

## Overview

Behavioral Health Plans (BHPs) that intend to participate in the BH-CONNECT Mental Health (MH) Institutions for Mental Diseases (IMD) Federal Financial Participation (FFP) Program are required to submit an IMD FFP Plan as outlined in BHIN 25-011. A BHP cannot access FFP for care provided in IMDs until the BHP's IMD FFP Plan is approved by the Department of Health Care Services (DHCS).

Through the IMD FFP Plan, participating BHPs will describe how they will meet requirements from the Centers for Medicare & Medicaid Services (CMS) and DHCS that apply to delivery of mental health care in IMDs, care coordination, and access to a full continuum of supportive services. DHCS will use the information in this IMD FFP Plan to help ensure CMS requirements are being met.

BHPs may opt into the MH IMD FFP Program on a rolling basis by submitting the IMD FFP Plan. Only one IMD FFP Plan is required per BHP for the duration of the MH IMD FFP Program. For further information on program requirements and federal regulations, please refer to BHIN 25-011, which includes references to the BH-CONNECT Special Terms and Conditions (STCs) and existing authorities.

Find more information about BH-CONNECT on the [DHCS website](#). **Reach out to [BH-CONNECT@dhcs.ca.gov](mailto:BH-CONNECT@dhcs.ca.gov) if you have any questions.**

## Part 1 | Background Information

1. **County Name** [Drop down]
2. **Name of Individual Completing Survey** [Free text]
3. **Email Address** [Free text]

## Part 2 | Participating Psychiatric Settings

As described in BHIN 25-011, there are three types of inpatient and residential treatment settings for which BHPs may receive FFP under the MH IMD FFP Program, referred to as "Participating Psychiatric Settings." These are Freestanding Acute

Psychiatric Hospitals (APHs), Mental Health Rehabilitation Centers (MHRCs), and Psychiatric Health Facilities (PHFs).

**BHPs must provide a list of all Participating Psychiatric Settings, including facility National Provider Identifications (NPIs), addresses, and quantity of beds, and attest that all listed facilities meet licensing/accreditation requirements, using the “Participating Psychiatric Settings List” template.**

**Please email [BH-CONNECT@dhcs.ca.gov](mailto:BH-CONNECT@dhcs.ca.gov) for a copy of the required “Participating Psychiatric Settings List” template.** After completing the template, please email it back to [BH-CONNECT@dhcs.ca.gov](mailto:BH-CONNECT@dhcs.ca.gov). Your IMD FFP Plan is not complete and will not be reviewed until the Participating Psychiatric Settings List is received by DHCS.

**4. Participating Psychiatric Settings Completion**

[check box] I attest that I have submitted my BHP’s completed Participating Psychiatric Settings List to DHCS as described above.

[check box] I understand that my IMD FFP Plan is not complete and will not be reviewed until the Participating Psychiatric Settings List is submitted.

**5. Licensing and Accreditation**

[check box] I attest that all Participating Psychiatric Settings included in my BHP’s submitted Participating Psychiatric Settings List are appropriately licensed, accredited, and/or otherwise authorized to provide services for Medi-Cal members.

## **Part 3 | Extending Existing Contractual Requirements to Participating Psychiatric Settings**

To ensure compliance with Program eligibility and accountability requirements, please attest to oversight and auditing policies and/or completed policy revisions to address the following. Items 7-9 below correspond to existing contractual requirements that BHPs must adhere to for all Medi-Cal covered services, including IMD services that qualify for reimbursement under this demonstration, as described in standard [MHP contract language](#). **BHPs must be prepared to submit documentation that corroborates / supports submissions below, upon request from DHCS:**

**6. Compliance with state licensing and certification requirements, including through unannounced visits.**

[checkbox] I attest to comply with state licensing and certification requirements, including through unannounced visits, as described in BHIN 25-011 "Licensure and/or Accreditation" section.

7. **Review of medical necessity and appropriateness of all covered services delivered to Medi-Cal members within Participating Psychiatric Settings.**

[checkbox] I attest to review medical necessity and appropriateness of all covered services delivered to Medi-Cal members within Participating Psychiatric Settings, as described in BHIN 25-011 "Availability of FFP" section.

8. **Services for each member are clinically indicated and provided for no longer than necessary, using individualized, person-centered approaches.**

[checkbox] I attest that services for each member are clinically indicated and provided for no longer than necessary, using individualized, person-centered approaches, as described in BHIN 25-011 "MH IMD FFP Program Opt-In Requirements" section.

## Part 4 | New Processes, Policies, and Procedures to Meet Program Requirements

Please describe how your BHP will meet and ensure ongoing compliance with Program eligibility and accountability requirements through new (or existing) processes, policies, and procedures by responding to the prompts below.

At a minimum, BHPs must include an appropriately substantive response to each required element. **BHPs must be prepared to submit documentation that corroborates / supports submissions below, upon request from DHCS.**

9. **Maintaining Allowable Lengths of Stays in IMDs.** Describe how the BHP will ensure FFP is only claimed for IMD treatment episodes of 60 days or less and will maintain an average length of stay of no more than 30 days among Medi-Cal members in IMDs for which FFP is provided, as described in BHIN 25-011

"Availability of FFP" section.

