



***The Community  
Assistance,  
Recovery, and  
Empowerment  
(CARE) Act Data  
Dictionary***

OCTOBER 2023  
FILE VERSION 1.0





# CARE Act Data Dictionary

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## 1 INTRODUCTION

The Community Assistance, Recovery, and Empowerment (CARE) Act Data Dictionary was developed to guide County Behavioral Health Agencies and other state or local governmental entities in fulfilling the reporting requirements as outlined in Welfare and Institutions (W&I) Code Sections 5985 and 5986. The data dictionary defines and standardizes the specified data elements by providing structure and content of the data. It additionally provides corresponding measurement questions and valid response options for each data element. To the extent possible, the content is aligned with existing state and federal systems data requirements, industry standards, and evidenced-informed typologies. This data dictionary also provides relevant information for County Behavioral Health Agencies and their vendors to build or modify information technology systems and applications for the purposes of data reporting. Please see [Appendix A](#) for reporting requirements per statute, and [Appendix B](#) for a summary table of the data specifications.

## 2 INSTRUCTIONS

This section provides information on the navigation and use of the data dictionary to perform the data collection.

### 2.1 Data Collection

County Behavioral Health Agencies and the Judicial Council of California (referred to as Judicial Council) will begin data collection at the time of CARE Act implementation and will provide submissions to DHCS on a quarterly basis, with the data organized into monthly increments. The data obtained on all clients will be collected in the measurement periods defined below.

#### 2.1.1 CARE Participants and County Clients

CARE participants are defined as respondents who meet or may meet the CARE criteria,<sup>1</sup> as determined by the court, and for whom a CARE plan was ordered, or a CARE agreement was approved by the court. Elective clients are defined as former CARE respondents who meet prima facie and CARE criteria but are diverted to county services and supports through voluntary engagement, resulting in the petition being dismissed by the court<sup>2</sup>.

For the purposes of the CARE Act data collection and reporting, Judicial Council will capture aggregated trial court data on all petitioned respondents. County Behavioral Health Agencies will capture respondent data at the individual level, beginning when the County Behavioral Health Agency files a petition or when the court orders the county to investigate and file a written report. County Behavioral Health Agencies will track CARE participants (i.e., those respondents with a CARE plan or CARE agreement) and elective clients. CARE participants and elective clients are collectively referred to as **clients** in this data dictionary.

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<sup>1</sup> See W&I Code, § 5972 [including criteria for individuals qualifying for CARE process].

<sup>2</sup> See *id.*, § 5977, subd. (a)(5)(A) [stating that “[i]f the court determines that voluntary engagement with the respondent is effective, and that the individual has enrolled or is likely to enroll in voluntary behavioral health treatment, the court shall dismiss the matter”].

## 2.1.2 Measurement Period

For County Behavioral Health Agency reporting, the measurement period indicates the point or range of time for collection of each data point. The measurement periods are as follows:

**CARE Process Initiation:** Begins when a County Behavioral Health Agency files a petition or when the court orders a county to file a written report<sup>3</sup>. This period concludes when the court does one of the following:

1. Approves the CARE agreement in the case management hearing; or
2. Orders the CARE plan in the evaluation hearing; or
3. Dismisses the petition when the respondent is diverted to receive voluntary county services.

**Active Service:** Begins at the conclusion of the CARE Process Initiation period. The Active Service period encompasses the duration of services and supports provided through a CARE agreement, CARE plan<sup>4</sup>, or voluntary county services. The Active Service period concludes when one of the following occurs, whichever comes first:

1. Termination<sup>5</sup> of county services; or
2. Graduation from the CARE process; or
3. The 12<sup>th</sup> month of voluntary county services.

This data will be collected monthly.

**Follow-up:** Begins at the conclusion of the Active Service period and continues for up to 12 months to the extent administrative data is available.

This data will be collected monthly.

## 2.1.3 Data Specifications and Format

The figure below provides an orientation of how information is presented in the [CARE Act Data Specifications](#) section.

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<sup>3</sup> If the County Behavioral Health Agency is not the original petitioner, the "CARE Process Initiation" period begins once the court orders the County Behavioral Health Agency to investigate and file a report.

<sup>4</sup> Active service period may extend for an additional 12 months for CARE participants receiving services through a CARE plan, if the court issues an order permitting a continuation of the CARE plan.

<sup>5</sup> Termination is defined as premature exit from CARE process or voluntary county services.

## CARE Act Data Dictionary

Category	Description
<b>W&amp;I Code Section:</b>	This field lists the location of the data element required in accordance with Welfare and Institutions (W&I) Code Sections 5985 and 5986.
<b>Data Element:</b>	This field indicates the data element associated with the data point that is defined.
<b>Data Point:</b>	This field lists the data point.
<b>Question:</b>	This field has the question that will be posed to collect information for the data point.
<b>Details:</b>	This field describes the type, format, and maximum length of the data point, as well as the meaning for each value code that can be entered.
<b>Type:</b>	Numeric/Text/Date
<b>Format:</b>	N to NNNNNN Alpha String of 1-200 Characters
<b>Width:</b>	1-200
<b>Value Codes:</b>	N to NNNNNN – A value from 0 through 999999 is allowed. 1 to 200 Characters
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, and/or Follow-up periods as defined above.
<b>Data Source:</b>	This field identifies the source of the information (i.e., Judicial Council or County Behavioral Health Agency).
<b>Data Type:</b>	This field indicates whether the data point is at an aggregate or individual level.
<b>Variable Source:</b>	This field indicates the existing state data or other industry-standard source used to define the data point.
<b>Variable Source Name:</b>	This field lists the variable name used in the variable source.

# CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	This field describes the details and comments for the accurate use of the data point. Where relevant, this field will also indicate when a question uses a skip logic to direct to dependent questions. If the data point does not have further details or instructions, this will be indicated by "N/A".

## 2.2 Data Reporting

### 2.2.1 Technical Assistance

The Department of Health Care Services (DHCS) contracted Health Management Associates (HMA) to provide training and technical assistance (TTA) to County Behavioral Health Agencies and providers to support data reporting for the CARE Act. Requests for technical assistance can be submitted to [info@CARE-Act.org](mailto:info@CARE-Act.org).

### 2.2.2 Data Submission

County Behavioral Health Agencies are required to submit data through the CARE Act Data Collection and Reporting Tool (DCRT) in SurveyMonkey or the file transfer mechanism, MOVEit. County Behavioral Health Agencies will collect data on a monthly basis and submit it quarterly. The reporting period spans three months, and data submissions are due 60 days following the close of a reporting period. County Behavioral Health Agencies must choose to submit all required data via either SurveyMonkey or MOVEit at each reporting quarter but **may not** submit data through both mechanisms for the same quarter.

*Table 1. Reporting and Submission Schedule*

Reporting Period	Submission Deadline
January 1 – March 31	May 30
April 1 – June 30	August 29
July 1 – September 30	November 29
October 1 – December 31	March 1

### SurveyMonkey

SurveyMonkey is a cloud-based service that hosts the CARE Act DCRT. County Behavioral Health Agencies will utilize this option for manual data entry. The CARE Act DCRT tool has embedded logic so that it only requires data points relevant to the client’s current status. County Behavioral Health Agencies are required to enter basic client information data throughout the measurement period to allow the tool to link information to clients over time.

Users are able to save and return to the CARE Act DCRT as responses are saved page by page. In order to save responses, click “next” before exiting the CARE Act DCRT.

## MOVEit

MOVEit is a mechanism used for automated file transfers of data. County Behavioral Health Agencies will utilize this option for submitting data via the file transfer. The file format aligns with the structure of CARE Act data dictionary structure.

### 2.2.3 Data Compliance Standards

County Behavioral Health Agencies are required to follow data compliance standards as outlined below upon each submission.

**Timeliness of Data:** All County Behavioral Health Agencies shall adhere to the reporting and submission schedule, regardless of implementation date, as outlined in the above Table 1. Reporting and Submission Schedule Table 1.

- Data is due to DHCS by the 60 days following the close of the reporting period.
- County Behavioral Health Agencies may submit their monthly data as soon as it is available.

**Completeness of Data:** County Behavioral Health Agencies shall account for all CARE participants and elective clients in their quarterly data submission(s).

- County Behavioral Health Agencies must ensure that all data, including data received by contracted providers, is accurate and complete by verifying the accuracy and timeliness of reported data; screening the data for completeness, logic, and consistency; and adhere to the CARE Act Data Dictionary's requirements and guidelines.
- HMA will review the completeness of quarterly data submissions reported by the County Behavioral Health Agencies.
- HMA will contact the County Behavioral Health Agencies to correct any data inaccuracies identified. County Behavioral Health Agencies are required correct any errors within 15 business days of receipt of the request.

**Accuracy of Data:** HMA will query data for adherence to validation rules (including type, format, width, and value code) and logic flows to ensure that each data point has been collected correctly. Submitted data will then be linked and checked for data duplication.

### 3 CARE ACT DATA SPECIFICATIONS

#### 3.1 Reporting Month

##### 3.1.1 Reporting Month (Date)

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e), (f)(1)
<b>Data Element:</b>	Reporting Month
<b>Data Point:</b>	Reporting Month (Date)
<b>Question:</b>	What is the reporting month for this submission?
<b>Details:</b>	N/A
<b>Type:</b>	Date
<b>Format:</b>	MM/DD/YYYY
<b>Width:</b>	10
<b>Value Codes:</b>	MM – Two–digit month, must be a value from 01 through 12. DD – Two–digit day, must be a value from 01 through 31 and a valid day for the month. YYYY – Four–digit year, must be a value that is at least 2023.
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, and Follow-up Periods
<b>Data Source:</b>	Judicial Council & County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A

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<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	Create a new submission for each new petition, even if it is associated with an individual who had a prior petition. If January 2024 data is being reported, please enter the date corresponding to the last day of that month 01/31/2024.

## 3.2 Trial Court Data

JC will stratify the data by county.

### 3.2.1 Total Petitions Submitted

Category	Description
W & I Code Section:	5985 (d)(3)(A), (f)(1), 5986(a)
Data Element:	Number of Petitions Submitted
Data Point:	Total Petitions Submitted
Question:	What was the total number of CARE petitions submitted in the reporting month?
Details:	N/A
Type:	Numeric
Format:	N to NNNNNN
Width:	6
Value Codes:	N to NNNNNN – A value from 0 through 999999 is allowed.
Measurement Period:	CARE Process Initiation Period
Data Source:	Judicial Council
Data Type:	Aggregated Data
Variable Source:	N/A
Variable Source Name:	N/A

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	This data point counts all unique petition case numbers in the reporting month (e.g., the month of January for February reporting). County Behavioral Health Agencies are not responsible for collecting this data.

## 3.2.2 Total Initial Appearances (Initial Hearings) Held

Category	Description
<b>W &amp; I Code Section:</b>	5985 (d)(3)(B), (f)(1), 5986(a)
<b>Data Element:</b>	Number of Initial Appearances Held
<b>Data Point:</b>	Total Initial Appearances (Initial Hearings) Held
<b>Question:</b>	What was the total number of CARE initial appearances held in the reporting month?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NNNNNN
<b>Width:</b>	6
<b>Value Codes:</b>	N to NNNNNN – A value from 0 through 999999 is allowed.
<b>Measurement Period:</b>	CARE Process Initiation Period
<b>Data Source:</b>	Judicial Council
<b>Data Type:</b>	Aggregated Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	All initial appearances/initial hearings held in the reporting month (e.g., month of January, February, etc.). County Behavioral Health Agencies are not responsible for collecting this data.

## 3.2.3 Total Hearings Held

Category	Description
<b>W &amp; I Code Section:</b>	5985 (d)(3)(C), (f)(1), 5986(a)
<b>Data Element:</b>	Number of Hearings Held
<b>Data Point:</b>	Total Hearings Held
<b>Question:</b>	What was the total number of CARE hearings held in the reporting month?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NNNNNN
<b>Width:</b>	6
<b>Value Codes:</b>	N to NNNNNN – A value from 0 through 999999 is allowed.
<b>Measurement Period:</b>	CARE Process Initiation and Active Service Periods
<b>Data Source:</b>	Judicial Council
<b>Data Type:</b>	Aggregated Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	All hearings associated with a petition including initial, merits of the petition, case management, clinical evaluation review, CARE plan review, progress/status review, one-year status review, and graduation hearings. County Behavioral Health Agencies are not responsible for collecting this data.

## 3.2.4 Total CARE Plans Ordered

Category	Description
<b>W &amp; I Code Section:</b>	5985 (d)(3)(C), (f)(1), 5986(a)
<b>Data Element:</b>	Total CARE Plans Ordered
<b>Data Point:</b>	Total CARE Plans Ordered
<b>Question:</b>	What was the total number of CARE plans ordered in the reporting month?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NNNNNN
<b>Width:</b>	6
<b>Value Codes:</b>	N to NNNNNN – A value from 0 through 999999 is allowed.
<b>Measurement Period:</b>	CARE Process Initiation
<b>Data Source:</b>	Judicial Council
<b>Data Type:</b>	Aggregated Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	This data point counts all respondents with a CARE plan ordered by the court. County Behavioral Health Agencies are not responsible for collecting this data.

## 3.2.5 Total CARE Agreements Approved

Category	Description
<b>W &amp; I Code Section:</b>	5985 (d)(3)(C), (f)(1), 5986(a)
<b>Data Element:</b>	Total CARE Agreements Approved
<b>Data Point:</b>	Total CARE Agreements Approved
<b>Question:</b>	What was the total number of CARE agreements approved in the reporting month?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NNNNNN
<b>Width:</b>	6
<b>Value Codes:</b>	N to NNNNNN – A value from 0 through 999999 is allowed.
<b>Measurement Period:</b>	CARE Process Initiation
<b>Data Source:</b>	Judicial Council
<b>Data Type:</b>	Aggregated Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	This data point counts all petitions that resulted in a CARE agreement. County Behavioral Health Agencies are not responsible for collecting this data.

## 3.2.6 Total Petitions Dismissed

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(9), (f)(1), 5986(a)
<b>Data Element:</b>	Number, Rates, and Trends of Petitions Resulting in Dismissals and Hearings
<b>Data Point:</b>	Total Petitions Dismissed
<b>Question:</b>	What was the total number of CARE petitions dismissed in the reporting month?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NNNNNN
<b>Width:</b>	6
<b>Value Codes:</b>	N to NNNNNN – A value from 0 through 999999 is allowed.
<b>Measurement Period:</b>	CARE Process Initiation Period
<b>Data Source:</b>	Judicial Council
<b>Data Type:</b>	Aggregated Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	N/A

### 3.3 Basic Client Information

#### 3.3.1 County

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e), (f)(1)
<b>Data Element:</b>	Basic Client Information
<b>Data Point:</b>	County
<b>Question:</b>	Which county was assigned by the court to investigate or follow this client in the reporting month?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NN
<b>Width:</b>	2
<b>Value Codes:</b>	1 – Alameda County 2 – Alpine County 3 – Amador County 4 – Butte County 5 – Calaveras County 6 – Colusa County 7 – Contra Costa County 8 – Del Norte County 9 – El Dorado County 10 – Fresno County 11 – Glenn County 12 – Humboldt County 13 – Imperial County

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Category	Description
	14 – Inyo County
	15 – Kern County
	16 – Kings County
	17 – Lake County
	18 – Lassen County
	19 – Los Angeles County
	20 – Madera County
	21 – Marin County
	22 – Mariposa County
	23 – Mendocino County
	24 – Merced County
	25 – Modoc County
	26 – Mono County
	27 – Monterey County
	28 – Napa County
	29 – Nevada County
	30 – Orange County
	31 – Placer County
	32 – Plumas County
	33 – Riverside County
	34 – Sacramento County
	35 – San Benito County
	36 – San Bernardino County
	37 – San Diego County
	38 – The City and County of San Francisco
	39 – San Joaquin County

## CARE Act Data Dictionary

Category	Description
	40 – San Luis Obispo County 41 – San Mateo County 42 – Santa Barbara County 43 – Santa Clara County 44 – Santa Cruz County 45 – Shasta County 46 – Sierra County 47 – Siskiyou County 48 – Solano County 49 – Sonoma County 50 – Stanislaus County 51 – Sutter County 52 – Tehama County 53 – Trinity County 54 – Tulare County 55 – Tuolumne County 56 – Ventura County 57 – Yolo County 58 – Yuba County
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A

## CARE Act Data Dictionary

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Category	Description
Additional Specifications:	N/A

## 3.3.2 Current First Name

Category	Description
W & I Code Section:	5985 (e)(1)
Data Element:	Basic Client Information
Data Point:	Current First Name
Question:	What is the client's current first name?
Details:	N/A
Type:	Text
Format:	Alpha String of 1–50 Characters
Width:	50
Value Codes:	Alpha – 1 to 50 characters
Measurement Period:	CARE Process Initiation, Active Service, & Follow-up
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	<a href="#">CalOMS Tx Data Dictionary</a>
Variable Source Name:	N/A
Additional Specifications:	N/A

## 3.3.3 Current Last Name

Category	Description
W & I Code Section:	5985 (e)(1)
Data Element:	Basic Client Information
Data Point:	Current Last Name
Question:	What is the client's current last name?
Details:	N/A
Type:	Text
Format:	Alpha String of 1–50 Characters
Width:	50
Value Codes:	Alpha – 1 to 50 characters
Measurement Period:	CARE Process Initiation, Active Service, & Follow-up
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	<a href="#">CalOMS Tx Data Dictionary</a>
Variable Source Name:	N/A
Additional Specifications:	N/A

## 3.3.4 Age

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(1), (e)(18), (f)(1), 5986 (a)
<b>Data Element:</b>	Basic Client Information
<b>Data Point:</b>	Age
<b>Question:</b>	What is the client's date of birth?
<b>Details:</b>	N/A
<b>Type:</b>	Date
<b>Format:</b>	MM/DD/YYYY
<b>Width:</b>	10
<b>Value Codes:</b>	<p>MM – Two–digit month, must be a value from 01 through 12.</p> <p>DD – Two–digit day, must be a value from 01 through 31 and a valid day for the month.</p> <p>YYYY – Four–digit year, must be a value that is at least 1899.</p> <p>09/09/9999 – Use this date if the date of birth is unknown. Must update date of birth when it is known.</p>
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, & Follow-up
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">CalOMS Tx Data Dictionary</a>
<b>Variable Source Name:</b>	N/A

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	This data point will be used to determine the age of the client at the time the petition was submitted. If multiple petitions were submitted, use the date of birth included on the most recent petition. This will be used to link clients across survey submissions and will be asked at every time point.

## 3.3.5 Social Security Number

Category	Description
W & I Code Section:	5985 (e)(1), (e)(18), 5986
Data Element:	Basic Client Information
Data Point:	SSN
Question:	What is the client's Social Security Number (SSN)? (If social security number is not available, please use the client's Medi-Cal beneficiary number.)
Details:	N/A
Type:	Text
Format:	NNNNNNNNN or AAAAAAAAA
Width:	9
Value Codes:	NNNNNNNNN – Client's SSN AAAAAAAAA – Client's Medi-Cal beneficiary number. 999999999 – If both SSN and Medi-Cal beneficiary numbers are unknown, please use 9s.
Measurement Period:	CARE Process Initiation, Active Service, & Follow-up
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	<a href="#">CalOMS Tx Data Dictionary</a>
Variable Source Name:	SSN

## CARE Act Data Dictionary

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<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	Do not include dashes.

## 3.3.6 Petition Case Number

Category	Description
W & I Code Section:	5985 (e)(9), (f)(1)
Data Element:	Basic Client Information
Data Point:	Petition Case Number
Question:	What is the CARE petition case number?
Details:	N/A
Type:	Text
Format:	Alpha Numeric – restricted
Width:	20
Value Codes:	Alpha Numeric – Up to 20 Characters
Measurement Period:	CARE Process Initiation, Active Service, & Follow-up
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	<a href="#">CARE-100 Petition to Commence CARE Act Proceedings</a>
Variable Source Name:	Case number
Additional Specifications:	The petition case number as indicated on the CARE court forms.

