

Behavioral Health Integration
QA Revised: 1/6/20

#	Topic	Question	Answer
1	Plan	In the webinar, DHCS stated that MCPs will be informed of their funding allocation prior to submission of applications, but it was also stated that allocations will be based upon applications. Can DHCS please clarify when the MCPs will know what our funding level is?	<i>Response pending</i>
2	Plan	When will Health Plans receive Year 1 funding (for its accepted Providers' applications) after applications have been approved by DHCS?	<i>Response pending</i>
3	Plan	Will participating providers need to repay year 1 funding if milestones are not met in Year 2 and/or Year 3?	<i>Response pending</i>
4	Plan	Payment methodology: <ul style="list-style-type: none"> • How will plans be paid? Confirm CMS approved incentive approach? • What will be the timing of payments to plans and process for payment to providers? 	<i>Response pending</i>
5	Plan	Financial resources: <ul style="list-style-type: none"> • Has DHCS further considered what the administrative rate or component will be for plans to oversee these projects? Request discussion about workload and plan costs. 	<i>Response pending</i>
6	FQHC	NEVHC's LA Care Health Plan members are contracted through the Health Care LA, IPA. Does the IPA need to be involved in the contracting process?	<i>Response pending</i>
7	Plan	When will DHCS release the reporting template that will be required of MCPs to submit to DHCS? It would be very helpful to release this template ASAP in order that the MCPs can work with applicants to ensure the data that will be required to be reported will be included in the provider applications.	DHCS is developing a reporting template. DHCS will release this document for comment soon.
8	Plan	What will be the reporting requirements for the identified measures for each project area? For example, many of the measures are screens, is it expected to have "paired" screens (pre/post) for each member in order to demonstrate progress? What are the data required to be reported on quarterly?	DHCS is developing a technical specifications document along with a reporting template. DHCS will release these documents soon.

Behavioral Health Integration
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9	Plan	Can DHCS provide example milestones for providers to better understand what is being sought in these areas?	Milestones should be consistent with the goals and objectives of the BHI Incentive Program. See the projects and appendix of the application document; please keep in mind milestones should relate to the strategies identified in the appendix. As there are questions, DHCS will provide technical assistance.
10	Plan	There was variation of DHCS's role in the application submission process – original materials showed that MCPs submit to DHCS for review/approval by 2/18/20 but 11/22 webinar materials removed this step. Please clarify.	Prospective providers will submit applications to MCPs. MCPs will determine awardees, but DHCS will review the determinations prior to MCPs noticing the awardees.
11	Plan	How does DHCS want the applications submitted to them (i.e. email, mail – if via mail, must they be postmarked or received by 2/18/20?) and are there required naming conventions or specific file type required (i.e. Word, PDF)?	DHCS will determine the appropriate format and message this to MCPs as soon as it is finalized.
12	Plan	Does DHCS have a template for denial / award letters? If so, can you please provide these to MCPs?	No. Each MCP should generate their own award and denial letters.
13	Plan	Does DHCS have a finance report template?	DHCS will provide a reporting template.
14	Plan	Are Home Health Agencies eligible to participate?	To participate in the BHI Incentive program, you must be a member of the MCP's contracted provider network and meet the goals and requirements of the program to enhance BH integration.
15	Plan	Are IPAs appropriate and eligible to participate?	To participate in the BHI Incentive program, you must be a member of the MCP's contracted provider network and meet the goals and requirements of the program to enhance BH integration.
16	Plan	Are hospital based Providers AND BH Providers who are not hospital based eligible to apply?	To participate in the BHI Incentive program, you must be a member of the MCP's contracted provider network and meet the goals and requirements of the program to enhance BH integration.

