

**BEHAVIORAL HEALTH QUALITY IMPROVEMENT PROGRAM (BH-QIP)  
PROGRAM FUNDING CLAIMING FORM**

Date: Fiscal Year: County Name:

BH-QIP Name:

Report Name:

Claim for Report Period Ending:

Amount Claimed:

Name of Preparer:

Telephone Number:

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for administration of the County Behavioral Health Program and that I have not violated any of the provisions of Section 1090 et. seq. of the Government Code; that I am authorized to sign this certification on behalf of the county; and that all information submitted to the Department of Health Care Services (DHCS) is accurate and complete and to the best of my knowledge this claim is in all respects true, correct, and in accordance with the law. The county understands that any payment to the county resulting from this claim will be paid with State funds and that any falsification or concealment of material fact may be prosecuted under State laws.

Signature:

Date:

Print Name:

Title: County Behavioral Health Director

I HEREBY CERTIFY under penalty of perjury that I am a duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts and am authorized to sign this certification on behalf of the County. I understand that misrepresentation of any information provided herein constitutes a violation of state and federal law. I further certify under penalty of perjury that the claim is based on activities necessary for claiming BH-QIP funding pursuant to all applicable requirements of the program. I understand that DHCS may deny any payment if it determines that the certification is not adequately supported for purposes of claiming BH-QIP funding. I understand that all records of funds included in this claim are subject to review and audit by DHCS.

Signature:

Date:

Print Name:

Title: County Auditor Controller or City Financial Officer

Or Check Box Below

Other Approved Designee

Title:



State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

DATE: December 10, 2021

Behavioral Health Information Notice No: 21-074

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: CalAIM Behavioral Health Quality Improvement Program (BHQIP)

PURPOSE: To provide CalAIM BHQIP program implementation guidelines, funding allocation methodology and claiming process to Mental Health Plans, Drug Medi-Cal State Plans and Drug Medi-Cal Organized Delivery Systems

REFERENCE: Welfare & Institutions Code section 14184.405 -044

BACKGROUND:

The Department of Health Care Services (DHCS) created the Behavioral Health Quality Improvement Program (BHQIP) to support implementation of the [California Advancing & Innovating Medi-Cal \(CalAIM\) initiative](#),<sup>1</sup> (CalAIM BHQIP). The CalAIM BHQIP is structured as an incentive program, whereby a Mental Health Plan (MHP), a Drug Medi-Cal State Plan (DMC-SP) or a Drug Medi-Cal Organized Delivery System (DMC-ODS), hereafter referred to as a participating entity, may earn incentive payments by achieving certain CalAIM implementation milestones.

<sup>1</sup> Welf. & Inst. Code § 14184.405

The CalAIM BHQIP incentives are available beginning July 1, 2021 through December 31, 2023. For Fiscal Year (FY) 2021-22, Senate Bill (SB) 129 (Chapter 69; Statutes of 2021), authorized \$21,750,000 in General Fund dollars for the CalAIM BHQIP. DHCS has authority to issue guidance regarding the CalAIM BHQIP by information notice.<sup>2</sup>

**POLICY:**

**Funding Allocation Methodology**

The allocation schedule (Enclosure 1) involves the following two steps:

1. Each participating entity is eligible for an initial allocation of program startup funds in the amount of \$250,000. (Please refer to [BHIN 21-044](#) for information regarding the startup funds claiming process). Startup funds will be available until January 31, 2022. BHQIP claiming forms were due to DHCS by October 1, 2021. If a participating entity does not submit the claiming form by January 31, 2022, DHCS will not issue any start-up funds to that entity, and the funds will be added to the BHQIP pool for distribution in FY 2021-22.
2. For the remaining funds, each participating entity allocation is based on its share of statewide claims value reported to DHCS for Fiscal Year 2019-20 for Specialty Mental Health Services, Drug Medi-Cal Organized Delivery System and Drug Medi-Cal State Plan. The methodology includes an equity adjustment to ensure that each participating entity, regardless of its claims value, is eligible to receive a minimum of \$100,000 per year of the program.

**Participating Entity Responsibilities**

For the entirety of the CalAIM BHQIP term, each participating entity shall perform all required BHQIP activities as specified in detail in the CalAIM BHQIP Program Implementation Plan and Instructions for County Behavioral Health Plans to achieve the following program goals by June 30, 2023:

1. Payment Reform
2. Implementation of CalAIM Behavioral Health Policy Changes
3. Data Exchange

Each participating entity is required to submit to DHCS a comprehensive BHQIP Implementation Plan (IP) within 60 days from the date of the publication of this BHIN. The IP should outline how the participating entity will achieve and operationalize the above program goals. The IP must specify key action items and deliverables that will be completed by the end of each reporting period.

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<sup>2</sup> Welf. & Inst. Code § 14184.102(d), 14184.402(i)

DHCS will review all timely submitted IPs and either approve or return them to the participating entities for required amendments. All IPs must be finalized and approved by DHCS by March 31, 2022 in order to receive an incentive payment. Each participating entity will receive an incentive payment by June 2022 if the submitted IP is approved. Untimely county responses may lead to forfeiture of incentive payments, as all FY 21-22 distributions must be distributed by June 30, 2022, and are not carried over into the next fiscal year.

### **DHCS Responsibilities**

1. Review all submitted IPs and provide technical assistance during the BHQIP Implementation Plan development phase.
2. Provide each participating entity with Technical Assistance and Training throughout the BHQIP phases as needed.
3. Provide incentive payments to each participating entity on a biannual basis.

### **Claiming Forms and Instructions**

1. CalAIM BHQIP Funds Availability Schedule (Enclosure 1)
2. CalAIM BHQIP Program Implementation Plan and Instructions for County Behavioral Health Plans (Enclosure 2)
3. BHQIP Program Funding Claiming form (Enclosure 3)

### **Payment Schedule**

DHCS will release incentive payments to a participating entity that meets program milestones as specified in the entity's IP. Each participating entity is required to report achievement of milestones and to submit associated deliverables to DHCS by the reporting period deadlines. Reporting period deadlines are September 30 and March 1 of each year. Please refer to the enclosed Implementation Plan (Enclosure 2) for further details.

Questions regarding this BHIN may be directed to the Quality Assessment and Performance Improvement Section at [BHQIP@dhcs.ca.gov](mailto:BHQIP@dhcs.ca.gov).

