

MHSA to BHSA Transition: Becoming a Medi-Cal Provider

Alameda County Health
Behavioral Health Department
Quality Management

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Learning Objectives

Attendees will better understand:

- What is changing with the MHSA to BHSA Transition
- The requirements of the Early Intervention Model
- The Medi-Cal Specialty Mental Health Services (SMHS) and Supports
- Provider Types and services that can be claimed to Medi-Cal under SMHS
- Action steps to become a SMHS Medi-Cal Provider



Overview of Changes

What is Changing?

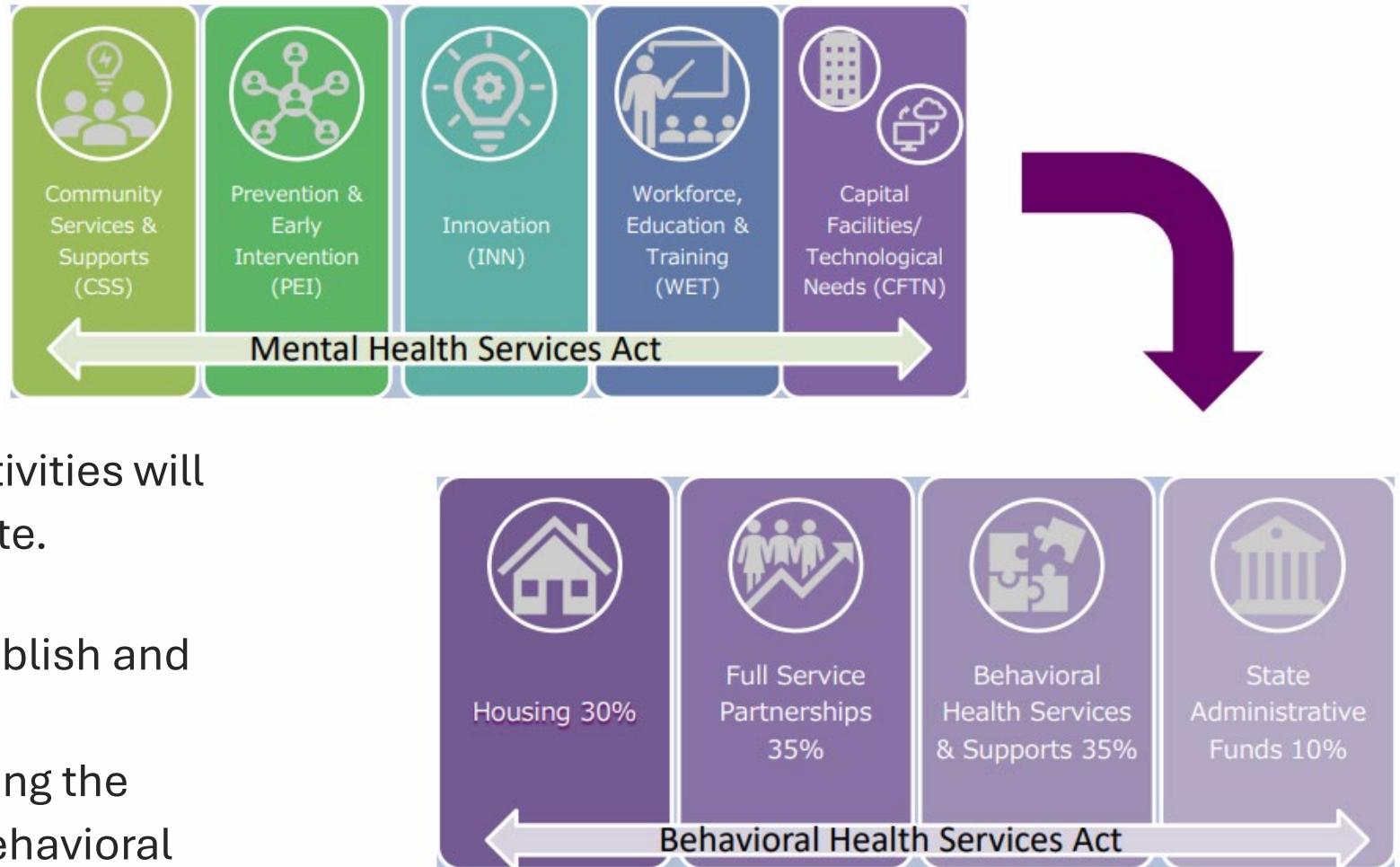
- The Mental Health Services Act (MHSA) funding components will change under Behavioral Health Services Act (BHSA) effective 7/1/26.
- Philosophical shift from prevention, intervention, and treatment across the mental health spectrum to focus on the **most severely mentally ill individuals, substance use services, housing and homelessness.**
- There are specific requirements for how these funds should be used.