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17	Plan	Will MCPs and providers be informed of the total available funding? This will allow MCPs be able to make decisions/recommendations regarding BHI Incentive Project proposals. Are there predetermined funding allocations at the county level or at the Medi-Cal Managed Care Plan level, or are there no predetermined allocations?	Final amounts will be dependent on the number of applications and total funding requested. In addition, the incentive payment paid by DHCS to MCPs may not exceed 5% of applicable capitation payments as required by 42 CFR 438.6(b)(2).
18	Plan	What criteria will the plans be using to score the applications?	The scoring document is available on the web page. https://www.dhcs.ca.gov/provgovpart/Pages/VBP_BHI_IncProApp.aspx
19	Plan	Is the expectation that beyond the Dec. 31st, 2022 date, the plans will continue the program without DHCS funding because there is a cost savings in better managing these patient populations?	The intent is that the funding will incentivize integration that will continue after the incentive funding ends.
20	Plan	Could the plans award an amount less than what the provider applies for? What would be the expectations of the program at that point?	We would advise providers to discuss this with the MCP – earlier in the process rather than later. The provider will have option to “accept” the MCP-specified award.
21	Plan	If an organization has contracts with multiple Medi-Cal managed care providers (MCP), is there a reason to apply through the MCP that the organization has the largest number of contracted lives with? Or does it not matter which MCP one chooses, as long as one has a contract with them?	DHCS has no specific guidance on this.
22	Plan	You have provided an ‘application’ document that contains both the guidance and forms for completing every possible category of project. In terms of what we submit to our chosen MCP, should we pull out only those completed pages of this whole package, or should we send the MCP the package as a whole, including all the pages that are not relevant to our specific application?	DHCS would recommend checking with the MCP. The MCP may have some requests.
23	Plan	Can you provide any sense of reasonable parameters for the dollars one provider, like an FQHC, might request?	DHCS has no guidance on this at this time.
24	Plan	Will the list of projects submitted be available publicly? So we know how much of an interest there is?	This is yet to be determined.

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QA Revised: 1/6/20

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25	Plan	Is there an appeal process if a provider is not selected? Will they receive feedback?	There is no appeal process. Feedback is at the discretion of the MCP.
26	Plan	What will be the reporting requirements for the MCPs to aggregate or analyze the data being reported and how will this be reported to DHCS?	DHCS will develop a template for providers to submit data. These templates will be submitted to DHCS.
27	Plan	Will DHCS expect the MCPs to provide financial reporting of these funds beyond what is received from DHCS and what is paid to the projects? For example, will there be an expectation that MCPs ensure this funding doesn't supplant existing funding (a number of the listed project activities may, in part, be covered services)? If yes, what is the level of evidence required?	The funding provided is incentive funding for enhancement of BH integration, and the application and milestones should reflect this. The application attestation addresses issues of supplanting funds and currently covered services. In addition, these dollars are not to pay for existing covered services, they are to enhance BH integration.
28	Plan	What data will DHCS want MCPs to collect or provide in order to demonstrate that a particular project(s) was successful or not?	To achieve incentive funding payments, providers will 1) complete project milestones (and report this to the MCP), and 2) report the required project metric data to the MCP.
29	Plan	Will there be a DHCS reporting template for providers? I believe we discussed this when we were working through the application but don't recall if there was a conclusion. We're continuing to hear from plans that a template would be really helpful. Also realize there's a limitation with how specific a template might be given the diversity/variability of the projects.	Yes
30	Plan	Regarding the application award process – who makes the final determination regarding project funding? Our understanding was that plans made recommendations to DHCS based on their scoring of applications, that DHCS would review all applications and notify the plans of final awards, and then plans would notify their provider(s) of approved projects. On the webinar, we heard that the MCPs will determine awardees. Can DHCS provide clarification on the process and whether it is the plan or DHCS that will make final award determinations?	MCPs will determine awardees, but DHCS will review the determinations prior to MCPs noticing the awardees.
31	Plan	Total funding amount – On the webinar, I believe it was stated that \$95 million is the total amount of available funding. Does this include federal match? (I thought it would be higher than \$95 when including FFP?)	<i>Response pending</i>