Sincerely,

Original signed by

Shaina Zurlin, LCSW, PsyD, Chief  
Medi-Cal Behavioral Health Division

BEHAVIORAL HEALTH QUALITY IMPROVEMENT PROGRAM (BH QIP) PAYMENT DISTRIBUTION								
COUNTY	Total Allocation per County	FY 2021-22			FY 2022-23			FY 2023-24
		Startup Allocation Amount <sup>1</sup>	Implementation Plan Incentive Amount <sup>2</sup>	Total Amount FY 2021-22	Incentive Amount 1 <sup>3</sup>	Incentive Amount 2 <sup>4</sup>	Total Amount FY 2022-23	Final Incentive and Total Amount FY 2023-24 <sup>5</sup>
	A	B	C	D	E	F	G	H
Alameda	\$ 3,458,164	\$ 250,000	\$ 194,742	\$ 444,742	\$ 1,642,052	\$ 547,351	\$ 2,189,402	\$ 824,020
Alpine	\$ 552,235	\$ 250,000	\$ 100,073	\$ 350,073	\$ 76,204	\$ 25,401	\$ 101,606	\$ 100,556
Amador	\$ 576,780	\$ 250,000	\$ 100,872	\$ 350,872	\$ 89,430	\$ 29,810	\$ 119,240	\$ 106,667
Butte	\$ 1,201,232	\$ 250,000	\$ 121,216	\$ 371,216	\$ 425,913	\$ 141,971	\$ 567,885	\$ 262,131
Calaveras	\$ 607,735	\$ 250,000	\$ 101,881	\$ 351,881	\$ 106,110	\$ 35,370	\$ 141,480	\$ 114,374
Colusa	\$ 598,339	\$ 250,000	\$ 101,575	\$ 351,575	\$ 101,047	\$ 33,682	\$ 134,730	\$ 112,035
Contra Costa	\$ 2,272,557	\$ 250,000	\$ 156,117	\$ 406,117	\$ 1,003,192	\$ 334,397	\$ 1,337,590	\$ 528,850
Del Norte	\$ 615,041	\$ 250,000	\$ 102,119	\$ 352,119	\$ 110,047	\$ 36,682	\$ 146,730	\$ 116,193
El Dorado	\$ 694,823	\$ 250,000	\$ 104,718	\$ 354,718	\$ 153,037	\$ 51,012	\$ 204,050	\$ 136,055
Fresno	\$ 2,226,514	\$ 250,000	\$ 154,617	\$ 404,617	\$ 978,382	\$ 326,127	\$ 1,304,510	\$ 517,387
Glenn	\$ 612,423	\$ 250,000	\$ 102,034	\$ 352,034	\$ 108,636	\$ 36,212	\$ 144,848	\$ 115,541
Humboldt	\$ 961,473	\$ 250,000	\$ 113,405	\$ 363,405	\$ 296,720	\$ 98,907	\$ 395,627	\$ 202,441
Imperial	\$ 1,142,968	\$ 250,000	\$ 119,318	\$ 369,318	\$ 394,518	\$ 131,506	\$ 526,025	\$ 247,626
Inyo	\$ 571,522	\$ 250,000	\$ 100,701	\$ 350,701	\$ 86,597	\$ 28,866	\$ 115,463	\$ 105,358
Kern	\$ 1,792,414	\$ 250,000	\$ 140,475	\$ 390,475	\$ 744,469	\$ 248,156	\$ 992,626	\$ 409,313
Kings	\$ 749,391	\$ 250,000	\$ 106,496	\$ 356,496	\$ 182,441	\$ 60,814	\$ 243,254	\$ 149,641
Lake	\$ 621,176	\$ 250,000	\$ 102,319	\$ 352,319	\$ 113,353	\$ 37,784	\$ 151,137	\$ 117,720
Lassen	\$ 569,527	\$ 250,000	\$ 100,636	\$ 350,636	\$ 85,522	\$ 28,507	\$ 114,030	\$ 104,862
Los Angeles	\$ 19,048,797	\$ 250,000	\$ 702,654	\$ 952,654	\$ 10,042,996	\$ 3,347,665	\$ 13,390,661	\$ 4,705,481
Madera	\$ 706,909	\$ 250,000	\$ 105,112	\$ 355,112	\$ 159,550	\$ 53,183	\$ 212,733	\$ 139,064
Marin	\$ 967,728	\$ 250,000	\$ 113,609	\$ 363,609	\$ 300,091	\$ 100,030	\$ 400,121	\$ 203,998
Mariposa	\$ 616,867	\$ 250,000	\$ 102,178	\$ 352,178	\$ 111,031	\$ 37,010	\$ 148,042	\$ 116,647
Mendocino	\$ 778,196	\$ 250,000	\$ 107,434	\$ 357,434	\$ 197,962	\$ 65,987	\$ 263,950	\$ 156,812
Merced	\$ 921,487	\$ 250,000	\$ 112,102	\$ 362,102	\$ 275,174	\$ 91,725	\$ 366,899	\$ 192,486
Modoc	\$ 575,679	\$ 250,000	\$ 100,837	\$ 350,837	\$ 88,837	\$ 29,612	\$ 118,449	\$ 106,393
Mono	\$ 552,245	\$ 250,000	\$ 100,073	\$ 350,073	\$ 76,210	\$ 25,403	\$ 101,613	\$ 100,559

