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DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

August 23, 2022

To: Tribal Chairpersons, Designees of Indian Health Programs,
and Urban Indian Organizations

Subject: Notice of Proposed Change to the Medi-Cal Program

The purpose of this letter is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal Program that will be submitted to the Centers for Medicare and Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendment, waiver requests or modifications, or proposals for demonstration projects in the Medi-Cal program.

Please see the enclosed summary for a detailed description of this DHCS proposal.

QUESTIONS AND COMMENTS:

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to PublicInput@dhcs.ca.gov or by mail to the address below:

Contact Information

Department of Health Care Services
Director's Office
1500 Capitol Avenue, MS 0000
Sacramento, CA 95814

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In addition to this notice, DHCS plans to cover this proposal in the next quarterly Medical Indian Health webinar. Please note that Indian Health Programs and Urban Indian Organizations may also request a consultation on this proposal at any time as needed.

Sincerely,

Original signed by

Andrea Zubiato, Acting Chief
Office of Tribal Affairs
Department of Health Care Services

Enclosure



**Department of Health Care Services
Tribal and Designees of Indian Health Programs Notice**

PURPOSE

To seek necessary approvals to add qualifying community-based mobile crisis intervention services for a period of five years as a covered behavioral health benefit in the Drug Medi-Cal program, Drug Medi-Cal Organized Delivery System, and Specialty Mental Health Services program.

BACKGROUND

DHCS proposes to add mobile crisis services as a Rehabilitative Mental Health Service, Substance Use Disorder (SUD) Treatment Service and Expanded SUD Treatment Service. This benefit is designed to ensure that all Medi-Cal members have access to a continuum of crisis care 24 hours a day, 7 days a week, 365 days a year. Community-based mobile crisis intervention services are an important part of a strong and effective behavioral health care system.

Mobile crisis response teams shall provide rapid response, assessment, and community-based stabilization to individuals experiencing behavioral health crises. Teams shall be composed of trained mental health and substance use providers available to respond when called. Mobile crisis services also include follow up by the team to ensure the crisis event is resolved and to provide connections to ongoing services and resources. Mobile crisis services are intended to:

- provide relief to beneficiaries experiencing a behavioral health crisis event;
- reduce the immediate risk of danger and subsequent harm;
- connect beneficiaries with primary care, behavioral health, and crisis providers, community health care facilities, and managed care organizations in urban and rural communities through the state; and
- reduce the need for emergency department care, psychiatric hospitalizations, and law enforcement involvement.

Mobile crisis services are provided by a multidisciplinary team at the location where an individual is experiencing a mental health or substance use crisis (e.g., at the individual's home, workplace or school, or on the street, or where the individual socializes). Services shall not be provided in hospitals or other facility settings.

DHCS conducted engagement with Tribal partners including key informant interviews with representatives of Tribes, Tribal health programs, and urban Indian organizations to inform the design of the mobile crisis benefit.

SUMMARY OF PROPOSED CHANGES

SPA 22-0043 will add qualifying mobile crisis services as a Medi-Cal Rehabilitative Mental Health Service, Substance Use Disorder (SUD) Treatment Service, and expanded SUD Treatment service to be provided through the Medi-Cal behavioral

health delivery system.¹ Mobile crisis services include the following service components: crisis assessment, mobile crisis response, facilitating warm handoff, crisis planning, connections to ongoing supports, and follow up.

Existing Medi-Cal crisis intervention services that do not meet the qualifying conditions for this new statewide benefit are not impacted by this new benefit. These existing services are still covered and available for reimbursement. Existing crisis intervention services include:

- Crisis Intervention as a covered Rehabilitative Mental Health Service
- SUD Crisis Intervention as a covered SUD Treatment Service
- SUD Crisis Intervention as a covered Expanded SUD Treatment Service

The proposed effective date for SPA 22-043 is January 1, 2023. SPA 22-043 is subject to approval by CMS. DHCS will issue guidance via a forthcoming Behavioral Health Information Notice (BHIN) regarding the implementation of mobile crisis services and the reimbursement rate for these services. There will be an opportunity for Tribal partners to comment following release of the mobile crisis services draft BHIN.

IMPACT TO TRIBAL HEALTH PROGRAMS (THPs)

Tribal health programs could establish a separate line of business to deliver qualifying mobile crisis services in a community setting. Additionally, mobile crisis teams can connect beneficiaries with THPs that provide Medi-Cal-covered behavioral health or substance use disorder services for follow-up care.

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

FQHCs could establish a separate line of business to deliver qualifying mobile crisis services in a community setting. Additionally, mobile crisis teams can connect beneficiaries with FQHCs that provide Medi-Cal-covered behavioral health or substance use disorder services for follow-up care.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES

American Indian Medi-Cal beneficiaries may have increased access to mobile crisis services, which is expected to improve health outcomes for beneficiaries receiving these services.

RESPONSE DATE

Indian Health Programs and Urban Indian Organizations may submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to PublicInput@dhcs.ca.gov or by mail to the address below:

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¹ [Welfare and Institutions Code Section 14132.57, subdivisions \(a\), \(h\)\(1\)](#)