



Behavioral Health Integration (BHI) Incentive Program Frequently Asked Questions



January 29, 2021

This document provides additional guidance, information, and clarification to Medi-Cal managed care health plans (MCPs) and providers regarding the Department of Health Care Services (DHCS) Behavioral Health Integration (BHI) Incentive Program.

The BHI Incentive Program is designed to incentivize improvement of physical and behavioral health outcomes, care delivery efficiency, and patient experience. The goal of the BHI Incentive Program is to increase MCP network integration for providers at all levels of integration (those just starting behavioral health integration in their practices as well as those that want to take their integration to the next level), focus on new target populations or health disparities, and improve the level of integration or impact of behavioral and physical health. Due to COVID-19, the original April 1, 2020 start date was deferred to January 1, 2021. This document will be continuously updated. All revisions or newly added questions will have a note in red font next to the question and the version date above will be updated.

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A. BHI Incentive Program Information

1. Where can policy and instructions be found?

Answer: New and updated BHI Incentive Program information, presentations, and resource documents will be published on the DHCS website on the [BHI Incentive Program](#) webpage as they become available.

2. Are the services implemented expected to continue after the BHI Incentive Program ends?

Answer: Yes. DHCS' intention is that the behavioral health integration achieved as part of the projects would continue after the end of the BHI Incentive Program. As part of the application, providers were asked how their project redesign strategies would be sustained after the BHI Incentive Program ends.

3. What is the BHI Incentive Program period?

Answer: Program Year 1 is January 1, 2021 to December 31, 2021 and Program Year 2 is January 1, 2022 to December 31, 2022.

4. Will DHCS provide a list of approved providers and project options?

Answer: Yes. The BHI Determination Letter issued to each participating MCP provided a list of approved organizations as well as the approved project options for each organization.

5. Does the Memorandum of Understanding (MOU) need to be revised?

Answer: MCPs and providers should review and revise MOUs as needed. MCPs may use their own MOU template if it follows the criteria/requirements of the DHCS provided template.

6. Who makes final determinations on awards to providers?

Answer: MCPs determine final awards to providers from among the project options approved by DHCS. DHCS encourages MCPs to make awards for all proposed project options that are appropriately valued and meet the goals and requirements of the program.

7. Will MCPs be provided award and denial letter templates?

Answer: No. MCPs are responsible for creating and generating award and denial letters.

B. MCP and Provider Roles and Responsibilities

8. What are MCP roles and responsibilities?

Answer: MCP roles and responsibilities include, but are not limited to, overseeing the project options, including monitoring and reporting completion of milestones and performance measures. MCPs will collect and evaluate all information related to implementation of the provider's project options for the purposes of ensuring progress toward the provider's goals and objectives, and reporting to DHCS the project status.

9. What are provider roles and responsibilities?

Answer: Provider roles and responsibilities include, but are not limited to, implementation of the project options pursuant to the terms of their MOU with the MCP. Providers will perform tasks necessary to meet milestones under the MOU and provide their partner MCP with information necessary to demonstrate progress in achieving the milestones. The provider will also report to their partner MCP performance measures as required by the MOU. Providers shall submit reports in a manner specified by the partner MCP. The provider has no obligation to DHCS pursuant to the terms of the MOU. BHI Incentive Program milestones are met or not met by the MCP, not the provider.

10. Where can MCPs and providers find roles and responsibilities information?

Answer: Please refer to the [Behavioral Health Integration Incentive Program Application](#) for MCP and provider responsibilities.

C. Funding and Payment

11. What is the total dollar amount for the BHI Incentive Program?

Answer: The BHI Incentive Program is funded at a maximum earnable amount of \$190M across all project options.

12. When will MCPs receive funding/payment for program readiness?

Answer: As outlined in the BHI Determination Letters, payments are predicated on MCPs providing DHCS evidence of MOUs between the MCP and their respective providers to implement their approved projects. DHCS has made initial BHI payments to MCPs in the first quarter of 2021, but payments will not be considered earned until this requirement is met.

13. How will MCPs receive final payment for PY 2, Quarter 4 milestones and PY 2 annual performance measures data due in 2023?

Answer: DHCS anticipates issuing the final payments to MCPs no later than June 30, 2023.

14. Will providers need to repay if they withdraw from the program after implementation?

Answer: Payments to and repayments from providers should be according to the terms of the MOU with each provider. BHI Incentive Program dollars are not considered earned by MCPs if the milestones and measures are not met.

D. Milestones and Performance Measures Technical Assistance

15. What is a performance measure?

Answer: Performance measures are metrics associated with specific project options.

16. What is a BHI Incentive Program milestone?

Answer: Milestones should describe the components or tasks that will be implemented in order to achieve the goals and objectives of the project option.

E. Federally Qualified Health Centers (FQHCs)

17. Can FQHCs change their scope of practice to participate in the BHI Incentive Program?

Answer: Yes, FQHCs can change their scope of practice to participate in the BHI Incentive Program. The scope of practice change must include, at a minimum, the ability to carry out services/measures specified in the proposal.

18. Is there a deadline by which FQHCs need to apply for a scope of practice change to include behavioral health services?

Answer: The official scope change process should be completed as soon as possible during Program Year 1.