BEHAVIORAL HEALTH QUALITY IMPROVEMENT PROGRAM (BH QIP) PAYMENT DISTRIBUTION								
COUNTY	Total Allocation per County	FY 2021-22			FY 2022-23			FY 2023-24
		Startup Allocation Amount <sup>1</sup>	Implementation Plan Incentive Amount <sup>2</sup>	Total Amount FY 2021-22	Incentive Amount 1 <sup>3</sup>	Incentive Amount 2 <sup>4</sup>	Total Amount FY 2022-23	Final Incentive and Total Amount FY 2023-24 <sup>5</sup>
Monterey	\$ 1,532,089	\$ 250,000	\$ 131,995	\$ 381,995	\$ 604,194	\$ 201,398	\$ 805,593	\$ 344,502
Napa	\$ 731,446	\$ 250,000	\$ 105,911	\$ 355,911	\$ 172,772	\$ 57,591	\$ 230,362	\$ 145,173
Nevada	\$ 730,090	\$ 250,000	\$ 105,867	\$ 355,867	\$ 172,040	\$ 57,347	\$ 229,387	\$ 144,835
Orange	\$ 1,801,702	\$ 250,000	\$ 140,778	\$ 390,778	\$ 749,474	\$ 249,825	\$ 999,299	\$ 411,625
Placer	\$ 730,197	\$ 250,000	\$ 105,870	\$ 355,870	\$ 172,098	\$ 57,366	\$ 229,465	\$ 144,862
Plumas	\$ 605,311	\$ 250,000	\$ 101,802	\$ 351,802	\$ 104,804	\$ 34,935	\$ 139,739	\$ 113,770
Riverside	\$ 2,640,839	\$ 250,000	\$ 168,115	\$ 418,115	\$ 1,201,640	\$ 400,547	\$ 1,602,186	\$ 620,538
Sacramento	\$ 2,619,934	\$ 250,000	\$ 167,434	\$ 417,434	\$ 1,190,375	\$ 396,792	\$ 1,587,167	\$ 615,333
San Benito	\$ 593,912	\$ 250,000	\$ 101,431	\$ 351,431	\$ 98,662	\$ 32,887	\$ 131,549	\$ 110,932
San Bernardino	\$ 2,956,842	\$ 250,000	\$ 178,410	\$ 428,410	\$ 1,371,916	\$ 457,305	\$ 1,829,222	\$ 699,210
San Diego	\$ 2,939,947	\$ 250,000	\$ 177,860	\$ 427,860	\$ 1,362,813	\$ 454,271	\$ 1,817,084	\$ 695,004
San Francisco	\$ 3,312,412	\$ 250,000	\$ 189,994	\$ 439,994	\$ 1,563,514	\$ 521,171	\$ 2,084,685	\$ 787,733
San Joaquin	\$ 1,619,028	\$ 250,000	\$ 134,827	\$ 384,827	\$ 651,041	\$ 217,014	\$ 868,055	\$ 366,147
San Luis Obispo	\$ 967,043	\$ 250,000	\$ 113,586	\$ 363,586	\$ 299,722	\$ 99,907	\$ 399,629	\$ 203,828
San Mateo	\$ 1,437,979	\$ 250,000	\$ 128,929	\$ 378,929	\$ 553,484	\$ 184,495	\$ 737,978	\$ 321,072
Santa Barbara	\$ 1,282,834	\$ 250,000	\$ 123,874	\$ 373,874	\$ 469,884	\$ 156,628	\$ 626,512	\$ 282,447
Santa Clara	\$ 3,530,881	\$ 250,000	\$ 197,111	\$ 447,111	\$ 1,681,235	\$ 560,412	\$ 2,241,646	\$ 842,123
Santa Cruz	\$ 1,114,124	\$ 250,000	\$ 118,378	\$ 368,378	\$ 378,976	\$ 126,325	\$ 505,301	\$ 240,445
Shasta	\$ 818,603	\$ 250,000	\$ 108,751	\$ 358,751	\$ 219,735	\$ 73,245	\$ 292,981	\$ 166,872
Sierra	\$ 550,577	\$ 250,000	\$ 100,019	\$ 350,019	\$ 75,311	\$ 25,104	\$ 100,415	\$ 100,144
Siskiyou	\$ 622,508	\$ 250,000	\$ 102,362	\$ 352,362	\$ 114,071	\$ 38,024	\$ 152,094	\$ 118,052
Solano	\$ 999,346	\$ 250,000	\$ 114,639	\$ 364,639	\$ 317,128	\$ 105,709	\$ 422,838	\$ 211,870
Sonoma	\$ 983,655	\$ 250,000	\$ 114,128	\$ 364,128	\$ 308,673	\$ 102,891	\$ 411,564	\$ 207,963
Stanislaus	\$ 1,217,136	\$ 250,000	\$ 121,734	\$ 371,734	\$ 434,484	\$ 144,828	\$ 579,311	\$ 266,091
Sutter/Yuba	\$ 847,622	\$ 250,000	\$ 109,696	\$ 359,696	\$ 235,372	\$ 78,457	\$ 313,830	\$ 174,096
Tehama	\$ 634,669	\$ 250,000	\$ 102,758	\$ 352,758	\$ 120,624	\$ 40,208	\$ 160,831	\$ 121,079
Trinity	\$ 588,344	\$ 250,000	\$ 101,249	\$ 351,249	\$ 95,662	\$ 31,887	\$ 127,549	\$ 109,546

BEHAVIORAL HEALTH QUALITY IMPROVEMENT PROGRAM (BH QIP) PAYMENT DISTRIBUTION								
COUNTY	Total Allocation per County	FY 2021-22			FY 2022-23			FY 2023-24
		Startup Allocation Amount <sup>1</sup>	Implementation Plan Incentive Amount <sup>2</sup>	Total Amount FY 2021-22	Incentive Amount 1 <sup>3</sup>	Incentive Amount 2 <sup>4</sup>	Total Amount FY 2022-23	Final Incentive and Total Amount FY 2023-24 <sup>5</sup>
Tulare	\$ 1,195,965	\$ 250,000	\$ 121,044	\$ 371,044	\$ 423,075	\$ 141,025	\$ 564,101	\$ 260,820
Tuolumne	\$ 602,934	\$ 250,000	\$ 101,724	\$ 351,724	\$ 103,523	\$ 34,508	\$ 138,031	\$ 113,178
Ventura	\$ 1,594,587	\$ 250,000	\$ 134,031	\$ 384,031	\$ 637,871	\$ 212,624	\$ 850,495	\$ 360,061
Yolo	\$ 807,220	\$ 250,000	\$ 108,380	\$ 358,380	\$ 213,602	\$ 71,201	\$ 284,803	\$ 164,038
	\$ 86,602,000	\$ 14,250,000	\$ 7,500,000	\$ 21,750,000	\$ 34,047,300	\$ 11,349,100	\$ 45,396,400	\$ 19,455,600

**BH QIP Funding Summary:**

This schematic communicates to counties total BH QIP funds available at the State level per fiscal year. It does **not** indicate when counties will get actual pay warrants from the State. Please refer to BHIN 21-XXX for when all the BH QIP deliverables are due, State deliverable review timeframes and estimated payment timeframes. All funds must be claimed in the same fiscal year in which they are available. Unclaimed funds will not roll over into future fiscal years. If a county BH QIP deliverable is approved for payment, normal State claim processing times apply.

<sup>1</sup>The startup funds are available beginning July 1, 2021. However, the receipt of funds at the county level depends on when the county submits a startup fund claim form to DHCS.

<sup>2</sup>The BHQIP County Implementation Plan (IP) incentive funds are available beginning January 1, 2022. However, the receipt of funds at the county level depends on when the county submits a BHQIP IP to DHCS. DHCS will review all submitted IPs within 60 days. Unapproved IPs will be sent back to the submitting county for the remediation of identified deficiencies.

