



DATE: May 20, 2024

Behavioral Health Information Notice No: 24-019

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: Targeted Managed Behavioral Healthcare Organizations (MBHO) Self-Directed Assessment with the National Committee for Quality Assurance (NCQA) and County Participation in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Statewide and Evidence-Based Practice (EBP) Incentive Programs^{1,2}

PURPOSE: To provide guidance regarding participation in a targeted MBHO self-directed assessment administered by DHCS and NCQA

BACKGROUND:

DHCS is partnering with NCQA to administer a targeted MBHO self-directed assessment (hereafter referred to as the “assessment”) to prepare county mental health plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) plans (hereafter referred to as county behavioral health plans (BHPs)) to participate in

¹ The EBP incentive program was formerly referred to as the “Incentive Program for Opt-In Counties.”

² Or any subsequent iterations of the proposed incentive programs that are included in any final demonstration approved by the Centers for Medicare and Medicaid Services (CMS). See details on the proposed statewide incentive program and EBP incentive program on pages 25-26 and 30-31, respectively, of the [BH-CONNECT demonstration application](#).

incentive programs offered as part of the BH-CONNECT demonstration and other technical assistance offered by DHCS.³ Participation in the assessment will support county BHPs to develop core MBHO functions; strengthen their capacity to meet federal managed care rules and ongoing quality improvement priorities, such as EQRO compliance and new behavioral health quality measurement requirements; and further align with upcoming managed care plan administrative requirements.⁴

This BHIN provides background information on the assessment and describes the process for county BHPs to confirm their participation in the assessment.

POLICY:

Assessment Overview

DHCS is committed to supporting county BHPs to ensure they have robust quality improvement infrastructure and are able to track, report on, and improve performance on key quality measures for Medi-Cal members living with significant behavioral health needs. DHCS is partnering with NCQA, a nationally recognized independent accreditation organization, to guide county BHPs through an assessment of their quality management and improvement and care coordination capabilities. Results from the assessment will support county BHPs to identify and understand specific gaps in their quality management and improvement and care coordination activities. The assessment will also support:

- Development of tailored technical assistance for county BHPs;
- Measure design for the BH-CONNECT statewide incentive program;
- Successful county participation in the BH-CONNECT statewide incentive program, through which up to \$1.513 billion in incentive funds may be available statewide over the course of the demonstration;
- Successful county participation in the BH-CONNECT EBP incentive program, through which up to \$1.079 billion in incentive funds may be available statewide over the course of the demonstration; and
- Future DHCS policy related to quality improvement.

The assessment is optional for county BHPs and results will not be used to enforce existing county BHP requirements. **County BHPs that intend to participate in the statewide and EBP incentive programs proposed as part of BH-CONNECT are**

³ DHCS does not intend for county BHPs to meet all MBHO standards or become accredited as part of the assessment or BH-CONNECT.

⁴ MCPs are required to achieve NCQA accreditation effective January 1, 2026, per the Medi-Cal Managed Care contract, Exhibit A – Scope of Work, pg. 129, [linked here](#).

required to complete all components of the assessment according to the timeline below. Additional information about the incentive programs will be forthcoming pending CMS approval.

Required Components of the Assessment

The assessment will address two (of five total) categories of NCQA's MBHO standards:

1. Quality Management and Improvement; and
2. Care Coordination.

County BHPs will also complete a short supplemental questionnaire to address key quality monitoring-related activities not included in the NCQA MBHO Quality Management and Improvement and Care Coordination standards.

County BHPs that opt to participate in the assessment shall complete a single assessment inclusive of both county MHP and DMC-ODS functions (where applicable), consistent with the direction and intent of the CalAIM Behavioral Health Administrative Integration initiative.⁵

Lastly, DHCS may select a subset of counties to participate in a comprehensive review of the Quality Management and Improvement and Care Coordination standards by an administrative and clinical surveyor to further ensure the quality and completeness of responses.

Participation Requirements for the BH-CONNECT Incentive Programs

The self-directed assessment, supplemental questionnaire, and, if applicable, comprehensive review are all required for county BHPs that intend to participate in the statewide incentive program.

County BHPs that intend to participate in the EBP incentive program must also complete the assessment **and** commit to participate in the statewide incentive program. County BHPs must also agree to implement a full suite of BH-CONNECT EBPs to participate in the EBP incentive program.^{6,7} County BHPs that participate in the EBP

⁵ DHCS may permit a county to complete two separate assessments on a case-by-case basis if the county's MHP and DMC-ODS plans are administered through distinct county agencies.

⁶ Or any subsequent guidance that is included in any final demonstration approved by CMS. See details on the proposed EBP incentive program on pages 30-31 of the BH-CONNECT demonstration application.

⁷ EBPs required for participation in the BH-CONNECT EBP incentive program include Assertive Community Treatment and Forensic Assertive Community Treatment; Coordinated Specialty Care for First Episode Psychosis; Peer Support Services (including peers with forensic specialization); Community Health Worker services; Transitional Rent; and Supported Employment.

incentive program are not required to receive funding for short-term stays in Institutions for Mental Disease (IMDs). County BHPs that do choose to participate in the IMD option are required to implement the full suite of BH-CONNECT EBPs and participate in the EBP incentive program.

For both the statewide and EBP incentive programs, county BHPs will also be required to submit a written statement of intent to participate.

Assessment Timing

Table 1 below includes information on the timing of all activities related to the assessment.

Table 1. Assessment Timing

Date	Activity
April 18, 2024	NCQA and DHCS provide county-identified points of contact with access to the MBHO standards and training materials and share details on training opportunities.
May 31, 2024	Deadline for county BHPs to submit their intent to participate in the assessment. County BHPs may begin the assessment at any time after submitting their formal intent to participate.
September 30, 2024	Deadline for county BHPs to complete all components of the assessment (including the comprehensive review, if applicable).
October 1, 2024 – November 30, 2024	NCQA reviews assessment submissions and follows up with county BHPs to make corrections or confirm information as needed.

Process for County BHPs Opting to Participate in the Assessment

County BHPs that want to participate in the assessment must provide a letter to DHCS stating their intent to participate. Only one letter is required per county and must be signed by the Behavioral Health Director or their designee. The letter must be emailed to BH-CONNECT@dhcs.ca.gov by 11:59pm PT on **May 31st, 2024** for the county BHP to participate in the assessment.

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County BHPs that do not submit their intent to participate in the assessment by May 31st, 2024, will not be able to participate in the BH-CONNECT statewide incentive program or EBP incentive program. Additional information about the incentive programs will be forthcoming pending CMS approval.

Questions regarding this policy may be directed to BH-CONNECT@dhcs.ca.gov.

Sincerely,

Original signed by

Ivan Bhardwaj, Chief
Medi-Cal Behavioral Health – Policy Division

Attachment A: Template Letter of Intent

I, Behavioral Health Director (or designee) of _____ (County), hereby attest that my county MHP and DMC-ODS plan (if applicable) (hereafter referred to as the county behavioral health plan (BHP)) intends to participate in the targeted MBHO self-directed assessment in partnership with DHCS and NCQA, inclusive of the self-directed assessment, supplemental questionnaire, and (if selected by DHCS) comprehensive review. I understand that if my county BHP does not submit a completed assessment by September 30, 2024, in accordance with guidance shared by DHCS and NCQA, my county BHP will not be able to participate in the BH-CONNECT statewide incentive program or EBP incentive program (or any subsequent iterations of the initially proposed incentive programs that are included in any final demonstration approved by the Centers for Medicare and Medicaid Services (CMS)).

Signature: _____

Print Name: _____

Date: _____