## 3.3.7 Petition File Date

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(9), (f)(1)
<b>Data Element:</b>	Basic Client Information
<b>Data Point:</b>	Petition File Date
<b>Question:</b>	What date was the CARE petition filed?
<b>Details:</b>	N/A
<b>Type:</b>	Date
<b>Format:</b>	MM/DD/YYYY
<b>Width:</b>	10
<b>Value Codes:</b>	MM – Two–digit month, must be a value from 01 through 12. DD – Two–digit day, must be a value from 01 through 31 and a valid day for the month. YYYY – Four–digit year, must be a value that is at least 2023. 09/09/9999 – Use this date if the date of CARE petition filed is unknown.
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, & Follow-up
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	N/A

## 3.3.8 Date of Investigation

Category	Description
W & I Code Section:	5985 (e)(9), (f)(1)
Data Element:	Basic Client Information
Data Point:	Date of Investigation
Question:	On what date did the court order the investigation?
Details:	N/A
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two–digit month, must be a value from 01 through 12. DD – Two–digit day, must be a value from 01 through 31 and a valid day for the month. YYYY – Four–digit year, must be a value that is at least 2023. 09/09/9998 – Use this date if it is not applicable.
Measurement Period:	CARE Process Initiation, Active Service, & Follow-up
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	N/A

## 3.3.9 Original Petitioner

Category	Description
W & I Code Section:	5985 (e)(9), (f)(1)
Data Element:	Basic Client Information
Data Point:	Original Petitioner
Question:	Who filed the original CARE petition?
Details:	N/A
Type:	Numeric
Format:	N to NN
Width:	2
Value Codes:	<p>1 – A person who lives with the respondent.</p> <p>2 – A spouse or registered domestic partner, parent, sibling, child, or grandparent of the respondent.</p> <p>3 – A person who stands in the place of a parent to the respondent.</p> <p>4 – The director* of a hospital in which the respondent is hospitalized.</p> <p>5 – The director* of a public or charitable organization, agency, or home who is or has been, within the reporting month, providing behavioral health services to the respondent.</p> <p>6 – The director* of a public or charitable organization, agency, or home in whose institution the respondent resides.</p> <p>7 – A licensed behavioral health professional* who is or has been, within the reporting month, treating or supervising the treatment of the respondent.</p> <p>8 – A first responder, including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker who has had repeated interactions with the respondent.</p>

## CARE Act Data Dictionary

Category	Description
	9 – The public guardian* or public conservator* 10 – The director of the county behavioral health agency 11 – The director* of adult protective services 12 – The director* of a California Indian health services program or a California tribal behavioral health department. 13 – A California tribal court judge. * 14 – The respondent.
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, & Follow-up
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">CARE-100 Petition to Commence CARE Act Proceedings</a>
<b>Variable Source Name:</b>	Based on petitioner (name)
<b>Additional Specifications:</b>	Select only one petitioner: the individual/entity that initiated the original petition. "*" indicates a person that may designate someone else to file the petition on their behalf.

## 3.3.10 Current CARE Status

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(17), (f)(1)
<b>Data Element:</b>	Basic Client Information
<b>Data Point:</b>	Current CARE Status
<b>Question:</b>	What is the client's current CARE status?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N
<b>Width:</b>	1
<b>Value Codes:</b>	<p>1 – CARE Process Initiation Period (initial, merits, case management, or clinical evaluation hearing)</p> <p>2 – Dismissed (Not eligible and not receiving county supports and services)</p> <p>3 – Dismissed (Not eligible but receiving county supports and services)</p> <p>4 – Elective Client (CARE eligible but dismissed because diverted for voluntary county services outside CARE process.)</p> <p>5 – Active CARE agreement</p> <p>6 – Active CARE plan</p> <p>7 – Terminated from CARE agreement/plan/voluntary county services (no longer receiving county supports and services)</p> <p>8 – Graduated from CARE plan, after 12 months following a CARE agreement, or after 12 months of elective services</p>
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data

# CARE Act Data Dictionary

Category	Description
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	<p>This data point is critical as it helps guide data collection based on the client’s CARE status. It must be reported every month.</p> <p>If there is a change in CARE status during the same calendar month, please complete the survey twice. For example, a client may undergo the CARE process initiation between 01/01/2024 to 01/14/2024 and receive court approval for a CARE agreement on 01/15/2024. The county will complete one survey for the CARE process initiation period and a second survey to capture services and supports received between 01/15/2024 through 01/31/2024 (Active Service Period). This applies to CARE status change from:</p> <ul style="list-style-type: none"> <li>• CARE Process Initiation Period (initial, merits, case management, or clinical evaluation hearing) to Active CARE agreement</li> <li>• CARE Process Initiation Period (initial, merits, case management, or clinical evaluation hearing) to Active CARE plan</li> <li>• CARE Process Initiation Period (initial, merits, case management, or clinical evaluation hearing) to Elective Client (CARE eligible but dismissed because diverted for voluntary county services outside CARE process.)</li> </ul> <p>The survey will be completed twice for these CARE status changes to establish baseline data during the CARE Process Initiation Period and capture data during the Active Service Period.</p> <p>Termination is defined as premature exit from CARE process or voluntary county services.</p>

## CARE Act Data Dictionary

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Category	Description
	For clients who are terminated from county supports and services, counties must report data from the Active Service Period during the month of termination.

## 3.3.11 Petition Dismissal Date

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(9), (f)(1)
<b>Data Element:</b>	Basic Client Information
<b>Data Point:</b>	Petition Dismissal Date
<b>Question:</b>	If applicable, on what date was the CARE petition dismissed?
<b>Details:</b>	N/A
<b>Type:</b>	Date
<b>Format:</b>	MM/DD/YYYY
<b>Width:</b>	10
<b>Value Codes:</b>	MM – Two-digit month, must be a value from 01 through 12. DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month. YYYY – Four-digit year, must be a value that is at least 2023.
<b>Measurement Period:</b>	CARE Process Initiation Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	<p>This field will be available when the options below are selected for Current CARE Status.</p> <ul style="list-style-type: none"> <li>Dismissed (Not eligible and not receiving county supports and services)</li> <li>Dismissed (Not eligible but receiving county supports and services)</li> </ul>

# CARE Act Data Dictionary

Category	Description
	<ul style="list-style-type: none"><li data-bbox="570 296 1344 422">• Elective Client (CARE eligible but dismissed because diverted for voluntary county services outside CARE process.)</li></ul> <p data-bbox="521 449 1360 531">Enter this data once when CARE clients are dismissed or diverted to voluntary county services outside CARE process.</p>

## 3.3.12 Termination of Services Date

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(4), (e)(17), (f)(1)
<b>Data Element:</b>	Basic Client Information
<b>Data Point: 2 data points</b>	Termination of Services Date
<b>Question:</b>	On what date were services terminated for the client?
<b>Details:</b>	N/A
<b>Type:</b>	Date
<b>Format:</b>	MM/DD/YYYY
<b>Width:</b>	10
<b>Value Codes:</b>	MM – Two-digit month, must be a value from 01 through 12. DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month. YYYY – Four-digit year, must be a value that is at least 2023.
<b>Measurement Period:</b>	Active Service Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	Enter this date once for when services are terminated. Termination is defined as premature exit from CARE process or voluntary county services. This field will be available when "Terminated from CARE agreement/plan/voluntary county services (no longer receiving county supports and services)" is selected for Current Care Status.

## 3.3.13 Reason for Termination

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(4), (e)(17), (f)(1)
<b>Data Element:</b>	Basic Client Information
<b>Data Point:</b>	Reason for Termination
<b>Question:</b>	What was the primary reason that services were terminated for the client?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Death 2 – Client moved away. 3 – Client transitioned to a lower level of care. 4 – Client transitioned to a higher level of care. 5 – Client is incarcerated. 6 – Client declined to comply with CARE agreement/plan/voluntary county services. 7 – Unable to locate client 99903 – Other (allow text field)
<b>Measurement Period:</b>	Active Service Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	Termination is defined as premature exit from CARE process or voluntary county services. This field will be available when "Terminated from CARE agreement/plan/voluntary county services (no longer receiving county supports and services)" is selected for Current Care Status.

## 3.3.14 Graduation Date

Category	Description
W & I Code Section:	N/A
Data Element:	Basic Client Information
Data Point:	Date of graduation from CARE Agreement or Plan
Question:	On what date did the client graduate from the CARE process?
Details:	N/A
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12. DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month. YYYY – Four-digit year, must be a value that is at least 2023.
Measurement Period:	Active Service Period
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	The date when the court reviews the voluntary graduation plan which typically occurs in the 12 <sup>th</sup> month after the adoption of the CARE plan or agreement. This field will be available when "Graduated from CARE plan, after 12 months following a CARE agreement, or after 12 months of elective services" is selected for Current CARE Status. Enter this date once for petitions

## CARE Act Data Dictionary

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Category	Description
	associated with a new case. Includes graduation from a CARE agreement or plan.

## 3.4 Demographics

Demographic information is required in the CARE Process Initiation Period. During the Active Service and Follow-Up Periods, the demographic section should be updated when there is a change (e.g., employment status, health care coverage status).

### 3.4.1 Sex

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(1), (e)(18), (f)(1), 5986 (a)
<b>Data Element:</b>	Demographics
<b>Data Point:</b>	Sex
<b>Question:</b>	What is the client's sex?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Male 2 – Female 3 – Other 99999 – Unknown
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, & Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	Adapted from Medi-Cal Data Dictionary
<b>Variable Source Name:</b>	GENDER_BIRTH_CERT_CD
<b>Additional Specifications:</b>	The use of unknown aligns with Medi-Cal data dictionary. When sex is intentionally not selected, use 99999 – Unknown.



## 3.4.2 Race

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(1), (e)(18), (f)(1), 5986 (a)
<b>Data Element:</b>	Demographics
<b>Data Point:</b>	Race
<b>Question:</b>	What is the client's race? (Check all that apply)
<b>Details:</b>	N/A
<b>Type:</b>	Text
<b>Format:</b>	Alpha String of 1 Character or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – White 2 – Hispanic 3 – Black 4 – Other Asian or Pacific Islander 5 – Alaskan Native or American Indian 7 – Filipino 99900 – Client declined to state A – Amerasian C – Chinese H – Cambodian J – Japanese K – Korean M – Samoan N – Asian Indian P – Hawaiian R – Guamanian

## CARE Act Data Dictionary

Category	Description
	T – Laotian V – Vietnamese 99903 – Other (allow text field) 99999 – Unknown
<b>Measurement Period:</b>	CARE Process Initiation Period, Active Service, & Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	Adapted from Medi-Cal Data Dictionary
<b>Variable Source Name:</b>	Race
<b>Additional Specifications:</b>	N/A

## 3.4.3 Ethnicity

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(1), (e)(18), (f)(1), 5986 (a)
<b>Data Element:</b>	Demographics
<b>Data Point:</b>	Ethnicity
<b>Question:</b>	What is the client's ethnicity?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Not Hispanic 2 – Mexican/Mexican American 3 – Cuban 6 – Puerto Rican 5 – Other Hispanic/Latino 99999 – Unknown
<b>Measurement Period:</b>	CARE Process Initiation Period, Active Service, & Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	Adapted from <a href="#">CalOMS Tx Data Dictionary</a>
<b>Variable Source Name:</b>	Ethnicity
<b>Additional Specifications:</b>	When ethnicity is intentionally not selected, use 99999 – Unknown.

## 3.4.4 Tribal Affiliation

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(1), (e)(18), (f)(1), 5986 (a)
<b>Data Element:</b>	Demographics
<b>Data Point:</b>	Tribal Affiliation
<b>Question:</b>	Does the client currently self-identify as an enrolled member in a federally recognized Indian tribe?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Yes 0 – No 99999 – Unknown
<b>Measurement Period:</b>	CARE Process Initiation Period, Active Service, & Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	This field will be available when “American Indian or Alaska Native” for Race is selected. When tribal affiliation is intentionally not selected, use 99999 – Unknown.

## 3.4.5 Tribal Services

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(1), (e)(18), (f)(1), 5986 (a)
<b>Data Element:</b>	Demographics
<b>Data Point:</b>	Tribal Affiliation
<b>Question:</b>	Does the client receive services from an Indian health care provider, tribal court, or a tribal organization?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Yes 0 – No 99999 – Unknown
<b>Measurement Period:</b>	CARE Process Initiation Period, Active Service, & Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	This field will be available when “American Indian or Alaska Native” for Race is selected. When tribal Services is intentionally not selected, use 99999 – Unknown.

## 3.4.6 Disability

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(1), (e)(18), (f)(1), 5986 (a)
<b>Data Element:</b>	Demographics
<b>Data Point:</b>	Disability
<b>Question:</b>	What type of disability/disabilities does the client have, if any? (Check all that apply)
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	99902 – None 1 – Visual 2 – Hearing 3 – Speech 4 – Mobility 5 – Mental domain not including a serious mental illness (including but not limited to a learning disability or dementia) 6 – Developmentally Disabled 99903 – Other Disability (not SUD or SMI) 99900 – Client declined to state 99904 – Client unable to answer 99999 – Unknown
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, & Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Variable Source:</b>	Adapted from <a href="#">CalOMS Tx Data Dictionary</a>
<b>Variable Source Name:</b>	Disability
<b>Additional Specifications:</b>	Disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a serious mental illness. When disability is intentionally not selected, use 99999 – Unknown.

## 3.4.7 Preferred Language

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(1), (e)(18), (f)(1), 5986 (a)
<b>Data Element:</b>	Demographics
<b>Data Point:</b>	Preferred Language
<b>Question:</b>	What is the client's preferred language?
<b>Details:</b>	N/A
<b>Type:</b>	Text
<b>Format:</b>	Alpha String of 1 Character or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	0 – American Sign Language (ASL) 1 – Spanish 2 – Cantonese 3 – Japanese 4 – Korean 5 – Tagalog 6 – Other Non-English 7 – English 8 – No Valid Data Reported (MEDS generated) 99900 – Client declined to state A – Other Sign Language B – Mandarin C – Other Chinese Languages D – Cambodian E – Armenian F – Ilocano

## CARE Act Data Dictionary

Category	Description
	G – Mien H – Hmong I – Lao J – Turkish K – Hebrew L – French M – Polish N – Russian P – Portuguese Q – Italian R – Arabic S – Samoan T – Thai U – Farsi V – Vietnamese W – Hindi X – Punjabi 99999 – Unknown
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, & Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	Adapted from Medi-Cal Data Dictionary
<b>Variable Source Name:</b>	Primary Language

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	The language preference of services identified by the client (client self-report). If client is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent. When preferred language is intentionally not selected, use 99999 – Unknown.

## 3.4.8 Sexual Orientation

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(1), (e)(18), (f)(1), 5986 (a)
<b>Data Element:</b>	Demographics
<b>Data Point:</b>	Sexual Orientation
<b>Question:</b>	What is the client's sexual orientation?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Straight/Heterosexual 2 – Gay or Lesbian 3 – Bisexual 4 – Queer 5 – Another Sexual Orientation 6 – Unsure/Questioning 7 – Client declined to state 99999 – Unknown
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, & Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	Adapted from Medi-Cal Data Dictionary

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Variable Source Name:</b>	SEXUAL_ORIENTATION_CD
<b>Additional Specifications:</b>	The sexual orientation identified by the client (client self-report). If client is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent. When sexual orientation is intentionally not selected, use 99999 – Unknown.

## 3.4.9 Gender Identification

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(1), (e)(18), (f)(1), 5986 (a)
<b>Data Element:</b>	Demographics
<b>Data Point:</b>	Gender Identity
<b>Question:</b>	What is the client's current gender identity?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Female 2 – Male 3 – Transgender: Male to Female 4 – Transgender: Female to Male 5 – Non-Binary (neither Male nor Female) 6 – Another Gender Identity 7 – Client declined to state 99999 – Unknown
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, & Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	Adapted from Medi-Cal Data Dictionary
<b>Variable Source Name:</b>	GENDER_BENE_CD

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	The current gender identified by the client (client self-report). If client is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent. When gender identity is intentionally not selected, use 99999 – Unknown.

## 3.4.10 Employment Status

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(1), (e)(17)
<b>Data Element:</b>	Demographics
<b>Data Point:</b>	Employment Status
<b>Question:</b>	Which of the following options best describes the client's employment status in the reporting month?
<b>Details:</b>	N/A
<b>Type:</b>	Text
<b>Format:</b>	Alpha String of 1 Character or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p><b>Employed in competitive job market</b></p> <p>A – Full time, 35 hours or more per week</p> <p>B – Part time, less than 35 hours per week</p> <p><b>Employed in noncompetitive job market (sheltered workshop, protected environment)</b></p> <p>C – Full time, 35 hours or more per week</p> <p>D – Part time, less than 35 hours per week</p> <p><b>Not in the paid work force</b></p> <p>E – Actively looking for work</p> <p>F – Homemaker</p> <p>G – Student</p> <p>H – Volunteer Worker</p> <p>I – Retired</p> <p>99903 – Other</p> <p>99999 – Unknown</p>

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, & Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	Adapted from CSI Data Dictionary V2.9 (October 2022)
<b>Variable Source Name:</b>	Employment Status
<b>Additional Specifications:</b>	N/A

## 3.4.11 Veteran Status

Category	Description
W & I Code Section:	5985 (e)(1), (e)(18), (f)(1), 5986 (a)
Data Element:	Demographics
Data Point:	Veteran Status
Question:	Is the client an United States veteran?
Details:	N/A
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Yes 0 – No 99900 – Client declined to state 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, & Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	Adapted from <a href="#">CalOMS Tx Data Dictionary</a>
Variable Source Name:	Veteran
Additional Specifications:	N/A

## 3.4.12 Immigration Status

Category	Description
W & I Code Section:	5985 (e)(1), (f)(1), 5986 (a)
Data Element:	Demographics
Data Point:	Immigration Status
Question:	Is the client a United States citizen or United States national?
Details:	N/A
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Yes 0 – No 99900 – Client declined to state 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, & Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	<a href="#">Covered California Application for Health Insurance</a>
Variable Source Name:	N/A
Additional Specifications:	N/A

## 3.4.13 Health Care Coverage Status

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(1), (e)(18), (f)(1), 5986 (a)
<b>Data Element:</b>	Demographics
<b>Data Point:</b>	Health Care Coverage Status
<b>Question:</b>	What was the client's health insurance status in the reporting month? (Check all that apply)
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p>1 – Medicare</p> <p>2 – Medicaid (Medi-Cal)</p> <p>3 – Children's Health Insurance Program State Plan (Title XXI) (CHIP)</p> <p>4 – Veteran's Administration (VA) Medical Services</p> <p>5 – Employer Provided Health Insurance</p> <p>6 – Health Insurance obtained through COBRA</p> <p>7 – Private Pay Health Insurance</p> <p>8 – State Health Insurance for Adults (Covered California)</p> <p>9 – Indian Health Services Program</p> <p>11 – Uninsured</p> <p>99903 – Other Health Insurance (allow text field)</p> <p>99999 – Unknown</p>
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, & Follow-up Periods

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">US Dept. of Housing and Urban Development FY 2022 HMIS Data Standards Data Dictionary</a>
<b>Variable Source Name:</b>	Health Insurance
<b>Additional Specifications:</b>	N/A

## 3.4.14 County of Residence

Category	Description
W & I Code Section:	5985 (e)(1), (e)(18), (f)(1), 5986 (a)
Data Element:	Demographics
Data Point:	County of Residence
Question:	What was the client's zip code at their residence in the reporting month?
Details:	N/A
Type:	Text or Numeric – restricted
Format:	NNNNN or AAAAA
Width:	5
Value Codes:	<p>NNNNN – The client's five-digit zip code.</p> <p>00000 or a five-digit zip code – Client is experiencing homelessness (or unhoused). Can use the zip code of billing provider (preferred method), zip code of location of homelessness, or '00000'.</p> <p>99900 – Client declined to state</p> <p>99904 – Client unable to answer</p>
Measurement Period:	CARE Process Initiation, Active Service, & Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	<a href="#">CalOMS Tx Data Dictionary</a>
Variable Source Name:	Zip Code at Current Residence
Additional Specifications:	N/A

### 3.5 Services and Supports

#### 3.5.1 Mental Health Treatment Services Provided

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(2)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	Mental Health Treatment Services Provided
<b>Question:</b>	What mental health treatment services were provided to the client in the reporting month? (Check all that apply).
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NN or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Adult Crisis Residential Services 2 – Adult Residential Treatment Services 3 – Crisis Intervention 4 – Crisis Stabilization 5 – Day Rehabilitative (Half-Day & Full-Day) 6 – Day Treatment Intensive (Half-Day & Full-Day) 7 – Intensive Care Coordination 8 – Intensive Home Based Services 9 – Medication Support 10 – Psychiatric Health Facility Services 11 – Psychiatric Inpatient Hospital Services 12 – Targeted Case Management 13 – Therapeutic Behavioral Services

## CARE Act Data Dictionary

Category	Description
	14 – Therapeutic Foster Care 15 – Therapy and Other Service Activities (formerly referred to as Mental Health Services) 16 – Psychosocial Services 17 – Peer Support Services 99902 – None 99903 – Other mental health treatment services (allow text field) 99999 – Unknown
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">DHCS Performance Outcomes System Measures Catalog</a>
<b>Variable Source Name:</b>	Mental Health Services
<b>Additional Specifications:</b>	This data point will be used to indicate treatment continued and terminated at one year follow-up, post CARE agreement or plan (Statute (e)(4)). Please see <a href="#">Appendix C</a> for descriptions and healthcare common procedure coding system (HCPCS) codes. All applicable services should be selected including services client is receiving under other programs such as Full Service Partnership.

