

DATE: July 3, 2025

Behavioral Health Information Notice No: 25-026
Supersedes MHSUDS 18-020 IN; [BHIN 25-015](#) (in part); [BHIN 22-068](#) (in part)

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Update to Provider Directory Requirements

PURPOSE: The purpose of this Behavioral Health Information Notice (BHIN) is to provide Mental Health Plans (MHPs), Drug Medi-Cal (DMC) counties, and Drug Medi-Cal Organized Delivery System (DMC-ODS) counties with guidance on updated provider directory requirements.

REFERENCE: Section 5123 of the Consolidated Appropriations Act, 2023 (CAA, 2023)¹; State Health Official Letter 24-003; 42 Code of Federal Regulations (CFR) § 438.10.

BACKGROUND:

The CAA, 2023 introduced new requirements for provider directories under Division H, Title V, Section 5123, titled “Requiring Accurate, Updated, and Searchable Provider Directories.” Effective July 1, 2025, these requirements, most of which were already regulatory requirements for MHPs and DMC-ODS counties, as well as DMC counties (hereafter jointly referred to as “Medi-Cal behavioral health delivery systems”), builds on existing policy by mandating that provider directories are searchable in electronic form and include whether each provider offers covered services via telehealth.

¹ <https://www.congress.gov/117/plaws/publ328/PLAW-117publ328.pdf>



POLICY:

Effective July 1, 2025, Medi-Cal behavioral health delivery systems must comply with the following provider directory requirements.²

Data Requirements

Each Medi-Cal behavioral health delivery system must make available in paper form upon request and in searchable electronic form on the Medi-Cal behavioral health delivery system's public website, the following information about its network providers³, including:⁴

- The provider's name and group affiliation, if any;
- Provider's business address(es) (e.g., physical location of the clinic or office);
- Telephone number(s);
- Email address(es), as appropriate;
- Website URL, as appropriate;
- Specialty, in terms of training, experience and specialization, including board certification (if any);
- Services/modalities provided, including information about populations served (i.e., perinatal, children/youth, adults);
- Whether the provider is accepting new Medi-Cal members⁵;
- Whether the provider is accepting new Children's Health Insurance Program (CHIP) members;⁶
- The provider's cultural capabilities (e.g., veterans, older adults, Transition Age Youth, Lesbian, Gay, Bisexual, Transgender) and linguistic capabilities, including languages offered (e.g., Spanish, Tagalog, American Sign Language) by the provider or a skilled medical interpreter at the provider's office;
- Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment; and
- Whether the provider offers covered services via telehealth.

In addition to the information listed above, the provider directory must also include the following information for each network provider:

² A DMC county's provider directory must include all its contracted DMC-certified providers, which this BHIN refers to as "network providers."

³ Network provider is defined in Section 1932(a)(5)(E)(ii) of the Act, as added by paragraph (a)(2) of Section 5123 of the CAA, 2023, and section 2103(f)(3) of the Act. For purposes of DMC, a "network provider" is a DMC-certified provider with which the county is contracted to provide DMC services.

⁴ Title 42 CFR § 438.10(h) and CAA, 2023, Section 5123.

⁵ The provider directory may note that authorization or referral may be required to access a provider.

⁶ CHIP populations receive specialty mental health services from their county's MHP, and substance use disorder services from their county's DMC or DMC-ODS plan.

- Type of practitioner, as appropriate;
- National Provider Identifier number;
- California license number and type of license; and,
- An indication of whether the provider has completed cultural competence training.

The Medi-Cal behavioral health delivery system shall include the following provider types covered under the MHP contract, DMC-ODS Intergovernmental Agreement, or the DMC contract:

- Physicians, including specialists;
- Hospitals;
- Pharmacies, if applicable;
- Behavioral health providers, i.e. mental health or substance use disorder providers, as applicable.

For MHP and DMC-ODS counties, the provider directory shall also include the following notation (may be included as a footnote): “Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan’s provider directory.” For DMC counties, the provider directory shall include a statement that affirms a DMC county member’s right to obtain covered services from any enrolled and DMC-certified provider, even if that provider is not listed in the provider directory.⁷

Language and Format Requirements

In addition to being available on the Medi-Cal behavioral health delivery system’s website in searchable electronic form, the provider directories shall be made available in a machine-readable file and format as specified by the Secretary of Health and Human Services.⁸

Each Medi-Cal behavioral health delivery system must ensure that its provider directory complies with the language and format requirements outlined in 42 CFR § 438.10(d). Specifically, the provider directory must:

- Provide information in a manner and format that is easily understood and readily accessible;

⁷ Consistent with 42 CFR § 431.51(a)(1) and Section 1902(a)(23) of the Social Security Act and Exhibit A, Attachment 1 of the Drug Medi-Cal contract, DMC counties do not operate closed networks. Members are not limited to only those providers included in the county’s current directory and may access covered services from other enrolled and DMC certified providers.