<sup>3</sup>Funds for the first incentive payment in FY 2022-23 will be available beginning July 1, 2022. However, the receipt of funds at the county level depends on when the county submits all required deliverables that are tied to this incentive payment. DHCS will review all submitted deliverables within 60 days. Unapproved deliverables will be sent back to the submitting county for the remediation of identified deficiencies.



<b>BEHAVIORAL HEALTH QUALITY IMPROVEMENT PROGRAM (BH QIP) PAYMENT DISTRIBUTION</b>								
<b>COUNTY</b>	<b>Total Allocation per County</b>	<b>FY 2021-22</b>			<b>FY 2022-23</b>			<b>FY 2023-24</b>
		<b>Startup Allocation Amount<sup>1</sup></b>	<b>Implementation Plan Incentive Amount<sup>2</sup></b>	<b>Total Amount FY 2021-22</b>	<b>Incentive Amount 1<sup>3</sup></b>	<b>Incentive Amount 2<sup>4</sup></b>	<b>Total Amount FY 2022-23</b>	<b>Final Incentive and Total Amount FY 2023-24<sup>5</sup></b>

<sup>4</sup>Funds for the second incentive payment in FY 2022-23 will be available beginning January 1, 2023. However, the receipt of funds at the county level depends on when the county submits all required deliverables that are tied to this incentive payment. DHCS will review all submitted deliverables within 60 days. Unapproved deliverables will be sent back to the submitting county for the remediation of identified deficiencies.

<sup>5</sup>Funds for the final and only BH QIP incentive payment in FY 2023-24 will be available beginning July 1, 2023. However, the receipt of funds at the county level depends on when the county submits all required deliverables that are tied to this incentive payment. DHCS will review all submitted deliverables within 60 days. Unapproved deliverables will be sent back to the submitting county for the remediation of identified deficiencies.



## **Behavioral Health Quality Improvement Program: CalAIM**

### **Program Implementation Plan and Instructions for County Behavioral Health Plans**

***Due: 60 days from the CalAIM BHQIP Behavioral Health  
Information Notice publication date***

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## Executive Summary

The California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Quality Improvement Program (BHQIP) is an incentive payment program to support Mental Health Plans (MHP), Drug Medi-Cal State Plans (DMC) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS), hereafter referred to as participating entities, as they prepare for changes in the CalAIM initiative and other approved administration priorities.<sup>1</sup> The guidance in this document applies to CalAIM, focused on implementation of payment reform,<sup>2</sup> behavioral health policy changes,<sup>3</sup> and bi-directional data exchange between systems of care for the purpose of improving quality and behavioral health outcomes and care coordination for Medi-Cal beneficiaries.<sup>4</sup> Each participating entity earn incentive payments in the CalAIM BHQIP by achieving certain milestones as outlined below. The CalAIM BHQIP incentives are available beginning July 1, 2021 through December 31, 2023. For Fiscal Year (FY) 2021-22, Senate Bill (SB) 129 (Chapter 69; Statutes of 2021), authorized \$21,750,000 in General Fund dollars for the CalAIM BHQIP, with \$86 million authorized over the course of program

### **Goal 1. Payment Reform**

#### **Milestones:**

- a. Implement new Current Procedural Technology/ Healthcare Common Procedure Coding System (CPT/HCPCS) procedure codes, modifiers, place of service codes, and taxonomy codes.
- b. Update county claiming systems to successfully submit 837 transactions to the Short-Doyle Medi-Cal (SD/MC) claiming system.
- c. Implement new Intergovernmental Transfer (IGT) agreement protocol

### **Goal 2. Implementation of CalAIM Behavioral Health Policy Changes**

#### **Milestones:**

- a. Implement standardized screening tools in compliance with DHCS guidance.
- b. Implement standardized transition of care tools in compliance with DHCS guidance.
- c. For DMC Only: Assist providers to implement ASAM Criteria to determine level of care in compliance with DHCS Guidance.
- d. Implement revised documentation standards, including but not limited to, assessment domains, problem lists, progress notes, and applicable timeliness standards.
- e. Provide guidance and training to county-operated and county-contracted providers on all new behavioral health policies, as outlined by DHCS in Behavioral Health Information Notices:
  - Criteria for DMC and DMC-ODS services, including use of ASAM

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<sup>1</sup> Welf. & Inst. Code § 14184.405(a)

<sup>2</sup> Welf. & Inst. Code § 14184.403

<sup>3</sup> See Welf. & Inst. Code § 14184.402

<sup>4</sup> Welf. & Inst. Code § 14184.405(a)

criteria in DMC counties, changes to diagnostic, eligibility, and medical necessity requirements, and new processes to claim Medi-Cal reimbursement for early intervention services for youth and for specified EPSDT SUD services in DMC counties.

- Criteria to access Specialty Mental Health Services (SMHS) for adults and for children (including criteria related to trauma, child welfare involvement, and homelessness)
- Mandatory screening and transition tools for specialty and non-specialty mental health
- Documentation requirements and assessment standards (SMHS and DMC, DMC-ODS)
- No wrong door (SMHS)
- Co-occurring diagnoses (SMHS and DMC, DMC-ODS)
- Treatment during assessment period, prior to diagnosis (SMHS and DMC, DMC-ODS)

### **Goal 3. Data Exchange**

The purpose of this goal is to promote bi-directional data exchange between MHP, DMC, DMC-ODS and Managed Care Plans (MCPs) in order to improve health outcomes and health equity through enhanced coordination of care.

Such data exchange and care coordination is paramount to:

- Meeting CMS-mandated interoperability standards.
- Supporting implementation of MCP Enhanced Care Management (ECM)/Community Supports programs in CalAIM.
- Improving performance on Core Set measures such as [Follow-up After Emergency Department Visit for Mental Illness \(FUM\)](#), [Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence \(FUA\)](#) and [Pharmacotherapy for Opioid Use Disorder \(POD\)](#)

#### **Milestones:**

- a. Demonstrate improved data exchange capabilities.
  - Option 1: Demonstrate direct sharing of data with MCPs
  - Option 2: Demonstrate onboarding to a Health Information Exchange (HIE)
- b. Demonstrate an active Fast Healthcare Interoperability Resources (FHIR) application programming interface (API) that will allow the MHP, DMC, and DMC-ODS to be compliant with CMS-mandated interoperability rules.
- c. Demonstrate that the MHP, DMC, and DMC-ODS have mapped data elements to the United States Core Data for Interoperability (USCDI) standard set.
- d. Leverage improved data exchange capabilities to improve quality and coordination of care.

