Introduction

In 2024, behavioral health plans (BHPs) completed a targeted self-assessment on National Committee for Quality Assurance (NCQA) Managed Behavioral Healthcare Organizations (MBHO) Standards related to care coordination (CC) and quality improvement (QI), as described in BHIN 24-019.

As part of the BH-CONNECT Access, Reform and Outcomes Incentive Program, participating BHPs will be re-assessed annually on the below subset of NCQA MBHO Standards beginning in 2026. These six Standards were selected because they are closely tied to key DHCS priorities and goals for BHPs.

NCQA MBHO Standards	
CC-1	Coordination of Behavioral Healthcare
CC-2	Collaboration Between Behavioral Healthcare and Medical Care
QI-3	Availability of Practitioners and Providers
QI-8	Complex Case Management
QI-9	Clinical Practice Guidelines
QI-10	Clinical Measurement Activities

Participating BHPs can earn incentive funding by demonstrating annual improvement on these six Standards over the course of the Incentive Program (January 2025- December 2029). DHCS acknowledges there is significant work underway in each of these areas and is committed to supporting BHPs in closing their gaps related to these Standards and improving outcomes among Medi-Cal members living with significant behavioral health needs. In future years, if a BHP has fully met one of the above Standards, DHCS may identify an alternate Standard on which to assess the BHP. The BHP would have the opportunity to earn incentive funding for demonstrating improvement on that alternate Standard.

BHPs participating in the BH-CONNECT Incentive Program are eligible to earn an incentive payment by responding to all the following questions by June 30, 2025. Up to $50 million in incentive funding is available across participating BHPs for Submission 1. Funding will be awarded only for timely and complete submissions; partial funding is not available for Submission 1.

These questions are intended to support BHPs in identifying key areas to strengthen care coordination and quality improvement activities, which will support improved performance on NCQA MBHO re-assessments and other BH-CONNECT Incentive Program measures. For any narrative responses in this submission, BHPs should consider their response in the context of the respective NCQA Standard; for example, if the narrative relates to CC-2, the BHP should consider the NCQA Standard as they write their response.

Part 1 | Care Coordination (Related to Standards CC-1 and CC-2)

1. Does your BHP currently participate in or connect with a Qualified Health Information Organization (QHIO) or other data sharing intermediary (e.g., Health Information Exchange (HIE), Community Information Exchange (CIE))? [Yes, No]
    a. If yes, which intermediary? [Check all that apply]
        i. Alameda Social Health Information Exchange
        ii. CalMHSA Connex
        iii. Cozeva
        iv. Health Gorilla, Inc.
        v. Long Health, Inc.
        vi. Los Angeles Network for Enhanced Services (LANES)
        vii. Manifest MedEx
        viii. Orange County Partners in Health HIE
        ix. SacValley MedShare
        x. San Diego 2-1-1
        xi. San Diego Health Connect
        xii. Santa Cruz Health Information Exchange
        xiii. Serving Communities Health Information Organization (SCHIO)
        xiv. Other: [Short answer]
    b. If yes, approximately how often is your BHP sending or receiving information through your intermediary every month? [Real time/Daily/Weekly/Monthly/Less than monthly]
    c. If no, when does your BHP intend to participate in a QHIO or other data sharing intermediary? [Date: Month/Year]

2. Has your BHP signed the CalHHS Data Exchange Framework (DxF) Data Sharing Agreement (DSA)? [Yes, No]
    a. If no, does your BHP plan to sign the DxF DSA? [Yes, No]
        i. If no, why not? [Short answer]
        ii. If yes, when does your BHP plan to sign the DxF DSA? [Date: Month/Year]

3. Does your BHP use and require the use of a consent form for sharing 42 C.F.R. Part 2 data with non-Part 2 providers, including other county agencies, Medi-Cal Managed Care Plans (MCPs), and other providers and organizations? [Yes, No]
    a. If yes, please attach a copy of the consent form you use. [File upload]
    b. Is the form broadly used in your county by other payors and providers (e.g., MCPs, child welfare, correctional facilities)?

