Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115 Demonstration Addendum

Tribes and Indian Health Program Representatives Webinar

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

July 17, 2024

Feedback Guidance for Participants

- **Q&A or Chat Box.** Please feel free to utilize either option to submit feedback or questions during the meeting.
- **Spoken.**
  - Participants may "raise their hand" for Webex facilitator to unmute the participant to share feedback
  - Alternatively, participants who have raised their hand may unmute their own lines, but DHCS asks that you wait for a facilitator to recognize your request to speak
  - DHCS will take comments or questions first from tribal leaders and then all others on the webinar
- **If you logged on via phone-only.** Press "*6" on your phone to "raise your hand"

Agenda

- **Background**
- **BH-CONNECT Addendum Request**
- **Impact to American Indians, Tribal Health Programs, and Urban Indian Organizations**
- **Timeline & Next Steps**

Today's Objective

On May 31, DHCS released a Tribal and Designees of Indian Health Programs Notice announcing its intent to submit an amendment to the pending Section 1115 Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration to further strengthen the continuum of care for Medi-Cal members with significant behavioral health conditions, including American Indian and Alaska Natives (AI/AN).
DHCS held a public comment period from June 14, 2024 through July 14, 2024.

In today's webinar, we will summarize California's proposal and receive comments from tribal partners. All comments will be considered as DHCS revises the application for submission to CMS.

How to Access Addendum Materials

- BH-CONNECT Webpage (BH-CONNECT Addendum Application, public notice, abbreviated public notice)
- Indian Health Program Webpage (BH-CONNECT Addendum Tribal and Designees of Indian Health Programs public notice)

Background

Overview of Pending BH-CONNECT Demonstration

In October 2023, DHCS requested authority to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs.

The BH-CONNECT Demonstration includes:

- Behavioral health workforce investments;
- Activity funds to support children and youth involved in child welfare (including AI/AN youth);
- A cross-sector incentive program to support children and youth involved in child welfare;
- A statewide incentive program to improve behavioral health delivery system performance;
- An evidence-based practice incentive program for opt-in counties to support community-based services implementation;
- Transitional rent services for up to six months for eligible high-need members; and
- Federal match for some short-term stays in a limited set of Institutions for Mental Diseases (IMDs) for individuals with serious mental illness or serious emotional disturbance consistent with applicable federal guidance.

As part of the broader BH-CONNECT Initiative (i.e., beyond this BH-CONNECT Demonstration), DHCS is also seeking State Plan authority to make Assertive Community Treatment (ACT), Forensic ACT (FACT), and other behavioral health services/models available at county option in the Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) delivery systems.

Expanding BH-CONNECT's Continuum of Care

California is now seeking an addendum to the pending BH-CONNECT demonstration request to further strengthen the continuum of behavioral health care for Medi-Cal members with significant unmet needs.

- Through discussions with tribal partners, stakeholders and individuals with lived experience, California identified opportunities to support Medi-Cal members with **significant behavioral health needs** who are experiencing **long stays in an institutional setting,** who are **homeless or are at risk of experiencing homelessness, or need recovery-oriented residential care**.
- California's addendum to the pending BH-CONNECT demonstration will offer two new options for county behavioral health plans to cover the following:

1. **Community Transition In-Reach Services** to support individuals with significant behavioral health conditions who are experiencing long-term stays in institutions in returning to the community.
2. **Room and Board in Enriched Residential Settings** for up to six months for individuals with significant behavioral health conditions and specified risk factors. These settings will:
   - Be limited in size to 16 beds or less and must be unlocked and voluntary
   - Provide Medi-Cal covered, voluntary, recovery-oriented services
   - Meet statewide standards established by DHCS in consultation with individuals with lived experience, advocacy groups, stakeholders, and tribal partners

Addressing Gaps in the BH Care Continuum

California, like other states, lacks community-based care models and settings that effectively enable individuals with significant behavioral health conditions to move from institutional settings, incarceration, or housing instability and homelessness into stable community living.

