CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: November 4, 2026

Behavioral Health Information Notice No: 26-034
Supersedes: BHIN No: 24-015

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 Program
California Association of Mental Health Peer Run Organizations
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professional
California Behavioral Health Association
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 Community Assistance, Recovery, and Empowerment (CARE) Act reimbursement rates and to provide guidance on submitting claims for CARE Act activities.

California Department of Health Care Services
Deputy Director's Office, Behavioral Health
P.O. Box 997413 | Sacramento, CA | 95899-7413
MS Code 2710 | Phone (916) 440-7800
www.dhcs.ca.gov

State of California
Gavin Newsom, Governor
California Health and Human Services Agency

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); Senate Bill (SB) 42 (Umberg, Chapter 640, Statutes of 2024); Senate Bill (SB) 989 (Blakespear, Chapter 667, Statutes of 2026); Senate Bill (SB) 1242 (Choi, Chapter 687, Statutes of 2026).

BACKGROUND:

The Community Assistance, Recovery, and Empowerment (CARE) Act (Chapter 319, Statutes of 2022) provides community-based behavioral health services and supports for individuals with untreated schizophrenia spectrum, other psychotic disorders, or bipolar I disorder with psychotic features through a civil court process. Counties are 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. Subject to an annual appropriation in the Budget Act, DHCS pays counties for administrative functions performed to implement the CARE Act. This Behavioral Health Information Notice informs counties about the process by which counties will be paid for these functions and clarifies 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 for CARE Act scheduled hearings, one-year status reports, graduation plan reports, reappointment to CARE reports, filing

petitions with the court as necessary pursuant to SB 42, and completing forms CARE-101 and CARE-102 along with any other necessary medical declarations required to initiate the civil court process, including associated medical assessment activities; however, medical assessments already billed to another payer are not reimbursable.

- **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, outreach done to engage the respondent in jointly preparing a graduation plan pursuant to Section 5977.3(a)(3), and other outreach and engagement activities conducted prior to a petition being filed (e.g., completion of necessary medical declarations (CARE-101)).

- **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 24-041 and W&I Code, Sections 5978.1 and 5985; including but not limited to, demographics of participants, housing placements, continuation of treatment information, and other data as determined by DHCS.

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 Centers 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 24-015: 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 24-015: 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, which is limited to preparation time, internal meeting time, oversight by supervisors and managers related to the activities above. Counties must maintain an internal tracking of time spent on CARE Act activities down to the minute; however, hours claimed must be rounded to the nearest 15-minute increment. Counties 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, Los Angeles 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. Claims for CARE Act activities may be subject to audit by DHCS. Please see the following table for the State Fiscal Year quarters.

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

Charles Anders
Local Governmental Financing Division
Department of Health Care Services