Prop 1: System Change

Under BHSA:

- Prevention and workforce activities will shift from counties to the State.
- Counties are required to establish and administer a specific **Early Intervention (EI)** program using the funds allocated *within* the Behavioral Health Services and Supports component.



Early Intervention Model under BHSA

- 51% of the Behavioral Health Services and Supports Component must be allocated to Early Intervention programming.
- Per BHSA regulations: Each county shall establish and administer an early intervention program that is designed to prevent mental illnesses and substance use disorders from becoming severe and disabling and to reduce disparities in behavioral health.**
- County Early Intervention programs must include culturally responsive and linguistically appropriate interventions.
 - These interventions must be able to reach underserved cultural populations and address specific barriers related to racial, ethnic, cultural, language, gender, sexual orientation, gender identity, religion, age, economic, or other disparities in mental health and substance use disorder treatment services access, quality, and outcomes.

**See [SB 326](#) SEC 50. Section 5840

Early Intervention Focus

The Behavioral Health Services Act requires that Early Intervention programs focus on reducing the likelihood of certain adverse outcomes (WIC Section 5840(d)).

- » Suicide and **self harm**
- » Incarceration
- » School **suspension, expulsion, referral to an alternative or community school**, or failure to complete*
- » Unemployment
- » Prolonged suffering
- » Homelessness
- » **Overdose**
- » Removal of children from homes
- » **Mental illness in children and youth from social, emotional, developmental, and behavioral needs in early childhood**

Bold represents additional goals for counties under the Behavioral Health Services Act

* Including early childhood 0 to 5 years of age, inclusive, TK-12, and higher education

Early Intervention Funds for Children and Youth

51% of Early Intervention funds must be used for children and youth 25 years of age or younger



Early Intervention funds must prioritize childhood trauma through addressing the root causes of Adverse Childhood Experiences or other social determinants of health that contribute to early origins of mental health and substance use disorder, including strategies focused on:

- Youth experiencing homelessness
- Justice-involved youth
- Child welfare-involved youth with a history of trauma
- Other populations at risk of developing serious emotional disturbance or substance use disorders
- Children and youth in populations with identified disparities in behavioral health outcomes (WIC Sections 5840 and 5892)

Opportunity

Opportunity

- Transition Prevention and Early Intervention (PEI) providers that are currently providing early intervention program components to a **Specialty Mental Health Early Intervention (SMHS EI) Medi-Cal program model**.
- Medi-Cal will be the primary funding/revenue source to **retain, scale and sustain** programs.
- To allow a streamlined continuum of services, providers interested in this transition will need to be able to draw down Medi-Cal revenue for both of the following:
 - **Medi-Cal Administrative Activities (MAA) for outreach services**
 - **Medi-Cal Specialty Mental Health Services (SMHS) for linkage, assessment and treatment services**
- This requires providers to follow all MAA and SMHS regulations.

Population Served

- 90% of the population served must have **Medi-Cal or be Medi-Cal eligible**
- Specialty Mental Health Services (SMHS) are provided to individuals with **complex mental health conditions** that require intervention to support the individual's ability to successfully participate in their communities and achieve well-being.
- The Medi-Cal populations served by county Mental Health Plans (MHPs) include low-income **individuals across the lifespan**.
- Individuals living at or below federal poverty levels can experience **complex psychosocial issues, such as being unhoused, being involved in the child welfare system, being justice-involved, or having experienced trauma**, to name a few examples.
- In short, MHPs serve some of the **most vulnerable individuals** living in our state.