## 3.5.2 Mental Health Treatment Services in CARE Agreement or Plan

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(2), (e)(13)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	Mental Health Treatment Services in CARE Agreement or Plan
<b>Question:</b>	What, if any, mental health treatment services were in the CARE agreement or plan in the reporting month? (Check all that apply).
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NN or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<ul style="list-style-type: none"> <li>1 – Adult Crisis Residential Services</li> <li>2 – Adult Residential Treatment Services</li> <li>3 – Crisis Intervention</li> <li>4 – Crisis Stabilization</li> <li>5 – Day Rehabilitative (Half-Day &amp; Full-Day)</li> <li>6 – Day Treatment Intensive (Half-Day &amp; Full-Day)</li> <li>7 – Intensive Care Coordination</li> <li>8 – Intensive Home Based Services</li> <li>9 – Medication Support</li> <li>10 – Psychiatric Health Facility Services</li> <li>11 – Psychiatric Inpatient Hospital Services</li> <li>12 – Targeted Case Management</li> <li>13 – Therapeutic Behavioral Services</li> <li>14 – Therapeutic Foster Care</li> </ul>

## CARE Act Data Dictionary

Category	Description
	15 – Therapy and Other Service Activities (formerly referred to as Mental Health Services) 16 – Psychosocial Services 17 – Peer Support Services 99902 – None 99903 – Other mental health treatment services (allow text field) 99999 – Unknown
<b>Measurement Period:</b>	Active Service Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">DHCS Performance Outcomes System Measures Catalog</a>
<b>variable Source Name:</b>	Mental Health Services
<b>Additional Specifications:</b>	Please see <a href="#">Appendix C</a> descriptions and healthcare common procedure coding system (HCPCS) codes. All applicable services should be selected including services client is receiving under other programs such as Full Service Partnership.

## 3.5.3 Mental Health Treatment Services in CARE Agreement or Plan Not Provided

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(2)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	Mental Health Treatment Services in CARE Agreement or Plan Not Provided
<b>Question:</b>	Of those mental health treatment services listed in the CARE agreement or plan, which ones were <u>not provided</u> to the client past calendar month in the reporting month? (Check all that apply)
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NN or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<ul style="list-style-type: none"> <li>1 – Adult Crisis Residential Services</li> <li>2 – Adult Residential Treatment Services</li> <li>3 – Crisis Intervention</li> <li>4 – Crisis Stabilization</li> <li>5 – Day Rehabilitative (Half-Day &amp; Full-Day)</li> <li>6 – Day Treatment Intensive (Half-Day &amp; Full-Day)</li> <li>7 – Intensive Care Coordination</li> <li>8 – Intensive Home Based Services</li> <li>9 – Medication Support</li> <li>10 – Psychiatric Health Facility Services</li> <li>11 – Psychiatric Inpatient Hospital Services</li> </ul>

## CARE Act Data Dictionary

Category	Description
	12 – Targeted Case Management 13 – Therapeutic Behavioral Services 14 – Therapeutic Foster Care 15 – Therapy and Other Service Activities (formerly referred to as Mental Health Services) 16 – Psychosocial Services 17 – Peer Support Services 99902 – None 99903 – Other mental health treatment services (allow text field) 99999 – Unknown
<b>Measurement Period:</b>	Active Service Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">DHCS Performance Outcomes System Measures Catalog</a>
<b>variable Source Name:</b>	Mental Health Services
<b>Additional Specifications:</b>	Compare mental health treatment services ordered on the CARE agreement or plan to identify mental health treatment services not provided. Please see <a href="#">Appendix C</a> for descriptions and healthcare common procedure coding system (HCPCS) codes.

## 3.5.4 Reason for Mental Health Services in CARE Agreement/Plan Not Provided

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(2)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	Reason for Mental Health Services in CARE Agreement or Plan Not Provided
<b>Question:</b>	If mental health treatment services listed in the CARE agreement or plan were not provided to the client in the reporting month, what was the primary reason?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Not available 2 – Client declined 3 – Agency declined Client 99903 – Other (allow text field) 99999 – Unknown
<b>Measurement Period:</b>	Active Service Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A

## CARE Act Data Dictionary

Category	Description
<b>Additional Specifications:</b>	<p>Use "Other" option to include other reason(s) not listed. This field will be available when each of the values from mental health treatment services in CARE Agreement or plan Not Provided is selected.</p> <p>This data point is looped for all options included in "Mental Health Treatment Services in CARE Agreement or Plan Not Provided." If 3 different supports and services in the CARE plan or agreement are not provided, this data point will be available three times to allow reporting of the reason for each support and service not provided.</p>

## 3.5.5 Stabilizing Medications in CARE Agreement/Plan

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(13)
<b>Data Element:</b>	Stabilizing Medications
<b>Data Point:</b>	Stabilizing Medications in CARE Agreement or Plan
<b>Question:</b>	Was stabilizing medications included in the CARE agreement or plan?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Yes 0 – No 99999 – Unknown
<b>Measurement Period:</b>	Active Service Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A

## CARE Act Data Dictionary

Category	Description
<b>Additional Specifications:</b>	<p>Per <a href="#">W &amp; I Code Section 5971(p)</a>, stabilization medications mean medications included in the CARE plan that primarily consist of antipsychotic medications, to reduce symptoms of hallucinations, delusions, and disorganized thinking (i.e., typical or atypical antipsychotics, long-acting injectable antipsychotics, or mood stabilizers). Stabilization medications may be administered as long-acting injections if clinically indicated. Stabilization medications shall not be forcibly administered.</p> <p>This field is available when "Medication Support" is selected for Mental health Treatment Services in CARE Agreement or Plan.</p>

## 3.5.6 Stabilizing Medications

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(13)
<b>Data Element:</b>	Stabilizing Medications
<b>Data Point:</b>	Stabilizing Medications
<b>Question:</b>	If medication support services were provided in the reporting month, were there any medications prescribed to reduce symptoms of hallucinations, delusions, and disorganized thinking?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Yes 0 – No 99999 – Unknown
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A

Category	Description
<p><b>Additional Specifications:</b></p>	<p>Per <a href="#">W &amp; I Code Section 5971 (p)</a>, stabilization medications mean medications included in the CARE agreement or plan that primarily consist of antipsychotic medications, to reduce symptoms of hallucinations, delusions, and disorganized thinking (i.e., typical or atypical antipsychotics, long-acting injectable antipsychotics, or mood stabilizers). Stabilization medications may be administered as long-acting injections if clinically indicated. Stabilization medications shall not be forcibly administered.</p> <p>This field will be available when “Medication Support” is selected for Mental health Treatment Services Provided.</p>

## 3.5.7 Type of Stabilizing Medication

Category	Description
W & I Code Section:	5985 (e)(13)
Data Element:	Stabilizing Medications
Data Point:	Type of Stabilizing Medication
Question:	If stabilizing medications were provided, was a long-acting injectable antipsychotic administered as prescribed in the reporting month?
Details:	N/A
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Yes 0 – No 99999 – Unknown
Measurement Period:	Active Service and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A

Category	Description
<b>Additional Specifications:</b>	<p>If the client is correctly receiving a long-acting injectable antipsychotic medication, but the next dose was not due during the reporting month, select "yes". The list of medications will include those found in the <a href="#">National Committee for Quality Assurance's HEDIS National Drug Code (NDC) file for Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) Measure</a></p> <p>This field will be available when "Yes" is selected for Stabilizing Medications.</p>

## 3.5.8 Stabilizing Medications Adherence

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(14)
<b>Data Element:</b>	Rate of Adherence to Medication
<b>Data Point:</b>	Stabilizing Medications Adherence
<b>Question:</b>	If any stabilizing medications were provided, how often was the medication taken as prescribed in the reporting month?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p>1 – Taken as prescribed 80% to 100% of the time</p> <p>2 – Taken as prescribed 50% to 80% of the time</p> <p>3 – Taken as prescribed less than 50% of the time</p> <p>99900 – Client declined to state</p> <p>99904 - Client unable to answer</p> <p>99999 - Unknown</p>
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A

Category	Description
<p><b>Additional Specifications:</b></p>	<p>80% to 100% dose taken as prescribed means the client is adherent to the stabilizing medications. 50% to 80% means the client is partially adherent. Below 50% means the client is non-adherent. Medication frequency identified by the client (client self-report). If client is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent.</p> <p>The list of medications will include those found in <a href="#">NCQA's HEDIS Measure NDC file for Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA) Measure</a>. These medications include: Aripiprazole; Asenapine; Brexpiprazole; Cariprazine; Clozapine; Haloperidol; Iloperidone; Loxapine; Lumateperone; Lurasidone; Molindone; Olanzapine; Paliperidone; Quetiapine; Risperidone; Ziprasidone; Chlorpromazine; Fluphenazine; Perphenazine; Prochlorperazine; Thioridazine; Trifluoperazine; Amitriptyline-perphenazine; Thiothixene.</p> <p>This field will be available when "Yes" is selected for Stabilizing Medications.</p>

## 3.5.9 Substance Use Disorder Treatment Services Provided

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(2), (e)(4), (e)(5), (f)(1)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	SUD Treatment Services
<b>Question:</b>	What SUD treatment services were provided to the client in the reporting month? (Check all that apply).
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p>1 – Assessment</p> <p>2 – Care Coordination</p> <p>3 – Clinician Consultation</p> <p>4 – Family Therapy</p> <p>5 – Group Counseling</p> <p>6 – Individual Counseling</p> <p>7 – Medical Psychotherapy</p> <p>8 – Medication Services</p> <p>9 – Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Opioid Use Disorders (OUD)</p> <p>10 – Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Alcohol Use Disorders (AUD) and Other Non–Opioid Substance Use Disorders</p> <p>11 – Medications for Addiction Treatment (Medications)</p> <p>12 – Mobile Crisis Services: State Plan Amendment Forthcoming</p>

# CARE Act Data Dictionary

Category	Description
	13 – Patient Education 14 – Peer Support Services 15 – Recovery Services 16 – SUD Crisis Intervention Services 17 – Withdrawal Management Services 18 – Contingency Management Services 99902 – None 99903 – Other SUD treatment services (allow text field) 99999 – Unknown
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">Drug Medi-Cal State Plan Billing Manual</a>
<b>Variable Source Name:</b>	DMC - State Plan Covered Services
<b>Additional Specifications:</b>	This data point will be used to compute for SUD treatment rates in and treatment continued and terminated at one year follow-up, post CARE agreement or plan. Please see <a href="#">Appendix D</a> for descriptions of these SUD treatment services. All applicable services should be selected including services client is receiving under other programs such as Full Service Partnership.

## 3.5.10 Substance Use Disorder Treatment Services in CARE Agreement/Plan

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(2), (e)(4), (e)(5), (f)(1)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	SUD Treatment Services in CARE Agreement or Plan
<b>Question:</b>	What, if any, substance use disorder treatment services were in the CARE agreement or plan in the reporting month? (Check all that apply)
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p>1 – Assessment</p> <p>2 – Care Coordination</p> <p>3 – Clinician Consultation</p> <p>4 – Family Therapy</p> <p>5 – Group Counseling</p> <p>6 – Individual Counseling</p> <p>7 – Medical Psychotherapy</p> <p>8 – Medication Services</p> <p>9 – Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Opioid Use Disorders (OUD)</p> <p>10 – Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Alcohol Use Disorders (AUD) and Other Non–Opioid Substance Use Disorders</p> <p>11 – Medications for Addiction Treatment (Medications)</p>

## CARE Act Data Dictionary

Category	Description
	12 – Mobile Crisis Services: State Plan Amendment Forthcoming 13 – Patient Education 14 – Peer Support Services 15 – Recovery Services 16 – SUD Crisis Intervention Services 17 – Withdrawal Management Services 18 – Contingency Management Services 99902 – None 99903 – Other SUD treatment services (allow text field) 99999 – Unknown
<b>Measurement Period:</b>	Active Service Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">Drug Medi-Cal State Plan Billing Manual</a>
<b>Variable Source Name:</b>	DMC - State Plan Covered Services
<b>Additional Specifications:</b>	This data point will be used to compute statistics on SUD treatment services included in CARE plans. Please see <a href="#">Appendix D</a> for descriptions of these SUD treatment services. Please select all that apply, even if client is receiving services under a specialized program such as Full service Partnership.

## 3.5.11 Substance Use Disorder Treatment Services in CARE Agreement/Plan Not Provided

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(2)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	SUD Treatment Services in CARE Agreement or Plan Not Provided
<b>Question:</b>	Of those substance use disorder treatment services listed in the CARE agreement or plan, which ones were not provided to the client in the reporting month? (Check all that apply)
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p>1 – Assessment</p> <p>2 – Care Coordination</p> <p>3 – Clinician Consultation</p> <p>4 – Family Therapy</p> <p>5 – Group Counseling</p> <p>6 – Individual Counseling</p> <p>7 – Medical Psychotherapy</p> <p>8 – Medication Services</p> <p>9 – Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Opioid Use Disorders (OUD)</p> <p>10 – Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Alcohol Use Disorders (AUD) and Other Non–Opioid Substance Use Disorders</p>

# CARE Act Data Dictionary

Category	Description
	11 – Medications for Addiction Treatment (Medications) 12 – Mobile Crisis Services: State Plan Amendment Forthcoming 13 – Patient Education 14 – Peer Support Services 15 – Recovery Services 16 – SUD Crisis Intervention Services 17 – Withdrawal Management Services 18 – Contingency Management Services 99902 – None 99903 – Other SUD treatment services (allow text field) 99999 – Unknown
<b>Measurement Period:</b>	Active Service Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">Drug Medi-Cal State Plan Billing Manual</a>
<b>Variable Source Name:</b>	DMC - State Plan Covered Services
<b>Additional Specifications:</b>	Compare to SUD treatment services ordered on the CARE agreement or plan to identify SUD treatment services not provided. Please see <a href="#">Appendix D</a> for descriptions of these SUD treatment services.

## 3.5.12 Reason for Substance Use Disorder Services in CARE Agreement/Plan Not Provided

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(2)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	Reason for SUD Services in CARE Agreement or Plan Not Provided
<b>Question:</b>	If substance use disorder treatment services listed in CARE agreement or plan were not provided to the client in the reporting month, what was the primary reason?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Not available 2 – Client declined 3 – Agency declined Client 99903 – Other (allow text field) 99999 – Unknown
<b>Measurement Period:</b>	Active Service Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A

## CARE Act Data Dictionary

Category	Description
<b>Additional Specifications:</b>	<p>Use "Other" option to include other reason(s) not listed. This field will be available when each of the values from SUD Treatment Services in CARE Agreement/Plan Not Provided is selected.</p> <p>This data point is looped for all options included in "SUD Treatment Services in CARE Agreement or Plan Not Provided." If 3 different supports and services in the CARE plan or agreement are not provided, this data point will be available three times to allow reporting of the reason for each support and service not provided.</p>

## 3.5.13 CalAIM Community Supports Provided

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(2)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	CalAIM Community Supports Provided
<b>Question:</b>	What CalAIM community support services were provided in the reporting month? (Check all that apply).
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NN or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<ul style="list-style-type: none"> <li>1 - Housing Transition Navigation Services</li> <li>2 - Housing Deposits</li> <li>3 - Housing Tenancy and Sustaining Services</li> <li>4 - Short-Term Post-Hospitalization Housing</li> <li>5 - Recuperative Care (Medical Respite)</li> <li>6 - Respite Services</li> <li>7 - Day Habilitation Programs</li> <li>8 - Nursing Facility Transition/Diversion to Assisted Living Facilities such as Residential Care Facilities for the Elderly (RCFEs) and Adult Residential Facilities (ARFs)</li> <li>9 - Community Transition Services/Nursing Facility Transition to a Home</li> <li>10 - Personal Care and Homemaker Services</li> <li>11 - Environmental Accessibility Adaptations (Home Modifications)</li> </ul>

## CARE Act Data Dictionary

Category	Description
	12 - Medically-Supportive Food/Meals/Medically Tailored Meals 13 - Sobering Centers 14 - Asthma Remediation 99902 - None 99903 - Other CalAIM community supports (allow text field) 99999 - Unknown
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">CalAIM Community Supports Model of Care Template</a>
<b>Variable Source Name:</b>	Based on CalAIM Community Supports
<b>Additional Specifications:</b>	Please see <a href="#">Appendix E</a> for the CalAIM community supports definitions.

## 3.5.14 CalAIM Community Supports in CARE Agreement/Plan

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(2), (e)(13)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	CalAIM Community Supports in CARE Agreement or Plan
<b>Question:</b>	What, if any, CalAIM community support services were in the CARE agreement or plan in the reporting month? (Check all that apply).
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NN or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p>1 - Housing Transition Navigation Services</p> <p>2 - Housing Deposits</p> <p>3 - Housing Tenancy and Sustaining Services</p> <p>4 - Short-Term Post-Hospitalization Housing</p> <p>5 - Recuperative Care (Medical Respite)</p> <p>6 - Respite Services</p> <p>7 - Day Habilitation Programs</p> <p>8 - Nursing Facility Transition/Diversion to Assisted Living Facilities such as Residential Care Facilities for the Elderly (RCFEs) and Adult Residential Facilities (ARFs)</p> <p>9 - Community Transition Services/Nursing Facility Transition to a Home</p> <p>10 - Personal Care and Homemaker Services</p> <p>11 - Environmental Accessibility Adaptations (Home Modifications)</p>

# CARE Act Data Dictionary

Category	Description
	12 - Medically-Supportive Food/Meals/Medically Tailored Meals 13 - Sobering Centers 14 - Asthma Remediation 99902 - None 99903 - Other CalAIM community supports (allow text field) 99999 - Unknown
<b>Measurement Period:</b>	Active Service Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">CalAIM Community Supports Model of Care Template</a>
<b>Variable Source Name:</b>	Based on CalAIM Community Supports
<b>Additional Specifications:</b>	This data point will be used to compute statistics on services and supports included in CARE plans. All applicable services should be selected including services client is receiving under other programs such as Full Service Partnership. CalAIM community supports should include any non-treatment supports. Include any new CalAIM community supports ordered in the most recent CARE plan or agreement. For more details about CalAIM community supports, please see <a href="#">Appendix E</a> .