⁸ 42 CFR § 438.10(h)(4).

- Be available in the prevalent non-English languages in the county;
- Be available in alternative formats upon request of the member at no cost;
- Include taglines in the prevalent non-English languages in the State explaining the availability of free written translation or oral interpretation services to understand the information provided;
- Use 12-point or larger font size for all text (except as noted below for the large print tagline);
- Use 20-point font or larger for large print taglines;
- Include information on how to request auxiliary aids and services, including the provision that auxiliary aids and services are available upon request of the member and at no cost; and,
- Include the toll-free and TTY / TDY or California Relay Service telephone number of the Medi-Cal behavioral health delivery system's customer service unit (i.e., 24 hours, 7 days per week toll-free telephone number).

Provider Directory Application Programming Interface (MHP and DMC-ODS)

MHP and DMC-ODS counties are required to implement and maintain a publicly accessible standards-based provider directory application programming interface (API) as described in 42 CFR § 431.70. MHPs and DMC-ODS counties must ensure that the provider directory API has complete and accurate provider directory information consistent with the data requirements above. The information in the provider directory API must be updated no later than 30 calendar days after the MHP or DMC-ODS county receives provider information or is notified of a change.⁹

Maintaining the Provider Directory

Each Medi-Cal behavioral health delivery system must ensure that the information included in the paper provider directory is updated at least monthly. The online provider directory must be updated no later than 30 calendar days after the Medi-Cal behavioral health delivery system receives updated provider information.¹⁰ Medi-Cal behavioral health delivery systems shall ensure processes are in place to allow providers to promptly verify or submit changes affecting the information required to be in the directory.

As much as possible, MHP and DMC-ODS counties should update the provider directory API and the published provider directory on the website on the same schedule to avoid conflicting information.

⁹ 42 CFR § 431.70 and 42 CFR § 438.10(h)(3)(ii).

¹⁰ 42 CFR § 438.10(h)(3).

Alignment with the 274 Provider Network File

The Provider Directory is the member-facing material used by Medi-Cal behavioral health delivery systems to represent their Network of Providers available to Medi-Cal beneficiaries. DHCS does not use Provider Directories to conduct most network adequacy and access to care compliance assessment activities. Instead, DHCS utilizes the Medi-Cal behavioral health delivery system's 274 Provider Network file for these purposes, as that file represents the plan's entire Network and is structured to help facilitate compliance assessment activities.¹¹

DHCS recognizes that the Provider Directory and 274 Provider Network file may be updated on different timelines. However, Medi-Cal behavioral health delivery systems must ensure that, for those provider types and data elements that are required to be included in the Provider Directory, the monthly 274 Provider Network file submission reflects the same information included in the Provider Directory. The most effective way to ensure the Provider Directory and 274 Provider Network file match at the time of 274 Provider Network file submission is likely to produce both using the same data source(s).

COMPLIANCE:

Effective July 1, 2025, Medi-Cal behavioral health delivery systems shall comply with this policy. To demonstrate compliance, the Medi-Cal behavioral health delivery systems must submit their provider directory to DHCS, which must include information in the relevant threshold language(s), by November 1, 2025. This submission will need to be made annually thereafter by August 1. Submission of the provider directory and relevant threshold languages shall be submitted to DHCS via the secure managed file transfer system utilized by DHCS. DHCS may impose a corrective action plan, as well as administrative and/or monetary sanctions, for non-compliance.¹² For additional information regarding administrative and monetary sanctions applicable to MHP and DMC-ODS counties, see [BHIN 22-045](#), and any subsequent guidance on this topic.

Please contact CountySupport@dhcs.ca.gov for questions regarding this BHIN.

Sincerely,

Original signed by

Michele Wong, Chief
Behavioral Health Oversight and Monitoring Division

¹¹ [BHIN 22-032](#) and [BHIN 23-042](#) establishes that DHCS uses the 274 Provider Network file, not the Provider Directory, for compliance monitoring.

¹² Welf. & Inst. Code § 14197.7 and Exhibit A, Attachment 1 of the Drug Medi-Cal contract.