- a. Names of specific policies that have been newly drafted or edited in response to this requirement: [text box, 1000 character limit]
- b. Plans for providing training and/or technical assistance on policy updates: [text box, 1000 character limit]
- c. Methods, cadence, and timelines for collecting and monitoring data on requirements: [text box, 1000 character limit]
- d. Plans and cadence for auditing and compliance checks to ensure full adherence to all requirements: [text box, 1000 character limit]
- e. [Optional] Other approaches: [text box, 1000 character limit]

10. **Reinvestment of FFP in Behavioral Health: Part 1.** BHPs must ensure that FFP received for patient care services provided in IMDs will be reinvested to support community-based behavioral health service provision, quality improvement, and/or capacity expansion to benefit Medi-Cal members served by the BHP, as described in BHIN 25-011 "MH IMD FFP Program Opt-In Requirements" section. Please indicate your BHP's high-level approach to reinvesting FFP (select all that apply). [Dropdown List]:
- a. Providing additional Medi-Cal-reimbursable behavioral health services
  - b. Hire additional behavioral health clinicians, providers, and staff
  - c. Invest in behavioral health quality improvement infrastructure
  - d. Enhance provider payment rates (e.g., to build capacity and expand workforce)
  - e. Other (please specify) [Free text]
11. **Reinvestment of FFP in Behavioral Health: Part 2.** Answer the narrative prompts below to further outline how the BHP will ensure that FFP received for patient care services provided in IMDs will be reinvested to support community-based behavioral health service provision, quality improvement, and/or capacity expansion to benefit Medi-Cal members served by the BHP, as described in BHIN 25-011 "MH IMD FFP Program Opt-In Requirements" section (*Please note that reinvestment efforts should not duplicate or supplant current funding initiatives.*)
- a. Provide a narrative description to elaborate on the BHP's approach to FFP reinvestment: [text box, 1000 character limit]
  - b. Outline how the BHP will ensure compliance with the reinvestment requirement: [text box, 1000 character limit]
12. **Screenings.** Describe how the BHP will ensure that Participating Psychiatric Settings screen admitted members for co-morbid physical health conditions, substance use disorders (SUDs) and suicidal ideation and that these treatment settings have capacity to address co-morbid conditions during short-term stays with onsite staff, telemedicine, and/or partnerships with local physical health providers, as described in BHIN 25-011 Program Accountability Requirement 1.
- a. Names of specific policies that have been newly drafted or edited in response to this requirement: [text box, 1000 character limit]
  - b. Plans for providing training and/or technical assistance on policy updates: [text box, 1000 character limit]
  - c. Methods, cadence, and timelines for collecting and monitoring data on requirements: [text box, 1000 character limit]
  - d. Plans and cadence for auditing and compliance checks to ensure full adherence to all requirements: [text box, 1000 character limit]
  - e. [Optional] Other approaches: [text box, 1000 character limit]

13. **Discharge Planning.** Describe how the BHP will ensure that Participating Psychiatric Settings carry out extensive pre-discharge planning that:
- Includes community-based providers in care transitions;
  - Includes and documents coordination of care with the Managed Care Plan; and
  - Provides a written aftercare plan to the member prior to discharge from the facility that includes an assessment of the member's housing situation, according to the detailed criteria set forth in BHIN 25-011 Program Accountability Requirement 2.

**Please address each element of pre-discharge planning in your responses below.**

- a. Names of specific policies that have been newly drafted or edited in response to these requirements: [text box, 1500 character limit]
  - b. Plans for providing training and/or technical assistance on policy updates: [text box, 1500 character limit]
  - c. Methods, cadence, and timelines for collecting and monitoring data on requirements: [text box, 1500 character limit]
  - d. Plans and cadence for auditing and compliance checks to ensure full adherence to all requirements: [text box, 1500 character limit]
  - e. [Optional] Other approaches: [text box, 1500 character limit]
14. **Member and Provider Contact Post-Discharge.** Describe how the BHP will ensure members are contacted within 72 hours of discharge to ensure that follow-up care is accessed, using the most effective means possible, including email, text messaging, and/or telephone calls, as described in BHIN 25-011 Program Accountability Requirement 3.
- a. Names of specific policies that have been newly drafted or edited in response to this requirement: [text box, 1000 character limit]
  - b. Plans for providing training and/or technical assistance on policy updates: [text box, 1000 character limit]
  - c. Methods, cadence, and timelines for collecting and monitoring data on requirements: [text box, 1000 character limit]
  - d. Plans and cadence for auditing and compliance checks to ensure full adherence to all requirements: [text box, 1000 character limit]
  - e. [Optional] Other approaches: [text box, 1000 character limit]
15. **Prevent or Decrease Length of Stay in Emergency Departments.** Describe how the BHP will prevent admissions to emergency departments (EDs) and/or decrease lengths of stay (LOS) in emergency departments among members living with significant behavioral health needs, including current data trends and

methods for tracking, as described in BHIN 25-011 Program Accountability Requirement 4.