## 3.5.15 CalAIM Community Supports in CARE Agreement or plan Not Provided

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(2)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	CalAIM Community Supports in CARE Agreement or Plan Not Provided
<b>Question:</b>	Of those CalAIM community support services listed in the CARE agreement or plan, which ones were not provided to the client in the reporting month? (Check all that apply)
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NN or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p>1 – Housing Transition Navigation Services</p> <p>2 - Housing Deposits</p> <p>3 - Housing Tenancy and Sustaining Services</p> <p>4 - Short-Term Post-Hospitalization Housing</p> <p>5 - Recuperative Care (Medical Respite)</p> <p>6 - Respite Services</p> <p>7 - Day Habilitation Programs</p> <p>8 - Nursing Facility Transition/Diversion to Assisted Living Facilities such as Residential Care Facilities for the Elderly (RCFEs) and Adult Residential Facilities (ARFs)</p> <p>9 - Community Transition Services/Nursing Facility Transition to a Home</p> <p>10 - Personal Care and Homemaker Services</p>

## CARE Act Data Dictionary

Category	Description
	11 - Environmental Accessibility Adaptations (Home Modifications) 12 - Medically-Supportive Food/Meals/Medically Tailored Meals 13 - Sobering Centers 14 - Asthma Remediation 99902 - None 99903 - Other CalAIM community supports (allow text field) 99999 - Unknown
<b>Measurement Period:</b>	Active Service Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">CalAIM Community Supports Model of Care Template</a>
<b>Variable Source Name:</b>	Based on CalAIM Community Supports
<b>Additional Specifications:</b>	Compare to CalAIM community supports ordered on the CARE agreement/plan to identify CalAIM community supports not provided. Include CalAIM community supports on the most recent CARE agreement or plan. Please see <a href="#">Appendix E</a> for CalAIM community supports definitions.

## 3.5.16 Reason for CalAIM Community Supports in CARE Agreement or plan Not Provided

Category	Description
W & I Code Section:	5985 (e)(2)
Data Element:	Services and Supports
Data Point:	Reason for CalAIM Community Supports Not Provided
Question:	If CalAIM community support services listed in the CARE agreement or plan were not provided in the reporting month, what was the primary reason?
Details:	N/A
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Not available 2 – Client declined 3 – Agency declined Client 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	Active Service Period
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A

<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	<p>Use "Other" option to include other reason(s) not listed. This field will be available when each of the values from CalAIM "Community Supports in CARE Agreement/Plan Not Provided" is selected.</p> <p>This data point is looped for all options included in "Community Supports in CARE Agreement/Plan Not Provided." If 3 different supports and services in the CARE plan or agreement are not provided, this data point will be available three times to allow reporting of the reason for each support and service not provided.</p>

## 3.5.17 Social Services and Supports

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(2), (e)(13)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	Social Services and Supports
<b>Question:</b>	What social services and supports were provided to the client in the reporting month? (Check all that apply).
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p><b>Public Benefits</b></p> <p>1 – Supplemental Security Income/State Supplementary Payment (SSI/SSP)</p> <p>2 – Cash Assistance Program for Immigrants (CAPI)</p> <p>3 – CalWORKs</p> <p>4 – California Food Assistance Program</p> <p>5 – In-Home Supportive Services Program</p> <p>6 – CalFresh</p> <p><b>Other Services</b></p> <p>7 - Education and/or Employment Services</p> <p>8 - Family Education and Support Services</p> <p>9 – Benefits Advocacy Services (service professionals, family members, and friends who learn basic information about benefits programs to help people with disabilities)</p> <p>99902 – None</p> <p>99903 – Other public benefits (allow text field)</p>

## CARE Act Data Dictionary

Category	Description
	99999 – Unknown
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	Public benefits based on <a href="#">W&amp;I Code Section 5982 (a)(4)</a> . Three additional value codes are added: Education and/or Employment Services, Family Education and Support Services, and Benefits Advocacy.
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	This data point will be used to compute statistics on services and supports included in CARE plans. All applicable services should be selected including services client is receiving under other programs such as Full Service Partnership. Please see <a href="#">Appendix F</a> for definitions on social services and supports.

**3.5.18 Social Services and Supports in CARE Agreement or Plan**

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(2), (e)(13)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	Social Services and Supports in CARE or Agreement or Plan
<b>Question:</b>	What, if any, social services and supports were in the CARE agreement or plan in the reporting month? (Check all that apply).
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p><b>Public benefits</b></p> <p>1 – Supplemental Security Income/State Supplementary Payment (SSI/SSP)</p> <p>2 – Cash Assistance Program for Immigrants (CAPI)</p> <p>3 – CalWORKs</p> <p>4 – California Food Assistance Program</p> <p>5 – In-Home Supportive Services Program</p> <p>6 – CalFresh</p> <p><b>Other Services</b></p> <p>7 - Education and/or Employment Services</p> <p>8 - Family Education and Support Services</p> <p>9 – Benefits Advocacy Services (service professionals, family members, and friends who learn basic information about benefits programs to help people with disabilities)</p> <p>99902 – None</p>

## CARE Act Data Dictionary

Category	Description
	99903 – Other public benefits (allow text field) 99999 – Unknown
Measurement Period:	Active Service Period
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	Public benefits based on <a href="#">W&amp;I Code Section 5982 (a)(4)</a> . Three additional value codes are added: Education and/or Employment Services, Family Education and Support Services, and Benefits Advocacy.
Variable Source Name:	N/A
Additional Specifications:	This data point will be used to compute statistics on services and supports included in CARE plans. All applicable services should be selected including services client is receiving under other programs such as Full Service Partnership. Please see <a href="#">Appendix F</a> for definitions on social services and supports.

## 3.5.19 Social Services and Supports in CARE Agreement or plan Not Provided

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(2)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	Social Services and Supports in CARE Agreement or Plan Not Provided
<b>Question:</b>	Of those social services and supports listed in the CARE agreement or plan, which ones were not provided to the client in the reporting month? (Check all that apply)
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p><b>Public benefits</b></p> <p>1 – Supplemental Security Income/State Supplementary Payment (SSI/SSP)</p> <p>2 – Cash Assistance Program for Immigrants (CAPI)</p> <p>3 – CalWORKs</p> <p>4 – California Food Assistance Program</p> <p>5 – In-Home Supportive Services Program</p> <p>6 – CalFresh</p> <p><b>Other Services</b></p> <p>7 - Education and/or Employment Services</p> <p>8 - Family Education and Support Services</p> <p>9 – Benefits Advocacy Services (service professionals, family members, and friends who learn basic information about benefits programs to help people with disabilities)</p>

## CARE Act Data Dictionary

Category	Description
	99902 – None 99903 – Other public benefits (allow text field) 99999 – Unknown
<b>Measurement Period:</b>	Active Service Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	Public benefits based on <a href="#">W&amp;I Code Section 5982 (a)(4)</a> . Three additional value codes are added: Education and/or Employment Services, Family Education and Support Services, and Benefits Advocacy.
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	Compare to social services and supports ordered on the CARE agreement or plan to identify social services and supports not provided. Please see <a href="#">Appendix F</a> for definitions on social services and supports.

## 3.5.20 Reason for Social Services and Supports Not Provided

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(2)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	Reason for Social Services and Supports Not Provided
<b>Question:</b>	If social services and supports listed in the CARE agreement or plan were not provided in the reporting month, what was the primary reason?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Not available – Client declined 3 – Agency declined Client 99903 – Other (allow text field) 99999 – Unknown
<b>Measurement Period:</b>	Active Service Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A

Category	Description
<b>Additional Specifications:</b>	<p>Use "Other" option to include other reason(s) not listed. This field will be available when each of the values from "Social Services and Supports in CARE Agreement/Plan Not Provided" is selected.</p> <p>This data point is looped for all options included in "Social Services and Supports in CARE Agreement/Plan Not Provided." If 3 different supports and services in the CARE plan or agreement are not provided, this data point will be available three times to allow reporting of the reason for each support and service not provided.</p>

## 3.5.21 Specialized Programs

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(2)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	Specialized Programs
<b>Question:</b>	Which of the following specialized programs was the client engaged in during the reporting month?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p>1 – Full Service Partnership (FSP)</p> <p>2 – Assertive Community Treatment (ACT)</p> <p>3 – Forensic ACT (FACT)</p> <p>4 – Early Psychosis Intervention</p> <p>99903 – Other (allow text field)</p>

## CARE Act Data Dictionary

Category	Description
	99999 – Unknown
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	If a client transitions from one program to another within the month, report the service enrolled at the end of the month (i.e., most recently enrolled service).

## 3.5.22 Full Service Partnership Program

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(2)
<b>Data Element:</b>	Services and Supports
<b>Data Point:</b>	Full Service Partnership
<b>Question:</b>	If the client was engaged in Full Service Partnership (FSP), please indicate the services and/or supports the client received under FSP in the reporting month (select all that apply).
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NN or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p><b>Mental Health Services and Supports</b></p> <p>1 – Mental health treatment, including alternative and culturally specific treatments</p> <p>2 – Peer support</p> <p>3 – Supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education</p> <p>4 – Wellness centers</p> <p>5 – Alternative treatment and culturally specific treatment approaches</p> <p>6 – Personal service coordination/case management to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative and/or other community services</p> <p>7 – Needs assessment</p> <p>8 – Individual Service and Support Plan development</p>

# CARE Act Data Dictionary

Category	Description
	<p>9 – Crisis intervention/stabilization services</p> <p>10 – Family education services</p> <p><b>Non-Mental Health Services and Supports</b></p> <p>11 – Food</p> <p>12 – Clothing</p> <p>13 – Housing, including, but not limited to, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, and transitional and temporary housing</p> <p>14 – Cost of health care treatment</p> <p>15 – Cost of treatment of co-occurring conditions, such as substance abuse</p> <p>16 – Respite care</p> <p>17 – Wrap-around services to children in accordance with W &amp; I Code Section 18250</p> <p>99903 – Other Full Service Partnership services (allow text field)</p> <p>99999 – Unknown</p>
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	The Full Service Partnership services are listed on <a href="#">Cal. Code Regs. tit. 9 § 3620</a> .
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	Select services received through the Full Partnership Service Program only. Additional details on wrap-around services can be found in <a href="#">W&amp;I Code Section 18250</a> . This field will be available

## CARE Act Data Dictionary

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Category	Description
	when "Full Service Partnership (FSP)" is selected for Specialized Program.

## 3.5.23 Reason for not engaging in Full Service Partnership

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(2)
<b>Data Element:</b>	Services/Supports
<b>Data Point:</b>	Reason for not engaging in Full Service Partnership
<b>Question:</b>	If the client was not engaged in Full Service Partnership (FSP) in the reporting month, what was the primary reason?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p>1 – County FSP slots were full.</p> <p>2 – County or contracted provider determined that the client was not eligible for FSP.</p> <p>3 – Client declined to engage in FSP.</p> <p>99903 – Other (allow text field)</p> <p>99999 – Unknown</p>
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	This field will be available when “Full Service Partnership (FSP)” is not selected for Specialized Programs.

### 3.6 Housing Placements

#### 3.6.1 Housing Status/Living Situation

Category	Description
W & I Code Section:	5985 (e)(3), (e)(17), (f)(1), 5986
Data Element:	Housing Placements
Data Point:	Housing Status/Living Situation
Question:	What was the client's living situation in the reporting month?
Details:	N/A
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Homeless (or unhoused) 2 – Institutional 3 – Temporary 4 – Permanent 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	<a href="#">US Dept. of Housing and Urban Development FY 2022 HMIS Data Standards Data Dictionary</a>

## CARE Act Data Dictionary

Category	Description
<b>Variable Source Name:</b>	Based on Appendix A
<b>Additional Specifications:</b>	Housing status is defined as where the client spent the majority of their time. This data point will be collected as part of required demographic data and will also be tracked across time. Please see <a href="#">Appendix G</a> for a specific definition for each living situation and <a href="#">DHCS Housing and Homelessness Incentive Program Measure 3.6 MCP members who remain successfully housed</a> .

## 3.6.2 Type of Housing Support

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(3), (e)(17)
<b>Data Element:</b>	Housing Placements
<b>Data Point:</b>	Type of Housing Support
<b>Question:</b>	If the client received housing support in the reporting month, which program was the client primarily supported under?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NN or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p>1 – The No Place Like Home Program</p> <p>2 – California Housing Accelerator</p> <p>3 – The Multifamily Housing Program</p> <p>4 – The Homeless Housing, Assistance, and Prevention Program</p> <p>5 – The Project Room Key and Rehousing Program</p> <p>6 – The Community Care Expansion Program</p> <p>7 – The CalWORKs Housing Support Program</p> <p>8 – The CalWORKs Homeless Assistance</p> <p>9 – The Housing and Disability Advocacy Program</p> <p>10 – The Home Safe Program</p> <p>11 – The Bringing Families Home Program</p> <p>12 – The Transitional Housing Placement program</p> <p>13 – The Transitional Housing Program–Plus</p> <p>14 – The Behavioral Health Continuum Infrastructure Program</p>

## CARE Act Data Dictionary

Category	Description
	15 – The Behavioral Health Bridge Housing Program 16 – HUD–Veterans Affairs Supportive Housing Program 17 – Supportive Services for Veteran Families 18 – HUD Continuum of Care program 19 – The Emergency Solutions Grant 20 – HUD Housing Choice Voucher program 21 – The Emergency Housing Vouchers 22 – HOME Investment Partnerships Program 23 – The Community Development Block Grant Program 24 – Housing supported by the Mental Health Services Act 25 – Community Development Block Grants 99902 – None 99903 – Other State and Federal Housing Resources (allow text field) 99999 – Unknown
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source Definition:</b>	<a href="#">W&amp;I Code Section 5982 (a)(3)</a>
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	Housing program that provided the most funding.

### 3.7 Substance Use

#### 3.7.1 Diagnosed Substance Use Disorder

Category	Description
W & I Code Section:	5985 (e)(5), (e)(17), (f)(1)
Data Element:	SUD Rates and Rates of Treatment
Data Point:	Diagnosed SUD
Question:	Does the client have a diagnosis of substance use disorder in the reporting month?
Details:	N/A
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Yes 0 – No 99900 – Client declined to state 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	Active Service and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This data point will be used to compute for SUD rates.

## 3.7.2 Misuse of Illegal/Controlled Substances

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (f)(1)
<b>Data Element:</b>	SUD Rates and Rates of Treatment
<b>Data Point:</b>	Misused Illegal/Controlled Substances
<b>Question:</b>	Did the client misuse illegal or controlled substances in the reporting month?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Yes 0 – No 99900 – Client declined to state 99904 – Client unable to answer 99999 – Unknown
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A

Category	Description
<b>Additional Specifications:</b>	<p>This data point will be used to compute for SUD rates. The misuse of illegal and controlled drugs includes the use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens, heroin, and misuse of prescription-type psychotherapeutic drugs (pain relievers, tranquilizers, stimulants, and sedatives). Misuse of prescription psychotherapeutics is defined as use in any way other than directed by a health care provider. Such misuse may include obtaining the drug without a valid prescription or using the prescribed drug in greater amounts, more often, longer than told, or in any other way not directed by a doctor. The substance misuse identified by the client (client self-report). If client is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent.</p>

## 3.7.3 Primary Substance Use

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(17), (f)(1)
<b>Data Element:</b>	SUD Rates and Rates of Treatment
<b>Data Point:</b>	Primary Substance Use
<b>Question:</b>	What was the client's primary substance used in the reporting month?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NN or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	99902 – None 1 – Heroin 2 – Alcohol 3 – Barbiturates 4 – Other Sedatives or Hypnotics 5 – Methamphetamine 6 – Other Amphetamines 7 – Other Stimulants 8 – Cocaine / Crack 9 – Marijuana / Hashish 10 – PCP 11 – Other Hallucinogens 12 – Tranquilizers (Benzodiazepine) 13 – Other Tranquilizers 14 – Non–Prescription Methadone

## CARE Act Data Dictionary

Category	Description
	15 – Oxycodone / OxyContin 16 – Other Opiates or Synthetics 17 – Inhalants 18 – Over-the-Counter 19 – Ecstasy 20 – Other Club Drugs 99999 – Unknown 99903 – Other (allow text field)
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">CalOMS Tx Data Dictionary</a>
<b>Variable Source Name:</b>	Primary Drug (Code)
<b>Additional Specifications:</b>	This data point will be used to query frequency of primary substance use. The primary substance use identified by the client (client self-report). If client is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent.

## 3.7.4 Primary Substance Frequency

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(17), (f)(1)
<b>Data Element:</b>	Substance Use Disorder Rates and Rates of Treatment
<b>Data Point:</b>	Primary Substance Frequency
<b>Question:</b>	How many days in the reporting month had the client used the primary substance?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N
<b>Width:</b>	1
<b>Value Codes:</b>	<p>1 – 0 days per month</p> <p>2 – 1 to 7 days per month</p> <p>3 – 8 to 14 days per month</p> <p>4 – 15 to 21 days per month</p> <p>5 – 22 or more days per month</p> <p>99904 – Client unable to answer</p> <p>99999 – Unknown</p>
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	Adapted from <a href="#">CalOMS Tx Data Dictionary</a>
<b>Variable Source Name:</b>	Primary Drug Frequency

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	This data point will be used to determine reduction in substance use. Frequency of primary substance use identified by the client (client self-report). If client is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent.

## 3.7.5 Secondary Substance Use

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(5), (e)(17), (f)(1)
<b>Data Element:</b>	SUD Rates and Rates of Treatment
<b>Data Point:</b>	Secondary Substance Use
<b>Question:</b>	What was the client’s secondary substance used in the reporting month?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NN or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	99902 – None 1 – Heroin 2 – Alcohol 3 – Barbiturates 4 – Other Sedatives or Hypnotics 5 – Methamphetamine 6 – Other Amphetamines 7 – Other Stimulants 8 – Cocaine / Crack 9 – Marijuana / Hashish 10 – PCP 11 – Other Hallucinogens 12 – Tranquilizers (Benzodiazepine) 13 – Other Tranquilizers 14 – Non-Prescription Methadone

## CARE Act Data Dictionary

Category	Description
	15 – Oxycodone / OxyContin 16 – Other Opiates or Synthetics 17 – Inhalants 18 – Over-the-Counter 19 – Ecstasy 20 – Other Club Drugs 99999 – Unknown 99903 – Other (allow text field)
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">CalOMS Tx Data Dictionary</a>
<b>Variable Source Name:</b>	Secondary Drug (Code)
<b>Additional Specifications:</b>	This data point will be used to query frequency of secondary substance use. The secondary substance use identified by the client (client self-report). If client is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent.

## 3.7.6 Secondary Substance Frequency

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(5), (e)(17)
<b>Data Element:</b>	SUD Rates and Rates of Treatment
<b>Data Point:</b>	Secondary Substance Frequency
<b>Question:</b>	How many days in the reporting month had the client used the secondary substance?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N
<b>Width:</b>	1
<b>Value Codes:</b>	1 – 0 days per month 2 – 1 to 7 days per month 3 – 8 to 14 days per month 4 – 15 to 21days per month 5 – 22 or more days per month 99904 – Client unable to answer 99999 – Unknown
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	Adapted from <a href="#">CalOMS Tx Data Dictionary</a>
<b>Variable Source Name:</b>	Secondary Drug Frequency

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	This will be used to determine reduction in substance use. Frequency of secondary substance use identified by the client (client self-report). If client is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent.

## 3.7.7 Alcohol Frequency

Category	Description
W & I Code Section:	5985 (e)(5), (e)(17)
Data Element:	SUD Rates and Rates of Treatment
Data Point:	Alcohol Frequency
Question:	How many days in the reporting month days had the client used alcohol?
Details:	N/A
Type:	Numeric
Format:	N
Width:	1
Value Codes:	<p>1 – 0 days per month</p> <p>2 – 1 to 7 days per month</p> <p>3 – 8 to 14 days per month</p> <p>4 – 15 to 21 days per month</p> <p>5 – 22 or more days per month</p> <p>99904 – Client unable to answer</p> <p>99999 – Unknown</p>
Measurement Period:	Active Service and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	Adapted from <a href="#">CalOMS Tx Data Dictionary</a>
Variable Source Name:	Alcohol Frequency

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	<p>This will be used to determine reduction in substance use. Alcohol use identified by the client (client self-report). If client is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent.</p> <p>This field will be available when "Alcohol" is not selected for Primary Substance Use and Secondary Substance Use</p>

### 3.8 Detentions and other Lanterman–Petris–Short Act involvement

#### 3.8.1 Detentions

Category	Description
W & I Code Section:	5985 (e)(6), (e)(17)
Data Element:	Detentions and LPS Involvement
Data Point:	Detentions
Question:	Has the client been on an involuntary LPS hold in the reporting month? (Check all that apply)
Details:	N/A
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Yes, 72 Hours (LPS 5150 Hold) 2 – Yes, 14 Days (LPS 5250 Hold) 3 – Yes, 30 Days (LPS 5270 Hold) 4 – No 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A

## CARE Act Data Dictionary

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<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	Count the hold that begins during the month. If the hold extends beyond the calendar month, do not count it again.