4. Does your BHP intend to adopt the Authorization to Share Confidential Medi-Cal Information (ASCMI) form? [Yes/No]
    a. If yes, when? [Date: Month/Year]
    b. If no, please explain why not. [Short answer]

5. Does the BHP collect individual-level or service-level data that is **not** currently passed on to DHCS (e.g., related to long stays in Skilled Nursing Facilities, Mental Health Rehabilitation Centers, Institutions for Mental Disease)? If so, please describe the data and how it is used by the BHP. [Short answer]

6. Does your county utilize subcontractors (e.g., CalMHSA) to administer any of the following program areas for your Medi-Cal Behavioral Health Delivery System (BHDS)? *(For counties participating in the DMC-ODS Regional Model with Partnership HealthPlan of California, please answer only as to your SMHS programs.)*
    a. Provider network management (e.g., recruitment, credentialing, contracting, and/or oversight of contracted providers)? [Yes, No]
        i. If yes, does your county subcontract for this function under [Check all that apply]:
            1. SMHS. Please identify the subcontractor(s): [Short answer]
            2. DMC/DMC-ODS. Please identify the subcontractor(s): [Short answer]
        ii. If No, would your county be interested in exploring a subcontract for this function with logistical support from DHCS (e.g., template

subcontracts, potential streamlining of county oversight) in the future? [Yes, No]
        1. If yes, by what date? [Month/Year]
    b. Utilization management (e.g., prior authorization, sending Notices of Adverse Benefit Determination (NOABDs))? [Yes, No]
        i. [Same sub-questions as above]
    c. Provider claims processing? [Yes, No]
        i. [Same sub-questions as above]
    d. Member access line? [Yes, No]
        i. [Same sub-questions as above]
    e. Member appeals and grievances? [Yes, No]
        i. [Same sub-questions as above]
    f. Quality assurance and performance improvement (QAPI)? [Yes, No]
        i. [Same sub-questions as above]

7. What challenges does your BHP face with respect to data exchange and care coordination within your Medi-Cal BHDS (SMHS and DMC/DMC-ODS)? [Check all that apply]
    a. Collecting accurate, current data
    b. Sharing data across specialty behavioral health delivery systems
    c. Analyzing data to identify key gaps in access to behavioral health services
    d. Identifying appropriate behavioral health providers to refer members to when needed
    e. Implementing No Wrong Door policies (e.g., delivering care when needed no matter the delivery system)
    f. Utilizing updated transition tools
    g. Referring members across specialty behavioral health delivery systems when needed
    h. Clinical integration of mental health and SUD care
    i. Appropriate use of psychotropic medication
    j. Other: [Short answer]

8. What challenges does your BHP face in collaborating across *specialty and non-specialty mental health services (SMHS, NSMHS, and SUD)*? [Check all that apply]
    a. Collecting accurate, current data
    b. Sharing data across specialty behavioral health delivery systems and MCPs that are responsible for NSMHS
    c. Analyzing data to identify key gaps in access to behavioral health services

d. Identifying appropriate behavioral health providers to refer members to when needed
e. Implementing No Wrong Door policies (e.g., delivering care when needed no matter the delivery system)
f. Utilizing updated transition tools
g. Referring members across specialty and non-specialty delivery systems when needed
h. Engaging with MCPs and establishing Memoranda of Understanding (MoUs) to support collaboration
i. Engaging with schools, Continuums of Care, CBOs, and other external partners and establishing MoUs to support collaboration
j. Appropriate use of psychotropic medication
k. Other: [Short answer]

9. What challenges does your BHP face in coordinating care across the *behavioral health and physical health* systems? [Check all that apply]
    a. Collecting accurate, current data
    b. Sharing data across specialty behavioral health delivery systems and MCPs that are responsible for primary care
    c. Analyzing data to identify key opportunities to better collaborate across behavioral health and physical health systems
    d. Rapidly screening and referring members from primary care to behavioral health care settings when needed
    e. Arranging for complex care management for members living with significant behavioral health needs
    f. Engaging with MCPs and establishing MoUs to support collaboration
    g. Engaging with hospitals to support collaboration
    h. Appropriate use of psychotropic medication
    i. Other: [Short answer]

Part 2 | Quality Improvement (Related to Standards QI-3, QI-8, QI-9, and QI-10)

