



DATE: April 11, 2025

Behavioral Health Information Notice No: 25-009

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: Coverage of Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practices (EBPs)

PURPOSE: To provide guidance regarding coverage of EBPs available under Medi-Cal as part of BH-CONNECT, including Assertive Community Treatment (ACT), Forensic ACT (FACT), Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP), Individual Placement and Support (IPS) Supported Employment, Enhanced Community Health Worker (CHW) Services and Clubhouse Services.

REFERENCE: California [Welfare and Institutions Code](#) Division 9, Part 3, Chapter 7, Article 5.51: 14184.400(c)(1), 14181.102(d), and 14184.402(i)

BACKGROUND:

The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative is designed to increase access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs. BH-CONNECT is comprised of a new five-year Medicaid Section 1115 demonstration and State Plan Amendments (SPAs) to expand coverage of EBPs available under Medi-Cal, as well as complementary guidance and policies to strengthen behavioral health services statewide.



In December 2024, the Centers for Medicare & Medicaid Services approved SPAs [24-0042](#), [24-0051](#), and [24-0052](#), establishing ACT, FACT, CSC, Clubhouse Services, Enhanced CHW Services, and IPS Supported Employment as covered Medi-Cal services effective January 1, 2025. Coverage of these EBPs supports the goal of BH-CONNECT to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs.

POLICY:

Overview of BH-CONNECT EBPs

Effective January 1, 2025, county behavioral health plans (BHPs, inclusive of mental health plans and Drug Medi-Cal Organized Delivery System plans) and Drug Medi-Cal programs have the option to cover one or more of the following BH-CONNECT EBPs within the Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and/or Drug Medi-Cal Organized Delivery System (DMC-ODS) delivery systems.

ACT, FACT, CSC and Clubhouse Services can be covered in the SMHS system only. Enhanced CHW Services and IPS Supported Employment can be covered in the SMHS, DMC and DMC-ODS delivery systems.

- **Assertive Community Treatment (ACT).** ACT is a community-based, team-based service to support members living with complex and significant behavioral health needs and a treatment history that may include psychiatric hospitalization and emergency room visits, residential treatment, involvement with the criminal justice system, homelessness, and/or lack of engagement with traditional outpatient services. ACT supports recovery through an assertive, person-centered approach that assists members to cope with the symptoms of their mental health condition and acquire the skills necessary to function and be integrated in the community. ACT is delivered by a multidisciplinary ACT team, and includes a full range of clinical treatment, psychosocial rehabilitation, care coordination, and community support services designed to support recovery.
- **Forensic ACT (FACT).** FACT builds upon the ACT model to address the complex needs of members living with significant behavioral health needs who are also involved with the criminal justice system. FACT includes the same covered service components as ACT; however, FACT teams complete additional training, include practitioners with lived experience in the criminal justice system, and serve a population of members with high risk or history of criminal justice system involvement.

- **Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP).** CSC is a community-based service designed for members experiencing FEP. By providing timely and integrated support during the critical initial stages of psychosis, CSC reduces the likelihood of psychiatric hospitalization, emergency room visits, residential treatment placements, involvement with the criminal justice system, substance use, and homelessness. CSC is a person-centered, team-based service that helps members cope with the symptoms of their mental health condition and to function and remain integrated in the community. Multidisciplinary CSC teams provide a wide range of individualized supports to members exhibiting initial signs of psychosis.
- **Clubhouse Services.** Clubhouses are intentional, strengths-focused community-based environments rooted in empowerment that support recovery from a mental health condition. Clubhouses provide opportunities for employment, socialization, education, and skill development to improve members' physical and mental health and overall quality of life and wellbeing. Clubhouse Services use a social practice model, in which members voluntarily participate in Clubhouse activities and duties alongside providers trained in the model.
- **Enhanced Community Health Worker (CHW) Services.** Enhanced CHW Services are preventive services to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and behavioral health.¹ As described in SPA 24-0052, Enhanced CHW Services include all of the same components and requirements as CHW preventive services but are tailored to members who meet the access criteria for specialty mental health and/or SUD services.²
- **Supported Employment.** The IPS model of Supported Employment is a community-based intervention that supports members living with significant behavioral health needs to find and maintain competitive employment. Participation in IPS Supported Employment supports improved employment