## 3.8.2 LPS Conservatorship

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(6), (e)(17)
<b>Data Element:</b>	Detentions and LPS Involvement
<b>Data Point:</b>	LPS Conservatorship
<b>Question:</b>	Has the client been placed in an LPS or Mental Health conservatorship (temporary or permanent) in the reporting month?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Temporary Conservatorship for 30 Days 2 – Permanent Conservatorship for 12 Months 3 – No 99999 – Unknown
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	N/A

## 3.9 Criminal Justice

### 3.9.1 Criminal Justice Status

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(7), (e)(17), (f)(1)
<b>Data Element:</b>	Criminal Justice Involvement
<b>Data Point:</b>	Criminal Justice Status
<b>Question:</b>	What was the client's criminal justice status in the reporting month? (Check all that apply)
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p>1 – No criminal justice involvement</p> <p>2 – Under parole supervision by CDCR (California Department of Correction &amp; Rehabilitation)</p> <p>3 – On parole from any other jurisdiction</p> <p>4 – Post–release Community Supervision (AB 109) or on probation from any federal, state, or local jurisdiction</p> <p>5 – Admitted under other diversion from any court under CA Penal Code, Section 1000</p> <p>6 – Incarcerated</p> <p>7 – Awaiting trial, charges or sentencing</p> <p>99904 – Client unable to answer</p> <p>99999 – Unknown</p>
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">CalOMS Tx Data Dictionary</a>
<b>Variable Source Name:</b>	LEG-1
<b>Additional Specifications:</b>	N/A

## 3.9.2 Number of Arrests

Category	Description
W & I Code Section:	5985 (e)(7), (e)(17), (f)(1)
Data Element:	Criminal Justice Involvement
Data Point:	Number of Arrests
Question:	How many times was the client arrested in the reporting month?
Details:	N/A
Type:	Numeric
Format:	N to NNN or NNNNN
Width:	5
Value Codes:	N to NNN – A value from 0 through 500 is allowed. 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	<a href="#">CalOMS Tx Data Dictionary</a>
Variable Source Name:	LEG-3
Additional Specifications:	N/A

## 3.9.3 Number of Jail Days

Category	Description
W & I Code Section:	5985 (e)(7), (e)(17), (f)(1)
Data Element:	Criminal Justice Involvement
Data Point:	Number of Jail Days
Question:	How many days was the client in jail in the reporting month?
Details:	N/A
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	N to NN – A value from 0 through 31 is allowed. 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	<a href="#">CalOMS Tx Data Dictionary</a>
Variable Source Name:	LEG-4
Additional Specifications:	N/A

## 3.9.4 Number of Prison Days

Category	Description
W & I Code Section:	5985 (e)(7), (e)(17), (f)(1)
Data Element:	Criminal Justice Involvement
Data Point:	Number of Prison Days
Question:	How many days was the client in prison in the reporting month?
Details:	N/A
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	N to NN – A value from 0 through 31 is allowed. 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	<a href="#">CalOMS Tx Data Dictionary</a>
Variable Source Name:	LEG-5
Additional Specifications:	N/A

## 3.9.5 Law Enforcement Contact

Category	Description
W & I Code Section:	5985 (e)(7), (e)(17), (f)(1)
Data Element:	Criminal Justice Involvement
Data Point:	Law Enforcement Encounters
Question:	How many times did the client come into contact with law enforcement that led to the arrest, citation, and/or booking of the individual in the reporting month?
Details:	N/A
Type:	Numeric
Format:	N to NNN or NNNNN
Width:	5
Value Codes:	N to NNN – A value from 0 through 500 is allowed. 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	<a href="#">Assisted Outpatient Treatment Data Dictionary</a>
Variable Source Name:	Law Enforcement Contact

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	This may include crisis response with behavioral health, and law enforcement, citations, or probation/parole non-compliance. This excludes arrests. Law enforcement encounters may be identified by the client (client self-report). If client is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent.

### 3.10 Death and Cause of Death

#### 3.10.1 Deaths among participants

Category	Description
W & I Code Section:	5985 (e)(8), (f)(1)
Data Element:	Deaths and Causes of Death
Data Point:	Deaths Among Participants
Question:	Was the client reported as deceased in the reporting month?
Details:	N/A
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Yes 0 – No 99999 – Unknown
Measurement Period:	Active Service and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Select “Unknown” for clients who are unable to be located during follow-up periods. Administrative data may be used if the client is no longer receiving county services at 1 year follow-up post CARE termination)

## 3.10.2 Date of Death

Category	Description
W & I Code Section:	5985 (e)(8)
Data Element:	Deaths and Causes of Death
Data Point:	Date of Death
Question:	If the client was reported as deceased in the reporting month, what was the date of death?
Details:	N/A
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12. DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month. YYYY – Four-digit year, must be a value that is at least 2023. 09/09/9999 – Use this date if date of death is unknown
Measurement Period:	Active Service and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	<p>If client has been discharged from County Behavioral Health Agency services or date of death unknown, administrative data from California Department of Public Health may be used to supplement and/or verify death status. Date of death needed to determine whether deceased during or post receiving services.</p> <p>This field will be available when "Yes" is selected for "Deaths among participants".</p>

3.10.3 Cause of Death	
Category	Description
W & I Code Section:	5985 (e)(8)
Data Element:	Deaths and Causes of Death
Data Point:	Cause of Death
Question:	If the client was reported as deceased in the reporting month, what was the cause of death?
Details:	N/A
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	1 – Alzheimer's Disease 2 – Malignant Neoplasms (Cancers) 3 – Chronic Lower Respiratory Disease 4 – Diabetes Mellitus 5 – Assault (Homicide) 6 – Diseases of Heart 7 – Essential Hypertension and Hypertensive Renal Disease 8 – Accidents (Unintentional Injuries) 9 – Chronic Liver Disease and Cirrhosis 10 – Nephritis, Nephrotic Syndrome and Nephrosis 11 – Parkinson's Disease 12 – Pneumonia and Influenza 13 – Cerebrovascular Disease (Stroke) 14 – Intentional Self-harm (Suicide) 99903 – Other (allow text field)

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
	99999 – Unknown
<b>Measurement Period:</b>	Active Service and Follow-up Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	<a href="#">Cal HHS Data Dictionary - Deaths by Zip Code</a>
<b>Variable Source Name:</b>	Cause
<b>Additional Specifications:</b>	<p>If known, select cause listed on death certificate or the underlying cause. If unknown, cause may be supplemented with administrative data from California Department Public Health.</p> <p>This field will be available when “Yes” is selected for “Deaths among participants”.</p>

### 3.11 Volunteer Supporters and Psychiatric Advance Directives

#### 3.11.1 Volunteer Supporters

Category	Description
W & I Code Section:	5985 (e)(10), (e)(17), (f)(1)
Data Element:	Number, Rates, and Trends of Volunteer Supporters
Data Point:	Volunteer Supporter
Question:	Did the client elect, change, or remove a volunteer supporter in the reporting month?
Details:	N/A
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Yes 0 – No 99999 – Unknown
Measurement Period:	CARE Process Initiation and Active Service Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A

## CARE Act Data Dictionary

Category	Description
<b>Additional Specifications:</b>	Per <a href="#">W&amp;I Code Section 5981 (a)</a> , the respondent may have a volunteer supporter present in any meeting, judicial proceeding, status hearing, or communication related to any of the following: (1) An evaluation. (2) Development of a CARE agreement or CARE plan. (3) Establishing a psychiatric advance directive. (4) Development of a graduation plan. A change in volunteer supporter will be captured in the value selected over time.

## 3.11.2 Volunteer Supporter Relationship

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(10), (e)(17), (f)(1)
<b>Data Element:</b>	Number, Rates, and Trends of Volunteer Supporters
<b>Data Point:</b>	Volunteer Supporter Relationship
<b>Question:</b>	If the client elected or changed a volunteer supporter in the reporting month, what was the relationship of the most recent volunteer supporter to the client?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Family 2 – Faith Leader 3 – Professional Peer Specialist 4 – Friend 5 - Advocate 99903 – Other (allow text field) 99999 – Unknown
<b>Measurement Period:</b>	CARE Process Initiation and Active Service Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A

## CARE Act Data Dictionary

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<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	This field will be available when "Yes" a client elects, changes, or removes volunteer supporter is selected.

<b>3.11.3 Reason for Volunteer Supporter Change</b>	
<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(10), (e)(17), (f)(1)
<b>Data Element:</b>	Number, Rates, and Trends of Volunteer Supporters
<b>Data Point:</b>	Reason for Volunteer Supporter Change
<b>Question:</b>	If the client's volunteer supporter was removed or changed in the reporting month, what was the primary reason?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p>1 – Court removed due to unmanageable conflict of interest.</p> <p>2 – The volunteer supporter requested to be removed.</p> <p>3 – The client elected a new volunteer supporter.</p> <p>4 – The client removed volunteer supporter.</p> <p>5 – Not applicable</p> <p>99903 – Other (allow text field)</p> <p>99999 – Unknown</p>
<b>Measurement Period:</b>	CARE Process Initiation and Active Service Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	<p>All volunteer supporter changes may not be captured due to monthly reporting. If client removed a volunteer supporter and elected a new volunteer supporter select option "The client elected a new volunteer supporter". Also, if client elected a volunteer supporter for the first time, select option "Not applicable".</p> <p>This field will be available when "Yes" is selected for supporters.</p>

## 3.11.4 Volunteer Supporter Presence

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(10), (e)(17), (f)(1)
<b>Data Element:</b>	Number, Rates, and Trends of Volunteer Supporters
<b>Data Point:</b>	Volunteer Supporter Presence
<b>Question:</b>	Over the reporting month, was a volunteer supporter present for any of these events? (Check all that apply)
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N to NN or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	<p>1 – Initial Hearing</p> <p>2 – Hearing on the Merits of the Petition</p> <p>3 – Case Management Hearing</p> <p>4 – Clinical Evaluation Review Hearing</p> <p>5 – CARE Plan Review Hearing</p> <p>6 – Progress/Status Review Hearing</p> <p>7 – One–Year Status Review Hearing</p> <p>8 – Graduation Hearing</p> <p>9 – Establishment of a psychiatric advance directive</p> <p>10 – Development of a CARE agreement, plan, or graduation plan</p> <p>99903 – Other (allow text field)</p> <p>99902 – None</p> <p>99999 – Unknown</p>

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Measurement Period:</b>	CARE Process Initiation and Active Service Periods
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	N/A

## 3.11.5 Psychiatric Advance Directive

Category	Description
W & I Code Section:	5985 (e)(15), (e)(17)
Data Element:	Number, Rates, and Trends of PAD
Data Point:	PAD
Question:	Has a psychiatric advance directive been established for the client?
Details:	N/A
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Yes 0 – No 99999 – Unknown
Measurement Period:	CARE Process Initiation, and Active Service, and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Answer “Yes” once for petitions associated with a new case.

3.11.6 Date of Psychiatric Advance Directive	
Category	Description
W & I Code Section:	5985 (e)(15)
Data Element:	Number, Rates, and Trends of PAD
Data Point:	Date of PAD
Question:	On what date was the PAD created?
Details:	N/A
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12. DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month. YYYY – Four-digit year. 09/09/9999 – Use this date if the date of PAD is unknown.
Measurement Period:	CARE Process Initiation, Measurement and Active Service, and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field will be available when “Yes” is selected for Psychiatric Advance Directive. Enter this date once for petitions associated with a new case.

### 3.12 CARE Plan, CARE Agreement, and Graduation

#### 3.12.1 CARE Agreement Date

Category	Description
W & I Code Section:	5985 (e)(11), (f)(1)
Data Element:	Number, Rates, and Trends of CARE Agreements
Data Point:	CARE Agreement Date
Question:	On what date was the CARE agreement approved by the court?
Details:	N/A
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two–digit month, must be a value from 01 through 12. DD – Two–digit day, must be a value from 01 through 31 and a valid day for the month. YYYY – Four–digit year, must be a value that is at least 2023.
Measurement Period:	Active Service Period
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A

## CARE Act Data Dictionary

Category	Description
<b>Additional Specifications:</b>	Date the CARE agreement was approved by the court. This field will be available when "Active CARE Agreement" is selected for Current CARE Status.

### 3.12.2 CARE Plan Ordered Date

Category	Description
<b>W &amp; I Code Section:</b>	5985 (e)(12), (f)(1)
<b>Data Element:</b>	Number, Rates, and Trends of Ordered and Completed CARE Plans
<b>Data Point:</b>	CARE Plan Ordered Date
<b>Question:</b>	On what date was the CARE plan ordered by the court?
<b>Details:</b>	N/A
<b>Type:</b>	Date
<b>Format:</b>	MM/DD/YYYY
<b>Width:</b>	10
<b>Value Codes:</b>	MM – Two-digit month, must be a value from 01 through 12. DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month. YYYY – Four-digit year, must be a value that is at least 2023.
<b>Measurement Period:</b>	Active Service Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data

# CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	Date the CARE plan was ordered by the court. This field will be available when "Active CARE plan" is selected for Current CARE Status.

## 3.12.3 CARE Plan Completion Date

<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(12), (f)(1)
<b>Data Element:</b>	Number, Rates, and Trends of Ordered and Completed CARE Plans
<b>Data Point:</b>	CARE Plan Completion Date
<b>Question:</b>	If the client has a CARE plan, on what date was the completed CARE plan approved by the court?
<b>Details:</b>	N/A
<b>Type:</b>	Date
<b>Format:</b>	MM/DD/YYYY
<b>Width:</b>	10
<b>Value Codes:</b>	MM – Two-digit month, must be a value from 01 through 12. DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month. YYYY – Four-digit year, must be a value that is at least 2023.
<b>Measurement Period:</b>	Active Service Period

## CARE Act Data Dictionary

Category	Description
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	N/A

### 3.12.4 One-Year Status Hearing

Category	Description
W & I Code Section:	5985 (e)(16), (e)(17), (f)(1)
Data Element:	Number, Rates, and Trends of Developed Graduation Plans
Data Point:	One-Year Status Hearing
Question:	If applicable, was the 1-Year Status Hearing (typically at month 11) held for the client?
Details:	N/A
Type:	Numeric
Format:	N
Width:	1
Value Codes:	1 – Yes 0 – No
Measurement Period:	Active Service Period
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data

## CARE Act Data Dictionary

<b>Category</b>	<b>Description</b>
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	N/A

## 3.12.5 Outcome of One –Year Status Hearing

Category	Description
W & I Code Section:	5985 (e)(16), (e)(17), (f)(1)
Data Element:	Number, Rates, and Trends of Developed Graduation Plans
Data Point:	Outcome of One–Year Status Hearing
Question:	If applicable, what was the outcome of the one-year status hearing?
Details:	N/A
Type:	Numeric
Format:	N
Width:	1
Value Codes:	1 – Client elected to be graduated 2 – Client elected to remain in CARE process 3 – Court involuntarily reappointed client to CARE process
Measurement Period:	Active Service Period
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	<a href="#">W &amp; I Code Section 5977.3(3)(b)</a>
Variable Source Name:	N/A
Additional Specifications:	One-year status hearing occurs in the 11th month of the CARE process timeline. This field will be available when “Yes” is selected for One-Year Status Hearing.

<b>3.12.6 Graduation Plan</b>	
<b>Category</b>	<b>Description</b>
<b>W &amp; I Code Section:</b>	5985 (e)(16), (e)(17), (f)(1)
<b>Data Element:</b>	Number, Rates, and Trends of Developed Graduation Plans
<b>Data Point:</b>	Graduation Plan
<b>Question:</b>	Was a graduation plan developed?
<b>Details:</b>	N/A
<b>Type:</b>	Numeric
<b>Format:</b>	N
<b>Width:</b>	1
<b>Value Codes:</b>	1 – Yes 0 – No
<b>Measurement Period:</b>	Active Service Period
<b>Data Source:</b>	County Behavioral Health Agency
<b>Data Type:</b>	Individual Data
<b>Variable Source:</b>	N/A
<b>Variable Source Name:</b>	N/A
<b>Additional Specifications:</b>	This field will be available when “Client elected to be graduated” is selected for Outcome of One-Year Status Hearing.

### 3.13 Hospitalizations and Emergency Department Visits

#### 3.13.1 Inpatient Hospitalizations

Category	Description
W & I Code Section:	5985 (e)(17), (f)(1)
Data Element:	Hospitalizations
Data Point:	Inpatient Hospitalizations
Question:	How many times was the client admitted to an inpatient hospitalization stay in the reporting month?
Details:	N/A
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	N to NN – A value from 0 through 99 is allowed. 99904 – Client unable to answer
Measurement Period:	CARE Process Initiation, Active Service, and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A

<b>Category</b>	<b>Description</b>
<b>Additional Specifications:</b>	Inpatient hospitalizations defined as the number of unique/separate admissions to a hospital for any reason (i.e., psychiatric hospitalization or hospitalization for a physical condition). Please do not include transfers from one facility to another as a unique admission.

## 3.13.2 Emergency Department Visits

Category	Description
W & I Code Section:	5985 (e)(17), (f)(1)
Data Element:	Emergency Department Visits
Data Point:	Emergency Department Visits
Question:	How many emergency department visits (all cause) did the client have in the reporting month?
Details:	N/A
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	N to NN – A value from 0 through 99 is allowed. 99904 – Client unable to answer
Measurement Period:	CARE Process Initiation, Active Service, and Follow-up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Count only discharge for emergency department visits; to avoid duplication of acute emergency department events, do not count emergency department visits that led to an inpatient hospitalization.

# 4 APPENDIX A: REPORTING REQUIREMENTS AND METRICS

Pursuant to Welfare and Institutions Code Section 5985, DHCS shall develop and publish an annual report that includes process measures to examine the scope of impact and monitor the performance of CARE Act model implementation. The report must include, at a minimum, all of the following:

- The number of petitions submitted pursuant to Section 5975.
- The number of initial appearances on the petition set pursuant to paragraph (3) of subdivision (a) of Section 5977.
- The total number of hearings held pursuant to this part.
- The demographics of participants, including, but not limited to, the age, sex, race, ethnicity, disability, languages spoken, sexual orientation, gender identity, housing status, veteran status, immigration status, health coverage status, including Medi-Cal enrollment status, and county of residence, to the extent statistically relevant data is available.
- The services and supports ordered, the services and supports provided, and the services and supports ordered but not provided.
- The housing placements of all participants during the program and at least one year following the termination of the CARE plan, to the extent administrative data are available to report the latter. Placements include, but are not limited to, transition to a higher level of care, independent living in the person's own house or apartment, community-based housing, community-based housing with services, shelter, and no housing.
- Treatments continued and terminated at least one year following termination of the CARE plan, to the extent administrative data are available.
- Substance use disorder rates and rates of treatment among active CARE plan participants and former participants at least one year following termination of the CARE plan, to the extent administrative data are available to report the latter.
- Detentions and other Lanterman-Petris-Short Act involvement for participants with an active CARE plan and for former participants at least one year following termination of the CARE plan, to the extent administrative data are available to report the latter.
- Criminal justice involvement of participants with an active CARE plan and for former participants at least one year following termination of the CARE plan, to the extent administrative data are available to report the latter.