- According to the largest representative study of homelessness in the United States since the mid-1990s, **nearly half of individuals experiencing homelessness in California live with chronic and complex behavioral health conditions and almost a fifth of these individuals require supports for Activities of Daily Living (ADLs).**
  - **AI/AN individuals disproportionately experience homelessness in California**, comprising an estimated 12% of the state's homeless population.
- For these individuals with complex behavioral health conditions:
  - Transitions to community living after hospitalization, incarceration, or homelessness often are **more successful with sustained, person-centered support**
  - Services to **facilitate transitions from institutional settings** and **funding for room and board in enriched residential settings** are key to improving outcomes in stable, safe, and sustainable community-based settings that individuals choose.

Source: UCSF, Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness, June 2023. Available at: https://homelessness.ucsf.edu/sites/default/files/2023-06/CASPEH_Executive_Summary_6202c3.pdf.

BH-CONNECT Addendum Goals

In alignment with the goals of BH-CONNECT, this addendum seeks to support Californians experiencing inequity as a result of their behavioral health needs to live with dignity and integrity in the communities of their choice and access care in the least restrictive, appropriate settings.

Addendum Goals

- Advancing BH-CONNECT's goals of **strengthening the continuum of community-based behavioral health services** and **improving health outcomes** for Medi-Cal members with the most significant behavioral health conditions
- Ensuring members are served in the **least restrictive settings possible, on a voluntary basis**
- **Reducing extended stays** in institutional settings, incarceration, and homelessness
- **Supporting successful transitions** to community-based care settings and **community reintegration**
- **Reducing utilization of acute care or crisis related** services following successful, stable transition to a community-based care setting

The BH-CONNECT Addendum was co-designed with **individuals with lived experience, advocacy groups, tribal partners, and stakeholders** to ensure Addendum components reflect **core principles of choice, self-determination, purpose and belonging**, and the approach is **inclusive, integrated, and equity-anchored.**

BH-CONNECT Addendum Request

Proposed Options

California proposes to enable county behavioral health plans to opt in to one or both of two new opportunities tailored to the unique needs of Medi-Cal members who live with significant behavioral health conditions.

Community Transition In-Reach Services

Services to reduce lengths of stay and facilitate transitions out of restrictive institutional settings for individuals with or at-risk for extended stays

Room and Board in Enriched Residential Settings

Coverage of up to six months of room and board for those who would benefit from additional supports to transition to or remain successfully in the community

Key Principles:

- All counties may opt in to participate in the opportunity
- Options are voluntary to members
- Services in enriched settings include peer supports and other evidence-based practices
- Goal is to support stable community living

Community Transition In-Reach Services

County Mental Health Plans (MHPs) will have the option to establish community-based, multi-disciplinary care transition teams that provide Community Transition In-Reach Services (i.e., intensive pre- and post-discharge care planning and transitional care management services) to eligible Members.

Eligibility

Medi-Cal members who:

- Reside in an opt-in county,
- Meet access criteria for Specialty Mental Health Services (SMHS),
- Are 18 years or older or are an emancipated minor,[1] and
- Are experiencing or at risk of experiencing extended lengths of stay (LOS)(120 days or more) in inpatient, residential, or subacute settings (including Institutions for Mental Diseases (IMDs)).

1. California defines emancipated minor as a person under the age of 18 years that meets any of the following criteria: (a) has entered a valid marriage; (b) is on active duty with US armed forces; or (c) has received a declaration of emancipation pursuant to §7122. (Div. 11, Part 6, Ch. 1, §7002).

Community Transition In-Reach Services

Service Description

Community Transition Teams will provide **Community Transition In-Reach Services for up to 180 days prior to discharge and for a transitional period upon discharge** to eligible members. In-Reach Services include, but are not limited to:

- Intensive transitional care management and longitudinal case management
- Engagement with significant support persons, including family members, friends/social supports, or conservators, as appropriate, to assess needs and inform the individualized care transition plan
- Connections to Enriched Residential Settings or other community-based living arrangements
- Warm hand-offs to community-based behavioral health, physical health, and social services necessary for successful community re-integration, including Indian Health Care Providers

Eligible members **may also receive Medi-Cal covered services during the 180-day period prior to discharge**, including in IMDs, to support their transition to the community, including but not limited to:

- Peer Support Services, Clubhouse Model services, Supported Employment and Supported Education, ACT, FACT, and Occupational therapy, including SMHS delivered by occupational therapists

Note: Under no circumstances will the requested expenditure authority for the Community Transition In-Reach Services be used for services provided by the IMD in which the eligible individual resides.