¹ 42 CFR 440.130(c)

² BHPs (inclusive of SMHS and DMC-ODS delivery systems) and DMC programs have the option to cover Enhanced CHW Services through specialty behavioral health delivery systems. BHPs and DMC counties must adhere to all applicable claiming and [documentation requirements](#) for specialty behavioral health delivery systems, as described in this BHIN and other relevant DHCS guidance. For more information on the components of Enhanced CHW Services and CHW qualifications, BHPs and DMC programs should review the [Medi-Cal provider manual](#) for Community Health Worker Preventive Services. Additional guidance on Enhanced CHW Services is forthcoming.

outcomes as well as improved self-esteem, independence, sense of belonging, and overall health and well-being.

Additional details about the service components covered under Medi-Cal as part of each bundled EBP are included as Enclosure 1. BHPs and DMC programs that do not opt to provide BH-CONNECT EBPs as a bundled service can bill Medi-Cal for many of these “unbundled” service components, and other covered services, as medically necessary consistent with existing Medi-Cal coverage and billing guidance.

Process for Opting to Implement BH-CONNECT EBPs

BHPs and DMC programs may cover some or all of the EBPs described above in any combination and may opt to cover additional EBPs at any time. To opt in, BHPs and DMC programs must submit a letter of commitment to DHCS:

- Stating their request to cover one or more BH-CONNECT EBPs as Medi-Cal services;
- Specifying which EBP(s) they intend to cover; and
- Specifying the date(s) that coverage will take effect.

The letter of commitment template may be found and submitted at <https://www.dhcs.ca.gov/CalAIM/Pages/Opt-in-to-BH-CONNECT.aspx>. BHPs and DMC programs must submit additional letters to DHCS to cover additional EBPs at a later date. Coverage for each EBP may take effect no sooner than the date the letter of commitment is submitted to DHCS.

BHPs that intend to draw down Federal Financial Participation (FFP) for care provided during short-term stays in Institutions for Mental Diseases (IMDs) must cover a full suite³ of BH-CONNECT EBPs on a timeline specified by DHCS. Additional information about the IMD FFP Program and associated requirements is available in [BHIN 25-011](#).

BH-CONNECT EBP Policy Guide

The forthcoming BH-CONNECT EBP Policy Guide provides operational and practice guidelines for the implementation of ACT, FACT, CSC, Clubhouse Services, and IPS Supported Employment. The Policy Guide includes information about the evidence-based service criteria for each EBP, staffing structure for teams of behavioral health

³ The “full suite” includes ACT, FACT, CSC for FEP, IPS Supported Employment, Enhanced CHW Services and Peer Support Services, including the Forensic Specialization.

practitioners delivering each EBP, and other best practices for delivering each EBP with fidelity to the evidence-based models.

BHPs and DMC programs can use the BH-CONNECT EBP Policy Guide as a key resource for implementation and administration of ACT, FACT, CSC for FEP, Clubhouse Services, and IPS Supported Employment. The BH-CONNECT EBP Policy Guide will be posted to the [BH-CONNECT webpage](#).

DHCS may periodically update the Policy Guide to clarify and reflect the latest guidelines for each EBP. DHCS will work with Centers of Excellence (COEs) and other stakeholders on EBP Policy Guide updates and notify BHPs and DMC programs whenever and how the BH-CONNECT EBP Policy Guide is substantively updated.

Fidelity Assessments & Medi-Cal Fidelity Designation for BH-CONNECT EBPs

When implemented with fidelity to the evidence-based models, BH-CONNECT EBPs have demonstrated robust outcomes among individuals living with significant behavioral health needs. Monitoring fidelity through regular fidelity assessments is a key component of each EBP to ensure members are receiving the EBPs as designed and to identify where improvements can be made. COEs for each EBP will conduct fidelity assessments on a regular cadence.⁴ Initial fidelity assessments will be available in 2025.