- Deaths among active participants and for former participants at least one year following termination of the CARE plan, along with causes of death, to the extent administrative data are available.
- The number, rates, and trends of petitions resulting in dismissal and hearings.
- The number, rates, and trends of supporters.
- The number, rates, and trends of voluntary CARE agreements.
- The number, rates, and trends of ordered and completed CARE plans.
- Statistics on the services and supports included in CARE plans, including court orders for stabilizing medications.
- The rates of adherence to medication.
- The number, rates, and trends of psychiatric advance directives created for participants with active CARE plans.
- The number, rates, and trends of developed graduation plans.
- Outcome measures to assess the effectiveness of the CARE Act model, such as improvement in housing status, including gaining and maintaining housing, reductions in emergency department visits and inpatient hospitalizations, reductions in law enforcement encounters and incarceration, reductions in involuntary treatment and conservatorship, and reductions in substance use.
- A health equity assessment of the CARE Act to identify demographic disparities based on demographic data in paragraph (1), and to inform disparity reduction efforts.

Pursuant to Welfare and Institutions Code Section 5986, DHCS shall conduct an independent evaluation of the CARE Act.

- An independent, research-based entity shall be retained by the department to develop, in consultation with County Behavioral Health Agencies, county CARE courts, racial justice experts, and other appropriate stakeholders, including providers and CARE court participants, an independent evaluation of the effectiveness of the CARE Act. The independent evaluation shall employ statistical research methodology and include a logic model, hypotheses, comparative or quasi-experimental analyses, and conclusions regarding the extent to which the CARE Act model is associated, correlated, and causally related with the performance of the outcome measures included in the annual reports. The independent evaluation shall include results from a survey conducted of program participants. The independent evaluation shall highlight racial, ethnic, and other demographic disparities, and include causal inference or descriptive analyses regarding the impact of the CARE Act on disparity reduction efforts.

## CARE Act Data Dictionary

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- The department shall provide a preliminary report to the Legislature three years after the implementation date of the CARE Act and a final report to the Legislature five years after the implementation date of CARE Act. The department shall post the preliminary and final reports on its internet website.
- Each county behavioral health department, each county CARE court, and any other state or local governmental entity, as determined by the department, shall provide the required data to the department, in a format and frequency as directed by the department.
- A report to be submitted pursuant to this section shall be submitted in compliance with Section 9795 of the Government Code.

## 5 APPENDIX B: SUMMARY TABLE

This table provides a summary of the data elements and includes the associated statute, data source, brief definition, and measurement period for each data element and point.

<b>W &amp; I Code Section:</b>	<b>Data Source</b>	<b>Data Element</b>	<b>Data Point</b>	<b>Question</b>	<b>Measurement Period</b>
5985 (e), (f)(1)	Judicial Council & County BH	Reporting Month	Reporting Month (Date)	What is the reporting month?	CARE Process Initiation, Active Service, and Follow-up
5985 (d)(3)(A), (f)(1), 5986(a)	Judicial Council	Number of Petitions Submitted (Aggregated)	Total Petitions Submitted	What was the total number of CARE petitions submitted in the reporting month?	CARE Process Initiation
5985 (d)(3)(B), (f)(1), 5986(a)	Judicial Council	Number of Initial Appearances Held (Aggregated)	Total Initial Appearances Held	What was the total number of CARE initial appearances held in the reporting month?	CARE Process Initiation

# CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (d)(3)(C), (f)(1), 5986 (a)	Judicial Council	Number of Hearings Held (Aggregated)	Total Hearings Held	What was the total number of CARE hearings held (including initial, merits of the petition, case management, clinical evaluation review, CARE plan review, progress/status review, one-year status review, and graduation hearings) in the reporting month?	CARE Process Initiation and Active Service
5985 (d)(3)(C), (f)(1), 5986 (a)	Judicial Council	Total CARE plans Ordered (Aggregated)	Total CARE Plans Ordered	What was the total number of CARE plans ordered in the reporting month?	CARE Process Initiation
5985 (d)(3)(C), (f)(1), 5986 (a)	Judicial Council	Total CARE Agreements Approved (Aggregated)	Total CARE Agreements Approved	What was the total number of CARE agreements approved in the reporting month?	CARE Process Initiation

# CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(9), (f)(1), 5986 (a)	Judicial Council	Number, Rates, and Trends of Petitions Resulting in Dismissals and Hearings (Aggregated)	Total Petitions Dismissed	What was the total number of CARE petitions dismissed in the reporting month?	CARE Process Initiation
5985 (e), (f)(1)	County BH	Basic Client Information	County	Which county was assigned by the court to investigate or follow this client in the reporting month?	CARE Process Initiation, Active Service, and Follow-up
5985 (e)(1)	County BH	Basic Client Information	Current First Name	What is the client's current first name?	CARE Process Initiation, Active Service, & Follow-up
5985 (e)(1)	County BH	Basic Client Information	Current Last Name	What is the client's current last name?	CARE Process Initiation, Active Service, & Follow-up
5985 (e)(1), (e)(18), (f)(1), 5986 (a)	County BH	Basic Client Information	Age	What is the client's date of birth?	CARE Process Initiation, Active Service, & Follow-up

# CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(1), (e)(18), 5986	County BH	Basic Client Information	SSN	What is the client's Social Security Number (SSN)? (If social security number is not available, please use the client's Medi-Cal beneficiary number.)	CARE Process Initiation, Active Service, & Follow-up
5985 (e)(9), (f)(1)	County BH	Basic Client Information	Petition Case Number	What is the CARE petition case number?	CARE Process Initiation, Active Service, & Follow-up
5985 (e)(9), (f)(1)	County BH	Basic Client Information	Petition File Date	What date was the CARE petition filed?	CARE Process Initiation, Active Service, & Follow-up
5985 (e)(9), (f)(1)	County BH	Basic Client Information	Date of Investigation	On what date did the court order the investigation?	CARE Process Initiation, Active Service, & Follow-up
5985 (e)(9), (f)(1)	County BH	Basic Client Information	Original Petitioner	Who filed the original CARE petition?	CARE Process Initiation, Active Service, & Follow-up
5985 (e)(17), (f)(1)	County BH	Basic Client Information	Current CARE Status	What is the client's current CARE status?	CARE Process Initiation, Active Service, and Follow-up

# CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(9), (f)(1)	County BH	Basic Client Information	Petition Dismissal Date	If applicable, on what date was the CARE petition dismissed?	CARE Process Initiation Period
5985 (e)(4), (e)(17), (f)(1)	County BH	Basic Client Information	Termination of Services Date	On what date were services terminated for the client?	Active Service
5985 (e)(4), (e)(17), (f)(1)	County BH	Basic Client Information	Reason for Termination	What was the primary reason that services were terminated for the client?	Active Service
N/A	County BH	Basic Client Information	Date of graduation from CARE Agreement or Plan	What date did the client graduate from the CARE process?	Active Service
5985 (e)(1), (e)(18), (f)(1), 5986 (a)	County BH	Demographics	Sex	What is the client's sex?	CARE Process Initiation, Active Service, & Follow-up Periods
5985 (e)(1), (e)(18), (f)(1), 5986 (a)	County BH	Demographics	Race	What is the client's race? (Check all that apply)	CARE Process Initiation, Active Service, & Follow-up Periods

## CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(1), (e)(18), (f)(1), 5986 (a)	County BH	Demographics	Ethnicity	What is the client's ethnicity?	CARE Process Initiation, Active Service, & Follow-up Periods
5985 (e)(1), (e)(18), (f)(1), 5986 (a)	County BH	Demographics	Tribal Affiliation	Does the client currently self-identify as an enrolled member in a federally recognized Indian tribe?	CARE Process Initiation, Active Service, & Follow-up Periods
5985 (e)(1), (e)(18), (f)(1), 5986 (a)	County BH	Demographics	Tribal Services	Does the client receive services from an Indian health care provider, tribal court, or a tribal organization?	CARE Process Initiation, Active Service, & Follow-up Periods
5985 (e)(1), (e)(18), (f)(1), 5986 (a)	County BH	Demographics	Disability	What type of disability/disabilities does the client have, if any? (Check all that apply)	CARE Process Initiation, Active Service, & Follow-up
5985 (e)(1), (e)(18), (f)(1), 5986 (a)	County BH	Demographics	Preferred Language	What is the client's preferred language?	CARE Process Initiation, Active Service, & Follow-up

# CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(1), (e)(18), (f)(1), 5986 (a)	County BH	Demographics	Sexual Orientation	What is the client's sexual orientation?	CARE Process Initiation, Active Service, & Follow-up
5985 (e)(1), (e)(18), (f)(1), 5986 (a)	County BH	Demographics	Gender Identity	What is the client's current gender identity?	CARE Process Initiation, Active Service, & Follow-up
5985 (e)(1), (e)(17)	County BH	Demographics	Employment Status	Which of the following options best describes the client's employment status in the reporting month?	CARE Process Initiation, Active Service, & Follow-up
5985 (e)(1), (e)(18), (f)(1), 5986 (a)	County BH	Demographics	Veteran Status	Is the client a United States veteran?	CARE Process Initiation, Active Service, & Follow-up
5985 (e)(1), (f)(1), 5986 (a)	County BH	Demographics	Immigration Status	Is the client a United States citizen or United States national?	CARE Process Initiation, Active Service, & Follow-up
5985 (e)(1), (e)(18), (f)(1), 5986 (a)	County BH	Demographics	Health Care Coverage Status	What was the client's health insurance status in the reporting month? (Check all that apply)	CARE Process Initiation, Active Service, & Follow-up

## CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(1), (e)(18), (f)(1), 5986 (a)	County BH	Demographics	County of Residence	What was the client's zip code at their residence in the reporting month?	CARE Process Initiation, Active Service, & Follow-up
5985 (e)(2)	County BH	Services and Supports	Mental Health Treatment Services Provided	What mental health treatment services were provided to the client in the reporting month? (Check all that apply).	Active Service and Follow-up
5985 (e)(2), (e)(13)	County BH	Services and Supports	Mental Health Treatment Services in CARE Agreement or Plan	What, if any, mental health treatment services were in the CARE agreement or plan in the reporting month? (Check all that apply).	Active Service

# CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(2)	County BH	Services and Supports	Mental Health Treatment Services in CARE Agreement or Plan Not Provided	Of those mental health treatment services listed in the CARE agreement or plan, which ones were <u>not provided</u> to the client in the reporting month? (Check all that apply)	Active Service
5985 (e)(2)	County BH	Services and /Supports	Reason for Mental Health Services in CARE Agreement or Plan Not Provided	If mental health treatment services listed in the CARE agreement or plan were not provided to the client in the reporting month, what was the primary reason?	Active Service
5985 (e)(13)	County BH	Stabilizing Medications	Stabilizing Medications in CARE Agreement or Plan	Was stabilizing medications included in the CARE or agreement or plan?	Active Service

## CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(13)	County BH	Stabilizing Medications	Stabilizing Medications	If medication support services were provided in the reporting month, were there any medications prescribed to reduce symptoms of hallucinations, delusions, and disorganized thinking?	Active Service and Follow-up
5985 (e)(13)	County BH	Stabilizing Medications	Type of Stabilizing Medication	If stabilizing medications were provided, was a long-acting injectable antipsychotic administered as prescribed in the reporting month?	Active Service and Follow-up
5985 (e)(14)	County BH	Rate of Adherence to Medication	Stabilizing Medications Adherence	If any stabilizing medications were provided, how often was the medication taken as prescribed in the reporting month?	Active Service and Follow-up

# CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(2), (e)(4), (e)(5), (f)(1)	County BH	Services and Supports	SUD Treatment Services	What SUD treatment services were provided to the client in the reporting month? (Check all that apply).	Active Service and Follow-up
5985 (e)(2), (e)(4), (e)(5), (f)(1)	County BH	Services and Supports	SUD Treatment Services in CARE Agreement or Plan	What, if any, SUD treatment services were in the CARE agreement or plan in the reporting month? (Check all that apply)	Active Service
5985 (e)(2)	County BH	Services and Supports	SUD Treatment Services in CARE Agreement or Plan Not Provided	Of those SUD treatment services listed in the CARE agreement or plan, which ones were not provided to the client in the reporting month? (Check all that apply)	Active Service

# CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(2)	County BH	Services and Supports	Reason for SUD Services in CARE Agreement or Plan Not Provided	If SUD treatment services listed in CARE agreement or plan were not provided to the client in the reporting month, what was the primary reason?	Active Service
5985 (e)(2)	County BH	Services and Supports	CalAIM Community Supports Provided	What CalAIM community support services were provided in the reporting month? (Check all that apply).	Active Service and Follow-up
5985 (e)(2), (e)(13)	County BH	Services and Supports	CalAIM Community Supports in CARE Agreement or Plan	What, if any, CalAIM community support services were in the CARE agreement or plan in the reporting month? (Check all that apply).	Active Service

## CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(2)	County BH	Services and Supports	CalAIM Community Supports in CARE Agreement or Plan Not Provided	Of those CalAIM community support services listed in the CARE agreement or plan, which ones were not provided to the client in the reporting month? (Check all that apply)	Active Service
5985 (e)(2)	County BH	Services and Supports	Reason for CalAIM Community Supports Not Provided	If CalAIM community support services listed in the CARE agreement or plan were not provided in the reporting month, what was the primary reason?	Active Service
5985 (e)(2), (e)(13)	County BH	Services and Supports	Social Services and Supports	What social services and supports were provided to the client in the reporting month? (Check all that apply).	Active Service and Follow-up

## CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(2), (e)(13)	County BH	Services and Supports	Social Services and Supports in CARE Agreement or Plan	What, if any, social services and supports were in the CARE agreement or plan in the reporting month? (Check all that apply).	Active Service
5985 (e)(2)	County BH	Services and Supports	Social Services and Supports in CARE Agreement or Plan Not Provided	Of those social services and supports listed in the CARE agreement or plan, which ones were not provided to the client in the reporting month? (Check all that apply)	Active Service
5985 (e)(2)	County BH	Services and Supports	Reason for Social Services and Supports Not Provided	If social services and supports listed in the CARE agreement or plan were not provided in the reporting month, what was the primary reason?	Active Service

# CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(2)	County BH	Services and /Supports	Specialized Programs	Which of the following specialized programs was the client engaged in during the reporting month?	Active Service and Follow-up
5985 (e)(2)	County BH	Services and Supports	Full Service Partnership	If the client was engaged in Full Service Partnership (FSP), please indicate the services and/or supports the client received under FSP in the reporting month (select all that apply).	Active Service and Follow-up
5985 (e)(2)	County BH	Services and Supports	Reason for not engaging in Full Service Partnership	If the client was not engaged in Full Service Partnership (FSP) in the reporting month, what was the primary reason?	Active Service and Follow-up
5985 (e)(3), (e)(17), (f)(1), 5986	County BH	Housing Placements	Housing Status/Living Situation	What was the client's living situation in the reporting month?	CARE Process Initiation, Active Service, and Follow-up

## CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(3), (e)(17)	County BH	Housing Placements	Type of Housing Support	If the client received housing support in the reporting month, which program was the client primarily supported under?	CARE Process Initiation, Active Service, and Follow-up
5985 (e)(5), (e)(17), (f)(1)	County BH	Substance Use Disorder Rates and Rates of Treatment	Diagnosed Substance Use Disorder	Does the client have a diagnosis of substance use disorder in the reporting month?	Active Service and Follow-up
5985 (f)(1)	County BH	Substance Use Disorder Rates and Rates of Treatment	Misused Illegal/Controlled Substances	Did the client misuse illegal or controlled substances in the reporting month?	Active Service and Follow-up
5985 (e)(17), (f)(1)	County BH	Substance Use Disorder Rates and Rates of Treatment	Primary Substance Use	What was the client's primary substance used in the reporting month?	Active Service and Follow-up Periods
5985 (e)(17), (f)(1)	County BH	Substance Use Disorder Rates and Rates of Treatment	Primary Substance Frequency	How many days in the reporting month had the client used the primary substance?	Active Service and Follow-up

# CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(5), (e)(17), (f)(1)	County BH	Substance Use Disorder Rates and Rates of Treatment	Secondary Substance Use	What was the client's secondary substance used in the reporting month?	Active Service and Follow-up
5985 (e)(5), (e)(17)	County BH	Substance Use Disorder Rates and Rates of Treatment	Secondary Substance Frequency	How many days in the reporting month had the client used the secondary substance?	Active Service and Follow-up
5985 (e)(5), (e)(17)	County BH	Substance Use Disorder Rates and Rates of Treatment	Alcohol Frequency	How many days in the reporting month days had the client used alcohol?	Active Service and Follow-up
5985 (e)(6), (e)(17)	County BH	Detentions and LPS Involvement	Detentions	Has the client been on an involuntary LPS hold in the reporting month? (Check all that apply)	CARE Process Initiation, Active Service, and Follow-up
5985 (e)(6), (e)(17)	County BH	Detentions and LPS Involvement	LPS Conservatorship	Has the client been placed in an LPS or Mental Health conservatorship (temporary or permanent) in the reporting month?	CARE Process Initiation, Active Service, and Follow-up

## CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(7), (e)(17), (f)(1)	County BH	Criminal Justice Involvement	Criminal Justice Status	What was the client's criminal justice status in the reporting month? (Check all that apply)	CARE Process Initiation, Active Service, and Follow-up
5985 (e)(7), (e)(17), (f)(1)	County BH	Criminal Justice Involvement	Number of Arrests	How many times was the client arrested in the reporting month?	CARE Process Initiation, Active Service, and Follow-up
5985 (e)(7), (e)(17), (f)(1)	County BH	Criminal Justice Involvement	Number of Jail Days	How many days was the client in jail in the reporting month?	CARE Process Initiation, Active Service, and Follow-up
5985 (e)(7), (e)(17), (f)(1)	County BH	Criminal Justice Involvement	Number of Prison Days	How many days was the client in prison in the reporting month?	CARE Process Initiation, Active Service, and Follow-up
5985 (e)(7), (e)(17), (f)(1)	County BH	Criminal Justice Involvement	Law Enforcement Encounters	How many times did the client come into contact with law enforcement that led to the arrest, citation, and/or booking of the individual in the reporting month?	CARE Process Initiation, Active Service, and Follow-up

## CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(8), (f)(1)	County BH	Deaths and Causes of Death	Deaths Among Participants	Was the client reported as deceased in the reporting month?	Active Service and Follow-up
5985 (e)(8)	County BH	Deaths and Causes of Death	Date of Death	If the client was reported as deceased in the reporting month, what was the date of death?	Active Service and Follow-up
5985 (e)(8)	County BH	Deaths and Causes of Death	Cause of Death	If the client was reported as deceased in the reporting month, what was the cause of death?	Active Service and Follow-up
5985 (e)(10), (e)(17), (f)(1)	County BH	Number, Rates, and Trends of Volunteer Supporters	Volunteer supporter	Did the client elect, change, or remove a volunteer supporter in the reporting month?	CARE Process Initiation and Active Service

## CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(10), (e)(17), (f)(1)	County BH	Number, Rates, and Trends of Volunteer Supporters	Volunteer supporter Relationship	If the client elected or changed a volunteer supporter in the reporting month, what was the relationship of the most recent volunteer supporter to the client?	CARE Process Initiation and Active Service
5985 (e)(10), (e)(17), (f)(1)	County BH	Number, Rates, and Trends of Volunteer Supporters	Reason for Volunteer supporter Change	If the client's volunteer supporter was removed or changed in the reporting month, what was the primary reason?	CARE Process Initiation and Active Service
5985 (e)(10), (e)(17), (f)(1)	County BH	Number, Rates, and Trends of Volunteer Supporters	Volunteer supporter Presence	Over the reporting month, was a volunteer supporter present for any of these events? (Check all that apply)	CARE Process Initiation and Active Service

## CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(15), (e)(17)	County BH	Number, Rates, and Trends of Psychiatric Advance Directives	Psychiatric Advance Directive	Has a Psychiatric Advance Directive (PAD) been established for the client?	CARE Process Initiation, and Active Service, and Follow-up
5985 (e)(15)	County BH	Number, Rates, and Trends of Psychiatric Advance Directives	Date of Psychiatric Advance Directive	On what date was the PAD created?	CARE Process Initiation, Measurement and Active Service, and Follow-up
5985 (e)(11), (f)(1)	County BH	Number, Rates, and Trends of Voluntary CARE Agreements	CARE Agreement Date	On what date was the CARE Agreement approved by the court?	Active Service
5985 (e)(12), (f)(1)	County BH	Number, Rates, and Trends of Ordered and Completed CARE Plans	CARE Plan Ordered Date	On what date was the CARE plan ordered by the court?	Active Service
5985 (e)(12), (f)(1)	County BH	Number, Rates, and Trends of Ordered and Completed CARE Plans	CARE Plan Completion Date	If the client has a CARE plan, on what date was the completed CARE plan approved by the court?	Active Service

## CARE Act Data Dictionary

W & I Code Section:	Data Source	Data Element	Data Point	Question	Measurement Period
5985 (e)(16), (e)(17), (f)(1)	County BH	Number, Rates, and Trends of Developed Graduation Plans	One-Year Status Hearing	If applicable, was the 1-Year Status Hearing (typically at month 11) held for the client?	Active Service
5985 (e)(16), (e)(17), (f)(1)	County BH	Number, Rates, and Trends of Developed Graduation Plans	Outcome of One-Year Status Hearing	If applicable, what was the outcome of the one-year Status Hearing?	Active Service
5985 (e)(16), (e)(17), (f)(1)	County BH	Number, Rates, and Trends of Developed Graduation Plans	Graduation Plan	Was a graduation plan developed?	Active Service
5985 (e)(17), (f)(1)	County BH	Hospitalizations	Inpatient Hospitalizations	How many times was the client admitted to an inpatient hospitalization stay in the reporting month?	CARE Process Initiation, Active Service, and Follow-up
5985 (e)(17), (f)(1)	County BH	Emergency Department Visits	Emergency Department Visits	How many emergency department visits (all cause) did the client have in the reporting month?	CARE Process Initiation, Active Service, and Follow-up



# 6 APPENDIX C: DESCRIPTIONS AND HCPCS CODES FOR MENTAL HEALTH TREATMENT SERVICES

The mental health treatment services are described on page 15 to 20 of the [Performance Outcomes System Measurements Catalog: Methodology and Measures Definitions](#). Each service description is copied and pasted below:

### **Adult Crisis Residential Services (CRS)**

Adult crisis residential services provide an alternative to acute psychiatric hospital services for beneficiaries who otherwise would require hospitalization. The Adults crisis residential programs provide normalized living environments, integrated into residential communities. The services follow a social rehabilitation model that integrates aspects of emergency psychiatric care, psychosocial rehabilitation, milieu therapy, case management and practical social work.