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32	Plan	Reporting requirements/expectations and process between DHCS, plans, and providers: • Programmatic reporting (project outcomes, CAPs, etc.) • Financial reporting	DHCS will provide a reporting template.
33	Plan	Program oversight: • DHCS expectations for plan oversight of projects, payment to providers • CAPs, penalties, recoupment processes	This is the responsibility of the MCP, and decisions are at the discretion of the MCP.
34	Plan	There is a question about MCP allocations. As plans are working with their providers on the applications, I think there's a concern that if plans are way off in their assumptions around how much funding is available for their providers, it could build ill-will after having promoted participation. How will the funds be distributed to each MCP? Will each plan get the same amount to administer? • Is there a projected minimum funding for each service area? • Will DHCS provide parameters regarding number of awards and/or award dollar amounts?	DHCS encourages MCPs to make awards for all proposed projects that are appropriately valued and meet the goals and requirements of the program.
35	Plan	I work at Blue Shield of California Promise Health Plan and have a question regarding the BHI Incentive Program. In LA County, we are a subcontractor of LA Care. Are we (Blue Shield Promise) eligible to administer the incentive program in this region? Or, would it only be LA Care who could administer the program?	Only LA Care can administer the program in the scenario being described.
36	FQHC	Are FQHC's eligible to apply for the BHI Incentive Program?	Yes, if the FQHC is a member of the MCP's contracted provider network and has BH included in its scope.
37	FQHC	Because this is incentive funding, is it considered outside of the FQHC PPS rate for reconciliation purposes?	Yes.
38	FQHC	Is a scope change required for an FQHC to be eligible to receive incentive funding?	A scope change is only required if the FQHC does not currently have Behavioral Health (BH) included in its scope.
39	FQHC	If an FQHC must change scope to add BH, when does the scope change need to be complete?	<i>Response pending</i>

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40	FQHC	FQHCs who want to participate must attest that “behavioral health is currently included in the scope of practice,” or “will apply for a future scope of practice change to include behavioral health services.” We would like to know what DHCS means by scope of practice. Is it the HRSA scope of practice (HRSA Form 5A) or Medi-Cal scope of practice related to PPS rate?	<i>Response pending</i>
41	FQHC	If FQHCs do a change of scope of practice to participate in this program, will it be limited to the services/measures specified in this proposal? Or will it be construed broader to include other behavioral health services, e.g. MFT?	The FQHC can choose to offer additional services. The scope of practice change must include at a minimum the ability to carry out services/measures specified in the proposal.
42	FQHC	One of the outstanding questions was scope change timeline, specifically filing scope change within 150 days after the first full fiscal year. Is there confirmation on the timeline?	<i>Response pending</i>
43	FQHC	In Los Angeles County (LAC), Behavioral Health services are a carve out. For example, L.A. Care Health Plan, LAC’s largest managed care plan (MCP), covers medical services for Medi-Cal Managed Care members; however, they contract out BH services with Beacon Health Option. Health Net, another MCP in our County, contracts with MHN for BH services. The other two MCPs that support BH services in LAC include Molina and Anthem. Given this structure, how should NEVHC go about determining who we should contract with under the BHI initiative?	DHCS does not have specific guidance. LAC may contract with the appropriate providers who can offer services and report on metrics that align with the application. Please note that only LA Care Health Plan and Health Net can administer the program in the scenario being described, as they are the only primary MCPs directly contracted with DHCS in Los Angeles County.
44	FQHC	For each of the Counties that are eligible to participate in the BHI Incentive Program, do they have contacts at the Health Plan level? (NEVHC has yet to hear anything from LA Care about this initiative and we are wondering if we should reach out to them directly.)	The list of MCP contacts is available on the BHI website.
45	FQHC	During the BHI webinar, it was mentioned that BHI funds cannot be used to pay for services currently funded under Medicaid. Can you please elaborate?	As specified in section 4.1 of the application, applicants attest that BHI Incentive Program funding will not be used to reimburse for services currently reimbursable under Medi-Cal, but must be used to improve the delivery system for Medi-Cal managed care enrollees.