BHPs and DMC programs may bill the bundled Medi-Cal rate for ACT, FACT, CSC, and IPS Supported Employment for up to nine months before teams of practitioners complete an initial fidelity assessment.^{5, 6} For the BHP or DMC program to bill Medi-Cal for ACT, FACT, CSC, or IPS Supported Employment on an ongoing basis after the initial period, teams must achieve and maintain a “Medi-Cal Fidelity Designation,”

⁴ DHCS anticipates that fidelity assessments will be conducted annually for teams that have not achieved Medi-Cal Fidelity Designation, and every 2-3 years for teams that have achieved Medi-Cal Fidelity Designation. Additional information about the timing of fidelity assessments will be available in forthcoming guidance.

⁵ To ensure continuity of services, DHCS may adjust timelines if the COEs are unable to deliver fidelity assessments on the proposed timelines. If a team does not achieve Medi-Cal Fidelity Designation after its first fidelity review, DHCS will not recoup any payment for services provided prior to the fidelity assessment (assuming all other relevant requirements were observed during this period (e.g., Medi-Cal claiming rules).

⁶ County-contracted and/or county-operated providers shall submit one claim per month to the BHP or DMC Program on behalf of the multidisciplinary team of practitioners delivering ACT, FACT, CSC and/or IPS Supported Employment. Separate claims shall not be submitted on behalf of the individual practitioners on the ACT, FACT, CSC or IPS Supported Employment team.

defined as meeting a specified fidelity threshold on their fidelity assessment conducted by the COE. Medi-Cal Fidelity Designation will be granted or renewed following each fidelity assessment. BHPs and DMC programs may not continue to bill the bundled Medi-Cal rate if a team's Medi-Cal Fidelity Designation is not granted or renewed after a fidelity assessment.⁷

For BHPs to bill Medi-Cal for Clubhouse Services, Clubhouses must work with Clubhouse International to achieve Clubhouse International Accreditation if they have not already done so. Accreditation is a researched-based, quality assurance program to ensure Clubhouses are operating effectively and in alignment with the Clubhouse Quality Standards. BHPs may bill Medi-Cal for Clubhouse Services for up to one year before a Clubhouse begins the Accreditation process, and for up to three years while the Clubhouse is actively pursuing Accreditation. BHPs cannot bill Medi-Cal for Clubhouse Services for more than four years total before achieving Accreditation.

Additional details about COEs, the fidelity assessment process, fidelity thresholds, and outcomes monitoring requirements that must be met to achieve Medi-Cal Fidelity Designation for each EBP will be available in forthcoming guidance.

Claiming and Medi-Cal Payment for BH-CONNECT EBPs

The Short Doyle Medi-Cal claiming system has been updated to include ACT, FACT, CSC, Clubhouse Services, Enhanced CHW Services, and IPS Supported Employment. Procedure codes for each service are in Table 1 below. BHPs and DMC programs shall not submit claims for ACT, FACT, CSC and IPS Supported Employment until DHCS provides additional claiming guidance and confirms systems updates are in place to claim for these services. BHPs and DMC programs may begin claiming for Enhanced CHW Services on the date coverage is effective.

⁷ To ensure continuity of services for members, DHCS may establish a timeline for teams to respond and make fidelity improvements before their Medi-Cal Designation is not renewed. Additional information about the timing of fidelity assessments will be available in forthcoming guidance.

Table 1. BH-CONNECT EBP Claiming Details

Service	Rate Structure	HCPCS Code	CPT Code
ACT	Monthly Bundled Rate	H0040	n/a
FACT	Monthly Bundled Rate	H0039	n/a
CSC	Monthly Bundled Rate	H2040	n/a
IPS Supported Employment	Monthly Bundled Rate	H2023	n/a
Clubhouse Services	Daily Bundled Rate	H2031	n/a
Enhanced CHW Services	30-Minute Encounter	n/a	98960-98962

To claim for the monthly bundled ACT, FACT, CSC, or IPS Supported Employment rate and/or the daily bundled rate for Clubhouse Services, BHPs and DMC programs shall first opt in to offer the EBP (as described above) and ensure services meet the requirements in Table 2 below. BHPs and DMC programs receive a county-specific bundled rate for services that meet DHCS’ requirements. County-specific rates for behavioral health services, including bundled rates for BH-CONNECT EBPs, are posted [here](#). As described above, BHPs and DMC programs that do not opt in to these EBPs can bill Medi-Cal for many of the same “unbundled” service components, and other covered services, as medically necessary consistent with existing Medi-Cal coverage and billing guidance.

