BH-CONNECT MH IMD FFP PROGRAM

ENCLOSURE 2: IMD FFP PROGRESS REPORT

Overview

Behavioral Health Plans (BHPs) that 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 Progress Report every two years following initial IMD FFP Plan approval, as outlined in BHIN 26-026.

Through the IMD FFP Progress Report, participating BHPs will describe how they meet requirements from the Centers for Medicare and 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 Progress Report to confirm CMS requirements are met. BHPs must include in their IMD FFP Progress Report **program updates that have occurred since the initial IMD FFP Plan submission and approval.** BHPs may request a copy of their previous submission(s) and updates by reaching out to DHCS at the email below.

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 | Updated Processes, Policies, and Procedures to Meet Program Requirements

Please respond to the prompts below to describe how your BHP ensures that Participating Psychiatric Settings meet the following program requirements. **Responses should build upon the information submitted in the initial IMD FFP Plan.** 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 4-7)

Building upon the responses submitted in the BHP's IMD FFP Plan, please describe how the BHP has ensured that FFP is only claimed for IMD treatment episodes of 60 days or less and has monitored average length of stay (ALOS) to ensure it is 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.

4. How has the BHP ensured FFP is only claimed for stays that are 60 days or less? [text box, 1000 character limit]
5. How is the BHP monitoring ALOS of stays for which FFP is claimed? [text box, 1000 character limit]
6. What is the BHP's ALOS? [number field]
7. If answer to 1c. is over 30 days, what is the BHP doing to reduce ALOS? [text box, 1500 character limit]

Reinvestment of FFP in Behavioral Health

(Questions 8-10)

Building upon the responses submitted in the BHP's IMD FFP Plan, please describe how the BHP has ensured that FFP received for care provided in IMDs is being 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.

8. How much FFP has the BHP received to-date through the MH IMD FFP Program? [number field]
9. Where has the BHP reinvested FFP received through the MH IMD FFP Program? [text box, 1500 character limit]
10. What have been the outcomes of your investments, and/or what outcomes do you expect to see? [text box, 2000 character limit]

Screenings

(Questions 11-14)

Building upon the responses submitted in the BHP's IMD FFP Plan, please describe how, since submission of the IMD FFP Plan, the BHP has ensured 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 other partnerships with local physical health providers, as described in BHIN 26-026 Program Accountability Requirement 1.

11. What specific policies and procedures have been updated and/or implemented in response to this requirement? [text box, 1000 character limit]
12. What training and/or technical assistance has your BHP provided to support implementation of policy updates? [text box, 1000 character limit]
13. What data has your BHP collected to monitor this requirement, and on what cadence/timeline? [text box, 1000 character limit]
14. What data has your BHP collected to monitor this requirement, and on what cadence/timeline? [text box, 1000 character limit]

Discharge Planning

(Questions 15-18)

Building upon the responses submitted in the BHP's IMD FFP Plan, please describe how, since submission of the IMD FFP Plan, the BHP has ensured 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.

15. What specific policies and procedures have been updated and/or implemented in response to this requirement? [text box, 1000 character limit]
16. What training and/or technical assistance has your BHP provided to support implementation of policy updates? [text box, 1000 character limit]
17. What data has your BHP collected to monitor this requirement, and on what cadence/timeline? [text box, 1000 character limit]
18. How has your BHP overseen implementation of this requirement (e.g., audits and/or compliance checks), and on what cadence/timeline? [text box, 1000 character limit]

Member and Provider Contact Post-Discharge

(Questions 19-22)

Building upon the responses submitted in the BHP's IMD FFP Plan, please describe how, since submission of the IMD FFP Plan, the BHP has ensured that 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.

19. What specific policies and procedures have been updated and/or implemented in response to this requirement? [text box, 1000 character limit]
20. What training and/or technical assistance has your BHP provided to support implementation of policy updates? [text box, 1000 character limit]
21. What data has your BHP collected to monitor this requirement, and on what cadence/timeline? [text box, 1000 character limit]
22. How has your BHP overseen implementation of this requirement (e.g., audits and/or compliance checks, data review, etc.), and on what cadence/timeline? [text box, 1000 character limit]

Prevent or Decrease Length of Stay in Emergency Departments

(Questions 23-25)

Building upon the responses submitted in the BHP's IMD FFP Plan, please describe how the BHP has prevented admissions to emergency departments (EDs) and/or decreased lengths of stay (LOS) in EDs 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.

23. What strategies has your BHP implemented to reduce admissions and LOS in EDs for members living with significant behavioral health needs? How has your BHP used data to inform these strategies? [text box, 1500 character limit]
24. What has your BHP found in reviewing ED admissions and LOS? Have the BHP's strategies been successful in reducing admissions or LOS? [text box, 1500 character limit]
25. Which stakeholders / Medi-Cal partners has the BHP engaged to implement this approach, and on what cadence? *(e.g., hospitals / emergency departments, peer-based supports, Medi-Cal Managed Care Plans, etc.)* [text box, 1000 character limit]

Part 3 | Additional DHCS Requirements for Evidence-Based Practices

Please attest to implementing the required BH-CONNECT evidence-based practices (EBPs), as outlined and on the timeline specified in BHIN 26-026 "Coverage of BH-CONNECT EBPs" section. An EBP is considered covered and implemented on the date of service of the first submitted and approved claim. (You may refer to your BHP's initial MH IMD FFP Program approval letter or reach out to BH-CONNECT@dhcs.ca.gov for further details on your BHP's specific EBP implementation timeline, which is based on the date of the BHP's approval for MH IMD FFP Program participation.)

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

27. **Assertive Community Treatment (ACT)**
    [checkbox] I attest my BHP implemented ACT **within one year** of claiming FFP for IMD stays.

28. **Forensic Assertive Community Treatment (FACT)**
    [checkbox] I attest my BHP implemented FACT **within two years** of claiming FFP for IMD stays.

29. **Coordinated Specialty Care (CSC) for First Episode Psychosis**
    [checkbox] I attest my BHP implemented CSC **within two years** of claiming FFP for IMD stays.

30. **Individual Placement and Support (IPS) Supported Employment**
    [checkbox] I attest to implement IPS **within three years** of claiming FFP for IMD stays.

Overall EBP Implementation

31. What challenges, if any, has the BHP faced in EBP implementation to date? [multiple choice]
    - Workforce/staffing
    - Identifying and engaging eligible individuals
    - Other [text box, 1000 character limit]

32. What actions has the BHP taken to address these challenges? [text box, 1000 character limit]

Part 4 | Additional Updates

33. (Optional) Please note any other updates or concerns not already included in your responses above related to your BHP's implementation of the MH IMD FFP Program. [text box, 1000 character limit]

Part 5 | Behavioral Health Director Certification Statement

34. **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 Progress Report is true and accurate.

35. **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 Progress Report. This response has been recorded and will be reviewed by DHCS. Please reach out to BH-CONNECT@dhcs.ca.gov if you have any questions.