Early Intervention Model

Early Intervention Model under BHSA

- An Early Intervention program shall include the following components:

- 1) **Outreach**

- 2) **Access and Linkage to Care**

- Screening
- Mental Health Consultation (must be connected to a client)
- Cultural Supports (known as Prevention Visits in the old EI model)

- 3) **Mental Health Early Treatment Services and Supports**

- Mental Health Treatment Services
 - Case Management/Brokerage
 - Crisis Intervention
 - Peer Support
- Services may include first episode psychosis programming and services that prevent, respond to, or treat a behavioral health crisis, or activities that decrease the impacts of suicide.



Pathways to Services and Treatment Continuum

- There is some overlap between services that are provided under **Access and Linkage to Care** and those covered under **Mental Health Early Treatment Services and Supports** (Mental Health Treatment Services, Case Management/Brokerage, Crisis Intervention, Peer Support).
- Some of these services will be billed to MAA and others to SMHS.
- **Once a case is opened, most of the services provided can be billed to SMHS Medi-Cal.**



Outreach Services- Covered by MAA

Intended to assist individuals who are eligible or potentially eligible for Medi-Cal.

Examples:

- Informing individuals and persons about Medi-Cal services.
- Assisting individuals who are at-risk to understand the need for mental health services covered by Medi-Cal and encourage them to accept services.

Outreach may consist of:

- Establishing a telephone or walk-in service for referring persons to Medi-Cal covered services or eligibility offices.
- Outreach to individuals through community sites that are natural gathering places for priority populations, for example community- or faith-based organizations (DHSA Policy Manual, BHSA Components and Requirements).
- Provision of basic necessities (e.g. food) to support the ability to provide for the immediate needs of an individual. (DHSA Policy Manual, BHSA Components and Requirements).

Access and Linkage to Care- Covered by SMHS

- **Access and Linkage to Care:**

- **Screening** is provided to a specified individual and may involve screening to determine eligibility for Medi-Cal and assisting with application completion, or an assessment of the individual to determine their clinical needs.
- **Mental Health Consultation** is provided to a specified individual and can involve an assessment of the individual's needs or crisis intervention.
- **Cultural Supports** are provided to a specified individual and may involve case management or peer support services.



SMHS Treatment Services and Supports

SMHS Access Criteria- Under Age 21

Meet **either** of the following criteria, (1) or (2):

Criteria 1)

The member has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following:

- Scoring in the high-risk range under a trauma screening tool approved by the department*
- Involvement in the child welfare system
- Juvenile justice involvement
- Experiencing homelessness. **OR criteria 2**



*The ACE questionnaire and the PEARLS tool are approved by DHCS and available [here](#)
Reference: [BHIN 26-002](#)

SMHS Access Criteria- Under Age 21

Criteria 2) The member **meets both** “a” and “b”:

a) The member has at least **one** of the following:

- A significant impairment.
- A reasonable probability of significant deterioration in an important area of life functioning.
- A reasonable probability of not progressing developmentally as appropriate.
- A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal Managed Care Plan (MCP) is required to provide.

b) The member’s condition is due to one of the following:

- A diagnosed mental health disorder, according to the criteria of the current editions of the DSM and the ICD.
- A suspected mental health disorder that has not yet been diagnosed.
- Significant trauma placing the member at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