There are two county-specific rates for ACT, FACT, CSC for FEP and IPS Supported Employment: a full rate, and a partial rate. The rate varies by the number of contacts a team makes with a Medi-Cal member or collateral on different days of each month.⁸ For ACT, FACT, CSC, and IPS Supported Employment, if there are two or more separate contacts on a day, of which at least one is with the member and one is with a collateral, it may be counted as two separate days.

If a member receives 12 or more contacts for ACT or FACT in a month, the BHP may bill for appropriate, unbundled Medi-Cal-covered outpatient behavioral health services in addition to the monthly bundled rate. Unbundled Medi-Cal-covered outpatient behavioral health services can only be billed once the member reaches 12 contacts in a month.

If a member receives fewer contacts than the minimum required for the partial monthly bundled rate, the BHP or DMC program may bill for appropriate, unbundled Medi-Cal-

⁸ A “contact” is defined as an encounter of at least 15 minutes in duration. A contact may be face-to-face (in-person) or using telehealth.

covered services. Members that consistently receive fewer contacts than the minimum required for either the full or partial monthly bundled rate may require additional outreach and engagement to ensure they are adequately supported in their recovery. If a member consistently does not require the minimum required contacts for the partial bundled rate, a less intensive level of care may be more appropriate for that member.

Table 2. BH-CONNECT EBP Payment Requirements

Service	Full Rate	Partial Rate
ACT (monthly bundled rate)	<ul style="list-style-type: none"> • BHP opts to offer ACT as a bundled Medi-Cal service • ACT team has achieved Medi-Cal Fidelity Designation (or is within nine months of its first fidelity assessment) • ACT team makes at least six contacts on six different days that month, of which at least four contacts are face-to-face (in-person) with the member. Other contacts may be face-to-face or using telehealth with either the member or collateral 	<ul style="list-style-type: none"> • BHP opts to offer ACT as a bundled Medi-Cal service • ACT team has achieved Medi-Cal Fidelity Designation (or is within nine months of its first fidelity assessment) • ACT team makes at least four contacts on four different days that month, of which at least three contacts are face-to-face (in-person) with the member. Other contacts may be face-to-face or using telehealth with either the member or collateral
FACT (monthly bundled rate)	<ul style="list-style-type: none"> • BHP opts to offer FACT as a bundled Medi-Cal service • FACT team has achieved Medi-Cal Fidelity Designation (or is within nine months of its first fidelity assessment) • FACT team makes at least six contacts on six different days that month, of which at least four contacts are face-to-face (in-person) with the member. Other contacts may be face-to-face or using telehealth with either the member or a collateral 	<ul style="list-style-type: none"> • BHP opts to offer FACT as a bundled Medi-Cal service • FACT team has achieved Medi-Cal Fidelity Designation (or is within nine months of its first fidelity assessment) • ACT team makes at least four contacts on four different days that month, of which at least three contacts are face-to-face (in-person) with the member. Other contacts may be face-to-face or using telehealth with either the member or collateral
CSC (monthly bundled rate)	<ul style="list-style-type: none"> • BHP opts to offer CSC as a bundled Medi-Cal service 	<ul style="list-style-type: none"> • BHP opts to offer CSC as a bundled Medi-Cal service