**Behavioral Health Integration
QA Revised: 1/6/20**

#	Topic	Question	Answer
46	FQHC	Can you help me further define supplantation? Can we use existing staff to implement new IBH related services?	<i>Response pending</i>
47	Provider	Will there be an opportunity to revise project proposals if there are remaining funds but not enough to fund a project in its entirety?	This is left to the discretion of each MCP, but must be done within the timeline specified in the application for final awardee approval.
48	Provider	Does the applicant apply for one year at a time?	The application must be for the full program duration through 2022.
49	Provider	Please explain the funding over the three years.	Using a hypothetical funding amount as an example, if the provider is requesting \$50,000 as the budget for Program Year (PY) 2, then: The funding for PY 3 must be \$50,000. PYs 2 and 3 must be funded at the same amount. The funding for PY 1 must be \$33,333. The funding for PY 1 must be 2/3 of each of the other PYs.
50	Provider	What is the expectation of the MCPs to evaluate the “financial value” of a particular project milestone?	This is left to the discretion of each MCP.
51	Provider	If a milestone is not met, does this result in automatic non-payment or will partial payments be considered?	<i>Response pending</i>
52	Provider	Sustainability is briefly mentioned in the application. What is DHCS’s expectation of providers around planned sustainability?	DHCS’s intention is that the BH integration achieved as part of the project would continue after the end of the BHI Incentive Program. A description of sustainability is one of the scored components in Section 3.1 of the application.
53	Provider	Is there guidance for the level of funding that is available per applicant or project?	DHCS encourages MCPs to make awards for proposed projects that are appropriately valued and meet the goals and requirements of the BHI incentive Program.
54	Provider	Are the slides or a recording available for the November 22, DHCS Webinar?	The slides and recording are now available at the web link below: https://www.dhcs.ca.gov/provgovpart/Pages/VBP_BHI_IncProApp.aspx
55	Provider	Do we get other mental health patients referred to our practice or do we only focus on the ones in our practice?	You may discuss this with your MCP regarding the design of your project milestones and strategies.

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QA Revised: 1/6/20**

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56	Provider	The documents state that all applicants must have a signed MCP network provider agreement. Elsewhere the documents state that a signed MOU between the provider applicant and MCP is a prerequisite to the BHI project award (implying the MOU is not required prior to the award, rather upon award.) When speaking of the signed MCP network provider agreement, were the application documents speaking of an existing contract with the MCP or were they referencing the MOU? If these are two separate references, do we need to have the signed agreement prior to applying?	To apply you will have to be a member of the MCP's contracted provider network. When you submit the application, you will include a separate MOU for participation in the BHI Incentive Program (MOU between you and the MCP). This MOU is included as an appendix in the application on the web site
57	Provider	Is the expectation for providers serving multiple MCPs that they will apply the BHI to all their beneficiaries, even if they are only getting funding from one of their plans?	<i>Response pending</i>
58	Provider	Is the goal to get more providers just starting out on an integration effort, or to support further efforts by providers that are integrated?	The goal is to advance integration. This can be for providers just starting out and those at more advanced levels.
59	Provider	Is the provider allowed to apply in more than one county if they have offices in more than one county, correct? The provider just need to have a letter of support from the MCP in the county or counties we apply in, correct?	The application goes to the MCP – not to DHCS. The MCP will review and approve the application, and make an award offer to the provider. The provider may apply in multiple counties - based on the provider's sites and service area, and contracts with Medi-Cal MCPs. The provider must have a contract for Medi-Cal services in place with the MCP prior to application. Upon award, the provider will execute an MOU for the incentive program with the MCP. The application package to the MCP must also include the letters of support from the county BH organization (if applicable) as specified in the application.
60	Provider	Is all of the tracking through Medi-Cal billing? Do we have to be billing Medi-Cal in a county to apply in that county?	The program and funding are administered by the MCP. The provider applies to the MCP. The BHI incentive funding does not come to the provider from DHCS or FFS billing.

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QA Revised: 1/6/20**

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61	Provider	I was unclear about who the SUD-specific letter of support should come from. One of my colleagues stated, after reading the language regarding this letter, that it would be generated internally; by ourselves. I wanted to verify with you that that could be correct, or have you clarify why this could not be correct.	The letter is to come from the County-operated BH organization – either the County Mental Health managed Care Plan or the Drug Medi-Cal county administration organization. It is not self-generated by the applicant provider, unless the provider is also one of these county administration organizations. If the provider applicant is doing a BH integration project that needs to have an interaction with county-operated Specialty Mental Health Services (or SUD), then DHCS wants to know that the county organization that runs County Specialty Mental Health Services (or SUD) is supportive of the provider's approach.
62	Provider	Can some of the services outlined in this program be provided via telehealth?	Yes, however, the MCP must require that contracted applicants complete project milestones and report the required project metric data to the MCP.
63	Contacts	Would you know of a Molina contact who would be familiar with the BHI program?	Here are the contacts we have been working with at Molina. Hope this helps. If you are still having issues I am happy to try and find you another contact. Let me know. Joseph Hullett F: Joseph.Hullett1@molinahealthcare.com Ellen Rudy: Ellen.Rudy@MolinaHealthCare.Com
64	Plan	1) Can one (1) organization submit for multiple or all projects under 1 application?	Yes.
65	Funding	Has DHCS or the MCPs allocated any funding for education and support of practices interested in technical assistance and/or a learning collaborative to support BHI?	DHCS had not allocated funding for these activities. MCPs would have to respond to this questions individually. DHCS will support the effort with some TA webinars/calls during the application period and perhaps after.
66	Funding	Can practices include budgeting technical assistance and/or time and funds to support a learning collaborative in their BHI applications to MCPs? For instance, if we have monthly phone calls and webinars supporting best practice in BHI and offered regional convening's, can they budget the cost of participating in convening's and webinars, including travel and registration in their BHI application?	DHCS encourages MCPs to award funds based on appropriately valued milestones. This may include some educational training, administrative costs and technical assistance.