## General Instructions

Thank you for your participation in the CalAIM BHQIP. The county Implementation Plan (IP) is designed to show how your entity will implement CalAIM BHQIP goals. You may submit one plan to cover both specialty mental health and substance use disorder treatment (DMC or DMC-ODS). Alternatively, you may submit one IP for the MHP and one IP for the DMC or DMC-ODS, and the relative allocations for these separate plans will be determined as directed by you. In the IP and/or claim form, a participating entity may request a single check, or may request a specific distribution of funds (e.g., 50% of funds allocated to the MHP and 50% to DMC-ODS).

The CalAIM BHQIP IP is divided into three sections, one for each goal. Within each section, a participating entity must describe how it will operationalize all program milestones for each goal. The IP must have key deliverables and action steps that will be completed by June 30, 2023 and reported in the September 2023 reporting period.

### Terminology

**Milestones:** Specific outcomes or achievements related to the Goal. DHCS will define one or more milestones for each Goal that every participating entity is intended to reach by July 2023.

**Deliverables:** Products or documentation provided as evidence of tangible progress towards milestones. DHCS has mandated some deliverables (labeled “**Required**”); others may be proposed by each participating entity, subject to DHCS approval.

**Action Steps:** Description of the local activities that each participating entity will take to achieve deliverables. Each participating entity will define their own action steps.

The IP is due to DHCS no later than 60 days from the publication date of this BHIN. Please refer to Enclosure 1 of Behavioral Health Information Notice (BHIN) No. 21-074 regarding CalAIM BHQIP incentive funds available and the total annual allocation. Detailed reporting templates will be issued by DHCS in early 2022.

### Funding

- Each participating entity may opt to jointly implement program requirements and pool their funding.
- Funds may be used at each participating entity’s discretion to accomplish CalAIM requirements including (but not limited to) staffing, technology and infrastructure, contracting, training and/or technical assistance. However, funds disbursed through CalAIM BHQIP may not be redirected to a purpose unrelated to CalAIM goals.
- As described in this guide, DHCS will not disburse incentive payments for milestones that are not met. Withheld incentive funds will be pooled and reallocated to other participating entities.

## Evaluation

Each IP will be evaluated and approved on a “Pass/No Pass” basis. DHCS will evaluate the responses to each section and determine if the response demonstrates that the program participant will be able to meet program goals through the activities described in the IP. In the event that a response to an IP section fails to meet criteria, the applicant will have an opportunity to revise the response(s) per DHCS’s feedback and/or requested revisions. Applicants will have two weeks to complete the revisions upon receiving initial feedback from DHCS, and the payment date will be delayed accordingly. Extensions may be requested and will be considered on a case-by-case basis.

Please complete all sections of the IP and return to [BHQIP@dhcs.ca.gov](mailto:BHQIP@dhcs.ca.gov).

## Reporting on Deliverables

In order to earn incentives, each participating entity is required to report achievement of milestones and to submit associated deliverables. DHCS will release reporting templates with specifications in a future Information Notice in early 2022.

Reporting deadlines are September 30 and March 1 of each year. Deliverables and milestones may be completed prior to each reporting period, and will then be reported in the September 30 or March 1 report. All reports must be submitted to [BHQIP@dhcs.ca.gov](mailto:BHQIP@dhcs.ca.gov).

## Funding Allocation Schedule

The allocation schedule (Enclosure 1) involves the following two steps:

1. Each participating entity is eligible for an initial allocation of program startup funds in the amount of \$250,000. (Please refer to [BHIN 21-044](#) for information regarding the startup funds claiming process). Startup funds will be available until January 31, 2022. BHQIP claiming forms were due to DHCS by October 1, 2021. If a participating entity does not submit the claiming form by January 31, 2022, DHCS will not issue any start-up funds to that entity, and the funds will be added to the BHQIP pool for distribution in FY 2021-22.
2. For the remaining funds, each participating entity allocation is based on its share of statewide claims value reported to DHCS for Fiscal Year 2019-20 for SMHS, DMC-ODS and DMC. The methodology includes an equity adjustment for small counties, to ensure that each participating entity, regardless of its claims value is eligible to receive a minimum of \$100,000 per year of the program.

The statewide BHQIP funds for each budget year are as follows:

FY 2021-22	\$ 21,750,000	25%
FY 2022-23	\$ 45,396,400	52%
FY 2023-24	\$ 19,455,600	23%
<b>TOTAL</b>	<b>\$ 86,602,000</b>	<b>100%</b>

**Incentive payment distributions:**

1. Start-up costs are distributed based on a participating entity's signing the CalAIM BHQIP start-up funds claim form.
2. Incentive payments are based on the participating entity meeting all milestones listed in its IP.
3. Deliverables are generally contingent upon DHCS issuing timely policy guidance to counties. If DHCS is delayed in issuing necessary policy guidance, deadlines for BHQIP deliverables will be subject to revision and re-negotiation, with input from CBHDA on behalf of participating entities.
4. DHCS may require each participating entity to respond to clarifying questions, whose responses must be turned in within two weeks of DHCS's request.
5. Each participating entity may request modifications to self-defined deliverables for future reporting periods by submitting requests to DHCS at least five months prior to the start of the reporting period in question. For example, concurrent with its September 2022 report, a county may submit requests for modification to self-defined deliverables scheduled for March 2023 or September 2023. Required deliverables will not be modified unless DHCS issues further guidance. .

Incentive payment funds will be made available as follows:

- a. For the September 30, 2022 and September 29, 2023 reports:
  - 100% of the incentive funds allocated for this period will be available if all deliverables for this period in the IP are submitted on time and approved by DHCS. If DHCS determines, in its sole discretion, that all deliverables are not approved, a participating entity will receive a percentage of funds commensurate with the percentage of total deliverables that are approved.
    - Participants can submit the September report by the due date regardless of missing deliverables, however, DHCS payment will be commensurate with the proportion of the deliverables that have been submitted and approved.
  - If the September report is not submitted by the deadline, the available incentive payment allocation is as follows:
    - 95% of the incentive funds allocated are available if all deliverables are completed and reported to DHCS within 3 months of the original due date (October through December).
    - 90% of incentive funds allocated are available if all September deliverables are completed and approved by the end of February. DHCS will not accept any September deliverables received after February.
  - March deliverables submitted with September reports in the same fiscal year are payable early.



b. For the March reporting periods:

- 100% of the incentive funds allocated per participating entity for this period will be available if all deliverables for this period in the IP are submitted and approved.
- Funds do not carry over into the subsequent fiscal year, so incentive payments for a particular fiscal year are forfeited for any deliverables that are submitted after March 1<sup>st</sup> of each fiscal year (since DHCS requires 90 days to process report and issue payment).

c. Final Disbursement

- The final disbursement for the fiscal year will include the approved September wrap up deliverables from January through February (as applicable) as well as the percent of total March deliverables submitted and approved, as determined by the DHCS in its sole discretion. Funds not distributed will be re-allocated to counties that achieved all deliverables on time, using a methodology developed in consultation with CBHDA.