Service	Full Rate	Partial Rate
	<ul style="list-style-type: none"> • CSC team has achieved Medi-Cal Fidelity Designation (or is within nine months of its first fidelity assessment) • CSC team makes at least four contacts on four different days that month, of which at least three contacts are face-to-face (in-person) with the member. Other contacts may be face-to-face or using telehealth with either the member or a collateral 	<ul style="list-style-type: none"> • CSC team has achieved Medi-Cal Fidelity Designation (or is within 9 months of its first fidelity assessment) • CSC team makes at least two contacts on two different days that month, of which at least one contact is face-to-face (in-person) with the member. Other contacts may be face-to-face or using telehealth with either the member or collateral
IPS Supported Employment (monthly bundled rate)	<ul style="list-style-type: none"> • BHP and/or DMC program opts to offer IPS Supported Employment as a bundled Medi-Cal service • IPS Supported Employment team has achieved Medi-Cal Fidelity Designation (or is within nine months of its first fidelity assessment) • IPS Supported Employment team makes at least four contacts on four different days that month, of which at least three contacts are face-to-face (in-person) with the member. Other contacts may be face-to-face or using telehealth with either the member or a collateral 	<ul style="list-style-type: none"> • BHP and/or DMC program opts to offer IPS Supported Employment as a bundled Medi-Cal service • IPS Supported Employment team has achieved Medi-Cal Fidelity Designation (or is within nine months of its first fidelity assessment) • IPS Supported Employment team makes at least two contacts on two different days that month, of which at least one contact is face-to-face (in-person) with the member. Other contacts may be face-to-face or using telehealth with either the member or collateral
Clubhouse Services	<ul style="list-style-type: none"> • BHP opts to offer Clubhouse Services as a bundled Medi-Cal service • Clubhouse is accredited by Clubhouse International (or is within 12 months of initiating the accreditation process or 	n/a

Service	Full Rate	Partial Rate
	is actively pursuing accreditation) <ul style="list-style-type: none"> Member participates in at least three hours of face-to-face (in-person) Clubhouse Services in a day 	

Payment for BH-CONNECT EBPs in Inpatient and Residential Settings

An ACT, FACT or CSC team can be a key support when members require a short-term hospital stay or residential treatment. Teams can help ensure continuity and coordination of services, and support and advocate for members. A BHP may bill the full or partial bundled rate for ACT, FACT and CSC services when a member is in an inpatient or residential setting for services that meet the requirements in Table 3 below.

The full rate may only be claimed during the month of a member’s admission or discharge. If a member is in the residential or inpatient setting for the entirety of the month, only the partial rate may be claimed. Payment is not available for services delivered to members while they reside in inpatient or residential settings that are IMDs, unless the IMD is participating in the DMC-ODS (SUD) and/or BH-CONNECT (mental health) option to receive FFP for care provided during short-term stays in IMDs, and the stay meets all requirements associated with the IMD FFP option.

Table 3. Payment Requirements for EBPs in Inpatient and Residential Settings

Service	Full Rate	Partial Rate
ACT	<ul style="list-style-type: none"> Services meet all requirements for Full Rate in Table 2 above The member is in the month of admission or discharge from the residential or inpatient setting At least three of the six required contacts are delivered before admission or after discharge from the inpatient or residential setting 	<ul style="list-style-type: none"> Services meet all requirements for Partial Rate in Table 2 above

Service	Full Rate	Partial Rate
FACT	<ul style="list-style-type: none"> • Services meet all requirements for Full Rate in Table 2 above • The member is in the month of admission or discharge from the residential or inpatient setting • At least three of the six required contacts are delivered before admission or after discharge from the inpatient or residential setting 	<ul style="list-style-type: none"> • Services meet all requirements for Partial Rate in Table 2 above
CSC	<ul style="list-style-type: none"> • Services meet all requirements for Full Rate in Table 2 above • The member is in the month of admission or discharge from the residential or inpatient setting • At least two of the four required contacts are delivered before admission or after discharge from the inpatient or residential setting 	<ul style="list-style-type: none"> • Services meet all requirements for Partial Rate in Table 2 above
IPS Supported Employment	<ul style="list-style-type: none"> • Services meet all requirements for Full Rate in Table 2 above • The member is in the month of admission or discharge from the residential or inpatient setting 	<ul style="list-style-type: none"> • Services meet all requirements for Partial Rate in Table 2 above • All contacts are delivered in a community-based setting