AND

SMHS Access Criteria – Age 21 and Over

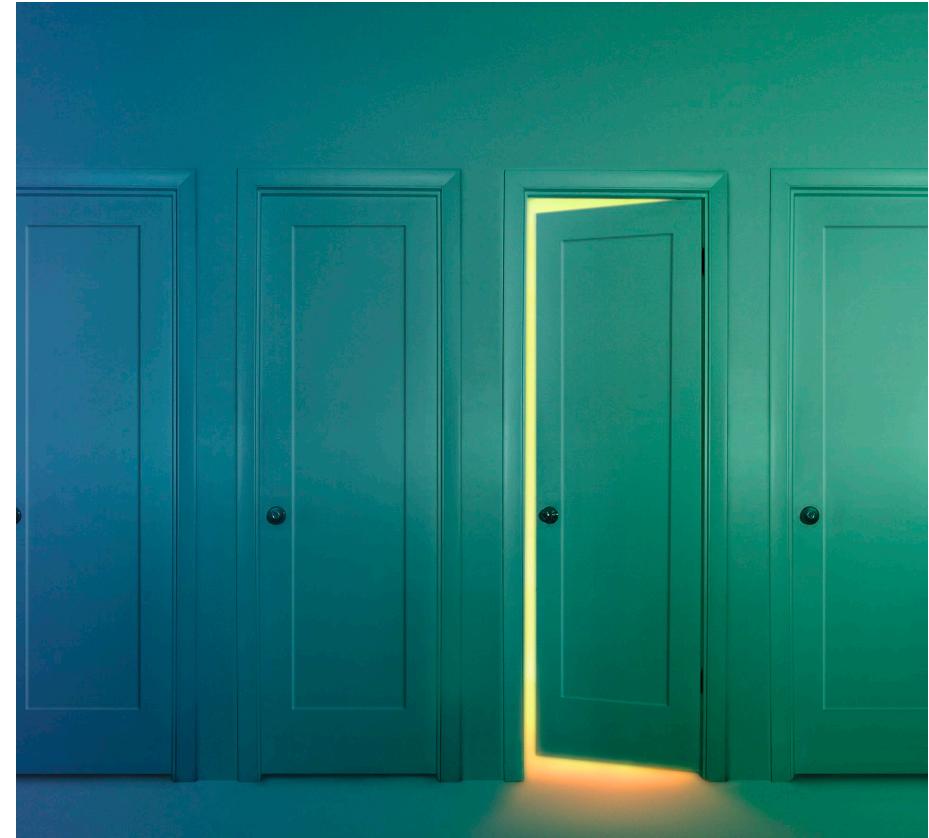
Meet both of the following criteria, (1) and (2) below:

- 1) The member has **one or both** of the following
 - a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.
 - b. A reasonable probability of significant deterioration in an important area of life functioning. **AND**
- 2) The member's condition is due to **either** of the following:
 - a. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems (ICD)
 - b. A suspected mental disorder that has not yet been diagnosed.



Non-Specialty Mental Health Services and No Wrong Door

- Managed Care Plans (MCPs), for example, Alliance, are responsible for the majority of the physical health care benefits and non-specialty mental health services (NSMHS) for individuals. This includes individuals with mild-moderate needs.
- Services rendered during the assessment period remain reimbursable even if the assessment ultimately indicates the individual does not meet criteria for SMHS.
- Individuals may concurrently receive NSMHS from a MCP provider and SMHS from a Mental Health Plan when the services are clinically appropriate, coordinated and not duplicative.