6. Please see the following table that expands upon funds available by reporting period:

Table 1. Percentage of Incentive Funds available per report submission timeline

	<b>September Reports</b>	<b>September deliverables wrap up (October through December)</b>	<b>September deliverables wrap up (January through February)</b>	<b>March Reports</b>
<b>Deliverable Submission</b>	<b>Available Funds Per Approved Deliverable</b>	<b>Available Funds Per Approved Deliverable</b>	<b>Available Funds Per Approved Deliverable</b>	<b>Available Funds Per Approved Deliverable</b>
Timely, Complete	100%	N/A	N/A	100%
Timely, Incomplete or Inaccurate	(Total Incentive/# of Deliverables)* # on-time deliverables	(Total Incentive/# of Deliverables)* # on-time deliverables <b>Funds Disbursed in 90 days</b>	(Total Incentive/# of Deliverables)* # on-time deliverables <b>Funds Held until Final Disbursement</b>	(Total Incentive/# of Deliverables)* # on-time deliverables
Untimely, Complete	N/A	95% <b>Funds Disbursed in 90 days</b>	90% <b>Funds Held until Final Disbursement</b>	N/A
Untimely, Incomplete	N/A	95% of (Total Incentive/# of Deliverables)* # deliverables <b>Funds Disbursed in 90 days</b>	90% of (Total Incentive/# of Deliverables)* # deliverables <b>Funds Held until Final Disbursement</b>	N/A

**Funds Availability Schedule**

**FY 2021-22: Preparation Year**

- Start-up Funds (\$250,000 per county: \$14,250,000)

- Implementation Plan - due date is 60 days from date of BHIN publication (based on allocation schedule: \$7,500,000 total)

**Total - \$21,750,000**

**FY 2022-23 – Incentive payments based on milestones and deliverables**

- Incentive payment 1 - \$34,047,300
  - Reports due 9/30/22
- Incentive payment 2 - \$11,349,100 (up to 100% of incentive payment 2 can be disbursed in incentive payment 1 if all deliverables due in the 3/1/23 report are achieved and reported in the 9/30/22 report). The amount disbursed will be commensurate with the percent of deliverables accomplished early.
  - Reports due 3/1/23

**Total - \$45,396,400**

**FY 2023-24 – Incentive payments based on milestones and deliverables**

- Final incentive payment - \$19,455,600
  - Reports due 9/30/23
- Opportunity for adding an update to the final report:
  - DHCS will distribute any unearned incentives to counties that have achieved all milestones and deliverables in an updated final report by 3/1/24.
  - Any unearned incentives will be distributed to counties achieving all milestones and deliverables on time.

**Total - \$19,455,600**

**Prop 30 Reimbursement**

DHCS is committed to meeting its Proposition 30 responsibilities and acknowledges that CalAIM BHQIP payments outlined in this document may not fully meet the costs incurred for implementing these initiatives. DHCS will issue further guidance at a later date related to claiming for these additional costs.

### Section 1: Participating Entity Information

<b>Name</b>	
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#### PRIMARY CONTACT

<b>Name</b>	
<b>Title, Department or</b>	
<b>Telephone number</b>	
<b>Email Address</b>	
<b>Mailing Address</b>	

#### BACKUP CONTACT

<b>Name</b>	
<b>Title, Department or</b>	
<b>Telephone number</b>	
<b>Email Address</b>	
<b>Mailing Address</b>	

## Section 2:

### Goal 1: Payment Reform

#### Instructions

Please provide key deliverables and the action steps necessary to achieve each deliverable using the tables below.

**Deliverables:** DHCS includes deliverables as examples; a participating entity may replace these with their own deliverables, or add new deliverables, as long as they lead to meeting the goal by the deadline. Deliverables labeled **required** are required for all participating entities.

**Action Steps:** These are to be defined by the participating entity – what tasks need to be completed to meet the deadline for the deliverable?

#### **Milestone 1a:**

Implement new CPT/HCPCS procedure codes, modifiers, place of service codes, and taxonomy codes.

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	Participating entity to provide own deliverable Example: Contract amendments completed with vendor(s); implementation plan complete.		
3/1/23	<b>Required:</b> Submit boilerplate contracts for subcontracted providers that reflect the new code set and claiming requirements		

	<p><b>Required:</b> Submit CPT code training plan, including information on availability of training for subcontracted providers and county staff.</p>		
9/29/23	<p><b>Required – Minimum submissions:</b></p> <ol style="list-style-type: none"> <li>1. At least 10 claims that pass the Strategic National Implementation Process (SNIP) edit.</li> <li>2. At least 10 DMC claims that are approved. (including DMC-ODS or DMC claims).</li> <li>3. At least 10 SMHS claims that are approved.</li> </ol>		

**Milestone 1b:**

Update county claiming systems and successfully submit 837 transactions to the Short-Doyle Medi-Cal (SD/MC) claiming system for county-operated and subcontracted SMHS and DMC-SP/DMC-ODS services.

Due Date	<u>Required Deliverables</u>	Deliverables Developed by Entity	Action Steps
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	(as developed by DHCS)		
9/30/22	<p><i>Participating entity to provide own deliverable</i></p> <p><i>Example:</i></p> <p><i>Assess changes needed to claiming system and incorporate in I.T. contract</i></p>		
3/1/23	<p><b>Required:</b></p> <p>Document or attest to analysis of new rates and progress on rate/contract negotiations with providers.</p>		
9/29/23	<p><b>Required:</b></p> <p>Submit documentation that all new claiming rates have been loaded into county systems</p> <p><b>Required:</b></p> <p>Submit contract execution schedules for all network providers requiring contract updates which may occur on a rolling basis through FY 2024-25.</p>		

**Milestone 1c:**

Implement new Intergovernmental Transfer (IGT) agreement protocol

Due Date	<u>Required Deliverables</u> (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	<i>Participating entity to provide own deliverable</i>		
3/1/23	<b>Required:</b> Submit Policies & Procedures and/or BHP guidance for county fiscal staff to support new IGT protocol.		
9/29/23	<b>Required:</b> Submit documentation that all IGT agreement protocols have been implemented.		



