

DATE:

Behavioral Health Information Notice No: 24-XXX

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: Community Assistance, Recovery, and Empowerment (CARE) Act
Reimbursement Rates and Billing Guidance.

PURPOSE: To notify counties about the CARE Act reimbursement rates and to
provide guidance on how to submit claims for CARE Act activities.

REFERENCE: [Senate Bill \(SB\) 1338 \(Umberg, Chapter 319, Statutes of 2022\)](#);
[Welfare and Institutions \(W&I\) Code Sections 5970 through 5987](#);
[Behavioral Health Information Notice \(BHIN\) 22-059](#); [BHIN 23-016](#);
[Assembly Bill \(AB\) 102 \(Ting, Section 133, Provision 24\(a\)-\(d\), Budget
Act of 2023\)](#); [SB 35 \(Umberg, Chapter 283, Statutes of 2023\)](#)

BACKGROUND:

The CARE Act (Chapter 319, Statutes of 2022) provides community-based behavioral health services and supports for individuals with untreated schizophrenia spectrum or other psychotic disorders through a new civil court process. Counties will be required to perform a number of administrative functions (Attend Court Hearings, Prepare Court Reports, Outreach and Engagement, Notifying CARE Court Respondents, and Data Reporting) to implement the CARE Act. The Fiscal Year 2023-24 Budget Act appropriated \$52,334,000 (Regular Policy Change 193) to reimburse counties for costs incurred to implement the CARE Act. This Behavioral Health Information Notice informs counties about the process by which counties will be reimbursed for these activities.

POLICY:

DHCS will reimburse counties an hourly rate for time spent performing the following activities:

- **Court Hearing Time:** Includes activities that occur during court time such as initial hearings, hearings on the merits, case management hearings, CARE agreement process meetings, clinical evaluation review hearings, CARE plan review hearings, regular status update hearings, one-year status hearings, evidentiary hearings, graduation hearings, and reappointment to CARE hearings, and hearings that can occur at any time during the CARE process to address a change of circumstances.
- **Court Report:** Includes drafting reports such as prima facie county reports, CARE agreement reports, clinical evaluation reports, CARE plan reports, supplemental reports, regular status update reports (months 3, 5, 7, and 9), one-year status reports, graduation plan reports, and reappointment to CARE reports.
- **Outreach and Engagement:** Includes all outreach and engagement activities required pursuant to W&I Code, sections 5977(a)(5)(A) and 5977(c)(2) to engage the respondent and develop a CARE agreement with the respondent, and outreach done to engage the respondent in jointly preparing a graduation plan pursuant to 5977.3(a)(3).
- **Notice:** Includes drafting notices that may include prima facie respondent county notices, 30 additional days to engage respondent notices, initial appearance notices, hearing on the merits notices, case management hearing notices, CARE agreement progress meeting notices, clinical evaluation review hearing notices, CARE plan review hearing notices, regular status update report (months 3, 5, 7, and 9) notices, one-year status hearing (month 11) notices, evidentiary hearing notices, graduation hearing notices, and reappointment to CARE notices.
- **Data Reporting:** Includes collecting and reporting data measures outlined in [BHIN 23-052](#), including but not limited to, demographics of participants, housing placements, continuation of treatment information, and other data as determined by the department and other stakeholders.

The rate for each CARE activity is based on wage data for the professionals and practitioners most likely to complete the activity. The rate includes the median hourly wage based on Bureau of Labor Statistic (BLS) wage, adds an inflator from the May 2021 BLS wage data based on the Center for Medicare & Medicaid Services Home Health Agency Market Basket Index of 14.5%, adds a benefits percentage of 62.25% derived from the California State Budget for employees, and adds an overhead percentage of the inflated and benefited wage of 47.36%.

CLAIMING:

Counties must submit a claim form to DHCS to be reimbursed for performing these activities. Counties are required to complete BHIN XXXX: Enclosure 1 by entering the appropriate information into the “Data Entry” and “Claim Form” tabs. Specifically, counties will select the appropriate CARE Act activity for which they are claiming, entering the employee’s name completing the activity, employee type, and the hours spent performing the CARE Act activity. Please see instruction on completion of the BHIN XXXX: Enclosure 1 in the “Instructions” tab for additional detail. Hours spent performing each CARE Act activity, detailed above, includes time ancillary to the performance of the activity, such as preparation time, internal meeting time and oversight by supervisors and managers. The county must complete the quarter and fiscal year being claimed for, the county name, and certification signature on the “Claim Form” tab for DHCS to accept the enclosure.

CLAIM FORM SUBMISSION

Upon completion of data entry, “Save As PDF” the claim form, ensure the appropriate county staff member signs the claim form, and submit the signed claim form along with the workbook to DHCS at CARE_Claiming@DHCS.CA.GOV. The submitted claim should have either a wet signature, or a validated electronic signature that meets the standards outlined by the California Secretary of State (SOS). The SOS has [defined standards for electronic/digital signatures](#) that requires the use of self-authenticating digital signatures (i.e. ones that are self-authenticating like Adobe Acrobat Pro DC Self-signed with Digital ID function and DocuSign).

Claims may be submitted to DHCS on a quarterly basis and must be received by DHCS within one year following the end of the quarter. Cohort 1 counties may submit claims for activities performed beginning October 1, 2023, LA County may submit claims for activities performed beginning December 1, 2023. and all other counties may submit claims for activities performed when the CARE Process is implemented pursuant to W&I Code Section 5970.5. Please see the following table for the State Fiscal Year quarters.

Quarter	Start Date	End Date
1 st Quar	July 1st	September 30th
2 nd Quaer	October 1st	December 31st
3 rd Quaer	January 1st	March 31st
4 th Quar	April 1st	June 30th

Questions regarding this BHIN and requests for technical assistance on the CARE Act claiming process may be directed to CARE_Claiming@DHCS.CA.GOV.

Sincerely,

Original signed by

Brian Fitzgerald
Local Governmental Financing Division