- a. What strategies will the BHP implement to reduce admissions and LOS in EDs for members living with significant behavioral health needs? *(This may include the use of Peer Support Specialists, Community Health Workers, and psychiatric consultants in emergency departments, and real-time data exchange capabilities such as event-based notifications to help with discharge and referral to treatment providers).* [text box, 1000 character limit]
- b. How and on what cadence will the BHP track, or seek to track, ED admission and ED LOS, for the purpose of monitoring compliance with this requirement? [text box, 1000 character limit]
- c. How will the BHP use data to inform strategies for reducing admissions and LOS in EDs? [text box, 1000 character limit]
- d. How will the BHP engage with Medi-Cal partners to implement this approach, including hospitals/emergency departments, and Medi-Cal Managed Care Plans? [text box, 1000 character limit]

## Part 5 | Additional DHCS Requirements for Evidence-Based Practices

**Please attest to cover and implement all of the following BH-CONNECT evidence-based practices (EBPs) as outlined in BHIN 25-011 “Coverage of BH-CONNECT EBPs” section.** Please note that in addition to completing this IMD FFP Plan, BHPs must complete the EBP Opt-In Process, which is available on the [BH-CONNECT Opt-In landing page](#), prior to commencing coverage of Enhanced CHW Services, ACT, FACT, CSC and IPS Supported Employment. BHPs that have not already done so must also complete the process to cover Peer Support Services described in [BHIN 22-026](#) or subsequent guidance.

### 16. Enhanced Community Health Worker (ECHW) Services

[checkbox] Attest to launch Enhanced CHW Services **prior to claiming FFP for IMD stays.**

### 17. Peer Support Services

[checkbox] Attest to launch Peer Support Services **prior to claiming FFP for IMD stays.**

### 18. Peer Support Services with Forensic Specialization

[checkbox] Attest to launch Peer Support Services, with Forensic **Specialization within one year** of claiming FFP for IMD stays.

**19. Assertive Community Treatment (ACT)**

[checkbox] Attest to launch ACT **within one year** of claiming FFP for IMD stays.

**20. Forensic Assertive Community Treatment (FACT)**

[checkbox] Attest to launch FACT **within two years** of claiming FFP for IMD stays.

**21. Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)**

[checkbox] Attest to launch CSC **within two years** of claiming FFP for IMD stays.

**22. Individual Placement and Support (IPS) Supported Employment**

[checkbox] Attest to launch IPS Supported Employment **within three years** of claiming FFP for IMD stays.

## **Part 6 | Forthcoming Processes and Procedures**

Guidance on additional CMS and state requirements related to the MH IMD FFP Program are forthcoming. Through the attestations below, BHPs acknowledge awareness of the additional forthcoming requirements and attest commitment to implement them. Continued authority to participate in the MH IMD FFP Program is contingent upon compliance with all requirements below, pursuant to future guidance.

**23. Closed Loop Referrals and E-Referrals**

[checkbox] Attest to ensure Participating Psychiatric Settings facilitate closed loop referrals and e-referrals, upon release of forthcoming guidance, as indicated in BHIN 25-011 Program Accountability Requirement 5.

**24. Bed Tracking and Availability**

[checkbox] Attest to track availability of inpatient and crisis stabilization beds through implementation of the DHCS bed capacity data solution, upon release of forthcoming guidance, as indicated in BHIN 25-011 Program Accountability Requirement 6.

**25. Assessments**

[checkbox] Attest to ensure Participating Psychiatric Settings utilize a standardized, validated assessment tool to determine appropriate level of care and length of stay, upon release of forthcoming guidance, as indicated in BHIN 25-011 Program Accountability Requirement 7.

**26. Specialty Mental Health Services (SMHS) Analysis and Strategies to Increase SMHS Availability**

[checkbox] Attest to conduct an analysis of SMHS utilization for both existing services and newly adopted Evidence-Based Practices, identify gaps in the SMHS continuum of care, describe actionable strategies to close the gaps, and execute the plan to achieve gap closures and improve utilization throughout the course of the demonstration, upon release of forthcoming guidance, as indicated in BHIN 25-011 Program Accountability Requirement 8.

## Part 7 | Behavioral Health Director Certification Statement

### 27. Certification Statement

[checkbox] I certify on behalf of the BHP that, to the best of my knowledge, all information provided in this IMD FFP Plan is true and accurate.

### 28. Please enter your full name and contact information below to confirm. This IMD FFP Plan must be signed by the Behavioral Health Director or their designee.

Full Name [free text]

Email [free text]

## Closeout Language

Thank you for your submission of the IMD FFP Plan. This response has been recorded and will be reviewed by DHCS upon receipt of the Participating Psychiatric Settings List template. Please reach out to [BH-CONNECT@dhcs.ca.gov](mailto:BH-CONNECT@dhcs.ca.gov) if you have any questions.