### Section 3:

## Goal 2: Implementation of CalAIM Behavioral Health Policy Changes

### Instructions

Please provide key deliverables and the action steps necessary to achieve each deliverable using the tables below.

**Deliverables:** DHCS includes deliverables as examples; a participating entity may replace these with their own deliverables, or add new deliverables, as long as they lead to meeting the goal by the deadline. Deliverables labeled **required** are required for all participating entities.

**Action Steps:** These are to be defined by the participating entity – what tasks need to be completed to meet the deadline for the deliverable?

### Milestone 2a:

Implement standardized screening tool in compliance with DHCS guidance.

Due Date	<u>Required Deliverables</u> (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	<b>Required:</b> Document training plan for all relevant MHP, DMC, or DMC-ODS staff (e.g., access line and MHP intake staff) on screening tool		
3/1/23	<b>Required:</b> Submit records documenting percentage of relevant staff trained on use of the standardized screening tool.  <b>Required:</b>		

	Submit policies and procedures that describe use of standardized screening tools.		
9/30/23	<b>Required:</b> Submit reports showing outcome of screening tool (e.g., percentage of callers referred to the MHP, DMC-SP, DMC-ODS vs MCP)		

**Milestone 2b:**

Implement standardized transition tool in compliance with DHCS guidance.

Due Date	<b>Required Deliverables (as developed by DHCS)</b>	<b>Deliverables Developed by Entity</b>	<b>Action Steps</b>
9/30/22	<b>Required:</b> Document training plan for all relevant MHP, DMC or DMC-ODS staff and subcontracted providers		
3/1/23	<b>Required:</b> Submit records documenting percentage of relevant staff and providers trained on use of the standardized transition tool. Attestations from subcontractors will suffice as evidence		

	of training participation. <b>Required:</b> Submit initial reports showing tracking of referrals to and from MCPs, using the transition tool, showing closed-loop referrals.		
9/30/23	<b>Required:</b> Submit reports showing tracking of referrals to and from MCPs, using the transition tool, showing closed-loop referrals.		

**Milestone 2c:**

For DMC Only: Implement ASAM criteria to determine level of care in compliance with DHCS guidance.

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	<b>Required:</b> Document training plan for all relevant DMC staff and subcontracted providers		
3/1/23	<b>Required:</b> Submit records documenting percentage of providers trained on use of the ASAM criteria. Include information		

	<p>about how the county partnered with its subcontractors to support and monitor timely participation in trainings.</p> <p><b>Required:</b> Submit initial reports showing tracking use of ASAM criteria to determine appropriate level of care (example using scores from the UCLA ASAM Assessment Tool to determine placement).</p>		
9/30/23	<p><b>Required:</b> Submit updated reports showing tracking use of ASAM criteria to determine appropriate level of care (example using scores from the UCLA ASAM Assessment Tool to determine placement).</p>		

**Milestone 2d:**

Implement revised documentation standards, including but not limited to, assessment domains, problem lists, progress notes, and applicable timeliness standards

Due Date	<u>Required Deliverables</u> (as	Deliverables Developed by Entity	Action Steps
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	<b>developed by DHCS)</b>		
9/30/22	<p><b>Required:</b> Submit evidence of EHR changes that support documentation reform, such as vendor contracts.</p> <p><b>Required:</b> Submit updated excerpts from documentation manuals, list of updated county Policies and Procedures, or similar evidence that counties and subcontractors have adopted the MHP, DMC or DMC-ODS revised documentation standards (which include but are not limited to assessment domains, problem lists, progress notes, and applicable timeliness standards).</p> <p><b>Required:</b> Document training plan inclusive of the new CalAIM policies listed above, and participation of MHP, DMC or DMC-ODS staff</p>		

	<p>and providers in training:</p> <ul style="list-style-type: none"> <li>• Include information on training made available to subcontracted providers and describe how the county has supported and monitored timely participation in trainings for its subcontractors.</li> </ul>		
3/1/23	<p><b><u>Required:</u></b></p> <ul style="list-style-type: none"> <li>• Updated utilization management policies</li> <li>• Updated audit, oversight and recoupment policies, procedures and protocols to comply with new specialty mental health services criteria, assessment domains, documentation standards and other CalAIM</li> </ul>		

	<p>behavioral health policies, aligned with new DHCS auditing and recoupment standards</p> <ul style="list-style-type: none"> <li>• Documentation of communication/training with providers.</li> </ul>		
9/29/23	<p><b>Required:</b> High-level summary of audit results, including total funding amounts recouped from providers, by reason for recoupment (per DHCS policy, limited to evidence of fraud waste and/or abuse; with corrective action plans and/or other administrative sanctions used for noncompliance with documentation and other compliance standards)</p>		

**Milestone 2e:**

Provide guidance and training to county-operated and county-contracted providers on all new behavioral health policies, as outlined by DHCS in Behavioral Health Information Notices:

- Criteria for DMC and DMC-ODS services, including use of ASAM criteria in DMC counties, changes to diagnostic, eligibility, and medical necessity requirements, and new processes to claim Medi-Cal reimbursement for early intervention services for youth and for specified EPSDT SUD services in DMC counties.

- Criteria to access Specialty Mental Health Services (SMHS) for adults and for children (including criteria related to trauma, child welfare involvement, and homelessness)
- Mandatory screening and transition tools for specialty and non-specialty mental health
- Documentation requirements and assessment standards (SMHS and DMC, DMC-ODS)
- No wrong door (SMHS)
- Co-occurring diagnoses (SMHS and DMC, DMC-ODS)
- Treatment during assessment period, prior to diagnosis (SMHS and DMC, DMC-ODS)

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	<p><b>Required:</b> Submit updated policies and procedures reflecting all CalAIM behavioral health policy changes listed under milestone 2e.</p> <p><b>Required:</b> Document training plan inclusive of the new CalAIM policies in milestone 2e, including participation of staff in training</p> <ul style="list-style-type: none"> <li>• Include information on training made available to subcontracted providers and</li> </ul>		



	<p>describe how the MHP, DMC, or DMC-ODS has supported and monitored timely participation in trainings for its subcontractors.</p>		
3/1/23	<p><b>Required:</b> Describe how new providers will be trained in CalAIM policies under milestone 2e, through training manuals and/or asynchronous on-line learning.</p>		
9/30/23	<p><b>Example:</b> Submit updated quality improvement plan or other evidence to demonstrate how the MHP, DMC or DMC-ODS will provide ongoing training, support, and monitoring to implement the CalAIM policies under milestone 2e.</p>		

## Section 4:

### Goal 3: Data Exchange

Please provide key deliverables and the action steps necessary to achieve each deliverable using the tables below.