Community Transition In-Reach Services

Community Transitions Teams

Community transition teams will be multi-disciplinary, and, at minimum, must include the following:

- A licensed mental health professional as a team lead
- A certified Peer Support Specialist or other SMHS practitioner with lived experience of recovery from a significant behavioral health condition
- An occupational therapist (if not serving as team lead)
- At least one additional Specialty Mental Health Services practitioner

Note: Teams must also provide access to a prescriber for coordinating medication management throughout the care transition.

Room and Board in Enriched Residential Settings

DHCS is seeking authority to provide Room and Board in Enriched Residential Settings for up to six months for individuals with significant behavioral health conditions and specified risk factors.

Eligibility

Medi-Cal members who:

- Reside in an opt-in county,
- Have complex and significant behavioral health conditions,
- Are aged 18 years or older or are an emancipated minor, and:
  - Meet the US Department of Housing and Urban Development's (HUD's) current definition of **homeless or at risk of homelessness** as defined in 24 CFR 91.5, with two modifications. **OR**
  - Are **transitioning out of an institutional care or institutional residential setting**, including but not limited to an inpatient hospital stay, an inpatient or residential substance use disorder treatment or recovery facility, an inpatient or residential mental health treatment facility, or nursing facility. **OR**
  - Are **transitioning out of a state prison, county jail, or youth correctional facility**.

Note: See the Appendix for more detail on DHCS' modifications to the HUD definition. In operationalizing these eligibility standards for the Room and Board in Enriched Residential Settings, DHCS may leverage California's Enhanced Care Management (ECM) Populations of Focus (POF) to facilitate alignment with the existing CalAIM initiative and care coordination resources. *See the Appendix for more details.*

Room and Board in Enriched Residential Settings

Service Scope

- **MHPs and DMC-ODS Plans can opt in** to provide eligible Medi-Cal members with Room and Board in Enriched Residential Settings for up to six months as medically necessary
- **Enriched Residential Settings must be:**
  - Limited in size to 16 beds or less
  - Unlocked and voluntary
  - Provide Medi-Cal covered, voluntary, and recovery-oriented services
  - Meet statewide standards established by DHCS **in consultation with individuals with lived experience, advocacy groups, stakeholders, and tribal partners**.

Room and Board in Enriched Residential Settings

Statewide Standards for Enriched Residential Settings

- **Reflect core principles of choice, self-determination, purpose, belonging, and inclusivity** by ensuring services and settings are voluntary, high quality, accessible, and equity anchored.
- **Provide a physical environment consistent with therapeutic goals**, that promote healing and recovery, community integration, safety, dignity, privacy, choice, and freedom of movement.
- **Promote coordinated access to a minimum set of evidence-based, recovery- oriented services**, that support self-determination, recovery, and community integration, including:
  - **Core clinical services** (e.g., care coordination, individual and group therapy, crisis intervention and stabilization, medication support services, and occupational therapy)
  - **Psychosocial and rehabilitation services** (e.g., peer support services, recovery-oriented practices, community integration skills, supported employment/education, support for ADLs and IADLs)
  - **Social supports** including transportation, referrals through MCPs to Community Supports (i.e., housing-related services and Medically Tailored Meals), and referral through MCPs to ECM
- **Meet any additional standards established by DHCS** to ensure that Enriched Residential Settings can deliver appropriate clinical care in a manner consistent with the goals of person-centered, voluntary care.

