



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



GAVIN NEWSOM
GOVERNOR

DATE: July 29, 2021

Behavioral Health Information Notice No: 21-044

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: Behavioral Health Quality Improvement Program (BH-QIP) Start-Up Funds

PURPOSE: Provides notification to counties about BH-QIP start-up funding and the claiming process.

BACKGROUND:

The Department of Health Care Services (DHCS) has created the Behavioral Health Quality Improvement Program (BH-QIP) to incentivize counties to prepare for changes under the [California Advancing & Innovating Medi-Cal \(CalAIM\) initiative](#), as well as future programs requiring counties to build out new infrastructure and capacity. The BH-QIP will be structured as an incentive program, whereby counties will be required to achieve certain CalAIM implementation milestones to earn incentive payments. A total of \$86,602,000 in CalAIM incentives are available from July 1, 2021 through June 30, 2024. For Fiscal Year (FY) 2021-22, Senate Bill (SB) 129 (Chapter 69; Statutes of 2021), authorized \$21,750,000 in General Fund for the BH-QIP. There will be two sets of payments to counties:

1. Start-up funding amount of \$250,000 that will be available to each county in the first and second quarter of FY 2021-22.

2. Quarterly incentive payments, available after January, 2022, following a county's submission of a DHCS approved implementation plan and the subsequent completion of CalAIM implementation milestones, which must be designed to support a county's ability to implement the following CalAIM goals:
 - a. Payment Reform;
 - b. Medical Necessity, Eligibility Criteria, and Documentation Redesign;
 - c. Multi-system (e.g., Managed Care, Dental, Behavioral Health) Data Exchange and Care Coordination; and
 - d. Improve behavioral health data reporting and electronic health record systems.

The start-up funding shall be used at the county's discretion to achieve the aims above or any other activity that the county determines to fulfill the requirements of CalAIM.

This Behavioral Health Information Notice (BHIN) provides details on how counties may claim the first payment, the BH-QIP start-up funding of \$250,000. There will be a separate BHIN released in the coming months that will provide information on the quarterly incentive payments, total funds allocation methodology, claiming forms, schedule, and required county milestones.

To receive the BH-QIP start-up funds, counties must submit to DHCS the Initial Funding Request and Certification form (Enclosure 1). The Initial Funding Request and Certification form must be signed by the County Behavioral Health Director certifying that all claiming information sent to DHCS is accurate and complete and in accordance with law. The form must also be signed by the County Auditor, Controller, or City Financial Officer certifying that claims are based on expenditures necessary for claiming BH-QIP funding pursuant to all applicable requirements of the program.

Please send the completed and signed Initial Funding Request and Certification form to BHFSEops@dhcs.ca.gov. The form must be scanned and sent in PDF format.

DHCS will release the BH-QIP start-up funding after receiving the Initial Funding Request and Certification Form from the county. Please submit the form by September 1, 2021. For administrative purposes, DHCS will direct BH-QIP payments to the county Mental Health Plan.

Questions regarding this BHIN may be directed to the DHCS Behavioral Health Financing Section's Operation Unit at BHFSEops@dhcs.ca.gov.

Sincerely,

Original signed by

Shaina Zurlin, Chief
Medi-Cal Behavioral Health Division

Enclosure

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

Date:		Fiscal Year:		County Name:	
Name of Preparer:					

Initial Startup Amount	\$250,000.00
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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 law. The county understands that any payment to the county resulting from this invoice 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 expenditures 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