### **Adult Residential Treatment Services**

Adult Residential Treatment Services are rehabilitative services provided in a non-institutional, residential setting for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not receiving residential treatment services. The services include a wide range of activities and services that support beneficiaries in their effort to restore, maintain, and apply interpersonal and independent living skills and to access community support systems. Service activities may include assessment, plan development, therapy, rehabilitation, and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

### **Crisis Intervention**

Crisis intervention services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include, but are not limited to one or more of the following, assessment, collateral, and therapy.

### **Crisis Stabilization**

Crisis stabilization services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires a more timely response than a regularly

scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

### **Day Rehabilitative (Half-Day & Full-Day)**

Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

### **Day Treatment Intensive (Half-Day & Full-Day)**

Day treatment intensive services are a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation, and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

### **Intensive Care Coordination (ICC)**

Intensive Care Coordination is a targeted case management service that facilitates assessment of care planning for and coordination of services to beneficiaries under age 21 who are eligible for full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC service components include: assessing; service planning and implementation; monitoring and adapting; and transition. ICC services are provided through the principles of the Core Practice Model (CPM), including the establishment of the Child and Family Team (CFT) to facilitate a collaborative relationship among a youth, his/her family and involved child-serving systems to allow the child/youth to be served in his/her community. The CFT is comprised of, as appropriate, both formal supports, such as the ICC coordinator, providers, case managers from child-serving agencies, and natural supports, such as family members, neighbors,

friends, and clergy and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals.

### **Intensive Home–Based Services (IHBS)**

Intensive Home–Based Services are individualized, strength–based interventions designed to ameliorate mental health conditions that interfere with a child/youth’s functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth’s family ability to help the child/youth successfully function in the home and community. IHBS services are provided within the CFT and in accordance with the CPM. The CFT participates in the development of the child’s and family’s overall service plan which may include IHBS. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation, and collateral. IHBS is provided to members of the Katie A. subclass as determined medically necessary.

### **Medication Support**

Medication support services include prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to: evaluation of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; instruction in the use, risks and benefits of, and alternatives for, medication; collateral and plan development related to the delivery of service and/or assessment for the client; prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals; and medication education.

### **Psychiatric Health Facility (PHF) Services**

A Psychiatric Health Facility is a facility licensed under the provisions of Chapter 9, Division 5, Title 22 of the California Code of Regulations. “Psychiatric Health Facility Services” are therapeutic and/or rehabilitative services provided in a psychiatric health facility on an inpatient basis to beneficiaries who need acute care, which meets the criteria of Section 1820.205 of Chapter 11, Division 1, Title 9 of the California Code of Regulations, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings. These services are separate from those categorized as “Psychiatric Inpatient Hospital”.

### **Psychiatric Inpatient Hospital Services**

Psychiatric inpatient hospital services include both acute psychiatric inpatient hospital services and administrative day services. Acute psychiatric inpatient hospital services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are provided when a beneficiary's need for acute psychiatric inpatient hospital services ends, but whose stay is extended due to lack of residential placement options at non-acute residential treatment facilities.

Psychiatric inpatient hospital services are provided by SD/MC hospitals and Fee-For-Service/Medi-Cal (FFS/MC) hospitals. MHPs claim reimbursement for the cost of psychiatric inpatient hospital services provided by SD/MC hospitals through the SD/MC claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric inpatient hospital services through the Fiscal Intermediary. MHPs are responsible for authorization of psychiatric inpatient hospital services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC inpatient hospital services via the SD/MC claiming system.

### **Targeted Case Management (TCM)**

Targeted case management is a service that assists a beneficiary in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to services and the service delivery system; monitoring of the beneficiary's progress, placement services, and plan development. TCM services may be face-to-face or by telephone with the client or significant support persons and may be provided anywhere in the community. Additionally, services may be provided by any person determined by the MHP to be qualified to provide the service, consistent with the scope of practice and state law.

Therapeutic Behavioral Services (TBS) Therapeutic behavioral services are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these services have serious emotional disturbances (SED), are experiencing a stressful transition or life crisis and need additional short-term, specific support services to accomplish outcomes specified in the written treatment plan.

### **Therapeutic Foster Care**

Therapeutic Foster Care are rehabilitative mental health services provided to children and youth up to 21 years of age who have been placed in a Residential Treatment Foster Home and who meet medical necessity criteria for this service as established by the State. The bundle of rehabilitative mental health services includes plan development, rehabilitation, collateral, and crisis intervention. Services are provided by another qualified 19 provider under the direction of a licensed mental health professional.

### **Therapy and Other Service Activities (formerly referred to as Mental Health Services)**

Individual or group therapies and interventions are designed to provide a reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency. These services are separate from those provided as components of adult residential services, treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to:

1. Assessment – A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.
2. Plan Development – A service activity that consists of development of client plans, approval of client plans, and/or monitoring and recording of progress.
3. Therapy – A service activity that is a therapeutic intervention focusing primarily on symptom reduction as a means to reduce functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
4. Rehabilitation – A service activity that includes, but is not limited to, assistance, improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills; meal preparation skills and support resources; and/or obtaining medication education.
5. Collateral – A service activity involving a significant support person in the beneficiary's life for the purpose of addressing the mental health needs of the beneficiary in terms of achieving goals of the beneficiary's client plan.

Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the client, consultation, and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client may or may not be present for this service activity.

### **Psychosocial Services**

Services are a comprehensive assessment and treatment of psychological and social aspects related to an individual's social conditions, mental and emotional health. The client's unique combination of psychological factors and the surrounding social environments are assessed and treated to improve the client's physical and mental wellness and their ability to function.

### **Peer Support Services**

These are recovery-oriented and resiliency-focused services for those managing behavioral health challenges. More details about peer support services can be found on the [Medi-Cal Code of Ethics for Peer Support Specialists in California](#) document.

The procedure codes for mental health treatment services are on page 8 to 9 of the [Performance Outcomes System Measurements Catalog: Methodology and Measures Definitions](#).

- **Intensive Home-Based Services (IHBS):** Approved claims with HCPCS Code H2015 and modifier HK.
- **Intensive Care Coordination (ICC):** Approved claims with HCPCS Code T1017 and modifier HK.
- **Hospital Inpatient:** Approved claims with revenue code 0100.
- **Hospital Inpatient Admin Day Services:** Approved claims with revenue code 0101.
- **Crisis Residential Treatment Services:** Approved claims with HCPCS Code H0018.
- **Adult Residential Treatment Services:** Approved claims with HCPCS Code H0019.
- **Crisis Stabilization:** Approved claims with HCPCS Code S9484.

- **Day Treatment Intensive (Half & Full Day):** Approved claims with HCPCS Code H2012 and Modifier HE and TG.
- **Day Rehabilitation (Half & Full Day):** Approved claims with HCPCS Code H2012 and modifier HE and Modifier is not TG.
- **Case Management/Brokerage:** Approved claims with HCPCS Code T1017 and Modifier is not HK.
- **Mental Health Services:** Approved claims with any one of the HCPCS Codes H2015, H0032, H2017, or H2019 and Modifier is not HK.
- **Medication Support Services:** Approved claims with any one of the HCPCS Codes H2010, H0034, or G8437.
- **Crisis Intervention:** Approved claims with HCPCS Code H2011.
- **Psychiatric Health Facility:** Approved claims with HCPCS Code H2013.

# 7 APPENDIX D: DESCRIPTIONS FOR DRUG MEDICAL ORGANIZED DELIVERY SYSTEM (DMC – ODS) COVERED SERVICES

Appendix D includes descriptions for all 18 SUD treatment services. The descriptions are excerpts from page 17 to 25 of the [Drug Medi-Cal ODS Billing Manual \(June 2023\)](#):

### **Assessment:**

Assessment consists of activities to evaluate or monitor the status of a beneficiary's behavioral health and determine the appropriate level of care and course of treatment for that beneficiary. Assessments shall be conducted in accordance with applicable State and Federal laws, regulations, and standards. Assessment may be initial and periodic and may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary.

Assessment services may include one or more of the following components:

- Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder.
- Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory testing.
- Treatment planning, a service activity that consists of development and updates to documentation needed to plan and address the beneficiary's needs, planned interventions and to address and monitor a beneficiary's progress and restoration of a beneficiary to their best possible functional level.

### **Care Coordination:**

Care coordination was previously referred to as "case management" in the Section 1115 waiver requirements that were used to describe the DMC-ODS program for the years 2015-2021. Per CMS feedback, DHCS has retitled and re-described this benefit as "care coordination."

Care Coordination can be provided in clinical or non-clinical settings and includes one or more of the following components:

- Coordinating with primary care and mental health care providers to monitor and support comorbid health conditions.
- Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary/ specialty medical providers.
- Ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, and mutual aid support groups.

Care Coordination is covered as a service component of most DMC-ODS levels of care (i.e., outpatient, intensive outpatient, partial hospitalization, residential, inpatient, narcotic treatment program, withdrawal management, MAT, recovery services). Care coordination can be claimed using the dedicated codes in Service Table 8 (page 110 to 113 of the [Drug Medi-Cal ODS Billing Manual \(June 2023\)](#)), on the same day as other outpatient, residential, or inpatient services appropriate for the client's level of care.

Care Coordination can be claimed as a standalone DMC-ODS service. When DMC-ODS providers provide Care Coordination services to a beneficiary who is not actively receiving treatment at a level of care (e.g., they are attempting to engage in treatment or the providers are coordinating a referral), the Care Coordination procedure code can be used to claim for Care Coordination.

When Care Coordination is provided as a standalone service in a residential or inpatient level of care (LOC) it can be claimed by outpatient, residential, or inpatient providers. Service Table 8 includes a list of Care Coordination procedure codes, allowable modifiers, allowable places of service where Care Coordination can be provided, and the provider types eligible to provide the services. When billed as a standalone service using the codes in Service Table 8, the rates are the outpatient rates for these procedure codes.

### **Clinician Consultation:**

Clinician Consultation replaces and expands the previous "Physician Consultation" service referred to in the Section 1115 STCs that were used to describe the DMC-ODS program during the years 2015-2021.

Clinician Consultation consists of DMC-ODS Licensed Practitioners of the Healing Arts (LPHAs) consulting with licensed professionals, such as addiction medicine physicians,

addiction psychiatrists, licensed clinicians, or clinical pharmacists, to support the provision of care.

Clinician Consultation is not a direct service provided to DMC-ODS beneficiaries. Rather, Clinician Consultation is designed to support DMC-ODS licensed clinicians with complex cases and may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations. It includes consultations between clinicians designed to assist DMC clinicians with seeking expert advice on treatment needs for specific DMC-ODS beneficiaries.

Only the DMC-ODS providers directly rendering care to the beneficiary can bill for Clinician Consultation. The “consulting” clinician cannot bill clinician Consultation. When a rendering DMC-ODS clinician needs to consult with another clinician to support care delivery, the rendering DMC-ODS provider can use the Clinician Consultation procedure codes (99367, 99368, or 99451) to claim for the activity. Refer to Service Table 8 to see how these codes can be billed. Note that these codes in the Care Coordination table can also be used to claim for clinical consultation.

### **Family Therapy:**

Family Therapy is a rehabilitative service that includes family members in the treatment process, providing education about factors that are important to the beneficiary’s recovery as well as the holistic recovery of the family system. Family members can provide social support to the beneficiary and help motivate their loved one to remain in treatment. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of this service, but the service is for the direct benefit of the beneficiary.

### **Group Counseling:**

Group Counseling consists of contacts with multiple beneficiaries at the same time. Group Counseling shall focus on the needs of the participants.

### **Individual Counseling:**

Individual Counseling consists of contacts with a beneficiary. Individual counseling can include contact with family members or other collaterals if the purpose of the collateral’s participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary’s treatment goals.

### **Medical Psychotherapy:**

Medical Psychotherapy is a counseling service conducted by the medical director of a Narcotic Treatment Program on a one-to-one basis with the beneficiary.

## **Medication Services:**

Medication Services includes prescription or administration of medication related to substance use disorder services, or the assessment of the side effects or results of the medication.

## **Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Opioid Use Disorders (OUD):**

Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Opioid Use Disorders (OUD) includes all medications approved under [section 505 of the Federal Food, Drug, and Cosmetic Act \(21 U.S.C. 355\)](#) and all biological products licensed under [section 351 of the Public Health Service Act \(42 U.S.C. 262\)](#) to treat opioid use disorders as authorized by the [Social Security Act Section 1905\(a\)\(29\)](#) and described in [Supplement 7 to Attachment 3.1-B](#).

## **“Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders”:**

“Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders” includes all FDA-approved drugs and services to treat AUD and other non-opioid SUDs. MAT for AUD and non-opioid SUDs may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care listed below in the “Levels of Care” section. This service includes:

- Assessment (as defined above)
- Counseling (individual and group counseling as defined above)
- Family Therapy (as defined above)
- Medication Services (as defined above)
- Patient Education (as defined below)
- Recovery Services (as defined below)
- SUD Crisis Intervention Services (as defined below)
- Withdrawal Management Services (as defined below)
- Prescribing and monitoring MAT for AUD and Other Non-Opioid Substance Use Disorders, which consists of prescribing, administering, dispensing, ordering, monitoring, and/or managing the medications used for MAT services for AUD and Other Non-Opioid Substance Use Disorders

### **Medications for Addiction Treatment – Medications:**

As described in DHCS [BHIN 21-075](#), DMC-ODS counties have the option to cover drug product costs for MAT when the medications are purchased and administered or dispensed outside of the pharmacy or NTP benefit (in other words, purchased by providers and administered or dispensed onsite or in the community, and billed to the county DMC-ODS plan). DMC-ODS counties that make this election could reimburse providers for the medications, including naloxone, trans-mucosal buprenorphine, and/or long-acting injectable medications (such as buprenorphine or naltrexone), administered in DMC facilities, and non-clinical or community settings.

DMC-ODS providers delivering MAT services in DMC-ODS counties that choose to cover MAT medications can use the MAT medication procedure code to claim for MAT medications. However, DMC-ODS providers are not required to do so. DMC-ODS providers can continue to use the pharmacy benefit to seek reimbursement for MAT medications delivered as part of DMC-ODS care. However, consistent with the DMC-ODS State Plan and as described above in the “Covered DMC-ODS Services” section, even if DMC-ODS counties do not choose to cover the drug product costs for MAT outside of the pharmacy or NTP benefit, DMC-ODS counties are still required to reimburse for MAT services even when those are provided by DMC-ODS providers in non-clinical settings and when provided as a standalone service. The “Medications for Addiction Treatment – services” section above provides guidance for claiming MAT services. MAT may be billed separately from Recovery, Counseling and Care Coordination services.

### **Mobile Crisis Services: [State Plan Amendment 22-0043](#)**

Mobile crisis services provide rapid response, individual assessment and community-based stabilization for Medi-Cal beneficiaries who are experiencing a mental health crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis, including through de-escalation and stabilization techniques that reduce the immediate risk and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement.

Mobile crisis services include warm handoffs to appropriate settings and providers when the beneficiary requires additional stabilization and/or treatment services with and referrals to appropriate health, social and other services and supports, as needed; and short-term follow-up support to help ensure the crisis is resolved and the beneficiary is connected to ongoing care. Mobile crisis services are directed toward the beneficiary in

crisis but may include contact with a family member(s) or other significant support collateral(s) if the purpose of the collateral's participation is to assist the beneficiary in addressing their behavioral health crisis and restore the beneficiary to the highest possible functional level. For children and youth, in particular, mobile crisis teams shall work extensively with parents, caretakers and guardians, as appropriate, and in a manner that is consistent with all federal and state laws related to minor consent, privacy and confidentiality.

Mobile crisis services are provided by a multidisciplinary mobile crisis team at the location where the beneficiary a behavioral health crisis. Locations may include, but are not limited to the beneficiary's home, school or workplace, on the street, or where a beneficiary socializes. Mobile crisis services cannot be provided in hospitals or other facility settings. Mobile crisis services shall be available to beneficiaries experiencing behavioral health crises 24 hours per day, seven days per week, 365 days per year. For additional information on how to claim for Mobile Crisis, refer to Table 4 (page 103 of the [Drug Medi-Cal ODS Billing Manual \(June 2023\)](#)).

### **Patient Education:**

Patient Education is education for the beneficiary on addiction, treatment, recovery and associated health risks.

### **Peer Support Service:**

Peer Support Services are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery. Peer support services may be provided with the beneficiary or significant support person(s) and may be provided in a clinical or non-clinical setting. Peer support services can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals. Peer support services are based on an approved plan of care and can be delivered as a standalone service. Peer support services are an optional benefit that DMC-ODS counties may choose to offer.

Peer support services include the following service components:

- Educational Groups means providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Engagement means Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment. Engagement may include supporting beneficiaries in their transitions between levels of care and supporting beneficiaries in developing their own recovery goals and processes.
- Therapeutic Activity means a structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

Peer Support Services can only be claimed as a standalone service. DMC-ODS providers delivering Peer Support Services must use the Peer Support Services procedure codes to claim for Peer Support Services. Peer Support Services is not covered as a service component of DMC-ODS levels of care. Peer Support Services are covered under the DMC-ODS program even if the beneficiary is not receiving treatment at a DMC-ODS level of care (e.g., the "Engagement" service component is designed to support outreach and engagement efforts prior to initiation and treatment).

However, DMC-ODS providers may deliver Peer Support Services to beneficiaries receiving treatment at all DMC-ODS levels of care, including residential or inpatient levels of care. Beneficiaries may concurrently receive Peer Support Services while receiving other DMC-ODS services. Peer Support Services must be claimed separately.