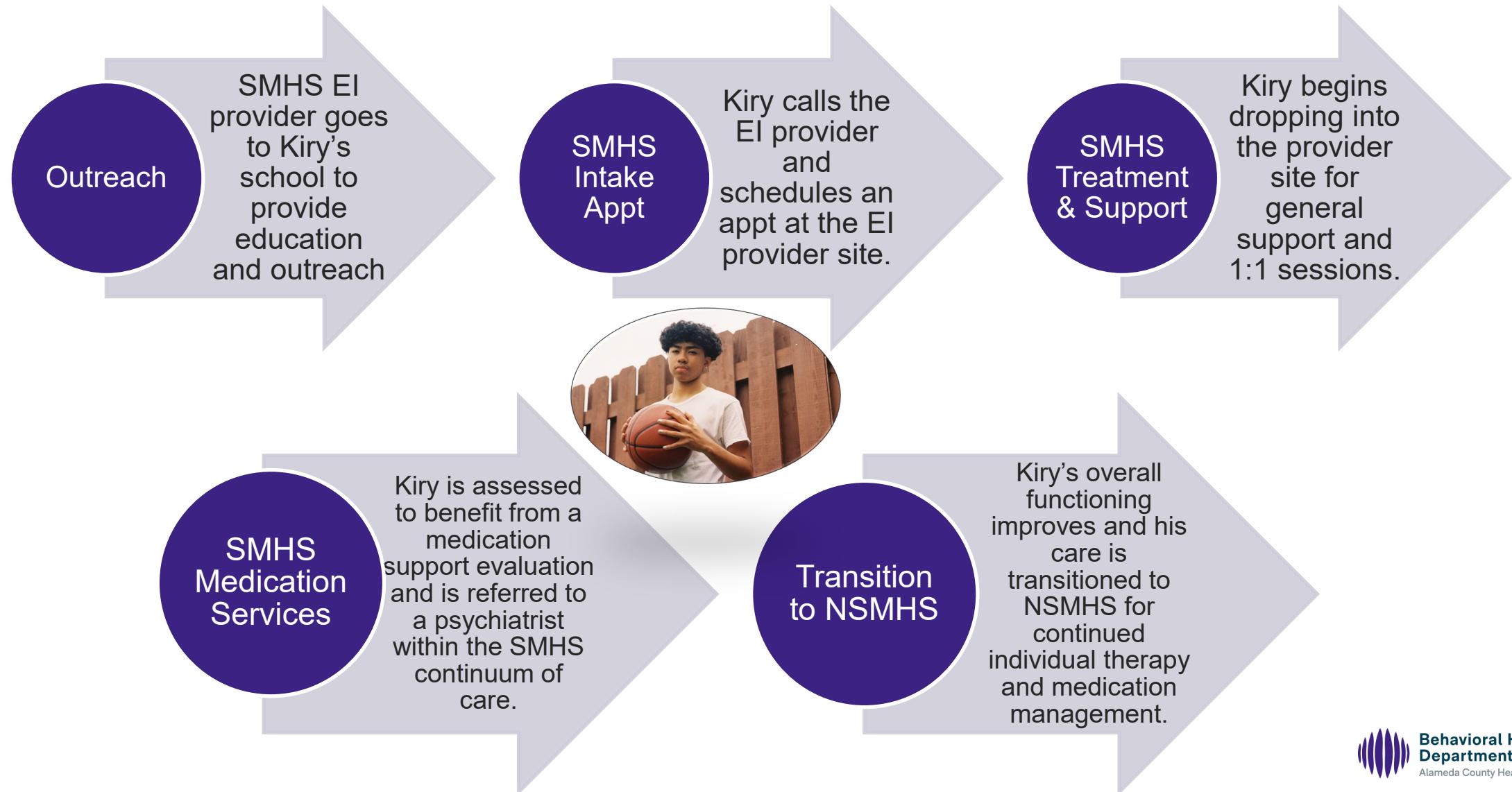
Example of a Client and Pathways to Care

Client:

- Kirby is a 17 y.o. Cambodian male, suffering from depressive and anxiety symptoms, has experienced passive suicidal thoughts, has few friends or social interactions, and has been having academic challenges recently.
- He lives with his monolingual Khmer-speaking refugee father, and two younger siblings.
- Kirby's mother passed away during childbirth.
- Kirby has been caring for his father and younger siblings.



Example of a Client and Pathways to Care



Provider Types and Scope of Practice

Non-licensed Provider Definitions and Qualifications

Other Qualified Provider/ Adjunct

- These include:
 - **Non-Certified Peer and Family Partners**
 - **Therapeutic Foster Care Parents**
 - **Other/Adjunct providers**
- An individual at least 18 years of age with a high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education.
- All Medi-Cal services provided by non-licensed practitioners must be under the direction of a LMHP.
- LMHP co-signatures recommended.



Non-licensed Provider Definitions and Qualifications

Mental Health Rehabilitation Specialist (MHRS)

- A MHRS is an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment.
- Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis.
- Up to two years of post- associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.
- All Medi-Cal services provided by non-licensed practitioners must be under the direction of a LMHP.
- LMHP co-signatures recommended.

Non-licensed Provider Definitions and Qualifications

Certified Peer Support Specialist (CPSS)

- An individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements.
- Peer Support Specialists provide services under the direction of a Behavioral Health Professional.
- All Medi-Cal services provided by peers must be under the direction of a LMHP. Supervision may be provided by a Supervising Peer Support Specialist.
- A Plan of Care, documented in a Progress Note, is required for Certified Peer Specialists to provide services.
- LMHP or Supervising Peer Support Specialist co-signatures recommended.



Medi-Cal Services Delivered by Non-Licensed Providers

- The following services may be provided by Other Qualified Provider/Adjunct, MHRS and CPSS:
 - **MH Crisis Services**
 - **Plan Development**
 - **Individual and Group Rehabilitation Services**
 - **Targeted Case Management (TCM), Intensive Care Coordination (ICC), Intensive Home- Based Services (IHBS)**
- These provider types do not have the scope of practice to complete a SMHS assessment but may contribute to it by gathering information that can later be used by a Licensed Mental Health Professional (LMHP) to complete an assessment.

For a detailed description of each of these services, see [Service Descriptions 2023 v2.pdf](#)

Scope of Services

ACBHD SMHS Scope of Practice Reference Guide

⁷ Medicare does not accept pre-graduation hours towards licensure for LMFTs/LPCCs. Providers billing Medicare must ensure LMFTs/LPCCs meet Medicare requirements. See [SMHS Medi-Cal Billing Manual](#) pg. 51.

Regardless of the information provided in this document, all clinical activities must be within the ability, training, and experience of the individual providing the service.

SERVICE ACTIVITY	PHARMACISTS	PHYSICIAN ASSISTANTS	MEDICAL ASSISTANTS	MENTAL HEALTH REHAB SPECIALISTS	CERTIFIED MEDI-CAL PEER SUPPORT SPECIALISTS	OTHER QUALIFIED PROVIDERS – ADJUNCT/UNLICENSED
¹ Does not have the scope of practice to complete a SMHS assessment but may contribute to it by gathering information (e.g., med. history, MH history, SUD info., strengths, risks, and additional clarifying info.). LMHPs working within their scope of practice may use this information in their analysis of beneficiary functioning.	<ul style="list-style-type: none"> • Registered Pharmacist (RPH) • Advanced Practice Pharmacist (APP) <p>Pharmacists must operate under a collaborative practice agreement protocol with psychiatric supervision per their credential.</p> <p>For additional information, see 501-1-1 ACBHD's Clinical Psychiatric Pharmacist Scope of Practice for Medication Therapy Management Policy</p>	<ul style="list-style-type: none"> • Physician Assistant (PA) <p>All medical services provided by PAs must be under the supervision of a licensed medical professional and operate under a formal medication management protocol / formulary with psychiatric supervision per their credential.</p>	<ul style="list-style-type: none"> • Medical Assistant (MA) • A Medical Assistant is an individual who is at least 18 years of age, meets all applicable education, training and/or certification requirements and provides administrative, clerical, and technical supportive services, according to their scope of practice, under the supervision of a licensed physician. <p>Licensed physician co-signature recommended.</p>	<ul style="list-style-type: none"> • Mental Health Rehabilitation Specialist (MHR) <p>All Medi-Cal services provided by non-licensed practitioners must be under the direction of a LMHP. LMHP co-signatures recommended.</p>	<ul style="list-style-type: none"> • Certified Medi-Cal Peer Support Specialist (CMPPS) • Certified Medi-Cal Peer Support Specialist-Family (CMPPS-F) <p>Must have certification from an ACBHD-approved Peer Support Specialist certification program.</p> <p>All Medi-Cal services provided by peers must be under the direction of a LMHP. Supervision may be provided by a Supervising Peer Support Specialist.</p> <p>Certified Peer Support Specialists can only use H0025 and H0038. These codes cannot be used by other disciplines.</p> <p>LMHP or Supervising Peer Support Specialist co-signatures recommended.</p>	<ul style="list-style-type: none"> • Other/Adjunct • Peer Partner (PP) • Family Partner (FP) • Therapeutic Foster Care Parent (TFCP) ⁹ <p>An individual at least 18 years of age with a high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education.</p> <p>All Medi-Cal services provided by non-licensed practitioners must be under the direction of a LMHP.</p> <p>LMHP co-signatures recommended.</p>
² Requires Practiced Foundation CANS Certification prior to completing CANS. Staff must have adequate knowledge and clinical understanding of the beneficiary to comprehensively complete all CANS domains.						
³ May perform some or all aspects of psych/dev testing.						
⁴ Certified Peer Support Specialists may perform a variation of this activity within their training and experience and report it with either the H0025 (group) or H0038 bundled codes. See BHIN 22-026 for more information about Peer Support Service activities.						
Assessment	Yes ¹	Yes	Yes ¹	Yes ¹	Yes ^{1,8}	Yes ¹
CANS	Yes ²	Yes ²	Yes ²	Yes ²	Yes ^{2,8}	Yes ²
Developmental Testing	No	Yes ³	No	No	No	No
DSM Diagnosis	No	Yes	No	No	No	No
Medication Administration (H0033)	Yes	Yes	Yes	Yes	No	Yes
Medication Administration (Injection)	Yes	Yes	Yes	No	No	No
Medication Dispensing	Yes	Yes	No	No	No	No
Medication Prescribing	Yes	Yes	No	No	No	No
Medication Support	Yes	Yes	Yes	No	No	No
Mental Status Exam (MSE)	No	Yes	No	No	No	No
MH Crisis Services (H2011)	Yes	Yes	Yes	Yes	Yes ⁸	Yes
Peer Support Services (H0025, H0038)	No	No	No	No	Yes ⁸	No
Plan Development	Yes	Yes	Yes	Yes	Yes ⁸	Yes
Psychotherapy (Ind/Fam/Group/Crisis)	No	No	No	No	No	No
Psychological Testing	No	Yes ³	No	No	No	No
Rehab (Ind/Group)	Yes	Yes	Yes	Yes	Yes ⁸	Yes
TCM/ICC/IHBS	Yes	Yes	Yes	Yes	Yes ⁸	Yes
Therapeutic Behavioral Services (H2019)	Yes	Yes	Yes	Yes	No	Yes

⁹ Therapeutic Foster Care parents (TFCP) are required to use HCPC S5145 for bundled TFC activities. Licensed, Registered, or Waivered MHP co-signature is required on the TFC daily note.

• Blue text are hyperlinks. Click for more information.

• For service description and provider definitions see section 12 of [QA Manual](#).

Revised September 2024

Next Steps/Resources

Take steps to become a SMHS Medi-Cal provider

- Review [CalMHSA Medi-Cal Provider Training](#)
 - This self-paced training explains everything from the structure to the financing and administration of the Medi-Cal system. It also clearly explains the opportunities and challenges, helping providers learn the critical information they need to determine whether participation is a strategic fit for them.
- Begin completing [ACBHD Medi-Cal Onboarding Tool/Checklist](#), with priority focus on the following:
 - Medi-Cal Site Certification – fire clearance and sub-checklist
 - Facility and workstation physical safeguards
 - Head of Service (HOS)/ staffing requirements
 - Policies and Procedures
- CalMHSA “Foundations of Documentation and Service Delivery” training
 - Self-paced module explaining key practices shaping how services are delivered and documented
 - To access CalMHSA training programs, you must first register on their Learning Portal: [LMS Login & Instructions - California Mental Health Services Authority](#) [California Mental Health Services Authority](#)

Site Certification Process- Step by Step

1. Processing the Program Change Request Form (PCRF)

Provider obtains a National Provider Identifier (NPI) for all EI program site locations.

Provider obtains a Fire Clearance for all EI program site locations.

Provider submits NPI, program site address(es) and fire clearance(s) to Contracts Unit for completion of PCRF.

2. Setting up DHCS Provider ID#

Can take up to 2-3 months

PCRF triggers the Site Certification process.

Provider preps for site visit using the Site Certification Preparation Checklist linked in Onboarding Tool.

After site passes Certification review, Site Cert team sends required documents to DHCS.

DHCS returns Medi-Cal (MC) Site Certification with DHCS Provider # to Site Cert team.
(Can take 4-6 weeks)

3. Smart Care Program Set-up

Can take up to a month or longer

Site Cert team sends DHCS Site Cert Information to Contracts Unit (CU).

CU submits Smart Care (SC) request forms to Billing and Benefits Unit (BBU) to set up EI SC Program ID#.

BBU sets up SC ID and procedure codes required for EI MC billing & notifies CU and provider once SC ID# is set up.

For detailed information see [ACBHD Medi-Cal Onboarding Tool/Checklist](#).

Reminders and Support

- We are here to help!
- Please attend the scheduled **Q&A session on February 10, 2026, from 1:00-2:00 pm.**
- Other training programs are being scheduled. Providers will be notified as training dates are established.
- They include:
 - Module 2: SMHS Medi-Cal Documentation Requirements
 - Module 3: SMHS EI Program Funding & Revenue Structure
 - Module 4: Service Procedure Codes (e.g. CPT)

Please email questions to
BHSATransition@acgov.org



Thank you for attending.