**Behavioral Health Integration
QA Revised: 1/6/20**

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67	Application	I am interested in applying for the Behavioral Health Integration Incentive Program. I do not have a log in for access to the application. Could you please direct me on the proper process for this	The Behavioral Health Integration Incentive application is posted here: https://www.dhcs.ca.gov/provgovpart/Pages/VBP_BHI_IncProApp.aspx . We encourage you to review all of the documents on this web site and the webinar recording.
68	Application	Our organization, St. John's Well Child and Family Center (located in Los Angeles County) is interested in applying to the Behavioral Health Integration Incentive Program. We understand that we must choose one MCP and submit our application directly to them. However, we are unsure as to who at the MCP would be the appropriate person. Do you know if the MCPs have designated staff to coordinate this? If so, do you have the contact information for each MCP?	DHCS has Plan contact information on the BHI incentive program website for providers to use. Please be aware you may only partner with one MCP unless the St. John's Well Child and Family Center operates in multiple counties. Applicants can only apply with one plan per county.
69	Contacts	Does the state have a contact person list for MCO for each of the county.	DHCS has Plan contact information on the BHI incentive program website for providers to use
70	Contacts	Will the state required the contact information and share with providers that are interested in participating in the incentive program?	DHCS does not have any specific guidance. Please reach out to Plans you are interested in partnering with.
71	Metrics	the application states that we are required to select one or more performance measures in addition to the required performance measures. Are we able to create other performance measures to use in addition to the ones mentioned below?	Yes, DHCS is developing a reporting template. There will be an optional tab to include additional performance measures.

**Behavioral Health Integration
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72	Metrics	Second, I am a little confused between the use of the terms milestones and performance measures. I had initially interpreted the milestones to be the required and selected performance measures that we choose—e.g. (Milestone for year 2 would be >80% of patients desiring medication for depression receive anti-depressants for the AMM-AD milestone). Similar to the question above, are the milestones only to be derived from the required or selected performance measures, or are we able to create additional milestones?	Both milestones and performance measures are required components of project areas. 1) Reporting of specific metric is required - this does not include improvement goals, but is only the reporting of the metric. 2) Measurable time-limited milestones are required. These can include operational progress toward implementing the integration strategies, but could also include achievement of specific metric goals. Project milestones are agreed upon by Provider and Managed Care Plan. Performance measures are metrics associated with specific project options (i.e. basic behavioral health integration, maternal access to mental health and substance use disorder screening and treatment, etc.)
73	Application	And last, does the MCP sign the MOU as part of the application, or is that only signed if the application is accepted?	The MOU is a required component of the application that is sent to the MCP. Once the MCP reviews and approves the application, the MCP will sign the MOU and send back to the applicant along with an award letter.
74	General	We were told that there were BHI project award process, eligibility and opportunities updates provided by DHCS the week of December 9th. Is that accurate? Can you please forward the information for the links? Thanks very much. This landing page only includes information from 11/26/19 and earlier.	In our webinar, DHCS noted that we would post on the website two additional documents - a Process document and a Scoring document. Both of these were posted shortly after the webinar and are available on the web site. https://www.dhcs.ca.gov/provgovpart/Pages/VBP_BHI_IncProApp.aspx
75	Application	Can you give us some examples of outcomes?	Milestones should be consistent with the goals and objectives of the BHI Incentive Program. See the projects and appendix of the application document; please keep in mind milestones should relate to the strategies identified in the appendix. As there are questions, DHCS will provide technical assistance.
76	Funding	How is the \$95 million allocated? By county?	<i>Response pending</i>