

## **Behavioral Health Integration Incentive Program**

### *Process Guide for Medi-Cal Managed Care Health Plans (MCPs) and Provider Applicants*

Trailer Bill implementing the 2019 Budget Act authorized DHCS to develop the Behavioral Health Integration (BHI) Incentive Program as part of its Proposition 56 Value-Based Payment initiatives in Medi-Cal managed care.<sup>1</sup> Interested providers and their MCPs should utilize this process guide to understand the requirements and timeline for participation in the BHI Incentive Program. This document is a companion to the DHCS BHI Incentive Program application and the template memorandum of understanding (MOU).

### **Application Review Timing**

1. DHCS releases BHI Incentive Program Request for Application  
**Date:** November 12, 2019
2. DHCS conducts webinar for potential applicants/interested entities  
**Date:** November 22, 2019, at 1 p.m.
3. BHI Incentive Program applications due to the MCP  
**Date:** January 21, 2020
4. MCPs review applications based on the standardized scoring tool  
**Date:** February 18, 2020
5. Participation decisions issued by MCPs to applicants  
**Date:** March 18, 2020
6. BHI Incentive Program start date for approved applicants  
**Date:** April 1, 2020
7. BHI Incentive Program operations duration  
**Date:** April 1, 2020, to December 31, 2022

### **Process Requirements & Responsibilities**

#### Eligible Providers

Primary care, specialty care, perinatal care, hospital based and behavioral health

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<sup>1</sup> See Welf. & Inst. Code, § 14188 et seq.

providers, federally qualified health centers (FQHCs)/rural health clinics (RHCs)<sup>2</sup>, Indian health services (IHS) and public providers who provide services to Medi-Cal beneficiaries are eligible to submit BHI Incentive Program applications. County-based providers are eligible to apply.

All applicants must have a signed MCP network provider agreement.

### Applications

*BHI Incentive Program application:* Interested providers must complete the BHI Incentive Program application. Providers are encouraged, but not required, to do this jointly with a MCP.

*Plan and provider MOU:* A signed MOU between the provider applicant and their respective MCP will be a prerequisite to issuance of BHI project award. The MOU must include the following domains: goals and objectives, target population, provider responsibilities, and plan responsibilities. The MOU template is attached the BHI Incentive Program application.

*Provider submission of application:* Providers applying for BHI Incentive Program funds must submit their application to their MCP. If the provider is contracted with more than one MCP, the provider shall choose one MCP to receive their application. The selected MCP will be responsible for oversight and payment to the provider for the BHI project if the provider is awarded BHI funding.

*MCPs to review applications:* MCPs will review all submitted applications by providers or provider entities and will use a standardized scoring tool to determine which will be accepted. Criteria are outlined in the standardized scoring tool document, which is available at the DHCS BHI Incentive Program [web page](#).

The MCPs will provide award letters to the selected applicants. The award letters will include:

- Final award amount
- Project term
- Project purpose
- Milestones and outcomes
- Payment schedule
- Allowable use of funds
- Any other conditions required by the Department or as outlined in the provider application

Approved applicants must sign the award letter according to the timeline specified by the MCP and return it to the MCP. The signed award letter will serve as the agreement between the MCP and the provider during the course of the project term.

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<sup>2</sup> FQHC/RHC providers are eligible to apply if they provide behavioral health services, and/or intend to add such services, and indicate the intention to apply for a scope of service change in the future.

## Oversight and Monitoring

*Responsibility for project monitoring:* MCPs will be responsible for providing oversight of their contracted providers' BHI Incentive Program projects, including requiring that providers submit regular reports detailing progress made toward milestones and project metrics. The MCPs will report to DHCS based on information received from providers. Additional information regarding reporting requirements is included in the BHI Incentive Program application.

*Provider reporting:* Providers will be responsible for ensuring implementation of the BHI Incentive Program projects and reporting on progress as outlined in the provider's BHI Incentive Program application and implementation plan. This includes timely reporting to the MCP on milestones achieved, and submission of data for all the BHI project measures.

## Funding

*Initial infrastructure payment:* Providers implementing a BHI project will be provided funding for Incentive Program Year 1 in a single, flat payment upon being selected by the MCP. The amount of funds will be dependent on the provider's infrastructure and implementation needs as described in the BHI Incentive Program application. All payments will be provided through the respective MCP.

*Subsequent payments:* All payments in Incentive Program Years 2 & 3 will be based upon achievement of milestones and measures, as outlined in the provider's BHI Incentive Program application and agreed upon in the MOU. The MCPs will be responsible for timely BHI Incentive Program payment following receipt of required documentation from providers demonstrating these achievements.

*DHCS payment to MCPs:* [placeholder; to be described once payment methodology is approved by CMS]