### **Recovery Services:**

Recovery Services are designed to support recovery and prevent relapse with the objective of restoring the beneficiary to their best possible functional level. Recovery Services emphasize the beneficiary's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to

provide ongoing self-management support to beneficiaries. Beneficiaries may receive Recovery Services based on self-assessment or provider assessment of relapse risk. Beneficiaries do not need to be diagnosed as being in remission to access Recovery Services.

Beneficiaries may receive Recovery Services while receiving MAT services, including NTP services. Beneficiaries may receive Recovery Services immediately after incarceration with a prior diagnosis of SUD.

Recovery Services include the following service components:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Counseling (individual and group counseling as defined above)
- Family Therapy (as defined above)
- Recovery Monitoring, which includes recovery coaching and monitoring, designed for the maximum reduction of the beneficiary's SUD.
- Relapse Prevention, which includes interventions designed to teach beneficiaries with SUD how to anticipate and cope with the potential for relapse for the maximum reduction of the beneficiary's SUD.

Recovery Service procedure codes can be used to claim for Recovery Services. See Service Table 9 for a list of recovery services codes.

Recovery Services can be delivered as a standalone service, or as a service delivered as part of the following levels of care:

- Outpatient Treatment Services (also known as Outpatient Drug Free or ODF services (ASAM Level 1)
- Intensive Outpatient Treatment Services (ASAM Level 2.1)
- Partial Hospitalization Services (ASAM Level 2.5)
- Residential Treatment Services corresponding to at least one of the following levels:
  - Level 3.1-Clinically Managed Low-Intensity Residential Services
  - Level 3.3-Clinically Managed Population-Specific High Intensity Residential Services
  - Level 3.5-Clinically Managed High Intensity Residential Services
  - Level 3.7-Medically Monitored Intensive Inpatient Services
  - Level 4.0-Medically Managed Intensive Inpatient Services
- Narcotic Treatment program

- Withdrawal Management (WM) Services in the following outpatient and residential settings:
  - Level 1-WM
  - Level 2-WM
  - Level 3.2-WM
  - Level 4-WM.

Recovery services can be claimed on the same day as Residential services and for the same beneficiary by outpatient and residential providers.

Recovery Service procedure codes must include the appropriate level of care modifier. When claimed as a standalone service on an outpatient basis, procedure codes H2017, H2035 and H2015 with a U6 modifier can be used. Refer to Service Table 9 for more information about these codes. When billed as a standalone service, the rates for these recovery services are outpatient rates.

### **SUD Crisis Intervention Services:**

Crisis Intervention Services consists of contacts with a beneficiary in crisis. A crisis means an actual relapse or an unforeseen event or circumstance, which presents to the beneficiary an imminent threat of relapse. Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary's immediate situation and be provided in the least intensive level of care that is medically necessary to treat the condition.

### **Withdrawal Management Services:**

Withdrawal Management Services are provided to beneficiaries when medically necessary for maximum reduction of the SUD symptoms and restoration of the beneficiary to their best possible functional level. Withdrawal Management Services include the following service components:

- Assessment (as defined above)
- Care Coordination (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined above)
- MAT for AUD and non-opioid SUDs (as defined above)
- Peer Support Services (as defined above)
- Observation, which is the process of monitoring the beneficiary's course of withdrawal. Observation is conducted at the frequency required by applicable state and federal laws, regulations, and standards. This may include but is not limited to observation of the beneficiary's health status.

### **Contingency Management Services:**

DHCS implemented a new contingency management benefit for eligible DMC-ODS beneficiaries with a stimulant use disorder (StimUD) in DMC-ODS counties that elect and are approved by DHCS to pilot the benefit. The pilot will allow California to evaluate and assess the effectiveness of a contingency management benefit before determining whether it should be available statewide. Under the pilot, the contingency management benefit will be available in participating DMC-ODS counties that opt for and are approved by DHCS to provide this service. Only non-residential DMC-ODS providers can provide contingency management services. To participate in the contingency management pilot, DMC – ODS counties must submit an application to DHCS. The pilot will begin in fall 2022 and will end December 31, 2026. Contingency management services include the following services:

- a) Contingency management benefit consists of a series of motivational incentives for meeting treatment goals. The motivational incentives may consist of cash or cash equivalents, e.g., gift cards of low retail value, consistent with evidence-based clinical research for treating a substance use disorder and as described below. These motivational incentives are central to contingency management, based on the best available scientific evidence for treating a substance use disorder and not as an inducement to use other medical services.
- b) The contingency management benefit utilizes an evidence-based approach that recognizes and reinforces individual positive behavior change consistent with non-use or treatment/medication adherence. The contingency management benefit provides motivational incentives for non-use of substances or treatment/medication adherence as evidenced by, for example, negative drug tests.
- c) Contingency management is offered along with other therapeutic interventions, such as cognitive behavioral therapy, that meet the definition of rehabilitative services as defined by 1905(a) of the Social Security Act and 42 CFR 440.130(d).
- d) For purposes of this demonstration, these motivational incentives are considered a Medicaid-covered item or service and are used to reinforce objectively verified, recovery behaviors using a clinically appropriate contingency management protocol consistent with evidence-based research. Consequently, neither the Federal antikickback statute (42 U.S.C. § 1320a-7b(b), "AKS") nor the civil monetary penalty provision prohibiting inducements to beneficiaries (42 U.S.C. 1320a-7a(a)(5), "Beneficiary Inducements CMP") would be implicated.

- e) The contingency management (CM) benefit consists of a set of modest motivational incentives available for beneficiaries that meet treatment goals. Under the benefit, a beneficiary will be limited in motivational incentives during a contingency management treatment episode.
- f) To qualify for a contingency management motivational incentive, Medi-Cal beneficiaries must:
  - Be diagnosed with a qualifying StimUD,
  - Be assessed and determined to have a StimUD for which CM is medically appropriate. The presence of additional SUD and/or diagnoses does not disqualify an individual from receiving CM. Likewise, beneficiaries who are receiving other treatments for SUD, including MAT, are eligible. CM should not be a replacement for MAT.
  - Reside in a participating DMC-ODS county that elects and is approved to pilot CM.
  - Consistent with DMC-ODS policies, have an ASAM multidimensional assessment completed within 30 days following the first visit with an LPHA or registered/certified counselor for beneficiaries 21 and older that indicates they can appropriately be treated in an outpatient setting (ASAM 1.0-2.5) or within 60 days if under 21 years old or experiencing homelessness.
  - Not be enrolled in another CM program for SUD (based on the beneficiary's electronic health record)
  - Receive services from a nonresidential DMC-ODS provider that offers CM. Such DMC-ODS providers offer levels of care, including outpatient treatment, intensive outpatient treatment, partial hospitalization and NTPs. Eligible individuals include those entering outpatient treatment and those transitioning from a higher level of care (e.g., post-residential care).
- g) The size, nature, and distribution of all contingency management motivational incentives shall be determined in strict accordance with DHCS procedures and protocols. These procedures and protocols will be based on established clinical research for contingency management. The following guardrails shall ensure the integrity of the contingency management benefit and mitigate the risk of fraud, waste or abuse associated with the motivational incentive:
  - Providers have no discretion to determine the size or distribution of motivational incentives, which will be determined by DHCS.
  - Motivational incentives may be managed and disbursed through a mobile or web-based incentive management software program that includes strict

- safeguards against fraud and abuse that will be detailed in DHCS guidance and listed in the Procedures and Protocols Attachment V (as listed above).
- To calculate and generate the motivational incentives, providers shall enter the evidence of the Medi-Cal beneficiary receiving the contingency management benefit into a mobile or web-based incentive management software program.
- h) The following practitioners delivering care at qualified DMC-ODS providers can deliver the contingency management benefit through activities, such as administering point-of-care urine drug tests, informing beneficiaries of the results of the evidence/urine drug test, entering the results into the mobile or web-based application, providing educational information, and distributing motivational incentives, as part of the contingency management benefit:
- Licensed Practitioner of the Healing Arts (LPHAs);
  - SUD counselors that are either certified or registered by an organization that is recognized by DHCS and accredited with the National Commission for Certifying Agencies;
  - Certified peer support specialists; and
  - Other trained staff under supervision of an LPHA.

# 8 APPENDIX E: DEFINITIONS FOR CALAIM COMMUNITY SUPPORT SERVICES

CalAIM Community support services are defined below.

### **Housing Transition Navigation Services**

These are services provided to help clients obtain housing. On page 8 of the [DHCS Community Supports Policy Guide](#), housing transition services include:

1. Conducting a tenant screening and housing assessment that identifies the client's preferences and barriers related to successful tenancy. The assessment may include collecting information on the client's housing needs, potential housing transition barriers, and identification of housing retention barriers.
2. Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the client's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medi-Cal, may be required to meet the goal.
3. Searching for housing and presenting options.
4. Assisting in securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
5. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process. Such service can be subcontracted out to retain needed specialized skillset.
6. Identifying and securing available resources to assist with subsidizing rent (such as HUD's Housing Choice Voucher Program (Section 8), or state and local assistance programs) and matching available rental subsidy resources to the clients.
7. Identifying and securing resources to cover expenses, such as security deposit, moving costs, adaptive aids, environmental modifications, moving costs, and other one-time expenses.
8. Assisting with requests for reasonable accommodation, if necessary.
9. Landlord education and engagement
10. Ensuring that the living environment is safe and ready for move-in.
11. Communicating and advocating on behalf of the client with landlords.
12. Assisting in arranging for and supporting the details of the move.

13. Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.
14. Identifying, coordinating, securing, or funding non-emergency, non-medical transportation to assist clients' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move in day.
15. Identifying, coordinating, securing, or funding environmental modifications to install necessary accommodations for accessibility.

### **Housing Deposits**

These are identifying, coordinating, securing, or funding one-time services provided to help clients establish a basic household. On page 14 of the [DHCS Community Supports Policy Guide](#), housing deposits include:

1. Security deposits required to obtain a lease on an apartment or home.
2. Set-up fees/deposits for utilities or service access and utility arrearages.
3. First month coverage of utilities, including but not limited to telephone, gas, electricity, heating, and water.
4. First month's and last month's rent as required by landlord for occupancy.
5. Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy.
6. Goods such as an air conditioner or heater, and other medically-necessary adaptive aids and services, designed to preserve an individuals' health and safety in the home such as hospital beds, Hoyer lifts, air filters, specialized cleaning or pest control supplies etc., that are necessary to ensure access and safety for the individual upon move-in to the home.

### **Housing Tenancy and Sustaining Services**

These are services provided to help clients maintain a safe and stable tenancy. On page 17 of the [DHCS Community Supports Policy Guide](#), housing tenancy and sustaining services include:

1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations.
2. Education and training on the role, rights, and responsibilities of the tenant and landlord.
3. Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
4. Coordination with the landlord and case management provider to address identified issues that could impact housing stability.

5. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the Member owes back rent or payment for damage to the unit.
6. Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.
7. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process. Such service can be subcontracted out to retain needed specialized skillset.
8. Assistance with the annual housing recertification process.
9. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
10. Continuing assistance with lease compliance, including ongoing support with activities related to household management.
11. Health and safety visits, including unit habitability inspections.
12. Other prevention and early intervention services identified in the crisis plan that are activated when housing is jeopardized (e.g., assisting with reasonable accommodation requests that were not initially required upon move-in).
13. Providing independent living and life skills including assistance with and training on budgeting, including financial literacy and connection to community resources.

### **Short-Term Post-Hospitalization Housing**

These are support services provided to help clients with medical/psychiatrics/substance use disorder who do not have a residence after an inpatient hospital, residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care and avoid further utilization of State plan services. On page 13 of the [DHCS Community Supports Policy Guide](#), the support services include recuperation and recovery, medical/psychiatric/substance use disorder care, case management, and housing.

### **Recuperative Care (Medical Respite)**

These are services that provide short-term residential care to clients who need to heal from an injury or illness and do not have a stable living environment. On page 28 of the [DHCS Community Supports Policy Guide](#), services include:

1. Limited or short-term assistance with Instrumental Activities of Daily Living &/or ADLs
2. Coordination of transportation to post-discharge appointments

3. Connection to any other on-going services an individual may require including mental health and substance use disorder services
4. Support in accessing benefits and housing
5. Gaining stability with case management relationships and programs

### **Respite Services**

These are services provided to caregivers to help clients who require intermittent temporary supervision. On page 33 of the [DHCS Community Supports Policy Guide](#), respite services include:

1. Services provided by the hour on an episodic basis because of the absence of or need for relief for those persons normally providing the care to individuals.
2. Services provided by the day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to individuals.
3. Services that attend to the client's basic self-help needs and other activities of daily living, including interaction, socialization and continuation of usual daily routines that would ordinarily be performed by those persons who normally care for and/or supervise them.

### **Day Habilitation Programs**

These are services provided to help clients with acquiring, retaining, and improving self-help, socialization, and adaptive skills. On page 36 of the [DHCS Community Supports Policy Guide](#), Day Habilitation Program services include:

1. The use of public transportation;
2. Personal skills development in conflict resolution;
3. Community participation;
4. Developing and maintaining interpersonal relationships;
5. Daily living skills (cooking, cleaning, shopping, money management); and
6. Community resource awareness such as police, fire, or local services to support independence in the community.

### **Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities**

These are services provided to help clients live in a home-like community setting and prevent them from going back to a nursing facility. On page 39 of the [DHCS Community Supports Policy Guide](#), the allowable expenses for these services include:

1. Assessing the client's housing needs and presenting options.
2. Assessing the service needs of the client to determine if he or she needs enhanced onsite services at the Residential Care Facilities for Elderly/ Adult Residential Facilities. So, the client can be safely and stably housed.

3. Assisting in securing a facility residence, including the completion of facility applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
4. Communicating with facility administration and coordinating the move.
5. Establishing procedures and contacts to retain facility housing.
6. Coordinating with the Medi-Cal managed care plan to ensure that the needs for clients who need enhanced services to be safely and stably housed in Residential Care Facilities for Elderly/ Adult Residential Facilities settings have Community Supports and/or Enhanced Care Management services that provide the necessary enhanced services.

### **Community Transition Services/Nursing Facility Transition to a Home**

These are non-recurring services provided to help clients move from a licensed facility to a private residence where they are responsible for their own living expenses. On page 42 of the [DHCS Community Supports Policy Guide](#), the allowable expenses for these services include:

1. Assessing the Member's housing needs and presenting options.
2. Assisting in searching for and securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
3. Communicating with landlord (if applicable) and coordinating the move.
4. Establishing procedures and contacts to retain housing.
5. Identifying, coordinating, securing, or funding non-emergency, non-medical transportation to assist Members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move-in day.
6. Identifying the need for and coordinating funding for environmental modifications to install necessary accommodations for accessibility.

### **Personal Care and Homemaker Services**

These are services provided to help clients who need assistance with Activities of Daily Living. On page 45 of the [DHCS Community Supports Policy Guide](#), services include bathing, dressing, toileting, ambulation, feeding, meal preparation, grocery shopping, and money management.

### **Environmental Accessibility Adaptations (Home Modifications)**

These are services provided to help clients modify their living environment for greater independence. On page 47 of the [DHCS Community Supports Policy Guide](#), home modifications include:

1. Ramps and grab-bars to assist clients in accessing the home;

2. Doorway widening for clients who require a wheelchair;
3. Stair lifts;
4. Making a bathroom and shower wheelchair accessible (e.g., constructing a roll-in shower).
5. Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies of the client; and
6. Installation and testing of a Personal Emergency Response System for clients who are alone for significant parts of the day without a caregiver and who otherwise require routine supervision (including monthly service costs, as needed).

### **Medically–Supportive Food/Meals/Medically Tailored Meals**

These are meal services provided to help clients regain and maintain their health. On page 50 of the [DHCS Community Supports Policy Guide](#), meal services include:

1. Meals delivered to the home immediately following discharge from a hospital or nursing home when Members are most vulnerable to readmission.
2. Medically Tailored Meals: meals provided to the Member at home that meet the unique dietary needs of those with chronic diseases.
3. Medically Tailored meals are tailored to the medical needs of the Member by a Registered Dietitian (RD) or other certified nutrition professional, reflecting appropriate dietary therapies based on evidence–based nutritional practice guidelines to address medical diagnoses, symptoms, allergies, medication management, and/or side effects to ensure the best possible nutrition–related health outcomes.
4. Medically–supportive food and nutrition services, including medically tailored groceries, healthy food vouchers, and food pharmacies.
5. Behavioral, cooking, and/or nutrition education is included when paired with direct food assistance as enumerated above.

### **Sobering Centers**

These are alternative destinations created to provide a safe, supportive environment for clients who are homeless or do not have a stable living situation to become sober. On page 52 of the [DHCS Community Supports Policy Guide](#), services from these centers include medical triage, lab testing, a temporary bed, rehydration and food service, treatment for nausea, wound and dressing changes, shower and laundry facilities, substance use education and counseling, navigation and warm hand–offs for additional substance use services or other necessary health care services, and homeless care support services.

### **Asthma Remediations**

These are services provided to help clients modify their living environment for greater function in the home by reducing acute asthma episodes that could result in the need for emergency services and hospitalization. On page 54 of the [DHCS Community Supports Policy Guide](#), environmental asthma trigger remediations include:

- Allergen–impermeable mattress and pillow dustcovers;
- High–efficiency particulate air (HEPA) filtered vacuums;
- Integrated Pest Management (IPM) services;
- De–humidifiers;
- Air filters;
- Other moisture–controlling interventions;
- Minor mold removal and remediation services;
- Ventilation improvements;
- Asthma–friendly cleaning products and supplies; and
- Other interventions identified to be medically appropriate and cost effective.

# 9 APPENDIX F: DEFINITIONS FOR SOCIAL SERVICES AND SUPPORTS

Appendix F describes social services and supports.

### **Public Supports**

These are based on [WIC 5982 \(a\)\(4\)](#).

### **Other Services**

#### **Education and/or Employment Services**

These are services aimed to help clients return to work or school, using the support of a coach to help them achieve their goals ([Early Psychosis Intervention Network](#)).

#### **Family Education and Support Services**

These are services aimed to teach clients and their family members about psychosis as well as coping, communication, and problem-solving skills ([Early Psychosis Intervention Network](#)).

#### **Benefits Advocacy Services**

These are support services from professionals, family members, and friends who learn basic information about benefits programs to help clients with disabilities ([Benefits Advocacy & Planning](#)):

- Understand basic benefits requirements (rules) and other regulations related to benefits and employment
- Transform any misconceptions about the impact of employment (making money) upon benefits
- Assist with reporting income to different benefits providers
- Assist with identifying and documenting available work incentives
- Assist with preventing potential benefits crises by identifying and reporting changes in life circumstances or employment status which might impact benefits
- Assist with interpretation and explanation of letters and documentation from various benefits programs
- Serve as an important bridge to more detailed benefits planning services

## 10 APPENDIX G: LIVING SITUATION OPTION LIST

Appendix G includes specifications for various living situations. The list is taken from the [HMIS data dictionary](#) located on page 93. DHCS's definition of successful housing (<https://www.dhcs.ca.gov/Documents/MCQMD/Measure-3-5-and-3-6-Defining-Successfully-Housed.pdf>) will be used to guide assessment of improvement in housing placements.

### Homeless Situations

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Safe Haven

### Institutional Situations

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison, or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

### Temporary Housing Situations

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living with friends, temporary tenure (e.g., room, apartment, or house)
- Staying or living with family, temporary tenure (e.g., room, apartment, or house)
- Moved from one Housing Opportunities for Persons With AIDS (HOPWA) funded project to HOPWA Permanent Housing

### Permanent Housing Situations:

- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from one HOPWA funded project to HOPWA Permanent Housing

## CARE Act Data Dictionary

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- Rental by client, with Grant and Per Diem (GPD) Transition in Place (TIP) housing subsidy
- Rental by client, with Veterans Affairs Supportive Housing (VASH) housing subsidy
- Permanent housing (other than Rapid Re-housing (RRH)) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with Housing Choice Voucher (HCV)—tenant or project based
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy