BH-CONNECT MH IMD FFP PROGRAM

ENCLOSURE 1: IMD FFP PLAN

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 and an EBP Letter of Commitment as outlined in BHIN 26-026. A BHP cannot access FFP for care provided in IMDs through this program until the BHP's IMD FFP Plan and EBP Letter of Commitment are approved by the Department of Health Care Services (DHCS). More information about EBP Letters of Commitment is available on the DHCS website and BHIN 26-026.

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 confirm CMS requirements are 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. BHPs must submit an IMD FFP Progress Report every two years following initial IMD FFP Plan approval that builds upon the BHP's approved IMD FFP Plan. For further information on program requirements and CMS requirements, please refer to BHIN 26-026, 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 if you have any questions.**

Part 1 | Background Information

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

Part 2 | Participating Psychiatric Settings

As described in BHIN 26-026, 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 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. 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 requested, completed, and submitted my BHP's completed Participating Psychiatric Settings List to DHCS as described above.
   Note: A proposed 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 meet the licensing and accreditation requirements set forth in BHIN 26-026 and BH-CONNECT Section 1115(a) Demonstration Special Terms and Conditions, STC 8.3(c)(i).

Part 3 | Applying Existing Contractual Requirements to Participating Psychiatric Settings

BHPs must oversee Participating Psychiatric Settings, including verifying licensing and accreditation, conducting unannounced visits, reviewing medical necessity and appropriateness of service and length of service. Items 7-9 below correspond to existing BHP contractual requirements for all Medi-Cal covered services, including IMD services that qualify for reimbursement under this demonstration. For detailed requirements, refer to the MHP contract language. **BHPs must be prepared to submit documentation to DHCS demonstrating compliance with the items below, upon request.**

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

[checkbox] I attest that I have read and understood the state licensing and certification requirements described in the "Licensure and/or Accreditation" section of BHIN 26-026, the MHP Contract, and corresponding Special Terms and Conditions of the BH-CONNECT waiver. I attest that my BHP complies with such requirements and will remain in compliance through the duration of participation in the MH IMD FFP Program, including through conducting unannounced visits to Participating Psychiatric Settings.

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

   [checkbox] I attest that I have read and understood the requirements pertaining to medical necessity and appropriateness of covered services as described in the "Availability of FFP" section of BHIN 26-026, the MHP Contract, and corresponding Special Terms and Conditions of the BH-CONNECT waiver. I attest that my BHP complies with such requirements and will remain in compliance through the duration of participation in the MH IMD FFP Program.

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

   [checkbox] I attest that I have read and understood requirements pertaining to individualized, person-center approaches for clinically indicated services provided no longer than necessary as described in the "MH IMD FFP Program Opt-In Requirements" section of BHIN 26-026, the MHP Contract, and corresponding Special Terms and Conditions of the BH-CONNECT waiver. I attest that my BHP complies with such requirements and will remain in compliance through the duration of participation in the MH IMD FFP Program.

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

Please respond to the prompts below to describe how your BHP will meet and ensure ongoing compliance with MH IMD FFP Program requirements.

BHPs must include a detailed response to each required element, and **BHPs must be prepared to submit documentation to DHCS demonstrating compliance with the items below, upon request.**

Maintaining Allowable Lengths of Stays in IMDs

(Questions 9-13)

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 26-026 "Availability of FFP" section.

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

Reinvestment of FFP in Behavioral Health: Part 1

(Question 14)

14. 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 26-026 "MH IMD FFP Program Opt-In Requirements" section. **Please indicate your BHP's high-level approach to reinvesting FFP (select all that apply).** [Multiple choice]:
    a. Hire additional behavioral health clinicians, providers, and staff
    b. Invest in behavioral health quality improvement infrastructure
    c. Enhance provider payment rates (e.g., to build capacity and expand workforce)
    d. Other [Free text]

Reinvestment of FFP in Behavioral Health: Part 2

(Questions 15-16)

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 26-026 "MH IMD FFP Program Opt-In Requirements" section *(Please note that FFP received for care provided in IMDs shall not supplant current funding sources for behavioral health services.)*

15. Provide a narrative description to elaborate on the BHP's approach to FFP reinvestment: [text box, 1000 character limit]
16. Outline how the BHP will ensure compliance with the reinvestment requirement: [text box, 1000 character limit]

Screenings

(Questions 17-21)

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 26-026 Program Accountability Requirement 1.

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

Discharge Planning

(Questions 22-26)

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 Medi-Cal partners, including 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 as set forth in BHIN 26-026 Program Accountability Requirement 2.

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

22. Names of specific policies that have been newly drafted or edited in response to these requirements: [text box, 1500 character limit]
23. Plans for providing training and/or technical assistance on policy updates: [text box, 1500 character limit]
24. Methods, cadence, and timelines for collecting and monitoring data on requirements: [text box, 1500 character limit]
25. Plans and cadence for auditing and compliance checks to ensure full adherence to all requirements: [text box, 1500 character limit]
26. [Optional] Other approaches: [text box, 1500 character limit]

Member and Provider Contact Post-Discharge

(Questions 27-31)

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 26-026 Program Accountability Requirement 3.

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

Prevent or Decrease Length of Stay in Emergency Departments

(Questions 32-35)

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 26-026 Program Accountability Requirement 4.

32. 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]

33. How and on what cadence will the BHP track ED admission and ED LOS, for the purpose of monitoring compliance with this requirement? [text box, 1000 character limit]
34. How will the BHP use data to inform strategies for reducing admissions and LOS in EDs? [text box, 1000 character limit]
35. 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 required BH-CONNECT evidence-based practices (EBPs) as outlined in BHIN 26-XXX "Coverage of BH-CONNECT EBPs" section. To meet MH IMD FFP Program requirements, BHPs must cover and implement Enhanced Community Health Worker (ECHW) Services, Peer Support Services, Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), Coordinated Speciality Care (CSC) for First Episode Psychosis, and Individual Placement and Support (IPS) on the timeline specified in BHIN 26-026. In addition to completing this IMD FFP Plan, BHPs must concurrently submit an EBP Letter of Commitment (available on the DHCS website) that includes effective dates of coverage for each EBP that meet the EBP implementation timeline requirements. BHPs must submit the EBP Letter of Commitment prior to commencing coverage of ECHW Services, ACT, FACT, CSC and IPS. 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. DHCS will not review IMD FFP Plans that are submitted without an EBP Letter of Commitment outlining the BHP's projected EBP effective dates.

36. **Enhanced Community Health Worker (ECHW) Services**

    [checkbox] I attest that my BHP will launch Enhanced CHW Services **prior to claiming FFP for IMD stays.**

37. **Peer Support Services**

[checkbox] I attest that my BHP will launch Peer Support Services **prior to claiming FFP for IMD stays**.

38. **Peer Support Services with Forensic Specialization**

    [checkbox] I attest that my BHP will launch Peer Support Services, with Forensic Specialization **within one year** of claiming FFP for IMD stays.

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

    [checkbox] I attest that my BHP will launch ACT **within one year** of claiming FFP for IMD stays.

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

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

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

    [checkbox] I attest that my BHP will launch CSC **within two years** of claiming FFP for IMD stays.

42. **Individual Placement and Support (IPS)**

    [checkbox] I attest that my BHP will launch IPS **within three years** of claiming FFP for IMD stays.

Part 6 | Forthcoming Processes and Procedures

(Questions 43-46)

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 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.

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

    [checkbox] I attest that Participating Psychiatric Settings will facilitate closed loop referrals and e-referrals, upon release of forthcoming guidance, as indicated in BHIN 26-026 Program Accountability Requirement 5.

44. **Bed Tracking and Availability**

    [checkbox] I attest that my BHP will 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 26-026 Program Accountability Requirement 6.

45. **Assessments**

    [checkbox] I attest that effective July 1, 2029, Participating Psychiatric Settings and utilization review entities will use the Level of Care Utilization System (LOCUS) assessment tool to determine appropriate level of care and length of stay, as indicated in BHIN 26-026 Program Accountability Requirement 7 and forthcoming implementation guidance.

46. **Behavioral Health Continuum of Care**

    [checkbox] I attest that my BHP will comply with any future guidance that DHCS may implement that requires opt-in BHPs to take additional steps to demonstrate that they are addressing gaps in the behavioral health continuum of care.

Part 7 | Behavioral Health Director Certification Statement

(Questions 47-48)

47. **Certification Statement**

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

48. **Please enter your full name and email below to confirm. This IMD FFP Plan must be signed by the Behavioral Health Director or their designee.**

    [text box]

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 if you have any questions.