**Deliverables:** DHCS includes deliverables as examples; a participating entity may replace these with their own deliverables, or add new deliverables, as long as they lead to meeting the goal by the deadline. Deliverables labeled **required** are required for all participating entities.

**Action Steps:** These are to be defined by the participating entity – what tasks need to be completed to meet the deadline for the deliverable?

**Milestone 3a:** Demonstrate improved data exchange capabilities.

#### Option 1:

Demonstrate direct sharing of data with MCPs

Due Date	<u>Required Deliverables</u> (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	<b>Required:</b> A copy of signed data-sharing agreement between the participating entity and the MCP(s).		
3/1/23	<b>Required:</b> A copy of a data-sharing transaction log or a de-identified HL7 message (or other equivalent documentation) to and from the MCPs and participating entity.		

9/30/23	<p><b>Required:</b> Submit a written report (DHCS to provide a template) outlining how the participating entity is leveraging direct data exchange with MCPs to improve care coordination and/or to implement CalAIM or other population health management programs.</p>		
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**Option 2:**

Demonstrate onboarding to a Health Information Exchange (HIE)

Due Date	Required Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	<p><b>Required:</b> A copy of signed California Data Use and Reciprocal Support Agreement (CalDURSA) and California Trusted Exchange Network (CTEN) to onboard with HIE that has done the same.</p>		
3/1/23	<p><b>Required:</b> A copy of a transaction log or a de-identified HL7 message (or other equivalent documentation) to and from the HIE and county</p>		

9/30/23	<p><b>Required:</b> Submit a written report (DHCS to provide a template) outlining how the county is leveraging HIE participation to improve care coordination and/or to implement CalAIM or other population health management programs.</p>		
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**Milestone 3b:**

Demonstrate an active Fast Healthcare Interoperability Resources (FHIR) application programming interface (API) that will allow the participating entity to be compliant with CMS-mandated interoperability rules

Due Date	<u>Required Deliverables</u> (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	<i>Participating entity to determine deliverable</i>		
3/1/23	<p><b>Required:</b> Signed attestation form from the county that certifies the implementation of the FHIR API.</p>		
9/30/23	<p><b>Required:</b> Submit a log of successful FHIR transactions (de-identified) over a six month period in 2023</p>		

**Milestone 3c:**

Demonstrate that the participating entity has mapped data elements to the United States Core Data for Interoperability (USCDI) standard set

<b>Due Date</b>	<b><u>Required Deliverables</u> (as developed by DHCS)</b>	<b>Deliverables Developed by Entity</b>	<b>Action Steps</b>
9/30/22	<p><b>Required:</b> Signed attestation form and other supporting documentation from the participating entity that certifies that the county has begun the process of mapping data elements to the USCDI</p>		
3/1/23	<p><i>Participating entity to determine deliverable</i></p>		
9/30/23	<p><b>Required:</b> Signed attestation form from the participating entity that certifies that data elements have been successfully mapped to USCDI  AND  Submit documentation outlining the mapped data elements</p>		

**Milestone 3d:**

Leverage improved data exchange capabilities to improve quality and coordination of care.

This milestone relates to the following measures:

- [Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence \(FUA\)](#)
  - o Measure specification can be found on [page 63](#)
- [Follow-up After Emergency Department Visit for Mental Illness \(FUM\)](#)
  - o Measure specification can be found on [page 70](#)
- Pharmacotherapy for Opioid Use Disorder (POD)
  - o [Example measure specification can be found here.](#)

Due Date	<b>Required Deliverables (as developed by DHCS)</b>	<b>Deliverables Developed by Entity</b>	<b>Action Steps</b>
9/30/22	<p><b>Required:</b> Submit a quality improvement plan (DHCS to provide template and assist with the provision of data to achieve this deliverable) to improve performance on FUA, FUM, and POD during the measurement period of July 1, 2022 – June 30, 2023. Quality improvement plans should include how the participating entity will leverage improved data exchange capabilities to achieve improved performance.</p>		
3/1/23	<p><b>Required:</b> In collaboration</p>		

	<p>with DHCS, report baseline performance rate (July 1, 2021 – June 30, 2022) for FUA, FUM, and POD and provide updated narratives on projects, challenges, lessons learned, and next steps related to quality improvement on these measures during the measurement period (DHCS to provide template).</p>		
<p>9/30/23</p>	<p><b>Required:</b> Submit final performance rate (July 1, 2022 – June 30, 2023) for FUA, FUM, and POD and provide updated narrative on projects, challenges, lessons learned, and next steps related to quality improvement on these measures (DHCS to provide template).</p>		

## Section 5: Technical Assistance and Training

All BHQIP participating entities are required to complete virtual trainings and technical assistance provided by DHCS or designees to support implementation of CalAIM policies. The training schedule will be communicated to counties in a separate BHIN.

DHCS will run reports of each participating entity participation in trainings. Participating entities are eligible to receive 100% of the available incentive per reporting period, based on completion of milestones, if at least one staff from the MHP and at least one staff from the DMC or DMC-ODS (the same individual who attended the MHP training can attend the DMC and DMC-ODS trainings) are documented to have attended at least one webinar for each BHQIP goal (either synchronously, or asynchronously). If DHCS is unable to verify attendance, the participating entity will be required to submit documentation of which staff attended on which date. If no attendance can be verified, DHCS reserves the option to deduct 5% from the incentive payment.

Please acknowledge your understanding and acceptance of this responsibility below.

- I understand and accept the responsibility to participate in all three webinar trainings run by DHCS or their designees.



## Section 6: Certification

- I hereby certify that all information provided in this IP is true and accurate to the best of my knowledge, and that this plan has been completed based on a thorough understanding of program participation requirements as specified in BHIN No. 21-074

<b>Behavioral Health Director's Name:</b>	
<b>Signature :</b>	
<b>Date Signed:</b>	

**Acceptance of a BHQIP award shall constitute acceptance of the terms and conditions described herein. The terms of the BHQIP award include the participating entity's IP, as approved by DHCS.**