Room and Board in Enriched Residential Settings

Statewide Standards for Enriched Residential Settings (Cont'd)

Peer-Run Peer Respite Models

- **Peer-run peer respite settings can be considered Enriched Residential Settings** if they:
  - Meet the core principles and physical environment minimum standards described in the previous slide; and
  - Have services that align with Living Room Model standards or another minimum set of standards that align with national best practices and research, as determined by DHCS.
- Peer-run peer respite models are important nationally recognized alternatives to hospitalizations or more clinical residential settings.[1]

Residential Substance Use Disorder (SUD) Treatment Facilities

- **Residential SUD treatment facilities can be considered Enriched Residential Facilities** if they meet all other standards described in the previous slide and provide incidental medical services.
- Ideally these SUD facilities will also offer Co-Occurring Enhanced Programs that serve patients with more complex mental health issues, but that is not part of the minimum set of requirements.

1. The Substance Abuse and Mental Health Services Administration (SAMHSA), CMS, and the National Association of State Mental Health Program Directors (NASMHPD) all recognize peer respite settings and/or peer support services as vital components of effective crisis relief and stabilization approaches.

Medi-Cal Eligibility, Delivery System, Benefits and Cost Sharing

Eligibility

- The BH-CONNECT Addendum will not modify the parameters for Medi-Cal eligibility.

Delivery System and Benefits

- The BH-CONNECT Addendum will modify Medi-Cal benefits and Medi-Cal behavioral health delivery systems by permitting counties to provide two options tailored to the unique needs of Medi-Cal members who live with significant behavioral health conditions.

Cost Sharing for Medi-Cal Members

- There is no cost sharing for Medi-Cal members in the proposed BH-CONNECT Addendum.

Financing

DHCS is requesting expenditure authority for (1) up to a per member per month cap of $4,747 for Community Transition In-Reach Services and (2) an aggregate cap of $1.89 billion for Room and Board in Enriched Residential Settings across the five years of the BH-CONNECT demonstration (1/1/25 – 12/31/29).

» The following table shows the with waiver expenditures across the five Demonstration Years (DYs).

Project Expenditure (millions)	Type	DY 1	DY 2	DY 3	DY 4	DY 5
		1/1/25 – 12/31/25	1/1/26 – 12/31/26	1/1/27 – 12/31/27	1/1/28 – 12/31/28	1/1/29 – 12/31/29
Community Transition In-Reach Services	Per Member Per Month Cap	$3,876	$4,077	$4,289	$4,512	$4,747
Room and Board in Enriched Residential Settings	Aggregate (Millions)	$280	$373	$392	$412	$434

Note: Please note that the amounts listed on the slide inform the amount of funding available in federal financial participation, not necessarily the figures that will be used in the California budget process.

Preliminary Evaluation Plan

As part of the Addendum application, DHCS included a preliminary plan to evaluate the BH-CONNECT Addendum and its achievement of the demonstration's goals.

Over the course of the BH-CONNECT demonstration period, DHCS anticipates:

- **Improvement in health outcomes** among Medi-Cal members in opt-in counties with significant behavioral health conditions who are eligible for addendum services
- **Aversion of health care expenditures in more costly and restrictive settings** for Medi-Cal members in opt-in counties with significant health needs who are eligible for addendum services.
- **Improvement in quality of life** over the course of the demonstration for Medi-Cal members with significant health needs who are eligible for addendum services.
- **Community Transition In-Reach Services will reduce LOS** in inpatient, subacute, and residential facilities.
- **Room and Board in Enriched Residential Settings will enable successful discharges of Medi-Cal members** eligible for the services with complex behavioral health conditions who are **leaving incarceration, institutional care, or homelessness.**

Note: These hypotheses and plan are subject to change and will be further defined as California works with an independent evaluator and CMS to develop an evaluation design.

Impact to American Indians, Tribal Health Programs, and Urban Indian Organizations

Impact to Tribal Health Programs, Federally Qualified Health Centers, and Urban Indian Organizations

Impact to Tribal Health Programs (THPs)

- DHCS is not proposing changes to THP services, eligibility, or any other related requirement authorized by this demonstration authority or the Medi-Cal State Plan.
- DHCS anticipates that tribes and THPs in counties that opt-in to offer Room and Board in Enriched Residential Settings may be able to operate an Enriched Residential Setting.
- Counties will remain responsible for reimbursing THPs for SMHS as described in Behavioral Health Information Notice (BHIN) 22-020, for DMC-ODS services as described in BHIN 22-053, and for Drug Medi-Cal services as described in BHIN 23-027.