10. For each of the following services, how robust is the provider network in your county? [Rate on a scale from 1 to 5, where 1 is just in beginning stages of growth and 5 is extremely robust]
    a. Mobile crisis services [Rate on a scale from 1 to 5]
    b. Crisis intervention services [Rate on a scale from 1 to 5]

c. Crisis stabilization services [Rate on a scale from 1 to 5]
d. Intensive home-based services (e.g., Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), Therapeutic Foster Care (TFC), and Therapeutic Behavioral Services (TBS)) [Rate on a scale from 1 to 5]
e. Peer support services [Rate on a scale from 1 to 5]
f. Medications for addiction treatment (MAT) [Rate on a scale from 1 to 5]

11. Does your BHP **contract with MCP(s)** to deliver Enhanced Care Management (ECM)? [Yes, No]
    a. If no, please explain why not. [Short answer]

12. Does your BHP **refer members to MCP(s)** for ECM [Yes, No]
    a. If no, please explain why not. [Short answer]

13. In your county, are there county-contracted providers who are also contracted with MCP(s) to provide ECM? [Yes, No, Unsure]
    a. If yes, how many, to the best of your knowledge? [Number]
    b. If no, what barriers are keeping behavioral health providers from becoming ECM providers, if known? [Short answer]

14. How does your BHP ensure case management services are not duplicative across MCPs (including ECM) and behavioral health delivery systems (including team-based services with a case management component such as Assertive Community Treatment)? If your BHP does not currently conduct activities to ensure nonduplication, please describe your plans to do so in the next 1-2 years. [No more than 100 words] [Short Answer]

15. What tools is your BHP using to identify members that require complex care management (Targeted Case Management (TCM), Complex Care Management (CCM), ECM)) and connect them with services? [Check all that apply]
    a. Risk stratification
    b. Review of county performance on HEDIS measures that indicate a need for complex case management (e.g., Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), Follow-Up After Emergency Department Visit for Mental Illness (FUM))
    c. Direct outreach and engagement
    d. Referrals to MCP for CCM and/or ECM
    e. Connections to peer support specialists, community health workers and/or other liaisons

f. Other: [Short answer]

16. For which behavioral conditions does your BHP have evidence-based clinical practice guidelines? [Check all that apply]
    a. Psychotic disorders (including but not limited to schizophrenia and schizoaffective disorders)
        i. [If checked] Does your BHP update these clinical practice guidelines at least every two years (in alignment with NCQA standards)? [Yes, No]
    b. Major depressive disorder
        i. [If checked] Does your BHP update these clinical practice guidelines at least every two years (in alignment with NCQA standards)? [Yes, No]
    c. Bipolar disorder
        i. [If checked] Does your BHP update these clinical practice guidelines at least every two years (in alignment with NCQA standards)? [Yes, No]
    d. Post-Traumatic Stress Disorder and other trauma- and stressor-related disorders
        i. [If checked] Does your BHP update these clinical practice guidelines at least every two years (in alignment with NCQA standards)? [Yes, No]
    e. First episode psychosis
        i. [If checked] Does your BHP update these clinical practice guidelines at least every two years (in alignment with NCQA standards)? [Yes, No]
    f. Eating disorders
        i. [If checked] Does your BHP update these clinical practice guidelines at least every two years (in alignment with NCQA standards)? [Yes, No]
    g. Substance use disorders (including but not limited to opioid use, alcohol use, and stimulant use disorders)
        i. [If checked] Does your BHP update these clinical practice guidelines at least every two years (in alignment with NCQA standards)? [Yes, No]
    h. Attention-Deficit/Hyperactivity Disorder
        i. [If checked] Does your BHP update these clinical practice guidelines at least every two years (in alignment with NCQA standards)? [Yes, No]

i. Other: [Short answer]
    i. [If checked] Does your BHP update these clinical practice guidelines at least every two years (in alignment with NCQA standards)? [Yes, No]

17. Which data sources does your BHP primarily use to identify clinical issues that require changes to protocol or practices (not including changes required by state or federal law)? Protocol or practices may include internal protocols; provider practices, including clinical practice guidelines; or other policies that may implicate clinical practices. [Check all that apply]
    a. Claims data analysis
    b. EHR data analysis
    c. Prescription feed data
    d. Incident reports
    e. Clinical guidelines issued by organizations (e.g., American Society of Addiction Medicine (ASAM), American Psychiatric Association (APA), etc.)
    f. Issues identified by clinical leadership
    g. Grievances and appeals
    h. Member surveys
    i. Other: [Short answer]