, § 8625.

³ Gov. Code, § 8630.

⁴ W&I Code, § 5970.5, subd. (c)(2).

⁵ See also [BHIN 22-033](#), including p. 3 [requiring a MHP to submit data and documentation when there has been a "significant change" in the MHP's operations affecting network adequacy and capacity, including "a decrease of 25 percent or more in services or providers available to beneficiaries"].

- Information that demonstrates that the delay is necessary due to the emergency, including, but not limited to, how the state or local emergency impacts the county's ability to implement the CARE Act.
- Attestation of the following:
 - The emergency has reduced the county's Specialty Mental Health Services network capacity by 25 percent or more for a minimum of 60 calendar days: and
 - The emergency has rendered the county unable to comply with the provisions of their Medi-Cal contract to such an extent that federal Medicaid funds are at risk consistent with Government Code section 30027.10.

DHCS shall evaluate the request, including the above criteria, to determine whether the emergency and resulting disruption of services has affected the county's ability to implement the CARE Act.

Requests to delay implementation should be submitted to DHCS within 75 calendar days of a declared local or state emergency. If the request is incomplete, DHCS shall specify the missing information. The county shall have 14 calendar days to provide any missing information. If missing information is not provided within 14 calendar days, DHCS shall provide written notification to the county stating that it has terminated its review of the request. If review is terminated, the county may reapply by submitting a new request to DHCS. Within 21 calendar days after a complete request is accepted for review, DHCS shall provide written notification to the county that the request is approved or denied, including the reasons for denial.

Questions regarding this BHIN may be directed to DHCS CARE Act@dhcs.ca.gov.

Sincerely,

Original signed by

Ivan Bhardwaj, Chief
Medi-Cal Behavioral Health Policy Division