Service	Full Rate	Partial Rate
	<ul style="list-style-type: none"> All contacts are delivered in a community-based setting⁹ 	
Clubhouse Services	<ul style="list-style-type: none"> Services meet all requirements for Full Rate in Table 2 above Services are provided on the day of admission or discharge from the residential or inpatient setting 	n/a

Prior Authorization

Prior authorization is required prior to billing the bundled rate for ACT or FACT. BHPs are responsible for implementing or delegating prior authorization requirements and communicating those requirements to county-operated and county-contracted provider organizations. While awaiting prior authorization for ACT or FACT, the provider organization must ensure that the member continues to have access to medically necessary components of ACT or FACT that do not require prior authorization.¹⁰

Prior authorization is not required for CSC, IPS Supported Employment, or Clubhouse Services.

Other Billing Limitations

ACT, FACT, and CSC are comprehensive outpatient services. A member receiving one of these services should generally not require any additional SMHS outpatient services beyond those delivered by their ACT, FACT, or CSC team; however, other services may be provided if clinically appropriate and the provider has coordinated care to ensure services are complementary and not duplicative. ACT shall not be claimed in the same month as FACT is claimed for a member, and CSC shall not be claimed in the same month as ACT or FACT is claimed for a member.

A member may be engaged with an ACT, FACT, or CSC team through their BHP and with an Enhanced Care Management (ECM) provider through their MCP. ACT, FACT,

⁹ Pursuant to California’s Medicaid State Plan [Section 3.1 Attachment 3.1-L](#), IPS Supported Employment services may not be delivered in inpatient or residential settings. Services may be provided to members during their inpatient or residential treatment stay; however, the IPS Supported Employment team must meet with the member in a community-based location.

¹⁰ See [BHIN 22-016](#).

and CSC teams must coordinate with ECM providers to ensure any case management is complementary, and not duplicative, across the two programs.

In addition, a member may be engaged with an ACT, FACT, or CSC team and with an IPS Supported Employment team if the ACT, FACT, or CSC team cannot deliver all components of the IPS model. However, if a county's Vocational Rehabilitation program offers IPS Supported Employment services to members that are also eligible for IPS Supported Employment covered by Medi-Cal, Medi-Cal must serve as the payer of last resort.

Documentation Requirements

All ACT, FACT, CSC, IPS Supported Employment, and Clubhouse Services teams must abide by all Medi-Cal documentation requirements for SMHS as described in [BHIN 23-068](#). All teams must complete at minimum a daily progress note for each service rendered.

Compliance Monitoring

DHCS will continue to carry out its responsibility to monitor and oversee Medi-Cal behavioral health delivery systems and their operations as required by state and federal law. DHCS will monitor Medi-Cal behavioral health delivery systems for compliance with the requirements outlined above, and deviations from the requirements may require corrective action plans. This oversight will include verifying that services provided to Medi-Cal members are medically necessary, and that documentation complies with the applicable state and federal laws, regulations, the MHP contract, DMC State Plan contract, and the DMC-ODS Interagency Agreement. Recoupment shall be focused on identified overpayments and fraud, waste, and abuse.

BHPs and DMC programs that opt to cover ACT, FACT, CSC, IPS Supported Employment, and/or Clubhouse Services in 2025 must update their 2025 member handbooks to notify members of the benefit(s) by either adding the language provided in Enclosure 2 as an insert to the handbook or incorporating the language in Enclosure 2 to the "Additional Information About Your County" section within the handbook.¹¹ BHPs and DMC programs must send a Notice of Significant Change to each member at least 30 days before the effective date of the handbook.¹² For additional information

¹¹ BHPs and DMC programs that opt to cover Enhanced CHW Services must also update their member handbooks to include Enhanced CHW Services. Member handbook language for Enhanced CHW Services will be included in forthcoming guidance.

¹² Title 42, CFR, Part 438.10(g)(4)

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regarding the Notification of Significant Change delivery method requirements, please reference [BHIN 24-034](#).

Please contact BH-CONNECT@dhcs.ca.gov for questions regarding this BHIN.

Sincerely,

Original signed by

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

Enclosures (2)