Impact to Federally Qualified Health Centers (FQHCs) and Urban Indian Organizations (UIOs)

- There is no direct impact to FQHCs since DHCS is not proposing changes to FQHC services, rates, eligibility, or any other related requirement authorized by this demonstration authority or the Medi-Cal State Plan.
- Counties will remain responsible for reimbursing UIOs enrolled in Medi-Cal as FQHCs as described in BHINs 22-020, 22-053, and 23-027.

Impact to American Indian Medi-Cal Members

Impact to American Indian & Alaska Native Medi-Cal Enrollees

- The BH-CONNECT Addendum will provide access to Community Transition In-Reach Services and/or Room and Board in Enriched Residential Settings for American Indian and Alaska Native individuals who are eligible for these services in counties that elect to offer one or both options.
- The proposed changes will not change eligibility for Medi-Cal or reduce benefits.
- DHCS anticipates the program will help improve health outcomes for American Indian and Alaska Native Medi-Cal members who meet the eligibility requirements for the new services in participating counties.

Timeline and Next Steps

Timeline and Next Steps

- **Public Comment Period.** The BH-CONNECT Addendum application public comment took place from June 14, 2024 through July 14, 2024.
- **Response to Public Comment.** DHCS is revising the draft BH-CONNECT Addendum application to integrate stakeholder feedback and will reflect comments received during today's webinar.
- **Submission to CMS.** DHCS intends to submit the final BH-CONNECT Addendum application for CMS review in August 2024.
- **BH-CONNECT Addendum Go-Live.** County behavioral health plans that elect to provide one or both options may provide this to qualifying individuals enrolled in their plans no sooner than January 2025.
- **Ongoing Stakeholder Engagement.** DHCS is committed to engaging with tribal partners and stakeholders on an ongoing basis throughout the design and implementation of BH-CONNECT.

Find the draft BH-CONNECT Addendum application posted on:
https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx

Discussion

DHCS

Tribal and Public Comment

DHCS will now take comments from tribal partners on the proposed BH-CONNECT Addendum.

- **Q&A or Chat Box.** All information and questions received through the Q&A box will be recorded as public comments will be considered as DHCS revises the application
- **Spoken.**
  - Participants may "raise their hand" for Webex facilitators to unmute the participant to share their public comment
  - Alternatively, participants who have raised their hand may unmute their own lines, but DHCS asks that you wait for a facilitator to recognize your request to speak
  - DHCS will take comments or questions first from Tribal leaders and then all others on the webinar.
- **If you logged on via phone-only.** Press "*6" on your phone to "raise your hand"

Thank You

DHCS

Appendix

DHCS Modification to HUD Definition of Homeless or At Risk of Homelessness

DHCS aligned the definition of homelessness or at risk of homelessness for the BH-CONNECT addendum with the definition used for Community Support services authorized through CalAIM and transitional rent services requested under the pending BH-CONNECT demonstration and CalAIM amendment.

- Meet the US Department of Housing and Urban Development's (HUD's) current definition of **homeless or at risk of homelessness** as defined in 24 CFR 91.5, with two modifications:
  - If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of the institutionalization; and
  - The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at risk of homelessness under the current HUD definition to 30 days.

Alignment of Eligibility for Room and Board in Enriched Residential Settings with ECM POF

- California may align the eligibility criteria for Room and Board in Enriched Residential Settings with the ECM POFs such that Room and Board in Enriched Residential Settings is eligible for:
  - Adults who meet SMHS or DMC/DMC-ODS access criteria and also meet the ECM POF of adults experiencing homelessness (ECM POF 1a);
  - Adults who meet SMHS or DMC/DMC-ODS access criteria and also meet the ECM POF of adults transitioning from incarceration (ECM POF 4); and
  - Adults who meet SMHS or DMC/DMC-ODS access criteria and are transitioning directly from an inpatient or residential BH facility.

The ECM Policy Guide has more information on each POF:
https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf